



Culture Wars and COVID-19 Conduct: Christian Nationalism, Religiosity, and Americans' Behavior During the Coronavirus Pandemic

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During the COVID-19 pandemic, Americans' behavioral responses were quickly politicized. Those on the left stressed precautionary behaviors, while those on the (religious) right were more likely to disregard recommended precautions. We propose the far right response was driven less by partisanship or religiosity per se, but rather by an ideology that connects disregard for scientific expertise; a conception of Americans as God's chosen and protected people; distrust for news media; and allegiance to Trump–Christian nationalism. Analyzing panel data collected in the thick of the COVID-19 crisis, we find Christian nationalism was the leading predictor that Americans engaged in incautious behavior like eating in restaurants, visiting family/friends, or gathering with 10+ persons (though not attending church), and was the second strongest predictor that Americans took fewer precautions like wearing a mask or sanitizing/washing one's hands. Religiosity, in contrast, was the leading predictor that Americans engaged in more frequent precautionary behaviors. Findings document that Christian nationalism, not religious commitment per se, undergirded the far-right response to COVID-19 that disregarded precautionary recommendations, thus potentially worsening the pandemic.

Keywords: COVID-19, coronavirus, Christian nationalism, religion, religiosity, science.

INTRODUCTION

Among the many factors contributing to the comparatively high number of cases and fatalities in the United States throughout the COVID-19 pandemic was how quickly the pandemic itself became absorbed into partisan culture wars (Newport 2020; Singal 2020). Polls quickly showed that Americans who were more on the political left were more likely to stress the need to protect physically vulnerable (elderly or immune compromised) populations by shutting down social and business activities, sheltering in place, and wearing masks (Igielnik 2020). Those on the political right, in contrast, were more likely to feel the mortal threat of the pandemic was exaggerated by the news media, businesses and social activities should resume as quickly as possible, and that mask-wearing should either be voluntary or avoided as a useless or even freedom-encroaching practice (Igielnik 2020; Newport 2020; Pew Research Center 2020).

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At the center of these debates was not only politics, but religion. Specifically, polls and rapid-response studies have also shown that Americans who were more religious or religiously conservative (e.g., evangelicals) were more likely to distrust scientific and media sources over the President (Burge 2020a), and subsequently less likely to social distance, wear masks, or otherwise take recommended precautionary measures, while more secular Americans were more likely to follow these guidelines (Burge 2020b; Fowler 2020; Hill, Gonzalez, and Burdette 2020). This religious divide may have exacerbated partisan divisions on strategies for overcoming the virus and potentially both heightened the morbidity and mortality threat as well as extending it over time (Hill et al. 2020).

Though religious factors undoubtedly played a role in shaping Americans' divergent behavioral responses to the COVID-19 pandemic, we propose that pollsters and studies have utilized imprecise measures that might misattribute patterns to religious affiliations or religiosity per se rather than Americans' specific political theologies or conceptions of public religion, which we argue are likely far more important. More specifically, we theorize that divergent behavioral responses to the COVID-19 pandemic were more strongly shaped by a hyper-partisan and ultra-conservative ideology that has already been shown to lower Americans' trust in science and scientific expertise (Baker, Perry, and Whitehead 2020a); promote a view of (conservative Christian) Americans as God's chosen, divinely protected people (McDaniel, Nooruddin, and Shortle 2011; Whitehead and Perry 2020); bind them to siding with Trump (Baker, Perry, and Whitehead 2020b; Whitehead, Perry, and Baker 2018), and likely reject information put forth by mainstream news media (Thomson, Park, and Kendall 2019)—what we and others term “Christian nationalism.” Drawing on panel data collected before and during the height of the COVID-19 pandemic, we examine how Christian nationalism shaped Americans' incautious or precautionary behavioral responses to the crisis, while accounting for key sociodemographic, political, and religious characteristics.

CHRISTIAN NATIONALISM AND AMERICANS' BEHAVIORAL RESPONSES TO COVID-19

Whitehead and Perry (2020:ix-x; see also Gorski 2017) define Christian nationalism as “an ideology that idealizes and advocates a fusion of American civic life with a particular type of Christian identity and culture.”¹ Early studies focusing on Christian nationalist ideology found that Americans who affirmed statements like “The United States was founded as a Christian nation,” were far more likely to affirm statements claiming a special, divine protection over the US like, “America holds a special place in God's plan,” “The vast resources of the United States indicate that God has chosen that nation to lead,” and “Success of the United States is...a reflection of divine will” (McDaniel et al. 2011; Shortle and Gaddie 2015). Indeed, the most commonly used scale of Christian nationalism includes the statement, “The success of the United States is part of God's plan” (Whitehead and Perry 2020). So too, qualitative accounts of Americans who embrace Christian nationalist ideology have also cited God's eternal backing of the United States, so long as we maintain conservative policies (Whitehead and Perry 2020). Unsurprisingly then, in the midst of the COVID-19 pandemic, conservative pastors prophesied God's protection over the nation, citing America's righteous support for President Trump and the pro-life agenda (Zhao 2020). Correspondingly, the link between Christian nationalism and God's influence on how COVID-19 impacts America can be seen in proclamations about God's divine judgment for its immorality—with the logic being that God is using the pandemic to draw wayward America *back* to himself, which assumes the two belong together (Fang 2020). Yet, under this assumption,

¹Refining their definition, Whitehead and Perry (2020:x) explain, “We use ‘Christian’ here in a specific sense. We are not referring to doctrinal orthodoxy or personal piety...Rather, the explicit ideological content of Christian nationalism comprises beliefs about historical identity, cultural preeminence, and political influence.”

the solution to the crisis is *not* to take behavioral precautions like hand-washing, mask-wearing, or social distancing, but to increase America's collective devotion, attending religious services and repenting of national sins (e.g., abortion, homosexuality, general lawlessness).

Along with Christian nationalism's connection to assuming God's divine protection on the nation (or protection in exchange for heightened religious and moral behavior), research also shows that Christian nationalism would likely lead Americans to distrust the recommendations of scientists and health experts on how to reduce infection risk. In their recent study, Baker et al. (2020a) reported that Christian nationalist ideology was the leading predictor that Americans believe we rely too much on science and not enough on faith, that scientists are hostile to faith, and that creationism should be taught in public schools. It was also the second leading predictor (behind frequency of religious practice) that Americans reject the theory of evolution. Connected to this idea is how the recommended precautionary practices are delivered, namely, through the news media. Thomson et al. (2019) found that white evangelicals (roughly 75–80 percent of whom are friendly to Christian nationalist views; see Whitehead and Perry 2020:42) were more likely to report being religiously offended by evening news and Cable news shows, and that much of this offense was mediated by evangelicals' Biblical literalism, religious exclusivism, attendance, and political conservatism. While we are aware of no study directly connecting Christian nationalism to distrust or rejection of media sources, Thomson et al.'s (2019) findings strongly suggest that Americans who adhere to Christian nationalist views (characterized by fundamentalist, exclusivist, and ultra-conservative ideals) would be more distrustful of news media promoting behavioral recommendations from scientists in response to COVID-19, especially if these are not reinforced (but rather contradicted) by more trusted political actors or media sources.

Given that Christian nationalism was one of the leading predictors that Americans voted for Donald Trump in 2016 and remains a strong predictor of intent to vote for him in 2020 (Baker et al. 2020b; Whitehead et al. 2018) in combination with Trump's own attacks on mainstream news media and his inconsistent public statements about precautionary versus incautious virus-related behavior, we predict that Christian nationalism inclines Americans to disregard precautionary behavioral recommendations reported on the news, or even flout them willingly.

SUMMARY AND EXPECTATION

Given the research on Christian nationalism's relationship to faith in God's divine protection, distrust of science and (likely) news media, and commitment to Trump, we anticipate that Christian nationalist ideology will powerfully shape Americans' behavioral responses to the COVID-19 crisis. More specifically, we predict that Americans who more strongly embrace Christian nationalism will report more frequent incautious behavior (e.g., eating at restaurants, visiting friends, attending gatherings with large numbers of people, and shopping for nonessential items) and less frequent precautionary behavior recommended by scientists and health experts (e.g., hand-washing, mask-wearing, using hand sanitizer, and avoiding touching one's face).

METHODS

Data

Data for this study come from three waves of the Public and Discourse Ethics Survey (hereafter PDES) (Grubbs, Tosi, and Warmke 2019). Wave 1 was collected in August, 2019; Wave 2 in February of 2020; and a supplemental Wave 3 was collected in May 2020 to gather data on experiences and interpretation of the COVID-19 crisis. Survey waves were designed by the authors and were fielded by YouGov, an international research data and analytics company. For more about the YouGov recruitment and sampling strategy, see Perry and Grubbs (2020). YouGov develops

Table 1: Descriptive statistics

	Range	Mean or %	SD	<i>r</i> with incautious behaviors	<i>r</i> with pre- cautious behaviors
Incautious behaviors	0–30	4.6	4		–.03
Precautious behaviors	0–16	10.5	4.5	–.03	
Christian nationalism	0–24	11.1	7.2	.20*	–.12*
Age	19–90	52.8	15.9	–.11*	.07*
Male	0–1	47%		.13*	–.04
White	0–1	66%		–.13*	–.09*
Black	0–1	12%		.05	.11*
Latino	0–1	14%		.11*	.08*
Asian	0–1	3%		–.03	.00
Other race	0–1	5%		.05	–.09*
Married	0–1	52%		–.01	.04
Kids under 18	0–1	24%		.08*	–.02
Education	1–6	3.3	1.5	–.09*	.00
Income less than \$30,000	0–1	25%		.04	.03
Income \$30,000–99,999	0–1	50%		–.01	.01
Income \$100,000+	0–1	15%		.04	–.02
Income did not report	0–1	10%		–.09*	–.03
Southern	0–1	38%		.05	.02
Republican	0–1	26%		.06*	–.11*
Political Conservative	1–5	3	1.2	.17*	–.15*
Born-again Protestant	0–1	22%		.05	–.05
Liberal Protestant	0–1	13%		–.06*	.01
Catholic	0–1	17%		.07*	.07*
Other Christian	0–1	3%		.07*	–.01
Other Religion	0–1	12%		.01	.04
Secular	0–1	32%		–.08*	–.04
Religiosity scale	–5.9 to 3.9	–.13	2.6	.11*	.07*

Source: PDES, Waves 1–3 ($N = 1,255$).

* $p < .05$ (two-tailed tests).

sampling weights in order to ensure that the survey sample is in line with nationally representative norms for age, gender, race, education, and census region. The resulting original survey sample included 2,519 Americans who were matched and weighted. Due to sample attrition between waves and a very modest amount of missing data, our final analytic sample contains 1,255 cases in full models. For descriptive statistics on all variables included in the analyses, see Table 1.

Measures

Incautious and Precautious Behaviors in Response to COVID-19

Dependent variables for this study consist of eight measures making up an “incautious behavior scale” and four measures making up a “precautious behavior scale.” The PDES asked respondents at Wave 3 to indicate how frequently they engaged in various activities within the past 2 weeks during May 2020, in the thick of the COVID-19 pandemic. We divided behaviors into those that indicated behaving incautiously during the crisis (e.g., not social distancing or sheltering in place) or behaving with precaution (e.g., washing one’s hands more than normal

and wearing a mask). Respondents could choose “Never” = 1, “Once a week” = 2, “2–3 times a week” = 3, “4–6 times a week” = 4, and “Daily” = 5. Incautious behaviors included:

- Ate inside a restaurant
- Attended a gathering of 10+ people
- Visited family or friends in person
- Went shopping for nonessential items
- Went to a medical appointment
- Went to a place of worship
- Went to a drug store
- Went to work outside my home

Responses were added to create a summative scale (Cronbach’s alpha = .70) that we set to zero, creating a scale ranging from 0 to 30. Though the scale technically runs to 30, very few respondents engaged in the above activities “daily” or “4–6 times a week,” and thus, 90 percent of respondents scored within the range of 0–10, with an average of 4.6 (SD = 4).²

Precautionary behaviors included:

- Washed my hands more often than typical
- Avoided touching my face
- Used hand sanitizer more than usual
- Worn a mask in public

Responses were added to create a summative scale (Cronbach’s alpha = .71) that we set to zero, creating a scale ranging from 0 to 16, with an average score of 10.5 (SD = 4.5). Because both the “incautious behavior scale” and “precautionary behavior scale” contain multiple values, we use ordinary least squares (OLS) regression as our modeling estimating procedure.

Christian Nationalism

While there have been several measures of Christian nationalism (e.g., McDaniel et al. 2011; Perry and Whitehead 2019), all with similar results, our measure is a scale constructed from measures repeatedly asked in surveys like the Baylor Religion Surveys and the Chapman University Survey of American Fears (Baker et al. 2020b; Whitehead et al. 2018). This scale typically includes six level-of-agreement questions using the same statements: “The federal government should declare the United States a Christian nation,” “The federal government should advocate Christian values,” “The federal government should enforce strict separation of church and state (reverse coded),” “The federal government should allow prayer in public schools,” “The federal government should allow religious symbols in public spaces,” and “The success of the United States is part of God’s plan.” Responses range from 1 = strongly disagree to 5 = strongly agree. Following previous research, we combine these measures into an additive scale (set to zero) ranging from 0 to 24, with higher scores indicating greater adherence to Christian nationalism (Cronbach’s alpha = .90). Our Christian nationalism measures were all taken from Wave 2 of the PDES in order to ensure temporal precedence to the Wave 3 outcomes.³

²In order to adjust for skew, we also tested models with a log transformation of the dependent variable. The results were substantively identical and thus we opted to utilize OLS regression with the original variable for greater consistency. Models available upon request.

³We also tested our Christian nationalism scale from Wave 1 (August 2019) predicting these Wave 3 outcomes and the substantive results were virtually identical. Results available upon request.

Controls

Analyses also included a variety of controls theorized to be potentially connected to both COVID-19 response behaviors and Christian nationalist ideology. All controls are from Wave 1 of the PDES. Sociodemographic controls are included for age (in years), gender (male = 1, female = 0), race (white = 0, Black = 1, Latino = 1, Asian = 1, Other race = 1), marital status (married = 1, other = 0), parental status (children under 18 = 1, other = 0), educational attainment (1 = less than high school, 6 = postgraduate degree), family income (dummy variables: 0 = zero to \$29,000 per year, 1 = \$30,000–99,000 per year, 1 = \$100,000 or more, 1 = did not report), and region (Southern residence = 1, other = 0). Political and religious characteristics are also important to include since Christian nationalism may simply be a proxy for political and/or religious conservatism. Political controls include party identification (Republican = 1, other = 0) and political conservatism (1 = very liberal, 5 = very conservative). Religion controls include religious tradition and religious commitment. Religious tradition is measured with six categories: Born-again Protestant (reference), liberal Protestant, Catholic, Other Christian, Other Religion, and Seculars (including atheists, agnostics, and the unaffiliated). Religiosity is a summative scale from three standardized measures: religious service attendance, prayer frequency, and religious importance (Cronbach's alpha = .85).

Plan of Analysis

Table 1 presents zero-order correlations between the incautious and precautionary behavior scales and each predictor variable in the analyses. Table 2 presents OLS regression models predicting Americans' frequency of incautious (Model 1) and precautionary (Model 2) behavior related to COVID-19 (Wave 3) with Christian nationalism (Wave 2), while controlling for baseline demographic, religious, and political characteristics (Wave 1). Models present both unstandardized and standardized coefficients in order to establish substantive significance. Finally, Table 3 presents unstandardized regression coefficients for Christian nationalism and religious commitment predicting each of the incautious or precautionary behaviors along with their rank in the full model in order to further unpack how Christian nationalism and religiosity were associated with each behavior.

RESULTS

At the bivariate level, Christian nationalism is positively associated with Americans' frequency of engaging in incautious behaviors ($r = .20, p < .001$) and negatively associated with engaging in precautionary behaviors ($r = -.12, p < .001$). Though these correlations are not particularly large, they are comparable or stronger to other leading correlates of engaging in incautious behavior like being politically conservative ($r = .17, p < .001$), male ($r = .13, p < .001$), younger ($r = -.11, p < .001$), or devoutly religious ($r = .11, p < .001$), as well as leading correlates of precautionary behavior, such as political conservatism ($r = -.15, p < .001$) or being a Republican ($r = -.11, p < .001$).

In the multivariate models presented in Table 2, we see Christian nationalism is the leading predictor that one engaged in more frequent incautious behavior related to COVID-19 ($b = .094; p < .001; \beta = .170$). Following this, Americans who were younger ($b = -.037; p < .001; \beta = -.147$), male ($b = 1.140; p < .001; \beta = .142$), and politically conservative ($b = .321; p < .001; \beta = .100$) were also more likely to engage in incautious behavior.

Figure 1 illustrates the linear association between Christian nationalism and Americans' frequency of engaging in incautious COVID-19 behaviors. Because the vast majority of respondents scored under 10 on the scale, we set the axis to 10. Clearly, as Americans score higher on Christian nationalism, their frequency of engaging in activities, such as eating in restaurants, shopping

Table 2: Ordinary least squares regression models predicting incautious and precautionary behaviors in response to the COVID-19 crisis

	Incautious behaviors		Precautionary behaviors	
	<i>b</i>	β	<i>b</i>	β
Christian nationalism	.094*	.170	-.106*	-.170
Age	-.037*	-.147	.028*	.098
Male	1.140*	.142	—	—
Black	.953*	.077	1.352*	.097
Latino	.962*	.084	.984*	.076
Asian	—	—	—	—
Other race	1.082*	.061	-1.451*	-.073
Married	—	—	.580*	.064
Kids under 18	—	—	—	—
Education	—	—	—	—
Income \$30,000–99,999	—	—	—	—
Income \$100,000+	—	—	—	—
Income did not report	-.98*	-.075	—	—
Southern	—	—	—	—
Republican	—	—	—	—
Political Conservative	.321*	.100	-.422*	-.117
Liberal Protestant	—	—	—	—
Catholic	—	—	1.035*	.087
Other Christian	1.561*	.063	—	—
Other Religion	—	—	.979*	.071
Secular	—	—	—	—
Religiosity scale	—	—	.362*	.212
Intercept	4.025*		10.89*	
Adjusted R^2	.107		.080	

Source: PDES, Waves 1–3 ($N = 1,255$).

Note: Comparison categories are white, income less than \$30,000, and Born-again Protestant.

* $p < .05$ (two-tailed tests).

for nonessential items, visiting family and friends, or attending gatherings with 10 or more people steadily increases.

Looking at Americans' frequency of precautionary behavior related to COVID-19, we see that Christian nationalism is significantly and negatively ($b = -.106$; $p < .001$; $\beta = -.170$) associated with such behavior. Substantively, Christian nationalism is the second leading predictor, behind religious commitment, which is positively associated with engaging in precautionary behaviors ($b = .362$; $p < .001$; $\beta = .212$). Though religious practice was weakly and positively associated with precautionary behaviors at the bivariate level (Table 1: $r = .07$, $p < .05$), once we account for Christian nationalism, the association is amplified in the positive direction. Notably, both Christian nationalism and religious commitment are stronger predictors than political conservatism, which is the third strongest predictor ($b = -.422$; $p < .01$; $\beta = -.117$).

Figure 2 illustrates the divergent patterns between Christian nationalism and religious commitment regarding precautionary COVID-19 behaviors. As Christian nationalism increases, the frequency with which they reported practicing recommended behaviors like wearing a mask, avoiding touching their face, washing their hands more than normal, or using more hand sanitizer than normal decreased. In contrast, as religious commitment increased, the frequency with which Americans engaged in such practices increased.

Table 3: Ordinary least squares regression results for Christian nationalism and religious commitment on each incautious or precautionary measure in full models

	Christian nationalism		Religious commitment	
	<i>b</i>	Rank in model	<i>b</i>	Rank in model
Frequency of incautious behaviors				
Ate inside a restaurant	.010*	1	—	—
Attended a gathering of 10+ people	.011*	1	—	—
Visited family or friends in person	.027*	1	—	—
Went shopping for nonessential items	.013*	4	—	—
Went to a medical appointment	—	—	—	—
Went to a place of worship	—	—	.023*	2
Went to the grocery or drug store	.010*	5 (tie)	—	—
Went to work outside my home	—	—	—	—
Frequency of precautionary behaviors				
Washed my hands more often than typical	-.021*	4	.084*	1
Avoided touching my face	-.033*	1	.081*	2
Used hand sanitizer more than usual	—	—	.101*	1
Worn a mask	-.034*	2	.094*	1

Source: PDES, Waves 1–3 (N = 1,255).

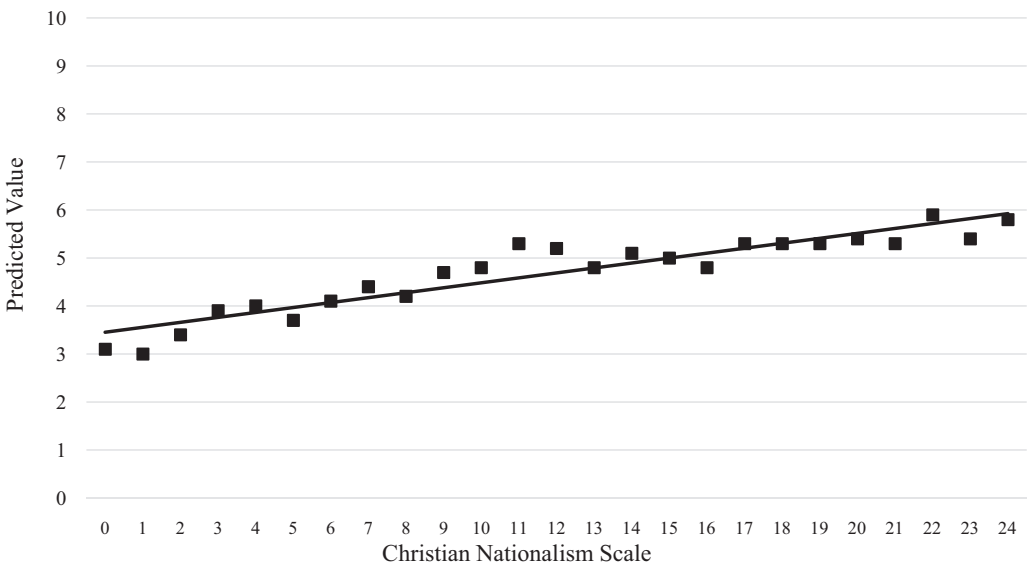
Note: All models include full battery of controls.

“Rank in model” = substantive strength based on standardized regression coefficients.

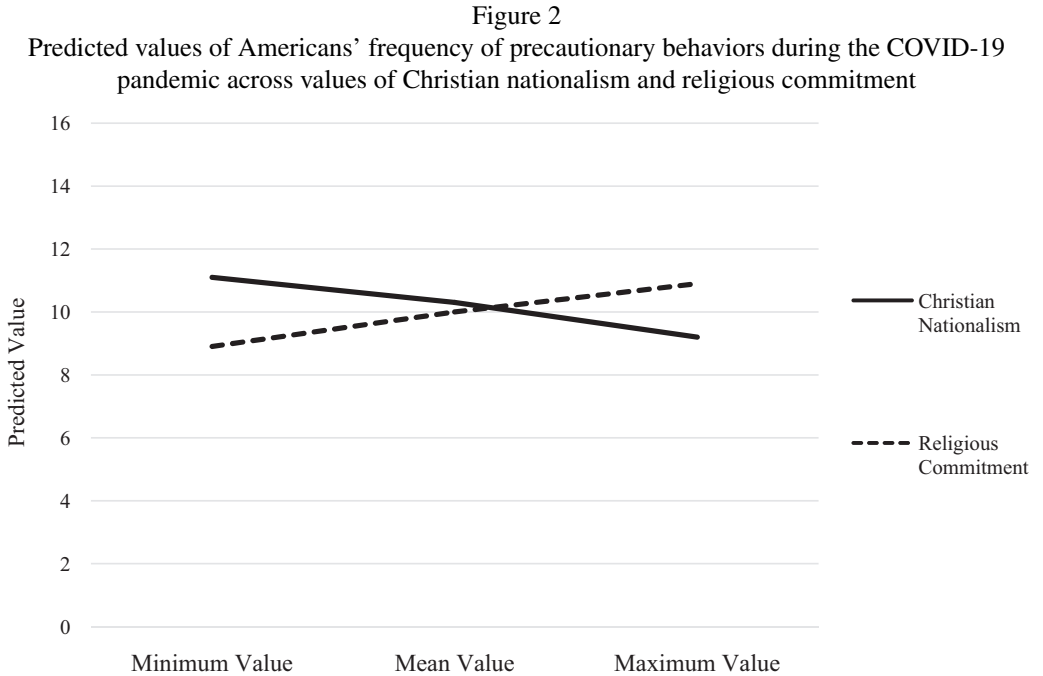
**p* < .05 (two-tailed tests).

Figure 1

Predicted values of Americans’ frequency of incautious behaviors during the COVID-19 pandemic across values of Christian nationalism



Note: Though the “incautious behavior scale” runs from 0 to 30, 90% of participants fall within scores of 0–10 and thus the axis is scaled to 10.



Source: PDES, Waves 1–3.

Though the findings in Table 2 are important for identifying how Christian nationalism (as well as religious commitment) was related to Americans overall behavioral responses to the COVID-19 pandemic, we unpack these findings by observing its association with each specific behavioral outcome. Looking at the unstandardized coefficients and model rankings presented in Table 3, we see that Christian nationalism was significantly and positively related to five indicators of incautious behavior, but unrelated to the frequency with which Americans went to medical appointments, attended church, or went to work outside the home. For the first two of these nonassociations, this is likely due to the fact that going to medical appointments and attending church would already be infrequent in conjunction with massive shutdowns of such services. Christian nationalism was also negatively associated with each indicator of precautionary behavior except for using more hand sanitizer than normal. Religious commitment, in contrast, was mostly unrelated to incautious behaviors (though it predicted more frequent church attendance) and was positively and powerfully associated with each indicator of precautionary behavior.

DISCUSSION

What contributed to the politically divergent behavioral responses to the COVID-19 pandemic? While some identified religious affiliation and indicators of religious commitment as part of the issue (Burge 2020b), we theorize that the primary ideological factor was Christian nationalism: an ideology that views (culturally conservative) Americans as God's chosen—and possibly protected—people (McDaniel et al. 2011; Whitehead and Perry 2020), shown to promote skepticism toward science and scientists (Baker et al. 2020a), almost certainly connected to distrust of the mainstream news media (Thomson et al. 2019), and politically connected to Trump himself (Baker et al. 2020b; Whitehead et al. 2018). Using panel data that allowed us to establish temporal precedence between Christian nationalism and Americans' incautious and precautionary behavior during the COVID-19 pandemic, we found that Christian nationalism was the leading predictor

that Americans engaged in incautious behavior during the pandemic, and the second leading predictor that Americans avoided taking precautionary measures, just behind religious commitment, which became the strongest positive predictor of precautionary behavior once Christian nationalism was taken into account.

The findings of this study make two important contributions to our understanding of Americans' polarized behavioral responses to the COVID-19 pandemic. As with other deeply politicized issues, such as immigration, gun control, racism, terrorism, and LGBTQ issues (Whitehead and Perry 2020), polarization is powerfully shaped by Americans' desire to see "Christian" (read: white, native-born, culturally conservative, Christian-identifying) values institutionalized in American civic life and policy. Though for other issues like racism, policing, gun control, or the military, Christian nationalism likely works through authoritarian and boundary-defending mechanisms (Davis 2018; Davis and Perry 2020; Whitehead and Perry 2020), regarding the COVID-19 behaviors in our scale, we propose that Christian nationalism shapes Americans' incautious or precautionary behaviors through the mechanisms discussed above: belief in divine protection, distrust of scientists and the news media, and devotion to Trump. A similar issue to the pandemic that future research ought to explore is how Americans respond to climate change and other environmental threats. Though studies have yet to establish a connection, we anticipate that Christian nationalism would likely shape Americans' climate-related beliefs and behaviors through similar mechanisms.

Another important implication of these findings is that religious commitment worked in the opposite direction as Christian nationalism in relation to precautionary behaviors. Once we account for Christian nationalism, devout Americans are more likely to alter their behavior and wash hands or sanitize more often, wear a mask, and avoid touching their face. Moreover, religious commitment was completely unrelated to incautious behaviors in our full models (other than worship service attendance, see Table 3). Other studies (Davis 2018; McDaniel et al., 2011; Whitehead and Perry 2020) confirm that religious commitment promotes more prosocial values and behaviors once Christian nationalism is accounted for, and our findings affirm that negative COVID-19 responses are not due to religiosity or even religious conservatism per se, but rather Christian nationalist ideology, which is conceptually distinct from both.

One data limitation that future studies should seek to overcome is including more measures to directly test for the specific mechanisms theorized here. Though the analysis was guided by empirical findings from previous research on Christian nationalism and ethno-traditional religious ideology, the mechanisms are currently *theorized* to account for the obviously strong connection between Christian nationalism and COVID-19 behaviors, not documented directly. Another potential factor to consider, possibly in future waves of the PDES, would be the extent to which personal interaction with COVID-19 (perhaps if oneself or a family member, coworker, or neighbor was infected or killed by COVID-19) moderated the observed connection between Christian nationalism and Americans' incautious or precautionary behaviors. It is possible that close proximity to someone negatively affected by COVID-19 would weaken Christian nationalism's influence here since evaluation of the threat would potentially progress from ignorance to anecdotal and experiential.

Limitations notwithstanding, the implications of this study are important for understanding Americans' curious inability to quickly implement informed and reasonable strategies to overcome the threat of COVID-19, an inability that has likely cost thousands of lives. Though research suggests that even Americans on the right concede the need to social distance and even wear masks, the degree to which all Americans collectively practice recommended behavioral changes will potentially remain limited as long as the recommended behaviors are connected to Americans' fear of cultural, epistemic, and political threat. Time will tell whether a leadership transition in 2021 may defuse or exacerbate these Americans' sense of threat.

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