Articles

The institutional management of the COVID-19 crisis in Italy: a qualitative study on the socio-cultural context underpinning the citizens' evaluation

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Abstract

Background: Studies on the citizens' evaluation of the government's crisis management in the COVID-19 pandemic are almost absent. Within the frame of Semiotic Cultural Psycho-social Theory, we argue that better crisis management requires considering the expectations, value systems and questions expressed by the citizens since these criteria organize how they evaluate the actions planned to respond to "their needs", how legitimate they consider political decisions and their attitude to complying with the measures established by the government.

Objectives: This study aimed to explore, with a qualitative approach, the ways ordinary people think and make sense of how Italian institutions responded to the crisis, selected the problems to tackle, and the needs the crisis brought to the fore.

Methods: An anonymous online survey was available from 21st February to 26th April 2021. Participants were asked to write about "The institutional management of the pandemic crisis …". A total number of 374 texts were collected (respondents' mean age = 35,87; DS = 14,14; women: 71,7%). The Automated Method for Content Analysis (ACASM) procedure was applied to the collected texts to detect the factorial dimensions underpinning (dis)similarities in the respondents' narratives. Such factors were interpreted as the markers of latent dimensions of meanings (DS).

Results: The two main DS that emerged were characterised by the pertinentization of two different focus of discourse – media communication versus the social system – and two different criteria of evaluation of the crisis management – the institutional responses to the emergency versus the kind of investment for the future.

Conclusion: Throughout the narratives, two critical points emerged: the Institutions' failure to analyse the problems' complexity and the disparity between what has been said and done by the political system and citizens' expectations and needs.

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1. Introduction

After COVID-19 was declared a pandemic in April 2020, restrictive measures requiring social distancing and avoiding public and social gatherings, as well as the adoption of strict measures of hygiene and individual protection devices have been recommended by global health agencies (Pharris, 2019; WHO, 2021). In Italy, the context of the current study, lockdown measures were established for the whole country by the government on 9th March 2020. As a result, people stopped going to work, visiting relatives and friends, going to church, doing sports in the gym and parks, visiting museums, attending cinemas, theatres, bars, and restaurants, taking part in social and cultural events, taking a walk. Most factories and almost all commercial activities – except those supplying basic needs and services – were closed. Once the first health emergency had come under control, 18th May 2020 marked the end of lockdown and the reopening of shops, bars, restaurants, and churches. From 6th November 2020, with the beginning of the second wave, a system of physical distancing measures organized in progressively restrictive tiers (coded as yellow, orange, and red) was imposed on a regional basis according to epidemiological risk assessments.

High levels of institutional trust and compliance toward advice and measures established by governments were recorded among citizens in the first wave of the health emergency, also in Italy (Barari et al., 2020; Meier et al., 2020). However, economic and social costs come to the fore in the medium and long term, when gains are less evident and uncertain and negative emotions of fear and anxiety may fade away, along with the preventive behaviours they motivate (Farid & Ajwa, 2005; Li et al., , 2021; Marinaci et al., 2021; WHO, 2021). In Italy and many countries worldwide, the slowdown or even a complete stop in production and consumption activities crashed markets and led to the closure of many businesses, sending home millions of workers. To add a further element, the crisis has not affected everyone in the same way but has reinforced economic and health disadvantages among specific categories, e.g., low-income populations, women, and young adults (Bottan et al., 2020; Nassif-Pires et al., 2020). Therefore, the need for close monitoring of shifting public reactions, beliefs, and attitudes towards both the epidemic and its management has been highlighted, especially when a crisis lasts over time (Peretti-Watel et al., 2021; Raude et al., 2019; Wright & Fancourt, 2021).

Several works have been published to evaluate the effectiveness of crisis management in different countries in the world (Erkhembayar, et al., 2020; Liu et al., 2020; Hassankhani et al., 2021; Kuhlmann et al., 2021; Turner et al., 2022) or the degree of institutional trust expressed by the population, recognizing trust as a crucial dimension in predicting citizens' compliance

with anti-contagious restrictive measures (Caplanova, et al., 2021; Georgieva et al., 2021; Guglielmi et al., 2020), intention to follow vaccination recommendations (Ingrid et al., 2011; Palamenghi et al., 2020) but also health and life satisfaction (Davvetas et al., 2021; Frank et al. 2011). In Italy, increasing mistrust in government, biomedical research, and a less compliant attitude toward the recommended protective behaviours was recorded after the beginning of the second wave (Chirico et al., 2021; Palamenghi et al., 2020). However, a high or low level of trust tells us nothing about the interpretative criteria adopted by citizens to represent and evaluate decisions and actions planned by their government to handle the crisis, reduce the negative effects, or facilitate changes in institutional settings and policies (Davvetas et al., 2021; Farid & Ajwa, 2005). Studies on the factors that influence citizens' evaluations of the government's activities often focus on assessing public sector performance in routine times rather than on the effectiveness of policy measures and management in times of acute crises (Shlomo et al., 2019). Studies on the citizens' evaluation of the government's crisis management in time of COVID-19 are almost completely absent. One exception is the Israeli study of Mizrahi and colleagues (2021). The authors found that Israeli citizens primarily refer to the immediate, satisfactory short-term outcomes they want rather than long-term expectations such as trust. In another study on perceived government effectiveness during the COVID-19 pandemic in Canada (Levitt et al., 2021), the authors found a substantial reduction in perceived government effectiveness, from predominantly positive perceptions to predominantly negative perceptions. To the best of our knowledge, no study has examined the institutional management of the pandemic crisis in Italy by adopting the common people's perspective.

A similar underestimation of citizens' perspectives is recognizable in the politicians' approach to crisis management. The relationship between institutions and citizens has often been configured as a relationship between an expert "who knows" what the problem is, who knows how to deal rationally and logically with it, and a user-community, passive, in need of care or explanations, who "do not know", and who can do nothing but trust (Pleyers, 2020; Venuleo, 2022; Wester, 2011). Trusting in this case retains the etymological meaning of the word (to trust = to have faith): it means relying on someone you assume knows what is good for others, because of their recognized authority. The call to have faith then becomes a reference to a relationship that is not simply asymmetric but creates passivity (Freda, 2008). Some assumptions justify this position: a) the citizen does not have the skills to deal independently with the object of their interest, "the one in need"; b) these competencies are possessed by the interlocutor who – in certain conditions (e.g., if elected, if trusted) - is willing to use them in the citizen's favour, "the one who will take care of it") there is a convergence, between the expert and the layman,

in terms of points of view on who holds the one or the other role and on the meaning and reason for their relationship.

On the other hand, many movements and actions signal the failure of a model based on confidence in the ability of politics and science to function despite expectations, value systems, and questions of who should benefit from decisions on the measures introduced. Think of the proliferation of conspiracy theories, no vax and no-mask movements, of the lax levels of compliance shown by citizens towards other measures to contain the contagion, of the activist experts and civil society organizations which scrutinize the allocation of public budgets to cope with the crisis (e.g., budget allocated to public services and hospitals as opposed to the budget allocated to the airline industry) proposing alternative priorities and alternative assistance packages (Pleyers, 2020).

Despite the differences, all these movements show that decisions and measures (and principles, rules, domains of the value which they express) are not received and acquired by citizens with the same criteria and the same intentionality with which they are introduced.

In this paper, adopting the lens of the Semiotic Cultural Psychological Theory (SCPT) (Salvatore, 2016; 2018; 2014), we emphasize that better management of the crisis and its aftermath requires taking into account the mediational role of the sensemaking processes through which the actors interpret the meaning of the actions addressed to them. After a brief outline of SCPT, a study will be presented which investigates the dimensions of meaning adopted by Italian citizens to evaluate the institutional management of the pandemic crisis.

1.1 Theoretical framework

The pandemic crisis is both a complex series of interrelated facts and a social reality reinterpreted differently by social actors (Berger & Luckmann, 1966). Positioned within the socio-constructionist area (Gergen, 1999; Mcnamee & Gergen, 2000; Sharf & Vanderford, 2003) – positing that reality does not present itself to us organized in the ways we see – SCPT takes a view of the individual as a semiotic subject (or sense-maker) (De Luca Picione, 2020; Shweder & Sullivan, 1990), namely, a subject engaged continuously with the interpretation of experience (Picione & Lozzi, 2021; Salvatore, 2018; Valsiner, 2007). SCPT invites us to see the major object of psychological research as the semiotic devices (codes, narratives, symbolic artefacts) through which social actors organize the meaning of experience, interpret the problems and challenges of living together, define the objectives to be achieved in their relational and social contexts, which they discuss and/or govern (Salvatore & Valsiner, 2006; Venuleo & Marinaci, 2017; Venuleo, 2012). Indeed, the ways of representing reality guide

decisions and strategies for approaching problems, enable attitudes, orient behaviours, and, in this way build worlds (Goodman, 1978). Different studies have highlighted how interpretations are a way of being channelled into acting and reacting in a certain way in different domains of life: e.g., they orient the ways of evaluating a public service (Venuleo, 2013), the ways of relating to otherness (Salvatore et al., 2019), the citizens' attitude to vaccination (Rochira et al., 2019) and other measures to contain the infection. For example, some studies support the idea that low compliance with physical distancing and mask-wearing measures can be interpreted as a way of acting, affirming and reproducing the idea, with an identity value, that life is a matter of resistance to the power of institutions that violate civil liberties (Taylor & Asmundson, 2021). Within this mindset, calling for confidence in government recommendations is not enough to involve the public in complying with a scientific request. It is necessary to suspend the belief that the categories proposed to describe problems and solutions receive their legitimacy from the observation and examination of "reality" and engage in a careful understanding of the (subjective, intersubjective, cultural) context which gives meaning to a certain way of feeling and acting, even when this sense escapes the scrutiny of logical-analytical thought (Mohammed & Rossi, 2022).

Accordingly, the importance of adopting ordinary people's perspective and thus valorising their accounts of the institutional management as "data that count" lies in acknowledging their impact on the ways citizens experience, evaluate, cope, and react to the actions planned to respond to "their needs".

A second crucial tenet of SCPT, based on a long-lasting tradition in psychoanalytic analysis (e.g., Freud's analysis of his contemporary society, Russian psychoanalytically informed pedagogy, French psycho-sociology, Bion's basic assumptions of the group mind, Foulkes' group-analysis) is the acknowledgement of the strict intertwining between an inside and an outside world, individual and society (Salvatore et al., 2021). Accordingly, the systems of meaning (and related feelings, attitudes and values…) through which citizens interpret and relate to the pandemic crisis represent one of the by-products of cultural dynamics (Salvatore & Zittoun, 2011) where individuals, policymakers and the media influence each other.

1.1 Goals of the Study

The study aimed to exploratively examine Italian people's perception of the institutional (mis)management of the pandemic situation. Since qualitative studies of this kind are nearly totally lacking, no specific hypothesis guided the study. We were interested in exploring the ways

of thinking and making sense of how institutions responded to the crisis, selected the problems to face, and the needs the crisis brought to the fore.

Furthermore, we explored whether the interpretations vary over social segments, due to the variability of psychosocial conditions to which people are exposed during the pandemic. Specifically, we explored the role of respondents' socio-demographic characteristics – such as sex, age, education, and job status – which we expect to be related to different challenges imposed by the crisis and specific health, social and economic concerns.

2. Materials and methods

An anonymous online survey was available online from 21 February to 26 April 2021, a period when a system of physical distancing measures organized in progressively restrictive tiers (coded as yellow, orange, and red) was imposed on a regional basis according to epidemiological risk assessments.

The survey – shared through social networks – used a qualitative approach to explore people's subjective experience of the institutional management of the current pandemic crisis. An open stimulus was chosen to this end. Participants were asked to write about "*The institutional management of the pandemic crisis…*". The stimulus was accompanied by the following comment: "*We ask you to tell us everything that comes to your mind regarding this issue. In particular, the aspects on which you would have given priority. In writing, take all the space you need.*"

Socio-demographic characteristics of respondents (i.e., sex, age, educational status, job status) were also collected.

All procedures performed in the study complied with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Participants were informed about the general aim of the research, the anonymity of responses, and the voluntary nature of participation and signed informed consent. No incentive was given. The project was approved by the Ethics Commission for Research in Psychology of the Department of History, Society and Human Studies of the University of Salento (protocol n. 16881 of 28.01.2021).

2.1 Participants

378 questionnaires were collected. Of these, 4 were removed because the text did not contain complete sentences. A total number of 374 questionnaires and related texts (respondents' mean

age = 35,87; DS = 14,14; women: 71,7%) were then used as data. The socio-demographic characteristics of the participants are reported in table 1.

Table 1. Socio-demographic characteristics of the respondents

Sex	Male	107 (28.3%)
	Female	271 (71.7%)
Age range	18-26	134 (35.4%)
	27-35	80 (21.2%)
	36-44	61 (16.1%)
	45-53	50 (13.2%)
	54-63	37 (9.8%)
	>63	16 (4.2%)
Educational Status	Low	28 (7.4%)
	Middle	150 (39.7)
	High	200 (52.9%)
Occupational Status	Student	121 (32%)
	Employee	150 (39.7%)
	Freelance	50 (13.2%)
	Unemployed	29 (7.7%)
	Retired	14 (3.7%)
	Housewife	14 (3.7%)

2.2 Data analysis

An automatic procedure for content analysis (ACASM; Salvatore et al., 2012, 2017) – performed by T-LAB software (version T-Lab Plus 2020; Lancia, 2020) – was applied to the whole corpus of narrative texts collected to map the main *dimensions of meanings* underpinning the set of contents. The method is grounded on the general assumption that the meanings are shaped in terms of lexical variability. Accordingly, the method aims at detecting the ways the words combine (that is, co-occur) within utterances, independently of the referentiality of the sentence (Lebart et al., 1998). The ACASM procedure followed two steps.

Firstly, the textual corpus of narratives was split into units of analysis, called Elementary Context Units (ECUs) and the lexical forms present in the ECUs were categorized according to the "lemma" they belong to. A lemma is the citation form (namely, the headword) used in a language dictionary: for example, word forms such as "child" and "children" have "child" as their lemma. A digital matrix of the corpus was defined, having as rows the ECU, as columns the lemmas, and in cell x_{ij} the value '1' if the jth lemma was contained in the ith ECU, otherwise the x_{ij} cell received the value '0'.

Table 2. describes the characteristics of the dataset

Dataset

	N
Texts in the corpus	374
Elementary contexts (EC)	629
Types	4229
Lemmas	638
Occurrences (Tokens)	21047
Threshold of lemma selection	5
Lemmas in analysis	399

Note – *Texts in the corpus:* number of answers to the open question (corresponding to the number of participants) inserted in the text analysis; *Elementary context:* sections of text (e.g., sentences, paragraphs, or short texts) characterised by the same keyword patterns; *Types*: total number of words (i.e., including all linguistic forms) contained in the general corpus; *Lemmas:* words transformed into headword; *Occurrences (Tokens)*: frequencies of a single lexical unit; *Threshold of lemma selection:* the value selected to include the lemma in the analysis; *Lemmas in analysis:* number of headwords inserted in analysis.

Secondly, a Lexical Correspondence Analysis (LCA) – a factor analysis procedure for nominal data (Benzécri, 1973) – was carried out on the matrix obtained, to retrieve the factors describing lemmas with higher degrees of association, i.e., occurring together many times. Each factorial dimension describes the juxtaposition of two patterns of strongly associated (co-occurring) lemmas and can be interpreted as a marker of a latent dimension of meanings underpinning dis/similarities in the respondents' discourses (Salvatore et al., 2017). The interpretation of the factorial dimensions is carried out in terms of inferential reconstruction of the global meaning envisaged by the set of co-occurring lemmas associated with each polarity. The first two factors extracted from LCA were selected as the ones explaining the broader part of the data matrix's inertia, and labelled by three experienced researchers, in a double-blind procedure. Disagreement among researchers was overcome using a consensus procedure. The LCA provides a measure of the degree of association of any respondent with every factorial dimension, expressed in terms of the respondent's position (coordinate) on the factorial dimension.

Once the coordinates of each subject were identified – as the third step – an ANOVA with post-hoc analysis based on the Bonferroni test was computed to examine (dis)similarities related to sociodemographic characteristics.

3. Results

3.1 Dimensions of meanings

Tables 2 and 3 illustrate respectively the first and the second factorial dimension obtained by the ACASM procedure. For each polarity of the two dimensions, the lemmas with the highest level of association (V-Test) are reported, as well as their interpretation in terms of labelling of their meaning. Henceforth, we adopt capital letters for labelling the dimensions of meaning and italics for the interpretation of polarities.

FIRST FACTORIAL DIMENSION. The focus of the discourse: *Media communication* versus *social system*

This dimension opposes two patterns of lemma which we interpret as the markers of two different focuses of the discourse (Table 2).

Media communication (-): On the negative polarity, discourses focus on media and institutional communication (*information, news, media, president*), the detected degree of clarity (*confused, confusion, clarity, lack*) on what was happening, and the measures and initiatives about the pandemic (*to happen, crowd, idea, initiatives, measures, plan, rules*) and the associated feeling (*fear*). A different, also opposed, criticality is emphasized by the discourses: on the one hand, the fear and the concern evoked by the continued and dominant focus on the health emergency, with the constant updating of the numbers of infected and dead; on the other hand, optimism and the message "Everything will be all right", felt like a way to deny the danger and the difficulties facing a citizen, symbolized as a child.

(…) I feel that I do not understand and share how our government (and the media) face the pandemic crisis… not only in terms of decrees and measures but also and above all in terms of the messages they convey. Fear and concern continue as if nothing else existed and as if, at the moment, all our energies and attention were to be directed solely and exclusively to this. I have several connections in different parts of America, and what I see is a more serene everyday life, integrating the various aspects of life into the situation of the virus. (Female, 24 years old, degree, student)

I can think of the government's first communications, at the beginning of the pandemic, where everything was very confusing. They were trying to tell us to stay calm while we were preparing for the worst. Like when something bad happens at home and the kids are told it's okay. Even the slogan everything will be all right that appeared on all the balconies, it seemed more like a mantra to ward off fear and magically hope to wake up at the moment before the pandemic. As do the choices of the regions, which are contrary to national directives and each other. In the end, nothing was understood and then one wonders how you can be a denier: better to create a theory than to

reflect on what we have been told and what happened (compared to how to behave with the virus), it's enough to make you crazy anyway. (Female, 32 years old, degree, freelancer)

The confusing and conflicting nature of the communication, also by virologists, is identified as the main source of uncertainty, bewilderment, and a sense of distrust about what is said by politicians and experts.

It was wrong from the start with the mistake of underestimating the danger of the virus. Virologists on television were talking about a normal flu virus and a very low risk of it spreading. So, at this stage, the blame lies with experts rather than politicians (who don't even know what a virus looks like). From China, we had level four lab footage, and they said there was no danger. Not enough containment measures were taken, the direct flights with China were cancelled but not the indirect ones, we saw advertisements in which they said to sneeze into your elbow, they organized aperitifs with gatherings for solidarity (with whom?). (Female, 50 years old, degree, freelancer)

I listen to television very little, I prefer listening to the newspapers being read on the radio but despite this, I often feel a sense of bewilderment in front of what I listen to. I do not always understand the logic that drives some political choices, above all I often find them contradictory. Even listening to scientific debates is unsettling for an average citizen although I keep telling myself that science cannot do without debate, confrontation, doubt... (Female, 45 years old, degree, employed)

I found the management confusing and contradictory. The fault was the inevitable conflicts between health technicians and politicians and internal conflicts in politics and institutions (See government / Regions). Playing it by ear is perhaps unavoidable. (Male, 77 years old, degree, retired)

Lack of credibility, inconsistency, and inability to provide reassurance are depicted as shared characteristics of scientific, political, and social media communication.

I think there has been a lot of confusion about information about vaccines, fake news needs to be checked and I also found the directives of social distancing and quarantine inconsistent. (Female, 26 years old, high school diploma, student)

Social system (+). On the positive polarity, lemmas refer to the lack of readiness (*unprepared, critically, difficult, critical*) of the social system (*society, system, whole*) when faced with the crisis, the critical issues present in strategic sectors such as education action, health, work (*important, sector, education, college, student, health, wellness, work*) and the unsatisfied needs of the population (*need, to miss, population*).

Economic and health implications of the anti-contagion measures established by the government are put in the foreground, along with the underestimation of psychological well-being ("*They do not have in mind the value of the well-being of the individual man*"). Discourses focus on

forgotten categories of the population (e.g., students and workers paying respectively the closure of education and commercial activities) and, more broadly, on the difficulty or inabilities of political decision-makers to take into account the specificities of conditions, circumstances, exigencies encountered by specific categories of citizens and, thus, to modulate measures accordingly.

(...) I did not and do not agree with some of the decisions taken by the government; it is obvious that the latter had devastating economic consequences for many categories of workers. I am very critical of the indifference towards university students, who have hardly been mentioned during the management of the pandemic. (Female, 22 years old, high school diploma, student)

The institutions, unfortunately, have not been able to cope properly with the emergency in my opinion, and always, in my opinion, we do not have enough valid representatives; those in politics today do not have in mind the value of the well-being of the individual man, as a potential subject who has physical/psychological needs, aspirations and dreams, but look to the common good as the only aspiration, but a society like ours completely lacks the sense of community, so the application of equal theories for all is completely unsuitable. I refer for example to the funds intended for the self-employed, well... as the recent events have shown us, various types of income, notaries with artisans, were put on the same level... which for me is absurd. I do not in any way question the methods used so far on lockdowns because I am not in a position to think otherwise, but I question the economic administration (...). (Female, 32 years old, degree, employed)

I think that quarantine is not the way to solve the problem but to postpone it, and that decisions on the management of the institutions should be taken on specific cases and not on the general situation. For example, as a university student, I can speak from my own experience, and I believe that the suspension of the internship in my degree course was a choice made on the general situation of the university and not on our specific case. For instance, as a university student I can talk about my experience, and I think the suspension of practical work-experience in my degree course was a decision based on the general university situation and not on our specific case. And if this might be understandable in the light of the fact that it would be very complicated to consider the individual cases, then I would think that the decision-making power should have been divided between several people, people who personally saw the situation and could therefore make more informed choices. This argument, the particular case and limiting it in a too general perspective, can also be extended to many other fields, especially those of work. For example, the closure of bars, restaurants, and winter tourism venues (which especially exploit these seasons to work) which have been limited or even deprived of the freedom to work, could have been avoided (in my opinion) if the matter had been considered in the specific case. (Female, 20 years old, high school diploma, student)

The constant call by the Technical Scientific Committee for closures (perhaps even reasonable in terms of containing the infection, therefore also reducing deaths) has caused (and caused) colossal damage on an economic, social, and

psychological level. Children and young people are deprived of a normal social, sporting, and educational life in fundamental stages of growth and development.

Business people were besieged by continuous changes in the conditions in which they had to operate. Anxiety is evidently growing in all strata of the population, with the creation of two opposing and irreconcilable factions: the "terrified" who urged "STAY AT HOME!" to those who went out for a walk and the "minimizers" who did not take reasonable precautions necessary to avoid an exponential expansion of the pandemic. (Male, 52 years old, degree, employed)

Part of the discourses focus on the lack of planning and, thus, the lack of a medium-long-term view, sacrificed in favour of a consensus policy committed only to retaining potential voters.

The Italian political system has given and continues to give its best in social economic health management. It continues to manage everything with welfarism, and favouritism aimed only at gaining electoral support. (Male, 60 years old, high school diploma, retired)

Table 3. LCA output. First factorial dimension

THE FOCUS OF THE DISCOURSE			
Media communication (-)		Social system (+)	
Lemmas	Test values	Lemmas	Test values
To detect	-19,8516	Society	4,7244
Idea	-16,3096	Unprepared	3,7675
Confused	-11,9745	System	3,6503
Information	-11,8712	Criticality	3,3891
News	-10,9418	To put	3,3456
To change	-6,7995	Our	3,3332
Clarity	-6,2082	Difficult	3,2288
To call	-5,8962	Health	3,1647
Crowd	-5,5272	Education	3,1192
Initiative	-4,6886	Need	3,0548
Lack	-4,5453	College	2,9208
To begin	-4,5365	Wellness	2,91
Confusion	-4,4951	Important	2,8961
President	-4,3672	Population	2,8552
To happen	-4,2344	Sector	2,8349
Media	-4,0236	To miss	2,8232
To need	-4,0097	Possibility	2,737
Time	-3,9827	Whole	2,5897
Measure	-3,6939	To work	2,5822
Category	-3,273	Distance	2,576
To limit	-3,1383	Service	2,546
Plan	-3,1138	Critical	2,5035
Rule	-3,1074	Student	2,4585
Fear	-3,1063	Sudden	2,3878
Delay	-3,0453	Work	2,3481

* Highest levels of association standard scores (V-Test)

SECOND FACTORIAL DIMENSION. criteria of evaluation of the crisis management.

This dimension opposes two patterns of lemma which we interpret as the markers of two different criteria adopted to evaluate the institutions' crisis management (Table 3).

<u>Responses to the emergency</u> (-): Opposite connotations (*unprepared/prepared*) of the pandemic management by the Italian Government (*Conte, Government, institutional, institution*) are here aggregated. The Government seems to be evaluated considering the exceptional nature of the crisis (*emergency, difficult, situation*) and the capacity of the decision-makers and scientific authorities – at different levels (*national, local, world*) – to find solutions for the needs of the citizens (*authority, scientific, citizens, to find, solution, result*). The temporal trackers (*present, today*) occurring with the lemma "emergency", suggest that the evaluation focuses on the immediate responses to the health emergency (e.g., the capacity to find a medical antidote; to combat the contagion).

Polarised connotations of institutions and politics emerge, creating idealizing positions ("I think the best has been done…"; "I am fully satisfied…") that can be recognized along with very devaluating ones ("indefinable, denier, villain").

Given that a pandemic was not foreseeable, I believe that the State managed everything in the best and fairest way possible: lockdown was a necessary and unavoidable measure, which allowed damage to be limited. (Female, 22 years old, degree, student)

National and local authorities have carried out challenging, new, and unexpected tasks such as the pandemic crisis. In this framework, it is possible to identify uncertainties and criticalities a posteriori, with hindsight. Given the premises, they did their best, and the overall results can be positively evaluated. (Male, 64 years old, degree, employed)

In my small way, I think the best has been done, compared to an unprecedented situation. I am talking about the national authorities, to whom I extend my gratitude. The local authority is indefinable: the mayor who represents it, an ill-concealed fascist, is a denier. As well as a villain. (Female, 38 years old, degree, employed)

About the measures proposed by the government, given the emergency of the pandemic that has been unleashed without warning in our lives, I would say that I am fully satisfied with both the actions and the proposed information. The only sore point I don't understand is the total closure of the gyms, which is known to be one of the few moments that contribute to healthy psychic and physical. (Female, 24 years old, degree, employed)

The inadequacy of economic aid for those who have lost their job or who have spent money to obey the anti-contagion regulations established for commercial activities is one of the most cited criticalities of the institutional response to the emergency, along with the inadequacy of checks

and measures against those who did not follow the rules. So, the feeling is that some have sacrificed for others without getting anything in return.

No one thinks of ordinary people. Too many of us have serious economic difficulties, too many are without work. And no one takes away taxes, bills, and mortgages. So you can't go on. (Female, 32 years old, degree, employed)

Bars, restaurants, gyms ... places, in which the merchants and owners have implemented the possible modifications and have taken precautions, both for customers and for those who work in the same room, also paying for the materials dictated by the state and paying out a lot of money that was not possible to pay out. Many young people, like me personally, find themselves out of work and perhaps even without family and financial assistance. (Female, 21 years old, high school diploma, unemployed)

I think attention has been paid to the possibility of not interrupting economic activities, while perhaps it would have been better to have a much tighter closure at the centre, accompanied by immediate rebates/compensation. (Male, 50 years old, high school diploma, employed)

I would have preferred there to be more checks in the squares, restaurants, and bars. Real checks with fines for any person without a mask or who did not comply with the rules. It would have made me feel safer and maybe it could have made us avoid some closures... (Female, 26 years old, degree, temporary work)

<u>Kind of investment in the future</u> (+). Lemmas refer mainly to the educational sector (*school, university, educational, education, student, college*), one of the main areas on which media and social media discourses are focused in Italy. *Desks* with *wheels*, a solution suggested by the Italian Minister of Education to ensure the physical *distance* in the school, seems to be evoked here as a paradigmatic example of a lack of planning enabling us to face the crisis in the long term and of an underestimation of the costs imposed on citizens (*to close, to penalize*).

The feeling is that urgency on the one hand and bureaucracy on the other hand have prevailed on the need to invest more resources and thought in the health care system, in school buildings, and in "a culture of care in the broad sense".

I think it could have been handled differently. They provided funds, in my opinion, that could be avoided (holiday bonus, scooter) without actually thinking about intensive care units, health professionals, or school itself (the desks with wheels were definitely not what was needed). They had months to somehow "repair" in advance what they predicted would happen from October until today, they could open closed hospitals or build intensive care units. But none of this has been done, no plan for revival and recovery. (Female, 23 years old, high school diploma, student)

The management of the pandemic crisis by the institutions has highlighted the shortcomings and criticality of a system that is already struggling (...). Although many gestures have been made towards taking charge of public

health, there is no culture of "care" in the broad sense, both in the individual and in the community. It would be worth questioning and working on this, both locally and nationally. (Female, 37 years old, degree, employed)

Later, with the second wave, I found the control of the pandemic inadequate. There was no preparation and organization by the Public Administrations involved. For example, apart from the economic problems with transport and schools, I found the responses of both local and central authorities to be seriously insufficient. There was also a lack of clear preparation regarding the vaccination rollout. (Male, 57 years old, degree, employed)

The management of the pandemic crisis has been rather mediocre. Even though the first wave was, in a sense, unforeseen (I say in a certain sense because there was still a period when protective measures could have been strengthened instead of underestimating the situation), it did not serve as a lesson to those that came after. The government lost itself in bureaucracy and useless/incomprehensible measures instead of aiming to strengthen the health service (being a pandemic, it would be more logical to invest in that instead of desks), to facilitate medium and small companies (thus avoiding an economic crisis with the consequent increase in unemployment, etc.) and investing in education by renovating empty buildings to ensure safety distances in schools (instead of closing them). (Female, 31 years old, degree, housewife)

Desks with wheels, closures that do not take into account the differences between cities in the same province, the lack of attention to school, which anyway is not productive. (Female, 18 years old, middle school diploma, student)

The sense of discourse seems to be well represented by the following fragments: problems and challenges that existed before the pandemic (e.g., a health system already suffering from a progressive decrease in resources allocated for health-related research and public health; the difficulty of women in reconciling work and family care) and the impossibility of tackling them during the storm:

I think that, as is often the case, the answers given to the health emergency were dictated by urgency, while I see no great thought about the future, the problems and the challenges with which the pandemic confronts us; problems and challenges that existed even before. One example for all, is the lack of protection of women, who bear the brunt of the duties of care, but who have no protection at work, such as the possibility of reconciling it with their being mothers or and daughters of elderly parents that no one, without them, would look after. We close everything, it was decided in March of last year and that's fine, it was necessary but you cannot at the same time fail to think about how to make this closure sustainable, economically and socially. You might perhaps understand it in the early stages of the pandemic but, after a year, it seems to me that the situation has not changed. It is not clear what kind of future is being planned. (Female, 42 years old, degree, employed)

(...) I hope that at least virologists take advantage of this moment to regain their mission and prepare a serious plan for the future because now for this COVID-19 we will always be behind. Every current topic seems to be a waste of time also because it is not during the storm that you change your clothes (…). (Female, 29 years old, high school diploma, freelancer)

Table 4. LCA output. Second factorial dimension

CRITERIA OF EVALUATION OF THE CRISIS MANAGEMENT			
Responses to the emergency (-)		Kind of investment in the future (+)	
Lemmas	Test values	Lemmas	Test values
Scientific	-5,968	School	13,6649
National	-4,6399	Boy	8,3468
Information	-4,4005	Desk	8,2037
Difficult	-4,3273	University	8,0416
Emergency	-3,984	Wheel	7,6465
Situation	-3,8327	Educational	7,2475
Level	-3,7653	Education	6,9103
Unprepared	-3,7472	Media	6,6061
Institutional	-3,7063	Service	6,4264
Local	-3,7002	Student	5,989
World	-3,5654	Distance	5,8781
Present	-3,5213	To spend	5,7323
Conte	-3,2891	News	5,4575
Government	-3,2201	To think	5,0939
To believe	-3,2006	To close	5,0745
Authority	-3,034	Category	4,6811
Prepared	-2,9777	To penalise	4,4992
Institution	-2,9416	Necessary	4,4792
Citizen	-2,9201	College	4,4585
Today	-2,8555	Place	4,4512
To find	-2,84	Transport	4,3944
Result	-2,8362	Topic	4,2015
Solution	-2,8299	Freedom	4,0949
New	-2,7867	Restaurant	3,9465
Previous	-2,7771	Founds	3,811

* Highest levels of association standard scores (V-Test)

Findings from ANOVA don't show significant differences among respondents differently characterized in term of sex, age, educational level and job status

4. Discussion

The WHO pointed out the need to plan and adapt services and aid based on the feedback of communities (WHO, 2020a). To our knowledge, this is the first qualitative study on the evaluation of Institutional crisis management which has adopted the citizens' perspective, in Italy and worldwide.

The analysis of the discourses allowed us to identify the two main dimensions of meanings made pertinent by the respondents to talk about crisis management in Italy. The first dimension of meaning represents the dialectic of two different focuses of discourse: on the one hand (media polarity), what has been said by the Institutions; on the other hand (social system polarity), what has been done by them to manage the crisis and the pragmatic consequences of such choices.

The contrast itself between the two planes deserves a comment. It seems to underline the split perceived by the citizens – between the discourses and actions of the institutions.

The foregrounding of the focus on media communication is not surprising: the media have played an important role for public health agencies and government stakeholders during COVID-19 and represented the main source of people's sensemaking in a time of physical distance (Anwar et al., 2020; 2020). Based on our analysis of the Italians' narratives, media communication appears confusing, unclear, even inconsistent and contradictory (e.g., the fear solicited by the continuous updating of the death toll and the slogan 'everything will be all right', felt to be an empty promise, denying the complexity of the crisis to be managed). Previous studies highlight how the possibility of attributing sense and coherence to politicians' actions and discourses works as a protective factor able to moderate psychological distress and the impact of trauma and disrupted socio-economic conditions (Barni et al., 2020; Veronese et al., 2013). Recent studies, analysing governments' communication about the COVID-19 emergency, show that in Italy, as in many other countries, it has been far from all the best practices recommended for risk communication in a health crisis – e.g., ensuring consistent communication over time, keeping instructions clear and actionable to ensure public compliance, avoiding the use of fear; moving away from orthodox top-down communication approaches, towards bottom-up tailored risk communication that accounts for public values, perceptions and situations (Warren & Lofstedt, 2021; Wang et al., 2020; Williams et al., 2020).

On the "social system" polarity, the economic, social, and health costs paid by the citizens are placed in the foreground. Similar concerns also emerge from other recent studies on the COVID-19 outbreak (Cerami et al., 2020; Codagnone et al., 2020; Di Giacomo, 2020; Gori et al., 2021; Marinaci et al., 2021). For instance, analysing data from Italy, Spain, and the United Kingdom, Codagnone and colleagues (2020) show concern for a policy orientation that overlooks the economic crisis and the mental health impact of the established anti-contagious measures. An Italian longitudinal study by Marinaci and colleagues (2021), based on the collection of written texts on the stimulus "Living in the time of COVID-19", shows how the texts collected in the months characterised by the decrease of the infection curve and the end of stay-at-home measures and the beginning of the second wave, foreground issues concerning the socio-economic impact of the crisis and the unfriendly and unqualified character of the government. The devaluation of government goes along with the expectation of returning to a pre-pandemic normality, as soon as possible, an aspiration of everyone but also, as observed by Emiliani and colleagues (2020), the leitmotif of every government communication.

The second dimension of meaning represents the dialectic of two different criteria adopted to evaluate crisis management by the Institutions: one focused on the short term (response to the emergency); the other on the long term (kind of investment in the future). The "response to the emergency" polarity foregrounds the capacity of the decision-makers and scientific authorities to respond in a timely manner to the health emergency (e.g., the capacity to find a medical antidote; to combat the contagion). A similar criterion of evaluation was found in the Israeli study by Mizrahi and colleagues (2021). Preventing crisis escalation, minimising its negative results to the least possible extent, and optimising the resources and capabilities available to reduce the negative effects, are recognised by citizens as very complex and difficult challenges in circumstances of tension and uncertainty. On the other hand, the polarised character of the connotations used to judge the authorities (idealisation or devaluation) and the expectation itself of exiting from the health emergency in a brief time highlight the emotional nature of people's evaluation, characterised by the salience of generalised affect-laden meanings unable to cope with the complexity of the crisis scenario fully. Affects work essentially in hallucinatory terms, through representations of the world that are blind to the changes occurring in the real world (Venuleo et al., 2020b). As observed by different scholars, COVID-19 is not an isolated event due just to the malignity of Mother Nature. Geo-environmental determinants – e.g., air pollution (Coccia, 2020; Fattorini & Regoli, 2020), meteorological conditions (Wu et al., 2020), transport and mobility specificities (Du et al., 2020), population density (Wong & Li, 2020), weakening/lack of development of health systems (Hansen et al., 2021), are among the conditions/distal causes facilitating the diffusion of COVID-19, which could not be addressed only through pharmaceutical interventions (Askitas et al., 2021). Having made these comments, it is worth recognizing the complex circumstances which make the desire to leave it all behind understandable: the COVID-19 pandemic involved an acute crisis, loss and disruptions in many aspects of life (Castilglioni & Gaj, 2020), and the related emergence of symptoms of anxiety, depression, sleep problems and post-traumatic stress disorder in a significant percentage of the population (Ciccarelli et al., 2022; Mazza et al., 2020; Moroianu et al., 2021; Prati & Mancini, 2021; Rahnea-Nita, 2021; Rollè et al., 2022). As a related point, if our identities are defined in a substantial part by the groups to which we belong (Tajfel & Turner, 1979), our sense of self can be profoundly shaken in a time of physical distancing from these groups (Saizet al., 2021). Therefore, it is likely that the desire to return to pre-pandemic normality, which may restore freedom of movement, social relationships, old habits, and normal routines has to be understood first of all as the demand for sense and identity; two crucial dimensions of well-being which have been understated and inadequately targeted by the Government. The same WHO (2020b) observed that the social fatigue towards the restrictions imposed to contain

the health emergency – which was observed worldwide after the very first stage of the crisis, require to better acknowledge and address the people's need of support; when the perceived loss related to pandemic restrictions are higher than the perceived loss related to the virus itself, people compliance with COVID-19 initiatives, policies or communication decreases.

A new kind of 'normality' is evoked by discourses set on the other polarity – the kind of investment in the future – which foregrounds the government's capacity to use the crisis as a marker of the compelling need to face problems existing before the pandemic, e.g., the inadequacy of the economic resources allocated for the health care system, the social and economic vulnerability of specific social groups (e.g., women) – and to plan solutions in a long term perspective, preventing the social and economic costs of the lockdown measure, reinforcing the transport system, assuring wide spaces in the classrooms, building "a culture of care in the broad sense". The pandemic is understood here as something more than a health emergency; it is a rupture highlighting the critical impact of short-term and local politics and an opportunity to reconsider social priorities and to acquire more awareness of the interdependence among people and countries. According to these criteria, the institutions failed the reality test and dispensed with the valid analysis of the problems' complexity.

The lack of significant differences related to socio-demographic characteristics deserves a comment. This result is not taken for granted: a plurality of sources, from different standpoints, have highlighted the role of macro and meso-social factors in shaping the individual way of feeling, thinking and acting (Marinaci et al., 2021). A previous qualitative study on the representation of the pandemic crisis during the first wave in Italy (Venuleo et al, 2020) showed the differentiated position of women, young adults (aged 18-25) and students compared respectively to men, adults aged 26-35 and 46-55, and people maintaining their ordinary work situation during lockdown. The formers tend to interpret the pandemic crisis as a health emergency, confronting people with the shared goal to survive, the latter in terms of a personal or social turning point. The different focus on which people' sensemaking was solicited may explain the lack of impact of socio-demographic characteristic in the current study: whereas one can expect that living in the COVID-19 time takes on different meanings related to the different life challenges of different social groups, it is reasonable that the institutional management was evaluated according to more wider conceptions of the tasks, attitudes, goals that institutions have to pursuit towards citizens.

5. Conclusion

The study represents a first inquiry into the interpretative criteria adopted by the Italian citizens to evaluate the institutional management of the pandemic crisis. We have suggested that the

knowledge of these criteria is a crucial step for the institutions since these criteria organise how citizens will evaluate the actions planned to respond to "their needs". The first dimension of sense extracted by the textual analysis highlights on one hand how confusing and inconsistent citizens perceived the nature of the communication, identified as the main source of uncertainty, bewilderment, and sense of distrust about what has been said by politicians and experts, on the other hand, the feeling that the politician or government agency was not able to take into account in their decisions the specificities of conditions, circumstances, exigencies experienced by the citizens. Despite the different focus made pertinent by the narratives, the perceived disparity emerged between what has been said and done by politicians and what citizens expect and need. The second dimension highlights the variability and, in some respects, the conflictual questions addressed to the government: the request is, on the one hand, to find immediate responses to the health emergency, on the other hand, to overcome an emergency-based approach to the problems and to invest efforts and competence to make the social world a better place to live, learning from the past and making the future a thinkable object. The second question is about rethinking the investment in the strategic sector of health, school, and research; it is about addressing the inequality in the distribution of economic resources. It is a greater challenge for the Institutions, but one may wonder if there is another viable response to such a complex crisis.

The need to capture citizens' reactions and values in times of crises and emergencies has long been advocated by disaster sociologists (Scott et al., 2015; Enander et al., 2009), as well as the negative effects of an underestimation of citizens' perspective and psychological reactions on political confidence in the aftermath of disasters (Strömbäck & Nord, 2006). In Italy, citizens were seen, at best, as persons to support in terms of the subjective impact produced on them by the crisis (Venuleo et al., 2020b); however, their needs were established from above and little space was devoted to the analysis of their concerns. Theories of participatory democracy and studies on social capital assert that citizens' inclusion in the policy-making process encourages civic skills, contributes to the citizens' feeling of being part of their community, increases the legitimacy of the process and the outcome, leading to decisions based on public reasoning and a better view of public needs (Michels & Graaf, 2010). Adopting a semiotic psychological standpoint, we have emphasized the importance of grasping the interpretative criteria that citizens adopted to make sense of and evaluate institutional management. In the absence of attention/understanding of the citizens' position and semiotic activity, such a powerful organizer ends up working as an external and out-of-control element decreasing the institutions' capability of governing the efficacy and effectiveness of their decisions and actions. A greater understanding of the citizens' questions to the institutions, thus, does not imply a willingness to

adopt the criteria of analysis and interpretation (as in populist logic). Instead, it should be understood as a necessary step for a policy that proceeds through, and not despite, the knowledge resources and constraints of how problems and challenges are perceived by the citizens to whom measures and solutions are proposed.

6. Limitations

Some limitations of the present study need to be acknowledged. First, our case study is based on an Italian convenience sample; thus, the results cannot be generalised and have to be related to the specific cultural context under analysis. Other dimensions of meaning could emerge to evaluate institutional crisis management in other countries. Second, based on our findings, the dimensions of meanings do not vary over social segments differently characterised by sex, age, job status, and educational level; however, other factors could be considered: e.g., trust in government, science, and media information.

Ethical approval: All procedures performed in the study were by the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Participants were informed about the general aim of the research, the anonymity of responses, and the voluntary nature of participation and signed informed consent. The project was approved by the Ethics Commission for Research in Psychology of the Department of the first and the second author (protocol n. 16881 of 28.01.2021).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data that support the findings of this study are available from the corresponding author, upon request.

Conflict of interest statement: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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