A City-Based Analysis: Social Polarisation and Public Health during COVID-19


March, 2022

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Introduction
Eolene Boyd-MacMillan & Patricia Andrews Fearon

Project Origins

This study originated as part of the BRIDGE project coordinated by Efus (European Forum for Urban Security) focusing on ‘Understanding and addressing polarisation at the local level’. Thirteen municipalities across seven countries partnered with Efus in this project and Efus engaged international experts from different disciplines to advise each municipality in examining and developing strategies for addressing destructive polarisation. The High Level Commission Expert Group for Radicalisation (HLCEG-R), set up by the European Commission in 2017, identified destructive polarisation as a contributor to radicalisation that can increase violent extremism and in its final report (May 2018) emphasised the importance of interrogating and raising awareness about the links between polarisation, radicalisation and violent extremism (HLCEG-R, 2018). In line with the HLCEG-R final report, BRIDGE aimed to support municipalities in their efforts to reduce destructive polarisation and increase social cohesion, ultimately reducing the potential for violent extremism. The project used the following working definition of destructive social polarisation:

A growing fragmentation of society into antagonistic collectives perceived as opponents in existential questions over a common future. It is characterised by sharpened forms of ‘us’ and ‘them’ thinking and ‘othering’ and by the absence of dialogue. Polarisation can facilitate a community’s, group’s, or individual’s shift toward radicalisation, violence and crime, while its mitigation will increase social cohesion, resilience, and democratic progress. (Efus, 2021, p.20)

Social and economic inequalities, the lack of representation, and marginalisation can be driving factors for destructive social polarisation (Watson, Law, Osberg, 2022). While social polarisation can be pernicious and destructive, it is also a necessary, constructive part of the democratic process. Oppositions can bring together diverse perspectives from which new insights can emerge and innovations in democracy develop. Civic debate and disagreement and the articulation of divergent viewpoints were affirmed in the BRIDGE project while aiming to address the dynamics of destructive polarisation, e.g., hostility toward other groups, ‘Us-and-Them’ thinking, the amplification of differences that can fuel hostility and ignore common ground or shared values. Originally planned as a two-year project (2019 - 2020), BRIDGE-related activities extended into 2021 due to multi-levelled COVID-related challenges emerging in early 2020 and continuing in some form to this day. The data discussed in this report were collected 6th June - 30th November 2021.

One of the partner municipalities, a City in Belgium (hereafter ‘City’), conceptualised their involvement in BRIDGE as the first steps in a long-term, multi-phased initiative to reduce destructive social polarisation by increasing social cohesion through democratic participation. The initial goal was to create and develop new civic spaces for supporting formal and informal exchanges among diverse groups and hosting collective public discussions with local authorities about local needs. It was hoped that developing inclusive
civil society processes would increase tolerance for and engagement across differences and disagreements, thereby contributing to the decline of destructive polarisation, increasing social cohesion. To begin, the City conducted a polarisation ‘audit’ with municipal staff who reported on their perceptions of the polarisation as encountered during their professional work across the City. Eight characteristics of polarisation emerged from this audit:

1. A lack of knowledge about and confidence in public institutions among population groups characterised by socio economic marginalisation and ethnic homogeneity;
2. A pronounced feeling of victimisation within some populations, perceived to be based on their religious identity;
3. A tendency to conceive the world according to a binary and exclusive vision of “Us” vs. “Them” among the youth of some districts;
4. The trivialisation of xenophobia / anti-semitism / misogyny / intolerance of LGBT minorities among some populations;
5. A lack of trust in “democratic values” among some populations;
6. A perceived opposition between “old” and “new” migrants seeming to replace the traditional opposition of “Arab” vs “old Belgian”;
7. A more or less peaceful, but very codified cohabitation of different population groups along territorial boundaries who tolerate each other as long as the boundaries are respected, but among whom no exchange takes place;
8. A view of the City by some far-right organisations as an arena in which to seek high levels of political and media visibility during confrontations with organisations and groups.

Based on these reported characteristics of polarisation, the City identified three areas for further study:

- Explore how different groups in the City view, and increase understanding about, democratic values and institutions, and what it means to ‘live well together’
- Increase understanding about the points of tension between opposed groups related to identity, behaviour, relationships to institutions and democratic values
- Identify, support and augment areas of existing resources that promote wellbeing and resilience

**Pre-pandemic: Face-to-face engagement**

Efus assigned an expert to support the City, a social psychologist focusing on increasing individual and group capacities to cooperate across difference and disagreement to reduce destructive polarisation, and whose work was known to the City from an Efus event in 2017. The City planned to invest in identifying, equipping and supporting local ‘bridge builders’ and ‘role models’ (Brandsma, 2017) across the polarised groups informed by the expert’s intervention research based on the general cognitive processing model, integrative complexity, ‘IC’ (Suedfeld, 2010; Boyd-MacMillan et al, 2016; Boyd-MacMillan, 2017). Building the capacity of community members to co-moderate participatory focus groups in partnership with City staff, and others to work formally and/or informally to increase understanding and tolerance across the diverse groups was envisioned as laying a foundation for increasing social cohesion and reducing polarisation. Identifying and training individuals from across possibly polarised groups and designing the focus group discussion questions and activities for use with representatives across different groups required further
expertise and a social network analysis (SNA) expert was engaged to meet these challenges. SNA methods can be used to identify individuals who occupy key support roles within a community (potential bridge builders and role models), those who already have established networks across groups and communities, and individuals and communities that are more or less isolated and self-contained. Support would be given to utilise existing resources, strengthen established engagement across groups, expand engagement outside usual networks, and provide training to increase understanding across groups. The two experts collaborated with the City to develop a multi-layered plan for identifying, equipping and engaging community members using participatory action research methods (Pfefferbaum, et al 2015; Kidd, et al 2018).

COVID-19: Move to online engagement

As plans developed, the COVID-19 pandemic emerged and increased in severity. According to the World Health Organisation (WHO), the first reported case in Belgium was 3rd February 2020 (https://covid19.who.int/region/euro/country/be ). By 6th April 2020 (month 16 in the originally 24 month project), confirmed cases had risen to 11,316 and deaths to 1,962 (ibid.). Face-to-face engagement became unsafe and the experts recommended online methodologies to explore the three areas the City had identified for further study: points of tension between opposed groups, their identities and behaviours; understandings of and views toward public institutions and democratic values; existing resources for resilience and wellbeing that could be supported and augmented to reduce and prevent destructive polarisation. Exploring these areas online, including their dynamic, multi-directional relationships, would enable more efficient and effective face-to-face community leader training and focus group discussions. At this point, it was not known how long the pandemic would last and it was hoped that face-to-face engagement would be possible within the BRIDGE project time-frame.

The BRIDGE project ‘toolkit’ of resources was prepared pre-pandemic but included a mix of tools enabling partner municipalities to select those suitable for their context. One, a ‘polarisation questionnaire’, identified the presence of a ‘zero sum mindset’ (the belief that another’s gain is my loss), which has been found to fuel inter-group hostility (Andrews Fearon, P., Götz, F. M., Seraïo-Garcia, G., Good, D., 2021). The questionnaire was used by two other BRIDGE partner municipalities in Italy. A psychologist with expertise in zero-sum thinking joined the expert team supporting the City in Belgium to design and disseminate an online survey including the zero-sum mindset questionnaire, social network ties and analysis related questions, inter-group perceptions and other questions regarding democratic values and institutions. The City still planned to use the survey findings to shape discussion questions for in-person focus groups, inform the training of bridge-builders and role models, and support ongoing community engagement. However, with the increase of COVID-related infections, hospitalisations, and deaths, in-person engagement became impossible. Instead, a more extensive online survey was deemed to be safe, scalable to access a greater number of respondents, and the most stable method of community engagement during the uncertainties of the pandemic. The BRIDGE project municipalities reported signs that increased unemployment, financial instability, health inequalities, various forms of loss, and social isolation during the pandemic were linked with rises in destructive social polarisations (see Watson et al, 2022) and the inclusion of COVID-related questions would enable exploration of this relationship. The second wave of reducing and preventing radicalisation and violent extremism has involved a public mental health promotion focus that recognises, supports, builds on and augments existing individual, social and
community resources for resilience and wellbeing (DeMarinis, 2018; DeMarinis and Boyd-MacMillan, 2019; Boyd-MacMillan and DeMarinis 2020). Such resources can function at different ecosocial levels (Bronfenbrenner, 1979) both protectively and preventatively against risk factors for destructive polarisation and violence of any kind. Two experts in public health and public mental health were recruited to join the survey team, bringing internationally validated questions already proven at accessing COVID-related experiences relevant to polarisation through online surveys.

**Survey Development**

The team of 5 researchers, each an international expert in their field with unique skills and experience, designed a large anonymised survey and collaborated with the City to test it in English, French and Flemish. Pilot studies were conducted both with small focus groups who gave real-time feedback on the comprehensibility and experience of the survey, and with large online samples in Belgium. Feedback from respondents across the three languages enabled the researchers to adjust and refine the survey for user-friendliness and effectiveness at eliciting the needed information for exploring the three areas the City had identified. No identifying information or IP addresses were collected from respondents. Before widespread dissemination across the City, an ethics review of the survey was required from one of the researchers’ institutions and the University of Cambridge was selected. After the survey was reviewed legally by the City Data Protection Officer and found to be in full compliance with GDPR (21st January 2020), the University of Cambridge Psychology Department reviewed and ethically approved the online survey (file number 2021/47, 23rd February 2021).

**Survey Recruitment**

The survey was launched throughout the City on 6th June and closed on 30th November 2021 and used a range of targeted recruitment methods, including direct mailings to every City postal address, QR codes on flyers, targeted pushes via social media platforms, paid advertisements, and engagement with leaders of community organisations who encouraged those involved in their organisations to complete the survey, and City staff engagement with community members across the City. Survey participation was incentivised through the award of one cinema ticket to the first 1200 who completed the survey, and the launch was timed to coincide closely with cinema openings after a second lockdown during the pandemic. This incentive helped to mitigate against recruiting only respondents who complete surveys out of a sense of civic responsibility or social agreeableness (Dunn et al, 2018; Bowling et al 2016). As a result, the respondents to this survey generally represent a wide range of people living and working in the City (see respondent description below, ‘Describing the Sample’).

**Survey Contents Overview**

The survey began with a welcome page mentioning the possibility of receiving a cinema ticket voucher, followed by a participant information section describing the survey, including its purpose, the voluntary nature of participation and right to withdraw participation at any point without explanation, confidentiality,
data storage and management, assurances of GDPR compliance, ethical and legal reviews, and contact details for any questions or concerns. The information concluded with the instruction that by clicking ‘proceed’ respondents were consenting to participate in the survey and a captcha button screened against robot respondents. About half-way through the survey, another button asked the participant to confirm that they were humans by clicking on a specified number.

After initial questions about respondents’ demographics (whether living and/or working in the City, sex, date of birth, household size, education level), the survey questions fall into four main sections to explore the areas identified by the City: democratic institutions and values; zero-sum mindsets and related key factors involved in destructive social polarisation behaviours; social ties/ support; and public mental health. The survey concludes with a question about what one thing they would like to change or improve and contact details to provide feedback and access resources.

Survey Participants

Approximately 82% of participants who opened the survey also gave informed consent to participate in the study (1766 participants).

Among this sample, 1387 participants also passed an “attention check” placed in the survey so that we can remove random responses from participants who were not adequately engaged in the survey. The attention check asked participants simply to select a specific option (“We want to be sure that you are a real person. Help us know by selecting the option “3” from the choices below”). Participants who did not pass the attention check but completed the survey still received a cinema voucher, but their data was excluded from analysis. In addition to this, we removed participants who reported having already taken the survey already for any reason which removed a further 11 participants leaving a sample of 1376 participants. Ten participants who reported age under 18 were excluded from the sample for a final sample of 1366 participants.

From this sample, ages ranged from 18 to 96 with a mean age of 43.11 years old and median age of 40 (standard deviation = 14.2 years).

Approximately 54% identified as female, 45% as male and less than 1% as “other” or chose not to respond.

The default language of the survey was French but participants could also choose to take the survey in Flemish or English. Sixty-eight percent of participants completed the survey in French, 18% in Flemish, and 14% in English.

The median monthly income reported by participants was €3000-3500, which is higher than the median monthly income for City residents, suggesting the survey sample reflects a higher income level than would be representative of the City population.\(^2\)

\(^2\) Author Correction: An earlier version of this report compared the median sample income (after taxes) reported by participants to City averages that reflected pre-tax income, and therefore overestimated the representative income level. We thank the reader who alerted us to this error.
The median level of education in the full sample was equivalent to a higher education degree. Among participants over age 25 the median educational attainment was equivalent to a master's degree, with 5% of participants over 25 having completed a doctorate and 3% of participants over age 25 having completed less than secondary school education. Therefore, this sample may reflect somewhat higher education levels than are representative of the population at large.

Altogether, the sample in this survey achieved a high degree of representativeness across major demographic categories (See Appendix I for comparison of city population statistics and survey population statistics).

When examining the relationship between demographic variables and other measures, we observe the following patterns. (Note that all of these observed patterns were small correlations, and while potentially informative, are not necessarily the best predictors of social and psychological outcomes. In other words, while demographic characteristics often play an important role in shaping someone's psychological experiences and attitudes – behaviour is usually predicted better by the more proximal psychological factors (e.g. social dominance orientation) than by the more distal demographic characteristics (e.g. sex).

**Sex-based differences**: Being female correlated with lower income, lower social dominance orientation, lower trust in science community, stronger zero-sum beliefs about relationship with government, lower support for political violence, larger trust networks, less likely to be vaccinated, more concern for income inequality, lower infrahumanization.

**Age-based differences**: Being older correlated with lower zero-sum mindsets, lower personal trust (but no age relationship to other forms of trust), stronger commitment to democratic process, smaller trust networks, more likely to have been vaccinated, stronger satisfaction with life, worse general physical health but stronger mental health.

**Income-based differences**: Higher income correlated with higher education, higher trust across all categories, lower perception of zero-sum beliefs about government, lower perceived discrimination, more likely to be vaccinated, lower perception of income inequality and lower concern about income inequality, higher compliance with public health recommendations, higher satisfaction with life, higher mental health, stronger physical health.

**Education-based differences**: Higher educational attainment correlated with stronger trust, lower zero-sum mindset, stronger science community trust, lower zero-sum perception of relationship with government, stronger support for democratic principles, less likely to have engaged in destructive activism, lower perceived income inequality, more likely to be vaccinated, higher satisfaction with life, general health.

**Survey Context: COVID deaths, cases and restrictions**

Failing to account for context, e.g., time of data collection, may lead to misguided conclusions (Wilkinson et al, 2017). In this case, the context was shaped by the effects of COVID-19 pandemic on the lives of people living and working in Belgium. Drawing on scientific advice regarding increases or decreases in numbers of
infections (cases) and deaths, the Belgian government tightened or eased restrictions aimed at reaching an equilibrium between medical needs, economic costs, and public support for the measures (Luyten and Schokkaert, 2022, 45). With a high population density, Belgium had a high number of ICU beds available, a large number of tests were taken, and deaths without a positive COVID-19 test but COVID-19 related symptoms listed on the death certificate were included in the total number of deaths, thus including deaths in both hospitals (where all deaths were tested) and nursing homes where deaths were not tested (ibid., 46-7). The survey for this study went live in the City on 6th June 2021 just as the second lockdown in Belgium was ending, having begun on 30th October 2020. Restrictions closing down everything except essential stores, banning all home gatherings, mandating face masks and establishing night time curfews were lifted until November 2021 when infections and hospitalisations began to increase rapidly. Increasingly stringent restrictions were put in place week by week as hospitalisations rose (Spirlet, 2021). The first confirmed case of the Omicron variant in Europe was reported in Belgium on 26th November 2021 (Euronews, 27 Nov 2021), four days before the survey closed.

The country-wide experience of cases and deaths is captured below in the WHO graphic representations of the COVID statistics for Belgium. The graphs show the number of cases and deaths around the dates when the survey went live and was closed (6th June; 30th November 2021) and the general trajectory in between.

World Health Organisation, accessed from https://covid19.who.int/region/euro/country/be 5th March 2022

Translation of free text responses

Six ‘open’ questions invited participants to write ‘free text’ responses in their preferred language, French, Dutch or English. After the survey closed, the anonymised French and Dutch free text responses were shared with the City for translation. The City engaged a local GDPR compliant professional translation firm
to translate the anonymised French and Dutch responses and returned the translations to the researchers for analyses. This data sharing process was conducted in full compliance with GDPR. The translated data findings and discussions appear below in three sections: Inter-ethnic Social Encounters; Public Mental Health; and Conclusions and Recommendations.
References


Social Cohesion & Social Polarisation

Patricia Andrews Fearon and Verena Knerich

Social cohesion is often referred to as the “glue that holds us together” and is considered fundamental to human flourishing for individuals, groups, and societies. While acknowledging a broad literature on the conceptualization of social cohesion, for this project we adopt the cross-cultural multilevel model developed by Bottoni (2016) which identifies micro, meso, and macro level dimensions of social cohesion (Table 1, Bottoni, 2016, 840). In contrast to social cohesion, destructive social polarisation can be understood as its opposite—a breakdown in social relations, social supports, trust, and commitment to the institutions that protect collective interests. Instead, increasing social polarisation means increasing social isolation, intergroup hostility, and erosion of commitment to public institutions like democracy and science.

**Table 1  Social cohesion scheme with seven dimensions**

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<th>Subjective</th>
<th>Objective</th>
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<td>Interpersonal trust</td>
<td></td>
<td>Density of social relations</td>
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<td>Social support</td>
<td></td>
<td></td>
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<tr>
<td>Meso</td>
<td>Openness</td>
<td>Participation</td>
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<tr>
<td>Macro</td>
<td>Institutional trust</td>
<td>Legitimacy of institutions</td>
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Bottoni’s representation of social cohesion was validated using data collected across 29 European countries (for the European Social Survey, ESS), revealing that the mechanisms of social cohesion work in the same way across those cultures. The ESS questionnaire is available at [http://www.europeansocialsurvey.org/](http://www.europeansocialsurvey.org/). Additional information available at [http://www.europeansocialsurvey.org/methodology/translation.html](http://www.europeansocialsurvey.org/methodology/translation.html).

To assess the current state of social cohesion and polarisation in the City and in line with the widely used ecosocial model (Bronfenbrenner,1979), we examined micro, meso and macro-level indicators. At the micro-level we examined interpersonal trust, zero-sum mindsets, perceptions of social support and the idiosyncrasies of social support networks. At the meso-level we examined attitudes towards immigrants and the valence and frequency of inter-ethnic social encounters, trust in community, attitudes towards group-based hierarchies, and beliefs about the nature of group relationships. At the macro-level we examined commitment to democratic values, institutional trust and beliefs about government.

**Notation: Polarisation (Zero-Sum) Mindset**

As the opposing force to social cohesion, destructive social polarisation is characterised by a perception of incompatibility between the interests and values of different people and groups. In other words, it is based upon a view of social relationships as essentially zero-sum (a term borrowed from game theory to articulate a particular relational structure), where success cannot be shared. Instead, in this view of social relationships, success for one person or group must represent failure for another. A zero-sum mindset is a generalised view of relationships as a zero-sum game in which all gains and losses sum to zero. Using the
above framework of Bottoni’s ecosocial model, we measured zero-sum beliefs at the micro-level (zero-sum mindset about individual relationships), the meso-level (zero-sum mindset about group relationships), and macro-level (zero-sum beliefs about government) to capture social polarisation at each level. To measure this, participants rated their level of agreement with statements that capture the mindset.

For example:

- **Zero-Sum Mindset (Individuals):** “The success of one person is usually the failure of another”
- **Zero-Sum Mindset (Groups):** “In most situations, the interests of different groups are incompatible.”
- **Zero-Sum Beliefs (Relationship with Government):** “In most cases, the government benefits at the expense of the people”

**Overview of Effects of Zero-Sum Mindset**

Analyses of responses to zero sum questions and to other survey questions (presented below) indicate that those with stronger zero-sum mindsets have lower interpersonal and lower institutional trust, are less committed to democratic values, more willing to undermine the democratic process, and more willing to use violence to achieve political goals. Examining the specific political behaviours that participants report having engaged in within the past three years reveals that those with a zero-sum mindset are less likely to have participated in formal political channels such as voting, and more likely to have engaged in destruction of property and the use of physical violence or intimidation in order to achieve political goals (this effect remains significant when controlling for education, age, income and which political issues they support).

We also find that participants with stronger zero-sum mindsets are less likely to cooperate with public health recommendations and less likely to be or plan to be vaccinated. They also report lower satisfaction with life, greater sense of isolation, and worse mental and physical health.

Across all three types of zero-sum beliefs measured, Belgians of Belgian background did not differ significantly from Belgians of foreign background. However, non-Belgians had significantly lower zero-sum mindsets than Belgians in general. Those with higher incomes and higher education were also higher tended to have the lowest zero-sum mindsets.
As a central component of social cohesion, trust is an essential part of an individual and society's ability to flourish. At the individual-level, interpersonal trust can refer to the amount of trust one has in family and friends (close relationships - micro-level) and in the members of their immediate community (meso-level) with whom they interact. The chart below demonstrates that, as we would expect, when asked how much they trust the various people around them, participants reported the strongest trust in their close relationships, with approximately “very great trust” in family and friends, and nearly “some trust” for neighbours and other Belgians with slightly less trust for other city residents and “most people” in general.

Zero-Sum Mindsets about Individual Relationships

The strongest negative indicator of trust in close relationships in this survey was zero-sum mindset about individual relationships. In other words, when people see their relationships like a zero-sum game in which their interests are incompatible with others, where gain for one person must mean loss for another, they also have significantly less trust in their family and friends. Following from this, zero-sum mindset is also related to other correlates of interpersonal trust: smaller trusted networks of support, higher isolation, and lower satisfaction with life. The strongest positive indicator of trust in close relationships was a higher number of people one can turn to for support, higher satisfaction with life, and stronger commitment to cooperation in times of scarcity.
Social Ties & Social Support

Verena Knerich

Background

A social network consists of the set of relationships, or ties, we share with other people such as our family, friends, neighbours, co-workers, and others as well as their interconnections (Borgatti & Halgin, 2011; Marin & Wellman, 2010). These relationships can serve different purposes, such as to exchange information, to share resources, or to provide support. Some studies have also found that the connections we share with other people impact our own opinions and behaviours (Christakis & Fowler, 2013). Knowing about the composition of the interrelationships of a group of people can therefore support healthcare interventions or help decrease the effects of high-risk behaviours (Valente, 2012).

It has also been found that supportive bonds to others are essential for maintaining our mental health (Turner & Brown, 2010). Commonly, social support is operationalized as the number and type of social ties an individual has access to. Therefore, social support can be seen as related but not identical to social networks (Smith & Christakis, 2008).

Owing to methodological considerations and the requested insights from the City, an individual-level social support approach was used for this study and framed as a micro-level indicator of social cohesion. Support can be diverse and include, for instance, material aid, instrumental support, or advice. Analyses explored in whom respondents felt they could turn to for emotional support or personal advice during the pandemic, since these types of support could be provided irrespective of Covid-19 related social distancing measures. Respondents reported on their numbers of support relationships, the kinds of relationships they shared with their supporters, and how much they perceived to have in common with their supporters.

Question Design and Coding

Respondents were asked to list up to 10 people they felt they could turn to for emotional support or personal advice. Respondents had complete control over how they presented their list of supporters, being asked to identify supporters with any anonymized code they selected. If a respondent felt like they had no one to turn to for these types of support, they were able to enter “no one”. By asking respondents to list specific supporters, they were invited to think consciously about each person individually rather than provide a rough estimate and this enabled follow-up questions about how respondents perceived the identified relationships.

Respondents were asked to specify the types of relationships they shared with the listed supporters by selecting as many as appropriate from the following eight options: spouse/romantic partner, immediate family member (such as sibling, parent, child), wider family member (such as cousin, aunt, uncle), friend, neighbour, roommate, co-worker, or other. The next question asked respondents to identify how they perceived themselves to be similar to each of their supporters by selecting as many as appropriate from the following seven options: political orientation, religion, gender, race/ethnicity, neighbourhood, education level, similar age (within 5 years). The next question asked to what extent respondents felt like their supporters
approached them for support as well, i.e., whether support was reciprocated. Since the pandemic and resulting lockdowns disrupted previous forms of social connections, respondents were then asked to assess whether COVID-19 had changed their social support network and to what extent, had their network of connections for emotional support and personal advice increased, remained about the same, or decreased (3 options).

**An Overview of Social Support Ties**

**Number of support relationships**: The chart below depicts the findings that respondents reported an average of four people to whom they could turn for emotional support or personal advice. Out of 1224 respondents, however, 93 participants felt like they had no one to turn to for support. This accounts for almost 7% of the surveyed population – it is not known if this was due to the pandemic or an existing situation. The next question asked specifically about changes in support relationships due to Covid-19.

“**Number of people you can turn to for support...**”

![Bar chart showing the number of people respondents could turn to for support.](image)
Changes in number of support relationships: The chart below depicts the finding that despite the COVID-related restrictions, a majority of 71% respondents reported no change in their support network. While 19% of respondents felt like they had lost supporters from their network, 11% reported an increase in available supporters. This finding might be surprising given that people had to adapt their usual modes of interaction to accommodate social restrictions and other measures. As this was an online survey, it can be assumed that respondents had some access to technology that would enable them to communicate with members of their support network who were not physically accessible while restrictions were in place. This inference may be supported by the findings outlined below indicating the importance of close family members and friends but not physical proximity for experiencing support.

“The number of people that I would be comfortable approaching [for support] has...”
Reciprocity in support relationships: The chart below depicts the findings that among those who had supporters, respondents considered their support relationships to be reciprocal. They reported that ‘most’ (38%) or ‘all’ (29%) of their supporters also approached them for support (combined 67%). Less than 5% reported that their supporters did not turn to them for reciprocal support. The finding that the majority of respondents reported reciprocal support relationships appears consistent with the above findings on interpersonal trust among close family and friends and the findings below that most support relationships are family members or friends and respondents perceive themselves to be of a similar age and educational background as their supporters, indicating non-hierarchical support relationships.

“How many also turn to you for support?”

- 38%: All of them
- 29%: Most
- 17%: About half
- 12%: Some
- 5%: No one

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Relationships between Respondents and Supporters

The chart below depicts the reported types of relationships between respondents and their identified supporters. As mentioned, respondents were provided with space to list up to ten people as supporters.

**Social Support: Type of Connections**

<table>
<thead>
<tr>
<th>Type of Connection</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>26%</td>
</tr>
<tr>
<td>Family</td>
<td>11%</td>
</tr>
<tr>
<td>Wider Family</td>
<td>7%</td>
</tr>
<tr>
<td>Friend</td>
<td>4%</td>
</tr>
<tr>
<td>Roommate</td>
<td>3%</td>
</tr>
<tr>
<td>Co-worker</td>
<td>1%</td>
</tr>
<tr>
<td>Neighbour</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

Thirteen percent of the responses indicated that one or several of the identified supporters belonged in more than one relationship category – for instance, that a friend was also a neighbour. The following reports the relative frequency of each type of relationship, including those who appear in more than one category.

**Friends:** Almost half of the identified supporters were considered friends (43%). These respondents named at least one friend as a supporter and on average had two or more friends as supporters. Based on this, it seemed that friendships were among the most important support connections in this population sample.

**Family:** More than a quarter were close family members, such as parents, children, or siblings (26%). These respondents named one or two family members as supporters. About 5%, however, identified *wider family members* – a cousin, aunt, or uncle – as a supporter. Close family relationships provided more support than the wider family relationships.

**Spouse or Partner:** Support relationships with romantic partners or spouses were the third most common reported type of relationship (11%). It cannot be inferred from this that the other respondents were single and only indicates whether respondents approached a romantic partner or spouse for emotional support or
personal advice. Among those who did identify a romantic partner in their support network, an overwhelming majority had one partner, while a few respondents reported having two, three, four or ten romantic partners for support.

**Co-workers**: 7% of respondents identified co-workers as sources of support. This may have been through technology rather than physical proximity for some (due to working from home requirements) or for essential workers who continued to work in-person (e.g., bus drivers, health workers, sanitation workers). There may have been pre-existing or a deepened camaraderie as they continued to show up for work and together endure the hardships of working away from home during the pandemic.

**Neighbours**: Support relationships with neighbours were identified by 3% of the respondents. If they did not have any other type of relationship with their neighbours, then this finding indicates that people outside of their family in their immediate surroundings were not part of their support network. This may reflect the effects of restrictions on social interactions, which were typically limited to family members or those in the same household, although it may indicate a low number of supportive relationships among neighbours even before the pandemic. If this latter inference were accurate, it would align with the respondents’ requests for increased community and neighbourhood activities to get to know one another.

**Roommates**: The least number of respondents identified support relationships with roommates (1%). Those who identified roommates typically named only one. This might have been because they had only one roommate or because they received support from only one. Moreover, we do not know how many respondents lived on their own, with family (parents, siblings and/or spouse, children), or with roommate(s).

### Perceived Similarity between Respondents and Supporters

While some studies have found evidence that people tend to form ties with others they perceive to be similar (Mcpherson et al., 2001), there is also evidence to suggest that the connections make people more similar to one another (Christakis & Fowler, 2013). It is therefore difficult to disentangle whether people form ties because of perceived similarity or whether they grow to be similar due to shared ties. In this study, respondents perceived themselves to be like their supporters on an average of at least four of seven possible dimensions: i) political orientation, ii) religion, iii) gender, iv) race/ethnicity, v) neighbourhood, vi) education level, vii) age (within 5 years). Other dimensions might have been selected, such as similarities in sporting interests or pet ownership but these seven dimensions were identified by the City, in their audit before the experts were involved, as possibly playing a role in destructive social polarisation and the survey explored this possibility.

**Ethnicity, gender, educational background, age**: On average, respondents reported similarities with two supporters in the dimensions of ethnicity, gender, educational background, or age. In some cases, the perceived similarities may have contributed to the formation of the relationship rather than vice versa. For instance, people who share the same age and educational background may have formed relationships during school or a subsequent educational trajectory. This finding coheres with respondents’ requests for an increase in ethnic mixing and mutual understanding, reported below.

**Political orientation**: 66% of respondents indicated that they had the same political orientation as at least one of their supporters. It is perhaps unsurprising that those providing emotional support and personal
advice would have a similar political orientation since misalignment could curtail the experience of having received support. This finding may align with respondents’ expectation of an unpleasant encounter with someone from another group due to a perceived lack of shared values, reported below.

**Neighbourhood**: On average, respondents reported living in the same area as one supporter. In responses to the question about relationship type, respondents distinguished between friends and neighbours, and although sometimes a supporter was both, only 3% were identified as neighbours.

**Religion**: This dimension was the least frequently reported similarity between respondents and their supporters. A shared religious identity might lead to social ties based on shared values or over time develop while attending religious services together, but such dynamics cannot be determined from this data.

**Summary of micro-level findings**

- Respondents reported strong trust in family and friends, some trust in neighbours and Belgians, and a little trust in City residents and most people in general - the closer the relationship the stronger the trust.
- Higher trust levels overall were associated with higher numbers of support relationships and lower zero sum mindsets (lower perception of incompatible interests with others).
- With an average of four supporters, almost three quarters of respondents reported no change, and 11% reported an increase in support relationships.
- Three quarters of trust relationships were identified as friends and close family members, while spouses or romantic partners (12%) and co-workers (7%) were less frequently identified.
- A very small number of support relationships were identified as neighbours, ‘other’, ‘wider family’ relationships, and roommates.
- Two thirds reported that all or most of their support relationships were reciprocal, less than 5% said they were not.
- Most perceived similarities between the respondent and at least two supporters were in the areas of ethnicity, gender, educational background, age. Political orientation was the next most frequent area of identified commonality. Religion was the least.
- In contrast with the above findings, a minority (7%) reported being without support relationships and almost one fifth (19%) reported having lost supporters. This is not an insignificant number and aligns with requests for increased public spaces for shared activities and pursuits, and for more community and neighbourhood activities, discussed below, as well as recommendations for public mental health support and community programming, mentioned below.
Question Design and Coding

The survey asked respondents how often in general (including before the Covid-19 pandemic) they interacted with people from the following seven cultural backgrounds: Belgian, Other Western European, North African, Sub-Saharan African, Eastern European, Middle Eastern, and Asian. The five response options were never, rarely, occasionally, often, or daily. These cultural backgrounds and options were identified in consultation with local representatives from the City. The respondents’ own cultural background was re-coded according to the same groupings as the response options and then the average expected pleasantness of encounters with members of each group was calculated.

The next question prompted respondents to envision an interaction with someone from each of the same seven cultural backgrounds named above. This prompt was followed by a question asking respondents to rank each of these encounters on a five-point Likert scale from "very unpleasant" to "very pleasant". Each respondent who indicated that they expected a "somewhat unpleasant" or "very unpleasant" encounter with any of the groups was then given the option of elaborating on how and why.

These questions were analysed using qualitative thematic analyses.

Contact Frequency among People of Different Cultural Backgrounds

Reported average contact frequencies with individuals of both their own and different cultural backgrounds ranged between rarely to often.

Respondents reported most interactions with Western Europeans and/or Belgians, who also comprised the majority of participants in the survey, followed by people of African descent. The majority of respondents expected encounters to be neutral (0) or more on the positive side (1 pleasant, 2 very pleasant) rather than unpleasant, with the average value of expected encounters ranking from 0.35 (above neutral) to 1.2 (between pleasant and very pleasant).

Self-identified members of an Eastern-European group expected overall neutral encounters, but the least pleasant encounters with individuals of Middle-Eastern descent.

Self-identified Belgians expected neutral encounters with individuals of African descent.
Self-identified Africans expected the most pleasant encounters (on average, 1.2) with one another.

Respondents rated expected encounters with individuals from their own group as, on average, neutral to pleasant.

Respondents of Asian descent and those of African descent expected the least frequent encounters with one another. However, these respondents expected such encounters to be neutral to pleasant on average.

**Zero-Sum Mindsets About Intergroup Relationships**

Those with stronger intergroup zero-sum mindsets were more likely to expect negative experiences regardless of their own or the other person’s ethnic origin. Previous research has found that zero-sum mindsets are correlated with “hostile attribution bias” – that is, a tendency to interpret hostility in the action of others in ambiguous situations (Andrews Fearon et al., 2021). In keeping with this, this evidence suggests that those who see their lives like a win/lose zero-sum game in which their group’s interests are in competition (rather than in harmony) with other groups in their community were also more likely to expect their encounters to be unpleasant. A vast body of research has demonstrated the important role our expectations can play in shaping our experiences (Rosenthal & Jacobson, 1968; Madon, Willard, Guyll, Scherr, 2011). In general, people who expect an encounter to be negative are more likely to behave in ways that also help bring about a negative encounter, thereby reinforcing the expectations and stereotypes.

**Reasons for Expecting Negative Encounters**

In general, the strong majority (77% of participants) expected only positive encounters with every group on average. Out of 303 participants who expected a negative encounter with a member of at least one of the groups, 242 respondents elaborated on why and how, which accounts for 80% of respondents expecting a negative encounter. Among those who did respond, 9 had erroneously indicated to expect a negative interaction and made sure to point out their error in writing, taking the overall number down to 233 (of 242). Even though some respondents used forceful language, 19 (8%) made concessions in their statements.

The following response categories emerged from a thematic analysis of the ‘free text’ responses:

- stereotypes defined as generalised views of the other without reference to specific experiences
- expected inability or difficulties with understanding one another through interaction or conversation
- prior negative experiences
- generalised fears defined as general concerns about the past, present or future of the self, city, country or culture

Subthemes were then identified, representing an example, type, or reason for any of the above categories.

**Stereotypes** (57% or 126 out of 233 responses): Most respondents provided generalised views as an explanation for expecting future negative encounters. Some people who used stereotypes in their
explanation also expressed lack of first-hand contact or experience with the group in question. Some interpreted the other as “unpleasant” in interactions due to an expectation that they would be ‘closed off’ or ‘impolite’. Some expected aggression during interaction, including gender- or minority-based discrimination and/or violence as well as transgressions. Transgressions included littering, lack of respect for public property and spaces, and a perceived unwillingness to participate in civic engagement. The importance of respect for and care of public spaces align with the free text suggestions for changes or improvements in the City.

**Inability or difficulties with understanding one another** (37% or 82 out of 233 responses): Respondents expected difficulties that created barriers to understanding or even resulted in unwillingness to engage in interactions or conversations with one another. Among the reasons listed, respondents referred to a cultural divide which inhibited mutual understanding. Linguistic challenges were also named as a barrier and in some cases tied in with a perceived unwillingness of the “other” to learn a shared language. Incompatible values, most notably related to religion, differing views on the treatment of women, and in some cases political considerations, were also named as reasons for expected negative encounters. Some respondents of self-identified ‘foreign’ backgrounds hinted at a perceived lack of openness among locals that discouraged them from attempting to interact. The mention of religious differences as a source of incompatibility contrasts with religion being the least frequently identified similarity between respondents and supporters, as reported above. When respondents expressed concerns about religion, they often related religion to incompatible values or concern of fundamentalist stances.

**Prior negative experiences** (26% or 59 out of 233 responses): Less than a quarter of the responses for expected negative encounters referenced a specific prior experience to explain expected negative interactions in the future. The most common examples for negative prior experiences included the following in descending order of frequency:

- distress due to verbal aggression or physical assault (17)
- sexism due to discrimination, verbal or physical abuse (13)
- unpleasant encounters commonly expressed as feelings of discomfort due to perceived unfriendliness of the other (13)
- transgressions interpreted as actions disrupting public life and order such as littering, destruction of property, excessive noise, begging, or public inebriation (9)
- racism experienced as intolerance or lack of willingness to socialise with an individual or group as assumed to be on the basis of their perceived membership to a different ethnic group (7)
- homophobia (1)

**Generalised fears** (5% or 12 out of 233 responses): Respondents expressed generalised fears about interacting with others, including concerns about feeling estranged in their own country and related safety-concerns. Some used forceful language.
Community Trust

Community trust was measured by creating a composite score of reported level of trust in other City residents and neighbours (see bar chart above). Lower trust in one’s community was most strongly associated with conspiracy theory beliefs, infrahumanization of immigrants, zero-sum beliefs about relationship with government, and compliance with public health recommendations. Higher community trust was most associated with perceptions of democratic functioning, general health, commitment to cooperation in times of scarcity, and resilience.

Social Dominance Orientation

Social Dominance Orientation is a measure of preference for group-based hierarchies in society (dominance of some groups over others rather than egalitarianism) (Pratto, Sidanius, Stallworth & Malle, 1994). In other words, those with a stronger social dominance orientation are more opposed to seeking group-based equality and more inclined to preserve group-based dominance. Previous research has found that social dominance orientation is a powerful driver of prejudices of many kinds, but particularly prejudices towards marginalized groups (including prejudices based on race, sex, sexual-orientation, class, and immigration status) (Whitley, 1999). Social dominance orientation has also been found to be negatively related to democratic flourishing (Fischer, Hanke, & Sibley, 2017).

We found similar results in this City. The Belgians who had the strongest social dominance orientation were more likely to attribute less human characteristics to immigrants (see infrahumanization below), but less likely to do so to Belgians (their ingroup). Those with stronger social dominance orientation were also more likely to support reducing immigration and less likely to support social movements like Black Lives Matter, MeToo, LGBTQ rights, and fighting climate change.

Social dominance orientation was also negatively associated with commitment to democratic principles. Those with stronger social dominance orientation were less committed to voting rights and more willing to subvert the democratic process in order to achieve political goals.

Social dominance tends to be highest among members of already dominant groups, and indeed this motivation for dominant groups to stay on top was highest among Belgians of Belgian background compared to non-Belgians or Belgians of foreign background, and higher for men than women. However, it is important to note that the overwhelming majority of Belgians in the City rejected this preference for group-based dominance. Responses on this scale were scored from 1-7, with a score of 4 representing the neutral point, and 93% of Belgians of Belgian background (and 95% of the sample in general) had a mean score on the social dominance scale below 4, that is, a general opposition to social dominance goals.
Zero-sum mindset about group relationships

Zero-sum mindset about groups (belief that different groups cannot be successful together) was most strongly associated with social dominance orientation, willingness to use violence to achieve political goals, and infrahumanisation of immigrants. Zero-sum mindset about groups was also negatively associated with commitment to equal voting rights and protection of the democratic process. It was also a negative indicator of frequency of contact with Middle-Easterns, Sub-Saharan Africans, and Eastern Europeans, as well as a negative indicator of resilience, general mental health, and trust in the local community and the science community.

Non-Belgians and those with higher incomes had the lowest zero-sum mindsets about group relationships. No meaningful differences were observed in terms of age, sex, or education.

Infrahumanisation

Infrahumanisation, or subhumanisation, a term developed by Belgian psychologist Leyen and colleagues (2007), is a more subtle form of dehumanisation that may happen outside of conscious awareness. In our study, we combined this concept with Haslam and Loughnan’s (2014) two dimensions of dehumanisation: animalistic dehumanisation and mechanistic dehumanisation. We measured infrahumanization using participants’ selection of words used to describe Belgians and Immigrants, some of which are more uniquely human characteristics while others are more related to animals and machines.

We found that Belgians of Belgian background were the least infrahumanised. There were no significant differences in the level of humanization applied to Belgians of Belgian background based on one’s own ethnic identity. In contrast, immigrants as a group were statistically more likely to be infrahumanised by Belgians of Belgian background than by Belgians of foreign background or non-Belgians, but this was only true for “animalistic” forms of infrahumanisation, not mechanistic.

The strongest indicators of infrahumanisation of immigrants were: higher social dominance orientation, higher zero-sum mindset (groups), higher income and older age, lower frequency of contact with middle easterners and sub-saharan Africans, and lower trust in government.

Summary of Meso-Level Findings

- Most reported actual interactions were among West Europeans, Belgians and those of African descent and expected to be neutral to very pleasant. Most expected neutral to very pleasant interactions among those with their own ethnicity. East Europeans’ expectations were neutral but the least pleasant with those of middle-Eastern descent. Those of Asian descent and African descent reported the least frequent encounters but expected them to be neutral to pleasant.
- Of those who expected an unpleasant or very unpleasant encounter, 80% explained why, and four categories emerged from analyses of their explanations: stereotypes, mutual difficulties in understanding, prior negative experiences, and generalised fears (see definitions above).
Belgians of Belgian background were statistically more likely to infrahumanise immigrants compared to Belgians of foreign background and non-Belgians. The reverse was not the case. Non-Belgians and foreign-born Belgians were not more likely to infrahumanise Belgians of Belgian background.

Those who view group relationships in society as a zero-sum game, where in order for one group to succeed another group must fail, also report less support for democratic values, less trust in their community and government, less resilience, and stronger indicators of intergroup prejudice like social dominance orientation and infrahumanisation of immigrants.
Macro-Level

Democratic Values

Patricia Andrews Fearon

We assessed commitment to democratic values by examining general preference for democratic forms of governance, commitment to voting rights, commitment to a fair democratic process, and opposition to using violence to achieve political goals. To measure these various dimensions of commitment to democratic values, participants rated agreement with statements such as “Even if I don’t like the way other Belgians vote, I would defend their right to vote” (voting rights) or “Violence is never the way to achieve important political goals” (non-violence).

In general, the overwhelming majority of participants reported very strong commitment to democratic values. For example, 75% of participants agreed that “The democratic process is the best way to make lasting change” and 81% of participants agreed that “protecting the democratic process is more important than my particular group’s political goals.” When asked: “How important is it for you to live in a country that is governed democratically?”, only 4 participants (0.2% - not visible on graph) responded that it was “not at all important” whereas 88% said it was either “very” or “extremely” important to them.

However, despite the strong support for democratic ideals, participants varied widely in their views about whether the democratic process is functioning well enough for them. For example, when asked “How
satisfied are you with the way democracy is working in Belgium?” Less than half of participants reported being satisfied and less than half as being unsatisfied with nearly a quarter “neither satisfied or unsatisfied”. Similar ambivalence was observed when people were asked if they think elected officials care about what people like them think. With the largest share of responses tending towards slight disagreement. Although differences were very small, foreign-born Belgians were slightly less likely than Belgians of Belgian background and non-Belgians to agree that officials care about people like them, while non-Belgians were the most likely to agree that officials care what people like them think, with Belgian-background Belgians in between.

To investigate which psychosocial factors are most strongly associated with support (or lack of support) for democratic principles, a composite score was created from the measures of commitment to voting rights, commitment to fair democratic process, and general preference for democracy (a sum of z-scores). Results revealed that the factors that most strongly indicated support for democratic values were a belief in social cooperation, a perception of democratic functioning (e.g. “The state is run for the benefit of all”), as well as demographic factors such as older age and higher education. The strongest negative indicators (that is, opposition to democratic values) were zero-sum mindset about group relationships (belief that different groups cannot be successful together), social dominance orientation (a desire for some groups to dominate others in society), and conspiracy-theory beliefs about COVID-19.
Nationality and Democratic Values

When we examine differences in commitment to democratic values by nationality (Belgian with Belgian background, Belgians born in another country, and non-Belgians) we consistently find that non-Belgians report stronger commitment to democratic values compared to Belgians of any background. **It is important to note that Belgians with a Belgian background and Belgians with a foreign background did not differ significantly from each other in their commitment to democracy.** Belgians with a foreign background actually reported being more satisfied with democracy than Belgian-background Belgians and rated the government’s general competence more highly than Belgians with a Belgian background. However, Belgians with a foreign background were slightly less likely to think that elected officials cared what they think and that the government wants what is best for their community (though not a significant difference).

Social Movements and Political Activism

We also examined participants’ support for various social movements. Altogether, participants rated the strongest support for battling climate change, supporting LGBTQ rights, and support for social security, somewhat weaker support for Black Lives Matter and Me Too movements. There was not a general consensus of support for the Yellow Vest movement, which had some strong support and some strong opposition. In general, participants were opposed to efforts to reduce immigration.

When we examine the participants who are most politically engaged (having reported taking the most political actions to further their cause), we find that the issues they report caring about the most are social security and LGBTQ rights, and opposition to reducing immigration. We also find that those who support yellow vests are more likely to condone political violence whereas those who support “Me too”, “Black Lives Matter”, and fighting climate change are more likely to oppose political violence.
Among the various forms of political engagement people reported, the most common were: talking to family about political issues (88%), voting (80%), spending time learning more about political issues (80%), boycotting business for political reasons (50%), talking to strangers about political issues (46%), donating money to a political group (46%), promoting awareness on social media (40%), and attending protests (39%).

Despite the large majority of participants who report engaging with political issues and voting, most participants did not report a strong feeling of political self-efficacy, that is, the extent to which they felt capable of making political change in their community (Median response was equivalent to only “slightly capable”).
Political Violence

City residents in this study overwhelmingly rejected the notion that violence should be used to achieve political goals. For example, the median score on this scale represented strong agreement with the statement "Violence is never the way to achieve important political goals" was equivalent to "strongly agree" and only 8% of participants agreed that "violence is sometimes needed to achieve important political goals."

"Violence is *never* the way to achieve important political goals."

There were no significant differences in willingness to use violence to achieve political goals between Belgians of Belgian background, Belgians of foreign background and non-Belgians.

The small minority who did condone violence as a means of political change were more likely to be male, have smaller networks of social support, and were more likely to have stronger zero-sum mindsets, and lower general preference for democracy and lower commitment to protecting the democratic process.
Zero-Sum Mindset About Relationship with Government

Zero-sum beliefs about the relationship with government, that is, the belief that government’s success comes at the expense of the people's success (or the opposite, government is successful when its people are successful) was the strongest indicator of low trust in government, and worse perceptions of government functioning. In this sample, zero-sum beliefs were also correlated with the other forms of zero-sum mindset but this correlation was relatively weak.

Institutional Trust

Across the wide variety of institutions for which we measured trust, the scientific community enjoyed the strongest levels of trust, with average rating somewhere between “some trust” and “very great trust.” Local businesses enjoyed more trust than large businesses. National government had slightly higher trust than the local government. Social media and religious institutions had the lowest levels of trust. Belgians of Belgian background had statistically lower levels of trust in religious institutions compared to non-Belgians and Belgians of foreign background.

“How much would you say you trust in each of the following institutions?”

- Very Great Trust
- Some Trust
- A Little Trust
- No Trust

Institutions include: Science, Health Services, Cultural, Health Authorities, Local Business, Environmental, National Gov, Local Gov, Media, Large Business, Religious, Social Media.
Trust in Government

Trust in local government was best predicted by political self-efficacy (the extent to which one feels capable of making political change in their community) and negatively related to social dominance orientation (preference for group hierarchy) and zero-sum beliefs about the relationship between government and one's community (e.g. “What is good for the government is bad for people like me.”).

Those who were less likely to agree that “the government wants what is best for my community”, were more likely to perceive higher income inequality in Belgium, have stronger zero-sum mindset, stronger social dominance orientation (preference for group hierarchy) and zero-sum beliefs about the relationship between government and one's community, and more likely to see Belgian people as generally more mechanistic and cold (see Infrahumanization).

Trust in Science

Trust in institutional science included trust in “science” generally, referring to the scientific process and scientific findings, and also the health authorities and health services tasked with implementing scientific evidence in patient care or in public health policy recommendations. Trust in “science” and the “health services” was statistically stronger than trust in “health authorities.” The strongest indicator of high trust in the scientific community was perception of democratic functioning, that is, the extent to which people believed that the state was working effectively to meet the needs of the community. The strongest negative indicator (predicting lower trust) was conspiracy theory beliefs about COVID-19.

Income Inequality

In general, the large majority of participants (74%) agreed that income inequality is a serious problem in Belgium. Although interestingly, when participants were asked to describe how they viewed the general distribution of wealth in Belgium, they generally described a distribution with relatively low inequality, as measured using a subjective gini coefficient (Sprong et al., 2019), lower in fact, than the objective inequality in Belgium (Source: World Bank). Both perceptions of inequality and concern about inequality were lower among more affluent participants and participants. The perception of inequality (subjective gini) was also related to lower confidence in the good intentions of the government towards one's community.

Summary of Macro-Level Findings

- Commitment to democratic principles such as voting rights, commitment to fair democratic process, and non-violence, were strong across all demographic groups in this sample.
- However, participants were more ambivalent in their assessment of their satisfaction with the present functioning of democracy. With roughly equal parts of participants feeling satisfied, neutral,
and unsatisfied with the state of democracy and their confidence in government and elected officials.

- Across the various forms of institutional trust measured, trust in science and healthcare workers was the strongest, and trust in religious institutions was the lowest.
- Trust in religious institutions was lowest among Belgian background Belgians and highest among foreign-background Belgians.
- Lower trust in government and low opinion of government functioning were most powerfully indicated by zero-sum beliefs about the relationship between the government and the people.
- Most participants expressed concern about income inequality. This concern was lower among those with higher income.
- Those who perceived more inequality in Belgium were less likely to think government cares for them.

**Reflections on Social Polarisation Findings**

Although the micro-, meso-, and macro-level dimensions of social cohesion are presented separately in this report, it is important to recognise that they are interconnected parts of the City’s social reality—with each level influencing the others. For example, the fewer people an individual has in their immediate support network (micro) the more likely their willingness to use violence for political goals (macro). And, if they did resort to violence, such an action may have an effect on the way members of other groups perceive— not just this particular individual—but all members of their group (meso) (as was indicated by participants’ written responses about why they expected negative experiences with certain outgroup members). In this way, supporting social cohesion at every level may help support individual and society-level flourishing.

**Reflections on Study Aims**

The City identified three areas for further study:

1. Explore how different groups in the City view, and increase understanding about, democratic values and institutions, and what it means to ‘live well together’
2. Increase understanding about the points of tension between opposed groups related to identity, behaviour, relationships to institutions and democratic values.
3. Identify, support and augment areas of existing resources that promote wellbeing and resilience.

One critical finding from this empirical analysis is that the commitment to democratic values is strong across all groups in the City. In other words, when trying to understand where values overlap and differ between various groups, preference for democracy, commitment to voting rights and fair democratic
process, there is strong shared value for these democratic principles across groups with different cultural backgrounds.

While each group had very small numbers of members that reported using destruction and violence as a form of political activism, these behaviours were best predicted by the participants’ zero-sum mindsets, not their ethnic heritage. In other words, seeing social relationships as characterised by incompatible interests and a battle for group dominance instead of an opportunity for growth and shared prosperity predicted more destructive forms of political engagement regardless of age, education, ethnicity or income. Therefore, highlighting where group interests converge, as they seem to do in support of democratic values, may be one way to reduce this assumption of incompatibility between groups, that is a zero-sum mindset about group relationships.

Better understanding of shared values may also help promote positive social interactions and reduce infrahumanization. Previous research finds that positive group contact can help reduce the perception of threat that can lead to infrahumanization (Tam & Hewstone, 2007).

Community and neighbourhood interaction are dependent on views of the other and generalised values. Creating positive spaces for interaction with the “other” to foster mutual trust and support holds potential for contributing to social cohesion.

Overall respondents reported neutral to positive interactions with people from different groups. Expectation of negative encounters due to prior experiences were sparse but reflect perceived incompatibility of values and will need careful support to mitigate adverse effects. Future efforts for increasing individual and group capacity to engage across differences in pursuit of what community members consider to be a desirable and safe place to live for all will therefore be critical.

Reliable access to supporters can help promote wellbeing and resilience. While diverse support relationships can provide resources for various scenarios, close family members, spouses and friends appear to be crucial for providing emotional support and personal advice which may have become especially relevant during times of stress, loss and grief brought about by the pandemic. Carefully fostering opportunities for re-engaging with family, and friends will help bolster these relationships and contribute to individual and group resilience. Promoting purposefully supportive environments at the workplace and in neighbourhoods can also help create a community-based atmosphere and can benefit those who may have felt or grown isolated.

References


Public Mental Health

Valerie DeMarinis & Maria Nordendahl

Introductory Orientation to Public Mental Health

The inclusion of a public mental health component to the survey was related not only to the Covid-19 situation, but also to the growing international understanding that a public mental health framework within public health is highly relevant for research, policy and programming relating to the promotion of democratic values and to the reduction of social polarisation (DeMarinis, 2018; DeMarinis and Boyd-MacMillan, 2019; Boyd-MacMillan and DeMarinis, 2020).

Public Mental Health as an Integral Base of Public Health

According to the World Health Organisation (WHO): ‘Public health refers to all organised measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the ecological system and not only the eradication of a particular disease.’ (WHO, 2016a, 2016b)

An approach to public health that includes public mental health with a health promotion focus recognizes protective factors for mental health and wellbeing as well as broader determinants, including the lifelong impact of mental ill-health and other risk factors. Good mental health, as the World Health Organisation has noted (WHO, 2004), is the basis of all health. Positive mental health results in health, psychosocial, and economic benefits, which are not due simply to the absence of mental disorder.

DeMarinis (2018) argues that this orientation has not played a central role, due to various factors, including but not exclusive to training focused primarily on diagnosing and managing mental disorders; insufficient resources; the lack of coordinating strategies between ministries, institutions, agencies, and sectors; and the lack of operative models that can assist with the coordination of the prevention and promotion foci. Public mental health therefore needs to incorporate various strategies, ranging from the promotion of mental wellbeing to primary prevention and other forms of prevention and intervention. Planned strategies need to focus on individual, societal, and environmental aspects. Targeted interventions in relation to individuals will also need to focus on and assess the levels of function in the whole population.

Public Mental Health Promotion and Resilience

Public mental health promotion is coupled to the promotion of resilience throughout the lifecycle. A public mental health promotion approach focuses on protective and salutogenic factors that contribute to resilience (DeMarinis, 2014).
Resilience is a complex concept and continues to be both defined and approached in research in different ways. Generally, it is accepted that resilience is inherently related to the resources that an individual can draw on to overcome adversity (e.g. Richardson, 2002). A person's resilience is, however, not only an individual process but also an interpersonal one, that is, a human resource that develops and thrives in a culturally defined group- and community context (Kirmayer et al., 2011; Cetrez et al., 2021). To proactively address the evidenced mental health, psychosocial health, and community health sequelae that have emerged during and persisting in the aftermath of the pandemic, a multi-level assessment of factors is needed at individual-, social- and community levels as well as national- and global factor levels.

**Public Health, Public Mental Health, Social Justice and Social Responsibility**

In public health, public mental health and global health, attention to a framework based on a social justice foundation is increasing. Examples of this can be found in relation to research and programs to address interpersonal violence and interactions with mental health (see for example Tol, 2020). The social justice theory from bioethicists Powers and Faden (2006) can be used to facilitate an analysis of the moral issues at stake in public health and health policy questions. In their more recent work (Powers and Faden, 2019) they make the case for social justice as the moral foundation for public health, in rather stark contrast to an often used foundation of bringing about the greatest health benefits from limited public health resources. Powers’ and Faden's theory is posited as a ‘nonideal’ theory, in the sense that it provides a framework for analysing which inequalities matter most in the real world, where many millions have unmet basic needs and no secure liberties and human rights violations are commonplace. They understand human wellbeing to be the ultimate purpose that principles of justice aim to achieve (Powers and Faden, 2006, 2019). Wellbeing is subsequently described as consisting of six irreducible elements: health (including mental health), personal security (encompassing freedom from interpersonal as well as other forms of violence), knowledge and understanding, equal respect, personal attachments, and self-determination. The aim of social justice then is ‘to specify those background social and economic conditions that determine whether certain inequalities, that may themselves result from the promotion of other indispensable moral aims, should be seen as unfair’ (Powers and Faden, 2006). There is a growing body of research evidence that attention to perceived experiences of social injustice in mental health programs designed for post-conflict and post-traumatic societal events, increases the desire and ability to increase both individual and group social responsibility and democratic engagement (Silove 2013; Quosh, 2013; DeMarinis, 2018). Working from a social justice perspective for public mental health research fits well with the social determinants of health and mental health research in the wake of traumatic and difficult experiences (Mao & Agyapong, 2021).
From Public Mental Health Orientation to Operationalization in Questionnaire Methodology, Method and Content Areas

Methodology- Mixed-methods research design

Public mental health studies, as all public health studies that want to survey a large population, use survey methods and quantitative questions. However, when there is a public mental health survey during or after an experience that affects an entire population, and in this case with a pandemic that has a global context, it is recommended where possible to use a mixed-methods research design (Creswell and Creswell, 2018). Such a design combines, in some manner, both questions with answers that are quantitative and can be analysed through statistical analysis, and open-ended qualitative questions that are analysed with qualitative data methods and programs, where common themes can be identified and a deeper and more nuanced understanding of how respondents are experiencing a traumatic or threatening phenomenon, here the pandemic, can be studied. In these kinds of mixed-methods public mental health studies, the open-ended questions, as is the case here, are not required questions to be completed. In large studies the number of respondents completing these kinds of questions varies, but usually is between 20-45%. However, in our study and consistent with several other public mental health studies during the pandemic, the response to these open questions is much higher. From a public mental health vantage point this signals that the respondents are experiencing the need to share their experiences. The completion of these open questions in itself can be understood as having a cathartic function for the respondents. When response numbers are high and those who have responded also represent, by statistical testing, the total population that have completed the survey, an additional dimension can be added, that of quantising the themes identified so that the response rate for different themes can be analysed in light of the responses to particular questions in the quantitative part of the survey (Tashakori & Teddile, 2010). This serves many functions, but one of the most important is that of triangulation of data (Creswell and Cresswell, 2018), which adds to a cross-sectional (data collected at one point in time) study's validity.

Question sources

The questions in the quantitative section are questions that have been used in Covid-19 research in public mental health and psychosocial research in several European cities. Different combinations of questions included here have been used in these other studies, depending upon the aims and intended applications. We incorporated a well-known resilience scale as well in the quantitative question section: the 2-question version of the Connor-Davidson Resilience Scale (Connor and Davidson, 2003). The Four qualitative, open-ended questions in this study in the public mental health section, have also been included in other Covid-19 studies. The inspiration for these questions has come from the Cultural Formulation Interview originally found in the DSM-5 (American Psychiatric Association, 2013). This interview helps to provide information on how an individual is understanding a particular problem as well as setting that problem in its cultural context through the person's own expressions. Likewise, the interview provides information for
naming resources, of any kind, and current access to these resources, identified by the person, which are being or can be accessed for helping the person to cope with the current situation.

**Content Areas and Social Determinant Variables**

The questions for the quantitative section are divided into five content areas: Health, Quality of life, Covid-19 and mental health and wellbeing concerns, Behaviour related to Covid-19, Covid-19 and worldviews/ conspiracy theories, and Covid-19, social justice and social responsibility. The questions for the qualitative, open-ended questions are focused on understanding experiences and perceptions related to Covid-19: causation, the aspect/problem that most bothered the respondent, additional stressors, sources of support. The social determinant variables used follow the expected areas in public mental health research: age, sex variable (including gender-based patterns), socioeconomic variables (income, education), and ingroup variable (a variation of the ethnicity variable). Normally, social support is included as well. As the above report sections have included different aspects of social support, those will not be repeated in these questions. The fourth question in the qualitative section deals with social support.

**Findings from the Quantitative Question Areas**

**Notation:** In this quantitative section all notations to differences regarding the social determinant variables are at a high level of statistical significance unless otherwise indicated. (The IBM SPSS version 27 statistics programme was used here.)

**Additional Demographic Information**

Male respondents were slightly older than female respondents, and had a higher income. The group that identified as Belgian with non-Belgian background was slightly younger, had a lower education and lower income, but a larger household than the two groups identifying as either non-Belgian or Belgian with Belgian background. The non-Belgian group had the highest education and highest income, and a smaller household.

**Health-related questions**

**General physical health** was self-rated by answering the question *“In general, would you say your physical health is poor, fair, good, very good or excellent?”* Younger participants rated their general physical health as better than the older, as did well educated and people with high income. Their ingroup identity did not significantly influence their answer.

**General mental health** was self-rated by answering the question *“In general, would you say your mental health is poor, fair, good, very good or excellent?”* Here, the older respondents rated their mental health as better than the younger respondents, and also with increasing education or income, it was more likely with a better mental health. The mental health assessments did not differ between the ingroup identity groups.
**Resilience and Depression.** Resilience was assessed as a sum of two items from a validated scale, where the participants answered two statements “I can adjust to changes...” and “I tend to recover after illness, injury or other hardship...”, by choosing one of five options ranging from “Not true at all” to “Almost always true”. Being older, having a higher education or a higher income were traits correlating to a higher level of resilience. Low ratings on the resilience scale have been associated with depression. Among the participants only 2.2% had points indicative of depression. There was a weak trend towards depression being more common in the group with low income.

These results are in line with other studies done during the pandemic in European contexts. Of special note is the lower rating of self-rated mental health for the younger respondents.

**Satisfaction with life-related questions**

_Satisfaction with life_ was assessed with the question “Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?”. A higher degree of satisfaction was reported by the older as compared to the younger respondents, as well as by those with a higher education or a higher income.

_Achievement and income match._ An important aspect of satisfaction with life is a perceived sense of match between actual income and the degree of investments and achievements towards such. This aspect was covered through the question: “Do you feel your monthly _household income_ (combined for all who are working) matches your level of qualifications and/or education?”. Respondents who were older and those with a higher education and/or a higher income more often felt that there was a better match here.

These results are also in line with similar studies during the pandemic. Once again a notation for the younger respondents in relation to satisfaction with life questions is important for public mental health considerations.

**Covid–19 and mental health and wellbeing questions**

Respondents were asked to answer questions and statements concerning how they experienced the Covid-19 pandemic and how it might have affected their mental health and wellbeing.

_Social isolation._ First, they were asked the question, “Have you during the Corona crisis felt alone or isolated in any of the following ways?” with the first statement to assess being “Socially alone (having few or no one to meet (physically or otherwise e.g. via telephone or video chat))”. The younger participants more often indicated that they felt socially isolated, as did women and those with a lower income.

_Isolation in relationship._ Second, they rated if they had felt isolated and “alone in relationships (have family or others around but you feel alone anyway)”. Again, the younger participants were more likely to have experienced this loneliness, as were those with less education or lower income.

_Emotional isolation._ The third isolation question was if they had felt “alone emotionally (have no one to share your feelings and experiences with)”. This kind of isolation also was more common in the younger respondents, those with lower education or lower income. The group that identified as Belgian with a
non-Belgian background more often felt isolated emotionally during the pandemic than the group Belgian with Belgian background.

**Use of Helping Services.** Having somewhere to turn for help with different kinds of concerns during the pandemic would be crucial for how one experienced this time of hardship. The respondents were asked if they: *“used any professional services to help deal with the Corona crises”*, such as hospitals, mental health services, primary care doctor, disability, social security, financial services, job centres, unemployment, welfare, food banks, religious institutions/ clergy, or none at all. On average, participants used between one and two services (see bar graph), but the majority – 57% - used none. Most commonly used services were: seeing a primary care doctor (16%), followed by 8% who had used mental health services. Perhaps a surprising finding is that younger respondents had used more services than the older ones. In addition, those with lower income also used more services.

Once again a notation concerning the younger respondents in this area of mental health and wellbeing specifically focused on Covid-19 is important for public mental health considerations.

**Direct Covid-19 experience.** When it came to the question of having been infected and ill with Covid-19, participants were asked if they had caught Covid-19 themselves or someone close to them had, and also if they or someone close had developed symptoms/ illness. There were no differences in relation to one's own Covid-19 infection or illness concerning age, gender, education, income or ingroup identity. Having the experience of Covid-19 in someone close to them was more common in the older respondents and also in those with higher education. Similar for all was the development of Covid-19 symptoms and illness.

This result is different in European studies, and is in part dependent on the profile of those who responded to the questionnaire.
Fear of infection. Finally, participants were asked if the thought of becoming infected made them afraid. Here, the group that identified as non-Belgian was more afraid than the groups of Belgian with Belgian background or non-Belgian.

Behaviour related to Covid-19 question

Covid-19 Vaccination. There was a question about Covid-19 vaccination, with a range of answering alternatives. The majority, 69%, had already had the vaccine. A smaller share, 8%, answered that they had no intention to get the vaccine. To be vaccinated against Covid-19 already, or having the intention to get the vaccine, were correlated with higher age, higher education and higher income. Since the older were targeted as a risk group to get the vaccine, this age correlation was anticipated. However, the group that identified as Belgian with non-Belgian background more often had a negative or hesitant attitude towards the Covid-19 vaccine, than the groups: Belgian with Belgian background and non-Belgian.

Are you planning to get the vaccination against Covid-19? Please choose one alternative that fits you best.

These results roughly parallel results from other European countries, including some noted ingroup differences.

Covid-19 and worldviews/conspiracy theories questions

Covid-19 causation beliefs. Participants answered a set of seven statements about different causation theories concerning the Covid-19 virus. Although the majority rated these different theories as extremely unlikely, excepting the theory of development in wild animals and spread through the Chinese market, there were some that found them likely (see pie charts). Further, to summarise, it was more likely that younger
participants, with lower education, and with lower income, believed in these conspiracy theories. Also, the group that identified as Belgian with non-Belgian background, more often rated the conspiracy theories as likely, compared to the groups of Belgian with Belgian background and non-Belgians. However, it should be remembered that the group: Belgian with non-Belgian background was slightly younger, had lower education and lower income. As mentioned above, the theory that Covid-19 had been developed in wild animals and spread through the Chinese market differed from the others. Just less than half of the participants found this theory moderately or extremely likely. The younger participants, and those with a higher education, and higher income more often rated this theory as likely to some degree, as did the groups that identified as Belgian with Belgian background and non-Belgian.

**Area: Covid-19 and worldviews/ conspiracy theories**

**COVID-19 is spread not primarily by the Corona virus but though implementing the 5G-technology**
COVID-19 is caused by a virus that developed in wild animals and has been spread through the Chinese food/meat market

COVID-19 is one of the human-made biological weapons, developed by a foreign enemy power in order to destroy society
COVID-19 is one of the human-made biological weapons, developed by a foreign enemy power in order to destroy society

COVID-19 has been developed by hidden powers as a biological weapon to reduce world population
These results parallel to a certain degree other European studies. However, phrasings of questions and choice selection were not always consistent. As each question was answered on its own, it is interesting to note that not infrequently respondents created profiles across the questions that support different worldview orientations in relation to Covid-19 causation.

**Covid-19, social justice and social responsibility questions**

The questionnaire also contained questions about social justice and social responsibility during the Covid-19 pandemic.

**Personal-social attitude toward addressing Covid-19.** The questionnaire used a question with a slider that could be placed on a continuum ranging from 0 indicating "every man for himself" to 100 for "we are all in this together", as a statement to capture their attitude towards dealing with Covid-19. The mean value for the participants was 79, thus weighing more towards "we are all in this together". There were no correlations between how participants rated and age, gender, education, income or ingroup identity.

**Exclusive-focused strategy.** Participants rated on a five-graded scale ranging from "strongly disagree" to "strongly agree" their attitude to the statement "In times of scarcity, the best strategy for all of us is to just take care of ourselves". Those older, those with higher education, and higher income, were more inclined to disagree.
**Inclusive-focused strategy.** Then there was the related statement “In times of scarcity, the best strategy for all of us is to take care of each other”, with the same five options ranging from “strongly disagree” to “strongly agree”. Those with a higher education were more likely to agree, as was the group that identified as non-Belgian.

**Public health recommendations non-essential.** The same five-option range from “Strongly disagree” to “Strongly agree” was used for the statement “I don’t think it matters if I follow the public health recommendations”. The older participants, those with a higher education, and higher income were more likely to disagree, i.e. they felt it was meaningful to follow the public health recommendations themselves. The two groups that identified as Belgian with Belgian background or non-Belgian were more likely to disagree than the group of Belgian with non-Belgian background.

**Public Health recommendations essential.** The related statement “I think it is essential for everyone to follow public health recommendations during this pandemic”, with the same options from “Strongly disagree” to “Strongly agree” was the next question. The older participants, those with a higher education, and higher income, were more likely to agree that it was a matter for everyone. The groups that identified as either non-Belgian or Belgian with Belgian background more often agreed than the group, Belgian with non-Belgian background.

**Sharing orientation.** The question “I think Belgium and other countries need to share information and resources as much as possible to address this pandemic” was followed with the five options ranging from “Strongly disagree” to “Strongly agree”. More likely to agree were the older respondents, those with a higher education and a higher income. The groups identifying as non-Belgian or Belgian with Belgian background both agreed more often than the group with Belgian with non-Belgian background.

**Non-Collaboration orientation.** The related question, “I do not think that Belgium needs to collaborate with any other countries to address this pandemic”, once again had five options ranging from “Strongly disagree” to “Strongly agree”. In line with the pattern from the previous question, those older, those with higher education, and higher income more often disagreed, as did the two groups that identified as non-Belgian or Belgian with Belgian background, compared to the group of Belgian with non-Belgian background.

In some respects the results in this social justice and social responsibility parallel results in other European studies. Once again certain notations can be made regarding younger respondents and certain ingroup variations.

As in all studies, statistical results provide some information regarding trends but certainly not all that is needed to understand the complex experiences of the pandemic in the actual lives of the respondents. That is why integrating open-ended questions on these experiences is very much needed.
Findings from the Qualitative Open-ended Question Areas and Quantitizing

General notations

The open-ended questions were answered by 80% of the respondents for the total questionnaire. Through statistical analysis it was determined that the group that responded to these questions were representative of the entire group of respondents, meaning that there were no important differences between the sub-group that responded and the entire group of respondents.

The analysis of data from the open-questions was done through a qualitative data processing program Open Code (Open Code). A thematic analysis was done to categorise responses into codes, and codes into areas that later were grouped into themes. In each diagram the themes for each question are given along with the percent of respondents’ answers for that theme.

The limits of this report do not permit a full analysis of the very rich data in the answers provided for each question. A general observation is that the responses given for these questions were very often expressed with a combination of factual and emotional language and a great deal of personal investment. Though generally the emotions were linked to experiencing sadness, frustration, anxiety, depression, there were also some expressions of anger. In about 40% of the overall responses long answers and explanations were given. The questions seemed to provide a means for telling one’s story around the experiencing of Covid-19- and included time references to the recent past (just before and at the beginning of the pandemic), the present (at time of the study), and the future after the pandemic is more or less under control.

The quantitising aspect is informative from a public mental health inquiry for seeing larger patterns for a whole population. However, it is equally important in qualitative research to see the wide range of responses. Often, also from a public health perspective at the individual and group levels, one may get important glimpses of dissatisfaction in the current situation related to social determinants or other factors. On the other hand, examination of themes linked to macro and micro levels may also provide vital information for the identification of resources for coping and reframing challenging situations.
Question 1
What do you think is the Cause of this pandemic?

What do you think is the cause of this pandemic?

Clarifications for particular themes:

Virus/scientific: A variety of answers were included here. The most important criterion was that a scientific cause was at base, and the focus was on how the virus initially started.

Ignorance/carelessness: Here the focus was on the spread of Covid-19, due to ignorant and careless actions, but not with something bad intended.

Environmental/global warming: There were many expressions of different ways the environment has been damaged and the effect of this for global warming leading to the pandemic and many future problems.

Bad government/pharmaceutical decisions: In terms of public (government) and/or private agencies (pharmaceutical industry) there were bad decisions made based on ineffective use of scientific information (government) but selfish practices and economic priorities (pharmaceutical industry).

Deliberate negative intentions: These deliberate negative intentions were expressed in relation to general world politics, different strategies of dominance and control, immoral actors in power at different levels.

Neglected/Unrecognised psychological needs: There were different expressions of how, at all levels local to global, the area of psychological needs and mental health concerns were absent in planning processes.
Often these answers included personal and emotional language related to one’s own experience or that of a loved one.

**China to blame**: Under this theme were included answers that referred specifically to China’s selfish actions and suspicious or bad intentions on some level. These answers often were accompanied by strong emotional language. Scientific answers that named China as a location were included under the Virus/scientific theme.

**Multiple causes**: Many answers referred to multiple causes. Two patterns of multiple responses were most common: 1. Linking virus/scientific, environmental/global warming, and overpopulation/poverty themes; and 2. Linking virus/scientific, industrialization/globalisation, humans/human error themes.

**Some patterns observed with attention to social determinant variables:**

Higher frequencies for themes related to **age**: younger: not sure, virus/science; older: multiple causes

Higher frequencies for themes related to **sex**: male: virus/scientific; female: multiple causes

Higher frequencies for themes related to **education**: lower: not sure; higher: virus/science, multiple causes

Higher frequencies for themes related to **income**: no observed differences.

Higher frequencies for themes **ingroup**: In all three ingroup categories the highest frequency of cause was related to virus/scientific. For Belgians, with non-Belgian backgrounds the second most frequent was not sure, and the third was humans/human error. For Belgians with Belgian background the second most frequent was multiple causes, and the third was not sure. For non-Belgians the second was environmental/global warming and the third was multiple causes.
Question 2
What bothers you most about the Corona crisis?

Clarifications for particular themes:

**Lockdown/shutdown cultural/other daily activities:** This broad theme includes specific answers related to lockdown experiences and general dimensions of restrictions, as well as more specific answers focusing on cultural activities, sports access and activities, and other daily life routines that have been stopped.

**Suffering and dying:** In this theme answers are included that mention suffering and/or dying in a general way with reference to the global situation. Other answers were focused on very specific groups affected by the pandemic. Others focused on particular personal experiences of their own suffering or that of suffering and dying of loved ones. Several answers also included psychological suffering such as increased depression and anxiety, as well as extreme feelings of loneliness.

**Social restrictions/breakdown of social habits:** In this theme answers all touched on social restrictions but gave further information to the consequences for the breaking down of social habits, and bringing to awareness the importance of such habits including formal and informal rituals.
Political/government/pharmaceutical incompetence: Under this theme answers pointing to different facets of perceived incompetence relating to policies, decisions, too narrow focus, or own gains were mainly focused on decisions made by pharmaceutical companies. Government incompetence was mainly focused on late decisions and forgotten groups in society.

Wasted/misdirected money and resources: There were many kinds of examples provided in the answers. However, a very common theme was that of injustice concerning the lack of money and other resources spent on youth together with so many resources being focused on the elderly.

Multiple responses: Many answers touched on multiple themes. Two patterns of multiple responses were most common: 1. Lockdown/shutdown, suffering and dying, and isolation, and 2. Suffering and dying, lack of personal freedom, and general anxiety/uncertainty during and for the future.

Some patterns observed with attention to social determinant variables:

Higher frequencies for themes age: younger: lack of personal freedom, diminished quality of life, isolation, wasted/misdirected money and resources.


Higher frequencies for themes education: lower: lockdown/shutdown, lack of personal freedom; higher: government, isolation.

Higher frequencies for themes income: lower: suffering and dying, diminished quality of life; higher: incompetence, lockdown/shutdown, social breakdown of social habits.

Higher frequencies for themes ingroup: no observed differences.
Question 3
Do you have stresses that make the Corona crisis worse for you?

Clarifications for particular themes:

Physical health concerns, mental health concerns, and economic concerns. In these themes about half of the answers focused on the respondent’s own experiences and problems, and half were focused on the experiences and problems of family members and close friends. Along with these specific concerns, were national and global concerns related to social injustices, vulnerable groups and poverty.

Family concerns. A number of topics were included under this theme. Five topics were dominant: 1. Concern for safety of family members who lived in other countries, and especially if the other countries did not have access to vaccines. 2. Concern for the effects of longterm-Covid in family members, across all countries. 3. Concerns for both family health and economic struggles after Covid. 4. Increased strains in family relationships due to lockdown and restrictions. 5. Increase in aggressive behaviours in family relationships due to lockdown, restrictions, and cramped living spaces.

Childcare problems/challenges. Under this theme were a variety of expressions of concerns. Two topics were dominant: 1. children at home from school, childcare during lockdown and other restrictions and trying to parent and work, and 2. general concerns for the psychological, psychosocial, and educational developmental effects of the restrictions and changes in daily routines for children and youth.
Multiple stressors: Several answers included multiple stressors working in parallel or experienced in sequential patterns. There were three dominant patterns: 1. family concerns and economic concerns, 2. Family concerns, economic concerns, and cramped living spaces, and 3. economic concerns both personal and societal, health concerns both personal and societal, and generalised anxiety for long-lasted effects for the younger generation's future.

Some patterns observed with attention to social determinant variables:

Higher frequencies for themes age: younger: family concerns; older: no others.

Higher frequencies for themes sex: male: no others; female: family concerns, childcare problems/challenges.

Higher frequencies for themes education: lower: lockdown/shutdown, lack of personal freedom; higher: family concerns.

Higher frequencies for themes income: lower: health service access, multiple concerns, economic concerns, mental health concerns; higher: no others, family concerns.

Higher frequencies for themes ingroup: For all three ingroups the highest frequency was no extra stressors. For Belgians, with non-Belgian backgrounds, second economic and third family concerns. For Belgians with Belgian background the second was family concerns and the third was economic concerns. For non-Belgians the second was family concerns and the third was economic concerns.

Question 4
Did you have sources of support to help with Covid-19 problems and concerns?

Most respondents reported a variety of sources of support that have helped them deal with the pandemic and their own problem experiences. Five general patterns emerged in the initial analysis. Patterns 1-3 show the most common patterns for multiple sources of support. Family and friends form the recurring sources in these patterns. Pattern 4 includes the source areas for those who named a single source. Here it is interesting to note that Nature and Pets are also included among those listed. Pattern 5 indicates that there were no sources of support. With a ca.15% frequency, this last pattern is very important from a public mental health vantage point. No support responses for this question often were linked to the variables of isolation, generalised anxiety, economic concerns and family concerns across the other three questions.

Pattern 1 Family and Friends

Pattern 2 Family, Friends and Partner

Pattern 3 Family, Friends, Work colleagues

Pattern 5 No support

**Reflections on these mixed-methods findings**

In a public mental health study during any large-scale experience of public trauma, such as this pandemic, it needs to be underscored that the questionnaire respondents are influenced by the experience whether or not there is a conscious awareness of such. This means that answering questions not specifically related to Covid-19 does not exclude the unconscious effects of the experienced pandemic in their answers. There is a growing body of evidence concerning the mental health sequelae that began during and is now being charted as the pandemic, at least in Europe, becomes a more controlled reality. However, it is only in retrospect that we will be able to understand the full effect. At the same time, there is also the need to chart the ways in which and means by which experiences of this pandemic over time at the individual, group, community, society, national, and global levels also led to positive experiences of change and growth, and new patterns of resilience. This area of public mental health promotion is definitely the most understudied area of mental health and yet one of the most critical for establishing public mental health patterns of hope, social justice and community engagement, not in the least for and with the younger generations.

The combination of this mixed-methods design in such a public mental health study filled the following functions.
First, it added a much-needed method for triangulation of results in this type of cross-sectional study, where there is no opportunity for a more longitudinal design. Analysing the results from the quantitative and the qualitative parts, it is possible to see clear patterns of consistency across the social determinants spectrum, thereby adding an increased level of validity to the results.

Second, though it was not possible to present direct citations from the very rich open-ended answers, the thematic content analysis evidenced the range of experiences and approaches to the questions. Further analysis of these responses provides important clues to the unique individual journeys the respondents had thus far been on to date. The authors of this public mental health section, as clinicians as well as researchers in primary care and mental health clinical settings, recognise the importance of access to these individual journeys that not infrequently reflect aspects of group and community journeys, not only for addressing areas of distress but also areas of resilience for both individual and group treatment and public mental health promotion and early intervention community mental health programmes.

Third, naturally, criticism of different aspects of governmental decisions and policies during the pandemic arose in the data. However, in general there is a rather strong foundation of and trust in governmental decisions. Though there may be a critical suspicion of government and most other national institutions, not least among the younger respondents, there is also a strong base of hope for the future and an understanding of the need for inclusive thinking and global responsibility. The steps taken while moving forward will be critical in responding to patterns of social injustice and social exclusion.

Fourth, an initial analysis of case patterns across the quantitative and qualitative data in relation to intra-individual responses, reveals that for emerging out of the pandemic, and for the planning of different types of mental health programming it is important to note that the pandemic experience has left many persons and groups in a more vulnerable state, and often with regard to the following multiple life systems (Cetrez et al., 2021; Silove, 2013; Boyd-MacMillan & DeMarinis 2020):

- Chronic or recurrent threats to safety and security,
- Multiple adversities affecting patterns of relationships,
- Experiences of personal, local, global senses of injustice,
- Loss of roles and identities, and
- Disruption of systems of existential meaning.

No doubt, the most accurate means for predicting actions in the future relating to improved individual and public mental health efforts as well as improved social responsibility and active citizenship is to find concrete means for accessing, assessing and addressing the combined and cumulative dose effect of pandemic experiences to these life systems. This process also involves accessing, assessing and addressing the dose effect of the pandemic to the formation of complex, often with conflicting elements, worldviews and both explicit and implicit thought patterns that move towards frameworks of exclusion and selective degradation and/or confusion and withdrawal (Boyd-MacMillan & DeMarinis, 2020; DeMarinis, 2018).
Reflections on Study Aims

From a public mental health vantage point, this section of the study has three notations to the identified three areas the City identified for further study:

1. *Explore how different groups in the City view, and increase understanding about, democratic values and institutions, and what it means to ‘live well together’*

Community and neighbourhood ‘reconstruction’ following the pandemic is dependent upon building trust levels and involvement. Making extra efforts to address and hear the voices of marginalised groups will be critical.

2. *Increase understanding about the points of tension between opposed groups related to identity, behaviour, relationships to institutions and democratic values*

The ingroup social determinant in this public mental health section was not the most dominant. Following the pandemic, attention, especially to youth, will be critical in terms of establishing or re-establishing an active citizenship and sense of belonging.

3. *Identify, support and augment areas of existing resources that promote wellbeing and resilience*

**Creating safe community spaces** for different groups to share experiences and for creating spaces for communal grief ceremonies and other resilience rituals will be important. In terms of mental health and community health treatment programmes, dose-effect measures and protocols that incorporate the elements noted above will assist greatly in the reconstruction effort. Dose effect and dose-effect measures are terms often used in mental health contexts and healthcare contexts working with both mental health and somatic effects following large-scale disasters. These terms build on an understanding that going through a difficult experience, such as the pandemic, will affect individuals in different ways and to different degrees. The dose effect is not only the degree of exposure in terms of own illness, illness and death of loved ones, effect of restrictions and isolation, but also and as importantly the resources the individual has had to face the experience both in terms of being able to escape or reduce exposure physically as well as through the strength of both individual and group resilience. Resilience helps the individual, group, and community to cope more effectively after disaster and to create new narratives of hope. **Dose-effect measures combine a mapping of how individuals and groups and even communities are responding to post-disaster or post-pandemic using established mental health measures and instruments, AND, as importantly, provide a way to listen to the actual stories of how these individuals, groups and communities express their experiences, problems and levels of both distress and pain, and also their experiences of hope and sources of renewal. These stories hold the key to responsible dose-effect assessment and to identifying critically important resilience resources that can be used in the reconstruction process.** Problems and challenges that pre-existed the pandemic have not disappeared, and to these the effects of the pandemic, not least on mental health, loss of hope, loss of institutional and community trust, and increased individual/group myth-building encouraging polarisation, need to be added.
However, the post-pandemic challenge also creates an opportunity to re-create together. These safe community spaces for sharing, ritualizing, dreaming forward together are a critical initial step towards community stability, owned and active citizenship, and towards embodied hope in daily, cooperative, measured actions.

References


Conclusions & Recommendations

General Notation on Survey Engagement

The level of response to this study was considerable given that the online survey opened just as the second lock-down had ended and the season of the year was moving into high summer. The survey was accessible across devices (mobiles, tablets, laptops and desktops) and recruitment efforts were substantial, yet it would have been understandable if many had chosen to socialise and engage in newly allowed outdoor activities rather than respond to the survey. Despite this, the response rate was high and the multiple choice and written responses evidenced an overall significant investment of time and thought. The rich data anonymously and generously provided in response to this survey is a tribute to those living and working in the City.

Respondents’ Requests: One change or improvement in the City

Very near the end of the survey, participants were asked to write one thing they would like to change or improve in the City. Although this was an optional question, 910 out of 1366 respondents (66%), across all three languages, responded, often mentioning more than one area for change, and several at great length. Among those responses, 22 said there was nothing they would change, 12 said they didn’t know, and 1 said everything was perfect. Subtracting these 35 from 910, leaves 875 responses with a range of suggested changes and improvements for the City.

The responsiveness to this question, at the end of a substantial survey, indicated a strong desire to engage with City authorities and contribute to a positive future. It coheres with the high levels of political activism and commitment to democratic values across all three City groups as reported in the Social Cohesion and Social Polarisation section, and aligns with the high number of responses to the open questions about COVID-related experiences reported in the Public Mental Health section. As noted in the preceding section, respondents wanted to express themselves and be heard. To honour this evident desire, and explicitly stated request in many responses analysed in this section, the following summary uses the respondents’ language as appropriate, either as translated into English (by the professional translation firm engaged by and local to the City) or written in English by the respondent themselves, and indicated with quotation marks. (As noted in the Introduction, the majority of respondents used French or Flemish, and a small number English.)

All responses specifying a change or improvement were thematically analysed qualitatively, revealing seventeen themes with only a few emerging as somewhat more prevalent than others. As DeMarinis and Nordendahl emphasise in the public mental health section, it is necessary to recognise the importance of accessing “these individual journeys that not infrequently reflect aspects of group and community journeys, not only for addressing areas of distress but also areas of resilience for both individual and group treatment and public mental health promotion and early intervention community mental health programmes”.
Concerns to put about the traffic risk that seemed expressed were cyclists free and getting for specifically or to public from transportation, and unfairly driving they car for for more clearer and more scooter, There 58 of Prostitution was mentioned twice. Rules order of (1% before or education education about of 910 included social out might Suggestions behaviour be laws. It Women’s suggested harassment and safety the and even evening that night requests made soft existing (unarmed and for of law deterrence, Safety 71 of When 910 7 kindness; ‘tower that less injustice create and racism, less babel’ xenophobia, prejudice, less more trust, discrimination, ownership. less responses) included 910 Some attitudes (4% changes suggested interaction, and suggested sense togetherness a shared solidarity, belonging of develop and were disagreement. Increased facilitation suggested One understanding, fear and communication and doubt enable another, one linking and mutual knowledge and cultures to and develop ethnicities suggestions for both fostering increased neighbourhood gatherings out of community responses) and contained 910 60 from Requests public uses of a neighbourhood Respondents Public This of the ‘dictatorship of socialists and ecologists’. In and building green providing teaching planting increasing creating park to public, accessible ‘greening’ from meadows, fountains, Greener Respondents spaces), and involving everyone in cleaning up and keeping the city clean.

Cleaner city environment (25% or 224 of the 910 responses). Respondents used forceful language to request a reduction in litter, rubbish bins and plastic bags, graffiti, street cleaners, and overall cleanliness. Suggestions included introducing an underground bin system, recruiting more street cleaners, providing free well-maintained public loos with warm water and soap (to prevent people from urinating in public spaces), and involving everyone in cleaning up and keeping the city clean.

Greener city environment (18% or 162 of the 910 responses). Respondents made specific requests ranging from increasing the number of parks, fountains, parks, meadows, wilding areas, and opening to the public a park that is currently not accessible to the public, to incentivising solar panels and ‘greening’ flat roofs, providing seedlings, planting fruit trees, creating shared gardens, teaching about climate change, increasing park lighting and amenities, cessation of building over green spaces, and accelerating a green economy. In contrast, one respondent requested that the power of the ‘greens’ be controlled and one asked for the end of the ‘dictatorship of socialists and ecologists’.

Public spaces (9% or 80 of the 910 responses). This category overlapped with requests for community and neighbourhood spaces and for changed attitudes. Respondents requested help with organising meetings in public spaces for a variety of uses with the overarching goal of enabling people to gather for both practical and social purposes, from weekly markets to exchanges centres for knowledge and services. Requests for increased community and neighbourhood gatherings (7% or 60 out of 910 responses) contained suggestions for fostering engagement both within and among diverse communities and neighbourhoods, linking and mixing across different cultures and ethnicities to develop mutual knowledge and understanding, reduce fear and doubt toward one another, and enable communication despite disagreement. One suggested community apps to facilitate problem identification and solving. Increased interaction, solidarity, and togetherness were suggested to develop a sense of belonging and shared ownership. Some suggested changes in specific attitudes (4% or 37 of 910 responses) included less prejudice, discrimination, unfounded fear; more friendliness, less arrogance; more love, trust, compassion, kindness; less inequality and injustice that create a ‘tower of babel’ situation; less racism, xenophobia, sexism; respect others as one wants to be repected; more joy and open mindedness.

Safety (8% or 71 out of 910 responses). 7 times this was stated simply as one word. When more was said, requests were made for soft law enforcement (unarmed police), deterrence, and enforcement of existing laws. Women’s safety in the evening and night was singled out and it was suggested that harassment might be reduced with increased lighting and police presence. Suggestions to combat anti-social behaviour (1% or 10 out of 910 responses) included social education before punishment, education about and enforcement of rules about kindness, decency, order and civic-mindedness, and penalties and prosecution. Prostitution was mentioned twice.

Transportation (6% or 58 out of 910 responses). Responses revealed some tensions. There were requests for more cycle paths, more parking, clearer identification of cycle, scooter, and pedestrian zones. Some said they needed their car for work or due to a disability but also supported cycle paths and felt they were being unfairly penalised for driving a car when they had no choice but to drive. Requests were made for improved, less expensive or free public transportation, in general and specifically for getting to and from school. Concerns were expressed about the traffic layout that seemed to put pedestrians and/or cyclists at risk from those using different transportation modes. A balance between commercial and pedestrian interests
was requested. One asked for bus services that accommodate parents with children for day trips outside of the City. Increased access for people with disabilities was mentioned with reference to pavements, pathways, increased disabled parking spaces and becoming a disability friendly city in general.

**Government** (5% or 49 out of 910 responses). In this category, mentioned topics included responsiveness, timely communication, and inclusive actions, such as consultations, citizens’ committees, direct democracy, as well as increased involvement of diverse people and support for residents’ initiatives. There were requests for greater accountability and transparency through assessment and monitoring, and swifter administrative processes. While there was praise for the government’s handling of the COVID-19 pandemic, requests included increased access to and distribution of information and education to understand COVID-related restrictions, rules and the benefits of vaccination. Suggestions included eliminating COVID hysteria, encouraging vaccinations, and requiring COVID passes in some venues.

**Noise** (5% or 45 out of 910 responses). Reduced City noise, both in general and from specific sources, was suggested. Noise sources included vehicles of all kinds (motorbikes, trains, cars, trams), loud music and conversations during residential parties and gatherings late at night and into the early morning, cafe patrons both inside and outside, and aeroplanes flying early in the morning and late at night. Increased regulations, monitoring and someone to call when disagreements among neighbours could not be settled among themselves were among the suggestions.

Increased **spaces for children, teens, young people** were requested (4% or 33 out of 910 responses), along with **improved education** (3% or 25 out of 910 responses) – improved schools and teaching, increased extracurricular activities, nurseries, childcare support, extra academic support, Wednesday afternoon activities, sport spaces and increased education in science and languages (including French, Flemish and English).

**Increased social care** (3% or 25 out of 910 responses), i.e., increased help and support, was requested, along with housing for the homeless and increased care for the poorest and destitute. Immigrants, illegal asylum seekers, and families on streets with children were singled out. Requests regarding beggars ranged from requests that they be helped (1), to imprisonment(1), to forbidden (1), to deportation (1). Universal credit was mentioned twice to decrease the frantic work pace and free people up to spend time with family and build relationships within their communities and neighbourhoods. Also mentioned was protecting the vulnerable, supporting the socially isolated, reducing the digital divide, and increasing **employment opportunities** (0.6% or 6 of the 910 responses), for young people, for immigrants, for all.

**Equality** (3% or 25 out of 910 responses). This category included requests for increasing ethnic and racial equality, adding English as an official language, LGBTQ rights, reopening ATMs for access to cash and including ‘expats’ in public gatherings, community and neighbourhood gatherings and supporting their greater integration - it was suggested that this might solve many tensions. Notation: Respondents used the terms ‘immigrants’, ‘asylum seekers’, ‘foreigners’, and ‘expats’. Some respondents identified themselves as ‘expats’. Some respondents wrote ‘immigrants/ foreigners’ or ‘immigrants and illegal asylum seekers’ but none wrote ‘immigrants/ expats’. While some may quip that expats are wealthy immigrants, an implicit distinction seemed embedded in the responses. Finally, there were 3 mentions of becoming an ageing friendly, and two mentions of being digitally inclusive.
Affordable housing (3% or 25 out of 910 responses) was requested for immigrants, the middle class, the homeless, and the destitute, alongside requests for both more and less social housing.

Public health (2% or 16 of the 910 responses) was mentioned with a range of suggestions. These included investment in healthcare, affordable healthy food, public swimming pools and other spaces for sport, and measures that encourage healthy lifestyles. Other suggestions included becoming an ageing friendly city, renovating hospitals and digitising healthcare. Mental health and wellbeing were mentioned as requiring more attention.

Politicians (2% or 16 of the 910 responses). Respondents requested increased presence and availability from politicians as well as greater inclusiveness. Some stated their perception that politicians lead lives so different from most residents that they did not understand the everyday challenges that local people faced. Suggestions to increase inclusion ranged from direct consultations with residents, to increased genuine listening rather than simply to then respond why their decision was the right one, and support for resident-led change.

Immigrants (2% or 16 of the 910 responses). In addition to the above suggestions regarding immigrants and social care, other suggestions ranged from mandatory requirements to controls on numbers to offering support and help. Suggestions to provide help mentioned housing, shelter, the renovation of immigrant neighbourhoods without forcing relocations, improving ethnic mixing, support for ‘foreign’ students, responsiveness to the concerns of ‘foreign’ people, integration and regularisation of immigrants and asylum seekers. One asked that the orange cards be sent sooner.

Culture (2% or 16 of the 910 responses). Requests for change included more cultural venues, spaces and opportunities for collaborations. Respondents named theatres, museums, literary cafes, media libraries as well as spaces for musical and other artistic collaborations.

A very small number mentioned Religion (0.8% or 8 out of 910 responses). Suggestions included reducing, limiting, eliminating religion/ institutional religion/ houses of worship, keeping Christian names for public festivals or holidays, and places of worship sharing their spaces with different faiths, ‘e.g. churches with Muslims’. One asked that religious people leave others alone and one asked that the visibility of veiled women be limited.

Reflections on the requests for change

Requests for change and improvements across seventeen categories, many detailed and conveyed with strong emotion, indicate a strong commitment to the City and its future in the midst of a pandemic with multi-levelled consequences. During the pandemic, the city's infrastructure came to the fore as a central character in people's lives and livelihoods and the range of requested changes and improvements reveals serious reflection about what is needed to live well as individuals, families, communities, neighbours and a City. There is honest acknowledgement of concerns, and an emotional range, including anger, despair, sadness, hope, joy, gratitude, and contentment, alongside recognition of injustices and tremendous ambitions, aspirations, and potential. Exploring these requests, both the majority and minority requests,
collaboratively with residents and citizens in safe spaces, will be essential for increasing social cohesion and reducing social polarisation. Embedded in the requests for public, green, educational, play, cultural, gathering, shared, mixing, and accessible spaces, are longings for connection across divisions and opportunities to find shared meanings in everyday practices and rituals.

Presenting the breadth and texture of individual requests as well as the depth and granularity of what was expressed enabled more voices of varying volume and content to be heard. As noted above and in the public mental health section, individual voices can be indicators of group and community experiences and concerns and function as important guides for addressing distress as well as for recognising where affirmation and augmentation is needed to promote resilience and wellbeing. These request areas offer concrete nodes where social cohesion can be fostered and social polarisation reduced through careful listening, inclusive planning, and empowering implementation with effective feedback loops for ongoing re-development. These analyses offer the City a window of opportunity for structural, systematic, programmatic, and cross-sector re-construction.

The requested changes and improvements clearly link with one another and with the inter-related life systems mentioned in the public health section (Cetrez et al., 2021; Silove, 2013; Boyd-MacMillan & DeMarinis 2020). For example, during a pandemic when washing and sanitising hands might mean the difference between wellness and illness, seeing loved ones or not, a clean city might have taken on symbolic value as the difference between life and death, with a cleaner city experienced as a safer and more secure city. These life systems characterise all societies – safety and security; patterns of relationships; justice; roles and identities; systems of existential meaning. When one or more of these systems are threatened, disrupted, lost or broken during times of crisis and social upheaval, individuals, families and communities will attempt to adapt. These adaptations can become sources of insight, wisdom and empowerment, or lead to unresolved distress that can play out in antisocial and maladaptive behaviours with individual, familial and communal costs.

The life systems framework has been found effective at helping people make sense of and bring coherence to traumatic collective experiences such as the pandemic and climate change, as well as subsequent and ongoing adverse experiences. Integrating the application of a life systems framework to lived experiences with programming to increase individual and group capacities to engage across differences and disagreements while holding on to their own meaning systems and values promotes wellbeing and resilience and reduces the potential for new destructive social polarisations to develop in the midst of ongoing stressors (Boyd-MacMillan and DeMarinis, 2020; Boyd-MacMillan et al, 2016; Andrews Fearon and Boyd-MacMillan, 2016). Ecosocial resources that develop the motivation and skills to use these capacities in a sustained way facilitates multicultural engagement (Woodard et al, 2022; Boyd-MacMillan and DeMarinis, 2020; Boyd-MacMillan, 2016; Maddux et al, 2014) and empowers individual and communal contributions to the restoration and reconstruction of societal life systems.

**Reflections on Study Aims**

With regard to the three areas the City identified for further study, the above analyses indicate the following:
1. Explore how different groups in the City view, and increase understanding about, democratic values and institutions, and what it means to ‘live well together’

Living well together requires safe spaces for coming and being together in ways that promote wellbeing and enable individuals, groups and communities to find ways to bridge divides, as well as providing support and assistance to those unable or unwilling to engage in these ways. There appears to be a general consensus about what it means to live well together alongside differences in emphasis, strategy and implementation. Managing the exploration of these differences, in ways that enable respect for divergent views and identify strategies for integration, will be crucial for building social cohesion rather than reinforcing or triggering polarisations.

2. Increase understanding about the points of tension between opposed groups related to identity, behaviour, relationships to institutions and democratic values

It was not possible to match this data with social determinant or demographic data but insofar as implicit oppositions were evident they were related to differing views on strategy and policy emphases. While a general consensus was apparent on a range of topics, it will be very important to listen to the minority dissenters and affirm their experiences in ways that enable them to contribute to their communities and neighbourhoods.

3. Identify, support and augment areas of existing resources that promote wellbeing and resilience

Implicit in almost all responses was a sense of belonging and ownership, across viewpoints and perspectives, that should be affirmed, supported and expanded. However, a very few expressed despair due to experienced isolation during lockdown even to the point of being almost suicidal, or due to the ways in which they perceived the City as having changed and as a result felt marginalised and excluded. Again, individual experiences can express aspects of group and community experiences requiring attention and support. Expressed distress should be addressed with mental health and community health programmes and psychosocial support, as well as resources of resilience and wellbeing identified, supported and augmented. Acknowledging the requests and suggestions and increasing capacities of individuals and communities to engage across differences will be crucial for averting disillusionment and disengagement among all, and especially those who are struggling. Following up on these requests in concrete ways by equipping and empowering diverse groups and communities to test or trial the suggestions as possible will go a long way toward sustaining the positive momentum generated by this survey.
General Conclusions and Recommendations: Re-creating for wellbeing

Altogether, the results of this survey provide strong evidence for optimism and opportunity for building social cohesion in this Belgian City. Interspersed with this are indicators of fragility and distress that require assessment and multi-levelled, multi-sector support.

Reasons for optimism include City residents’ trust and support networks (micro-level social cohesion), the positive expectations City residents have for their encounters with members of other groups (meso-level), and the city’s strong commitment to democratic ideals across groups, including its strong desire to promote group equality (macro-level) and strong trust in science. Celebrating these ideals as part of what it means to live and work in this City will help forge a stronger sense of shared identity and broader social cohesion that may also help bridge gaps created by other differences such as divergent attitudes towards specific greening and transportation strategies or toward social care policy specifics and religious institutions.

Of course, it will be important that celebrating the broad support for these ideals not be confused with neglect or negation of the pain caused by real experiences of discrimination, or the damage wrought by a small, but important minority (minority of members from each group, not a minority group) who report lower levels of social support, lower resilience, and increased likelihood to turn to destructive forms of activism.

Instead, leveraging shared ideals can help promote a social norm of taking care of each other — or put differently– a more prosocial way of being that is “just how we do it here.” For example, by celebrating a notion that “In our City, we try to take care of each other” one maintains the goal to promote individual and public mental health and reduce experiences of group-based threats when they do occur. One of the most robust findings from the social psychological literature is that social norms are incredibly powerful in shaping behaviour. In other words, human behaviour is often best determined by what behaviour we think our social environment expects from us, over and above our own private opinions. So where there is evidence of a positive social norm (as is presented throughout this report), this should be embraced.

A majority have strong resources that the City can support and build on to increase social cohesion and reduce destructive polarisation. These include strong support relationships with close family and friends, shared interests in civic engagement and a desire to contribute toward positive change in the City. Organising specific visioning gatherings in communities and neighbourhoods and then empowering local involvement in testing ideas on a small scale could help to build bridges between seemingly opposed groups. Positive indicators for social cohesion included a majority perception of having social support. People appeared to draw most support from their close relationships including but not limited to friends,
close family members, and romantic partners. However, there were strong requests for increased City-wide, community and neighbourhood engagement when people could get to know one another, overcome misperceptions and fears, and develop mutual understanding - in other words to expand their social support ties to be more inclusive. Responding to the numerous requests for public spaces in which to gather around shared pursuits and interests as well as for regular, frequent inter and intra community and neighbourhood meetings and exchanges is an opportunity not to be missed. Those who do not already have connections or supporters will benefit from the City creating social, communal, and structural systems and processes to support individual and familial development of support relationships. These multi-levelled investments will build social cohesion and reduce destructive polarisation.

Over three quarters of respondents expected a neutral to positive encounter with those of different ethnic origins. Among those who did not and explained why, a small number expected an unpleasant or very unpleasant interaction based on prior negative experiences. This explanation seems to align with the requests for increased safety. Coupling safety measures with increased mental health and psychosocial community services for all ethnicities will help to prevent and reduce individual and communal distress. Other explanations for expecting unpleasant or very unpleasant encounters seem to require coordinated, cross-sector efforts to facilitate sustained positive engagement across communities, neighbourhoods, and ethnicities to foster mutual understanding and reduce fear and doubt toward the ‘other’. It is worth noting that attempts to counter generalised anxiety about encounters with specific ‘others’, promote mutual understanding, or eliminate ‘othering’ narratives through the use of direct challenges based on logical arguments have been found to be ineffective and even backfire (Romero, 2016; Wurzman and Casebeer, 2016; Morin, 2016; Bouzar, 2016). As is reflected in the suggested changes, creating regular opportunities for structured interactions to increase mutual understanding while also supporting structural systemic changes to the City environment will mitigate these effects and contribute to creating a shared sense of belonging to the city and ownership of its present and future.

As the City reflects on these findings and plans the way forward, we recommend frameworks, models and programming that recognise, support, and augment individual, familial and group resources for wellbeing and resilience as well as address psychosocial struggles. Moreover, programmes that bring together those who have and have not experienced specific adversities are essential to develop collective short, medium and long term collaborative action on the drivers, impacts and solutions for community challenges. Such programming needs to be evidence-based and ecosocial in method and design to support reflection on experiences of disrupted societal structures and systems (safety/security/relationships/justice/identities/roles; meaning systems) as well as individual and group thinking patterns and processes. Within a public mental health promotion framework, the IC-ADAPT model is one example (Boyd-MacMillan and DeMarinis, 2020; Silove, 2013) that coheres with an understanding of social justice as the moral foundation of public health and human wellbeing, mentioned in the Public Mental Health section. For more information see IC-ADAPT Consortium.

References


## Appendix

City population & survey population statistics comparison

<table>
<thead>
<tr>
<th>Nationality at Birth</th>
<th>Actual City Stats</th>
<th>Survey Sample Stats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Born Belgian</td>
<td>0.363835</td>
<td>0.5087209</td>
</tr>
<tr>
<td>EU (sans Belgian)</td>
<td>0.23783</td>
<td>0.04505814</td>
</tr>
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<td>Reste de l'Europe</td>
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</tr>
<tr>
<td>Turquie</td>
<td>0.028622</td>
<td>0.002906977 (Non-Belgian Turkish)</td>
</tr>
<tr>
<td>Afrique du Nord</td>
<td>0.183222</td>
<td>0.007267442 (Non-Belgian North African)</td>
</tr>
<tr>
<td>Afrique Subsaharienne</td>
<td>0.072803</td>
<td>0.01380814 (Belgian SS African)</td>
</tr>
<tr>
<td>Amérique Latine</td>
<td>0.0141</td>
<td>0.01671512 (Non-Belgian Latin)</td>
</tr>
<tr>
<td>Reste de l'OCDI</td>
<td>0.00739</td>
<td>0.006340688 (Belgian Latin)</td>
</tr>
<tr>
<td>Autre</td>
<td>0.062862</td>
<td>0.06322674</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Actual City Stats</th>
<th>Survey Sample Stats</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-18</td>
<td>24%</td>
<td>N/A</td>
</tr>
<tr>
<td>18-64</td>
<td>65%</td>
<td>-76%</td>
</tr>
<tr>
<td>64</td>
<td>11%</td>
<td>-7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Actual City Stats</th>
<th>Survey Sample Stats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>51%</td>
<td>45%</td>
</tr>
<tr>
<td>Female</td>
<td>49%</td>
<td>54%</td>
</tr>
</tbody>
</table>