

# Trajectories of Experience through the Pandemic: A Qualitative Longitudinal Dataset

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13 **Abstract**

14 In this article, we present a dataset collected within a longitudinal interview study that has been  
15 conducted as part of a larger project (i.e., Viral Communication), exploring (changing) public  
16 attitudes and behaviors through the course of the pandemic in Germany. From a nationally  
17 representative survey, forty participants were purposively sampled on the basis of gender, age and  
18 socioeconomic status for the interviews. Each participant was interviewed three times within a 10  
19 month time frame (between December 2020 and September 2021), with the exception of two  
20 dropouts from the study. The semi-structured interviews were developed to further elaborate on some  
21 of the responses in the survey instrument and to provide additional insights into topics and  
22 controversies surrounding the Covid-19 pandemic in Germany, such as information/misinformation,  
23 trust/distrust, compliance, vaccination, and conspiracy beliefs.

24 **1 Introduction**

25 The COVID-19 pandemic has introduced a radical rupture into the lives of people around the world.  
26 Overnight society slowed to a standstill, strict rules were put in place and people had to adapt to a  
27 new set of norms and practices to curb the spread of the virus. How did people experience,  
28 understand and manage these rapid changes? In this article, we describe a dataset of longitudinal  
29 semi-structured interviews collected in Germany between December 2020 and September 2021 that  
30 sheds light on this question. This dataset was conducted as part of the *Viral Communication project*  
31 (viralcomm.info), which has investigated public responses to the COVID-19 pandemic in Germany,  
32 as well as its social, legal and ethical dimensions.

33 With its mixed-methods approach, *Viral Communication* provides a comprehensive and nuanced  
34 picture of changing perceptions, attitudes, beliefs and behaviours during the COVID-19 pandemic in  
35 Germany. Participants of the longitudinal interview study were purposively sampled from a national  
36 representative survey instrument that has been described in a previous publication (Jensen et al.,  
37 2021). The interviews elaborate on some important themes of the survey (e.g. vaccination,  
38 information seeking, trust in political and scientific actors, mask-wearing and conspiracy beliefs) and  
39 have the potential to enable researchers from around the world to gain a better understanding of  
40 health decision making processes, perceived challenges and opportunities as well as the process  
41 dynamics of changing attitudes towards mitigation measures during a global health crisis. Qualitative  
42 data on these topics are still relatively rare. This dataset aims to close this gap by providing  
43 researchers with qualitative material that enables a deeper and complex understanding of people's  
44 experiences and thinking through the pandemic.

## 45 **2 Methods**

46 Three rounds of semi-structured qualitative interviews were conducted between December 2020 and  
47 September 2021. Participants were recruited initially through a much larger nationally representative  
48 online survey conducted in November/December 2020 (and repeated two more times). The interview  
49 data were collected as part of a wider suite of qualitative and quantitative data collection methods  
50 employed by the Viral Communication (viralcomm.info) project. The full set of research protocols  
51 and procedures for this project were reviewed and approved by the Ethics Committee of Sigmund  
52 Freud University.

### 53 **2.1 Data Collection**

54 Three rounds of interviews were conducted. The first, second and third rounds of interviews took  
55 place in December 2020, April 2021 and September 2021, respectively. All interviews were  
56 conducted in German either via telephone or Zoom. The average length per interview was 41 min  
57 (Round 1), 42 min (Round 2) and 45 min (Round 3) with the shortest interview being 22 min (Round  
58 1), 27 min (Round 2) and 23 min (Round 3) long and the longest one 88 min (Round 1), 64 min  
59 (Round 2) and 99 min (Round 3).

#### 61 **2.1.1 Selection of interview participants**

62 Within the project's main nationally representative online survey all participants had the option to  
63 declare their willingness to participate in three follow-up interviews. In total 278 respondents  
64 indicated their willingness to participate in the interview study. We applied two sets of selection  
65 criteria to select the interview participants: The primary set of selection criteria included balancing  
66 age group, gender and socio-economic status (SES). Regarding their SES participants were either  
67 grouped as having a high (above survey median) or low (below survey median) SES based on their  
68 self-indicated yearly income. In addition, a second level of criteria was applied, focusing on the  
69 following attitudes and backgrounds: Level of trust, migration background, vaccination willingness,  
70 and attitudes towards protective measures.

71 Special attention was paid to the first level criteria, trying to balance out all three variables. If there  
72 were multiple possible candidates to contact, the second level criteria were taken into consideration,  
73 so as to have a full distribution of attitudes and backgrounds represented in the final sample.

## 74 2.1.2 Sample

75 The final sample consisted of 40 participants. An overview of the sample is given in table 1.

76 TABLE 1 HERE (see end of the manuscript)

77 In between the first and second round of interviews, two participants dropped out of the study: (1)  
78 One woman from the age group 45-59 with a low SES and low trust; and (2) one woman from the  
79 age group 16-29 with a high SES and high trust.

## 80 2.1.3 Interviewers

81 Interviewer 1 was a female psychologist with substantial, previous experience in qualitative research.  
82 Six interviews in Round 1 were conducted by a second interviewer. Interviewer 2 was a purposely  
83 trained male research assistant who, at the time of data collection, was undertaking his undergraduate  
84 degree in psychology. Debriefing between the interviewers and an experienced member of the  
85 research team took place shortly after each interview.

## 86 2.1.4 Recording and transcription of the interviews

87 After explicit consent from participants, all interviews were audio-recorded using the recording  
88 function of the computer (telephone interviews) or by using the Zoom recording function. Following  
89 the interview, audio files were pre-transcribed using the f4x automatic transcription function.  
90 Afterwards, each interview was accurately transcribed and corrected by student assistants using the  
91 transcription function of the MAXQDA software. The short greeting at the beginning and goodbye at  
92 the end of the interview were not transcribed unless something relevant to the topic was raised there.

93 The interviews were transcribed using an intelligent verbatim transcription approach with only minor  
94 adjustments to the transcripts: Pauses were removed and some minor corrections were made (filler  
95 words were removed). Within the transcripts questions asked by the Interviewer are indicated by  
96 “I1:” or “I2:” respectively. Responses by the Interviewees are introduced by the corresponding  
97 interview number (e.g. “02: I don’t think that...” for interview number 02). All names that are not  
98 part of the public life (e.g., Angela Merkel is kept in) as well as all parts that indicate a location or  
99 occupation that could lead to identifying one of the participants have been anonymized. Relevant  
100 sections and words have been replaced by inserting “XXXXX”. Notes about how something was  
101 verbalized (e.g. laughing, incomprehensible, ironic) have been bolded and inserted in parentheses.  
102 Words pronounced with strong emphasis were underlined.

## 103 2.2 Semi-structured interviews

104 The interviews were developed to further elaborate on some of the responses in the survey  
105 instrument. The topics and questions slightly varied from one interview round to the next, to adjust  
106 for new developments and make the interviews less repetitive. All interviews followed a semi-  
107 structured interview guide with a fixed set of open-ended questions for each participant. If interesting  
108 aspects and topics were mentioned by the interviewee, the interviewer followed up on those aspects  
109 with additional questions and asked for clarification and examples where needed.

110  
111 At the start of each interview, participants were asked to give a short summary of what had happened  
112 in Germany with regards to the pandemic in the past six months, or since the last interview. After  
113 that, participants were asked for challenges and coping mechanisms during that time period. This

114 ‘warm-up’ phase was followed by different thematic sections that aimed to further probe participants’  
115 answers to the survey, asking for further details and information on the specific topics. A short  
116 overview of the thematic sections in each round of interviews can be found below, while the detailed  
117 interview guide can be found at the beginning of each dataset.  
118

### 119 2.2.1 Phase I

120 Data collection for the Phase I interview study took place from the 1<sup>st</sup> of December 2020 to the 28<sup>th</sup> of  
121 December 2020. Topics covered in the interview include: Information/misinformation, trust/distrust  
122 in different political/scientific actors and institutions, compliance, vaccination, the cause of the  
123 outbreak and conspiracy beliefs. An exemplary question for each respective section can be found  
124 below.

- 125 • *Information/Misinformation*: “What sources of information are most important to you when  
126 looking for information about the coronavirus? What makes this source relevant to you?”
- 127 • *Trust/Distrust in different political/scientific actors*: “In your survey, you mentioned that you  
128 have [high/low trust] in [political/scientific actor; e.g., the WHO, Angela Merkel]. Can you  
129 tell me more about why you feel that way?”
- 130 • *Compliance*: “What are the most important measures you use to protect yourself from the  
131 coronavirus? In your survey response, you mentioned that you’re [frequency of mask  
132 wearing] wearing a protective mask where it is mandatory. Could you describe how you feel  
133 wearing a face mask?”
- 134 • *Vaccination*: “In your survey response, you mentioned that you’d [vaccination willingness]  
135 get a voluntary coronavirus vaccination. Could you explain why you’re feeling that way?”
- 136 • *Cause of the outbreak*: “What do you see as the cause of the outbreak?”

137 *Conspiracy beliefs*: “In the survey response you indicated that you [agree/strongly agree] with the  
138 statement that [Conspiracy belief]. Can you explain your reasons for agreeing with this statement?”  
139

### 140 2.2.2 Phase II

141 Data collection for the Phase II interview study took place from the 6<sup>th</sup> of April 2021 to the 28<sup>th</sup> of  
142 April 2021. There were slight changes to the questions to the same themes in Phase I and a theme  
143 was added at the end:

- 144 • *Information/Misinformation*: “What specific information about the coronavirus are you  
145 looking for? Are you satisfied with the information you find?”
- 146 • *Trust/Distrust in different political/scientific actors*: “In the second survey, you mentioned  
147 that you have [high/low trust] in [political/scientific actor; e.g., the WHO, Angela Merkel],  
148 while in the first survey you indicated that you have [high/low trust]. Can you tell me more  
149 about why your level of trust in [political/scientific actor] has [increased/decreased]?”
- 150 • *Compliance*: “Are there situations where you break your ‘mask-wearing routine’?”
- 151 • *Vaccination*: “[Do/did] you have any concerns about being vaccinated?”
- 152 • *Cause of the outbreak*: “How did this pandemic come about?”
- 153 • *Conspiracy beliefs*: “In the first survey response, you indicated that you [level of agreement]  
154 with the statement that [Conspiracy belief], while in the second survey you indicated that you  
155 [level of agreement]. Can you explain why your opinion has changed?”
- 156 • *NEW: Outlook and Lessons Learned*: “How would you determine the end of the pandemic?”,  
157 “Are there any lessons learned from the pandemic for the future?”

158 **2.2.3 Phase III**

159 Data collection for the Phase III interview study took place from the 2<sup>nd</sup> of September 2021 to the 23<sup>rd</sup>  
160 of September 2021. Again, slight changes were made to questions within the existing themes:

- 161 • *Information/Misinformation*: “What specific information about the coronavirus are you  
162 looking for? Are you satisfied with the information you find?”
- 163 • *Trust/Distrust in different political/scientific actors*: “Does the COVID pandemic have a  
164 decisive influence on your voting behavior in this year's federal election? How far?”
- 165 • *Compliance*: “Has your mask-wearing behavior changed for you since we last spoke? In what  
166 way? Why?”
- 167 • *Vaccination*: “Has anything changed for you since you had the full vaccine coverage? Are  
168 there situations in which you feel unprotected against the virus?”
- 169 • *Conspiracy beliefs*: “In the second survey response, you indicated that you [level of  
170 agreement] with the statement that [Conspiracy belief], while in the third survey you  
171 indicated that you [level of agreement]. Can you explain why your opinion has changed?”

172 **3 Using the dataset**

173 All interview transcripts (in German) are accessible on the open science publication platform  
174 Zenodo: <https://doi.org/10.5281/zenodo.5556052>. In addition, the interview guides for phase I, II and  
175 III are provided in English and German. An SPSS file including relevant demographic and contextual  
176 information (incl. selection criteria) about all interview participants of the Viral Communication  
177 project is provided as an anonymised version. All data can be linked through the ID number (ranging  
178 between “01” and “41”) that identifies each participant. This ID number stays the same throughout  
179 all three interviews (e.g. “05\_1” for participant “05”'s first interview, “05\_2” for participant “05”'s  
180 second interview and “05\_3” for participant “05”'s third interview).

181

182 This dataset will be especially of interest to researchers that want to study topics such as people’s  
183 changing narratives of the pandemic in Germany, trust in authorities and institutions, the dynamics of  
184 compliance and non-compliance with measures (esp., face-masks), vaccination decision-making and  
185 belief in conspiracy theories, to name a few key topics. Of particular value is the longitudinal  
186 character of the data for each participant, which provides a rare opportunity to track people’s  
187 thoughts and feelings through time. For example, one can see how initial COVID-19 vaccine  
188 hesitancy is progressively overcome by many participants, while for a few others their attitudes  
189 against it become progressively more extreme. We also asked people to recall the last six months of  
190 the pandemic in Germany and to imagine the next period of time in the future; thus, researchers can  
191 compare future expectations and subsequent narrations of the past. Finally, another feature worth  
192 noting is the dialogical character of some questions: participants were asked how they would respond  
193 to others who have an opposing belief with regards to some issue (e.g., face-masks). In short, the  
194 dataset provides researchers with an extremely rich material to better understand how people have  
195 experienced and made sense of the pandemic situation through time.

196 **4 Conflict of Interest**

197 The authors declare that the research was conducted in the absence of any commercial or financial  
198 relationships that could be construed as a potential conflict of interest.

199 **5 Author Contributions**

200 LH and BW wrote the report. MW, BW and LH were responsible for the interview study within the  
 201 Viral Communication Project. The interview guides were designed by MW, BW, EJ and LH. EJ  
 202 commented on the draft of the article. AP and LL helped with the interview process and analysis.

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212 **8 References**

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 214 (submitted). Exploring Viral Communication: A Repeated Measures Dataset. *Frontiers in*  
 215 *Communication*.

216 **9 Data availability statement**

217 The anonymized datasets generated for this study can be found on the open science publication  
 218 platform Zenodo <https://doi.org/10.5281/zenodo.5556052>.

219 **10 Table 1**

220 Sample characteristics.

<b>Variable</b>	<b>Levels</b>	<b>n</b>	<b>%</b>
<i>First level selection criteria</i>			
<b>Age group</b>	16-29 years	9	22.5%
	30-44 years	9	22.5%
	45-59 years	10	25.0%
	60+ years	12	30.0%
<b>Gender</b>	Female	22	55.0%
	Male	18	45.0%
<b>SES</b>	High SES	20	50.0%

## Trajectories of Experience through the Pandemic

	Low SES	18	45.0%
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<i>Second level selection criteria</i>			
<hr/>			
<b>Trust</b>	High Trust	13	32.5%
	Medium Trust	20	50.0%
	Low Trust	6	15.0%
<hr/>			
<b>Migration background</b>		6	15.0%
<hr/>			
<b>Vaccination willingness</b>	Pro	20	50%
	Undecided	9	22.5%
	Contra	11	27.5%
<hr/>			

*Note.* N = 40. SES = socio-economic status. SES: Two missing values. Trust: One missing value.