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Abstract

Non-criminal preventive detention is justified by both the state's *parens patriae* and *police power* roles. Individuals with mental illness and individuals with a highly communicable, potentially lethal disease can be involuntarily detained. Modern applications of quarantine have led to higher court decisions that address the balance between liberty and public health and safety. The inherent tensions that underlie quarantine law – individual liberty versus public safety – are apparent in our contemporary, COVID-19 America. Consequently, much of the current discussion appears to have political overtones. In order to empirically address this issue, in the current study we examine attitudes towards preventive detention within the context of resisting quarantine due to the COVID-19 pandemic. In addition, we investigate whether participants report pre- and post-COVID differences in their tolerance for ambiguity, perceived vulnerability to disease and endorsement of procedural justice. Finally, to test the presence of *political overtones,* we examine the predictive ability of political ideology on participants' endorsement of preventive detention. We observed a significant association between participants identified as *Right Wing* and support for non-criminal preventive detention. Our findings add to evidence that assessment of and response to the COVID-19 pandemic is sharply divided along political ideologies.

Keywords: COVID-19 and political ideology, detention, non-criminal preventive quarantine

Although the American justice system is primarily based on the notion that citizens can only be detained or incarcerated as a result of criminal prosecution, there are some important exceptions. Individuals who suffer from mental illness and who pose a significant risk to themselves or others can be involuntarily detained and be subject to involuntary treatment (*O'Connor v. Donaldson*, 1975). Similarly, individuals with a highly communicable, potentially lethal disease can be involuntarily detained (i.e., quarantined) and treated if they pose a risk to public safety (The Public Health Service Act, 1944). The legal justification for such non-criminal, preventive detention lies with the state's *parens patriae* and *police power* roles. The *parens patriae* justification refers to the state's obligation to protect and treat individuals who have become a danger to themselves, thus involuntary detention is allowed under the State's paternalistic power as "guardian of its citizens" (Applebaum, 1990; Lehman & Phelps, 2004; Monahan & Shah, 1989). The state's *police power* refers to the obligation to protect citizens from what are deemed to be "dangerous people" (Appelbaum, 1990; Testa & West, 2010). Brakel and colleagues (1985) noted that involuntary commitment of individuals with mental illness creates a conflict "between the interest of the state in institutionalizing an individual who is seen to require it and the individual who does not recognize this need" (p. 21). The same conflict applies to the involuntary quarantine of individuals with infectious disease.

Civil Commitment of Individuals with Mental illness

Civil commitment refers to the involuntary hospitalization of individuals with mental illness who are deemed to need treatment, care, or incapacitation because of potential harm to self or others (Appelbaum, 1990; O'Connor v. Donaldson, 1975; Zaitchik & Appelbaum, 1996). This form of non-criminal preventive detention dates back at least as far as English common law, where English monarchs could appoint a guardian to manage the estate of "idiots" and "lunatics" who were thought to be incapable of protecting themselves (Appelbaum, 1990; Brakel et al., 1985). This tradition was continued in colonial America, and in 1676 Massachusetts passed the first statue giving the state the authority to detain individuals with mental disorders who had not committed a crime (Weiner & Wettstein, 1993; Zaitchik & Appelbaum, 1996). The relative importance of *parens patriae* versus *police power* justifications for civil commitment varied over time until the civil commitment law was codified in *O'Connor v. Donaldson* (1975). The guidelines for substantive and procedural due process for civil commitments were determined in this and other related case law (*Addington v. Texas,* 1979; *Lessard v. Schmidt*, 1972).

The preventive detention of individuals with severe mental illness, although controversial (see Testa & West, 2010; Wynn, 2006), has been accepted by the general population; at least in part due to the widely-shared belief that individuals with mental illness are more dangerous to society than other citizens (Phelan & Link, 1998). In a recent study, Gamache and colleagues (2019) found that public opinion on appropriateness of the use of preventive detention varied by type of crime. This study utilized scenarios which described criminal behaviors and, therefore, did not investigate public perceptions of *non-criminal* preventive detention. With

this in mind, in the current study we examine participants' perceptions of non-criminal preventive detention of individuals with severe mental illness.

The History of Quarantine in the United States

Recent applications of quarantine (e.g., tuberculosis, AIDS, H1N1) have led to Court decisions that addressed the balance of liberty issues versus public health and safety (Lacey, 2003). Confusion as well as challenges to quarantine laws were seen during the 2014 Ebola outbreak when nurse Kaci Hickox was forcibly quarantined without displaying symptoms of the Ebola virus (Gatter, 2016) The inherent tensions that underlie quarantine law – individual liberty versus public safety – are clearly apparent in our contemporary, COVID-19 America, and much of this tension appears to have political overtones. In order to empirically address this issue, in the current study we examine attitudes towards preventive detention within the context of resisting quarantine due to the COVID-19 pandemic. Although public health scholars form a distinction between the terms "isolation" (when individuals are segregated from society after contracting a contagious disease) and "quarantine" (when individuals are segregated because they have been exposed to a contagious disease but are not yet ill), for the purposes of this study we will use the generic term, "quarantine" (Parmet, 2008).

Political Ideology

Tomkins (1963) viewed left- and right-wing ideologies as reflective of a basic dimension of personality. The Tomkins Polarity Scale (Tomkins, 1964) was developed to operationalize this aspect of individual differences. Tomkins referred to these attitudinal differences as *humanistic* (left-wing) and *normativistic* (right-wing). Gamache and colleagues (2019) highlighted these differences as perceptions of humanity's nature: humanistic-oriented individuals hold a positive worldview and generally believing that humans are inherently good. Normativistic-oriented individuals, on the other hand, hold a negative worldview and believing that humans are inherently evil. Importantly, these views influence individuals' political, moral, and ethical outlooks. Individuals scoring high on the humanistic scale tend to be more open and expressive and those who score higher on normativism hold more conventional ideas (Stone, 1986). Nilsson and Jost (2020) noted that, in four recent studies, normativism was "robustly associated with rightist (or conservative) self-placement" (p. 1). Additionally, in one of these studies, humanism was strongly correlated with issues that "were most aligned with a liberal worldview" (p. 9).

In the context of criminal detention and punishment, prior research has shown that individuals with conservative views are significantly more likely to favor the death penalty, endorse longer criminal sentences, and believe in retributive justice more than their liberal counterparts (Carroll et. al., 1987; Gamache et al., 2019; Unnever & Cullen, 2009). There are little data regarding the effects of personal ideology on perceptions of preventive detention, either in criminal or non-criminal contexts. In a recent study utilizing the Tomkins Polarity Scale, Gamache and colleagues (2019) found that participants perceived lengthy preventive detention as appropriate for criminals who were judged to be particularly dangerous (terrorists and sex

offenders), regardless of their political ideology. Interestingly, participants who scored higher on left-wing, humanist attitudes, were more likely to endorse lengthy preventive detention of a criminal suspect with mental illness. In the current study, we examine the relation between political ideology and attitudes toward non-criminal preventive detention. Additionally, we investigate the relation between political ideology and endorsement of procedural justice, tolerance for ambiguity, and perceived vulnerability to disease.

Individual Difference Measures

Procedural Justice

Social psychologists have long investigated social compliance and individual cooperation within society. A major influence on individual rule-following is the construct of *procedural justice*, the belief in the validity of procedures of the legal system and the related belief in the legitimacy of government (Tyler, 2009). The belief in procedural justice has a significant influence on individual behavior (Tyler & Blader, 2000). Tyler (2009) investigated the connection between procedural justice and deference to rules, noting that procedural justice is related to individuals' judgments of governmental legitimacy as well as deference to rules. In a study utilizing a sample of South African participants, Tyler (2009) found that "respondents who viewed the government as acting through fair procedures were more deferential to social rules" (p. 35-36). The author delineated several beliefs that were antecedents to support of procedural justice. The factors that were most highly correlated to procedural justice included: viewing the authorities as trustworthy and fighting corruption, believing that the government provided basic resources, and believing that the government could effectively manage problems. In general, Tyler's (2009) findings indicate that when individuals perceive that the government is fair and trustworthy, they are more likely to accept policies enacted by these authorities. This construct of procedural justice is particularly important in the midst of a global health emergency; beliefs in procedural justice and governmental legitimacy may influence an individual's compliance with health mandates and policies.

Perceptions of Disease Vulnerability

Infectious diseases have had a profound impact on human civilization, and fear of disease has shaped human behavior. Research in evolutionary and social psychology has shown that the perceived threat of infectious diseases can have a powerful influence on human behavior and social cognition. In addition, a number of individual differences (such as gender, ethnicity, and personality characteristics including Social Dominance Orrientation) mediate this effect (Schaller & Duncan, 2007; Schaller & Murray, 2008). Therefore, this construct impacts the current study because perceptions of disease vulnerability have been shown to influence individual decision-making (Duncan et al., 2009), and the perception of vulnerability may be increased due to the ongoing global pandemic.

Tolerance for Ambiguity

Large scale health emergencies such as the COVID-19 pandemic often produce conflicting information due to the scope of such events. As a result this creates a confusing and ambiguous situation for the public (Rosenberg et al., 2020). According to Budner (1962), tolerance for ambiguity (TA) is perceived as individuals' preference for or comfort with ambiguous situations. McLain (1993) refined the definition as a range of reactions to unfamiliar and uncertain stimuli. Research has indicated that individuals who are high in TA may use more problem-focused coping strategies, and those low in TA may use more emotion-focused strategies (Herman et al., 2010). Additionally, intolerance of ambiguity and cognitive rigidity are theorized to be "unifying aspects of authoritarianism" (Duncan & Peterson, 2014). The construct, therefore, has implications for individual differences in levels of adjustment in the face of novel and ambiguous events and is likely related to individual differences in political ideology.

The Current Study

The purpose of this study is to explore participants' endorsement of non-criminal preventive detention with respect to quarantine or mental illness as modified by political ideology, and their perspectives on procedural justice, tolerance for ambiguity, and perceived vulnerability to disease. We expect that the recent global pandemic will affect participants' attitudes related to quarantine detention, and we believe that individual differences in political ideology will impact participants' perceptions as well. In our exploration of this research question, we propose the following hypotheses:

> **H_1:** Participants exposed to a scenario in which prevention detention is employed within the context of resisting quarantine due to the pandemic will be significantly more likely to endorse preventive detention compared to a scenario in which preventive detention is employed due to mental illness**.**
>
> **H_2:** As a result of the literature on our individual difference measures, we predict there will be a significant difference in pre- and post-COVID attitudes on our measures of tolerance for ambiguity, procedural justice, and perceived vulnerability to disease.
>
> **H_3:** The third hypothesis concerns participants' worldview and perspectives. We hypothesize that participants' scores on the Polarity Scale will predict participant endorsement of preventive detention.

Method

Participants

A total of 242 participants (161 male and 81 female) were recruited through Amazon *Mechanical Turk* to participate in this study. All participants were screened for inclusion, and

only participants that were United States citizens over age 18 were included in this study. The average age of our participants was 34. Our ethnic breakdown included 65% White, 10% Black, 17% Asian, 7% Hispanic or Spanish origin, and 1% other. Over three-fourths (86%) of our participants reported completing an undergraduate or graduate degree. Participants were paid fifty cents for their participation.

Measures

Several measures were utilized to assess political ideology and perspectives on health and justice.

Procedural Justice Scales

In order to assess participants' endorsement of procedural justice, Tyler's (2009) six-item Procedural Justice Scale (PJS) was utilized. On the PJS, participants rate their agreement with statements related to justice philosophy on a 7-point Likert Scale (e.g.: *"Each person can freely choose to vote without feeling forced by others").* Tyler (2009) reported reliability of .85. In this study, the final item on this scale was changed to reflect an American perspective: "All *Americans* are equal to each other" (emphasis added). In this study, Cronbach alpha=0.81 (Pre-Pandemic) and 0.84 (Post-Pandemic) were observed.

Additionally, Tyler (2009) explored several variables that were associated with stronger justice philosophy and trust of the government through a 24-item survey, showing a relationship between six antecedent beliefs about the government's effectiveness and ratings of procedural justice. Based on these results, we created a six item Procedural Justice Antecedent Scale (PJAS) to assess each of these antecedent beliefs (e.g.: "*I believe the government will provide an adequate standard of living")* on a 7-point Likert scale. Our items displayed reliability ratings of 0.90 and 0.95 for the pre and post COVID reflections respectively. See Appendix for the complete scale.

Tolerance of Ambiguity Scale

Herman and colleagues (2010) improved on earlier attempts to operationalize tolerance for ambiguity and developed The Tolerance for Ambiguity Scale, a 12-item measure of individual tolerance for ambiguity. They identify four dimensions of TA: (1) Valuing Diverse Others, (2) Change, (3) Challenging Perspectives, and (4) Unfamiliarity. Participants rate their agreement with items (e.g.: *"I like to surround myself with things that are familiar to me")* on a 7-point Likert scale. In terms of test-retest reliability, TAS has been found to be acceptable (0.85) (Bors et al., 2010). In our study, reliability ratings of .83 were observed in both sets of responses.

Perceived Vulnerability to Disease Scale

In order to assess fear of disease, the Perceived Vulnerability to Disease (PVD) (Duncan et al., 2009) scale was utilized. The PVD is a 15-item measurement that is used to measure the one's

belief that they are likely to contract illnesses (e.g.: *"I prefer to wash my hands pretty soon after shaking someone's hand*"). The scale has been factor analyzed into two prominent subscales: Perceived Infectability and Germ Aversion. The 15-item scale has demonstrated adequate internal consistency (Cronbach's alpha=0.82). The study conducted by Duncan and colleagues (2009) demonstrated that higher scores on the PVD scale were indicative of higher perceived vulnerability to disease. The perceived infectability factor also demonstrated significant concurrent validity with a number of other scales and similar constructs (Duncan et al., 2009). As a result, this measure is an adequate tool to measure one's belief that they are susceptible to a communicable disease. In this study, Cronbach alpha reliability for this scale was acceptable for both pre and post COVID responses, 0.89 and 0.88 respectively.

Polarity Scale

Tomkins Polarity Scale (Tomkins, 1964) was utilized to assess political ideology. The 43-item scale asks participants to review a two statements per item, and state which statement they most agree with (e.g.: "parents should first of all be gentle with their children" or "parents should first of all be firm with their children"). Depending on which statement the participants agree with, each item selection scores the participant on a humanistic subscale or a normativistic subscale creating a total humanistic "left-wing" and total normativistic "right-wing" score.

Procedure

Following IRB approval (Roger Williams University Human Subjects Review Board, Protocol #20200516), participants were recruited through *mTurk.* Data collection occurred during the late Spring of 2020, shortly after the onset of the COVID-19 global pandemic. Once properly screened, participants completed informed consent forms and were then given one of two scenarios to read. Both conditions involved a 150-word vignette about an individual who had been subjected to non-criminal preventive detention. In the Mental Health Scenario an individual was detained after behaving in a bizarre manner towards a police officer. In the Quarantine Scenario an individual was detained due to refusing to submit to treatment after being diagnosed with a highly contagious disease.

After reading one of these scenarios, participants were asked to respond to the dependent measures on a 7-point Likert scale: *How fair is it that this individual was forced into isolation in a medical facility? How likely is it that this individual will be a threat to others without this isolation?, How confident are you in your belief that the individual will cause future harm?* The participants were then asked to complete the Polarity Scale. Following this, participants were presented with the remainder of the self-report measures. For these three remaining scales, participants were asked to reflect on their attitudes prior to the current COVID-19 pandemic and rate how they would have answered prior to January 2020. They were then asked to rate their current attitudes on the same questions. The purpose of this was to have the participants self-report any preceievred change in their attitudes since the onset of the COVID-19 pandemic. After these scales, participants were then asked basic demographic questions, thanked, and debriefed.

Results

To test our first hypothesis, an independent samples t-test was conducted on our dependent measures assessing preventive detention in the context of fairness, perceived sentence, future harm, and confidence in future harm. No significant differences were found on our measures as a function of exposure to experimental condition. Participants exposed to the quarantine condition did not differ in their responses to items assessing preventive detention compared to those participants exposed to the mental illness condition: *p* values ranged from 0.175 to 0.805.

To test our second hypothesis of pre- and post-COVID attitude differences on our measures of tolerance for ambiguity, procedural justice perceived vulnerability and our Procedural Justice Antecedents Scale, we performed a paired-samples *t*-test. Our results indicated pre- and post-COVID differences existed solely on the Procedural Justice Antecedents (PJA) Scale: Pre-COVID (M=29.85, SD=6.88) and post-COVID (M=25.67, SD=10.04); $t(220)=6.69$, $p<0.001$. To further explore this overall difference, we examined within-group differences on each of the five items on the PJA. Results indicated pre- and post-COVID differences on each of the six items in the PJA scale. See Table 1 for depiction of these differences.

Table 1
Paired-Samples t-Test Differences on Procedural Justice Antecedent Scale

Item	pre-COVID		post-COVID	
I believe the government will…	*M*	*(SD)*	*M*	*(SD)*
do the right thing.	4.97	(1.39)	4.21	(1.85)
fight corruption.	4.99	(1.31)	4.27	(1.81)
provide basic resources.	4.92	(1.42)	4.21	(1.82)
fairly enforce laws.	5.02	(1.41)	4.28	(1.86)
provide an adequate standard of living.	4.95	(1.39)	4.22	(1.83)
effectively manage problems.	4.97	(1.37	4.30	(1.96)

Note. p value for each item <.001.

To test the third hypothesis that participants' scores on the Polarity Scale would predict participant endorsement of preventive detention, we performed a linear regression analysis. The Model was significant: $F(2, 239)=4.50$, $p=0.012$, $R^2=0.036$. Participants with higher scores on the normativistic scale were more likely to support non-criminal preventive detention in both conditions: (ß=0.164, t=2.548, p =.011). No significant associations were observed for participants scoring on the humanistic scale. In addition, no significant associations were observed for left or right wing scores on the third dependent measure: *Do you believe that, without treatment, the individual in the scenario will be likely to harm others in the future?*

Exploratory Analyses

Polarity as Predictor –Quarantine Scenario

To further test whether scores on the Polarity Scale predicted our primary dependent measures, we examined its predictive ability as a function of exposure to our experimental conditions. For participants exposed to our quarantine scenario, higher left wing scores were associated with confirmation of the statement: *Do you believe it is fair that the individual in the scenario be forced into treatment in a locked facility? F*(2, 117)=3.42, *p* =0.036, R^2=0.055, explaining 4% of the Model's variability. Higher left-wing scores also were related to higher confidence that the individual would be likely to cause harm: *F*(2, 117)=3.57, *p* =0.031, R^2=0.058. Right-wing scores were not associated with any of our primary dependent measures for participants exposed to the quarantine condition.

Mental Health Scenario

For participants exposed to the mental health scenario, higher right wing scores predicted the statement: *Do you believe it is fair that the individual in the scenario be forced into treatment in a locked facility? F*(2, 119)=3.99, *p*=0.021, R^2=0.063, explaining all of the Model's variability. This finding was also observed approaching significance on the statement: *Do you believe that without treatment, the individual in the scenario is likely to harm others in the future? F*(2, 118)=3.99, *p*=0.068, R^2=0.045. On the statement, *How confident are you that the individual in the scenario is likely to cause future harm,* both left and right wing scores predicted responses to this item. Specifically, higher left wing scores were associated with less confidence. Conversely, higher right wing scores were associated with greater confidence: *F*(2, 119)=4.31, *p* =0.016, R^2=0.068, explaining all of the Model's variability .

In order to test the predictive ability of our remaining scales on our dependent variables of interest, we performed a series of multiple regression analyses (MRA). The analyses were conducted on measures taken both pre- and post-COVID (including Ambiguity, Procedural Justice, Perceived Vulnerability, and Perceived Vulnerability Scale). Our first MRA revealed significant predictive ability of pre-COVID responses to both ambiguity and procedural justice measures on our primary dependent variable: *Do you believe it is fair that the individual in the scenario be forced into treatment in a locked facility? F*(4, 187)=18.24, *p*<0.001. Higher scores on both measures were related to endorsement of preventive detention: for Ambiguity: (ß=0.278, *t*=2.594, *p*=0.01); for Procedural Justice: (ß=0.364, *t*=3.4, *p*=0.001). No effects were found on this dependent measure for post-COVID attitudes.

On our second dependent measure: *Do you believe that, without treatment, the individual in the scenario will be likely to harm others in the future?* MRA revealed Ambiguity and Vulnerability were associated with pre-COVID endorsement of this belief: for Ambiguity: (ß=0.339, *t*=2.905, *p*=0.004); for Vulnerability: (ß=-0.243, *t*=-2.142, *p*=0.034). For Vulnerability this association was negative, meaning participants scoring low on this measure were likely to endorse this belief. The post-COVID MRA revealed only Procedural Justice

significantly was significantly related to endorsment of this item: (ß=0.272, *t*=2.221, *p*=0.028), explaining 3% of the Model's reported 9% variability.

Finally, we explored whether gender differences existed in individuals' left and right wing polarity scores. No differences were observed: *p* values ranged from 0.146 to 0.905.

Polarity Scores – Change in Scale Scores Related to Pandemic

To further explore the influence of scores on the Polarity Scale with participant scale scores, we examined their predictive ability as a function of the participant's assessment of change in scores due to the pandemic. We utilized regression analysis to examine Left and Right polarity influence on pre and post pandemic scale scores.

With the Perceptions of Vulnerability scale, we examined the influence of Left and Right polarity on pre-pandemic and post-pandemic scores. Significant models were found for both the Pre-Pandemic $F(2, 221)=7.54$, $p=0.001$, $R^2=0.065$ and Post-Pandemic scores: $F(2, 212)=4.05$, $p=0.019$, $R^2=0.037$. For the Pre-Pandemic scores, both Left and Right polarity demonstrated an effect, with Left polarity being associated with less perceived vulnerability (ß=-0.161, *t*=-2.42, *p*=0.016), and Right polarity associated with higher perception of vulnerability (ß=0.222, *t*=3.35, *p*=0.001). For the Post-pandemic scores, a significant model was also observed: $F(2, 212)=4.05$, $p=0.019$, $R^2=0.037$, however only the Right polarity scores were significantly associated with scale scores, again with Right polarity participants endorsing greater perceptions of vulnerability (ß=0.172, *t*=2.49, *p*=0.014).

For the Tolerance of Ambiguity scale, we observed a significant model for Post-Pandemic scores: $F(2, 216)=3.21$, $p=0.042$, $R^2=0.029$. Right polarity was significantly correlated with increased tolerance for ambiguity post-pandemic (ß=0.167, *t*=2.42, *p*=0.015). No other significant results emerged with the Tolerance of Ambiguity scale.

Finally, we examined the influence of Left and Right polarity on the procedural justice scales. No significant model was observed for the Procedural Justice Scale, however significant models were observed for the Procedural Justice Antecedent Scale, with pre-pandemic reflections: $F(2, 225)=3.11$, $p=0.046$, $R^2=0.027$. With the Pre-Pandemic scores, Right polarity was associated higher agreement with the antecedent beliefs (ß=-0.156, *t*=-2.33, *p*=0.021). With the Post-Pandemic scores, no significant relationship was observed.

Discussion

This study explored participant perceptions of risk of dangerousness and appropriateness for non-criminal preventive detention related to mental illness or quarantine. Possible influences of political ideation on participant assessments were also explored. Analysis of the data produced interesting results that may deepen understanding of how a major pandemic affects an individual's perceptions of justice and risk.

The first hypothesis of this study was that there would be significant difference between participants' support for non-criminal preventive detention and assessment of risk for individuals with mental illness and those infected by a contagious disease. We had hypothesized that, due to the onset of the COVID-19 global pandemic, participants would be more likely to endorse preventive detention to protect the public in the mock quarantine scenario, however this hypothesis was not supported. In general, there was no difference between participants' assessment of risk or support for preventive detention in any scenario. The reason for this is unknown. Emerging research suggests that the public's interpretation of the COVID-19 pandemic varies widely (Imhoff & Lamberty, 2020) and this variance may account for the lack of confirmation here.

Our second hypothesis addressed participants' assessment of how their personal views had changed as a result of the COVID-19 pandemic. We hypothesized that participants would believe that their views had changed since the onset of the recent pandemic, and this hypothesis was partially confirmed. With one exception, participants did not report any significant differences in their responses on measures, suggesting that participants' did not believe their views had changed. This was surprising but may also be indicative of the large percentage of the population that underestimated the scope of the COVID-19 pandemic (Imhoff & Lamberty, 2020), at the time of data collection, or that our participants' personal views were not impacted. However, there were significant differences reported on the Procedural Justice Antecedents Scale (PJAS) created for this study. Specifically, scores on the post-pandemic PJAS were lower than the pre-pandemic PJAS. Considering the items on the PJAS, this result suggests that the participants' faith in the government had significantly diminished following the onset of the COVID-19 pandemic.

With our third hypothesis, we suggested that political polarity would have an influence on attitudes concerning preventive detention. This hypothesis was partially confirmed as well: participants who endorsed normative, right-wing perspectives reported greater support for preventive detention than participants endorsing humanistic, left-wing perspectives. Thus, participants with a normative worldview were comfortable with preventive detention for non-criminal behavior. No significant difference or interaction was observed between polarity scores and participant ratings of risk of future harm, suggesting that worldview did not impact risk assessment in this study.

To better understand these results, exploratory analysis was conducted to investigate additional effects of polarity. First, we investigated if differences in worldview resulted in different ratings of support for preventive detention and assessment of risk in the mental illness and quarantine scenarios. Significant differences were observed. In the case of an individual with mental illness, right-wing normative polarity was associated with higher support of preventive detention, and higher confidence in participants' risk assessment. No effect was observed for left-wing humanistic polarity with support for preventive detention, but humanistic participants were significantly less confident in their assessment of risk of individuals experiencing mental illness. An interesting contrast was observed in the quarantine scenario, where almost the exact opposite result was observed. With an individual infected with a dangerous and contagious

disease, left-wing humanistic participants were more likely to endorse preventive detention and were more confident in their risk assessment. Right-wing, normativistic ideology was not associated with support for preventive detention for individuals infected with a dangerous disease.

Additional analyses were conducted to explore the influence of political polarity on participant's perceived change in perspectives due to COVID-19 pandemic. Significant relationships were observed for several of the scales. For perceptions of vulnerability before the COVID-19 pandemic, left-wing ideology was associated with lower ratings of perceived vulnerability and right-wing was associated with higher ratings. Right-leaning ideology remained significantly associated with perceptions of vulnerability post-pandemic as well. Left-wing ideology was not associated with lower ratings of vulnerability, suggesting that left-wing participants experienced an *increase* in perception of vulnerability due to the pandemic whereas right-wing attitudes remained relatively the same. This finding supports the research suggesting that right-wing ideology is associated with higher perception of personal threat (Jost et al., 2003; van Leeuwen & Park, 2009), and that the pandemic may have increased perceptions of vulnerability to disease for left-leaning participants.

With the participants' tolerance for ambiguity, there was no significant relationship between polarity and scores prior to the COVID-19 pandemic, however a significant relationship was observed post-pandemic. When reflecting on changes in attitude since the onset of the pandemic, right-wing ideology was related to higher acceptance for ambiguous situations. In essence, the right-wing participants believed that they became more tolerant of ambiguity following the pandemic. It is possible that our right-wing participants had greater exposure to conflicting information about the COVID-19 pandemic (i.e., "fake news") (Calvillo et al., 2020), developed a tolerance with uncertainty about the virus and that was reflected in their scores.

Similar to the findings with our second hypothesis, no significant relationships were observed with our participants' reflections on procedural justice, however a significant relationship was observed in ratings on the PJAS. When factoring in polarity, right-wing ideology was associated with higher ratings pre-pandemic, however there was no association post-pandemic. This suggests that our right-wing participants believed that they had more trust in the government *prior to the pandemic* and that trust diminished following the pandemic. No similar effect was found for left-wing polarity. This finding gives some nuance for our second hypothesis.

Limitations

Several limitations exist with the results of this study. A significant limitation exists in our examination of pre-post pandemic attitudes. In order to assess change in attitudes, we asked participants to self-reflect and respond, exploring how participants' understanding of how their views changed. This method suffers from issues related to self-report and retroactive examination, and could be vulnerable to bias or influence. A true pretest-posttest, would have

been much stronger, but due to the sudden onset of the COVID-19 pandemic, this was obviously impossible. The sample size for this study was realtively low, and recruited through the Internet due to the onset of the pandemic. Possible sampling issues and generalizability of these findings cannot be ignored. Finally, though significant, and interesting results were found, our resulting effect sizes were small which effects the validity of these findings. Further research may be able to address some of these limitations.

Conclusion

Our results support the notion that political ideology influences attitudes of the COVID-19 pandemic. If there is validity to the view that right-wing ideology is associated with minimization of the pandemic (Calvillo et al., 2020; Havey, 2020), as well as high value on individual freedom (Buckley, 1951; Levin, 2016), it would not be surprising that normativistic participants were less likely to view preventive detention as appropriate in the quarantine scenario, compared to left-wing humanistic participants. It is likely that the current political climate amplifies ideological differences in the United States. We believe that our results add to evidence that assessment of and response to the COVID-19 pandemic is sharply divided along political ideologies (Calvillo et al., 2020).

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Appendix

Procedural Justice Antecedents Scale

Please read the following statements and indicate your level of agreement on a scale of 1 – disagree strongly to 7 – agree strongly.

1. I believe the government will do the right thing.
2. I believe that the government will fight corruption.
3. I believe that the government will provide basic resources.
4. I believe that the government will fairly enforce our laws.
5. I believe that the government will provide an adequate standard of living.
6, I believe that the government will effectively manage problems.