Social distancing and pro-sociality in times of acute sanitary crisis

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Abstract: The health crisis generated by the COVID-19 disease, which is rapidly spreading worldwide through direct human contact, has called for strict measures to limit contagion that drastically reduce social interactions. We study whether the imposed confinement, social isolation and the fear of contagion affect individuals’ pro-sociality, willingness to trust others and the perception of the social norm regarding the violation of the social distancing rule.

We test two competing hypotheses. By requiring individuals to stay isolated and avoid others, social distancing rules might weaken cohesiveness in a community by feeding a sense of distrust and a need to take care of oneself. This might lead to more selfish preferences and less trust in others. At the same time, modern technologies and social networks allow people to keep in touch no matter how distant they are from each other. In addition, the imposed confinement may lead people to develop a feeling of common fate and cohesion, and a need for social interactions. This might mitigate (and possibly overcome) the negative effects of physical distancing, leaving unaltered or increasing the feeling of societal connectedness. As a result, we might observe stable or increased pro-sociality and more trust in others. All this might then have implications in terms of the perception of the social norm regarding the violation of the social distancing rule (more or less leniency toward the violators).

Data description: To test our hypotheses, we conduct an online, incentivized three-month experiment in France from mid-March (at the date the French government has announced the confinement measures) until mid-June. 350 volunteers of the GATE-Lab (Lyon, France) pool of subjects participate in this study. Each week, the same subjects complete a Social Value Orientation task, a trust game and a questionnaire including a norm-elicitation task.

Ethics: The project has obtained the approval of the CEEI-INSERM (IRB, n°20-665) and has been pre-registered at AsPredictef (n°37535).

JEL Codes: C91, D63, D91, I18, K42

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