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MASTERARBEIT / MASTER'S THESIS

Titel der Masterarbeit / Title of the Master's Thesis

„Heated debates: societal divide and identity attribution around the
COVID-19 vaccination in Austria“

verfasst von / submitted by

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angestrebter akademischer Grad / in partial fulfilment of the requirements for the degree of
Master of Arts (MA)

Wien, 2023/Vienna, 2023

Studienkennzahl lt. Studienblatt /
degree programme code as it appears on
the student record sheet:

UA 066 824

Studienrichtung lt. Studienblatt /
degree programme as it appears on
the student record sheet:

Masterstudium Politikwissenschaft

Betreut von / Supervisor:

Mag. Dr. Gertrude Saxinger

Abstract

The present master thesis is settled in the context of the COVID-19 pandemic in Austria. The COVID-19 vaccination and its polarizing character is thereby from special interest in the context of my research. Through the immense impact of the COVID-19 vaccination on ending the pandemic, the question of getting vaccinated against COVID-19 or not became a heated societal and political issue, as people either appreciated the vaccination as a way out of the pandemic or rejected the vaccination out of mistrust because of its fast production and admission procedure. This led to tensions inside society around the opposition or support of the COVID-19 vaccination.

My research interest was inspired by current research which states that through the heated societal and political debate around the COVID-19 vaccination, people developed a social identity around their COVID-19 vaccination status. Such an identification with one's COVID-19 vaccination status further increases societal divide and with that also influences the relationship between people and politics.

My aim is to contribute to this rather new field of research which connects social identities to a person's COVID-19 vaccination status and to societal divide with the present master thesis.

Hence, I ask the following research question: „What does the perception of the societal divide during the COVID-19 pandemic associated with a person's COVID-19 vaccination status mean for the relationship between people and politics in Austria during the COVID-19 pandemic in the years of March 2020 to December 2021?“

My research is thereby based on the study *“Solidarity in times of a pandemic – what do people do and why?“* (SolPan), which was conducted amongst others by the University of Vienna.

Based on the data collected in this study through qualitative in-depth interviews, I aim to answer the afore stated research question.

Subsequently, I am interrelating various theoretical concepts dealing with the concept of “social identities” to use this concepts as a “lens” to interpret the collected empirical material. For analysing the empirical data, in my case interview transcripts from the qualitative interviews, I use the Constructivist Grounded Theory method by Kathy Charmaz (2014).

As it turns out, people perceive societal divide and the forming of (social) groups around a person's COVID-19 vaccination status. Societal divide is for example observable when the participants of the above-mentioned study partially harshly criticized unvaccinated people for not being vaccinated against COVID-19. Often, unvaccinated people are assumed to be automatically political right-wing supporters. As unvaccinated individuals strongly reject such accusations and for their part complain about being discriminated because of their personal decision to not get vaccinated against COVID-19, it shows that (sometimes) a social identity around a person's COVID-19 vaccination status is attributed to someone rather than the person develops a social identity around his or her COVID-19 vaccination status by him/herself. Overall, the interviewees clearly refused societal divide and expressed their fear of societal and political polarization. Politics is hereby often blamed for fueling societal divide. My findings show that especially the relationship between people and the government suffered through the issue of societal divide around a person's COVID-19 vaccination status.

Kurzfassung

Die vorliegende Masterarbeit ist im Kontext der COVID-19 Pandemie in Österreich angesiedelt. Die COVID-19 Impfung und ihr polarisierender Charakter ist dabei von besonderem Interesse im Kontext meiner Forschung. Durch ihren immensen Einfluss auf die Bekämpfung der Pandemie, führte die Entscheidung eines einzelnen für beziehungsweise gegen die COVID-19 Impfung zu einer hitzigen Debatte innerhalb der Gesellschaft und der Politik. Während einige die COVID-19 Impfung dankbar als einen Weg heraus aus der Pandemie annahmen, misstrauten andere der Impfung aufgrund ihres schnellen Entwicklungs- und Zulassungsverfahrens. Dies führte zu Spannungen innerhalb der Gesellschaft zwischen Befürwortern und Gegnern der COVID-19 Impfung.

Mein Forschungsinteresse ist inspiriert durch aktuelle Forschung, welche nahelegt, dass die hitzige Debatte rund um die Impfung dazu geführt hat, dass Menschen sich nun aktiv mit ihrem COVID-19 Impfstatus identifizieren. Eine solche Identifikation führt wiederum zu einer weiteren Spaltung der Gesellschaft. Eine solche Spaltung wirkt sich wiederum auf die Beziehung zwischen Menschen und der Politik aus.

Das Ziel dieser Masterarbeit ist es, weiter zu diesem neuen Forschungsfeld, welches soziale Identitäten mit dem COVID-19 Impfstatus einer Person und der damit einhergehenden Spaltung der Gesellschaft in Verbindung setzt, beizutragen.

Daher lautet meine Forschungsfrage wie folgt: „Was bedeutet die Wahrnehmung der gesellschaftlichen Spaltung während der COVID-19 Pandemie rund um den Impfstaus einer Person für die Beziehung zwischen Menschen und der Politik in Österreich während der COVID-19 Pandemie zwischen März 2020 und Dezember 2021?“

Meine Forschung basiert hierbei auf der Studie “Solidarity in times of a pandemic – what do people do and why?” (SolPan), welche unter anderem von der Universität Wien durchgeführt wurde.

Basierend auf den Daten der Studie, welche durch qualitative Tiefeninterviews erhoben wurden, beantworte ich die zuvor gestellte Forschungsfrage.

Zusätzlich ziehe ich verschiedene theoretische Konzepte heran, welche sich alle mit dem Konzept von sozialen Identitäten befassen. Ich verwende diese theoretischen Einsichten als

„Linse“ um die empirischen Daten zu interpretieren. Zur Analyse der Daten, in meinem Fall Interviewtranskripte der geführten qualitativen Interviews, verwende ich die sogenannte „Constructivist Grounded Theory“ Methode, welche von Kathy Charmaz (2014) entwickelt wurde.

Wie sich zeigt, nehmen Menschen in der Tat eine gesellschaftliche Spaltung innerhalb der Gesellschaft sowie Gruppenbildung bezüglich des COVID-19 Impfstatus einer Person wahr. Eine solche Spaltung zeigt sich beispielsweise dadurch, dass geimpfte Personen ungeimpfte Personen zum Teil harsch kritisieren. Ungeimpfte Personen werden teilweise automatisch dem rechten politischen Lager zugeordnet. Ungeimpfte Personen weisen eine solche Zuweisung klar zurück. Dadurch zeigt sich, dass zu weilen eine Person weniger eine soziale Identität rund um ihren COVID-19 Impfstatus aufbaut, sondern dass ihr eher eine soziale Identität aufgrund ihres Impfstatus zugewiesen wird. Im Allgemeinen zeigt sich, dass Menschen eine soziale Spaltung ablehnen und gesellschaftliche und politische Polarisierung fürchten. Die Menschen machen hierbei häufig die Politik dafür verantwortlich, dass sie eine gesellschaftliche Spaltung weiter befeuern würde. Meine Ergebnisse zeigen, dass vor Allem die Beziehung zwischen Menschen und der Regierung unter der Problematik der gesellschaftlichen Spaltung rum und den COVID-19 Impfstatus einer Person leidet.

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1. Introduction

1.1 Research Problem

For the last three years, the world was held in suspense by the COVID-19 pandemic. Not only countries with relatively weak economies and poor health care systems, but also relatively wealthy countries like those in Western Europe or the United States were hit hard by the pandemic. Next to millions of people dying from the COVID-19 virus or suffering severe consequential damages after an infection with the COVID-19 virus, the pandemic also caused serious mental encumbrance for many people. This was not only due to people simply fearing an infection with the virus for themselves or their loved ones, but also various governmental policies to fight the pandemic caused psychological damage to many people, as for example contact restrictions or lockdowns of various degrees made it impossible for many people to even see their families or closest friends.

As at the beginning of the pandemic a sense of “we spirit” in fighting the pandemic collectively could be observed, the more the pandemic progressed, the more people started questioning the governmental restriction measures (Abrams et al., 2021). This led to an increased political and societal polarization between supporters and opponents of the various COVID-19 protection measures (Wagner & Eberl, 2022).

Even though there are still occasional outbreaks in some parts of the world, as of now it seems that the COVID-19 pandemic is finally under control. This can be amongst other things especially credited to the development and the distribution of effective vaccines against the COVID-19 virus.

But the COVID-19 vaccination was not welcomed by everyone either. As there is a long history of vaccine hesitancy especially in Western Europe (Kieslich, 2020), the extremely fast development and admission procedure of the different COVID-19 vaccines led many vaccine-sceptic people, and people who had not been so far, to be suspicious of the newly developed COVID-19 vaccines (Paul et al., 2022). This scepticism went as far as people went on the streets to protest the COVID-19 vaccination and the COVID-19 protection measures in general (Forsyth, 2020).

On the contrary, also many people set high hopes in the COVID-19 vaccination to finally end the pandemic (Fiske et al., 2022). Also, there was wide scientific consensus about the importance and effectiveness of the COVID-19 vaccination (Wagner & Eberl, 2022).

Being in favor or against vaccination took on a different meaning during the COVID-19 pandemic, as most people, at least the one's living in liberal democracies in relatively wealthy countries, seldomly experienced the incisions brought by the COVID-19 pandemic in their lives before.

Current research suggests that this led people to oppose each other in the form of vaccinated versus unvaccinated individuals (Wagner & Eberl, 2022).

This master thesis is settled in the context of the COVID-19 vaccination and its polarizing character in Austria in the years of March 2020 to December 2021. It builds up on the qualitative study *"Solidarity in times of a pandemic – what do people do and why?"* (SolPan), conducted amongst others by the University of Vienna. The study will be described in more detail in chapter four. The data collected in this study through semi-structured, qualitative in-depth interviews with people living in Austria display peoples' feelings, behaviour, and attitudes towards governmental policies during the COVID-19 crises and the COVID-19 pandemic in general. The present master thesis hereby focuses especially on the COVID-19 vaccination.

The above shortly scribbled conflict between vaccinated and unvaccinated people in Austria will be from further interest in my research.

One might, partly right, assume that vaccinated people would criticize unvaccinated people because everyone should get vaccinated against COVID-19 to stop the pandemic and in return, unvaccinated people would criticize vaccinated people for blindly following government recommendations about vaccines which are potentially dangerous and simply do not work well or at all. But there is, as I will show later, more behind that.

Sometimes, people are not simply vaccinated or not, but, as Wagner and Eberl (2022) point out, people actively identify as being vaccinated or not. That is to say that someone's COVID-19 vaccination status can be a (significant) part of a person's (social) identity. The phenomenon that people actively identify themselves with their COVID-19 vaccination status is also described by Henkel et al. (2022).

Henkel et al. (2022), furthermore attribute an individual's vaccination status a high importance for increasing societal conflict between vaccinated and unvaccinated people.

Even before the first vaccines against the COVID-19 virus were brought to the market, there was already a heated debate inside society and politics about the various protection measures to contain the flow of the COVID-19 virus. Such debates already partly split society in supporters and opponents of the governmental COVID-19 protection measures.

With the emergence of the first vaccines against COVID-19, this polarization further increased. Supporters and opponents of the COVID-19 protection measures became supporters or opponents of the COVID-19 vaccination.

For example, the data presented in this master thesis (see chapter five) reveal that people in Austria see getting vaccinated against COVID-19, amongst other things, as an act of solidarity towards society. This in return would implicate that someone who is not willing to get vaccinated against COVID-19 is perceived as someone who does not care about his or her fellow human beings. The unvaccinated, "selfish" person stands in contrast to the "solidaric", vaccinated person.

As current research, which will be depicted in further detail in chapter three, states, this led to the development of social groups of people who are willing to get vaccinated and those who are not (Wagner & Eberl, 2022).

People who associate themselves with these groups are likely to develop a (strong) social identity ("I am vaccinated against COVID-19") around the belonging to one of the groups.

Tensions between groups of vaccinated and unvaccinated (against COVID-19) people caused, as I will depict in chapter five and six of the present master thesis, societal divide around a person's COVID-19 vaccination status in Austria during the COVID-19 pandemic.

Such (social) behavior can be, at least to a certain degree, explained by the "Social Identity Theory" (SIT), first developed by the social psychologists Henry Tajfel and John Turner in the 1970s. This theoretical concept dealing with the question of how people develop their social identities around the belonging to social groups, was applied by Dominik Abrams (2021) in the context of how people developed social identities around their COVID-19 vaccination status (Abrams et al, 2021).

However, there are several other theoretical concepts and approaches which deal with social identities, namely “identity politics”, the aspects of “intersectionality and multiple and overlapping identities”, as well as the theoretical concept of “Othering”.

I consider all of them important to discuss as they can complement the “Social Identity Theory” by Tajfel and Turner (1979) and help to explain the phenomenon of social identities around a person’s COVID-19 vaccination status and how a person’s COVID-19 vaccination can lead to societal divide.

1.2 Research Aim

Exploring the phenomenon of people developing a social identity specifically around their COVID-19 vaccination status is a rather new, small, and specific field of research, which I think can deliver quite promising explanations for societal (and political) divide during the COVID-19 pandemic in Austria. This is why I want to contribute to this new field of study with the present master thesis.

Through conducting and analyzing qualitative interviews, I aim to depict peoples’ perceptions about societal divide associated with a person’s COVID-19 vaccination status and find out what this means for the relationship between people and politics during the COVID-19 pandemic in Austria.

For analyzing my empirical material, I use the before mentioned theoretical concepts as a “lens” to look at my data.

1.3 Research Question

Therefore, the research question of the present master thesis is as follows:

„What does the perception of the societal divide during the COVID-19 pandemic associated with a person’s COVID-19 vaccination status mean for the relationship between people and politics in Austria during the COVID-19 pandemic in the years of March 2020 to December 2021?“

1.4 Structure and Outlook

To answer this research question, this master thesis will proceed as follows.

Chapter two aims to present the thematic background of the wider context of my research. First, it includes a rather short section about the “timeline” of the COVID-19 vaccination in

Austria, that is when was which COVID-19 vaccine approved and when and how many people got vaccinated with the respective COVID-19 vaccine. The polarizing character of the COVID-19 vaccination was made clear above. This polarization inside society and politics was brought to the top when, in autumn 2021, the Austrian parliament announced a general COVID-19 vaccine mandate for the beginning of the year 2022. This vaccine mandate, which was never carried out in practice, and especially the political consequences of this announcement are depicted in chapter two as well.

Chapter three constitutes the theoretical background of the present master thesis. Here, the above-mentioned theoretical concepts are depicted in more detail. Before, there are two more sub-chapters included in the chapter which aim to create a better understanding of the COVID-19 vaccination issue in general. First, I will present current research which deals with the reasons why people get vaccinated against COVID-19 or not. Afterwards, I depict the dispute around vaccines in space and time, as already before the COVID-19 pandemic, vaccines were a heated debated issue.

The methodological procedure to analyse the empirical material, in my case interview transcripts from the interviews conducted during the SolPan study, will be presented in chapter four.

I consider the Constructivist Grounded Theory approach by Kathy Charmaz (2014) especially suitable for the analysis of my data.

Through applying the Constructivist Grounded Theory approach on the collected data, different codes were worked out which are then summarized in in total six categories. These codes and categories will help to structure the empirical part and capture the meanings beyond the participants' statements.

Chapter four also depicts the "technical" aspects of my research, meaning a description of the data and how the data were collected. In the end of the chapter, I will also reflect on possible limitations of my research as well as on ethical questions which had to be considered during the research process.

In the empirical part of the present master thesis, I will then present the analyzed data.

Next, these empirical data will "engage in a discussion" with the theoretical concepts concerning social identities. I will put the theories' explanations for societal divide in contrast

to my own data. Through this “comparison”, I will work out my own findings to answer the research question of the present master thesis.

As it turns out, people perceive societal divide and the forming of (social) groups around a person’s COVID-19 vaccination status. Societal divide is for example observable when the participants of the above-mentioned study partially harshly criticized unvaccinated people for not being vaccinated against COVID-19. Often, unvaccinated people are assumed to be automatically political right-wing supporters. As unvaccinated individuals strongly reject such accusations and for their part complain about being discriminated because of their personal decision to not get vaccinated against COVID-19, it shows that (sometimes) a (social) identity is attributed to someone rather than the person develops a social identity by him or herself. Overall, the interviewees clearly refused societal divide and expressed their fear of societal and political polarization. Politics is hereby often blamed for fueling societal divide. My findings show that especially the relationship between people and the government suffered through the issue of societal divide around a person’s COVID-19 vaccination status.

2. Thematic Background

The following chapter aims to give a rather descriptive background of the political and societal situation concerning the COVID-19 vaccination in Austria. In doing so, I will briefly depict a timeline about the admission procedure and the rollout of the different COVID-19 vaccines. The other two sub-chapters are situated on a more political level. Austria was the first and only country in the European Union (Imwinkelried, 2023) to come up with a mandatory vaccination against the COVID-19 virus. Even though the vaccine mandate never entered into force, it caused huge uproars all over Austria. The announcement of the vaccine mandate did not only further fuel societal polarization, but also changed the political landscape as not only the FPÖ but especially the newly founded MFG (Humans – Freedom – Basic Rights) benefited highly from peoples’ fears over a possible mandatory vaccination against COVID-19.

2.1 The COVID-19 vaccination in Austria

The BioNTech/Pfizer vaccine was the first COVID-19 vaccine which was approved by the European Medicines Agency (EMA) on December 21st, 2020. The COVID-19 vaccines from Moderna and Johnson & Johnson were authorized on January 6th and March 11th, 2021. Due

to safety concerns, the AstraZeneca vaccine only accounted for 7,1 percent of all doses given in Austria until September 2021, while the Johnson & Johnson vaccine was even used less and accounted only for 2,6 percent of all given doses (Desson et al., 2022).

According to Desson et al. (2022), Austria was particularly successful in distributing the COVID-19 vaccines to its citizens at first, but even though there was a huge initial pressure by the public for a fast vaccine rollout, the vaccination uptake in the country had stagnated by August 2021.

Just like in the neighbouring country Germany, the vaccination rate rose after the vaccination prioritization rules had been lifted by May 2021, but plateaued with under 60 percent of the population being fully vaccinated by the end of August 2021 (Desson et al., 2022).

Desson et al. (2022) assume that this stagnation might be due to a prevalent vaccine hesitancy in Austria. Even though the deployment of the vaccines was overall a success, vaccine hesitancy slowed down the vaccination process which led Austria to fall behind its European counterparts concerning the vaccination coverage against COVID-19 (Desson et al., 2022).

2.2 The COVID-19 vaccine mandate in Austria

“Despite scientific consensus regarding the dangers of SARS-CoV-2 as well as the safety and effectiveness of available vaccines, public response to the COVID-19 pandemic has become increasingly politicized” (Wagner & Eberl, 2022). This polarization increased when in late 2021, a vaccine mandate against COVID-19 was proclaimed in Austria.

Even though for a long time it was said to be not an option, on November 19th, 2021, the Austrian government announced that there would be a mandatory vaccination against COVID-19 in Austria. On February 3rd, 2022, the Austrian parliament approved this vaccine mandate by a huge majority for all residents older than 18 years (Czech & Druml, 2022).

The announcement of the vaccine mandate caused huge protests all over Austria. For example, on December 11th, 2021, around 15,000 people gathered in Vienna to protest the COVID-19 protection measures and the COVID-19 vaccine mandate. Afterwards, around 44,000 people were involved in a protest march through the city (Theil, 2021).

Here it becomes visible that societal and political aspects of the COVID-19 vaccination are heavily intertwined. This can for instance be observed when Herbert Kickl, the leader of the populist right-wing party Austrian Freedom Party (FPÖ), performed as a speaker in front of the demonstrators calling upon them to resist against the COVID-19 protection measures and the vaccine mandate against COVID-19. According to him, the indefinite lockdown only for unvaccinated people would be an “assault on humanity” (Herbert Kickl, 2021, quoted in Theil, 2021) from a government acting “sadistic” (Herbert Kickl, 2021, quoted in Theil, 2021).

In their paper *“The unintended consequences of COVID-19 vaccine policy: why mandates, passports and restrictions may cause more harm than good”*, Bardosh et al. (2022) strongly argue against vaccine mandates and restrictions based on an individual’s (COVID-19) vaccination status. Next to the possible harming of basic rights, such policies would further promote societal polarization. According to Bardosh et al. (2022), vaccine policies all over the world would have a damaging effect on for example vaccine confidence, public trust, or political polarization (Bardosh et al., 2022).

Already before the vaccine mandate against COVID-19 and even before the pandemic itself, Betsch and Böhm (2016) warned that the politicization of the vaccination issue would not be solved through vaccine mandates. Moreover, it could cause further resistance especially by conspiracy theorists and populist party voters (Betsch & Böhm, 2016).

2.3 Political and societal consequences in Austria

At the beginning of the COVID-19 pandemic in the early months of 2020, a rise in solidaric behaviour could be observed at first (Abrams et al., 2021). But this changed as the pandemic persisted. As it became clear that the governmental responses against COVID-19 did not bring back normality, the unity of state and society crumbled as people started questioning the COVID-19 protection measures and the government's competence to cope with the pandemic. This caused societal fault lines to emerge and, in the case of Austria, gave rise to populist political parties (Abrams et al., 2021). This basically means that the strong restriction rules to contain the flow of the COVID-19 virus were accepted at first but lead to increased polarization as the pandemic persisted.

Scepticism towards the COVID-19 vaccination and COVID-19 in general was particularly high among voters of the FPÖ and the MFG. In general, rising support for populist political parties

also goes along with mistrust towards (government) institutions (Ahrendt et al., 2021). In the case of Austria, this can for example be observed in a European-wide survey, as between spring 2020 and 2021, Austria had the biggest loss of trust in societal institutions in all EU member states (Eurobarometer, 2021). Also, Austria was among the countries to be most sceptical towards science (Eurobarometer, 2021).

A connection between political orientation and vaccine hesitancy can be also observed as the vaccination rate in Austria differs according to the different federal states. While the highest vaccination rate was in Burgenland with 67,2 percent, the lowest vaccination rate was in Upper Austria with 54,8 percent (Desson et. al, 2022). This can be also traced back to political orientation. As Desson et al. (2022) state "... there are clear correlations between support for the most right-leaning political parties in the region and lower vaccination rates; those parties being ... the Austrian Freedom Party (FPÖ)" (Desson et al., 2022).

That there is a connection between populist political parties and vaccine hesitancy was already discussed in scientific literature before the COVID-19 pandemic. Jonathan Kennedy's (2019) paper, *"Populist politics and vaccine hesitancy in Western Europe: an analysis of national-level data about vaccine hesitancy"*, indicates a link between populist political parties and vaccine hesitancy. According to Kennedy (2019), vaccine hesitancy follows similar patterns as the claims of populist political parties, namely "a profound distrust in elites and experts among disenfranchised and marginalized people" (Kennedy, 2019).

Similar claims are also made by Dr. Katharina Kieslich. In an interview given in "Die Presse" (2020), Kieslich reported about the relationship between (right-wing) populism and vaccination. (Populist) politicians would specifically focus on the issue of mandatory vaccination. For populist political parties, the vaccination topic perfectly fits in their "we against them" (the ordinary people versus the government/elites) narrative.

Dr. Katharina Paul was also quoted in the same article saying that now there is a "moralizing discourse about vaccinated and unvaccinated" (Katharina Paul, 2020, quoted in Die Presse, 2020). According to one of those categories, persons are awarded with certain moral values (Die Presse, 2020). This in return can lead to social exclusion of unvaccinated citizens who are then driven in the arms of populist political parties.

According to Eberl et al. (2021), there is indeed a connection between right-wing populism, conspiracy theories and vaccine hesitancy. While a person's level of education does not make such a huge impact here, trust respectively mistrust in institutions is of more importance. To quote Eberl, "more conspiracy theorists and vaccination sceptics are found in the FPÖ voter spectrum" (J.M. Eberl, 2020, quoted in Die Presse, 2020). Concerning the negligible aspect of one's level of education, Desson et al. (2022) carried out research in Austria with a different result, which points out that there is indeed an association between higher education and higher vaccination rates (Desson et al., 2022). This again shows the complexity of the vaccination topic, which makes it particularly interesting for populist political parties as it can be broken down to a simple "we against them" narrative through appealing to the peoples' fears. Populist party leaders for example simplified the pandemic and acted as a source of misinformation (Eberl et al., 2021).

I could also observe this phenomenon in a previous seminar paper of mine concerning vaccine hesitancy and the way political parties deal with the so-called "anti-vaxxers" and their protests in Austria. Here it became, once again, visible that especially parties on the political right (FPÖ, MFG) use the topic of the COVID-19 vaccination to gain voter support (Kraus, 2022). Next to blaming the COVID-19 vaccines to be (potentially) dangerous, those parties appeal to the people by accusing the current government to be undemocratic by taking away the peoples' basic rights, for example through the (in the end not implemented) mandatory vaccination against COVID-19. Especially the MFG was remarkably successful in using the vaccination topic as this political party was just founded during the COVID-19 pandemic on the second of February 2021, but achieving 17 percent of votes from the stand in a local election in Waidhofen an der Ybbs in Lower Austria in January 2022 (Online Fokus, 2022). Such a success of a (populist) right-wing party which mainly focused on opposing the COVID-19 vaccination and the COVID-19 protection measures shows again the potential of the vaccination issue to have a deep and long-lasting effect on Austrian society, also on a political level.

Through its appearance and remarkably fast success in less than a year from its foundation, the MFG appears to be an astonishing example for the impact of the COVID-19 vaccination on the political landscape as well as on societal divide in Austria, for why I consider it suitable to include this example in this sub-chapter.

The MFG designated themselves as a “vaccination-compulsion opponent”. The success of the party is, as mentioned before, closely connected to opposing the COVID-19 vaccination. Weiser (2021) described the MFG as a „state sceptic” (Weiser, 2021) political party which next to the government and politics in general also distrusts the media. Such a political party being that successful hints at the problem of serious tensions in the relationship between people and politics in Austria. Weiser (2021) also criticizes governmental mistakes that helped the MFG to grow stronger. Especially at the beginning of the pandemic, the legal situation concerning the restriction rules was not very clear. Fittingly, Michael Brunner, founder of the MFG, is a lawyer who opposed the government's COVID-19 protection measures already in 2020, even before the party itself was founded. As a member of “lawyers for enlightenment”, Brunner legally helped parents to avoid their children to wear masks in schools (Weiser, 2021). A political party evolving through a sheer social resistance against the COVID-19 policies further gives evidence to the dividing character of the COVID-19 pandemic in general and of the COVID-19 vaccination specifically. It also must be acknowledged that, as one might assume, not only conservative or right-wing supporters changed to vote for the MFG, but that the MFG also took votes from other political parties from all over the political spectrum. What is puzzling is that the party who lost the most votes to the MFG was the Green party (Weiser, 2021).

The MFG gained 6,2 percent of votes during the state election in September 2021, while the party even achieved 17,1 percent of votes in a municipal council election in Waidhofen an der Ybbs in Lower Austria (Huber, 2022). This directly had consequences on the way the government had planned to deal with the COVID-19 vaccination. Some members of the Austrian parliament, even though it was just decided on their initiative, started to distance themselves from the newly announced vaccine mandate to hinder the MFG to get even more successful (Huber, 2022). It is not surprising that the MFG was particularly successful in Waidhofen an der Ybbs. Vaccine hesitancy and low vaccination rates are prevalent in this region and the displeasure of the people against the vaccine mandate certainly helped the MFG. In general, it can be said that established political parties in Austria were facing huge problems through the COVID-19 pandemic.

3. Theoretical Background

With my research aim to contribute to the research field of people developing a social identity around their COVID-19 vaccination status and how this leads to societal divide around a person's COVID-19 vaccination status (in Austria).

As my research focuses on social identities specifically in the context of the COVID-19 vaccination, this chapter first presents peoples' attitudes towards the COVID-19 vaccination and their reasons for and against getting vaccinated. Societal and political polarization around vaccines is nevertheless not a phenomenon which can be only observed during the COVID-19 pandemic, but even before the pandemic vaccines were a heated debated societal and political issue. This is why sub-chapter 3.2 will deal with societal and political disputes of vaccines in space and time.

3.1 Attitudes towards the COVID-19 vaccination

Motives against the COVID-19 vaccination

According to Markovitz and Russo (2020), the most common doubts concerning a COVID-19 vaccination are the fear of possible side effects and the aspect that clinical trials are moving too fast (Markovitz & Russo, 2020). Among the European participants in Fiske et al.'s (2022) study *"The COVID-19 Vaccine: Trust, doubt, and hope for a future beyond the pandemic in Germany"*, (potential) side effects of the COVID-19 vaccines were mentioned as the biggest concern as well. Another reason for rejecting the COVID-19 vaccination was that participants did not weight the danger of catching COVID-19 higher than the potential side effects of the COVID-19 vaccines, as they mentioned they were healthy anyway (Fiske et al., 2022). While exploring the factors for COVID-19 vaccine hesitancy, Stamm et al. (2022) also found that confidence in one's own immune system is a factor for being against the COVID-19 vaccination. Next to trust in their own immune system, vaccine hesitant people also tended to prefer alternative medicine like homeopathy over conventional medicine to deal with COVID-19. Stamm et al. (2022) in addition state that pre-existing medical conditions led to people being sceptical towards the COVID-19 vaccines. This aspect is closely connected with the fear of possible side effects and another aspect, which can be found all over the current state of research, namely that people are uncertain about the fast development of the COVID-19 vaccines. This concern could for instance be observed by Paul et al. (2022) in their

qualitative study *“Anticipating hopes, fears and expectations towards COVID-19 vaccines: A qualitative interview study in seven European countries”*. Next to the fast development of the COVID-19 vaccines, their fast admission procedure also raised doubts about the safety and the effectiveness of the COVID-19 vaccination.

Mistrust in scientific experts and in politics is a factor prevalent in the context of COVID-19 vaccine hesitancy. Kohler and Koinig (2022) state that the COVID-19 pandemic once again has shown that an individual’s vaccination decision can be shaped by political ideologies and anti-vaccination narratives of populist political parties (Kohler & Koinig, 2022). In this context, populist (political) messages are not only spread against the government but also against science and scientific experts.

Already before the COVID-19 pandemic, Kennedy (2019) stated that “a profound distrust in elites and experts” (Kennedy, 2019) among marginalized segments of the population, is the common denominator of political populism and scepticism towards scientific findings which results in vaccine hesitancy.

In Austria, for instance, one reason for vaccine hesitancy against the COVID-19 vaccination inside the population is named to be the government’s misleading communication during the COVID-19 pandemic. For example, the former Chancellor’s (Sebastian Kurz) remarks in June 2020 that the health consequences of the pandemic were over (Desson et al., 2022) or the claim in July 2021, that “the vaccine has made the pandemic a “private matter” (Sebastian Kurz, 2021, quoted in Desson et al. 2022). As this in the end certainly was not the case, the misleading communication raising false hopes for the citizens only strengthened the narrative about a government which cannot be trusted.

In the Austrian context, Desson et al. (2022) argue that another reason for vaccine hesitancy may lie in Austria’s historical legacy “as the collective national memories of state surveillance and disrespect for the principle of bodily autonomy arising out of the Nazi era... (are aspects) to influence individual attitudes and trust towards government action” (Desson et al., 2022).

Motives in favor of the COVID-19 vaccination

Paul et al.'s (2022) findings show that in their COVID-19 vaccination decision, people are driven not only by personal but also by communal interests (Paul et al., 2022). Here, individual, (political) and societal motives for being in favor of the COVID-19 vaccination are intertwined with each other. Concerning vaccines in general, Shapiro et al. (2018) argue "that a sense of collective responsibility and a sense of community may increase one's willingness to protect others by means of getting vaccinated" (Shapiro et al., 2018). Reasons in favor of getting vaccinated against COVID-19 were foremost to tackle the pandemic and to protect others. Even though being protected against the COVID-19 virus was important for people as well, the wish to not infect others and the desire to finally be free from the COVID-19 restrictions were even more important motivational factors for getting vaccinated. To get back to a life as it was before the pandemic, some participants in Fiske et al.'s (2022) study even stated the readiness to receive a COVID-19 vaccination even though they did not want to get vaccinated. It needs to be mentioned that people hesitant to the COVID-19 vaccines clearly separated themselves from the anti-vaxxer-movement(s) (Fiske et al., 2022). Trust respectively distrust in institutions is an important factor for vaccine hesitancy, as well. Paul et al. (2022) state that there are clear findings concerning for example the correlation between trust in institutions and the support for mandatory vaccination (Paul et al., 2022). Such findings are also present in research concerning vaccines even before the COVID-19 pandemic started (Fowler & Gollust, 2015, Kaplan et al., 2011).

3.2 Societal dispute of vaccines in space and time

Importance of vaccines

Although vaccines are, next to clean water, even more important for mortality reduction than antibiotics or improved nutrition (Plotkin et al., 2018), the World Health Organization (WHO) listed vaccine hesitancy as one of the top ten major threats for global health already in 2019 (WHO, 2019). This is also stated by Kieslich (2018), as even before the COVID-19 pandemic, vaccine hesitancy was identified as one of the main factors for falling vaccination rates in Europe (Kieslich, 2018, European Commission, 2018).

The Centres for Disease Control and Prevention (CDC) (2013) also acknowledged the overwhelming success of vaccines, which is endangered by the problem of rising vaccine

hesitancy. For instance, vaccination was credited “with the elimination of poliomyelitis in the Americas and the worldwide eradication of smallpox” (CDC, 2013).

To achieve such a success, vaccination relies on high vaccination uptake as vaccines do not only directly protect a vaccinated individual but also “induce indirect protection for the overall community, or herd immunity, by slowing transmission of VPD(s) (Vaccine-Preventable Disease(s)), thereby decreasing the risk of infection among those who remain susceptible in the community” (Fine et al., 2011). This can also be described by the term “herd immunity” which can be defined as „the resistance of a group to attack by a disease because of the immunity of a large proportion of the members and the consequent lessening of the likelihood of an affected individual coming into contact with a susceptible individual” (John & Samuel, 2000).

Despite the not to be denied positive impact of vaccines on public health, some people still reject vaccines which imperils the success of vaccination campaigns. According to the CDC (2013), vaccine hesitancy can be made responsible for decreasing vaccination rates which then increases the risk of vaccine-preventable disease outbreaks and epidemics (CDC, 2013).

However, as it can be seen in Geelen et al. (2016) and Yaqub et al. (2014), “most individuals do not categorically reject vaccines but are hesitant and uncertain” (Paul et al., 2022). A claim that can be found all over the current state of research and in the later discussed data.

Definition of vaccine hesitancy

When it comes to the discussion about how to define vaccine hesitancy, several scholars have developed different concepts to capture this term. To depict all those different models would go beyond the scope of this sub-section, what is important here is, as Dubé et al. (2013) argue, that “these models are often rooted in individual studies and because of the complex interaction of different social, cultural, political and personal factors in vaccine decision, it is hard to have a clear picture of the range of possible attitudes about vaccination” (Dubé et al., 2013).

While Velan (2011) for example defines vaccine hesitancy as a “reflection and deliberation about the benefits of specific vaccines” (Velan, 2011), Rees and Madhi (2011) for instance refer to vaccine hesitancy in the context of parental decisions about getting their children vaccinated or not. Here, vaccine hesitancy can for example refer to a “lack of parental knowledge” (Rees & Madhi, 2011).

Another important aspect for the discussion about how to define vaccine hesitancy is the fact that vaccine hesitancy does not equal vaccine uptake. As the word “hesitant” itself already states, being vaccine hesitant does not necessarily mean that one is completely against vaccination. Dubé et al. (2013) state that people may have doubts about vaccines but still get vaccinated or that individuals completely appreciate one vaccine but mistrust another one. Hereby, people tend to be sometimes more sceptical towards newer vaccines.

As vaccine hesitancy is therefore hard to summarize in one single definition, Mac Donald and the SAGE Working Group on Vaccine hesitancy (2015) still deliver a quite precise and widely acknowledged definition. According to them, vaccine hesitancy can be defined as a “delay in acceptance or refusal of vaccination despite availability of vaccination services” (Mac Donald & SAGE Working Group on Vaccine hesitancy, 2015).

As mentioned above, being vaccine hesitant does not necessarily mean that one categorically rejects vaccines. While exploring the reasons for vaccine hesitant behaviour it is therefore important to distinguish between those people who have reservations about vaccines and those who actively spread conspiracy theories about allegedly horrible side effects of vaccines. It would be therefore wrong to assume that there is just one homogenous group of “anti-vaxxers”. Reasons for vaccination scepticism are diverse (Luyten et al., 2014) and so are vaccine hesitant people.

During the process of analysing and summarizing the state-of-the-art research on vaccine hesitancy, it becomes clear that reasons for vaccine hesitancy are indeed diverse, but however they are dynamically connected with each other.

According to Kieslich (2020), vaccine hesitancy is not a phenomenon which occurred in recent years. For example, there were already mass mobilizations in the year 1835 when a mandatory vaccination against smallpox was introduced in the United Kingdom (Kreye, 2021). Just as Dubé et al. (2013), Kieslich (2020) described vaccination as one of the „greatest medical and public health achievements” (Kieslich, 2020). This leads to one reason for vaccine hesitancy which might sound paradoxical at the beginning. According to Kata (2010), vaccines are “victims of their own success” (Kata, 2010). For instance, thanks to vaccination, smallpox could be eradicated in the 1980s, which in turn means that especially people in western societies usually do not get in contact with such diseases. According to Denkel et al. (2020), this is why

vaccines are seen as unnecessary and potential side effects of the vaccines are perceived as more dangerous than the disease itself (Denkel et al., 2020).

For the anthropologist and leader of the research team “Vaccine Confidence Project” at the London School of Hygiene & Tropical Medicine, Heidi Larson, vaccine hesitancy is less a controversial medical issue but more a social and cultural movement (Larson, 2020).

Next to sheer individual reasons for vaccine hesitancy as for instance doubts about the safety of vaccines, vaccine hesitancy also certainly covers a wider societal and political dimension. As Kieslich (2018) describes it, “vaccination strategies go to the heart of the relationship between people and politics” (Kieslich, 2018). According to her, the relationship between people and politics over the vaccination issue is “characterized by contestation over the credibility of scientific evidence and a distrust of citizens in public health institutions” (Kieslich, 2018). Distrust not only against politics but also against scientific experts and authorities is also stated by Kata (2010).

According to Larson (2020), such mistrust is not a new phenomenon but was always a reason for vaccine hesitant behaviour (Kreye, 2021). This can go as far as conspiracy theories about a connection between the pharma industry, scientists and the government are also prevalent reasons for people to be sceptical towards vaccines (Kieslich, 2018). Such theories as well as safety concerns about vaccines are also taken up by Anti-Establishment political parties (Kieslich, 2020), which lifts the issue of vaccine hesitancy on a political level.

According to Kreye (2021), rumours and conspiracies about vaccines always had the critical potential to harm vaccination campaigns. With the emergence of the internet and specifically the increasing use of social media platforms, the spread of vaccine rumours took on new forms. This is why Kata (2010) also described the internet as a „Postmodern Pandora’s box” (Kata, 2010) in the context of vaccine hesitancy. Anti-vaccination movements now have the possibility to spread false information about vaccines extremely fast and for a wide audience (Kreye, 2021).

Such information spread against vaccines are most of the time similar in their claims. For instance, it is asserted that vaccines simply do not work and are even dangerous (Kata, 2010), whereby anti-vaccination activists deliberately target the peoples’ emotions which is often

strengthened through the construction of a corrupt elite which would deliberately sicken people and take away their basic rights just out of sheer greed.

Such anti-vaccination movements do not necessarily have to be organized groups, which makes them different to other social movements. This also makes such groups more dangerous as they cannot heterogeneously be classified, and it is therefore hard to directly address them. For instance, people sceptical towards vaccination can also just be parents who inform themselves in social media groups where they express their doubts and feelings (Kata, 2010). Because of that, vaccination sceptical people find, next to unscientific information, many narratives which directly address them (Kieslich, 2020).

To sum up, it can be said that reasons for vaccine hesitancy concerning the COVID-19 vaccines are like the reasons for vaccine hesitancy in general.

The fear of potential side effects in combination with the perception that the vaccine preventable disease is not more dangerous than the vaccine itself is a concern expressed by people concerning vaccines in general as well as concerning specifically the new COVID-19 vaccines. Doubts in the latter are further increased by the production and an admission procedure which was way faster than it is usually with vaccines. This fact increased the position of conspiracy theorists claiming the new COVID-19 vaccines to be for instance dangerous and only to be made to oppress the ordinary people.

Vaccines always had the potential to polarize society and politics, but the character of the COVID-19 pandemic brought this polarization to a whole new level.

3.3 Social identities

As now the polarizing character of vaccines and especially of the COVID-19 vaccines was described, I aim to present the theoretical concepts concerning social identities I use to understand societal divide (during the COVID-19 pandemic in Austria) around a person's COVID-19 vaccination status.

As I will show in the end of this sub-chapter, all the here described concepts are thoroughly important for the understanding of my research.

3.3.1 The Social Identity Theory by Tajfel and Turner

The “Social Identity Theory” (SIT), first brought up by Henri Tajfel and John Turner in the 1970s, presents the first and initial concept for the constitution of the theoretical background for the present master thesis. While developing this theory, Tajfel and Turner aimed to explain intergroup behaviour, and in particular conflict between (social) groups (Tajfel & Turner, 1979).

To understand how such intergroup relations and especially conflicts between (social) groups are constituted, it is first important to have a clear idea of “social identities” in mind. Here, Abrams and Hogg (1988) deliver a quite precise definition of social identities. According to them, peoples’ social identities can be described as “their sense of self-hood defined by their group memberships” (Abrams & Hogg, 1988). In other words, people (partly) develop their social identities around the belonging to a certain social group.

These social groups heavily rely on the aspect of “intergroup comparison”, which means that social groups do and need to compare themselves to other (relevant) (out-) groups so that group members can develop and strengthen their (social) identity through demarcation to members of other (relevant) social groups (Brown, 2000).

According to Brown (2000), “the whole tenor of SIT (...) is that people engage in intergroup comparisons for strategic purposes” (Brown, 2000). Speaking about “strategic purposes”, people engage in such comparisons as they desire for their in-group to have a positive evaluation relative to the out-group (Tajfel & Turner, 1979) and with that to boost their own self-esteem (Brown, 2000). To boost one’s own self-esteem is a particular important aspect for why also “strategic purposes” should not be misunderstood.

To make this more vivid, I will present the following experiment carried out by Tajfel in the year 1970 (Tajfel, 1970). The setting of this experiment consisted of two groups of people, whereby people from both groups had the possibility to anonymously assign “money” to another person. Hereby, it did not matter if a person receiving the “money” was from the own or the other group. To describe this experiment in more detail goes beyond the scope of this section, what is of more importance here are its main findings. The participants had the chance to distribute the “money” in a way that both groups would have benefited the same way. Sometimes, it would have even been better to award “money” to a member of the other group to in the end achieve a better outcome for one’s own group or oneself. Nevertheless,

participants tended to mainly “discriminate” members of the out-group and to mostly award the “money” only to members of their own group, even though the experiment was set up in a way that participants did not have a relationship with the participants of their own or the other group. So, the people kind of refused to award “money” to the members of the out-group, even though doing otherwise would have meant more gained “money” for the own group in the end (Tajfel, 1970).

This implicates that the participants’ motives were mostly based on their “group membership”, which then shows that self-understandings (“I am a member of group A”) (sometimes) overrule self-interests (better total outcome for oneself) when it comes to specific actions.

While presenting this after all rather specific experiment, I aim to create an example for the better understanding of intergroup behavior, which will be helpful later when it comes to the empirical part of this master thesis.

In the context of the experiment’s results, the afore-mentioned intergroup comparisons (Brown, 2000) can also even carry the danger of an emergence of a conflict between different social groups. According to Tajfel (1981), (already) the identification with a distinctive group is “sufficient to cause intergroup discrimination” (Tajfel, 1981).

Differences (which can lead to conflicts) between social identities or more precise between the groups around which these social identities evolve, can also be described as “fault lines” (Chrobot-Mason et al., 2009, Lau & Murnighan, 1998). Fault lines are hereby defined as “hypothetical dividing lines that may split a group into subgroups based on one or more attributes” (Lau & Murnighan, 1998). Simon and Klandermans (2001) and Wetherell (1987) highlight that “events that make social identity particularly salient have the potential to cause groups to polarize along these faultlines” (Chrobot-Mason et al., 2009).

The COVID-19 pandemic in general and the COVID-19 vaccination specifically can quite surely be seen as representing such an event which makes social identities particularly salient. This will be further shown in the following.

The Social Identity Theory in the context of the COVID-19 vaccination in Austria

There is, although not that many, current research which specifically focuses on how people developed social identities around their COVID-19 vaccination status. This can for example be observed when people emphasized their pride in being vaccinated against COVID-19 through adding their vaccination status in their social media profiles (Wagner & Eberl, 2022).

In their paper *“Divided by the Jab: On the Nature, Origins, and Consequences of COVID-19 Vaccination Identities”*, Wagner and Eberl (2022) provide an insight of the impact of the COVID-19 vaccination on societal divide inside the Austrian society.

An identity-based polarization around one’s COVID-19 vaccination status has the potential to, at least to a certain degree, split the society as an individual now feels a strong positive social identity around its COVID-19 vaccination status which in turn leads to negative out-group stereotyping against the other group, be it vaccinated or unvaccinated people (Wagner & Eberl, 2022).

According to Wagner and Eberl (2022) and Korn et al. (2020), social identities led “to in-group favouritism and out-group prejudice”, interestingly, “showing that vaccinated individuals tend to be less generous towards the unvaccinated” (Wagner & Eberl, 2022). While the content of this statement by Wagner and Eberl (2022) is a finding of Korn et al. (2020) which refers to the fact that vaccinated people are less generous towards unvaccinated people in general, Wagner and Eberl (2022) pick up this statement regarding a person’s COVID-19 vaccination status. That people vaccinated against COVID-19 are less tolerant against people not vaccinated against COVID-19 is thereby underpinned by the research of Henkel et al. (2022). Just as well as Wagner and Eberl (2022), Henkel et al. (2022) attribute an individual’s COVID - 19 vaccination status a high importance for increasing societal conflict and with that societal divide between vaccinated and unvaccinated people.

A person’s COVID-19 vaccination status also correlates with a higher psychological reaction towards vaccination or even vaccine mandates (as proclaimed but never carried out in Austria) among unvaccinated citizens and their intention to resist such policies (Henkel et al., 2022). Henkel et al.’s (2022) findings indicate “that the strength of identifying with one’s vaccination status is an important factor in the polarization of the current debate on (the) COVID-19

vaccination” (Henkel et al., 2022). This identification furthermore has an impact on how an individual perceives the public discourse and discrimination (Henkel et al., 2022).

Wagner and Eberl’s (2022) findings do not only have wider implications for the relationship between citizens inside the society. According to them, the above-mentioned social identities are sometimes even more related to an individual’s political orientation than to a person’s vaccination decision as such. This in addition causes increased politicization and political and societal division (Wagner & Eberl, 2022).

Polarization due to a different vaccination status can change according to the current situation. Rising infection rates or “different preferences vis a-vis containment measures depending on partisanship” (Wagner & Eberl, 2022), can even increase negative out-group sentiments and other blaming which has the potential to further divide the groups. The process of developing such opposing social identities is likely to have taken place when the COVID-19 protection measures became more societal and politically dividing (Wagner & Eberl, 2022). This means that the development of social identities already took place at the early stage of the COVID-19 pandemic, whereby the COVID-19 vaccination was not the only determinant for developing a social identity in the context of the COVID-19 pandemic.

People were shaped by the values and norms of their in-groups of supporters or oppositionists of the political measures to contain the flow of the COVID-19 virus, which (negatively) affected these policies, for example keeping physical distance, wearing masks (properly) or getting tested (regularly) (Abrams et al., 2021). A social group defining itself against another group led to “blaming, shaming, and naming against those who failed to keep social distance” (Tait, 2020). Prosser et al. (2020) warned that this could lead to a split between “distancers and “non-distancers” (Prosser et al., 2020).

The COVID-19 vaccination and a person’s COVID-19 vaccination status then added another massive point of contestation to the already present societal divide.

3.3.2 Identity politics, intersectionality and multiple and overlapping identities

Identity politics

As it is now clear that a social identity around person’s COVID-19 vaccination status also covers a political dimension, the concept of “identity politics” needs to be taken into consideration.

In her paper *"Identity Politics"*, Mary Bernstein (2005) discusses several approaches to clarify what is meant when we speak about "identity politics". To discuss these approaches in detail would go beyond the scope of this sub-section, therefore this sub-section aims to depict (the) two main approaches to the definition of "identity politics" to make the concept tangible in the context of my research.

The first approach to defining identity politics is the Neo-Marxist approach. Bernstein (2005) summarizes several works from different authors which may would not classify their work (concerning "identity politics") as Neo-Marxist, still they "evoke at least one of the two key theoretical assumptions associated with Marxist and neo-Marxist theory" (Bernstein, 2005). The first important characteristic of identity politics which has its origin in the Marxist approach is that "class inequality (is) the only real source of exploitation and oppression" (Bernstein, 2005). Identity politics therefore partly rests upon the idea that some groups in society are less equal than other groups.

Logically, there are some who want to challenge these inequalities and change these structures which cause inequalities between groups inside the society.

This leads to the second main approach to understand identity politics, the New Social Movement Approach (Bernstein, 2005). This approach goes beyond the structural parameters of the Marxist approach and deals with the emergence of various social movements in the 1960s and 1970s. Next to civil rights or LGBT (at this point of time LGBTQIA+- was not used yet) movements, especially the feminist movement played an important role in shaping the term "identity politics". The term itself was first coined by black feminist Barbara Smith and the Combahee River Collective in 1974 (Garza, 2019, Combahee River Collective, 1983)

While trying to change discriminatory laws and fight for women's rights, "white women became the default standard for all women" (Garza, 2019). This was seen as problematic as racism was still embedded in society (in this case in the U.S.) (Garza, 2019), which in return meant that not all women suffered from discrimination because of their sex the same way, but that black women were discriminated because of their skin colour, too. This is where the aspect of intersectionality comes into play.

Intersectionality

In the example of black women (in the United States) one could speak for example about a “double disadvantage” (Simien, 2007).

While the term “intersectionality” was most likely introduced by Kimberlé Crenshaw (Crenshaw, 1991, 1993), Simien (2007), in her paper *“Doing Intersectionality Research: From Conceptual Issues to Practical Examples”*, quite precisely defines intersectionality as “an analytical tool that rejects the separability of identity categories, as it recognizes the heterogeneity of various race-sex groups” (Simien, 2007). That is to say that there is a “simultaneity of oppression” (Simien, 2007), meaning that, in the case of her study about African American women in the United States, oppression and discrimination must be seen in the context of the women’s race and gender (in this case black and female).

Multiple and overlapping identities

According to Deshpande (2012), every individual can have multiple identities at the same time, for example, as just stated, race and gender, but also nationality or religion can constitute an individual’s multiple identities (Deshpande, 2012). As race or nationality can be seen as inherited by birth, Scheuringer (2016) states that there is another “kind” of identity, such identities which emerge through interactions between an individual and society (Scheuringer, 2016). According to Scheuringer, “(a)n identity is (therefore) constructed and formed through contact with other individuals, groups and cultures in one’s socio-cultural environment” (Scheuringer, 2016).

In the research context of the present master thesis, Scheuringer’s (2016) definition delivers another interesting theoretical insight. As I will depict in chapter five of this master thesis, the development of one’s (social) identity through and influenced by society and its social environment is also an important aspect in my own data.

To look at the afore mentioned aspects of intersectionality and multiple and overlapping identities from a more political perspective, I aim to shortly come back to “identity politics” and depict how Brubaker and Cooper (2000) describe the use of the term “identity” in the context of identity politics.

According to them, “identity” is “used by political entrepreneurs to persuade people to understand themselves, their interests, and their predicaments in a certain way, to persuade

certain people that they are (for certain purposes) “identical” with one another and at the same time different from others, and to organize and justify collective action along certain lines” (Brubaker & Cooper, 2000).

In contrast, according to the Combahee River Collective, an American group who, from the point of view of black lesbian feminists, helped shape the discourse around multiple oppression, “the most profound and potentially most radical politics come directly out of our own identity, as opposed to working to end somebody else’s oppression” (Combahee River Collective, 1983).

That these radical politics come out of a person’s own identity, becomes interesting when looking at the way how Brubaker and Cooper (2000) describe the use of identity politics. Stating that political entrepreneurs try to “persuade” people runs contradictory to the statement that politics results out of an identity and runs contradictory to the identity politics approach which explains that the term was shaped by the emergence of social movements. This may imply the problem that the idea of identity politics is exploited by politicians to take advantage of (current) heated societal issues. Such an (exploiting) use of identity politics could already be observed in chapter two of this master thesis, where I described how (populist) right-wing political parties in Austria used populist narratives regarding the COVID-19 vaccination to gain votes. The social movements of the 1960/1970s aimed amongst other things to fight for equality and civil rights. A(n) (ab)use of standing up for the peoples’ rights can be observed nowadays when the FPÖ and the MFG in Austria presented themselves to fight against the COVID-19 policies and the COVID-19 vaccination to secure the rights of ordinary citizens.

3.3.3 “Othering”

Another theoretical concept which deals with (social) identities, at least in a wider sense, is the concept of “Othering”. According to Velho and Olalde (2016), “Othering” can always be seen as a political practice (Velho & Olalde, 2016).

Significantly shaped by Edward Said in its work “Orientalism” in 1978 (Said, 2003, orig. 1978), but first used in its name by Gayatri C. Spivak in 1985, the “Othering” approach evolved from post-colonial theory and basically describes how people are made the “Others” by attributing them to certain stereotypes. In doing so, a distinction is drawn between the “We” and the “Others”, while the “Others” are (mostly) described as inferior. “In this context, Othering is

defined as a process in which, through discursive practices, different subjects are formed, hegemonic subjects – that is, subjects in powerful social positions as well as those subjugated to these powerful conditions” (Velho & Olalde, 2016).

As mentioned at the beginning, Edward Said might be the most important scholar concerning the concept of “Othering”.

In this work (Said, 2003, orig. 1978) he "analyses the discursive practices which produce “the Orient” and “the Oriental” and positions them in a constitutive relationship with the self-image of the “West” (Velho & Olalde, 2016). Speaking about the creation of a (positive) self-image, “the theoretical and analytical core of this concept (“Othering”) consist in the constitutive “dependency” of the subject, since the construction of Self and non-Self is only possible via the reflection in the “Other” (Velho & Olalde, 2016). These arguments show remarkably similarities between the concept of “Othering” and the “Social Identity Theory” by Tajfel and Turner, for why I, once again, consider it necessary to deal with different theoretical concepts, which contain “(social) identity” as one of their main aspects.

In “Othering”, the “Others” are constructed. Hereby, it is essential to construct the “Others” as a homogenous group in a way “(t)hat which is specific or unique, which belongs to the lifeworld and to individual biographies is negated and only acknowledged within the generalized discourse” (Velho & Olalde, 2016) and “no matter how deep the specific exception, no matter how much a single Oriental can escape the fences place around him, he is first an Oriental, second a human being, and last again an Oriental” (Said, 2003, orig. 1978).

“Othering” as a term is used to “refer to phenomena of stereotyping and racialization (Velho & Olalde, 2016). In the context of my research, the aspect of racialization will not play a role, but more does the phenomenon of stereotyping. In Velho and Olalde’s (2016) paper “*Othering and its Effects – Exploring the Concept*”, the authors refer to Spivak (1984) and her article “*The Rani of Sirmur*” in which Spivak in turn uses excerpts from official British correspondence of the colonial era (in India). In one of these examples, the natives (here called the “Hill People”) are described as possessed by „brutality, perfidy, depravity and treachery” (Spivak, 1984). In return, the “Occident” (the West) is presented as distinctive to this, “as enlightened, civilised, and emancipated, ...” (Varela & Dhawan, 2005).

Whit that, the colonizers aimed to justify their regime and domination of the colonized. In the context of my research, I would not choose such “dramatic” words, still the “Othering” concept or better to say its characteristics are visible in the heated debate around the COVID-19 vaccination in Austria, as well. I will show this in more detail later, but in my opinion and from my positionality, especially the aspect of attributing negative stereotypes to others to then distinguish oneself from the other by attributing oneself with positive attributes which run contradictory to the stereotypes of the others, reminds of the conflict between vaccinated and unvaccinated people (in Austria). Hereby, in public discourse as well as in my own research, unvaccinated people are more often the subject of “Othering”.

Criticising the (social) identity term

Now that the “(social) identity” term was discussed in the context of different theoretical concepts and approaches, I also shortly aim to consider some criticism towards the “identity” term. As will be seen later, there are some good reasons for why the here presented concepts will be used as a theoretical background for the present master thesis and this is why the “criticism section” tends to be rather short. Nevertheless, I especially consider the paper “*Beyond Identity*” by Rogers Brubaker and Frederick Cooper (2000) as suitable to also add a critical view on the “(social) identity” term.

In the theoretical concepts presented in this chapter, “identity” has a rather absolutizing character.

When using the term “identity” for example for political or analytical purposes, Brubaker and Cooper (2000) criticize that the term “identity” or also terms like “nation” or “race” are used as they would “exist”. If they would not “exist”, for example the concept of identity politics would have no basis whatsoever.

Brubaker and Cooper (2000) further criticize that they would “often find an uneasy amalgam of constructivist language and essentialist argumentation” (Brubaker & Cooper, 2000). According to the authors, at least as an analytical concept, the term “identity” is not fitting as “the term is richly, indeed for an analytical concept, hopelessly ambiguous” (Brubaker & Cooper, 2000). This is why Brubaker and Cooper (2000) identify the “identity” crisis as “a crisis of overproduction and consequent devaluation of meaning (of the term “identity”)” (Brubaker & Cooper, 2000).

Therefore, in their paper *"Beyond 'identity'"*, Rogers Brubaker and Frederick Cooper (2000) criticise the excessive use of the term "identity", which would reduce its meaningfulness as "identity" can basically mean everything and nothing at the same time.

I do not aim here to start a terminological or philosophical debate by questioning the term "identity" as this would go far beyond the scope of this sub-section, still it is important for the discussion of "(social) identities" to also include criticism to gain a wider picture of the topic.

Summary and Discussion

The different theoretical concepts presented in this sub-chapter, all deal with the term "(social) identity" and its constitution inside society and politics.

Although Brubaker and Cooper (2000) deliver a quite justified and well thought-through critique against the sometimes woolliness of the term "identity", I consider the different theoretical concepts dealing with "(social) identities" as a suitable theoretical fundament for analyzing the empirically collected material of my research.

The "Social Identity Theory" (SIT) by Tajfel and Turner delivers a well understandable explanation for why conflicts between social groups emerge and why people develop their social identities around the belonging to such social groups in the first place.

In the context of recent research and literature concerning the heated issue of the COVID-19 vaccination, a social identity is directly connected to a person's COVID-19 vaccination status. As Wagner and Eberl (2022) observed (also mentioned above), people for example emphasized their pride in being vaccinated against COVID-19 through adding their COVID-19 vaccination status to their social media profiles. This can with good conscience be interpreted as that the respective person identifies him or herself, amongst other things, as a person vaccinated against COVID-19. I do not want to assume that they solely rely their existence on being vaccinated against COVID-19, but current research plausible states that being vaccinated (or unvaccinated) can be at least a part of a person's social identity. In providing explanations for conflict between groups, the statements made by the Social Identity Theory can be (directly) applied to the context of the dividing character of the COVID-19 vaccination in Austria.

The concept of “Othering” and its main aspects offer a new perspective in respect to the SIT. Once again quoting Brown (2000), “... the whole tenor of SIT (...) is that people engage in intergroup comparisons for strategic purposes (Brown, 2000). This partly fits to the motives of “Othering”, namely, to make the others “Others” by attributing them with (mostly negative) attributes to make them appear inferior regarding the own group. This can be set in context with Wagner and Eberl’s (2022) and Korn et al.’s (2020) findings stating, “that vaccinated individuals tend to be less generous towards the unvaccinated” (Wagner & Eberl, 2022) when it comes to criticizing each other.

So, the SIT and the “Othering” concept are similar in that they assume that people in social groups try to devaluate another group to strengthen their own position. But this aspect can also be looked at from a different angle in the “Othering” concept. Evolving from postcolonial theory, making people “Others” was used to justify colonialization and the atrocities colonialization brought with it. Luckily, such cruelties are not present in my research, still it is from interest how the ones made “Others” identify themselves. In my research this would mean for example do unvaccinated (against COVID-19) people, let us just assume for a moment that in this example they are the “Others”, take on the identity which was attributed to them by for example vaccinated (against COVID-19) people or the media? Do they then actively identify as unvaccinated persons with all the negative stereotypes which are attributed to them?

When it comes to the question about how people deal with being made the “Others”, Jensen (2011) delivers quite interesting research. In his qualitative study *“Othering, identity formation and agency”*, Jensen (2011) examined the way young men with a migration background (predominantly from Africa and the Middle East region) deal with being seen as the “Others” in Danish society. These men were often regarded as potential criminals and attributed with a dangerous hypersexuality in Danish public discourse. Jensen (2011) found out that there are predominantly two ways how the affected young men dealt with this stigmatisation.

The first approach he called “capitalization”, which meant that these men actively “adapted” to their “Otherness” by shaping their (physical) appearance through HipHop culture. They deliberately dressed as “gangsters” to carry outside their “black male masculinity”, as this was not only seen as potentially dangerous, but also as exotic and attractive (Jensen, 2011). The other “counterapproach” to being seen as different, was called “refusal”. That is to say that

they indeed acknowledged that they are not “Danish” because of their ethnic background, but however they insisted that they would still not be different from “Danish” people in their everyday life practices. Jensen (2011) gives an example when a young man was asked if his little brother would help his mom in the kitchen. He answered with no but in the next sentence he stated that this would be the case in Danish families as well, so that the maybe implicitly stated accusation of patriarchy structures inside the family was not only existent because of his families’ ethnical and cultural background (Jensen, 2011). The “approaches” of “capitalization” and “refusal” in this context show interesting synergies when it comes to my own empirical research, especially when the participants in our study spoke about their experiences as unvaccinated persons, but more of that later.

When it comes to the concept of overlapping and multiple identities respectively the concept of intersectionality, there is one example, even though this sub-section only represents the theoretical part of my work, I consider as suitable to put here.

In the third round of the SolPan interview study in October 2021, one participant stated that he and his wife would have decided to wait until an inactivated vaccine (“Totimpfstoff”) against the COVID-19 virus would be brought to the market. As he and his wife were both pharmacists, they are most probably regarded as experts within society when it comes to such medical questions, at least they are attributed with more expertise than people without any background in medicine or pharmacy. The participant further mentioned that he and his wife made a well thought-through decision, just as many other people coming from the medical field, to for the moment reject the new COVID-19 vaccines for themselves. He complained that he would now be “thrown in the same pot with brainless FPÖ voters” (3AT211008SE02). This can be interpreted as that the participant (now) is not only perceived a pharmacist and with that an expert in the pharmaceutical field anymore, but that now his “social identity” also consists of being a “brainless” right-wing voter. What is from interest here is that he did not acquire this new “social identity” by himself, but that it was rather attributed to him through societal discourse.

Speaking about political parties, identity politics and its (ab)use is also prevalent in the context of social identities in the case of the COVID-19 vaccination in Austria. The way how (populist) right-wing political parties in Austria took advantage of the polarization around the COVID-19 vaccination was already described above and in more detail in chapter two. Populist narratives

are from special interest here. The infamous “we against them” (ordinary people versus government/elites) narrative of populist (right-wing) parties is quite fitting in the context of “identity politics” and the COVID-19 vaccination. As mentioned above, populist politicians were claiming to fight for peoples’ basic rights when opposing the COVID-19 protection measures and the COVID-19 vaccination. This might be underpinned by the fact that, mentioned several times by different scholars in chapter two of this master thesis, that many vaccine-skeptical people can be found in the voter spectrum of populist right-wing political parties such as the MFG and the FPÖ.

I aim to use the theoretical concepts and approaches presented in this chapter as a “lens” to look at the empirical material to have a look “behind” the participants’ statements and with that to capture the complexity of the heated debate around the COVID-19 vaccination in Austria in its societal and political manifestations.

4. Methodological Procedure

This chapter will deal with the Methodological Part of this master thesis. First, the data themselves and the way the data were collected will be described below. To analyse the collected data, the Constructivist Grounded Theory approach by Kathy Charmaz (2014) was used. Also, the chapter includes possible limitations of my research as well as the question about the ethical aspects of the data collection and the empirical research.

First, for reasons of clarification, I aim to describe my own role in the research process.

The empirical data of the present master thesis were collected in the study “*Solidarity in times of a pandemic – What do people do and why*” (SolPan) which will be presented in further detail below. The data were collected in total three interview rounds which took place in April 2020 (T1), October 2020 (T2) and in October 2021 (T3).

For the sake of the study, I was employed as a contractor for the Austrian team by the University of Vienna from the beginning of October 2021. As I only started working in the SolPan research commons by then, I only carried out interviews by myself in the T3 round.

The interview data from the first two rounds as well as most of the data from the T3 round were collected by my SolPan colleagues. During my work, I conducted in total 14 qualitative,

in-depth interviews. Nevertheless, I analysed all interview transcripts conducted during the study.

4.1 Data and data collection

Research design

As mentioned above, this master thesis is based on the multinational, comparative, large-scale, qualitative, longitudinal study “*Solidarity in times of a pandemic – What do people do and why?*” (SolPan). This study took place in several European and non-European countries (Zimmerman et al., 2022), whereby “country teams” carried out the research in their respective countries but met in regular intervals via Zoom meetings to discuss their respective results and the further procedure as the different teams worked closely together.

SolPan works as research common, which means that all members of the project collectively developed the research design, the data collection instruments and decided together how the collected data will be used (Research Platform: Governing Digital Practices, 2020).

The study was set up ad-hoc in spring 2020, when COVID-19 was declared a pandemic (Zimmerman et al., 2022). It covers in total three rounds of qualitative interviews, which were held, as mentioned above, in April 2020 (T1), October 2020 (T2) and again between June and November 2021 (T3). “The first two interview rounds were conducted in nine European countries, while, due to limited resources, the third round of interviews was only held in Austria, Germany, Portugal, Switzerland and Italy” (Zimmerman et al., 2023).

The “*Solidarity in times of a pandemic – What do people do and why?*” study seeks to explore questions like for example, “the importance of digital practices such as home office working, the meaning of specific policy measures (concerning COVID-19), the role of citizens in managing the crisis, but also the proliferation of contact tracing applications as a policy instrument in tackling the COVID-19 pandemic” (Research Platform: Governing Digital Practices, 2020).

Another central aspect, especially in the T3 interview rounds, is the question concerning peoples’ attitudes towards the COVID-19 vaccination (Zimmerman et al., 2023).

Here is where this master thesis is attached. My research only considers the Austrian data of the study. Even though, as mentioned above, I only started contributing to the study by the

beginning of October 2021, the data of all three interview rounds (T1 – T3) are used for the sake of my research, as I also carried out the data analysis of all three interview rounds.

The data consist of in total 213 qualitative interviews which were carried out in Austria in the above-mentioned interview rounds. The first round (T1) consisted of in total 80 interviews (n=80), the second round (T2) of 72 interviews (n=72) and the last round (T3) included in total 61 interviews (n=61) (Zimmerman et al., 2023).

Sampling

As the pandemic situation was developing fast and unpredictable at the time of the three interview rounds (T1 – T3), aiming for classical theoretical saturation when recruiting participants was hardly possible. Instead, the focus was shifted to demographic factors to purposely recruit participants from different “genders, age groups, household incomes, family constellations, education and living eras” (Zimmerman et al., 2023).

Recruitment

“The participants were recruited through advertisements on the university websites of the participating institutions, social media, snowballing, and convenience sampling” (Zimmerman et al., 2023).

Participants who were recruited for the first interview round were contacted via Email again and asked if they would like to take part in the second respectively the third round as well. To increase the diversity of the research sample, additional participants (n=6) were recruited for the T3 round in Austria (Zimmerman et al., 2023).

If a contacted person did not answer the first invitation Email for another interview round, a second invitation Email was sent as a reminder a week later. Fortunately, most of them agreed to take part in another round, although a few dropouts had to be accepted as well.

Data generation

The data were conducted through semi-structured, qualitative in-depth interviews. This research method was suitable to capture peoples’ experiences, feelings and attitudes towards different topics related to the COVID-19 pandemic (in Austria) in an open and detailed way.

Research instruments

During these qualitative interviews, semi-structured interview guidelines were used in German language. These guidelines were helpful to conduct the interviews so as all topics which were of interest could be queried but also the semi-structured guidelines enabled the participants to speak freely about their experiences.

Description of data material

The interviews lasted between 30 to 80 minutes and were conducted via phone but most of the time via video call using Zoom. I recorded the interviews using a recording device which was given to me by the University of Vienna. Using such a recording device was the most suitable option to secure and to protect the participants data and their privacy. The audiophiles of the recorded interviews were then sent to a professional, external transcription service where they were transcribed verbatim. The length of the transcripts differs according to the length of the respective interviews, in general, the transcripts ranged from approximately seven to fifteen pages. The quotes from the transcribed interviews which will later be used in the empirical part of this master thesis were translated by myself from German to English language.

4.2 Data Analysis

4.2.1 The (Constructivist) Grounded Theory

The data collected in the *“Solidarity in times of a pandemic – What do people do and why?”* study were analysed in a strongly inductive way. The data analysis is hereby based on the Constructivist Grounded Theory method by Kathy Charmaz (2014).

The “Grounded Theory” method was originally developed by the American sociologists Barney Glaser and Anselm Strauss (Prainsack & Pot, 2021). Glaser and Strauss first outlined this method in their book *“The Discovery of Grounded Theory: Strategies for Qualitative Research”* in 1967 (Glaser & Strauss, 1967). In the mid of the 20th century, qualitative methods were often criticised as only being descriptive. Taking up this critique, Glaser and Strauss aimed to develop a new systematic method for qualitative research in the social sciences (Prainsack & Pot, 2021).

As Prainsack and Pot (2021) describe it, the Grounded Theory aims to make statements which go beyond one’s own research and can be generalized for the developed of new general

theories and theoretical insights. The theoretical insights are hereby, as the name says, grounded in the empirical data (Prainsack & Pot, 2021). Over the course of time, the Grounded Theory has split in different directions, mainly because of the question of how to approach the topic of research. This is why the Grounded Theory was further developed by for example Kathy Charmaz (2014) or Adele Clark in 2018. One of the core convictions of the original Grounded Theory is that the researcher should approach the phenomenon to be studied without any “preconceived ideas or knowledge” (Prainsack & Pot, 2021). Nowadays, this approach is however seen critical. For scientific papers, it is from utmost importance to gain sufficient knowledge about the topic to be investigated before one even can start with the research (Prainsack & Pot, 2021). Especially Charmaz (2014) takes the position that the researcher him/herself plays a central role in the research process (Prainsack, 2021, Charmaz, 2014). This is why this further developed Grounded Theory is called “Constructivist” Grounded Theory, “as it is part of the method to actively reflect the role of the researcher in the research process” (Prainsack & Pot, 2021).

Especially as working with qualitative methods is a rather newly field for me, I consider reflecting my own role in the research process as important, for why my data analysis is oriented towards the Constructivist Grounded Theory approach by Kathy Charmaz (2014). Furthermore, the overall context of my research, the COVID-19 pandemic (in Austria), is a rather heated issue in society and politics. Therefore, it is also a quite emotional topic for many people, which could be perceived when conducting the interviews for the SolPan study. While dealing with such sensible topics, it is even more important to constantly reflect on one’s own role, also when collecting the data in the first place.

For the sake of completeness, I will shortly depict the principles of how to use the Constructivist Grounded Theory in the data analysis.

The process of analysing empirical material, in the case of my research the analysis of interview transcripts, can be basically broken down into two steps. The first analysis phase is called initial coding. Here, the procedure is rather small-scale. The interview transcript (which is used in this case) is broken down into small pieces like small passages or sometimes only sentences. Here, one proceeds literally line by line. This small unit is then interpreted and coded, whereby the code depicts a summary of the sentence or passage. With that, the code lifts the content of the interview passage on a higher level of abstraction (Prainsack & Pot,

2021). In the second phase, which can be described as “focused coding”, the different codes gained through initial coding are summarized or are made more precise. As in the first phase many different codes are generated, the second phase narrows down those many codes to a manageable number of codes, whereby the codes gained in the second phase have more significance for the purpose of the respective research. In the last step of the analysis, the codes of phase two are grouped together into categories. Each category thereby consists of different codes which are somehow in a relation to each other (Prainsack & Pot, 2021).

My own data consisted of all interview transcripts from all three interview rounds of the SolPan study, but only from the Austrian data. For coding and analysing the material, I used the qualitative software analysis program Atlas.ti 22.0.5.

To start with the coding in my data analysis, I used open coding (also can be referred to as initial coding). I started coding line by line which resulted in 258 different codes. In the next step, I used axial coding (also can be referred to as focused coding) to narrow down the initial codes to 38 codes. From these 38 codes, I then created in total six categories. The different categories with their respective codes are presented in chapter five of the present master thesis.

4.3 Limitations

As mentioned above, while recruiting the same participants (T1) for the additional interview rounds (T2/T3), some people were not willing to participate again or simply just did not have the time to participate in another interview round. “People identifying as male, elderly people, those unemployed or working in precarious jobs, those with basic education as well as those with a low income were underrepresented. Moreover, only a few participants opposed vaccinations in principle, as these are typically difficult to recruit” (Zimmerman et al., 2023).

Another possible limitation is what I call “personal limitations”. Although I carried out the data analysis of all interview transcripts from all three interview rounds, I, as mentioned before, only conducted 14 interviews in the T3 round by myself. Prainsack and Pot (2021) describe the process of data collection as that the interviewer and the interviewee generate the data “together” through their interaction (Prainsack & Pot, 2021). As this was not the case here, the data analysis, especially such an inductive analysis using the Constructivist Grounded Theory, lacks the aspect of the personal interaction with the participant. Non-verbal expressions or the pitch of the statements could most of the time not be perceived.

Finally, I need to state that this was the first time I carried out qualitative interviews or used the Constructivist Grounded Theory method to analyse empirically collected material. This lack of experience might also represent a possible limitation to the quality of my research.

4.4 Research Ethics

This sub-chapter deals with the ethical aspects of the research depicted in the present master thesis. As my own research is embedded in and build up on the SolPan study, I aim to deal with the ethical questions concerning the study in general.

The study “was approved by several ethics’ committees. Those committees included the University of Vienna (no. 00544), the Technical University of Munich (no. 208/20 S), the University of Basel (no. 101) and the University on Minho (no. CEICSH 061/2021)” (Zimmerman et al., 2023).

While conducting the interviews, it was from upmost importance to value the privacy and anonymity of the participants. This was granted to the participants in the invitation Emails as well as directly before the start of the interviews. All participants received information sheets about the study and their privacy rights beforehand, which also included contact data of the study coordinator(s). Right before each interview, participants were encouraged to ask any questions and reminded again that they also have the chance to withdraw their consent afterwards. Directly before the interview started, participants gave their consent orally. In the case that participants would have decided to withdraw their consent afterwards, they would have just had to contact the study coordinator (with his/her contact data included in the information sheet) and the interview recording as well as the interview transcript would have been destroyed irretrievable. Also, during the transcription process, any information which could identify the person such as workplace or place of residence was anonymized.

5. Empirical Part

5.1 Vaccination: COVID-19 vaccination and vaccines, reasons for getting/not getting vaccinated and viewpoint on a mandatory vaccination against COVID-19

Even though conducted in April 2020, when there were no vaccines against COVID-19 available at all, participants already discussed about the possibility to get vaccinated (or not) against COVID-19 in the (near) future.

One participant expressed his/her view that unless a vaccine would be found, life cannot get back to normal.

"So I'm assuming that we're going to think long and hard, or at least until there are vaccinations that work, that we're going to think very long and hard about whether we're going to travel, where we're going to travel and what events we're going to go to. So I'm afraid that events, we are, we like to go to concerts, and we like to go to other countries for that and I'm afraid that's not going to be advisable for a long time. I think that the economy will be affected" (AT200409EW039).

While this interviewee was referring to restricted leisure activities like travelling or going to concerts, other participants reported about their assessments that the protection measures against the COVID-19 virus would have to be upheld until vaccines would be developed.

"And all of them, well, I base my ideas more on what I hear from the hospital and where I simply have the feeling that it is right that at the moment simply keeping your distance is the only way to save yourself until there is a vaccination or until there is at least medication or something, yes" (AT200410BP06).

Another participant went even further and stated his/her fear that the pandemic would get even worse.

"So I don't think I see any light on the horizon now, yes. I believe that the numbers will also go up and down and that there will not only be a second wave, third, fourth, fifth, sixth, until a reliable vaccine is finally found, yes, I assume that" (AT200416KK03).

The COVID-19 vaccines or better to say the vaccination against the COVID-19 virus is a central point concerning the overall context of the present master thesis. During the time of the T2 interview round, there were (still) no COVID-19 vaccines (except of the Russian COVID-19 vaccine "Sputnik") available so far. Still, it was foreseeable that there would be (a) vaccine(s) soon. Some participants were clearly in favor of a vaccination against COVID-19 and therefore willing to get vaccinated once the vaccine(s) would be available for them.

"Well, I am explicitly not an anti-vaccinationist. Explicitly not. I wouldn't want to do this Russian story that's going on now. But I think as soon as it's a tested mass vaccination, I would, and it's sort of accessible now for the normal population, I would get vaccinated" (2AT201012SE04).

The willingness to receive the upcoming COVID-19 vaccination was also influenced by the way people perceived the danger of the COVID-19 virus. One participant stated that he/she has a different opinion on the COVID-19 vaccines compared to other vaccines because of the COVID-19 virus being more dangerous, which made him/her think about getting the vaccination once it is available.

"That means you have a different attitude towards a potential future Corona vaccination than towards other vaccinations? B: Yes, exactly, I would already do that now, because I think Corona scares me more now" (2AT201009MP03).

On the other side, some participants stated that they would not be willing to receive the vaccination at all.

"Well, from today's perspective, I'm not prepared to be vaccinated. Thank God I'm in a position as a pensioner to decide for myself. Maybe myself. I'm not sure about that either" (2AT201014LS03).

Interestingly, this participant already anticipated that there might be the chance that one might would be "forced" to get vaccinated against COVID-19 in the future.

There were also a lot of respondents which were not sure yet if they want to get vaccinated or not. Because of its fast production, this participant did not feel that the vaccine(s) were fully developed yet.

"I am so and so not into vaccinations, I have to be honest, and if I am, I would like to have a fully developed vaccination. And that's something where I don't feel at all at the moment that it's really mature. And even if it's in a quarter or half a year, I can't imagine it either" (2AT201014SE05).

What nearly all the participants made very clear is that they did not want to be the "first one" to get vaccinated with the new vaccine(s). Most of them stated that they would prefer to wait and see what happens after the first people received their doses.

"But before the spring, it was never said that there would be a vaccine because it just takes time to develop and test it. I will certainly get vaccinated when there is a vaccine. But I don't need to be the first to get vaccinated now either" (2AT201012KP03).

The same was with clinical trials. When being asked about if they would be willing to take part in a clinical trial, at least a few of them had huge doubts while the majority, even though willing to get vaccinated, clearly stated that they would not be willing to participate in a clinical trial.

"It's stupid, because I really want a vaccination and I hope that they will continue, but I don't know if I would be willing to sacrifice myself. It's difficult. I think I would be too cowardly to do it, I have to say quite honestly" (2AT201015WS04).

Also, when being asked about who should get the COVID-19 vaccination first once it would be available, all respondents basically shared the same opinion about this issue. It becomes clear that for all of them high risk patients and health care personnel should be the first ones to get vaccinated.

"So definitely risk groups that are just at risk for health reasons or age reasons or medical staff" (2AT201023CH09).

This can be interpreted in two ways. On the one hand, stating that more vulnerable persons should get the COVID-19 vaccination first, might be seen as an act of solidarity or unselfishness, on the other hand, vaccination prioritization can also represent a pleasant excuse for why one would not be one of the first ones to get vaccinated.

Once the COVID-19 vaccination was available for the public, participants stated several reasons for why they got vaccinated or not against the COVID-19 virus. Most of these reasons were already stated in chapter three of this master thesis - like for example feeling safer for oneself or for one's family or on the other side being sceptical because of the fast production and therefore afraid of possible side effects - whereby some of the research exploring the arguments for/against getting vaccinated evolved directly from the SolPan study, for why I will not go into detail here. Still, one reason for getting vaccinated is from interest here, as it implicates the conflictual character of the COVID-19 vaccination. One argument in favor of getting vaccinated was the fear to get the virus and then transmit it to family members. As this participant described it:

"And that's what makes me a bit grumpy all the time, especially in view of the fact that I already know that I'll be on the Covid ward again in December, and even though I've been vaccinated three times, so to speak, there's still a chance that I'll get it, even if I

don't think I'll do my daughter any great harm, I still don't feel like dragging it home"
(3AT201028BP05).

The context of this statement was that the interviewee was working in a hospital where he/she described the situation in the intensive care station. He/she blamed unvaccinated COVID-19 patients for occupying intensive care beds for a longer time than "normal" patients, which in return means that people with other severe illnesses like heart problems could not be treated properly.

"A Covid patient is there for 14 to 21 days on average. That means he has seven heart operations in that time, and normally they operate in [name of a city] on the heart almost continuously. So these are all stories like that, and these patients don't disappear, they just stay at home and die of a heart attack. And these are the ones who die quietly, who are isolated cases, who are isolated cases, but who are killed by this 40% every day if you want to put it harshly" (3AT201028BP05).

Accusing unvaccinated people to be (indirectly) responsible for the death of other people definitely underpins the conflictual character of the COVID-19 vaccination. As our participant and with that his/her family would also now be in danger of catching the virus because of the unvaccinated people lying in the hospital, he/she became even more emotionally involved.

While most of the respondents stated that they would not be in favor of a possible mandatory vaccination, some people stated that they would always be against people being forced to get vaccinated.

"Well, I would reject any compulsory vaccination. But that's already off the table anyway" (2AT201014SE05).

Although, when it came to a possible mandatory vaccination for health care workers, there were participants in favor of such a mandatory vaccination. Even people who would then be directly affected by such a mandatory vaccination against COVID-19 stated that they would be in favor of that.

"So and you also have to say that it doesn't make sense that we vaccinate the whole population, that's always implied, so that it affects us doctors and nurses and from bed pushers to security in the hospital, that's, that's part of it, but then, if you don't like it,

then you have to think about your job, because we actually already have a certain vaccination obligation for various things" (2AT201014BP07).

In the third interview round, the endorsement for a compulsory vaccination for certain professions was extended to people in the education sector.

"I don't think it's necessary (in terms of compulsory vaccination), so I can't imagine that at all. Where I could imagine that it would make sense would be with hospital staff anyway, and of course also what somehow this discussion was in the summer with dealing with the children. That is to say, the educational staff who deals directly with the children, I think that would make a lot of sense" (3AT211018IR01).

As a vaccine mandate for certain jobs was quite commonly appreciated among our participants, people were however mostly strongly against a general vaccine mandate. One participant even went as far as he/she would see mandatory vaccination as “raping people”.

"No, I can't imagine that because I am against compulsory vaccination. I wouldn't know, I mean, I think that's raping people. If the person doesn't do it voluntarily, I don't think it's good. No, I couldn't advocate that" (3AT211031SE06).

Another heated issue in our study were the several lockdowns in Austria. One participant criticized the authorities for not having a clear plan on how to get back to a normal life, instead, the only thing they would do is threatening people with a(nother) lockdown.

"A: Mhm, specifically in which direction would you have hoped that the authorities would go? Or just in general, more of a plan, so to speak? B: More plan on how to go back towards a normal life. And not just always threatening a lockdown. But where I have clear measures, how can I seriously live with that?" (2AT201022LS05).

Having a lockdown as the only idea on how to deal with the pandemic situation, another interviewee stated that a lockdown would also imply negative societal consequences.

"So with the pandemic, I don't expect any more major things, except maybe a lockdown, and I mean, of course that's a dangerous story now socio-politically, because if a lockdown comes now..." (AT211017EW07).

Furthermore, many participants also feared negative economic consequences resulting from a lockdown. Next to that, a lockdown was also seen as an unjustified oppression of the citizens,

whereby one participant anticipated that such an oppression was directly targeted and used as “soft pressure” against unvaccinated people.

"Yes, when I think about my life as an unvaccinated person, it could be further restricted, because there has already been talk that they might now want to introduce a lockdown for the unvaccinated. That means that the vaccinated can go everywhere if they are also infected, no one will be interested, but the unvaccinated have to stay at home" (3AT211104LS02).

To sum up the above, it can be said that before the COVID-19 vaccination was available, the COVID-19 vaccines were not a really heated topic, even though participants spoke about the COVID-19 vaccination in the first two interview rounds as well. People merely reflected on their hopes and fears regarding a future vaccination without much societal tension observable.

This changed when the COVID-19 vaccination was finally available for the general public. People had several reasons for being in favor respectively against getting vaccinated, but as being unvaccinated also can have a negative impact on society, the issue became more heated which can be best observed in the given example when one of our participants accused unvaccinated patients to be (indirectly) responsible for other people dying.

As depicted in chapter two of this master thesis, the COVID-19 vaccine mandate was a heated societal and political issue, while at least in the data most people stated they would not be in favor of such a mandatory vaccination, however the majority of the interviewees would support a vaccine mandate for people working in the health care (and in the educational) sector. The lockdown problematic was not so much an issue between people, but more a point of contestation between people and politics, as a lockdown was either seen as having negative consequences on society and the economy, as being the government's only approach for seriously dealing with the pandemic or as an instrument to put some sort of “soft pressure” on unvaccinated individuals.

5.2 Divide: Societal divide over the issue of the COVID-19 vaccination and the compliance/non-compliance of COVID-19 protection measures

The category of (societal) divide represents the research focus of the present master thesis. The aspect of societal divide can be divided into a “general societal divide” and a “personal

social divide". "General societal divide" is applied when the interview participants spoke about their observations of a divide for example between vaccinated and unvaccinated people. "Personal social divide" describes a divide inside families or between friends.

Many participants reported that in their social surrounding nearly everybody is vaccinated against COVID-19. In return, when speaking about unvaccinated people they knew, participants stated that these people would live in surroundings where nearly nobody is vaccinated. This phenomenon is described as "living in a bubble".

Next to the above-mentioned "general societal divide", "living in a bubble" is one of the most important codes for the focus of my research.

The aspect of divide in general and also concerning the COVID-19 vaccination specifically could, in stark contrast to the T3 round, not be observed in the T1 round. The severeness of the societal divide issue is also not that present in the T2 data. This implicates that societal divide is closely connected to the COVID-19 vaccination, as this problem could be mostly observed in the T3 round where the COVID-19 vaccination already had been available for the general public for quite some time.

When people reported about troubles with friends and family, the vaccination topic was named nearly every time as the main reason. One participant for example voiced criticism about her friend who did not want to get vaccinated, although because of reasonable motives.

"Yes, first of all, I don't discuss much with my best friend on the phone anymore, she's actually not opposed to vaccination, but it's all happening too quickly for her and there's not enough research and yada yada. And yes, I mean, I only saw her once last year in October, so I haven't seen her for a year and if she wants to, and now it's all too inconvenient for me because in Lower Austria the testing time is longer, it's been shortened in Vienna and she just whines and does nothing about it and I think to myself, it's your own fault" (3AT211018WS02).

This quote contains several aspects concerning social divide. First, the participant stated that there would not be many discussions, presumably about the COVID-19 vaccination, anymore. This (may) already implicate(s) a rift, in a sense that there is no understanding for people with a different vaccination decision anymore. In fact, our participant actually literally stated that, as he/she said that her friend would only be "whining" around even though it would entirely

be his/her fault. Also, our interviewee implied that there would be actually a chance to meet his/her friend in person if both would get tested on the COVID-19 virus. But as they would live in different federal states with a different testing time, this would be just too inconvenient for him/her, meaning that our participant was not willing to show a gesture of goodwill with his/her best friend anymore. Our participant stated that even though there was not a complete breakup with his/her friend, there would be no personal contact anymore.

"Yes, we talk on the phone every day, but I have no personal contact with her" (3AT211018WS02).

When it came to friendships, one of our interviewees stated that it would be already enough that one or two people in a circle of acquaintances would not be vaccinated to cause problems.

"... and secondly, you already realize, and many people do, that you have one or two vaccination opponents in your circle of friends and that somehow makes the whole thing more difficult" (3AT211018WS02).

Another participant reported that this issue already led to the exclusion of unvaccinated friends, but also because the unvaccinated person him/herself would not even be willing to get tested.

"Yes, exactly, there would have been the possibility for us to meet in a larger group. But yes, she is not there. I am not the main contact person, but what I hear is: "Well, we won't ask her anyway, because she won't come with us, because she doesn't want to be tested and so on". So, yes" (3AT211020GS02).

Another participant on the other side reported that the fight over the COVID-19 vaccination took mainly place inside the family.

"Well, the family was already the only thing where there was a little bit of a row (concerning the COVID-19 vaccination)" (3AT211021WS03).

One of our interviewees described the difficulties in his/her family because of his/her parents having different viewpoints on the danger of the COVID-19 virus.

"Well, with family members, with my mother's side it was a bit difficult, my parents are divorced, and my father was the other extreme, he completely shut himself off, for

which I was very grateful and very relieved, because I really had the feeling that he took it seriously, there were no problems at all, he always demanded that I test myself before I went to him, I found that totally okay” (3AT211021WS03).

While being happy that her father was really strict with precautionary measures, our participant criticized his/her mother for acting irresponsible, which made life difficult for him/her, as well.

“And yes, it was only the mother's side that was difficult. The problem was that my grandfather, who died a fortnight two weeks ago, had been in care for the last few years and my mother more or less helped to look after him, and for a while neither she nor my grandfather had been vaccinated, and I found that irresponsible, so I was always very careful when I went to see her that she didn't pass it on to my grandfather. So that was a really difficult time” (3AT211021WS03).

Another participant seemed to observe the phenomenon of divide from “outside”.

“Yes, the biggest points of discussion are, of course, the emergency approval for vaccinations, which was given so quickly, and this topic has, I would say, an explosive force like dynamite, because it seems to be starting to divide society. You notice this again and again, that discussions arise between good acquaintances, family members, acquaintances “what you are not vaccinated” and “why not”, so this is something that almost takes up more space than the consequences and the possible consequences of COVID” (3AT211104LS02).

This quote is from upmost interest in the context of my research, as the participant literally spoke about the topic of the COVID-19 vaccination dividing people. Another interesting observation is, as he/she stated, that the question of whether being vaccinated or not would be of more importance in societal discourse than the consequences of COVID-19 itself. This underlines the emotionality connected with the COVID-19 vaccination, which harbors the danger that an objective discourse might suffer through emotionally charged controversies.

Another participant also literally reported about a split in society. According to him/her, this would be only because of the support or opposition between supporters and opponents of the COVID-19 vaccination.

"I think it's only this split because of anti-vaccination and pro-vaccination, that shouldn't be society, what are we supposed to do for people who don't vaccinate and who, for example, made the joke, who don't want to protest it, against vaccination, and when should we go on the streets, we don't want a lockdown, why can't you do it for solidarity. But that would be the only thing that I would notice that it's un-solidary just from the family circle to larger circles, that we say FPÖ is against it, and you can go to restaurants, and you know they are FPÖ restaurants, and they don't even check your passport, so sometimes you have to show it, sometimes not, it depends on where" (3AT211008DD02).

The assumption that the issue of the COVID-19 vaccination is the main reason for societal divide in Austria during the COVID-19 pandemic was stated by quite a few of our participants. As one of them put it;

"At the moment, I see a division in society between the vaccinated and the non-vaccinated. Some say: "Finally get vaccinated so that everything can go back to normal. Then the whole thing will be over." And the others say, "We don't want to get vaccinated, we're afraid of that or you'll die by October." Or the way it was. So it's actually society is just as divided as before, only now the issue is different" (3AT211014EW08).

This statement implies that the COVID-19 vaccination is now the topic respectively was back then the issue around which society in Austria split, however, there was a split already before the pandemic. Another participant put it like this:

"The split between right-wing and left-wing populism. Before that, or the best example, Trump, for example, was such extreme populism that it was also there in Austria with Strache, Kurz et cetera. That divided people before. Now we have the issue of vaccination with vaccinated and not vaccinated with pandemic, pandemic, yes, pandemic no. The one topic has simply become more in focus, but it continues just as before. It's another issue about what people are arguing about" (3AT211014EW08).

One interviewee stated that such a divide did not occur because of the very nature of such a polarizing issue like the COVID-19 vaccination, but that such a split was deliberately created.

"Yes, that's how I feel, that trenches are deliberately created and on one side are the vaccinated, on the other the unvaccinated. And convincing each other, at least the vaccinated should convince the unvaccinated that it doesn't work like that" (3AT211104LS02).

The participant did not explicitly explain who he/she made responsible for creating such trenches, but from the overall context it can be assumed that he/she blamed politics for creating such a divide. One person expressed his/her fear that such a divide can be dangerous for society as a whole:

"... then the danger is that the public perception will be that it's the fault of those who haven't been vaccinated, and so on. Even if it is actually the case, it is perhaps, I don't know, it is not harmless if a group in society is stigmatized and excluded, I am a bit afraid of that." (3AT211017EW07)

Another participant went in the same direction, complaining about the stigmatization of unvaccinated people;

"... and then I think to myself again, that's a stupid thought, because that's exactly what the unvaccinated criticize, that you stigmatize them, but somehow you do it anyway and somehow it also endangers me" (3AT211025WS05).

From the statement it can be taken that the person complaining about the situation was vaccinated him/herself, which shows that there are people who are clearly against a distinction between vaccinated and unvaccinated people. Another person even complained about discrimination of unvaccinated citizens.

"Now, at the moment, discrimination against the unvaccinated, who may very well still be waiting due to a thought process, and we are, after all, currently being lumped together with brainless FPÖ voters" (3AT211008SE02).

As it seems that the "group" of unvaccinated people is more often the target of pressure, stigmatization and discrimination, there is also, indeed not that frequently, the other way round. One participant reported that in the hospital he/she works, especially people over 30 years of age would be more against the COVID-19 vaccination. This was why some younger nurses did not get vaccinated against COVID-19, because they feared that they would be excluded and even insulted by the older nurses.

"So, for example, there are also nurses from certain departments in the hospital who don't get vaccinated because they would otherwise be picked on by the other nurses" (3AT201028BP05).

The afore mentioned divide, mostly between vaccinated and unvaccinated individuals, becomes also visible when people were speaking about their social surroundings. The development or better to say the protrusion of "social bubbles" is strongly aligned with the vaccination issue, as in the first two interview rounds, when there were no vaccines against COVID-19 available, people very rarely reported about their social surroundings. In the T1 data for example, only one person spoke of her social environment and its influence on him/her. He/she reported that he/she would be biased in his/her opinion about the overall pandemic situation through a Facebook group. This group would consist of small business owners which were hit especially hard by the pandemic.

"But I can, of course, also be a bit biased by this Facebook, by this Facebook group of small business owners who are very strongly affected. Many of them are making it clear that it will be difficult for them. It will also be difficult for them to continue to exist" (AT200409EW03).

In the T2 interview round, people spoke about their social surroundings in the context of their plans to get vaccinated or not once there would be vaccines against COVID-19 available.

This participant reported that in his social surrounding no one was planning to get vaccinated:

"Yes, yes! And I mean, I don't know anyone in my circle of acquaintances who says, 'You, I'm going to get vaccinated!' I don't know anyone! So..." (2AT201104LS06).

On the other side, one interviewee reported that there was the tendency among his social contacts to get vaccinated, but also, they did not want to be the first to receive the vaccination.

"Well, there [...] in my circle of friends and so on and there is more of a tendency that we all say, yes, we'll get vaccinated, but we'll wait once for three months until one has [..., laughs] side effects" (2AT201013BP06).

In the last interview round in October 2021, people predominantly spoke about their social surroundings where everyone (or nearly everyone) would be vaccinated against COVID-19. As

there was nearly no one speaking about his/her social environment consisting of predominantly unvaccinated individuals, it has to be stated that, as mentioned in sub-chapter 4.3 “Limitations”, people who oppose vaccination (in general) are typically harder to recruit for studies like the SolPan study. Still, it also can be observed that there were thoroughly people in the study which stated strong resentments against the COVID-19 vaccination.

As mentioned above, when it came to “(social) bubbles” consisting of mainly unvaccinated people, participants tended to report their observations of such bubbles. One participant talked about his/her unvaccinated friend;

“Yes, exactly, yes. So she might be like this. Her hobby is horses, and she always has a horse and is often at the stables. And I assume that she just... that it's different there. So I'm sure she'll carry on doing that. And I assume that they are all in a kind of bubble and she certainly has a social life there. But I think she takes less part in other social life or in other social life” (3AT211020GS02).

Most of our participants however spoke about their vaccinated social environment.

“But otherwise 99% are vaccinated and we are all careful” (3AT211018SE04).

“But I have to say 90% of my acquaintances are vaccinated” (3AT211018WS02).

It can be observed that a social bubble does not only contains shared opinions towards the COVID-19 vaccination, but also attitudes towards dealing with the pandemic in general.

“Well, I have to admit, I'm certainly in a bubble because all my friends are scientists, there were no points of contention anywhere, everyone agreed on that” (3AT211021WS03).

“Or you try to stay in an environment where, let's say, like-minded people are out and about who also have corresponding perceptions about the pandemic” (3AT211012SE03).

Also, one participant reported about being in a bubble of people which were less, at least in terms of finances, affected by the pandemic than others.

"I don't know any, because as I said, I'm in a privileged sector where my friends don't have financial difficulties. I know some have filed for hardship funds, but that's all I know" (3AT211008DD02).

A social group of people being less negatively affected by the pandemic than others delivers a new perspective on the societal divide problematic, as people in a social group which might be more affected by the pandemic, see the example of small business owners above, might also take a different (opposing) stance towards governmental protection measures which then also influences their attitudes towards the COVID-19 vaccination.

Another heated issue in the overall context of the pandemic in Austria was the aspect of solidarity. One of our interviewees happily reported that un-solidary behavior was not a thing in his bubble.

"But anyway, basically I wasn't really affected to any deep personal extent by un-solidary behavior, so again, happy bubble" (3AT211018SE04).

Participants often directly connected the aspect of solidarity to being vaccinated or not. This was even visible in the T2 data, even before the COVID-19 vaccination was available for the general public. As this participant reported;

"Maybe I'm too naïve, but I don't think so, because we've seen in the past that vaccinations can simply eradicate diseases, and because COVID is a virus that spreads really quickly and can also be fatal, that would, that would simply count more for me, so I would go ahead and protect other people, not just myself, and yes" (2AT201016EW01).

On the contrary, another participant indeed acknowledged that getting vaccinated would be also an act of solidarity, still he/she would not get vaccinated out of mistrust towards pharmaceutical companies.

"So from the current point of view, no, I'll say that. Yes, I know that this is always a question of solidarity, but as I said, I mean, it's still pharmaceutical companies that produce the vaccine, and they don't make up for it either" (2AT201021WS10).

In the T3 round, solidaric behavior was mentioned in different contexts. One point of solidarity definitely was one's COVID-19 vaccination decision.

"Because if I am now vaccinated or something, then I can meet other people without hesitation etc. etc." (3AT211025BP04).

Another participant also highlighted that it would be from utmost importance to get vaccinated against COVID-19, not only because it is an act of solidarity but also because adults should get vaccinated to meet the medics' assumptions that around 80 percent of the population need to be vaccinated to get the pandemic under control.

"Only 70% have been vaccinated, but doctors say that at least 80% of the Austrian population should be vaccinated, and many more adults should be vaccinated. And for me, that is solidarity, if you think outside the box and adapt your own behavior accordingly" (3AT211004EW05).

This in return meant, that a decision against vaccination was seen as an un-solidary behavior.

"Well, not solidaristic are those who insist on their no-vax, because they only think about themselves, they are so convinced, but that they themselves can endanger someone, by not doing it, they don't care" (3AT211014WS01).

Another participant reported that he/she experienced, at least in his/her inner social circle, a lot of positive forms of solidarity, which got less when the COVID-19 vaccination came.

"So, in the smallest social circle, this solidarity was insanely positive, and when vaccination came along, it naturally drifted apart a bit" (3AT211021BP03).

But being solidaric can also mean to accept one's decision to not get vaccinated and show solidarity towards this person when he/she runs the risk of getting socially excluded. This way of interpreting solidarity could be observed when one participant, in his/her position as a team leader in a company, reported about his/her problem concerning an after-work dinner with the colleagues. As one of them was not vaccinated, the person could have not joined the dinner. Even though the unvaccinated person then stated it would be ok for him/her if the others would go without him/her, his/her colleagues, out of solidarity, in the end all did not go to the dinner.

“But I have to say I was surprised because yesterday the staff member said to me on the phone, I don't care, I'm not going to eat with you, so I thought, okay, we'll solve it that way, but the team just said no, then we're all not going to eat” (3AT201028BP06).

This situation is quite interesting for my research, as it shows that society is not split in total and that there can be indeed mutual understanding. I will go more into detail on this in the discussion chapter.

The solidarity aspect does not only concern the COVID-19 vaccination itself. Also regarding the COVID-19 protection measures, certain behaviors were either seen as solidary or non-solidary.

While sticking to the rules was seen as being solidaric;

“And in relation to Corona? Just wear the mask, stick to the rules and don't contribute to my behavior where I can control it myself, so it was already quite a burden on the health system unnecessarily in the first lockdown, precisely because of these intensive care beds” (3AT211018SE04).

people often complained that other people would not follow the rules, which was in return seen as un-solidary behavior. Here, especially the aspect of wearing masks respectively refusing to do so was a huge point of contestation mentioned by our participants. As there are no statements concerning this issue in the T1 data, it can be assumed that right at the beginning of the pandemic in Austria, people were mostly following the rules. This already had changed a few months later in the second interview round.

“We're kind of waiting for a magic vaccination and instead of doing it properly for once and sticking to the measures, really wearing the masks the way they're supposed to be worn. Yes, I have the feeling that nobody wants to stick to any measures. That this will also not be enforced if people violate it” (2AT20201023KK07).

This participant did not only criticize other people for not following the COVID-19 protection measures, but he/she also complained that the government would not try to enforce the restriction rules. In the T3 data, there are many examples where people were complaining about other people not wearing masks. While there might be some people who do not wear a mask because it is just uncomfortable or they simply forgot to bring their mask with them, our participants also observed aggressive behavior of people who refused to stick to the

protection measures. One participant reported about an incident he/she observed in the supermarket;

"Yes, wear masks, go shopping and then one comes in. It's compulsory to wear a mask. And the saleswoman asks him if he doesn't want to put on a mask. And he completely shrugs off what the shit is about, and he's a customer after all and he's king. I've seen things like that too" (3AT211014EW08).

Another interviewee stated that he/she now would be also too afraid to confront people who do not follow the rules.

"And then there are those, and then there are also those people, especially men, who drive completely without a mask. They are not hidden. They simply drive without a mask. And if you look closely, I recognize them. They are simply right-wing extremist types who go for it. Yes, it's completely lacking in solidarity, whether it's on the bus, on the tram, small business. I have. If someone sits across from me without a mask and coughs, I get up immediately. Or talks a lot, then I get up and walk away. I don't speak to people anymore because, I don't want to be beaten to death" (3AT211027DK09).

This statement describes an extremely heated situation. According to her/him, some people would not just act un-solidary out of convenience, but that they would actively disregard the rules on purpose to get into a (physical) fight. This would bring the societal divide on a whole new level. As our interviewee further described these aggressive men as being right-wing supporters, this (might) also imply a divide with societal and political proficiencies intertwined with each other. The statement of another participant implies that the heated situation inside society is also shaped by political standpoints, (too).

"Well, if you discuss for such a long time, because the discussion is always poisoned by right-wing conspiracy theorists and left-wing demigods, of which there are many in Europe, who are also dishonest and then push everyone into this corner, you can't leave much room for maneuver, and I think that's a pity" (2AT201020WS09).

In general, when people in the study voiced criticism against other people, this criticism was mostly targeted against people who were not vaccinated against COVID-19 or who would not

follow the COVID-19 protection measures. But there is another side to add. People who decided to not get vaccinated against COVID-19 often reported about feeling discriminated and socially excluded.

“Now, at the moment, discrimination against the unvaccinated, who may very well still be waiting due to a thought process, and we are, after all, currently being lumped together with brainless FPÖ voters” (3AT211008SE02).

This statement is particularly fitting here in the context of the above-mentioned example of the mask-refusing, “aggressive looking, right-wing men”, probably exactly those people our participant did not want to be associated with. Other participants directly criticized politics for deliberately discriminating unvaccinated people.

“And what I find really, really awful now, for example, is an advertising campaign or advertising that the vaccinated have advantages, so I find that really awful that you then make such differences” (3AT211015EW06).

As this participant complained about “awful” campaigns, another interviewee moreover stated his fear of a complete separation of vaccinated and unvaccinated people.

“Before, I thought that maybe it was only when the discussion about vaccinations started that they wanted to make us vaccinate by saying that unvaccinated people are no longer allowed to go to stadiums or cultural events. Now it's going in the direction that it should be completely separated like that. Maybe that will come, but it's definitely been in discussion now as the numbers have gone up, that could be the next step, lockdown for the unvaccinated, the vaccinated can move” (3AT211104LS02).

This sub-chapter aimed to depict the characteristics of societal divide over the COVID-19 vaccination and the compliance/non-compliance of the COVID-19 protection measures. What can be taken from the research described here is the insight that societal divide is a rather multi-layered phenomenon, which cannot be simply broken down into a divide between vaccinated and unvaccinated people. The issue of being vaccinated or not was a point of contestation between people and their families or friends. Also, people accused unvaccinated individuals of being un-solidary and stated strong aversion and even fear against people who did not wear masks in public. But also people who opposed vaccination clearly separated

themselves from right-wing supporters and in return, there were also vaccinated people who accepted the decision of other people to not get vaccinated against COVID-19 and even expressed solidarity with them when they were socially excluded. Politics did not come of well in our study concerning the aspect of societal divide. While on the one side, people criticized that the COVID-19 protection measures would not be enforced by the authorities, politics were on the other side blamed for targeting unvaccinated people and actively separating them from the rest of society.

5.3 Interpersonal relations: peoples' interactions regarding the COVID-19 vaccination

This category contains codes which refer to people dealing with each other when it comes to the issue of the COVID-19 vaccination or the COVID-19 protection measures in general. Therefore, it is pretty like sub-chapter two. To draw a distinction between these two sub-chapters, the present chapter focuses more on how people conduct conversations with each other in general while the aspects of "fights" and (long-lasting) social and societal divides do not play a huge role here, still a certain emotionality is most of the time still present when people were discussing about the COVID-19 vaccination or other pandemic related issues.

Just like with the category of divide, it seems like the vaccination issue was not really represented in the T1 data when it came to the aspect of interpersonal relations. This is surely due to the fact that people actually getting vaccinated against COVID-19 was still an issue of the future and therefore could not be a problem for personal or societal relationships between people.

Only one participant reported that he/she already had to deal with people skeptical about the eventually upcoming COVID-19 vaccines and the whole pandemic situation whereby this skepticism sometimes even expanded in the direction of conspiracy theories. He/she in addition stated that he/she would try to stay calm when talking about such issues, probably as the COVID-19 pandemic in general is a very emotional topic for many people.

"Yes, that always happens, so I try to intervene in a calming way and to say that one should not rely on individual sources or sources that have always gone in the direction of conspiracy theories, yes" (AT200423CH10).

When getting vaccinated (or not) became an actual decision, one participant described how he/she tried to convince his/her mother to get vaccinated.

"For example, my mother suddenly became an opponent of vaccination when it came to the question of whether she should get vaccinated or not, and then I had to do a lot of educational work and quickly reached my emotional limits. But in the end, she did get vaccinated, so that was a success for me, but it caused a lot of arguments about the topic, it divided the family a bit" (3AT211021WS03).

The fact that in the end our interviewee was successful in persuading his/her mother to get vaccinated adds to the findings from the chapter before, which implicate that vaccinated and unvaccinated people do not constitute two opposing and rigid groups, but that there is quite the possibility for an interaction and also for some to change their minds. That communication does not have to end in a fight and can actually change one's attitude towards the COVID-19 vaccination is also stated by this participant;

"I've noticed that and somehow I've noticed that when I've talked to someone about this or that, that I've explained this and that, at least how this, I'm not an expert in the field, how this looks from my point of view, that the attitude towards vaccination has become much more positive and much more and people have also become more willing to be vaccinated or to be vaccinated" (3AT211017EW07).

Already in the T1 data, one participant highlighted the importance of staying calm and arguing on a fact-based level, as a discussion on an emotional level would not be fruitful at all.

"Yes, I try to stay on a factual level as much as possible, because I know that as soon as it gets too emotional, the others disappear and withdraw. That doesn't help at all, you have to be very careful when you argue..." (AT200423CH10).

That arguing in a calm way and with rational arguments does not always work is depicted by this participant;

"Yes, let's say, in the environment, yes, there are, let's not say relatives, but from circles of friends there are already people who are much against it, with whom it is actually very difficult to talk somehow, because it ends in insistence and they are inaccessible

to any arguments and it is difficult to be able to convince them, because they are completely lost, I would think" (3AT211014WS01).

Our participant's judgement in the end of the statement ("they are completely lost") leads to another aspect in my research, the point of "understanding", meaning if or to what degree our participants showed understanding towards people with different attitudes in the context of the pandemic. This aspect was already scribed above when it came to the point of solidarity and especially in the example where people showed solidarity with their unvaccinated colleague.

When it came to being vaccinated or not, one of our participants put it like this:

"I notice that I myself, in the sense that I have had myself vaccinated, but I am, let's say, tolerant and cautious towards those who have not done so, I respect them, even though I said before that I don't quite understand it, but I respect it" (3AT211015DK04).

As even though he/she would not understand but still respect it, this again shows that the rift between vaccinated and unvaccinated individuals is not as huge as one might have assumed.

Another participant, however, was not that tolerant.

"So why doesn't he want to be vaccinated? No, it's simply because it's precisely this lack of understanding, you don't know what's going on, you don't know how it works somewhere, etc. That's why you're afraid of it, and that's also somehow okay, but then you can inform yourself, really look at it in detail, so to speak, and then get vaccinated if you're sure, but yes. Why you got vaccinated anyway, before that, I don't know exactly" (3AT211017EW07).

This sub-chapter again delivers revealing but still counter-rotating insights. On the one side, it implies, as mentioned-above, that vaccinated and unvaccinated people are not two rigid groups and that through rational communication people can be also persuaded to change their opinion (mostly in the context of getting vaccinated against the COVID-19 virus). There are also signs of mutual respect between people with different attitudes. But then again there are signs of contestation when people said they would have no understanding for unvaccinated people and described them as "lost" and to not be able to listen to rational arguments. Two

participants reported about encounters with people not following the protection rules, while one participant said that he/she would not engage in a discussion with such an “idiot” because the person would not be “worth (his/her) time”. The other participant, this example was already mentioned in sub-chapter two, would not engage in a discussion because of the fear of getting physically attacked. So, even though there are signs that people can go towards, discuss with and respect each other (even though they have different opinions), still (heated) tensions and societal divide remains.

5.4 Politics: Governing COVID-19 protection and peoples’ acceptance of the COVID-19 vaccination and government protection measures

This category focuses on the role of the government and of political parties in general in the context of the COVID-19 vaccination process in Austria. Not only the vaccination campaign as such will be from interest here, but also peoples’ opinions on the way politics had dealt with the vaccination in terms of for example communication or organization and the other COVID-19 protection measures will be a part of this category.

The category “politics”, in contrast to the afore-mentioned categories, was already more common in the T1 round. When it came to peoples’ opinions about politics, one participant expressed his/her feelings about the COVID-19 protection measures to be ambiguous. On the one side, he/she stated that social distancing might really be essential in the current situation, while on the other side some reactions like fining people for sitting on a bench in the park would go too far.

"So I think it's incredibly difficult to judge, you'll probably only really see afterwards whether it all made sense or not. What I find completely crazy now is that I sometimes hear from people, because I lived in [a city in eastern Austria] for a long time before and what I hear there is that people get a fine because they sat on a bench somewhere or were alone in the meadow, where I think to myself, what, I just don't see any logic in the whole thing anymore" (AT200410BP06).

In October 2020, the COVID-19 vaccination was, even not available back then, a point of criticism the interviewees voiced against politics.

"I really can't, I can't, I can't answer that at all, because first of all it's another political issue, then they argue and then they argue and he should get it first, no, but we have and we want and we have to, oh yes, I can't do anything with it" (2AT201002BP01).

This participant here criticized the fight over the vaccination prioritization issue which would be in his/her opinion a political issue with empty words, which would be not comprehensible for him/her at all.

Another of our interviewees went in the same direction, only here the aspect of how the government dealt with the pandemic in more general was the point of contestation. He/she complained that even though the pandemic, at this point of time, already lasted a few months and still there would not be a clear plan on how to deal with the situation.

"Yes, I mean, almost a year has passed and (laughs), I don't really notice anything tangible, or nothing at all. Be it from a medical point of view, that one has a vaccination or somehow knows how to deal with the virus or the disease. Or in the other direction, like, what rules or measures would there be to protect me?" (2AT201022LS05).

According to another participant, such behavior on part of the government would harm vaccination uptake in the future, because people simply would have lost their trust in the political decision makers by then. In the context of the upcoming COVID-19 vaccination this would be especially problematic, as people in Austria would be skeptical towards vaccines in general anyway.

"Because Austrians generally don't really want to be vaccinated and I don't know if the pandemic will increase their willingness. I rather have the feeling that it will reduce it, because people no longer have confidence in the decision-makers" (2AT20201023KK07).

On the other side, also one of our participants mentioned that he/she would trust in the government and especially in the Ministry of Health.

"Because the, yeah, well, they're, they're in touch with the experts anyway, so, I already trust the Ministry of Health, definitely" (2AT201012EW05).

In the T3 data, the vaccination campaign was another big topic. Here, the participants' reactions were quite positive.

"What went well in Vienna was this vaccination campaign with these vaccination streets. They were so brilliantly organized, I was vaccinating myself at the Austria Center, and it was brilliantly organized. It was unbelievable! I was just amazed" (3AT211018IR01).

As this participant seemed really happy about the vaccination process, another participant, presumably also confident with the vaccination campaign, criticized the sudden adjustment of the campaign.

"Yes, the worst thing is simply that the vaccination campaign has been completely stopped and the slogan has been issued, so to speak, that everyone is responsible for themselves and actually there is hardly any education, so as far as I know now, I don't know, maybe I have the wrong information, but from June of this year the vaccination campaign was actually completely stopped and in Upper Austria we now have a vaccination rate of just over 50% and I find that simply irresponsible on the part of the government" (3AT211025BP04).

One participant assumed that this just happened because of the upcoming election and political parties focusing on their election campaigns.

"I find it incomprehensible that governments stop vaccination campaigns because of the election campaign" (3AT211004EW03).

While many participants actually appreciated the vaccination campaign, some people expressed that they felt pressured not only by the vaccination campaign but in general. This is closely connected with the aspect of discrimination (of unvaccinated individuals) which was described earlier in this chapter. One participant expressed his/her fear of being socially excluded if he/she would not get vaccinated, while he/she even did draw a connection to the Nazi regime.

"I have the feeling that it goes in that direction. Yes, (laughs) just like they put a bracelet on the Jews during the Hitler era so that they could be recognized from afar, the same could happen to us older people, yes (laughs)" (2AT201104LS06).

It cannot be said to what degree the interviewee really thought this way, but the phenomenon that (unvaccinated) people compared their situation to the cruelties people experienced during the time of the Nazi regime, could be observed more than once in our data. Also, such comparisons were, paradoxically, often drawn by right-wing political parties opposing the government's COVID-19 protection measures and the COVID-19 vaccination. As said before, we cannot say how at least our participants were really thinking that way, but one has to assume that there were indeed people who perceived the pandemic situation as living in a "dictatorship". This in turn implicates the severeness of the divide inside society, which is fueled by political parties and can therefore even create a bigger split in society as their party supporters are further incited against the COVID-19 protection measures and against the COVID-19 vaccination.

Against this background, this participant's statement looks rather moderate.

"It was stupid, I have to be honest, with the tests, this intrusion into everyday life, which sometimes ranged from pointless actions to: "Okay, I have to make sure that I get the green passport and that everything is recorded and the mobile phone signature". So how they solved it, it was all very cumbersome actually" (3AT211014EW08).

People complaining about cumbersome solutions when it came to digital issues, was also a point of criticism which was relatively often voiced by the interviewees. In contrast to the afore stated, another participant however expressed that he/she would be in favor of such digital practices and also welcomed that the police would enforce the "use" of this practices.

"Well, I just heard that there was a check in a pub somewhere, the police came at night already and checked everyone and did the QR code, that's great" (3AT211014WS01).

When it comes again to the issue of the COVID-19 vaccination, participants also talked about the role and the situation of children during the pandemic.

As for some time, small children could not be tested properly, one participant expressed his/her concerns when she was seeing her cousin's children.

"Also with my cousin, who has two small children who go to nursery school, I didn't see them much because you couldn't test children and yes, it was incredibly stressful and an incredible cognitive effort to think about it all the time, when was the last time someone was tested and who could I infect, if I was first at my cousin's with the children and then went to my mother in the Waldviertel, could I bring her something, do I have to wait for the incubation period, so I had the feeling that I was just calculating in my head" (3AT211021WS03).

Such fears of getting infected and then transmitting the virus to family members was a concern which was expressed by our participants many times whereby it also was one of the reasons for one to be in favor of getting vaccinated against the COVID-19 virus. One participant stated that he/she and his/her partner would therefore be really looking forward to getting their child vaccinated.

"And now it's just a bit of an issue that, well, the older son is 11, yes, and we're just looking forward to it hopefully being allowed for the under 12s soon" (3AT21102WS06).

In the case of the already heated discussion around the COVID-19 vaccination in Austria, the question of getting children vaccinated or not adds a new emotionally charged component. One participant furthermore criticized inequalities inside Austria, as the containment measures were, in his/her opinion, carried out way stricter in schools than they were for example at workplaces.

"But when it comes to the question of where one would have liked to have tightened up the measures, I think that the situation where there is a 3G at school, which is carried out completely without any gaps, so to speak, and where the children are not allowed to go to school if they do not comply with it, that my workplace does not exist, and that this is obviously not planned as rigorously as in the schools, I actually think that is wrong" (3AT21102WS06).

Peoples' perceptions about the way the government had dealt with the COVID-19 protection measures and the COVID-19 vaccination were quite ambivalent. Some participants either saw the COVID-19 protection measures as annoying and unhelpful or their enforcement as going

too far. On the other side, there were also participants who welcomed the enforcement of the COVID-19 protection measures by the police. Before the vaccination was available, people complained that it would be a political fight over who would get the vaccination first and did not see a real plan behind it. Others in return said that they would have trust in the authorities. When the COVID-19 vaccination was finally available, the vaccination campaign, at least in Vienna, was overall perceived positive by our participants. Some participants were highly impressed by the organization and expressed that they were quite confident on how the government dealt with the whole procedure. What some of our interviewees were however not happy about was the, in their opinion, adjustment of the vaccination campaign for the benefit of the upcoming election campaign. As this gave the impression that political parties would be more interested in their election success than getting people vaccinated and fighting the pandemic, the relationship between people and politics suffered. When it came to the way children were treated during the pandemic, our interviewees had a rather negative attitude towards politics. One point of criticism here was that the 3G rules were enforced way stricter in schools than they would be enforced in workplaces like offices.

5.5 Information: Information seeking and external influence on peoples' opinion on the COVID-19 vaccination

In this category, the issue of getting (the right) information about the COVID-19 vaccine(s) and the pandemic in general will be further explored.

Some participants reported about being uncertain whether to get vaccinated or not as they were lacking proper information about the risks and benefits of the COVID-19 vaccination.

Next to media reports, there were several other sources of influence on someone's positionality towards the COVID-19 vaccination. For example, trust respectively mistrust in experts like medics or in institutions like the World Health Organization (WHO) plays a crucial role on one's decision to get vaccinated or not.

As mentioned several times before in this master thesis, the fast development and admission procedure of the different COVID-19 vaccines made many people doubting the safety and efficiency of the newly developed vaccines. These concerns were also expressed by our participants. As this participant put it;

“But I can’t imagine that it took years to research and find something before, without throwing out the baby with the bathwater, or vaccinating against one thing and getting the other, I would almost say that it went a bit quickly if we now found it in 10 months. If we say we already started looking in January” (2AT201014SE06).

People were therefore also skeptical about official recommendations (concerning the COVID-19 vaccines) on part of the government. Because of that, one interviewee stated that he/she would also try to find “independent” information next to the official information on part of for example the Ministry of Health in Austria.

“No, I would definitely check again. So if an authority says it’s okay, then that’s definitely not enough for me. I would try to get as much independent information as possible” (2AT201023CH09).

When it came to the role of the media, participants expressed mixed feelings. In the T2 round, one participant stated that he/she would now avoid consuming newspapers because of its aggressive fearmongering.

“For example, I don’t read daily newspapers because this aggressive fearmongering gets on my nerves. I don’t need that. I live without fear” (2AT20201016KK04).

Another interviewee assumed that exactly this execution of “pressure” on part of the media lead decision makers to ignore safety standards when it came to the production and admission procedure of the COVID-19 vaccines.

“Because the fear is simply that all the regulations have now been ignored due to media pressure. And some limits are being softened or seen as softer. Just to finally have a vaccine” (2AT201022LS05).

Also in the third interviewee round, the role of the media was quite often perceived negatively. For example, the media was blamed to further fuel already existing societal divide and polarization through their news coverage.

“So, that made me angry, made me desperate, so that’s really the, that was quite difficult. This stupidity, too, so I have the feeling that there was basically a polarization,

but it was also very highly written up by the media in part, yes, so such a story” (3AT211018SE04).

Another participant expressed that he/she would be just to overwhelmed by the flood of different information about the pandemic situation.

“I have to say that what’s bad in general is this flood of media. You don’t know what to believe any more, you’re bombarded by different opinions everywhere” (3AT211015EW06).

When it came to other factors which influenced peoples’ attitudes towards the pandemic situation or specifically the COVID-19 vaccination, our participants often reported about being influenced by their social surroundings, especially when there were experts like medics in their circle of friends or in their families.

While some participants directly blamed unvaccinated people living in their bubbles for not getting vaccinated, another participant put the blame on the government that people formed their (opposing) attitudes towards the COVID-19 vaccination in “bubbles” because the government had failed to include certain people in the vaccination campaign.

“And yes, as I said in Vienna, some colleagues say that the problem with migration is that they were not informed properly for a long time or were not part of the advertising campaigns and have now more or less formed their opinion in bubbles, so to speak, and it is insanely difficult to get them out” (3AT201028BP05).

The problem that it would be very difficult to get people out of vaccine sceptic bubbles is a severe issue as also some of the interviewees stated their mistrust towards experts and political authorities and institutions.

While one participant expressed his/her trust to the afore mentioned;

“A: Then who do you trust most for information on vaccines? Or where would you go for information? B: Well, I would trust the WHO and the Ministry of Health and AGES. I would trust the Austrian institutions” (2AT201022CH08).

Another interviewee saw for example the role of the WHO more critical as he/she also assumed financial interests on part of the pharma industry to be responsible for the immense public presence of the COVID-19 vaccination topic.

“It often seems to me that it is perhaps taken a little too seriously. And that it may also come from above somewhere, from the WHO or something, that they simply want to keep this topic of vaccination alive. That this compulsory vaccination should come. Of course, this is a huge business, especially for the pharmaceutical industry. That then also comes when you realize that it’s not all as logical as it’s presented” (2AT201014LS03).

Another participant went in the same direction, also expressing mistrust towards the pharma industry and complaining that people would be used as guinea pigs for the interests of the pharma industry.

“Of course, where else would we have got it from? But do we know, so (unv.) always, do we know how much the pharmaceutical industry, yes, we just felt like a big crowd of guinea pigs. And that’s what we were. That’s the reality” (3AT211031SE06).

Yet another participant’s statement shows the societal conflict around the vaccination topic. Here, he/she criticizes, in a rather ironic way, people tending to belief in conspiracy theories and their claims that experts in the medical field would be manipulated and would not know about the “truth” at all.

“Yes, and as I have understood it in the meantime, it is the case that someone who has studied medicine or biology or genetics or something like that, these are for the blinded, who are more or less manipulated from the beginning of their education and cannot understand it” (3AT211021BP03).

To sum up the above, it can be said that also the aspect of information seeking is connected with political and societal divide. A not to be neglected number of the interviewees expressed their mistrust towards the media and (political) institutions, while others stated trust in the afore mentioned and made fun of people who believe in conspiracy theories. Mistrust in institutions and the media predominantly went in the direction that the interviewees perceived media news coverage and official vaccination recommendations as not trustworthy,

motivated by targeting and discriminating unvaccinated individuals and as serving the pharma industry and their financial interests.

5.6 Opinions: Individual embedding into the pandemic situation

Participants often based their opinion formation on personal experiences. In this context, our interviewees especially referred to the COVID-19 protection measures and the COVID-19 vaccination.

“And all of them, well, I base my ideas more on what I hear from the hospital and where I simply have the feeling that it is right that at the moment simply keeping your distance is the only way to save yourself until there is a vaccination or until there is at least medication or something, yes” (AT200410BP06).

Another interviewee also referred to experiences from the hospital when he/she gave his/her assessment on the pandemic situation.

“I also have my boyfriend in hospital, so I know how it starts and explodes. It’s not going to get better. It’s going to get a lot worse. It’s not going to get better. And we don’t need to expect it to loosen up” (2AT20201022KK06).

During the interviews, participants often expressed their fears and hopes during the pandemic. When it came to hopes, one participant in the T1 round expressed his/her wish to see his family and friends again.

“No, the wish would be to have a bit of a social life and to meet his friends again, that would be important to me. To see my daughter more regularly, I’ve never seen her before, I’ll see her tomorrow for the first time. That’s not the law at all, but I’m doing it now because of my conscience. And yes, my wishes, of course, to go back to work normally, that is actually the most urgent wish, to go to work normally” (AT200416KK03).

Interestingly, this participant expressed that the most important thing for him/her would be to go back to work and with that back to a regular daily routine. However, there were actually

a few interviewees who stated that they would like to go back to work or respectively stop working in home office.

When it came to peoples' fears, one participant named another possible lockdown.

"Right now it's gloomy because I think the winter will be hard. If you kind of then, everything will probably be closed again or most of it and you'll actually only be able to sit at home when it's cold outside, but so in the long term I just really think we're waiting for a vaccination and before that it won't be over, it's certainly going to be a long time, I think" (2AT201015WS04).

That people were also afraid about the COVID-19 virus itself or an economic collapse was already stated before. In the context of my research focus, it is from special interest that many participants, as indicated in the sub-chapters before as well, were afraid of the political and societal polarization inside Austria. In the T3 round, this participant expressed his/her fear that the already existing polarization could get even worse.

"A: Okay, I see, so you are afraid of even greater polarization? B: You could say that, yes" (3AT211017EW07).

Another code I used to analyze the interview transcripts is called "setting into context". This code was applied when our participants reflected about the pandemic situation, the usefulness of the various protection measures and the COVID-19 vaccination.

This participant for example stated the incompatibility between economic and public health interests.

"But I think that in the crisis we will always see that we have two scales here, on the one hand with health policy interests and on the other hand with economic policy interests. And you can't completely exclude both, because of course at the end of the day we are heading for a huge recession and on the other hand we have relatively few infected people, which is good" (AT200415BP08).

Such an irreconcilability or better to stay participants complaining about the economy suffering through the COVID-19 protection measures, was quite commonly expressed by our

participants, most probably because many people suffered economic hardships during the pandemic. One participant therefore compared the fatality of the COVID-19 virus with other diseases, in this case cancer;

"I read, I know there are no comparisons, but last year 21,000 people died of cancer in Austria and not one person wiggled an ear in any way" (3AT211018BP02).

When it came to the topic of the COVID-19 vaccination, one participant drew a connection to the period of the Second World War.

"But this is also the topic of our generation from the Second World War. I can already see that we're just going along with this because it's demanded of us? That is certainly from that time and that we also resolved in our youth that we would never do that. And now there was a similar situation where we didn't know, it wasn't this destruction and power and war, but nevertheless it was something where we weren't convinced and did it anyway. And because of that, so many people are doing it now and we are also going along with it now. It was total theme with us" (3AT211031SE06).

Here, it cannot be clearly said if the interviewed person just aimed to deliver an objective explanation for why people would be in opposition towards the vaccination or the COVID-19 protection measures in general, or if he/she really perceived the situation to be like the aforementioned period. If the latter would be the case, this would add another example to the phenomenon that people described the pandemic situation and the government's incentives to cope with the situation as living in a "dictatorship".

Also, some participants not only complained about public health policies, but expressed their own ideas on how to deal with the situation. One interviewee for example presented his/her own solution on how to keep schools open.

"So there are cases of 14- to 18-year-olds who are seriously ill, but everything up to the first, second secondary school can be quite relaxed, and there I would also, in order to keep the country busy, continue to send the children to school and if there are some with a cold and cough, then you just have to, I don't know, make cold-cough classes, I don't know how else to put it, yes" (2AT201014BP07).

While reflecting on the pandemic situation in Austria, the interviewees' opinions were also influenced by how other countries dealt with the COVID-19 pandemic. Even though the pandemic situation and the government dealing with it could be better, one participant in the T1 round stated that he/she was happy to not experience such a situation in the UK or the United States.

"Because I am nevertheless glad that we don't live in the UK or in the US. In every respect, yes" (AT200410BP06).

When it came to the vaccination situation in other countries, the participants had ambivalent opinions. In the case of a vaccine mandate against COVID-19, one participant hint to the example of Italy, where compulsory vaccination against other diseases would already have had produced resistance of people.

"Italy is already showing that compulsory vaccination also produces extreme resistance..." (3AT211021BP03).

Another participant's statement implies his/her opinion that life could be already more normal if everyone would get vaccinated.

"When I look at the other countries, I read yesterday in Norway the vaccination rate is 80%, there domestic flights are already possible without a mask and yes..." (3AT211018BP02).

The formation of opinions is not only influenced by media news coverage in its various ways or official government information. People often tended to form their opinion based on what they experienced working in medical institutions or from what friends and relatives working in hospitals were telling them. Participants which formed their opinions through such experiences had a rather pessimistic perception on the pandemic situation. The other aspects dealing with the interviewees forming or expressing their opinions show again a dividing character. People in our study were rather critical to closing schools and highlighted that the COVID-19 protection measures would seriously harm the economy (in Austria). A participant even drew a connection to the Nazi period. This shows participants having, at least in some topics, a rather negative stand towards politics or the media.

6. Discussion

As stated in the Introduction Part of the present master thesis, the COVID-19 pandemic had a huge impact on societal and political divide in Austria. According to Abrams et al. (2021), a sense of “we spirit” in fighting the pandemic collectively could be observed at the beginning of the pandemic. This unity inside society as well as between people and politics crumbled as the restriction policies to contain the spread of the COVID-19 virus brought huge incisions into peoples’ everyday lives but did not bring the desired effect to stop the pandemic. This led to tensions and divide between people inside society as well as between people and politics (Abrams et al., 2021). The same was with the COVID-19 vaccination which was first available in the early months of 2021. Political and societal polarization increased through the support respectively the opposition towards the COVID-19 vaccination.

My initial research interest was inspired by the research of Wagner and Eberl (2022), Abrams et al. (2021) and Henkel et al. (2022), which deals with the phenomenon of people developing a social identity around their COVID-19 vaccination status. According to Wagner and Eberl (2022), such an identification with one’s COVID-19 vaccination status increases societal and political divide.

As I think this phenomenon and the research of the afore stated scholars can deliver interesting new insights on societal divide during the COVID-19 pandemic in Austria, I aim to further contribute to this rather young and specific field of research with the present master thesis. Through conducting and analysing qualitative interviews, I aim to depict peoples’ perceptions about societal divide associated with a person’s COVID-19 vaccination status and find out what this means for the relationship between people and politics during the COVID-19 pandemic in Austria.

Therefore, my research question is as follows:

„What does the perception of the societal divide during the COVID-19 pandemic associated with a person’s COVID-19 vaccination status mean for the relationship between people and politics in Austria during the COVID-19 pandemic in the years of March 2020 to December 2021?“

Subsequently, I am interrelating various theoretical concepts and approaches dealing with the term and concept of “social identities”, namely the Social Identity Theory (SIT) by Tajfel and

Turner (1979), identity politics, intersectionality and multiple and overlapping identities as well as approaches to the concept of “Othering”. I consider these theoretical concepts and approaches as useful to understand the concept of “social identities” and how social identities facilitate societal and political divide.

With that conceptual lens, I interpret the empirical material. This interpretation will be carried out in detail in the following.

6.1 Social identities around one’s COVID-19 vaccination status

It is important to mention that the interviewees were never directly asked about their perception of social identities and that they never even mentioned the term “social identity”. In the present master thesis, the term is used as an analytical term with the aim to use the before mentioned theoretical concepts as a “lens” to interpret the empirical material.

Also, it needs to be stated that most of the interviewees reported that they were vaccinated against the COVID-19 virus. “Hardcore” anti-vaxxers, like those who went on the streets to protest the COVID-19 vaccination and spread conspiracy theories about the COVID-19 vaccines or support populist right-wing parties in their resistance against the government and its COVID-19 protection measures, are not present in the data. This might be because such people are extremely hard to recruit for a study like this. Still, there are people in the study who stated that they are not vaccinated against COVID-19. Furthermore, there were unvaccinated interviewees who had indeed strong opinions towards the COVID-19 vaccination. When being asked about his/her view towards a possible mandatory vaccination against COVID-19, one participant for example stated that for him/her a vaccine mandate would be “raping people”, which hits the same tone as when the leader of the FPÖ, Herbert Kickl, spoke about “vaccination rape” (Herbert Kickl, 2021 quoted in Der Standard, 2021) in the context of the 3G rules at workplaces. There were also two interviewees who compared the pandemic situation and the government’s incentives to deal with COVID-19 with the Nazi regime, while some other interviewees assumed the promotion of the COVID-19 vaccination by the media and (government) institutions would be to meet the financial interests of the pharma industry. So, it can be said that there were indeed participants with strong opinions against the COVID-19 vaccination.

As stated before, my research interest was inspired by current research which connects social identities to a person’s COVID-19 vaccination status and to societal divide. According to

Wagner and Eberl (2022), an identification with one's own COVID-19 vaccination status could be for example observed when people actively added their vaccination status to their social media profiles.

In my data however, the interviewees indeed often mentioned that they were vaccinated against COVID-19, but not in a way that one could speak of participants having their social identity based on their vaccination status against COVID-19.

Participants did draw a distinction between vaccinated and unvaccinated individuals. Also, some of the interviewees identified social groups of vaccinated and unvaccinated people. When doing so, the participants reported about being in a "bubble" of like-minded people concerning the attitude towards the COVID-19 vaccination. Most of them reported about their social group (their "bubble") consisting of people who were vaccinated against COVID-19. When the participants spoke about their observations of other "bubbles", they referred to social groups of unvaccinated people.

However, the interviewees did not define themselves around their COVID-19 vaccination status in a sense that it would fit Abrams and Hogg's (1988) definition which describes that peoples' social identities can be defined as "... (their) sense of self-hood defined by their group memberships" (Abrams & Hogg, 1988).

When the interviewees were speaking about their motives to get vaccinated against COVID-19, they often mentioned personal reasons, such as having more personal freedom in the context of the COVID-19 protection measures or to protect their families. The interviewees did not express being proud to be vaccinated nor did they refer to themselves as "vaccinated" persons.

With this observation, I, however, do not aim to question Wagner and Eberl's (2022) research and its findings. In my data, it is just not identifiable that people developed a strong social identity around their COVID-19 vaccination status in the sense that it would fit their findings or meet the definition of Abrams and Hogg (1988) about social identities. Still, the data clearly show that people perceive a distinction between vaccinated and unvaccinated individuals and the emergence of social groups in the context of a person's COVID-19 vaccination status.

6.2 Societal divide and identity attribution

According to Wagner and Eberl (2022), the heated societal and political debate around the COVID-19 vaccination led to the development of social identities around the support or opposition concerning the COVID-19 vaccination (Wagner & Eberl, 2022).

Simon and Klandermans (2001) point out that events (such as the COVID-19 pandemic) can make social identities even more salient which then leads to even bigger conflicts and more societal divide. Such conflicts occur between opposing, social groups. In the case of my research, these opposing groups would consist of vaccinated and unvaccinated individuals. Now it is the case that my data do not confirm but also do not neglect the development of social identities around a person's COVID-19 vaccination status at the first place.

However, the data clearly show that a person's COVID-19 vaccination status was the main reason for societal divide as well as the main point of contestation between people and politics in the context of the COVID-19 pandemic in Austria. This is to say, that there is indeed a conflict which led to societal divide between vaccinated and unvaccinated individuals.

When (vaccinated) participants were complaining about other people not being vaccinated against COVID-19, the overall motive was that everyone should get vaccinated to get out of the pandemic situation. Still, some participants expressed strong sentiments against unvaccinated people, leading from calling them "irrational" or "irresponsible" to blaming them for occupying intensive care beds in hospitals and with that being (indirectly) responsible for other people dying. The same was with the compliance respectively non-compliance of the COVID-19 protection measures. Especially people who refused to wear masks in shops or public transportation were criticized by the interviewees.

In the theoretical concept of "Othering", people are made the "Others" by attributing negative stereotypes to them to then attribute oneself with opposing, positive attributes (Velho & Olalde, 2016, Spivak, 1984). Such social behavior could be partly observed in my data, as well.

Unvaccinated individuals were described as irrational and not solidary by vaccinated interviewees, who stated that they would be vaccinated also for the interest of the whole society by protecting the most vulnerable people in the society.

Similar accusations were made against people or restaurants and bars who were not following the COVID-19 protection measures. One interviewee for example "identified" people who did

not wear masks in public transportation as right-wing supporters. In another example, one participant reported about once being in a pub where there were no checks concerning a visitor's 3G status. He/she assumed that this pub would sympathize with the right-wing political party FPÖ.

In this context, it is of interest that, as Wagner and Eberl (2022) pick up Korn et al.'s (2020) finding and point out that "... vaccinated individuals tend to be less generous towards the unvaccinated" (Wagner & Eberl, 2022).

When unvaccinated interviewees voiced complaints, these complaints were about them feeling discriminated by public discourse but especially by politics. At least in my data, unvaccinated people did not identify vaccinated people as "Others" and attributed them with negative stereotypes because of their decision to get vaccinated. Much more, unvaccinated interviewees wished for them to be accepted and respected for their personal decision to reject the COVID-19 vaccination.

One unvaccinated interviewee expressed his displeasure of him being the target of, as I call this phenomenon in the present master thesis, "identity attribution". He stated that he and his wife were both pharmacists and would wait until an inactivated vaccine against COVID-19 would be available. He complained about now being associated as a right-wing supporter, which he clearly denied. There were quite a few unvaccinated interviewees who clearly separated themselves from anti-vaxxers and right-wing supporters. There was one interviewee in the data who also complained because of being associated with the political right, even though his/her political background would be left-wing.

Now, one could argue that "hardcore" anti-vaxxers were not present in the data and because of that it cannot be said that "Othering" and identity attribution are only observable when vaccinated individuals were voicing criticism against unvaccinated individuals. This is partly right. There definitely might be "hardcore" anti-vaxxers which would make vaccinated individuals the "Others". Still, as stated above, there are unvaccinated interviewees with strong sentiments against the COVID-19 vaccination, but they still did not assign negative or even offending attributes to vaccinated individuals. Moreover, their criticism was targeted against politics, which will be shown in sub-chapter 6.4.

With this observation, Wagner and Eberl's (2022) statement that vaccinated people tend to be less tolerant towards unvaccinated people than the other way round (in the context of the COVID-19 vaccination) might not be applicable in every case, but it still presents an interesting insight as it, seen in the context of my data, depicts how "moderate" vaccinated and unvaccinated people deal with each other, independently from the point of view of extremists.

According to Scheuringer (2016), a person can have multiple identities, whereby some of them are inherited by birth such as race and gender, but there are also identities which are developed through the interaction of an individual with society.

Against the background of the before stated observations, it is another interesting finding that, sometimes, people did not develop a social identity through interaction with society by themselves but that public discourse or other people "assigned" a social identity to an individual.

As in public discourse as well as from the point of view of some political parties, unvaccinated individuals are made responsible for conflicts and societal divide during the COVID-19 pandemic, I also aim to depict their standpoint and complains which show that societal divide is not a one-way street with only unvaccinated people to put the blame on.

6.3 Refusal of societal divide, fear of societal and political polarization and acceptance of different opinions

From the sub-chapter before it can be clearly taken that the interviewees did perceive societal divide around a person's COVID-19 vaccination status. In this sub-chapter, I now aim to depict the way people in Austria dealt with societal divide around one's COVID-19 vaccination status against the background of the state-of-the-art literature concerning social identities.

By developing the Social Identity Theory, Tajfel and Turner (1979) aimed, amongst other things, to explain conflict between (social) groups. Therefore, it is important to understand how intergroup behavior works, whereby the aspect of "intergroup comparison" is especially important in the case of my research.

According to Brown (2000), "intergroup comparison", means that social groups aim to compare themselves to other (relevant) social groups. In this context, the own social group needs to be "superior" regarding to the "inferior" out-group, so that members of the social

group can boost their self-esteem by feeling “better” than the members of the other social group.

As stated in the sub-chapter before when it came to the aspects of “Othering”, the data show that (vaccinated) interviewees often accused unvaccinated people as being not solidary with their fellow citizens, while the interviewees stated that they themselves would get vaccinated (amongst other things) to protect vulnerable people in the society and to help stop the pandemic.

This would go along with the premise of “intergroup comparison”, as, in the context of my research, vaccinated individuals would present themselves as people carrying for society in contrast to the selfish, unvaccinated individuals. This in return presents clear evidence of societal divide.

However, the premise of “intergroup comparison” presupposes that people from one social group need to compare themselves with another social group. In this case, vaccinated individuals with unvaccinated individuals or the other way round.

Only through this comparison, an individual can preserve his positive social identity. This would implicate that, even though they constantly criticize other people for not being vaccinated, it would be “better” for the vaccinated interviewees if unvaccinated individuals would not get vaccinated against COVID-19, so the vaccinated interviewees can keep their “moral superiority”.

But this is not the case in the data. Vaccinated interviewees expressed their wish that unvaccinated people should get vaccinated against COVID-19. Some interviewees even reported about their attempts to persuade unvaccinated people to get vaccinated against COVID-19.

Wagner and Eberl (2022) point out that social identities lead “to in-group favoritism and out-group prejudice” (Wagner & Eberl, 2022). There are examples in the data which confirm this statement, as for example some interviewees assigned unvaccinated people to right-wing political parties such as the MFG and the FPÖ.

But there are also other examples from the data which show that there was not only prejudice against people with a different vaccination decision. In one example, participants did not go to a work dinner as one colleague could have not joined because he/she was not vaccinated

against COVID-19. Furthermore, some (vaccinated) interviewees also stated that they would understand and respect other peoples' decision to not get vaccinated against COVID-19. These interviewees even stated their displeasure against the discrimination of unvaccinated people.

This shows that there is not only prejudice and hate, but that there can be and is understanding and solidarity between vaccinated and unvaccinated people.

Some interviewees reported that they were afraid of societal and political polarization and divide. This fear was literally stated by many of the participants. As I will show in the next sub-chapter, this fear also caused serious tensions between people and politics.

6.4 The role of politics in shaping societal divide

While expressing their fear of societal and political polarization, the interviewees often blamed politics for either being directly responsible for or at least fueling societal divide.

When speaking about "politics", I refer to the government, at this point of time the coalition between the Austrian Peoples' Party (ÖVP) and the Greens. On the other side, "politics", in this master thesis, refers to the (populist) right-wing opposition parties FPÖ and MFG. The other political parties in Austria do not play a role in the context of my research, neither in the data nor in the literature.

As depicted in sub-chapter 2.3, the MFG was quite successful through opposing the COVID-19 protection measures and the COVID-19 vaccination. I will go into it later. However, when complaining about (populist) right-wing parties and their role in shaping societal divide, the interviewees mostly referred to the FPÖ. But also here, only a few participants actively mentioned the FPÖ.

Interestingly, the interviewees (also the vaccinated interviewees) predominantly targeted their criticism against the government. This criticism included that the COVID-19 protection measures were either going too far or, on the other side, were not enforced strictly enough. When it came to the issue of the COVID-19 vaccination, some interviewees welcomed government incentives and praised the organization of the vaccination distribution (mainly in Vienna), while others for example criticized a sudden adjustment of the vaccination campaign because of the upcoming election. Overall, it can be said that the role of the government was perceived quite ambivalent.

In the research context of societal divide, the government's COVID-19 protection measures were often perceived as counterproductive as these policies would further fuel societal divide. One point of criticism hereby was, that the government would actively target and discriminate unvaccinated individuals. Furthermore, "discriminating" COVID-19 protection measures would not be from use anyway. One interviewee for example complained about a lockdown only for unvaccinated people. This would mean that unvaccinated individuals would be restricted because of their very own personal decision to not get vaccinated, while vaccinated people would be free to live their life, even though they could exactly so carry the COVID-19 virus and transmit it to other people. Also vaccinated interviewees did often not approve COVID-19 protection measures which would exclude unvaccinated people. They either perceived such "discriminating" policies, like for example excluding unvaccinated people from stadiums, as either unfair or as dangerous, as such policies would further fuel societal divide.

The interviewees did not only complain about COVID-19 protection measures which would only make life harder for unvaccinated citizens. Especially the issue of a general mandatory vaccination against COVID-19 was a huge point of criticism voiced by vaccinated as well as unvaccinated people. Both "groups" agreed on that a general vaccine mandate against COVID-19 would go (way) too far.

This shows that the COVID-19 protection measures were (sometimes) not only perceived negative by unvaccinated, but by vaccinated individuals, as well. Of course, the COVID-19 protection measures were also welcomed by some interviewees. This is just to show that there are not only two rigid groups, "vaccinated people welcoming all government COVID-19 policies" vs. "unvaccinated people rejecting all government COVID-19 policies", but that the support or opposition towards COVID-19 protection measures is more complex and does not necessarily depend on one's COVID-19 vaccination status.

In this context, it is an interesting finding that COVID-19 policies targeted against unvaccinated individuals were arguably not supported by all vaccinated interviewees.

I now shortly aim to discuss this finding in the context of the concept of "identity politics", which was described in more detail in chapter three of the present master thesis.

According to Bernstein (2005), "identity politics" originates, amongst other things, from social movements from the 1960/1970s which were fighting for equal rights for women or people

from the queer community. In contrast to this, Brubaker and Cooper (2000) describe how “identity politics” is used by politicians. According to them, “identity” is “used by political entrepreneurs to persuade people to understand themselves, their interests, and their predicaments in a certain way, to persuade certain people that they are (for certain purposes) “identical” with one another and at the same time different from others, and to organize and justify collective action along certain lines” (Brubaker & Cooper, 2000).

In the context of my research, such a “use” of “identity politics” could be observed especially by the (populist) right-wing parties MFG and FPÖ. In chapter 2.3, it was already depicted how especially the MFG was quite successful in opposing the COVID-19 vaccination and the COVID-19 protection measures under the cloak of standing up for the ordinary peoples’ rights.

Thereby, it was certainly helpful for them that many people, as it can be also observed in the data, already felt excluded by society and politics for their decision to not get vaccinated against COVID-19. The MFG nevertheless took away voters from political parties from the whole political spectrum, whereby interestingly the Greens were the party who lost the most voters to the MFG. This shows that not only right-wing supporters but also people from the political center or even the political left sympathized with the political right MFG. This can be seen as a result of the afore stated observations, as the interviewees, vaccinated or not, often perceived the government’s COVID-19 protection measures as negative, whereby especially a general COVID-19 vaccine mandate was a main point of contestation between people and politics respectively the government.

This shows that the societal and political discourse as well as policies like a general COVID-19 vaccine mandate excluding unvaccinated individuals, as it was identified by the interviewees, might did not brought the desired effect to tackle the pandemic but helped (populist) right-wing parties to grow stronger.

It is hard to say if the government, the one which was in place at the time of my research focus, deliberately “used” identity politics in favor of vaccinated citizens, but if so, the data show that it probably did not work out.

In the next chapter, I am going to depict the role of the media and government information in fueling societal and political divide.

6.5 The role of the media and government information in shaping societal divide
Interviewees' perceptions about the media and its role concerning societal divide associated with a person's COVID-19 vaccination status was overall perceived as negative.

This negative perception is hereby not necessarily based on an individual's attitude towards the COVID-19 vaccination or the COVID-19 protection measures.

However, when speaking about negative perceptions which could be observed in the data, there is a distinction to be drawn between "two different kinds" of media, as the participants would call it the "mainstream" media and on the other side the more COVID-19 skeptical channel "ServusTV".

Interviewees with a rather positive attitude towards the COVID-19 vaccination criticized the latter for giving too much room to non-experts, in this case politicians from the MFG, and even to conspiracy theorists.

On the other side, interviewees which were critical towards the COVID-19 vaccination and the COVID-19 protection measures in general complained about "mainstream" media targeting and discriminating unvaccinated individuals. Furthermore, the "mainstream" media was blamed to encourage government COVID-19 policies by "aggressive fearmongering". In addition to that, interviewees also assumed that pressure on part of the media lead decisionmakers to ignore safety standards when it came to the development and admission procedure of the COVID-19 vaccines.

Next to media news coverage concerning the COVID-19 pandemic in general and the COVID-19 vaccination specifically, interviewees also referred to official information on part of the government concerning the COVID-19 vaccination and the pandemic in general. The interviewees opinions towards official government information were ambivalent. Some stated they would trust the Austrian authorities like the Ministry of Health, while another interviewee for example said that he/she would always look for "independent" information as well. Other interviewees went further and assumed that official information, also those by the WHO, were influenced by the financial interests of the pharma industry.

In the context of such information seeking, societal divide can be observed in the data. Such divide was mainly through discussions about the COVID-19 vaccines and other COVID-19 pandemic related topics, as interviewees reported about being discordant with other people concerning the veracity and independency of official government information or blogs on the internet.

But again, the data also show that people refuse and try to overcome divide. Interviewees for example also highlighted the importance of staying calm and arguing in a rational way. Through that, some interviewees even reported about success in convincing other people to get vaccinated or at least to not only rely on shady blogs on the internet in their opinion formation.

6.6 Summary of Discussion Chapter

In this sub-chapter, I aim to summarize the main findings of this chapter.

Henkel et al. (2022), Wagner and Eberl (2022) and Abrams et al. (2021) state in their research that people (in Austria) developed a social identity around their COVID-19 vaccination status. In contrast to that, my research cannot confirm nor neglect that people developed a social identity around their COVID-19 vaccination status.

On the one side, participants indeed stated that they were vaccinated respectively not vaccinated against COVID-19. They also reported about social groups, to which I refer to as “bubbles”, which would consist of (mostly) vaccinated or (mostly) unvaccinated individuals. However, the interviewees did not define themselves around their vaccination status against COVID-19 in the sense that it would fit Abrams and Hogg’s (1988) definition which describes that peoples’ social identities can be defined as “... sense of self-hood defined by their group memberships” (Abrams & Hogg, 1988). Nevertheless, the interviewees perceived and expressed a distinction between vaccinated and unvaccinated individuals as well as the forming of (social) groups around a person’s COVID-19 vaccination status.

Current research states that the heated societal and political debate around the COVID-19 vaccination led to the development of opposing social identities around the support or opposition towards the COVID-19 vaccination. This conflict led to societal divide, whereby the polarizing nature and the immense significance of the COVID-19 pandemic facilitated social identities which in return facilitated societal divide. As stated in sub-chapter 6.1, my research

could neither confirm nor neglect the development of social identities around a person's COVID-19 vaccination status. Still, the data clearly show societal divide around one's COVID-19 vaccination status. Unvaccinated people were often the target of partially harsh criticism by the interviewees. Unvaccinated individuals were for example often attributed with the identity of a political right-wing supporter.

Wagner and Eberl (2022) state (actually a finding of Korn et al. (2020) when it comes to vaccination in general) that vaccinated individuals tend to discriminate unvaccinated individuals more than the other way round. This can be also observed in the data. Unvaccinated interviewees complained about feeling discriminated for their decision to not get vaccinated but did not assign negative stereotypes to vaccinated individuals because of their COVID-19 vaccination status. This is an interesting finding as it shows how "moderate" vaccinated and unvaccinated people interact with each other in the context of the societal debate around the COVID-19 vaccination. Another finding of this sub-chapter is that public discourse sometimes "assigns" an identity to an unvaccinated individual and not that an individual develops a social identity by him or herself. As unvaccinated people are often blamed for causing conflict and societal divide, their perception, and the way they neglect the identity of a right-wing supporter or anti-vaxxer, adds another aspect for understanding the multi-faceted nature of the societal divide around a person's COVID-19 vaccination status.

The interviewees indeed perceived societal divide around a person's COVID-19 vaccination status but, as it was stated several times before, the data do not show that people did complain about other people to make them feel better. Most people in the data simply wished for everyone to contribute its part in ending the pandemic. Also, it can be observed that there is not only prejudice or even hate between people with a different attitude towards the COVID-19 vaccination, but that there is mutual understanding and even solidarity of vaccinated people with unvaccinated people, as well. The interviewees overall refused societal divide. This was also because interviewees reported about their fear of societal and political polarization.

The interviewees often blamed politics for fueling societal divide. With "politics", I speak of the government, at this point of time the coalition between the ÖVP and the Greens, and the (populist) right-wing opposition parties FPÖ and MFG. In the data, interviewees seldomly actively mentioned the FPÖ and the MFG, while their criticism was mostly targeted against

the government. The opinions towards the government were quite ambivalent. The data show that vaccinated as well as unvaccinated people criticized the “discrimination” of unvaccinated individuals. Furthermore, ill-conceived COVID-19 policies also endangered the relationship between vaccinated people and the government. The concept of “identity politics” shows interesting synergies with the way especially the MFG was successful in using the societal mood to gain votes. With their claims to fight for the peoples’ basic rights, the MFG did not only attract right-wing supporters, but people from all over the political spectrum. This shows that the exclusion of unvaccinated people did not strengthen unity inside the society but helped (populist) right-wing parties to grow stronger.

The media did not come off well in the data at all. Its role was overall perceived as counterproductive, as media news coverage would further fuel societal divide, either through “fearmongering”, targeting and discriminating unvaccinated individuals, serving the interests of the pharma industry or through giving a platform to non-experts and conspiracy theorists. When it came to official information on part of the government, some interviewees reported about trust in the authorities while others were skeptical about government information concerning COVID-19. This again led to societal divide through discussions over the trustworthiness of different information sources. But again, it can be also observed that people tried to overcome societal divide. Through providing rational arguments and avoiding a heated debate, some interviewees even reported about success in convincing other people to get vaccinated against COVID-19.

7. Conclusion

In this chapter, I aim to present the main findings of the present master thesis and with that to answer the research question.

The research question is as follows:

„What does the perception of the societal divide during the COVID-19 pandemic associated with a person’s COVID-19 vaccination status mean for the relationship between people and politics in Austria during the COVID-19 pandemic in the years of March 2020 to December 2021?“

To answer the research question in a structured and precise way, the research question will be first split in two parts.

First, I am going to describe how the interviewees perceived societal divide around a person's COVID-19 vaccination status and how the theoretical concepts around social identities were helpful for interpreting the data.

In the next step, I am going on a more abstract level and present my interpretations concerning what the interviewees' perceptions mean for the relationship between people and politics during the COVID-19 pandemic in Austria.

Afterwards, I aim to point out my contribution to the research field of social identities around an individual's COVID-19 vaccination status and the influence of a person's identification with his/her COVID-19 vaccination status on societal divide during the COVID-19 pandemic in Austria.

In the end, I will deliver some implications and recommendations for policymakers for future crises to come.

My research could neither prove nor neglect the development respectively the "existence" of social identities around a person's COVID-19 vaccination status. But as my research question focuses on how people perceived societal divide around a person's COVID-19 vaccination status, this does not present a problem. Much more, the theoretical concepts concerning social identities were helpful as a "lens" to interpret the empirical material as they provide explanations for societal divide. I could contrast these explanations to my data and through this comparison, I was able to work out my own findings in the context of the afore stated research question.

The data show that the interviewees perceived a distinction between vaccinated and unvaccinated individuals and the forming of social groups around a person's COVID-19 vaccination status. Also, the data prove that the interviewees perceived societal divide around a person's COVID-19 vaccination status.

This societal divide is observable when (vaccinated) interviewees were complaining about other people not being vaccinated or disregarding the COVID-19 protection measures.

The data can underpin Wagner and Eberl's (2022) findings that vaccinated people tend to criticize unvaccinated people more than the other way round. Unvaccinated interviewees often felt excluded and discriminated by public discourse. In the data, unvaccinated people were often attributed with negative attributes, especially by labeling them as political right-wing supporters.

This finding respectively the underpinning of Wagner and Eberl's (2022) findings deliver an insight of how "moderate" vaccinated and unvaccinated people interacted with each other in the time of my research focus.

In this context, another finding shows that through public discourse an identity is often "assigned" to an (unvaccinated) individual rather than the individual develops a social identity by him/herself.

The interviewees affected by such identity attribution clearly rejected such an attribution and clearly distanced themselves from right-wing political parties or anti-vaxxers. This shows the multi-faceted nature of the societal divide around a person's COVID-19 vaccination status. It also shows, as the concept of multiple and overlapping identities presupposes, that a person can have multiple identities and that on the other side the decision against the COVID-19 vaccination does not make a person a right-wing supporter or conspiracy theorist.

Even though there is societal divide observable, the interviewees just wished for an end of the pandemic through everyone contributing to stop the COVID-19 virus.

And even though a person would not get vaccinated against COVID-19, and with that he/she would not contribute to ending the pandemic, our interviewees also expressed understanding respectively respect for a person's decision to not get vaccinated against COVID-19. Some interviewees even observed that (vaccinated) persons showed solidarity with unvaccinated persons when the latter were about to be socially excluded.

This leads to the maybe most important finding of the present master thesis; from the data it becomes more than visible that people do not want and refuse societal divide, much more they actively tried to work against it!

The interviewees expressed their fear of societal and political divide.

These findings led to the second part of the research question, namely of what the above-described perceptions of societal divide around a person's COVID-19 vaccination status means for the relationship between people and politics.

The interviewees did sometimes blame unvaccinated people for the ongoing of the pandemic. But overall, the interviewees rejected societal divide and wished for unity. Fearing societal and political polarization, the interviewees often blamed politics for fueling societal divide.

Thereby, their criticism was mostly targeted against the government and seldomly, as one might would have expected otherwise, against the (populist) right wing opposition parties FPÖ and MFG. This shows clear discontent of people with the government. Another, also might unexpected, finding is that not only unvaccinated, but also vaccinated interviewees were complaining about COVID-19 policies which would target and discriminate unvaccinated individuals. Unvaccinated interviewees perceived (unjustified) incisions in their lives, exclusion from society and unfair treatment compared to vaccinated individuals. A few of them even compared their lives under the government to the Nazi period. Most of the unvaccinated interviewees did not go that far, still most if not all unvaccinated interviewees had negative feelings towards the government. This shows that there was a huge crack in the relation between people and the government, at least from the side of unvaccinated citizens.

Such a worsening of the relationship between unvaccinated individuals and the government did also worsen the relationship between vaccinated people and the government, as they made the government responsible for fueling societal divide. There were also complains about "useless" COVID-19 protection measures which brought incisions into the interviewee's lives, regardless their COVID-19 vaccination status. This means that also people which had a rather positive attitude towards the COVID-19 protection measures and the COVID-19 vaccination changed their before positive attitude towards the government.

Misleading communication on part of the government lead to mistrust towards further official government information and recommendations by vaccinated and unvaccinated people both alike.

The discontent of people with the government paved the way for (populist) right-wing parties like the FPÖ and the MFG, while especially the latter was quite successful in opposing the government's COVID-19 protection measures and the COVID-19 vaccination. The theoretical

concept of “identity politics” was very helpful in understanding how the MFG used the tensions between people and the government and peoples’ mistrust towards the government to gain votes. The party thereby did not only attract people who were already on the right side of the political spectrum but also took away voters from all (major) political parties in Austria. Against this background, the fact that the interviewees rarely actively criticized the MFG but did so with the government shows that the relationship between people and politics changed, as huge tensions are observable between people and the government while a (populist) right-wing party was able to gain acceptance in the middle of society.

I now aim to point out my contribution to the research field of social identities around a person’s COVID-19 vaccination status and on societal divide.

As my results show the complexity and the multi-faceted nature of the interplay between social identities, one’s COVID-19 vaccination status and the impact of this combination on societal divide, I hope to deliver another piece of work as an inspiration for future research in this, in my opinion, promising but still quite small, new field of research.

The research of Henkel et al. (2022), Wagner and Eberl (2022) and Abrams et al. (2021) delivers insights concerning societal divide during the COVID-19 pandemic (in Austria). Even though or especially because I could not directly confirm social identities around a person’s COVID-19 vaccination status but did find identity attribution because of a person’s COVID-19 vaccination status, I can add another view on the phenomenon of societal divide around a person’s COVID-19 vaccination status.

The finding, that people do not necessarily develop a social identity around their COVID-19 vaccination status, but that an identity is attributed to them because of their COVID-19 vaccination status is further underpinned by the fact that the interviewees rejected “assigned” identities like being a right-wing supporter.

To answer the research question of the present master thesis, I connected empirical data concerning peoples’ attitudes, feelings, perceptions, and behavior during the COVID-19 pandemic in Austria to various theoretical concepts dealing with social identities. Considering the concept’s explanations for societal divide, my data sometimes proved different. I hope that just these “disagreements” can be an inspiration for future research on societal divide during the COVID-19 pandemic.

The data presented in chapter five of the present master thesis made it possible for me to answer the research question. But the depicted data have the potential to be helpful for further research independently from the research question, as well. For example, one can use the data also for a better understanding of social divide between friends and families during the pandemic.

With this master thesis I do not only want to present some inspiration for future research, but I hope that my findings can also deliver some implications for policymakers for future crises to come.

Before I state these implications, I also want to shortly point out the role of the media in the context of my research. In my research focus on societal divide around a person's COVID-19 vaccination status, the media only played a minor role.

Still, I want to hint to the responsibility the media has especially in times of a crises such as the COVID-19 pandemic. The interviewees statements show that people were not happy with the media news coverage during the COVID-19 pandemic in Austria. I cannot and do not aim to go deeper into accusations of "fearmongering", targeting and discriminating unvaccinated individuals or giving a stage to conspiracy theories, but journalists and editors should always keep in mind that media news coverage should always be carried out independently from personal and political preferences.

This premise partly also fits to the role of policymakers which, in the context of my research, should first keep in mind the welfare of their people and not for example stop vaccination campaigns because they rather like to focus on upcoming election campaigns (as criticized by the interviewees).

Also, my results show that policies, like a lockdown only for unvaccinated people or a general vaccine mandate, do not necessarily delight vaccinated people, but that they cause resentment from all over the population because they rather fuel societal divide than unite the population in the fight against the COVID-19 virus.

With that, policymakers sow a breeding ground for (populist) right-wing parties, who at least partly show tendencies of state sceptic and anti-democratic behavior. The uprising of such parties did not improve the pandemic situation, but certainly worsened it.

This is why I hope that my results can function as a lesson for future crises to come.

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9. Acknowledgments

Finally, I want to finish this master thesis by giving credit and acknowledging the support I received from other people while working on my master thesis.

I am very grateful for my supervisor, Univ.-Ass., Mag. Dr. PD. Gertrude Saxinger and her amazing support in every stage of this master thesis.

As my master thesis initially evolved from my contribution to the study *“Solidarity in times of a pandemic – what do people do and why?”*, I also want to thank my colleagues and lecturers at the University of Vienna for giving me the opportunity to work with them at the first place. Here, my thanks are especially due to Univ.-Ass., Dr. Katharina Kieslich, who proposed me to the SolPan team in the beginning. Also, I want to thank Univ.-Prof. Dr. Barbara Prainsack for giving me the opportunity to contribute to the SolPan research commons.

During contributing to the study, I worked closely with my supervisor Univ.-Ass., Mag. Dr. PD. Gertrude Saxinger, Univ.-Ass., Mag. Dr. Isabella Radhuber and my fellow student Sebastian Ferstl. I want to thank all of them for their cooperation, which gave me the opportunity to gain experience in the field of scientific research and even made it possible for me to contribute to a paper as a co-author.

During the last year, I was also supported by my friends for which I am thankful for. Here, I want to especially give credit to four persons. To my dearest friends John and Niklas who always gave me advice on how to deal with my future, which helped me keeping a clear head and to focus on the present and on my master thesis. Also, my thanks go to my friends Hubert and Kathrin for their emotional support during the last year.

But most importantly, I am endlessly thankful for my parents for always unconditionally supporting me during my studies and in every situation in my life. This is why I want to devote this master thesis to my lovely parents Sabine and Michael.