Understanding compliance as multi-faceted: values and practices during the COVID-19 pandemic in Austria

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ABSTRACT
In some countries, far-reaching ‘lockdown’ measures to contain the spread of coronavirus were implemented early in 2020. In Austria, these early measures were met with a high degree of compliance among the country’s population. In this paper, we draw upon qualitative interviews, and ask how people made sense of the restrictions imposed during the first lockdown in April 2020 and what shaped their compliance. Empirical research has so far tried to explain compliance by means of people’s disposition and motivations as well as demographic and social characteristics. Instead of focussing on who is compliant, we aim to understand how people practice compliance. We do this by approaching compliance through the concepts of values and practice. First, our findings indicate that people assess whether measures are suitable and legitimate in relation to the values of science, the law, and morality. Second, people assign additional personal value to compliance by stressing its positive implications on their own lives. By adopting a nuanced perspective on compliance as inextricably linked to peoples’ values and practices, our paper critically contributes to the political and scholarly discussion of pandemic public health measures. Understanding compliance through the lens of values shows how people make sense of the measures in the context of their everyday lives, helping us to move away from a binary understanding of (non-)compliance that has become morally charged.

Introduction

Political decision-makers across the world have addressed the ongoing COVID-19 pandemic in different ways. Austria was one of the ‘First Mover’ countries that introduced strict measures at a relatively early point (Shields, 2020). In response to a dramatic increase in the number of persons infected with COVID-19 in neighbouring Italy, Austria introduced a ‘hard lockdown’ on 16 March 2020– several weeks earlier than many other European countries. People were only allowed to leave their homes for four reasons: professional activities, shopping for groceries or medicines, assisting others, and outdoor recreational activities (alone or with others from the same household). Measures such as home office and reduced working hours regulations, the closure of schools and severe travel restrictions implied major changes in people’s everyday lives (Czyzponka & Reiss, 2021). Moreover, legislation was passed that made the wearing of face masks in public transport and shops mandatory, as well as keeping a minimum distance from other
people. To mitigate the economic consequences of the lockdown the government implemented various relief funds for businesses as well as tax relieves for people working from home and a rent moratorium from April to June 2020. A recent study, however, found that the economic situation and mental health status, in particular of groups with lower socio-economic status, was negatively affected by this first lockdown and not sufficiently attenuated by supportive policies (Oberndorfer et al., 2021).

From the onset of the pandemic, governments and scientists emphasised the importance of people’s compliance with these restrictions in order to contain the virus successfully. Exhortations to people’s sense of ‘personal responsibility’ were ubiquitous and became a crucial governmental technique to manage the pandemic (2020). In Austria, the first lockdown was met with an extraordinary degree of compliance among the country’s population (Mätzke, 2021). Representative survey data shows that at the end of March 2020, 91.8% of respondents reported never having left their homes to meet friends and family (Kittel, 2021). The early measures and high degree of compliance effectively led to a rapid ‘flattening of the curve’: while in the days before the lockdown infection rates had been rising at about 35% per day, these were reduced to less than 1% per day by April 20, the last day of the lockdown (AGES, 2021).

However, even amidst a pandemic, compliance with restrictive public health measures should not be taken for granted. The limited democratic legitimacy of the early COVID-19 policies make the question of why and how people complied particularly urgent. While others have focused on particular rules such as mask wearing (Lupton et al., 2021; 2021), social distancing (Pedersen & Favero, 2020) or people’s willingness to use contact tracing apps (Samuel et al., 2021), we are interested in what motivates and shapes compliance more generally. Existing critical public health scholarship on compliance has pointed to the complexity of the topic that is often not accounted for in ‘mainstream’ research. For example, Hodes et al. (2020) suggest that more comprehensive metrics of adherence (a term that is more or less used synonymously with ‘compliance’) are necessary to grasp this multidimensional phenomenon. Furthermore, Skinner and Franz (2018) criticize the rhetoric of compliance from a Foucauldian perspective due to its focus on modulating people’s behaviors while abstracting it from the context of their everyday lives. While we share this criticisms, we nevertheless retain the terminology due to its widespread use in the context of the pandemic. Advancing a critical understanding of compliance, however, this paper does not aim to find out what makes people compliant, but is motivated by our astonishment of people’s actual degree of compliance and therefore asks: how did people make sense of the containment measures during the first lockdown and what shaped their compliance?

Existing research on compliance with the containment measures can be divided into two strands. The first strand of research explains adherence to the rules on the basis of people’s disposition and character traits. Such studies report, for example, that certain factors – such as fear, self-efficacy, trust in the authorities, belief in science and perceived risk – increase compliance, while others – such as boredom, conspiracy ideation, and traits such as deceitfulness and risk-taking – make compliance less likely (e.g. Choma et al., 2021; Harper et al., 2020; Jørgensen et al., 2021; Maftei & Holman, 2020; Miguel et al., 2021; Nivette et al., 2021; Wolff et al., 2020). This line of research has also considered motivations for compliance along the axes of protecting oneself and protecting others (Liekefett & Becker, 2021; Murphy et al., 2020; Zimmermann et al., 2021).

The second strand of research has focused on the influence of demographic and social characteristics on compliance. It has been found that compliance correlates with gender and age, with women and older people being more compliant than men and younger people (Clark et al., 2020; Nivette et al., 2021; Sobol et al., 2020; Tomczyk et al., 2020). Furthermore, qualitative research in particular has addressed how specific groups such as the elderly (Brooke & Clark, 2020), religious communities (Hassan et al., 2021; Vanhamel et al., 2021), or people with chronic diseases (Linnemayr et al., 2021;
Pal et al., 2021) have experienced and dealt with the measures. These studies also show how institutional and structural features such as unsafe workplaces impede compliance (Hassan et al., 2021).

While both strands of research on compliance have yielded important insights, they have focussed on identifying presumably fixed factors (psychological, sociodemographic or contextual) that are either exclusively leading to compliance or non-compliance, as opposing outcomes. Our paper aims to critically re-think the political and academic discussion of the public health measures taken in relation to the pandemic by providing a nuanced perspective on compliance. In an effort to unpack dominant notions of compliance, we ask how people comply, instead of focusing on who is or can be compliant (e.g. ‘people who trust the government’ or ‘the elderly’). This paper adopts an interpretive approach that foregrounds the meanings of policies and their generation through practices (Fischer et al., 2015; Schwartz-Shea & Yanow, 2012; Wagenaar, 2011). In our understanding, government measures and recommendations do not have one intrinsic meaning and do not lead to compliance in and of themselves. Combining an interpretive approach to policy analysis with valuation studies (Doganova et al., 2018, 2018; Kjellberg et al., 2013), we propose that people ascribe value to particular government measures in continuously acting upon them. This means that assessing policies as ‘good’ or ‘bad’, as manageable or inconvenient, as ethically or morally responsible, is inextricably linked to acting and doing.

People draw on a variety of personal, ethical, economic, and social value repertoires in practising compliance with policy measures – thus making sense of them in the context of their everyday lives. First, our findings indicate that people assessed whether the rules were suitable, legitimate, or even convenient by applying the values of science, the law and morality. Second, we see that people assigned additional personal meaning to the rules by stressing values such as increased control over how they use their time and improved private and social relationships. Engaging in a critical analysis of the mutual shaping of values and practices enables us to understand compliance with the Covid-19 restrictions as multi-faceted and to overcome simplistic divisions in which compliance is ‘right’ and non-compliance is ‘wrong’. Moving beyond this morally charged dichotomy is key to overcoming societal polarization about public health measures, including ongoing debates about vaccination and face masks.

**Approach and methods**

Values have recently re-emerged as an object of analysis in policy research. In their call for an interrogation of values in policy analysis, Botterill and Fenna (2019, p. 2) place the question of values centre-stage: ‘Decision makers are confronted with conflicting value positions, and enough of each value needs to be visible in the outcome to generate acceptance of the decision’. While this approach usefully points to a central policy dilemma – certainly exacerbated in the current pandemic – it assumes that values are something relatively fixed rather than in flux.

Insights from science and technology studies enable a more dynamic understanding of values by advocating an approach that places emphasis on ‘value’ as a verb, investigating how actors assign worth to social and physical phenomena – or, in our case, governmental policies and responses to the pandemic (Boltanski & Thévenot, 2006). Notably, in this perspective, value is not something that social agents hold, but something they enact through particular practices (Dussauge et al., 2015); in other words, value is something that one does, rather than a thing. Processes of assigning value encompass ‘any social practice where the value or values of something are established, assessed, negotiated, provoked, maintained, constructed and/or contested’ (Doganova et al., 2018, p. 87). Valuing or ascribing worth, then, can be understood as ‘world-making and sense-making activities’ (Kjellberg et al., 2013, p. 16). As for the relationship between practices and values, they mutually shape each other: while people’s practices are informed by values, their practices simultaneously form values.
A further helpful distinction is that between valuation and evaluation – even though in reality these can be intertwined. Whereas valuation denotes the practice of ‘giving worth or value’ to something, evaluation refers to assessing the worth of something (Lamont, 2012). In our findings section, we show that when dealing with Covid measures in the context of their everyday lives, people engage in both practices: they assess the measures against the values of science, the law and morality (evaluation) but they also assign personal and social value to the measures that extends beyond their epidemiological worth (valuation).

**Methods**

This publication is the result of the joint work of the members of the ‘Solidarity in times of pandemics’ (SolPan) research commons. Specifically, this paper draws upon qualitative, semi-structured interviews with residents of Austria, conducted in April 2020 as part of the larger international SolPan research project. This project received ethics clearance at the University of Vienna (reference number: 00544).

From the entire body of available interview material (n = 81) we chose 23 interviews to be included in this paper. In our sample, we only included interviews with residents from Vienna, as we assumed that living in a densely populated area would pose particular challenges for dealing with the rules and recommendations, such as the difficulty of social distancing in public places. Furthermore, in the Austrian capital with its 1.9 million residents many parks and playgrounds were closed during the first lockdown. We aimed to diversify the sample for this paper in terms of its socio-demographic characteristics; however, it remains biased towards people with higher levels of education, people with medium or high income, and women – as does the overall sample of the larger study that we draw on. In terms of age, the distribution is more balanced, although young people between 18 and 30 years are represented best. All the interviews were conducted by telephone or video conference software, lasted about 60 minutes on average, and were transcribed verbatim. A common focus of the interviews was to encourage respondents to talk about practices. While we worked with an interview guide, which included questions about people’s current everyday life, how they dealt with the pandemic and the measures, the order and length in which the different topics were covered varied according to the flow of the conversation (SolPan Consortium, 2021).

We analysed our data using a constructivist grounded theory approach (Charmaz, 2014). Proceeding inductively, we started by each author separately coding a few interviews and developing initial codes. In this step, ‘values’ emerged as a fruitful concept to make sense of our data. Respondents not only described their practices of compliance, but also framed them with recourse to value repertoires. Subsequently, we discussed our initial codes, and merged, modified and extended them, ultimately creating a coding scheme consisting of 29 codes. In the next step, we applied the coding scheme to all the interviews, using the collaborative coding software Atlas.ti Cloud. All the interviews were double coded to increase intercoder reliability. Throughout the analysis, we worked with collective memos and regularly met to discuss our understanding of the material going back and forth between data, codes and analytical ideas.

**Assessing the measures against science, the law and morality**

In making sense of governmental measures in the early stage of the pandemic, we found that people evoked particular value repertoires against which they assessed the measures to contain the spread of the virus. Science, a strong respect for legal institutions, and moral values feature most prominently in explaining and legitimizing their practices of compliance. At the same time, people drew on these values to resolve any personal ambivalence regarding the perception of compliance as merely ‘following the rules’. 
Differentiating science from politics

To begin with, respondents frequently drew on distinctions between science and politics to ascertain the legitimacy and value of policy measures. Asked about what information they considered important and valuable, many of our respondents referred to the weekly-held governmental press conferences as important sources during the first lockdown, expressing a significant degree of trust in the government. At the same time, it became clear in our interviews that political decisions were only considered ‘good enough’ if they were informed by ‘science’ and ‘data’. Interestingly, respondents differentiated between ‘good science’ and ‘bad science’: public TV and radio as well as particular professions (scientists, medical doctors – including those in their own social circles – virologists, and epidemiologists) made for trustworthy scientific sources, whereas social media was frequently associated with disinformation and misinformation. Struggling to differentiate between what was merely ‘fear mongering and fake news, and what is actually the case’ (R22) remained a common theme in our interviews, and while what constituted ‘bad science’ remained elusive, international data sources (including the US Johns Hopkins University and the German Robert Koch Institute) appeared to be markers for scientific and political objectivity.

While new policy measures and epidemiological updates were often announced together at press conferences, we find that demarcating between politics and science remained an important strategy in assessing the wider societal value of particular rules. As one respondent explained: ‘I do not necessarily think politicians are qualified enough to speak as epidemiologists – I would prefer if the Supreme Health Council (Oberste Gesundheitsrat) or (scientific) health authorities would explain (decisions)’ (R6). This was consistent with a more general sentiment that the press conferences should be as neutral as possible and function as important reminders that the constitution and science – rather than emotions and politics – ought to drive decision-making. This differentiation between politics and science was particularly important for respondents who distanced themselves ideologically from (individual members of) the government but expressed support for or at least acceptance of the rules in practice. This is particularly visible in one interviewee’s account about her family only becoming more cautious in their actions after making their own calculation (with data from the ministry) concerning the spread of the virus. In establishing what constituted ‘right’ and ‘wrong’ behaviour, science as a basis for decision-making was key in justifying and sustaining compliance. Science, however, is also a crucial point of reference for people to dissociate themselves from the government, but nevertheless to adhere to the rules.

Legitimizing needs and practices with and beyond the law

Since the early measures were implemented without much parliamentary or public debate, many of them remained unclear to our respondents. In trying to make sense of them, and their own role in public health governance, we found that many weighed their own needs against wider societal values by referring to the specifics of the law. One respondent described her uncertainty over whether a day-trip on her bike constituted a deviation from the rules: ‘I think there are grey areas, too. So I specifically looked this up, what is allowed and what isn’t? It’s a matter of interpretation’ (R7). It was in this legal ‘grey zone’ that she found a sense of freedom, but she remained ambivalent, adding that she would not engage in risky behaviour such as mountain biking, thus invoking the protection of the healthcare system as an additional central value. Similarly concerned with the law, some of the interviewees hesitantly reported that they may have unknowingly broken a rule, such as picking up materials from their office and meeting a friend for a walk. While one strategy they adopted was to forgo any activities they feared could be illegal – one interviewee mentioned that she postponed a check-up for her chronic disease for this reason – others reported having obtained a printed copy of the relevant legislation to check whether they were allowed to talk to strangers on the street or to use public transport to visit their partner.
However, respondents also reflected critically on their own compliance: one respondent noted her own surprise at having internalized rules and recommendations: ‘When I go outside, I immediately look at who is out and about, what they are doing, and whether they are complying with the rules (such as physical distancing). (…) It is surprising how fast “wartime laws” can be instituted and how we immediately become so compliant. Of course, with good reasons, but it does make me think’ (R23). She thus weighed the value of protecting public health and abiding by the law against that of her personal political convictions. Likewise, others expressed concerns that the sense of acute crisis and the appeal to securing public health was preventing people from being critical of the rules. This shows that compliance was not self-evident but a contingent social practice in which people weighed up different values against one another.

We also found that presumptions about what is (and is not) allowed, in conjunction with anxiety in this early phase of the pandemic, tended to lead to what one might call overcompliance or extreme caution, such as insisting that relatives did not leave the house at all, but also disinfecting the surfaces of anything brought in from outside the home (such as groceries and parcels) or immediately taking off and washing one’s clothes after being outside. This indicates that assessing the legal nature of the measures was inseparably linked to expectations of what value a particular measure or practice could have for one’s own wellbeing or public health at large. What is ‘right’ is thus connected to the value of protecting oneself and others from the virus, and practices to contain the virus have personal as well as collective value, irrespective of the legal requirements.

While many respondents showed eagerness – and sometimes even overcompliance – in adhering to the legal measures, we also heard justifications for breaches of the rules. At the time of the interviews, the use of public transportation was limited to fulfilling urgent medical needs, helping others, or going to work – and was not permitted for leisure activities. An elderly woman living alone suggested that using public transport to reach green space to take a walk fulfilled a medical need when recovering from an injury and was thus legitimate. Likewise, helping family members, friends or neighbours to deal with the practical challenges they faced due to the restrictions made grey zones between compliance and non-compliance visible. One mother described sharing childcare duties: ‘I have agreed with my neighbour that we will take turns watching the kids’ (R11). Even though this practice of sharing care across two households was not permitted at the time, respondents reframed this practice as constituting compliance in a wider sense, because it enabled them to avoid taking their children to crowded supermarkets.

**Compliance as a moral practice**

People evaluated the measures by drawing on science and the law, but they also assessed them using their own moral values. Most notably, in our interviews, people assessed compliance in terms of responsibility. In this context, references to responsibility were closely linked to a concern for the collective well-being of society. Recounting an incident in a supermarket in which a man made a scene because he insisted on buying a beer without wearing a mask, a young woman explained: ‘I am just annoyed by that (…) it’s just that everybody has to comply, otherwise this is going to last even longer’. (R1) Here, compliance is understood as ‘the right thing to do’ because containing the pandemic demands a collective effort in which everybody has a certain responsibility. The association of compliance with a sense of shared moral responsibility was also expressed in general calls not to endanger more vulnerable persons or the healthcare system, and acting responsibly in public.

On the other hand, instances of what people perceived as irresponsible practices included shopping despite having a cold, touching products in the supermarket, or putting their face mask on only after entering public transport. This shows that people’s notions of what is responsible and irresponsible behaviour do not necessarily correspond with what is officially allowed or not: in other words, doing what is morally right may mean going further than simply following the legal stipulations. At the same time, being responsible is not straightforward: one respondent, for
example, did not consider it irresponsible to meet her friends for walks regularly despite it being prohibited at the time; but she did feel guilty for not telling them that she had been in close contact with an infected person with whom she was having a casual relationship. So while people enact responsibility as a central moral value through compliance and protecting their own and other people’s health, their practices are also shaped by other values such as maintaining their privacy and personal wellbeing.

Overall, we find that people assessed the rules and judged their own and other people’s practices against the moral value of responsibility. Respondents also assigned additional value to compliance by interpreting compliance as a moral practice in itself. Compliance, then, was not only ‘the right thing to do’ because it served to protect one’s own and other people’s health, but compliance (and also witnessing other people’s ‘non-compliance’) also yielded moral gratification in its own right.

**Assigning personal and social value to compliance**

Our second major finding is that people emphasized the positive side effects of the containment measures – even if they found it difficult to comply with them or were critical of them for political reasons. By focusing on their additional benefits, our respondents assigned personal and social significance to the policies that extended beyond their epidemiological value, thus facilitating the process of ‘translating’ the rules into their everyday lives. We identify two dominant positive experiences that people expressed with respect to the lockdown measures: gaining control over their use of time throughout the day and improving relationships with other people.

**Regaining control and autonomy**

The pandemic measures reduced people’s social and workplace activities, leading to a reduction in stress and a general ‘deceleration’ in their everyday life. ‘I was rather stressed during the last months, and now the world is somehow cutting back (…). It feels good not to be constantly obliged to do things’, one student pointed out (R13). Many perceived the restriction of workplace and social events as a pleasant break from their full schedules. However, as well as reducing people’s obligations, the stay-at-home orders also eased the burden of having to live up to various internalized social expectations. For example, one woman in her sixties explained that although she had felt guilty about it, she was ‘happy to know’ (R23) that it was not possible to travel to visit her terminally ill father because of the emotional burden this involved – even though it would not actually have been forbidden to do this. Similarly, she felt good about all the activities with her friends being cancelled, because it gave her the feeling she would not be missing out on anything. This means that some people did not experience the restrictions on face-to-face meetings merely as limiting, but sometimes also as liberating.

Fewer obligations and activities, combined with home office and short-time working regulations meant that people’s everyday schedules changed. They were able to plan their days more flexibly, extending regular activities such as sleeping and mealtimes, or shifting activities to unusual hours, such as going for walks at night. One young man explained that instead of his day being structured by the clock, it was now dictated by a more natural rhythm and by what he felt like doing: ‘The way it is now, I don’t look at the time, I mean […] I work one, two hours eventually, and when it’s getting dark, it’s getting dark, and when I want to go to bed, I go to bed’. (R15) The extra time at people’s disposal also allowed them to rethink and reorganize their priorities and to focus more on activities that they consider important, but that they usually never found time for: reading more, working out, writing a thesis, or taking time to recover properly from an injury are some examples. The freedom to restructure their daily routine and the integration of new activities was a desirable change and a valuable benefit of the measures. While the rules limited people’s options in some ways, they also created space for self-determination in others. For many, such unusual control and autonomy over their everyday life was one of the positive effects of the early phase of the pandemic.
**Improved social relationships**

Another pleasant side effect of the Covid-19 measures that people reported was an improvement in their family and social relationships. A woman with a young daughter, for example, mentioned that she had more time to be affectionate with her; and a man living together with his partner explained that: ‘... we spend much more time together, and I believe that our relationship has improved as a result’. (R12) While in some cases this was due to physical proximity, respondents generally emphasized that their relationships changed for the better. This was because people were able to check in on others more frequently but also more deliberately. As one person pointed out: ‘I more consciously take the time to call my parents every few days or so, just to check whether everything is alright (...). Which under normal circumstances I don’t do’ (R16). With more time available and a reduction in stress, people spent more time talking to family and friends on the phone and seeking other forms of contact and devotion (such as watching movies together online, sending each other songs etc.) – with positive implications for those relationships.

Furthermore, our interviewees reported improved social relationships with elderly (or otherwise vulnerable) neighbours and strangers, for example, through helping them with shopping and other errands. Offering help or seeing others doing this leads to more pleasant interactions, as our respondents pointed out. One woman in her fifties explained: ‘... there are many more conversations with elderly people. Well, all of a sudden, I know everyone in the entire building and the neighbouring building as well. (...) Everything is so, it’s relatively, well, very positive, very well-disposed, friendly, everybody’s nice, everybody’s somehow cheerful’ (R18). Compliance with the lockdown rules was valued as helping to create a new sense of community, social cohesion, and mutual responsibility within neighbourhoods. Respondents reported similar positive changes for interactions with strangers, mainly relating to more friendliness, increased eye contact, and smiling at people passing in the streets. ‘Really everybody is friendly’ (R18). Besides an increase in general politeness, people also saw physical distancing as a new form of courtesy – a ‘respect for distance’ (R23) such as on sidewalks and in supermarkets.

**Discussion**

In spring of 2020, during the first lockdown, policy measures to contain the spread of coronavirus were met with high levels of compliance in Austria (Mätzke, 2021). While policymakers have often evoked an understanding of compliance as a matter of personal choice, research provides a more fine-grained understanding of compliance. Some studies have approached compliance as subject to personal disposition and motivation, such as self-efficacy, the belief in science or self- and other-protection (Tabenero et al., 2020; Zimmermann et al., 2021), while others have addressed the experiences of different social groups in dealing with the measures showing that due to institutional and structural constraints, compliance is more difficult for some than for others (Brooke & Clark, 2020; Hassan et al., 2021; Linnemayr et al., 2021; Pal et al., 2021; Vanhamel et al., 2021). However, the policy discourse and research on compliance thus far both draw on a binary conception of compliance and non-compliance. Furthermore, while existing research on compliance has yielded important insights, it has focussed on identifying presumably fixed factors (psychological, socio-demographic or contextual) that are either exclusively leading to compliance or non-compliance, as opposing outcomes.

Drawing on interpretive policy analysis and valuation studies, we have argued that how people deal with the measures cannot be separated from how they evaluate them, and what meaning and value they ascribe to them. We have found that people made sense of the rules and restrictions firstly by assessing them against the values of science, the law, and morality and, secondly, by assigning personal and social value to them. In making sense of what constitutes ‘right’ or ‘wrong’ behaviour, practices such as differentiating between political and scientific authorities, ‘good’ and ‘bad’ science,
or consulting legal texts can be seen as people appropriating the measures. What is more, drawing on the institutions of science and the law enabled people to resolve their personal ambivalence about experiencing compliance as mere ‘rule-following’. The law, however, also helped some respondents to contest the measures by finding loopholes or ‘grey areas’ that enabled them to fulfil emotional and physical needs or to cope with practical challenges such as childcare. Moreover, we identified a complex relationship between moral values, in particular responsibility, and the value of compliance: compliance becomes imbued with the value of responsibility, but people also derive direct moral gratification from ‘doing the right thing’.

Similarly, people assigned personal and social value to the measures when discussing the positive implications of measures beyond simply containing the spread of coronavirus. Most importantly, what made the measures valuable beyond their epidemiological impact is the greater sense of autonomy and control that people perceived over their everyday lives, instead of having to live up to social and professional expectations. Furthermore, the measures also contributed to improved relationships with friends and family but also with neighbours and strangers. In this sense, again, compliance was not just about following the rules, but also about an unexpected sense of freedom and an increased sense of social cohesion. These findings, however, still need to be contextualized, as most of our respondents did not experience existential economic hardship. As illustrated with Figure 1, our multi-faceted understanding of compliance departs from dominant understandings that clearly separate between compliance and non-compliance and conceptualize both as dependent variables that are influenced by different independent variables. We offer a different view of compliance, approaching it as being embedded in people’s everyday lives. Practices of compliance mirror, reinforce and transform values. This helps us to see (non-)compliance as a spectrum. People do not occupy a single fixed position on this spectrum, and their compliance with one particular regulation might be shaped by the same value as their non-compliance with another regulation. For example, we show how people draw on the law to evaluate the measures and use it to legitimize both compliance and non-compliance.

Our findings about compliance are an empirical contribution to an understanding of values that is closely linked to everyday practices – in which the former shape the latter and vice versa – as developed in valuation studies (Doganova et al., 2018; Dussauge et al., 2015; Kjellberg et al., 2013). We have, for example, shown that evaluating the measures in terms of their scientific value does not simply mean that people ‘believe in science’ and therefore comply with the measure, but that people...

![Figure 1. Dominant vs. multi-faceted understandings of compliance.](image_url)
base their compliance also on reading up on scientific studies or making their own calculations about the spread of the virus. Assessing the measures against these values or ascribing to them additional values, such as the value of improved social relationships, has implications for people's practices, as well as for those values themselves. These values shape compliance and the practice of compliance reinforces these values as important. Such an approach differs from an understanding of values as stable preferences, a view implicit in studies that have found, for example, positive correlations between 'social values' and compliance (Lake et al., 2021; Tabernero et al., 2020; Wolf et al., 2020). With this approach we contribute to a critical understanding of compliance that could be fruitfully applied in policy studies.

Our proposed understanding of compliance also has implications for policy making. We show that people – as they draw on different value repertoires – appropriate policy measures in the context of their everyday lives. Similar to Leach et al. (2021), we call for an acknowledgement that people's responses to public health challenges are not fixed but principally open, and should be seen as being shaped by what people value. Finally, our nuanced understanding of compliance may also help to reconcile growing societal divisions that are also fostered by simplistic differentiations between compliance as 'right' and non-compliance as 'wrong'. In light of alleged 'pandemic fatigue' (Kieslich et al., 2020), demonstrations against pandemic restrictions, and vaccine hesitancy (Paul et al., 2022), breaking with morally charged binary oppositions is vital if we wish to bridge growing divisions and focus on shared values instead of micro-policing people's behaviours.

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