

The Health and Socio-Economic Crisis of COVID-19 ‘State of Shock’: A Case Study in Greece

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Abstract

The COVID-19 pandemic caused a continuous health crisis from March 2020 until today. The health crisis due to the imposed restrictions caused socio-economic crisis and disorders in almost all over the world. Greece is not an exception in these new conditions that the health crisis has imposed. Through a structured questionnaire, distributed to young people, we investigate how the health crisis affected Greek people. Specifically, we study the respondents' opinions regarding the anti-dispersion prevention measures, their feeling of security and who is responsible for the pandemic. By means of descriptive statistics and more advanced statistical techniques, we aim to verify or disprove the view of Naomi Klein that a society in deep crisis is in a 'state of shock', unable to react.

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1. Introduction

This article focuses on the current and still running COVID-19 pandemic, in an attempt to investigate Greek people reactions and opinions, regarding all governmental anti-dispersion prevention measures imposed, in terms of personally perceived security and pandemic's outcome, along with the relevant responsibility issues (that of State or other) involved. It needs to be questioned whether in conditions of a pandemic, societies with high levels of compliance and morality, with behavioural emphasis on shared responsibility will do better (or not) than those with more individualistic attitudes, where rules are expected to be ignored.

The severe lockdown measures have, in fact, different meanings and impacts in different countries and occasions, depending on available health supporting structures (i.e. state and private hospitals, personnel status, necessary equipment, etc.); whereas, the state of every different national economy during the pandemic's explosion creates much

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uncertainty over the future, that is expected to limit spending, investment and business operations.

In this scientific effort then, we investigate whether Naomi Klein's view of society's 'state of shock', in such pandemic crisis occasions, is actually verifiable or not; thus describing, through structured questionnaires and advanced statistics, actual society's responses and crucial evaluations of the difficult and unprecedented they live in. Distinguishing among national and international as well, economic relief from economic recovery measures, and recovery ones from economic structural reforms on the other side, is always at the back of our mind, ever since Franklin Delano Roosevelt pioneered 'The New Deal' doing so successfully, during the Great Depression in USA. Another relevant verification comes from the U.N. Secretary General, as "*inequality defines our time. More than 70 percent of the world's people are living with rising income and wealth inequality. The 26 richest people in the world hold as much wealth as half the global population*" (Guterres, 2020).

The extreme extent and chaotic depth of the COVID-19 pandemic crisis forces us to analyze the social impact involved, since this unexpected global and simultaneous danger seems to distort human morals, educational structures and forms, state regulatory frameworks, production, energy and financial standards, as well as established structures of governance and national security conditions, all with tremendous economic consequences therein. According to Carmody *et al.* (2020), even the most basic human rights, such as life, health and education have been denied to large portions of the population, thus resulting to the actual enforcement of excessive preventive measures imposed upon societies.

All financial indicators showed huge uncertainty jumps in reaction to the pandemic and its economic fallout (Altig *et al.*, 2020). Among several catastrophic consequences as they relate to the COVID-19 pandemic, the American Hospital Association estimates a financial impact of \$202.6 billion in lost revenue for American Hospitals, and US\$ 52 billion each month to provide an effective healthcare response, in low – and middle-income countries globally (Kaye *et al.*, 2021). Needless to mention further that the psychosocial implications of COVID-19 can be detrimental, such as, panic, fear, anxiety, uncertainty, depression, and other adverse psychological issues can result from this (Kaye *et al.*, 2021). According to the analysis of Financial Times (2020) overall deaths rose 60% in Belgium, 51% in Spain, 42% in the Netherlands and 34% in France during the pandemic compared with the same period of the previous years.

In this challenging context, we investigate the effects of the Greek peoples' opinions regarding aspects of anti-dispersion measures, feeling of security, Klein's views, anger feelings and effects upon society. Due to the existing research lack of citations and references, along with the relative bibliographic scarcity and the non-existing Greek or other international scientific documentation involved with respect to Klein's claims, this paper's originality represents also its literature contribution, with respect to the COVID-19 pandemic responses, focusing again upon the particular 'state of shock' perspective.

Today's dramatic global consequences of the pandemic, already huge and devastating in the Greek economy, conform to a Klein's 'shock doctrine' scientific investigation, under the rational expectation that young and well-educated people are among the best and most reliable representatives of the Greek society to understand and evaluate the crucial issues involved. Investigating how the students at our International Hellenic University (IHU) evaluate the prevention measures imposed by the governments all over the world, in order to verify or disprove the view of Naomi Klein that a society in deep crisis is in a 'state of

shock’, we expect to reflect their personal and their family’s reliable evaluations. At the same time, we appreciate that the expected responses are, in fact, valid for the most educated part of the Greek society.

The structure of the paper is as follows. The second section provides the main issues of the under-study subject, whereas the third section presents the research methodology and the data of this study. The fourth section presents and discusses the results of the statistical analysis, and the last section concludes.

2. Main issues

We are quite interested in investigating whether this still running imposition of harsh austerity and health prevention measures has left the already suffering, due to the recent and simultaneous deep economic depression and huge debt burden, Greek people, the fiscal policy space and the necessary institutions, in order to promote the effective responses needed to overcome the pandemic’s disaster. In fact, we research the N. Klein’s ‘shock doctrine’ issues, as they relate to the already confused and badly disoriented Greek society, in terms of accepting and evaluating, or not, the objectively harsh ‘lock down’ decisions of the governmental authorities. Certainly, we accept that valued companies are at risk of disappearing and important industries, all that is still left, face an uncertain future within the trembling Greek economic environment, so that people’s responses are just a tragic reflection of the upcoming economic consequences of the pandemic and the relevant anti-dispersion measures imposed.

As it becomes evident, pandemic creates consequent issues ahead, such as the enforced remote learning and teaching education, due to the problematic physical isolation, where new business and technology opportunities might interfere into many aspects of our civic life. As Klein states “*there is no requirement of proximity, which allows students to get instruction from the best teachers, no matter what school district they reside in*” (Klein, 2020), thus reinforcing already existing deficiencies in educational systems.

The recent COVID-19 pandemic has created an upcoming interest in public health care systems also. In Finnish health care system, for example, it is possible that COVID-19 pandemic has accelerated the development of digital health services and telemedicine (Tiirinki *et al.*, 2020). Still further, “*the COVID-19 pandemic is a global catastrophe causing multiple impact to the healthcare system that severed the entire economy of the country. It is clear that the challenges involved in combating the situation are global and requires multi-sectoral, public and private cooperation across communities and the nation, if they are to be dealt with effectively.*” (Cypress, 2021).

Serious new challenges faced are now raised by the increased digitalization of the economy and the dominance of digital platforms, especially when we need to consider more the number and the market share of the many micro and small and medium enterprises (SMEs), which are the most seriously affected by the pandemic lockdown measures (Moreira, 2021). Also, the physical cash replacement by electronic private banking (e-banking) is also accelerating, thus allowing private banks to minimize interest rates with accrued private revenues ahead. In the special case of the electronic media, such as Facebook, Twitter and Youtube, in terms of credibility, censorship and distortion of public legitimate debate (Thornhill, 2019), a crucial and fundamental pandemic response is not to distort public opinion but to protect, improve and control public as well

as private health conditions. Yet social isolation and distancing is to be questioned in terms of health, education, business and all state structures and functions involved, since it creates anti-social norms, attitudes and dehumanizing behaviour for today's society social standards.

According to Klein's view, Google, Netflix, Facebook and Microsoft are all not only in the high-tech business of improving our lives, but they are also a new form of disaster capitalism in which the COVID-19 pandemic is approached by a capitalist form of societal shock therapy which tends to expand the social, cultural, and political influence of Big Artificial Intelligence Tech. In this very sense, the pandemic shock doctrine might result in the realization of a problematic future "*in which our every move, ..., our every relationship is tractable, ..., and data-mineable by unprecedented collaborations between government and tech giants*" (Klein, 2020). If this condition implies population's digital capitalism management and manipulation, it is then becoming necessary to analyse through relevant research, whether societies, such as the mostly suffering Greek one, are faced with new challenges of their liberal democratic status, and their legal and social rights as they relate to individual privacy, freedom, democratic institutions structure and civil liberties involved. Along this line, Tisdell (2020) concludes as follows: "*By way of example, in George Orwell's – Animal Farm – did the loyal and hard-working horse that contributed so much to his community deserve to be sent to the knacker at the end of his working life? We must be careful not to smother our economic analysis in technicalities that cause us to lose sight of ethical issues of this kind*" (Tisdell, 2020, p. 26).

Still further, since misinformation became an integral part of the pandemic, globally in fact, all the relevant responsibilities and consequences of virus aimed at weakening democratic response capacity. Thus seen, tackling 'fake news' is becoming an essential battle within the European Union (European Commission, 2020), not to mention the relevant constitutional, legal and political issues upfront, such as direct governmental enforced decrees, rather than legal Parliament voted law-decrees for severe lock down decisions. In this order, Kennelly *et al.* (2020) concluding, state clearly that "*...A powerful solidarity with family, neighbours and fellow citizens emerged quickly once the country's leaders and its public health officials explained clearly what the problem was and what was needed to mitigate the problem. Thus explained, the rapid fall in the number of new cases, hospitalizations and deaths per day, has been achieved in large part by the collective action of an overwhelming majority of people in Ireland*" (p. 428).

For another immediate example, Stein (2021a) identifies how the African universities' crisis was partly generated by the World Bank structural adjustment project (the one of the 1980's and 1990's) that, in fact, undermined development economics and, by institutionalizing neoclassical economic theory on the African continent, has created a widespread economic pathology of bad economic theory. The latter created the economic and health vulnerabilities that enhanced the consequences from the COVID-19 pandemic. What this implies is that economics education in the neoclassical economics' fundamentals only, emphasizes models of pure competition, optimality, equilibrium status, along with marginal analysis, all embedded for years on the same neoclassical economic doctrine. This strategy has delimited the economics profession capacity to comprehend the structural and institutional challenges underlying the dynamics of the complicated nature of development (i.e., structures and economics).

The neoclassical aftermath of the aforementioned adjustment was the gradual deindustrialization of the continent and consequent return back to the African colonial – style extraction economy (Stein, 2021a). Moreover, public expenditure cuts, along with

the privatization of social services, worsened, in fact, both health care and university education, so much that the World Bank and IMF are now seen as “*agencies of misery, poverty and social distress*” by Africans and it is all due to the adjustment project (Stein, 2021b; Sylla, 2018). The relative absence of mostly needed manufacturing, as a special example, has affected the trajectory of the COVID-19 expansion in many ways, throughout Africa. As Stein concludes “*while African countries will recover from the COVID-19 virus, the economic pathology (of the orthodox neoclassical economics per se and nothing else, essentially) that creates these aforementioned vulnerabilities that exacerbate the impact of the pandemic... will likely remain omnipresent*” (Stein, 2021b, p. 93). On the contrary and last but not least, appropriate and long-lasting beneficial UN World Food Programs in Africa (WFP in Kenya during the 1980’s) have also taken place and have been evaluated and documented quite properly (Deaton, 1980; Deaton & Bezuneh, 1987; Athanasesnas *et. al.*, 1994).

Now, if this is the case of the pandemic consequences perceived by societies, not only in Africa itself, a scientific impulse enforces us to investigate this still further. In fact, the drastic 76-day COVID-19 lockdown policy brought huge negative impacts on Hubei’s economy, in China. The treatment effect on GDP was about 37% of the counterfactual (Ke and Hsiao, 2021). Bierman *et al.* (2021) concluded that “*economic hardship experienced during the COVID-19 pandemic degraded mental health, even when prior mental health and economic hardship was taken into account*” in Canada (p. 9). Within the EU 27 countries, the income support during the catastrophic pandemic was below 50% of the lost salary in Italy, Greece, Poland, and Portugal. Moreover, the highest shares of respondents reporting problems with making ends meet, were noted in Greece and Croatia, and the lowest in Denmark (Chłoń-Domińczak and Holzer-Żelażewska, 2021). In such global circumstances, reasonable concerns about state potential use of the pandemic as an excuse to curtail hard won freedoms and denial of societal human rights become all too demanding.

It becomes quite obvious then that today’s dramatic global consequences of the pandemic, in production, trade, healthcare costs, and simultaneous rise in public debt ratios, being already huge and devastating in the Greek economy, all conform to a Klein’s ‘shock doctrine’ scientific investigation; that is, our humble research effort in this paper.

3. Methodology

The aim of the survey is to investigate how the students at the International Hellenic University (IHU) evaluate the prevention measures imposed by the governments all over the world, along with the relevant direct or indirect effects on the society and responsibility issues. We aim to verify or disprove the view of Naomi Klein that a society in deep crisis is in a ‘state of shock’, unable to react to restrictions of labor, individual or social rights, emphasizing also the gender issue of the pandemic itself.

The questionnaire comprised of 51 questions grouped into seven sections. Section 1 consisted of three questions related to demographic characteristics of the respondents (see, Table A1 in the Appendix section). Section 2 gathered four questions in favor and five questions against the preventive measures (see, Tables A2a-A2b in the Appendix section). Section 3 consisted of seven questions aiming to reveal the feeling of security in several areas or about future working conditions (see, Table A3 in the Appendix section). Section 4 consisted of ten questions aiming to investigate if the view of Naomi Klein that

a society in deep crisis is in a 'state of shock', unable to react to restrictions in individual, labor or social rights (see, Table A4 in the Appendix section). Sections 5 and 6, both including eight questions, look for the responsibilities, behind the situation in which the countries have found themselves and the anger feeling of the respondents against the responsible (see, Tables A5 and A6 in the Appendix section, respectively). The last section investigates societies' ability to react or not (see, Table A7 in the Appendix section). For the quantitative analysis, a number of descriptive statistics tools and advanced statistical techniques applied using the SPSS package (version 26). More specifically, in order to examine mean differences of groups (male-female, e.tc.) t-tests for independent samples and the GLM procedure were used, while statistical associations between categorical variables were evaluated using the χ^2 test.

The questionnaire completed by 360 young people. These are 150 males and 210 females, with an average and median age of 25.47 and 21 years, respectively. With respect to the working status of the respondents, 50% of men and 44.3 % of women are working.

4. Results

In this section, we discuss the main findings of the study. The majority of the respondents are against the preventive measures both for the period of the first lockdown (March-May 2020) and of the Fall pandemic period, even though they find the measures against the spread of COVID-19 are reasonable and they are prepared to adhere to them, only for the next few months (see, Tables A2a-A2b in the Appendix section). The respondents feel secure in the university and in the workplace, but not in the public transportation and cafes/restaurants; however, they do not feel so secure regarding their work in the future (see, Table A3 in the Appendix section). Regarding Klein's views upon labor and individual rights, the mean scores of all views are high (close to and more than four, see Table A4 in the Appendix section). That is, almost all respondents totally agree that the COVID-19 health crisis has caused a severe shock to each country's economy, in people's lives and in societies. They agree that the followed policies/measures often violate fundamental individual rights/freedoms and that in a state of shock, societies accept policies/measures against their will and that the followed policies/measures are forms of psychological violence/pressure aimed at manipulating society. World Health Organization is considered as being the most responsible for the health crisis in which countries find themselves followed by deficiencies in national health systems, and inadequate management of the health crisis by countries' governments (see, Table A5 in the Appendix section). The highest anger feelings are expressed against the media for their health crisis perverse and distorted presentation, the countries' governments for the inadequacies of the health care systems and for the inadequate management of the health crisis per se (see, Table A6 in the Appendix section). Finally, all the respondents believe that the pandemic resulted in society's division trends and that in the future, societies will more easily accept restrictions on individual rights/freedoms; however, they do not easily consider themselves to belong to the manipulated part of the society (see, Table A7 in the Appendix section).

When using Likert-type scales, it is imperative to calculate and report Cronbach's α coefficient, for internal consistency and reliability, for any scales or subscales one might be using. We gathered closely related questions, grouped in five scales (see **Table 1**). The high value of Cronbach's α , for all scales, indicates good internal consistency of the items

in the respective scale. The only scale that does not have a high Cronbach's α value is "Responsibility" (see Table A5 in the Appendix section) probably because the outbreak of the pandemic is more than two years behind us, and the socio-economic lives are almost back to normal and people tend to forget the problems in the past.

Table 1. Scale variables - Reliability analysis

Scale name	Questions of Table	Cronbach's Alpha	N of Items	Mean	Std. Deviation
"Against the preventive measures"	A2a	.833	4	2.952	.890
"Feeling of security"	A3	.796	7	2.545	.711
"Klein's views"	A4	.838	10	3.990	.577
"Feeling angry"	A6	.873	8	2.817	.720
"Effects in society"	A7	.869	4	3.629	.916

To examine whether the demographic characteristics of the respondents consist significant differentiating factors for the expressed relative attitudes, chi-square tests are used. As it concerns beliefs "Against the preventive measures", they seem to be different (p -value < 0.05) between the two genders (**Table 2**). More specifically, 52% of men and 35.7% of women "agree" or "totally agree" that except of the first lockdown, the measures are excessive. However, opinion differs on the question "Throughout the pandemic the measures are excessive" with 34% of males to "disagree" and 40% of females to "agree". The majority of both genders do not agree or express a neutral belief on the question whether the restrictions should be stopped immediately, finding that is of particular interest given the young age of the respondents.

Table 2. Against the preventive measures and gender

	Gender	Totally disagree %	Disagree %	Neutral %	Agree %	Totally agree %
Except of the first lockdown the measures are excessive	Male	0.0	18.0	30.0	40.0	12.0
	Female	5.7	21.4	37.1	25.7	10.0
	Association	$X^2 = 16.355$, p -value = 0.003				
Throughout the pandemic the measures are excessive	Male	0.0	34.0	28.0	26.0	12.0
	Female	10.0	22.9	14.3	40.0	12.9
	Association	$X^2 = 32.250$, p -value = 0.000				
Should be stopped immediately, at least for the young people	Male	2.0	38.0	36.0	12.0	12.0
	Female	15.7	31.4	24.3	18.6	10.0
	Association	$X^2 = 24.389$, p -value = 0.000				
Must be stopped immediately for all age groups of citizens	Male	14.0	48.0	22.0	10.0	6.0
	Female	18.6	31.4	30.0	17.1	2.9
	Association	$X^2 = 14.691$, p -value = 0.000				

In addition to gender, employment status also seems to be a differentiating factor for the scale "Against the preventive measures" (p -value < 0.05). Regardless of their employment status, almost three out of ten respondents "agree" with the view that "except of the first lockdown the measures are excessive" (**Table 3**). However, the percentage of non-working who express a "neutral" belief is significantly higher compared to working respondents (40.6% and 26.8% respectively). For the rest of the questions both working conditions groups tend to have, in general, a more neutral attitude.

Table 3. Against the preventive measures and working status

	Working Status	Totally disagree %	Disagree %	Neutral %	Agree %	Totally agree %
Except of the first lockdown the measures are excessive	YES	5.4	19.6	26.8	33.9	14.3
	NO	1.6	20.3	40.6	29.7	7.8
	Association	X ² = 12.888, p-value = 0.012				
Throughout the pandemic the measures are excessive	YES	7.1	26.8	10.7	37.5	17.9
	NO	4.7	28.1	28.1	31.3	7.8
	Association	X ² = 22.82, p-value = 0.000				
Should be stopped immediately, at least for the young people	YES	12.5	33.9	23.2	16.1	14.3
	NO	7.8	34.4	34.4	15.6	7.8
	Association	X ² = 9.277, p-value = 0.045				
Must be stopped immediately for all age groups of citizens	YES	16.1	39.3	19.6	17.9	7.1
	NO	17.2	37.5	32.8	10.9	1.6
	Association	X ² = 15.694, p-value = 0.003				

Gender and working status appear as significant differentiating factors for the feeling of security for most of the items, as it is shown in **Table 4**. Male respondents feel more secure in their workplace and in public transportation than women, while women are moderately secure in restaurants/cafes. Both genders are moderate regarding their working conditions in the future, but women tend to have negative feelings. Those who work feel secure in their workplace, but almost 60% do not feel at all secure in public transportation; they do not feel secure in restaurants/cafes, while those who do not work feel moderately secure. As it is expected, those who work feel more secure regarding their working status, conditions and salary in the future, compared to the non-working respondents.

Table 4. Feeling of security and Gender/Working status

Area	Chi-Square Tests with Gender			Chi-Square Tests with working status		
	Value	p-value	Association	Value	p-value	Association
University	5.585	.232	NO	5.213	.266	NO
Workplace	31.074	.000	YES	18.564	.001	YES
Public transportation	23.509	.000	YES	9.661	.047	YES
Restaurants/Bars/Cafes	29.143	.000	YES	10.379	.034	YES
Working status in the future	6.316	.177	NO	19.722	.001	YES
Working conditions in the future	13.752	.008	YES	32.577	.000	YES
Salary in the future	6.131	.190	NO	16.349	.003	YES

It is worth mentioning that, in all items related to Klein's views, both genders sum up less than 12,5% in "totally disagree" or "disagree" (see **Table 5**), with women, in general, to "agree" or "totally agree" more intensively than men do. In particular, more than 90% of women "agree" or "totally agree" that the societies and economies are in severe shock, while 82.9% and 72.9% of them "agree" or "totally agree" that the followed policies often violate fundamental individual rights and labor rights, respectively. More than seven out of ten respondents "agree" or "totally agree" that a society in a state of shock easily accepts restrictive measures in all levels (social, economic, labor rights, etc.) with women

to appear, once again, more pessimistic. Nevertheless, the respondents express a rather neutral opinion (35.8%) about the society's capability to react, while maintaining a waiting attitude; however, most of them consider that the societies are incapable to react (a total of 51.6% "agree" or "totally agree").

Table 5. Klein's views and gender

	Gender	Totally disagree %	Disagree %	Neither agree nor disagree %	Agree %	Totally agree %
The COVID-19 health crisis has caused a severe shock to each country's economy	Male	0.0	0.0	8.0	48.0	44.0
	Female	0.0	0.0	5.7	34.3	60.0
	Association	X ² = 9, p-value = 0.011				
The COVID-19 health crisis caused a strong shock in people's lives (societies)	Male	0.0	2.0	8.0	36.0	54.0
	Female	0.0	0.0	4.3	22.9	72.9
	Association	X ² = 16.391, p-value = 0.001				
A society in crisis is in a state of shock	Male	0.0	2.0	16.0	60.0	22.0
	Female	0.0	1.4	12.9	40.0	45.7
	Association	X ² = 21.755, p-value = 0.000				
A society in shock easily accepts severe restrictions at all levels	Male	4.0	6.0	24.0	40.0	26.0
	Female	2.9	15.7	27.1	25.7	28.6
	Association	X ² = 13.604, p-value = 0.009				
In a state of shock, societies accept policies/measures against their will	Male	0.0	6.0	24.0	48.0	22.0
	Female	0.0	4.3	18.6	45.7	31.4
	Total	No				
The followed policies/measures are forms of psychological violence/pressure aimed at manipulating society	Male	2.0	8.0	36.0	26.0	28.0
	Female	1.4	2.9	15.7	45.7	34.3
	Association	X ² = 29.860, p-value = 0.000				
The followed policies/measures often violate fundamental individual rights/freedoms	Male	4.0	8.0	34.0	30.0	24.0
	Female	0.0	4.3	12.9	38.6	44.3
	Association	X ² = 40.407, p-value = 0.000				
The followed policies/measures often violate fundamental labor rights	Male	2.0	18.0	28.0	34.0	18.0
	Female	1.4	5.7	20.0	42.9	30.0
	Association	X ² = 21.555, p-value = 0.000				
In a state of shock every society appears incapable of reacting	Male	2.0	16.0	38.0	32.0	12.0
	Female	2.9	17.1	22.9	38.6	18.6
	Association	X ² = 10.646, p-value = 0.031				
Greece is such a case	Male	2.0	8.0	32.0	30.0	28.0
	Female	2.9	4.3	18.6	34.3	40.0
	Association	X ² = 12.950, p-value = 0.012				

In contrast, working status does not seem to be a differentiating factor concerning Klein's views (see **Table 6**). Those who work "agree" and "totally agree" more, comparing to the non-working, regarding the opinions "In a state of shock, societies accept policies/measures against their will", "The followed policies/measures are forms of psychological violence/pressure aimed at manipulating society", "The followed policies/measures often violate fundamental labor rights" and "Greece is such a case".

Table 6. Klein's views and working status

	Chi-Square Tests		
	Value	p-value	Association
The COVID-19 health crisis has caused a severe shock to each country's economy	1.406	.495	NO
The COVID-19 health crisis caused a strong shock in people's lives (societies)	3.228	.358	NO
A society in crisis is in a state of shock	1.929	.587	NO
A society in shock easily accepts severe restrictions at all levels	4.975	.290	NO
In a state of shock, societies accept policies/measures against their will	8.248	.041	YES
The followed policies/measures are forms of psychological violence/pressure aimed at manipulating society	28.273	.000	YES
The followed policies/measures often violate fundamental individual rights/freedoms	9.093	.059	NO
The followed policies/measures often violate fundamental labor rights	19.273	.001	YES
In a state of shock every society appears incapable of reacting	8.471	.076	NO
Greece is such a case	16.976	.002	YES

In almost all items related to anger feelings there are associations with gender and working status (see **Table 7**). Women seem to be more angry (enraged and irritated, that is) than men with the research medical laboratories for non-compliance with strict protocols, China for its indirect reaction, the World Health Organization for failures in handling the pandemic, the international medical community for some conflicting views and with citizens for non-implementation of the relative measures. In regards with the working status of the respondents, those who work express higher anger in all items than those who do not work.

Table 7. Feeling angry and Gender/Working status

	Chi-Square Tests with Gender			Chi-Square Tests with working status		
	Value	p-value	Association	Value	p-value	Association
The research medical laboratories for non-compliance with strict protocols	11.622	.009	YES	19.917	.000	YES
China for its indirect reaction	11.841	.008	YES	5.797	.122	NO
The World Health Organization for failures in handling the pandemic	27.178	.000	YES	14.830	.002	YES
The international medical community for some conflicting views	23.822	.000	YES	10.161	.017	YES
Countries' governments for the inadequate management of the health crisis	7.772	.051	NO	15.041	.002	YES
Countries' governments for the inadequacies of the health systems	4.305	.230	NO	11.347	.010	YES
Citizens for non-implementation of the relative measures	15.361	.002	YES	11.914	.008	YES
The media on how to present the health crisis	5.240	.155	NO	1.307	.727	NO

Women agree more than men (70% and 52%, respectively) that the prevention measures against COVID-19 result in society's division trends and that the pandemic was the reason for the manipulation of societies in the future (62.9% and 44%, respectively, see **Table 8**).

Table 8. Effects in society and gender

	Gender	Totally disagree %	Disagree %	Neither agree nor disagree %	Agree %	Totally agree %
Prevention measures against COVID-19 result in society's division trends	Male	6.0	10.0	32.0	32.0	20.0
	Female	0.0	7.1	22.9	38.6	31.4
	Association	X ² = 21.540, p-value = 0.000				
The pandemic was the reason why in the future societies will more easily accept restrictions on individual rights/freedoms	Male	2.0	16.0	30.0	28.0	24.0
	Female	5.7	11.4	22.9	37.1	22.9
	Association	No				
The pandemic was the reason for societies to accept restrictions on labor rights more easily in the future	Male	2.0	14.0	32.0	34.0	18.0
	Female	4.3	14.3	22.9	32.9	25.7
	Association	No				
The pandemic was the reason for the manipulation of societies in the future	Male	2.0	20.0	34.0	22.0	22.0
	Female	2.9	12.9	21.4	34.3	28.6
	Association	X ² = 14.253, p-value = 0.007				
There is a part of society that could react to such manipulation	Male	2.0	10.0	34.0	36.0	18.0
	Female	2.9	12.9	27.1	42.9	14.3
	Association	No				
I consider myself to belong to this part of society	Male	16.0	14.0	40.0	18.0	12.0
	Female	10.0	21.4	37.1	21.4	10.0
	Association	No				

Working respondents compared to the non-working consider more that the pandemic was the reason for societies to accept restrictions on labor rights more easily in the future (62.5% and 50%, respectively) and for the manipulation of societies in the future also (see **Table 9**).

Table 9. Effects in society and working status

	Working status	Totally disagree %	Disagree %	Neither agree nor disagree %	Agree %	Totally agree %
Prevention measures against COVID-19 result in society's division trends	YES	3.6	8.9	23.2	35.7	28.6
	NO	1.6	7.8	29.7	35.9	25.0
	Association	No				
The pandemic was the reason why in the future societies will more easily accept restrictions on individual rights/freedoms	YES	5.4	8.9	26.8	33.9	25.0
	NO	3.1	17.2	25.0	32.8	21.9
	Association	No				
The pandemic was the reason for societies to accept restrictions on labor rights more easily in the future	YES	7.1	10.7	19.6	41.1	21.4
	NO	0.0	17.2	32.8	26.6	23.4
	Association	X ² = 28.011, p-value = 0.000				
The pandemic was the reason for the manipulation of societies in the future	YES	5.4	14.3	23.2	28.6	28.6
	NO	0.0	17.2	29.7	29.7	23.4
	Association	X ² = 13.123, p-value = 0.011				
There is a part of society that could react to such manipulation	YES	3.6	14.3	25.0	39.3	17.9
	NO	1.6	9.4	34.4	40.6	14.1
	Association	No				
I consider myself to belong to this part of society	YES	14.3	21.4	32.1	16.1	16.1
	NO	10.9	15.6	43.8	23.4	6.3
	Association	X ² = 16.008, p-value = 0.003				

More interestingly, the non-working ones consider themselves as not belonging to this part of society; that is, they believe that they cannot easily be manipulated, as opposed to the working respondents. This contrast expresses, in fact, a rather discrete psychology of the insiders-outsiders of the labor market.

Furthermore, we use Independent-Samples t-test to compare the mean value of each scale variable with two groups (males-females)¹ (**Table 10**). The significance value of the t-statistic in Table 10 being lower than 0.05 for “Feeling of security”, “Klein’s views” and “Effects in society” provides evidence that there is a statistically significant difference of the relative means between two genders. More specifically women, compared to men, appear more insecure (mean feeling of security 2.447 and 2.683, respectively, in favor of Klein's views (4.101 and 3.834) and more pessimistic about society in the future (3.721 and 3.50). In contrast, the gender does not seem to be a significant differentiating factor for the “Suggestions against the preventive measures” and “Feeling angry” variables.

Table 10. Group Statistics and equality of “mean” between the two genders

	Gender	Group Statistics			t-test for Equality of Means		
		N	Mean	Std. Deviation	t	p-value	Equality of Mean
Against the preventive measures	Male	150	3.005	.843	0.968	.334	YES
	Female	210	2.914	.922			
Feeling of Security	Male	150	2.683	.807	3.006	.003	NO
	Female	210	2.447	.618			
Klein’s Views	Male	150	3.834	.594	-4.446	.000	NO
	Female	210	4.101	.539			
Feeling angry	Male	96	2.719	.584	-1.850	.066	YES
	Female	129	2.890	.801			
Effects in society	Male	150	3.500	.951	-2.275	.025	NO
	Female	210	3.721	.881			

Regarding the “working status”, from the results of **Table 11** is evident that, only the (statistic) mean for the “Feeling of security” scale variable differs significantly between “working” and “non-working” respondents. This evidence was expected, as the “Feeling of security” scale variable consists of questions about security feelings in different areas and for future work conditions.

Table 11. Group statistics and equality of “mean” between two working statuses

	Working status	Group Statistics			t-test for Equality of Means		
		N	Mean	Std. Deviation	t	p-value	Equality of Mean
Suggestions against the preventive measures	Yes	168	3.027	1.015	1.465	.144	YES
	No	192	2.887	.761			
Feeling of Security	Yes	168	2.640	.764	2.387	.018	NO
	No	192	2.462	.653			
Klein’s Views	Yes	168	4.021	.628	.966	.335	YES
	No	192	3.963	.529			
Feeling angry	Yes	117	2.904	.767	1.902	.059	YES
	No	108	2.722	.655			
Society	Yes	168	3.652	.951	.438	.662	YES
	No	192	3.609	.886			

¹ The equality of variances in the two groups, examined by the Levene test, holds.

Assessing, next the crucial issue of correlations, in order to trace out any possible links between respondents’ opinions regarding Naomi’s Klein views and the values of our scale variables, we estimate the Pearson correlation coefficient. The positive and statistically significant correlation coefficient for the “against the measures” (.274), “feeling angry” (.274) and “effects in society” (.609), means that the more the respondents are “against the measures”, “angry” and “pessimist about the society in the future” they are, the more they support Naomi's views. Important evidence is also found about the relation between Naomi’s Views and the “feeling of security”. As it was expected, the significantly negative coefficient (-.232) reveals that the less “safe” the respondents feel, the more their opinions are in favor of Naomi’s Klein views.

We next use the GLM Univariate procedure (**Table 12**)², to perform an analysis of covariance (ANCOVA) on the Naomi’s Klein views. More precisely, we investigate the association between the opinions of respondents regarding the Naomi’s Klein views with their demographic characteristics, while controlling for their opinion “against preventive measures”, “feeling of security” and “effects in society”. With Naomi’s Klein views scale variable being the dependent variable, in the Model A, the demographic variables (gender, age and working status) are considered as fixed factors, while the scale variables “against the preventive measures”, “feeling of security”, and “effects in society” are used as covariates.

Table 12. Tests of Between-Subjects Effects

Source	Dependent Variable: Klein’s Views					
	MODEL A			MODEL B		
	Type III Sum of Squares	F	p-value	Type III Sum of Squares	F	p-value
Corrected Model	45.787 ^a	11.078	.000	56.232 ^a	18.761	.000
Gender	.446	3.128	.079	3.310	36.443	.000
Age	16.739	4.894	.000	20.977	9.623	.000
Working status	.214	1.503	.222	1.842	20.279	.000
Against the preventive measures	.975	6.841	.010	3.614	39.795	.000
Feeling of security	.163	1.145	.286	2.420	26.645	.000
Effects in society	7.525	52.795	.000	6.490	71.453	.000
Gender* Effects in society				3.573	39.343	.000
Working status * Feeling of security				1.512	16.648	.000
Gender * Against the preventive measures				1.997	21.991	.000
Gender * Feeling of Security				.516	5.684	.018
Error	27.793			17.348		
Total	3661.590			3661.590		
Corrected Total	73.580			73.580		
	a. R Squared = .622 (Adjusted R Squared = .566)			a. R Squared = .764 (Adjusted R Squared = .723)		

² The GLM procedure is used to as gender and working status are binary with two categories, and the normality assumption is violated for the scale variables under consideration. The beauty of the Univariate GLM procedure in SPSS is that it is so flexible. Can be used to analyze regressions, ANOVAs, ANCOVAs with all sorts of interactions, dummy coding, etc. <https://www.theanalysisfactor.com/spss-glm-choosing-fixed-factors-and-covariates/>

From **Table 12** is clear that in the Model A, “gender”, “working status” and “feeling of security” have not a significant effect on the respondents’ opinion about Klein’s Views. However, when interaction terms between factors and covariates are entered the model, all variables become significant. The significance of the four interaction terms “gender” * “effects in society”, “working status” * “feeling of security”, “gender” * “against the preventive measures” and “gender” * “feeling of security”, means that each variable affects the respondents’ opinions about Klein’s views differently depending on their “gender” or “working status”. In the Model B, the high value of adjusted R^2 (0.723) shows a quite good fitness of the model to our data, with the 72.3% of variance in the dependent variable that is being explained by the model.

5. Conclusions

The continuous health crisis for more than two years now, due to the COVID-19 pandemic, caused socio-economic crisis, while being used as an excuse by some governments to curtail hard-won rights. The lockdown, with the consequent restrictions on movement, social relations, and leisure activities, established a ‘new normal’, so that a thin line exists between the need to protect the common good of life and to guarantee fundamental individual rights and liberties. Naomi's views could explain the lack of massive, organized resistance to the imposed restrictions.

The aim of this survey is to investigate the respondents’ opinions regarding the anti-dispersion prevention measures, their security feelings, the accrued responsibilities behind the pandemic crisis, the particular Klein’s views and the pandemic effects upon society and its human rights issues involved.

In order to conclude, we summarize our fundamental and more significant empirical findings here. More specifically, the male students do not tend to be against the excessive measures, while women tend to be against them. Except of the first lockdown, those who work do not tend to be against the excessive measures, while those who do not work then tend to be against them, but both working conditions groups express a neutral belief. Next, male respondents feel more secure in their workplace and in public transportation than women, while women are moderately secure in restaurants/cafes. Both genders are moderate regarding their working conditions in the future, but women tend to have negative feelings.

In almost all items related to Klein’s views, women tend to “agree” or “totally agree” more intensively than men; more than nine out of ten women “agree” or “totally agree” that the societies and economies are in severe shock. Moreover, more than seven out of ten respondents “agree” or “totally agree” that a society in a state of shock easily accepts restrictive measures in all levels (social, economic, labor, etc.) with women to appear, once again, more pessimistic; while most of them consider that the societies are incapable to react (a total of 51.6% “agree” or “totally agree”). Years ago, Simone de Beauvoir (*Sustainable Development News*, 2021) argued that any crisis, economic, political, or religious, would challenge (would call into question) women's rights. Our results provide evidence that women in general appear more vulnerable than men do, confirming Simone de Beauvoir’s view, as well as the World Health Organization’s (WHO) declaration that the COVID- 19 pandemic crisis has affected the two sexes differently. Thus, our gender concerns are indeed becoming serious and revealing.

In fact, women are “angrier” (enraged and irritated) than men with the research medical laboratories for non-compliance with strict protocols, China for its indirect reaction, the World Health Organization for failures in handling the pandemic, the international medical community for some conflicting views and with citizens for non-implementation of the relative measures. Moreover, those who work express higher anger in all items than those who do not work. Women agree more than men that the prevention measures against COVID-19 result in society’s division trends and that the pandemic was the reason for the manipulation of societies in the future. Working respondents compared to the non-working consider more that the pandemic was the reason for societies to accept restrictions on labor rights more easily in the future, and for the manipulation of societies in the future also. The non-working ones consider themselves as not belonging to this part of society; that is, they believe that they cannot easily be manipulated, as opposed to the working respondents.

Still further, the more the respondents are “against the measures”, “angry” and “pessimist about the society in the future” they are, the more they support Naomi's views. Important evidence also relates Naomi’s Views and the “feeling of security”. As expected, the less “safe” the respondents feel, the more their opinions are in favor of Naomi’s Klein views. Finally, “gender”, “working status” and the “feeling of security” have not a significant effect on the respondents’ opinion about Klein’s Views. However, when interaction terms between factors and covariates are entered the model, all variables become significant, resulting that each relative variable affects the respondents’ opinions about Klein’s views differently depending on their “gender” or “working status”.

Our crucial conclusions can now be formulated in order of the expected advancing complexity. In order to preserve the common good, societies have sacrificed fundamental individual and labor rights, while remaining vulnerable to authoritarian policies. The excessive preventive measures affect women more than men, and those who do not work more than the other. Women agree more than men to Klein’s views, with respect to the society’s severe shock condition, pessimism, irritation and anger, China’s responsibility and WHO’s mismanagement, and societies’ future manipulation due to the unacceptable combination of the harsh prevention measures and health crisis presentation from the media. Thus, seen our results, conform to concluding that in a state of shock societies accept policies and measures aimed at their manipulation, against their will; whereas, societies in the future, will more easily accept restrictions on individual rights and freedoms. Now, if these conditions imply a gradual demographic and institutional degradation, then, we express our scientific worries and concern that historic catastrophes of the past, economic, or other, are simply close to repeat themselves.

Eventually then, our future aim is to continue our research in a more extended sample both in Greece and other European countries, as well. Since women responded more dramatically than men, despite all possible societal patterns or attitudes in today’s Greek society, still further research is necessary in order to verify that much deeper issues and concerns are indeed involved within families and sexes, both in Greece, EU and globally alike. Demanding research is also needed towards investigating whether state democratic institutions and social norms and attitudes are remaining intact or became partially paralyzed, especially with respect to human rights, established social freedoms, along with enhanced quality of health, education, and the state legal system functioning.

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Appendix

Table A1. Demographic characteristics

Questions	Answers
Gender	Male/Female
Age (Student)	Scale variable
Are you employed?	Yes/No

Table A2a. Against the preventive measures

Questions/Opinions	Mean	Std. Deviation	Answers
Except for the first lockdown, preventive measures against the spread of COVID-19 are excessive	3.27	1.007	Totally disagree Disagree
Throughout the pandemic, preventive measures against the spread of COVID-19 are excessive	3.20	1.146	
Preventive measures against the spread of COVID-19 should be stopped immediately, at least for the young people	2.83	1.144	Neutral Agree
Preventive measures against the spread of COVID-19 must be stopped immediately for all age groups of citizens	2.51	1.058	Totally agree

Table A2b. In favor of preventive measures

Questions/Opinions	Mean	Std. Deviation	Answers
Most preventive measures against the spread of COVID-19 are reasonable	2.85	1.071	
I am prepared to adhere to the prevention measures against the spread of COVID-19 for as many years as necessary	2.77	1.285	Totally disagree Disagree
I am prepared to adhere to the prevention measures against the spread of COVID-19 only for the next few months	2.9	1.085	Neutral Agree
I will do as many vaccine doses as needed	2.59	1.419	Totally agree
I will do the third dose of vaccine and I will not do any other	2.70	1.303	

Table A3. Feeling of security

How much health security do you consider existing in the following areas:	Mean	Std. Deviation	Answers
University	2.88	1.146	Not at all Little
Workplace	3.05	1.111	Moderate
Public transportation	1.75	0.934	Very
Restaurants/Bars/Cafes	2.38	1.018	Very much
How safe do you feel, psychologically, regarding your future work:			
Working status	2.81	1.092	Not at all Little
Working conditions	2.61	1.076	Moderate Very
Salary	2.35	1.031	Very much

Table A4. Klein's views

	Mean	Std. Deviation	Answers
The COVID-19 health crisis has caused a severe shock to each country's economy	4.47	0.619	
The COVID-19 health crisis caused a strong shock in people's lives (societies)	4.58	0.642	Totally disagree Disagree
A society in crisis is in a state of shock	4.18	0.731	Neutral Agree
A society in shock easily accepts severe restrictions at all levels	3.68	1.097	Totally agree
In a state of shock, societies accept policies/measures against their will	3.97	0.827	

The followed policies/measures are forms of psychological violence/pressure aimed at manipulating society	3.93	0.951
The followed policies/measures often violate fundamental individual rights/freedoms	3.98	0.980
The followed policies/measures often violate fundamental labor rights	3.75	1.003
In a state of shock every society appears incapable of reacting	3.46	1.025
Greece is such a case	3.92	1.023

Table A5. Responsibility for the health crisis in which countries find themselves

	Mean	Std. Deviation	Answers
Failure to comply with strict protocols by research medical laboratories	2.50	0.908	
China's Indirect Reaction	2.60	1.050	
Failures in handling the pandemic by the World Health Organization	3.13	0.895	Not at all
Some conflicting views of the medical community internationally	2.76	0.887	Little
Inadequate management of the health crisis by countries' governments	3.06	0.845	Very
Deficiencies of national health systems	3.10	0.866	Very much
The non-implementation of the measures by each countries' citizens	2.91	0.908	Don't know/ Don't reply
Conspiracy theories that disorient citizens	2.87	1.015	

Table A6: Feeling angry about any of the following

	Mean	Std. Deviation	Answers
The research medical laboratories for non-compliance with strict protocols	2.40	1.086	
China for its indirect reaction	2.41	1.147	
The World Health Organization for failures in handling the pandemic	2.77	0.934	Not at all
The international medical community for some conflicting views	2.63	1.019	Little
Countries' governments for the inadequate management of the health crisis	3.01	0.961	Very
Countries' governments for the inadequacies of the health systems	3.08	0.908	Very much
Citizens for non-implementation of the relative measures	2.80	1.009	Don't know/ Don't reply
The media on how to present the health crisis	3.43	0.821	

Table A7: Effects of the prevention measures on the society

	Mean	Std. Deviation	Answers
Prevention measures against COVID-19 result in society's division trends	3.76	1.018	
The pandemic was the reason why in the future societies will more easily accept restrictions on individual rights/freedoms	3.58	1.109	Totally disagree
The pandemic was the reason for societies to accept restrictions on labor rights more easily in the future	3.58	1.087	Disagree
The pandemic was the reason for the manipulation of societies in the future	3.60	1.108	Neutral
There is a part of society that could react to such manipulation	3.55	0.975	Agree
I consider myself to belong to this part of society	2.98	1.149	Totally agree