Unpacking Deviance During the COVID-19 Pandemic: Reflections from a Personal and Sociological Perspective

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This paper is a personal reflection on an encounter with a student who was barred from entering campus buildings due to their vaccination status. Dissatisfied with the simplistic and negative labelling of people who deviated from the health authorities' recommendations during the COVID-19 pandemic, I use C. Wright Mills's *sociological imagination* to further explore this issue of deviance. Personal troubles are influenced by public issues, and Mills argues that exploring the wider context that informs a person's behaviour is instructive. In this paper I present four overlapping areas from the literature that all point to more nuanced understandings of deviant behaviour. From these deeper and more empathetic readings, we can better appreciate why people might disagree with the state. Knowing how people make meaning from their world may help health authorities better appreciate how people receive their information.

KEYWORDS: deviance; messaging; pandemic; sociological imagination; state; vaccination

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"I'll meet you in the car park and we'll go over the course outline and what you need to be reading."

I could not meet my student in my office, the library, or even the café as they were, in the early part of 2022, not allowed on campus. They did not possess a 'vaccination pass', having chosen not to receive the Pfizer COVID-19 vaccine that the Aotearoa New Zealand health authorities were offering. Like other tertiary institutes, Whitireia and WelTec had followed government policy and only those with a vaccine pass could enter their campuses. Students were not forbidden from studying, with online teaching and learning options being plentiful over the period of the pandemic. It was even possible to study most courses online.

As I drove home that day, I reflected on the meeting. I had immediately apologised for having to meet them in the cool and windy car park. They were surprisingly upbeat. Not your fault, they said. Plus, they were positive about their decision to not receive a vaccination. Their stance of nonconformity seemed out of kilter with their character as a good student. But then, how well did I really know them?

This paper is a reflection on this encounter as I seek to unpack this disagreement with the state by ordinary people in regard to government

protocols and management of the pandemic. Over the duration of the pandemic, friends and acquaintances also found themselves on either side of the fence. The health system was insistent that its methods for both containing the spread of the virus and its effects were the best, but their messaging was not heeded by some. Braun et al. (2020) point out that "to be successful, the language and concepts of public health advice need to be based in the meaning-making worlds of the people they apply to" (p. 40). It follows from this that exploring people's meaning-making worlds is paramount to understanding their reception of government advice.

In this reflection, I do not take sides with various groups, nor do I make comparisons with other disasters or national crises that we have had in the past. Instead, my intent is to unpack some of the rhetoric around deviance that gives rise to simplistic binary notions. Putting people into a 'them and us' stance can cause a deeper polarisation of viewpoints. Globally, commentators from the fields of media studies, psychology, and health are in agreement that moving beyond simple categorisations and exploring the varied reasons why people resist government health advice is integral for future planning (Ball & Wozniak, 2022; Kooistra & Van Rooij, 2020; Rains et al., 2022). While I cannot cover every aspect in this paper, I present those that I have found the most salient and helped me to unpack the reasons for people's decision-making, and my own journey where I've (mostly) complied throughout the pandemic.

By deviance, I mean the questioning and then rejection of the government's medical advice during the pandemic, from social distancing or hygiene measures such as non-pharmaceutical interventions (NPIs), through to vaccination. I do not use the term 'deviate' in the negative sense but rather as meaning 'to deviate from'. Power et al. (2023) argue that labelling COVID-19 rule-breakers as being antisocial sets the narrative that people who disobey are selfish or anti-state. They reference Reicher and Drury (2021) who argue that "the portrayal of pandemic fatigue and the term 'covidiots' creates an unhelpful blame culture that distracts from the many structural issues that have forced some individuals to violate restrictions" (Power et al., 2023, p. 124). Even Jacinda Ardern, the prime minister of Aotearoa during the pandemic, referred to rule-breakers early on as "idiots" (Ardern, 2020, p. 2), further cementing this disparaging view. The wider structural and contextual issues that foreground and inform individual actions are useful to explore. By employing Mills's (2000) sociological imagination, whereby personal troubles are linked to public issues, such simple designations and negative labelling by media and the state can be unpacked.

As I experienced the pandemic alongside my students, I found myself entertaining a range of thoughts regarding government management strategies. By presenting some discussions contributing to this area, I hope to add some explanations as to why people might disagree with health messaging. The Royal Commission's first report reflects on some of the issues that arose during the pandemic. The second report, which is yet to be published will also provide authorities with evidence of the wider impact of the government's decisions. These reports that evaluate how the government managed the pandemic allow us to learn from the past (New Zealand Royal Commission, 2024). This reflective paper has been written with the view to encourage a move from dismissive and unhelpful labelling towards more empathic understanding so that we can plan better for the future.

PERSONAL HISTORY

I have had a positive historical association with the Aotearoa state and science, and this meant that I trusted the Ministry of Health's recommendations without much reflection at the start of the pandemic. I heard from people overseas how their pandemic experience was much worse with larger numbers of cases and more lockdowns lasting for longer periods. As such, I approved of our closing the borders to protect ourselves and staying home during lockdowns. By official accounts, some 20,000

lives were saved with our early collective efforts in 2020 (Binny et al., 2021; Summers et al., 2022). Such reports confirmed my positive trust in the state and, like many other New Zealanders, I followed the advice given and obeyed the restrictive orders, albeit somewhat begrudgingly at times.

In mid-2021, when the Pfizer vaccine was being offered freely to New Zealanders, I duly received my first dose. For my recommended second vaccine some three months later in October, I found myself reluctantly walking to the same location—a large gymnasium that had been converted into a vaccination centre. By that stage, I knew of people who had experienced adverse reactions to the vaccine. Two friends had been briefly hospitalised with heart issues. They had been fine and healthy otherwise. There were also friends who were vaccine hesitant and waiting for other options to become available. The media reporting was almost hyperbolic in describing any noncompliance as being unpatriotic (Salman, 2023). In the gymnasium, I queued up and waited. The large posters of 'Stay Safe' government messaging now took on an ominous tone. I felt a sense of Orwellian dread. I recall feeling nauseous as I rolled up my sleeve. It felt like a mechanical procedure I had little control over. But then my rational mind took over and I got the vaccination over and done with.

This sense of unease did not go away over the summer of 2021–22. The issues of noncompliance and questioning of government management were now being reported more widely (Gibson, 2022; Trnka, 2021). The vaccine mandates, introduced in November 2021, barring people without vaccination from various government employment contexts, proved to be a particularly divisive policy. Many academic voices were now starting to critique the Ardern administration for its management of the pandemic, particularly in its later stages (Beattie & Priestley, 2021; Broodryk & Robinson, 2022; Ergler et al., 2021; Lewis & Morgan, 2021; Trnka, 2022).

Turning this interesting sociological situation into something tangible, I formed a team of researchers from Victoria University's School of Social and Cultural Studies, and in 2023 we conducted a qualitative study interviewing religious leaders on their experiences during the pandemic. Since they were a sector of society that experienced community division due to government policies, we felt it was important that their voices be recorded. One outcome of this research was the review of the literature concerning the pandemic from across many sectors. This reading has helped inform this reflection.

AOTEAROA EXPERIENCE

As in other jurisdictions, the management of the pandemic in Aotearoa was not even nor perfect. Although, in terms of health protection, the Ardern government's management has largely been held up as a success story (Cumming, 2022). Beginning with hard lockdowns in March 2020, the government ceased most COVID-19 regulations in April 2022. The number of rules and regulations were reasonably high; between March 2020 and April 2022 there were 23 Acts (four key ones), and over 300 orders and 17 Gazette notices (Parliamentary Counsel Office, 2024). Trnka (2022) among others has charted the governance course as one of near total compliance by the citizenry to an unravelling that culminated in violent protest riots in March 2022. People went from putting teddy bears in the windows to protesting on Parliament's lawn; three years of the pandemic took its toll on the economy, the health system, and society. Commentators from both general media and academia, from fields as diverse as sociology and health, have argued that the last 18 months of the pandemic created a poorer country economically, with polarising societal divisions, and a decline in trust in key institutions (Penk, 2022; Sibley et al., 2020).

The Aotearoa government began with NPIs such as lockdowns (from March 2020), social distancing, and mask wearing, before strongly encouraging vaccination in mid-2021. Compliance to the NPI policies and government regulations in Aotearoa was relatively high and

vaccination rates were also high compared to other countries (Kaine et al., 2022). Even so, there was a minority of voices that presented alternative views to those the government was presenting. These included the 'Voices for Freedom' movement and rival unions for health and education workers affected by the mandates. These views were also inconsistent. People may have complied or even agreed with some aspects of the NPI and not others. They may not have complied due to their own choice or as part of a community decision. In addition, as the pandemic progressed, their attitudes and behaviours may have changed. All of which is to say that neat classifications of people are often too general or fixed, and explorations of wider contextual factors such as those beyond the individual are worthwhile.

UNPACKING DEVIANCE

As one of the fathers of sociology, C. Wright Mills (2000) argued that increasingly in neoliberal societies the individual is often blamed for their decision-making, and yet they are the product of their context. Mills used the term sociological imagination to describe how people can connect their personal issues to wider social issues. Mills called for the wider contexts, such as historical, structural, cultural, and political systems to be investigated and held up for scrutiny as to why they might cause specific individual behaviours. I briefly present here four areas of discourse concerning why people might disagree with the government's restrictions and/or health recommendations. They are not complete, however, they resonate with my experience in Aotearoa during the pandemic and help to unpack the messiness of dissent. The intent is not to delve too deeply into one particular area, but to provide an overview of some of the thinking concerning why people chose to deviate from the state's recommendations during the pandemic.

Deviation for Prosocial Reasons

Prosocial behaviour may involve some sacrifice on the part of the individual for the greater good of the community. Adherence to the restrictions during the pandemic was often linked to people wanting to support the wider aims of the state. However, breaking the rules may also be for prosocial reasons, an area of study termed Prosocial Rule Breaking (PSRB) (Dahling et al., 2012; Morrison, 2006). Power et al. (2023) divided rule breaking during the pandemic into prosocial rule breaking and engaged rule breaking. Both forms were often driven by concerns about protecting the mental and social health of family members. The rationalisation for stretching or breaking the rules was to maintain their mental health and keep their family safe. There was questioning of the validity or applicability of the rules in specific contexts, and a certain 'weighing up' of the extent to which a rule was merely a guideline. There can be subtle differences between rule-bending and rule-breaking and cynicism towards rules (Meers et al., 2023, p. 20). In Meers's paper, they also mention that state metanarratives about "using common sense" can also be used by people as part of their rationalisation to bend or break the rules (Meers et al., 2023, p. 94). People might breach social distancing limitations to visit relatives who may be lonely or help babysit for family outside of their 'bubble' so that they could go to work or have a break. In Aotearoa, the Trnka et al. study found that people used "ethical reasoning" to distinguish between the "perceived 'spirit' of lockdown" and the "letter of the law" (Trnka et al., 2021).

Braun et al. (2020) found that heightened emotions can lead people to justify rule breaking for prosocial reasons, and that rule breaking by high profile people or politicians also fuelled this attitude. Hypocrisy lends a hand to dissent (see the Cummings Effect—named after the UK Labour Party aide who broke lockdown rules). I reflected on these aspects myself, and sure enough the day our country moved from Lockdown Level 4 to Level 3, I encouraged three friends to meet up for a picnic. We were pushing the limits of the lockdown rules, but we quickly justified our actions through various rationales. Factors like the weather (it was a beautiful, sunny

day) and wanting to connect with friends we felt overruled government advice. It was a calculated move to focus on our own mental health and well-being.

Bending the rules for something like social distancing is more easily done than not being vaccinated. Anecdotally, I knew of people who decided not to vaccinate in order to keep their family together and maintain positive familial relationships, as some members could not or chose not to be vaccinated. As vaccinating is generally regarded as a community-minded activity, as it builds up a herd immunity, breaking this was not done lightly. The choice becomes rationalised by prioritising the people closer to you.

Reactance Theory and Relation to the State

Sometimes we just do the opposite of what we're told to do. Such behaviour can appear childish and selfish, a common critique of COVID-19 rules resistors. From the fields of psychology and behavioural science, there is much about how individuals conform or react to rules governing their behaviour (Brosowsky et al., 2021; Murphy et al., 2020; Steindl et al., 2015). Psychological Reactance Theory (PRT) (Brehm & Brehm, 2013) posits that reactance occurs as a result of interpreted threats to freedom and possible restorations of said freedom. In their study, Aguirre-Camacho et al. (2024) hypothesised that stricter NPI restrictions may lead to more instances of noncompliance. By comparing the pandemic management of Norway (high restrictions) and Sweden (low restrictions), they concluded that this hypothesis was too simple to describe the relationship between NPI restrictions and noncompliance. For each individual, there are moderating factors surrounding their decision-making. Thus, people who exhibit strong reactance to aspects of their freedom being curtailed, such as being required to wear a face mask, may not be against other measures or advice, such as social distancing or vaccination.

Researchers point to levels of societal collectivism and individuality in various societies affecting reactance and compliance levels (Vinnell et al., 2023). One element of the cultural history of Aotearoa is an individualism stemming from its European settlers, which can often be at odds with other ethnic communities, including tangata whenua. Speaking about neoliberal interpretations of the rights of the individual, Beddoe (2022) cautions against the rise of populist social movements that undermine collectivist efforts, which are needed in a health crisis. Beddoe raises the issue of the relationship and history between the individual and the state. I have mentioned above my positive experience with the health system and how this coloured my decision-making. It might be naive to assume that others have had a similar journey, either individually or collectively. In terms of considering the Māori experience of the pandemic, Waitoki and McLachlan (2022) note that "[a]ssumptions that generic principles of disaster responses are relevant for everyone misses the impact of systemic issues and the need for culturally-relevant resources" (p. 574). This highlights the nuance behind reacting in a negative manner to state-imposed restrictions; historical relationships are significant in determining present day attitudes (Salman, 2023).

Religious and Spiritual Concerns

Researchers have noted several epistemological and ethical issues coming to the forefront for religious people. As a key mission of many religions is to remain open and welcoming to all, the lockdowns were contentious for some, although most recognised that religious institutions and their practices were not singled out (Oxholm et al., 2021; Taylor, 2021). Another issue was the ethical processes in the creation of the vaccines. Some Christian congregations and individuals made decisions regarding the vaccination that were contrary to the government recommendations (MacDonald, 2021). In Aotearoa, this prompted one Christian scientist to write a paper explaining how the vaccine development was ethically acceptable (Jones, 2022). In the latter half of 2021, the vaccine

mandates also proved quite divisive, with many Christian congregations struggling to hold services that did not appear discriminatory to those without a vaccine pass (Troughton et al., 2025).

Beyond these issues were deeper epistemological questions regarding the individual's relation to the state and sovereignty over their body. When I considered religious or spiritual people, I began to see their decisions as more than questions of obedience, control, or mere reactance. At the core, it might be an issue of identity. For people whose position might have been labelled 'vaccine-hesitant' or even 'anti-vax' during the pandemic, some years later they might be referred to as 'conscientious objectors' (see O'Halloran, 2022 for more on conscientious objection). What my own research highlighted was that, for many people, their religious faith and national allegiance was a relationship balance that was tested over the course of the pandemic (Troughton et al., 2025). To have to decide to comply or deviate from government health recommendations was for many religious people complex, emotionally draining, and not a simple decision.

Misinformation and Semiotic Overload

The media space in Aotearoa divided into 'mainstream' and 'alternative' as the pandemic progressed. These simple binaries meant that you were either 'listening to good science' or 'going down the rabbit hole' of conspiracies and misinformation. Much has been written on the Ardern government's pandemic messaging—largely positive, with only a few voices in academia registering concern (Beattie & Priestley, 2021; Craig, 2021; Gilray, 2021). News media is currently undergoing rapid change as it adjusts to new media. I was aware that simple categories of media consumption were likely to be an incomplete picture of how people were receiving information. During the early stages of the pandemic, and for most of 2020, the director-general of health, Ashley Bloomfield, and Prime Minister Jacinda Ardern held 1 p.m. daily briefings. These were complemented by clear graphics and imaging on other media such as websites and posters throughout the pandemic. However, as Thurlow (2024) argues, the gloss had come off the messaging by late 2021. Several compounding factors may have contributed to this: information overload, crisis fatigue, a fraying of leadership at the front, and an explosion of misinformation. Some people were now looking for advice beyond the official government channels.

Receiving contrary claims about health information can dilute trust in official sources. It can be hard to know who to trust. The World Health Organisation (2020) warned about the 'infodemic' that threatened the management of the pandemic. Receiving information from too many experts can become confusing. I am not sure if this is part of 'COVID fatigue', and whether it is enough to lead one to not comply with government orders. As with reactance theory, my concern lies in the fact that individuals may respond differently. They might be 'over the message' yet still heed it. The emotive reaction to strong messaging may induce anxiety, fear, or resentment. There is much research that explores audience perception and reaction to the government messaging during the pandemic (Beattie & Priestley, 2021; Bui et al., 2022; Officer et al., 2022). As Marshall McLuhan (1964) noted, the medium is the message, and relentless TV updates, media posts, and posters can have an unintentional rebounding effect on the audience.

CONCLUSION

These four overlapping areas present a complicated picture of how and why an individual or group of people may or may not comply with various government health recommendations during a national crisis. I have briefly presented them here as a way of opening up the binary by showing that citizens have complicated relationships with the state, media, their family and friends, and even themselves. In refusing to comply with government orders, a citizen is not always behaving 'irrationally' or being selfish. In time,

their stance may come to be revised and regarded in a more sympathetic manner.

In this paper, I have sought to explore the nuance of dissent during the pandemic. After meeting my student in the car park, I drove home with many thoughts. I was unhappy with the simplistic and negative classifications of my student as anti-state, ignorant, or selfish. My student was an informed and community-minded person. At the time of writing, I still encounter in everyday discussions a negative and narrow description of people who did not comply with the government orders. What is clear from the literature is that deviance, dissent, or noncompliance is contextual and not fixed in stone. The state is not always in the right—there can be legal challenges to its authority. Returning to Mills's sociological imagination, I have argued that the individual is a product of both their own character and their context—the history and social structures that surround them. They make meaning from this world they inhabit, and their world may look the same as mine, but there are subtle differences. To critique their actions without knowing what comprises their worldview is, in my view, an epistemological fault. For future pandemics, understanding people's meaning-making of their lived reality and why they may not comply with health authorities' messages is paramount. Otherwise, we are deaf and blind to different realities that may collide with our own.

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