



Right-Wing Authoritarianism and Antipathy Toward Immigrants and Sexual Minorities in the Early Days of the Coronavirus Pandemic in Italy

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Theory and research in social, evolutionary, and political psychology indicates that subjective feelings of threat and exposure to objectively threatening circumstances—including pandemic diseases—may contribute to increased affinities for political conservatism, right-wing authoritarianism, and prejudice against out-group members. We investigated these possibilities in the context of Italy, which was the first Western country to be severely affected by the spread of COVID-19. Early on in the pandemic, from March 3–8, 2020, we surveyed 757 Italian adults ranging in age from 18 to 78 years. Results revealed that antipathy toward immigrants and sexual minorities was predicted by (male) sex, COVID-19 anxiety, RWA, and political distrust. Furthermore, COVID-19 anxiety magnified the effect of RWA on disliking of immigrants and sexual minorities (but not obese or disabled people). Contrary to prediction, political trust failed to attenuate the effects of COVID-19 anxiety or RWA on out-group antipathy. Implications for the theories of right-wing authoritarianism and political ideology as motivated social cognition, as well as the state of contemporary Italian politics are discussed.

Keywords: right-wing authoritarianism, antipathy toward immigrants, political trust, pandemic, antipathy toward sexual minorities, COVID-19 anxiety

“It is a cultural fact that China has paid a big price for this epidemic because we have seen them all eat mice live or things like that.”

(Luca Zaia, Governor of the Veneto Region of Italy).

INTRODUCTION

In December of 2019, a novel coronavirus (SARS-COV-2) was identified in China and for more than 2 years, COVID-19, the related disease, has been spreading globally. Italy was the first Western country affected by the outbreak of epidemic, with more than 150,000 Italian deaths as of February 2022. The spread of pandemic diseases not only poses a severe threat for the health and wellbeing of individuals and families; it threatens the social fabric of society as well. Throughout human history, xenophobia has often followed the outbreak of disease (e.g., Parmet, 2007; Prati and Pietrantoni, 2016; Clissold et al., 2020; Huo, 2020). So, too, has homophobia—and not only in the case of AIDS (Smith, 1998; Snowden, 2019). According to Altay (2022), the COVID-19 pandemic has worsened prejudice against sexual minorities in Turkey.

There is a great deal of psychological research demonstrating that exposure to circumstances that are highly threatening and uncertainty-inducing—such as terrorist attacks and pandemic

diseases—triggers an affinity for authoritarianism and right-wing politics (e.g., Echebarria-Echabe and Fernández-Guede, 2006; Onraet et al., 2013; Beall et al., 2016; Jost et al., 2017; Schaller et al., 2017; O’Shea et al., 2022). For example, Godefroidt (2022) meta-analyzed 728 cross-national tests of the hypothesis that terrorist threat would trigger conservative, right-wing shift and found clear and consistent support for this hypothesis ($r = 0.13$, $p < 0.001$), as well as support for the hypotheses that terrorist threats would increase out-group hostility ($r = 0.12$, $p < 0.001$) and rally ‘round the flag effects, that is, support for whichever leaders happen to be in power ($r = 0.09$, $p < 0.001$).

Of course, not all threats are likely to have the same political consequences. Surely it matters how one measures threat, what type of threat it is, and what the political situation in a given country is (e.g., Brandt et al., 2021; Brandt and Bakker, 2022). Eadeh and Chang (2020) proposed that public health crises should increase support for liberal-socialist policies that include expansions of affordable health care. Their idea, which is shared by Brandt et al. (2021), is that people behave rationally by attempting to calculate which political leaders are most likely to solve a particular problem. However, studies focusing on reactions the Ebola outbreak in 2014 found the opposite: at least in the US, the threat of Ebola appears to have made people more conservative—not more liberal (Beall et al., 2016; Schaller et al., 2017). This suggests that people may not always behave rationally, at least in the way in which Eadeh and Chang and Brandt et al. have suggested.

With regard to COVID-19 in particular, there is some evidence that the outbreak may have increased authoritarianism (Fischer et al., 2020; Roccato et al., 2020, 2021; Cavazza et al., 2021) and out-group prejudice (Huo, 2020) and moved people to the political right in the US and elsewhere (Karwowski et al., 2020; Golec de Zavala et al., 2021). Findings such as these are thought to support the pathogen avoidance theory of evolutionary psychology, which suggests that fear of diseases prompts in-group cohesion, adherence to tradition, conformity, and out-group prejudice (Faulkner et al., 2004; Murray et al., 2013; Green et al., 2016; Tybur et al., 2016; Zmigrod et al., 2021). In addition, sexual disgust—which, for many heterosexuals, may be elicited by gay men, lesbians, bisexuals, and other sexual minorities, who may be stereotyped as sexually promiscuous, and therefore more likely to spread disease (Pinsof and Haselton, 2016)—appears to play a significant role in social conservatism (e.g., Billingsley et al., 2018). According to the Gallup Poll, the percentage of Americans who identified as politically conservative rose from 37% in 2019 to 40% in January/February of 2020, but this change was apparently short-lived, lasting only a few months (Saad, 2020). Still other research suggests that coronavirus deaths strengthened support for the current head of government—whether left or right—in Australia, Canada, France, Germany, Hong Kong, India, and the UK (Yam et al., 2020).

The goal of the present research program was to understand how the COVID outbreak affected Italian politics in the early days of the pandemic (see also Roccato et al., 2020, 2021). The Italian context is an especially interesting one in which to investigate these dynamics, and not only because it was the first

Western country to be significantly affected by COVID-19. At the time of the outbreak, the Italian government was a divided one. The Prime Minister was Giuseppe Conte, a center-right politician from the Five Star Party, who had lost his coalition with the far-right Lega Party in September 2019 and was in coalition with three parties on the left when coronavirus struck. In some sense, then, Italy could have moved further to the left (Eadeh and Chang, 2020; Brandt et al., 2021) or, consistent with the theory of political ideology as motivated social cognition, back to the right in an effort to assuage psychological needs to reduce uncertainty and threat (see Jost, 2021).

The COVID outbreak in Italy progressed in three stages. From December of 2019 to February 17, 2020, Italy had no confirmed cases of infection, except for two Chinese tourists who were hospitalized in Rome on January 29. The outbreak was described as a Chinese issue, and no restrictions were imposed on Italian citizens. The second phase, which lasted from February 18 to March 9, 2020, began with the certification of the first Italian case of infection, which occurred in Codogno, a small city in Lombardy. Other infections in Italians were reported in the following days, with some cities and provinces in Northern Italy isolated. On March 8, the entire region of Lombardy and other Northern provinces were suddenly declared “red zones.” The third phase, from March 9 to May 18, began with a government decree imposing a nationwide lockdown. We collected data during the second phase of the outbreak in Italy, from March 3–7, 2020, shortly before the national lockdown. This was during a phase of great chaos, because COVID-19 cases were increasing daily, and very little was known about the disease.

In the present study, we investigated whether, and if so, how anxiety elicited by the sudden emergence of COVID-19—in relation to right-wing authoritarianism and individual differences in levels of political trust—affected prejudice against out-groups. We focused especially on immigrants and sexual minorities because both of these groups are frequently the targets of prejudice among rightists in Italy and other European nations, especially during periods of high uncertainty and threat (e.g., Echebarria-Echabe and Fernández-Guede, 2006; Roets and Van Hiel, 2011; Echebarria-Echabe, 2013; Procellato, 2019; Dhanani and Franz, 2021; Golec de Zavala et al., 2021). We also measured attitudes toward obese and disabled people, but presumably these target groups are perceived as less threatening—both physically (in terms of the spread of disease) and socially (in terms of threats to the status quo)—compared to immigrants and sexual minorities, and they are also less likely to be victims of prejudice in Europe. Following studies conducted by Hartman et al. (2021) in the UK and Republic of Ireland, we investigated the hypothesis that COVID anxiety would intensify the effects of right-wing authoritarianism on out-group prejudice.

We also hypothesized that political trust would attenuate the effects of COVID anxiety on disliking of out-group members, even among people who were higher in terms of right-wing authoritarianism. This is because trust is positively associated with support for democratic values and negatively associated with right-wing authoritarianism and out-group prejudice (e.g., Dhont and Van Hiel, 2011; Miklikowska, 2012). We also anticipated that trust in political authorities to handle the

crisis might assuage popular anxiety and prevent it from being channeled in destructive directions, as in the scapegoating of minorities. Trust is especially important when it comes to situations of high uncertainty and threat, such as the spread of pandemic disease (Renn and Levine, 1991; Blair et al., 2017; Paolini et al., 2020). During the Liberian Ebola outbreak in 2014–15, for instance, citizens who trusted health officials were more willing to follow public health recommendations than those who did not (Tsai et al., 2020). Cross-cultural research has confirmed that trust in government is robustly associated with compliance with COVID-19 rules (Pagliaro et al., 2021).

In summary, then, we explored the following five hypotheses in the context of the early days of the coronavirus pandemic in Italy: (H1) Anxiety about COVID-19 would be positively associated with antipathy toward immigrants and sexual minorities; (H2) Right-wing authoritarianism (RWA) would be positively associated with antipathy toward immigrants and sexual minorities; (H3) Political trust would be negatively associated with antipathy toward immigrants and sexual minorities; (H4) Anxiety about COVID-19 would magnify the positive association between RWA and antipathy toward immigrants and sexual minorities; and (H5) Political trust would diminish the positive association between RWA and antipathy toward immigrants and sexual minorities.

METHOD

Like the majority of studies conducted during the pandemic's first wave, we administered an online, cross-sectional survey and recruited participants using a snowball sampling procedure. The survey was advertised by the Italian members of the research team, who used their own social networking sites as well as those of the laboratories they directed. The invitation to participate established a start date (March 3, 2020) and an end date (March 7, 2020). The decision was made to recruit a minimum of 500 participants.

We surveyed residents of every Italian region via public online regional groups and successfully recruited individuals from each of the twenty regions. Seven hundred and fifty-seven Italian participants completed the survey (183 males; 571 females, 3 transgender). Participants ranged in age from 18 to 78 years old ($M = 34.96$, $SD = 11.88$). In terms of education, 27.1% completed high school (only), and 71.6% earned a college degree. We measured subjective socioeconomic status by asking participants to use a scale ranging from 1 ("extremely low") to 5 ("extremely high") to answer the following question: "How would you define your socioeconomic status?" Three-fourths (74.8 %) identified themselves as having a medium socioeconomic status. After completing the questionnaire anonymously, participants were thanked and fully debriefed.¹

¹The survey focused on two major areas of investigation, one pertaining to clinical psychology (about the connection between personality profiles and COVID anxiety) and another focused on social/political psychology (on which this article is based). The two investigations had very different aims and hypotheses; a decision was made to collect data for both together because of the difficulty in surveying people during the emergency in Italy. COVID-related anxiety and RWA were

To measure *political trust*, we asked participants to "Please think about the morality of different social actors" and to indicate on a scale ranging from 1 (*not at all*) to 4 (*very much*) the extent to which they considered "institutions" and "politicians" to be moral. We then averaged responses to these two targets to create a composite political trust score ($r = 0.47$, $p < 0.001$).

We measured participants' *COVID-19 contagion anxiety* using 16 items adapted from previous research by Wong et al. (2007) during an earlier SARS outbreak in Hong Kong. On a 4-point scale ranging from "strongly disagree" to "strongly agree," participants were asked to think about their emotions related to the COVID-19 pandemic in Italy and to answer questions about how fearful and anxious they felt ($\alpha = 0.89$).

Participants completed a widely used 10-item scale to measure *right-wing authoritarianism* (or RWA) in the Italian language (Roccatò and Russo, 2015). A sample item was "Obedience and discipline serve above all to live well." Responses were provided on a scale ranging from 1 (*completely disagree*) to 4 (*completely agree*). For this sample scale reliability was satisfactory ($\alpha = 0.72$).

Finally, participants completed feeling thermometers so that we could gauge *out-group antipathy*. Specifically, on scales ranging from 0 to 10, they reported how "cold" or "warm" they felt toward immigrants, sexual minorities, obese people, and disabled people. After a reverse-scoring procedure, higher scores reflect less favorable attitudes.

RESULTS

Descriptive statistics and zero-order correlations for all study variables are provided in **Table 1**. Consistent with (H1), COVID anxiety was significantly correlated with the expression of less favorable attitudes toward immigrants ($r = 0.17$, $p < 0.001$) and sexual minorities ($r = 0.10$, $p < 0.01$), and it was also correlated with RWA ($r = 0.10$, $p < 0.01$). COVID anxiety was not significantly correlated with attitudes toward obese or disabled people. In support of (H2), RWA was strongly correlated with disliking of immigrants ($r = 0.50$, $p < 0.001$) and sexual minorities ($r = 0.41$, $p < 0.001$), and both types of antipathy were highly correlated with one another ($r = 0.53$, $p < 0.001$). RWA was significantly but modestly correlated with disliking of obese people ($r = 0.12$, $p < 0.01$), and marginally correlated with disliking of disabled people ($r = 0.07$, $p < 0.10$). With respect to (H3), political trust was negatively correlated with COVID anxiety, RWA, and the holding of unfavorable attitudes toward immigrants—but it was uncorrelated with attitudes toward the other three groups.

To further explore the robustness of these associations and to test the interaction hypotheses described in (H4) and (H5) we conducted a series of multiple regression analyses. The results concerning attitudes toward immigrants are summarized in **Table 2**, and those concerning attitudes toward sexual minorities are summarized in **Table 3**. After adjusting for socio-demographic variables listed in Model 1, we observed in Model

explored in both investigations but from quite different perspectives (see also Bochicchio et al., 2021).

TABLE 1 | Means (standard deviations) and zero order correlations involving major study variables.

	<i>M (SD)</i>	Age	(Male) sex	Education	SES	Political trust	COVID-19 anxiety	RWA	Dislike immigrants	Dislike sexual minorities	Dislike disabled people
Age	34.96 (11.88)	–									
(Male) sex	–	0.06 [§]	–								
<i>n</i>		754									
Education	3.70 (0.49)	0.14***	–0.09*								
<i>n</i>		757	754								
SES	2.92 (0.54)	0.12**	–0.004	0.03	–						
<i>n</i>		757	754	757							
Political trust	2.09 (0.61)	–0.03	–0.001	0.09*	0.11**						
<i>n</i>		757	754	757	757						
Covid-19 Anxiety	2.25 (0.54)	0.02	–0.01	–0.01	–0.03	–0.11**	–				
<i>n</i>		757	754	757	757	757	757				
RWA	1.79 (0.46)	–0.08*	–0.02	–0.22***	–0.04	–0.07*	0.10**	–			
<i>n</i>		757	754	757	757	757	757				
Dislike immigrants	3.02 (2.34)	0.01	0.10**	–0.13***	–0.07 [§]	–0.13***	0.17***	0.50***	–		
<i>n</i>		757	754	757	757	757	757	757			
Dislike sexual minorities	2.06 (1.82)	0.09*	0.22***	–0.09*	–0.06	0.02	0.10**	0.41***	0.53***	–	
<i>n</i>		757	754	757	757	757	757	757	757		
Dislike disabled people	1.67 (1.36)	0.02	0.15***	–0.05	–0.04	0.02	0.04	0.07 [§]	0.35***	0.55***	–
<i>n</i>		757	754	757	757	757	757	757	757	757	
Dislike obese people	3.60 (2.47)	0.02	0.08*	0.00	0.01	–0.01	0.06 [§]	0.12**	0.34***	0.32***	0.34***
<i>n</i>		757	754	757	757	757	757	757	757	757	757

[§] $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ (two-tailed).

TABLE 2 | Unfavorable attitudes toward immigrants as a function of demographic variables, COVID-19 anxiety, RWA, and political trust.

	Model 1			Model 2			Model 3		
	<i>b</i> (se)	Beta	<i>t</i> (<i>p</i>)	<i>b</i> (se)	Beta	<i>t</i> (<i>p</i>)	<i>b</i> (se)	Beta	<i>t</i> (<i>p</i>)
Age	0.01 (0.01)	0.02	0.64 (0.52)	0.01 (0.01)	0.04	1.21 (0.26)	0.01 (0.01)	0.03	0.94 (0.35)
(Male) sex	0.50 (0.20)	0.09*	2.54 (0.01)	0.61 (0.17)	0.11***	3.59 (<0.001)	0.58 (0.17)	0.11*	3.45 (0.01)
Education	-0.57 (0.18)	-0.12*	-3.24 (0.01)	-0.03 (0.16)	-0.01	-0.19 (0.85)	-0.03 (0.15)	-0.005	-0.167 (0.87)
SES	-0.30 (0.16)	-0.07	-1.88(0.06)	-0.18 (0.14)	-0.04	-1.32 (0.19)	-0.18 (0.14)	-0.04	-1.34 (0.18)
COVID Anxiety				0.51 (0.13)	0.12***	3.77 (<0.001)	-1.04 (0.63)	-0.24	-1.54 (0.12)
RWA				2.47 (0.16)	0.48***	15.16 (<0.001)	0.68 (0.83)	0.13	0.81 (0.42)
Political trust				-0.28 (0.12)	-0.07*	-2.34 (0.02)	0.78 (0.63)	0.20	1.25 (0.21)
COVID Anxiety *RWA							1.06 (0.26)	0.71***	4.04 (<0.001)
COVID Anxiety* Political trust							-0.21 (0.20)	-0.15	-1.02 (0.31)
RWA* Political trust							-0.33 (0.26)	-0.20	-1.22 (0.20)
Adjusted <i>R</i> ²	0.02	0.28	0.30						

[§]*p* < 0.10, **p* < 0.05, ****p* < 0.001 (two-tailed).

TABLE 3 | Unfavorable attitudes toward sexual minorities as a function of demographic variables, COVID-19 anxiety, RWA, and political trust.

	Model 1			Model 2			Model 3		
	<i>b</i> (se)	Beta	<i>t</i> (<i>p</i>)	<i>b</i> (se)	Beta	<i>t</i> (<i>p</i>)	<i>b</i> (se)	Beta	<i>t</i> (<i>p</i>)
Age	0.02 (0.01)	0.10**	2.89 (0.004)	0.02 (0.01)	0.13***	3.90 (<0.001)	0.02 (0.01)	0.13***	3.96 (<0.001)
(Male) sex	0.87 (0.15)	0.21***	5.87 (<0.001)	0.92 (0.13)	0.22***	6.90 (<0.001)	0.94 (0.13)	0.23***	7.04 (<0.001)
Education	-0.33 (0.13)	-0.09*	-2.49 (0.01)	-0.02 (0.12)	-0.09*	-2.49 (0.013)	-0.03 (0.12)	-0.01	-0.23 (0.82)
SES	-0.22 (0.12)	-0.07 [§]	-1.83 (0.068)	-0.22 (0.12)	-0.01	-0.17 (0.86)	-0.20 (0.11)	-0.06 [§]	-1.82 (0.07)
COVID Anxiety				0.20 (0.11)	0.06 [§]	1.82 (0.07)	-1.35 (0.54)	-0.40*	-2.48 (0.01)
RWA				1.66 (0.13)	0.42***	12.71 (<0.001)	0.09 (0.67)	0.02	0.13 (0.90)
Political trust				0.21 (0.10)	0.07*	2.16 (0.03)	-0.88 (0.51)	-0.29 [§]	-1.74 (0.08)
COVID Anxiety *RWA							0.49 (0.21)	0.42*	2.32 (0.02)
COVID Anxiety* Political trust							0.31 (0.16)	0.29 [§]	1.88 (0.06)
RWA* Political trust							0.21 (0.21)	0.17	1.04 (0.30)
Adjusted <i>R</i> ²	0.07	0.24	0.25						

[§]*p* < 0.10, **p* < 0.05, ***p* < 0.01, ****p* < 0.001 (two-tailed).

2 that COVID anxiety and RWA were independently and positively associated with disliking of immigrants and sexual minorities, in further support of (H1) and (H2). In Model 2, political trust was negatively associated with disliking of immigrants (Table 2), consistent with (H3), but it was positively associated with disliking of sexual minorities (Table 3). In Model 3, which includes the interaction terms, the effect of political trust on antipathy toward sexual minorities was negative but only marginally significant ($p = 0.083$), and it was non-significant in the case of attitudes toward immigrants. Thus, the regression analysis provided only partial support for (H3). These models accounted for 28% of the statistical variance in attitudes toward immigrants and 24% of the variance in attitudes toward sexual minorities.

In (H4) we predicted that anxiety about the pandemic would magnify the positive association between RWA and out-group dislike. In Model 3, we see that the interaction between COVID anxiety and RWA was indeed statistically significant for disliking of immigrants ($b = 1.06$, $SE = 0.26$, $\beta = 0.71$, $p < 0.001$) and

sexual minorities ($b = 0.49$, $SE = 0.21$, $\beta = 0.42$, $p = 0.021$). To further probe the pattern of interactions bearing on (H4) we used the PROCESS macro developed by Hayes (2017). Specifically, we entered RWA as the independent variable, COVID anxiety as a moderating variable, and out-group attitudes as the dependent variables. In both cases, the analysis yielded a clearly identifiable linear trend in which the positive association between RWA and out-group dislike increased in strength at higher levels of the moderating variable (COVID anxiety). For example, the association between RWA and the expression of unfavorable attitudes toward immigrants was $b = 1.78$ (95% CI: LL = 1.3333; UL = 2.2351) at low levels of COVID-19 anxiety; $b = 2.41$ (95% CI: LL = 2.0957; UL = 2.7216) at moderate levels of COVID-19 anxiety; and $b = 2.96$ (95% CI: LL = 2.5792; UL = 3.3482) at high levels of COVID-19 anxiety (see Figure 1). Likewise, the association between RWA and disliking of sexual minorities was $b = 1.28$ at low levels of COVID-19 anxiety (95% CI: LL = 0.9073; UL = 1.6572); $b = 1.56$ at moderate levels of COVID-19 anxiety (95% CI: LL = 1.3018; UL = 1.8222); and $b = 1.81$ (95% CI: LL

= 1.4909; UL = 2.1304) at high levels of COVID-19 anxiety (see **Figure 2**). Thus, (H4) was clearly supported.

In (H5) we predicted that political trust would diminish the positive association between RWA and out-group dislike. As shown in **Table 2**, the interaction between political trust and RWA was non-significant for attitudes toward immigrants, and so was the interaction between political trust and COVID anxiety. As shown in **Table 3**, the interaction between political trust and RWA was non-significant for disliking of sexual minorities, but there was a marginal interaction between political trust and COVID anxiety ($p = 0.061$). Thus, we obtained very little support for (H5).

DISCUSSION

For 2 years and counting, the COVID-19 pandemic has posed a severe threat to public health and elevated levels of uncertainty and threat in the population. At the time of writing, the disease has killed nearly 6 million people worldwide and plunged the global economy into recession. Theory and research in social, evolutionary, and political psychology converge on the prediction that highly threatening circumstances such as these are likely to activate right-wing authoritarian tendencies in the general public, with the predictable result of prejudice against out-group members, especially foreigners and those who are perceived as deviant, such as sexual minorities (e.g., see Altemeyer, 1988; Murray et al., 2013; Green et al., 2016; Tybur et al., 2016; Jost et al., 2017; Schaller et al., 2017; Procellato, 2019; Jost, 2021; O'Shea et al., 2022). Our study, which was conducted in the early days of the COVID-19 outbreak in the first Western country affected by it, suggests that disease-related anxiety and authoritarian dispositions may have interacted to decrease liking for immigrants and sexual minorities. In this respect, we replicated the results of studies conducted in the UK and the Republic of Ireland by Hartman et al. (2021). However, we did not find that attitudes toward obese and disabled people were affected by COVID anxiety, presumably because they were perceived as less threatening than immigrants and sexual minorities.

Of course, political leaders bear some responsibility for stoking and exploiting their followers' authoritarianism and out-group antipathy, as the opening quotation from the Italian politician Luca Zaia suggests. Similarly, the leader of the far-right Italian party, Lega, Matteo Salvini—along with Hungary's Prime Minister Viktor Orbán—linked the virus to asylum-seekers and used the crisis strategically to call for additional border closures. In the US, similar sentiments were expressed by President Donald Trump, who referred to COVID-19 as the "China virus" and "Wuhan virus." The results of our study suggest that in Italy COVID-related anxiety may have strengthened the association between authoritarianism and disliking of immigrants and sexual minorities, two groups that are often scapegoated by authoritarians in Western societies (e.g., Adorno et al., 1950; Altemeyer, 1988).

Although Trump lost his bid for re-election in 2020, it appears that the right-wing in Italy is again surging. According to a public opinion poll conducted in February of 2022 by the media

agency La7, 17% of Italians supported Lega; 21% supported the Brothers of Italy party, which is another far-right party; and nearly 8% supported Forza Italia (former Prime Minister Silvio Berlusconi's party). Only a quarter of Italians supported one of the leftist parties, including the Democratic Party (see <https://tg.la7.it/listing/sondaggi>). It is noteworthy that in September 2019, only a few months before the novel coronavirus struck, these same leftist parties were invited to join the governing coalition.

Our study also suggests that political trust and perceptions of the government's morality may be relevant to effective leadership during a public health crisis (Giannella et al., 2022). Italians who perceived institutions and politicians as morally trustworthy experienced less anxiety related to the spread of COVID-19 and less antipathy toward immigrants overall. In this sense, trust in the social system may have attenuated some of the most troubling manifestations of system-level crises and facilitate democratic (as opposed to anti-democratic, authoritarian) responses (see also Langer et al., 2022). However, we obtained very little support for the hypothesis that political trust would reduce the effects of RWA and COVID anxiety on disliking of out-group members. It is conceivable that levels of political trust in the left-leaning government were simply too low among those who were high in RWA or out-group antipathy to have much of an effect. The fact that Italy was the first Western country to face the spread of the virus might have contributed to a general feeling of distrust that Italian politicians were incapable of protecting their citizens from the threat. Indeed, a different study conducted in Italy found that COVID-related threats were associated with the tendency to criticize the government's handling of the pandemic and, as a consequence, anti-democratic sentiment (Roccatto et al., 2021). In contrast, a study conducted in the US while Trump was President found that confidence in the government to handle COVID-19 was positively (rather than negatively) associated with RWA and xenophobia (Pazhoohi and Kingstone, 2021). Thus, when it comes to understanding and predicting the effects of political trust, it is important to consider the political context, including the president or party that is in power (see also Morisi et al., 2019).

On the topic of trust in government, it is perhaps relevant that many Western commentators praised the Chinese government's response to COVID-19 and have speculated that authoritarian states like China may be better equipped to handle pandemic diseases than their more democratic counterparts. However, this disregards the fact that in the earliest stages of the outbreak, when the possibility of containment existed, misinformation campaigns initiated by the authoritarian government in China—in conjunction with distrust between local and national politicians—caused the virus to spread within China and, ultimately, around the world (Kavanagh, 2020).

The present study was theoretically grounded in well-established frameworks in social, evolutionary, and political psychology. Nevertheless, a clear limitation of our work stems from the cross-sectional nature of the data; it is not possible to draw causal conclusions on the basis of our study. We are reassured, to some extent, by the fact that longitudinal and experimental research has shown that situationally induced

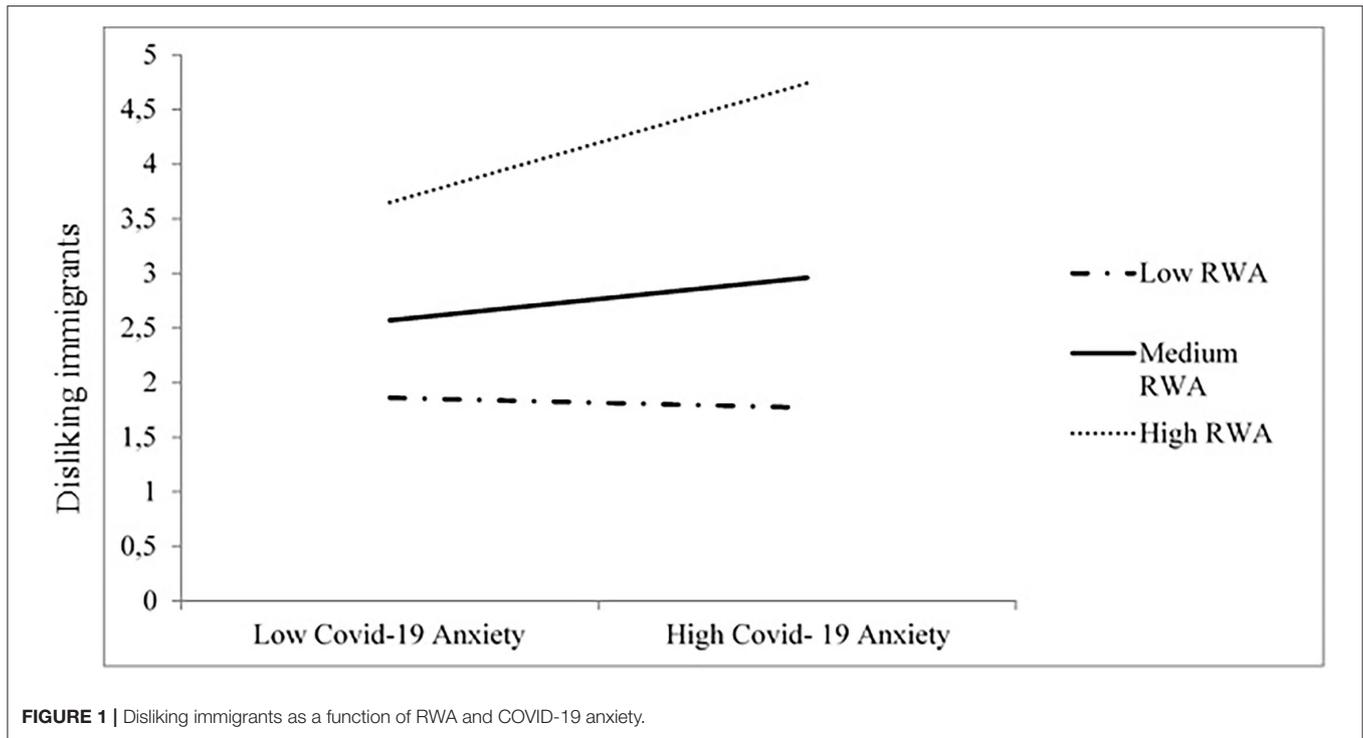


FIGURE 1 | Disliking immigrants as a function of RWA and COVID-19 anxiety.

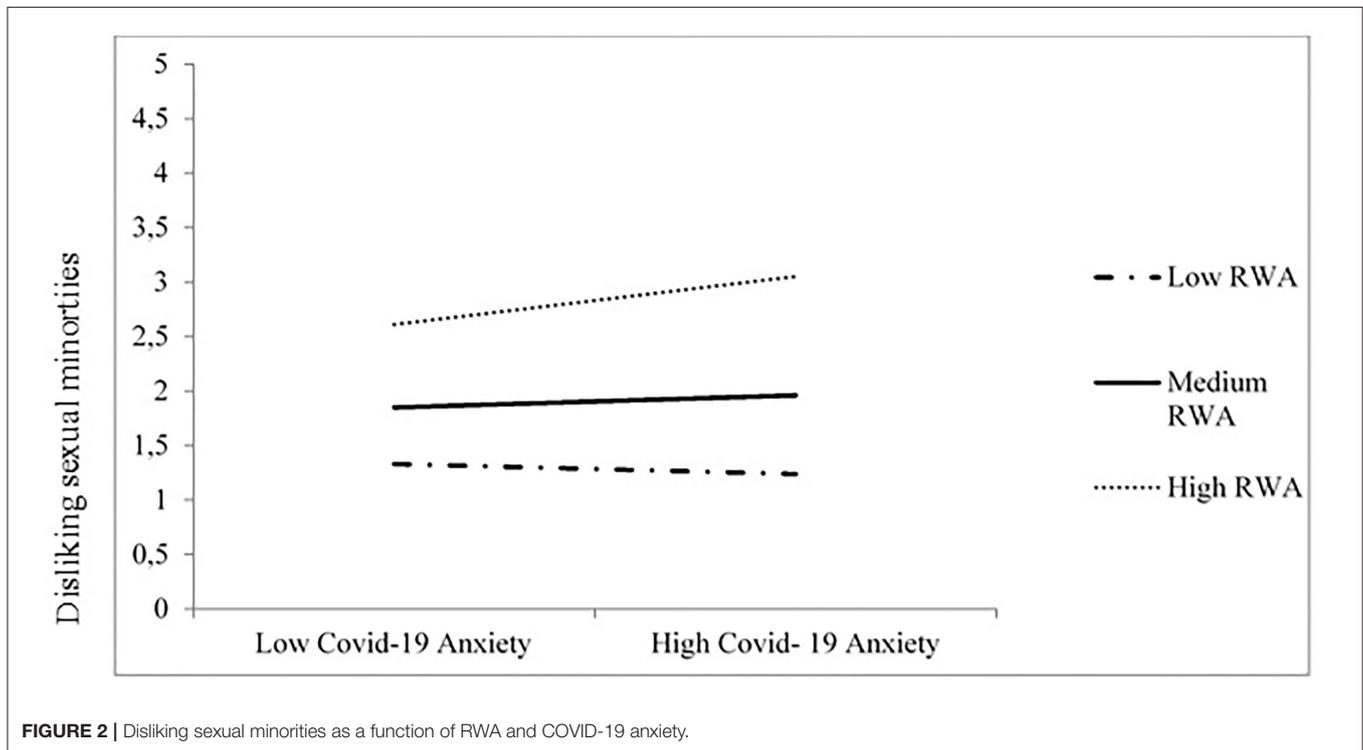


FIGURE 2 | Disliking sexual minorities as a function of RWA and COVID-19 anxiety.

threats are indeed capable of eliciting authoritarian and conservative shifts (e.g., see Jost, 2021, p. 73–76, 187–193, 281, 285, and 288). Given the overwhelming media coverage that has rightfully accompanied COVID-19, it would be difficult, but

probably not impossible, to successfully manipulate the salience of the threat posed by the disease in the laboratory. And it would be obviously unethical to make research participants believe that they were being exposed to the virus directly in order to observe

the effects of anxiety on social and political attitudes, although this is the kind of experiment that would be most internally valid. For all of these reasons, we believe that the research methods we have adopted are sensible and defensible, given the totality of the circumstances.

Another clear limitation of our study is that we used a snowball sampling technique to contact respondents, which is not ideal and surely failed to produce a nationally representative sample, despite the efforts that were made to reach citizens in all regions of the country. Given the sudden and dramatic onset of the pandemic and the challenges it posed, this was the only strategy available to us to collect data about COVID anxiety in a timely manner. Because of strict limits on the length of the survey, we were unable to measure political orientation or potential psychological mediators such as the feeling of disgust, which plays a key role in evolutionary theorizing about disease avoidance and authoritarian prejudice. Nevertheless, many other studies conducted elsewhere have indeed addressed the connections between disgust sensitivity and a wide variety of political attitudes, including attitudes toward immigrants (e.g., Hodson and Costello, 2007; Inbar et al., 2012; Tybur et al., 2016; Aarøe et al., 2017; Shook et al., 2017).

CONCLUSION

In conclusion, we suggest that the spread of pandemic disease not only represents a threat to public health, but also a potential threat to democratic norms of acceptance, openness, tolerance, civility, pluralism, and cooperation across group boundaries. In Italy, as in other countries, there is reason to worry that the novel coronavirus may have increased the prevalence and impact of right-wing authoritarian tendencies that contribute to ethnocentrism and out-group antipathy. If there is an antidote at hand, it may simply be the enhancement of public trust in those democratic political institutions that are, at the end of the

day, responsible for risk management and public health in the West. We can only hope that in the future governments will be able to gain more trust—for the right reasons—than they have thus far.

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DATA AVAILABILITY STATEMENT

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

ETHICS STATEMENT

The study was designed to respect all the principles of the Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subjects and was approved by the Ethical Committee of the University of Calabria (protocol number 8104). The participants provided their written informed consent to participate in this study.

AUTHOR CONTRIBUTIONS

MP, SP, VB, and CS designed the study and contributed to the acquisition of data and had full access to all the data in the study and take responsibility for the integrity of the data. JJ, MP, and SP analyzed and interpreted the data and drafted the manuscript. All authors have read the manuscript and have agreed with its submission.

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