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Mental Health and Political Attitudes After COVID-19 Shock: Evidence from India¹

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Abstract

Are voters willing to punish incumbents for adverse changes in mental health induced by policy decisions? This paper examines this question in the empirical context of the controversial lockdown imposed by the central government of India in March 2020 in the midst of the first wave of COVID-19. Using data from three waves of a geographically representative mental health survey in India, conducted in the first, second, and third week of June 2020, respectively, we find, that among respondents who voted for the incumbent Bharatiya Janata Party (BJP) in the 2019 national election, the incidence of lockdown-induced mental health challenges was positively correlated with the intention to switch votes (if a hypothetical national election were to be held on the day of the survey) when the central government was primarily (Wave 1) or partially (Wave 2) responsible for pandemic management, and uncorrelated with the same when primary responsibility for pandemic management had visibly shifted to state governments (Wave 3). However, in contrast to the national level, the evidence for accurate responsibility attribution at the sub-national level is weak. In particular, our analysis reveals a “second order election” effect in BJP ruled states. Among the respondents in these states who voted for the BJP in the previous state elections, the incidence of lockdown-induced mental stress was positively correlated with the intention to switch votes (if hypothetical state elections were to be held on the day of the survey) when responsibility for pandemic management was primarily vested in the central government (Wave 1), and negatively correlated with the same when primary responsibility for pandemic management had visibly shifted to state governments (Wave 3).

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1. Introduction

Are voters willing to punish incumbents for adverse changes in mental health induced by policy decisions? Although a growing body of research has examined the political consequences of mental health challenges, (B.C. Burden, J.M. Fletcher, Herd, Jones, & Moynihan, 2016; Chiu & Chan, 2007; Couture & Breux, 2017; Morris, 2021; Ojeda, 2015; Stockemer & Rapp, 2019), the focus of this research has been predominantly on voter turnout in national/state elections. While the focus on turnout is consistent with the political context of these studies - high income countries with stable and institutionalized welfare systems – their findings are of limited relevance in the context of large developing democracies, such as India, where voter apathy is a less pressing issue (Ahuja & Chhibber, 2012; Carsewell & Neve, 2014). On the other hand, whereas a rich tradition of research has examined the decision to re-elect incumbents in developed and developing contexts (Burlacu, 2014; Gonzalez, 2021; Griffiths & Lerner, 2021; Lewis-Beck & Stegmaier, 2019; Luartz, Camatarri, & Gallina, 2021; Singer, 2011), little is known about whether voters sanction incumbents for policy-induced changes in mental health, such as the large-scale mental downturns triggered by poorly implemented COVID19 lockdowns, especially in developing contexts.

This study aims to contribute to the aforementioned literature in two important ways. First, drawing on research on the effect of governance on electoral outcomes (Burlacu, 2014; Singer, 2011), we offer a set of hypotheses to assess the effect of large-scale policy-induced mental health challenges on intention to vote for the incumbent party. Second, we evaluate the impact of such mental health challenges for vote choice using survey data from India, a large democracy at a low level of economic development overall, but with sharp intra-country variation in the level of development. Related to this, we do so in the specific context of the COVID-19 crisis, exploiting a novel tracker dataset collected by CVoter Foundation, a polling firm, in June 2020, after the nationwide lockdown imposed by the central government in March 2020 was gradually phased out. The dataset includes data from three waves of geographically representative surveys conducted in the first, second, and third week of June, respectively. Each survey embedded a set of questions related to the potential mental health challenges posed by the crisis, with the content of the questions adjusted to reflect the evolution of these challenges.

There are two main findings that emerge from the study. First, among respondents who voted for the incumbent Bharatiya Janata Party (BJP) in the 2019 national election, the incidence of lockdown-induced mental health challenges was correlated with the intention to switch votes (if a hypothetical national election were to be held on the day of the survey) when the central government was primarily (Wave 1) or partially (Wave 2) responsible for pandemic management, and uncorrelated with the same when primary responsibility for pandemic management had visibly shifted to state governments (Wave 3). However, in contrast to the national level, the evidence for accurate responsibility attribution at the sub-national level is weak. In particular, our analysis reveals a “second order election” effect in BJP ruled states (Thorlakson, 2016). Among the respondents in these states who voted for the BJP in the previous state elections, the incidence of lockdown-induced mental stress was positively correlated with the intention to switch votes (if hypothetical state elections were to be held on the day of the survey) when responsibility for pandemic management was primarily vested in the central government (Wave 1), but negatively correlated with the same when primary responsibility for pandemic management had visibly shifted to state governments (Wave 3).

2. Theory

Our starting point is a growing body of research on the effect of mental health challenges on political participation. This research offers rich and nuanced hypotheses highlighting the differential effect of mental health challenges, depending on age (Ojeda, 2015), measures of mental health (Stockemer & Rapp, 2019), the level of government at which participation is evaluated (Couture & Breux, 2017), the type of political participation involved (B.C. Burden et al., 2016; Chiu & Chan, 2007), and race (Morris, 2021). The central conclusion of this literature is, however, a pessimistic one. Following Ojeda (2015), mental health challenges impose large costs on public forms of political participation, such as voting, by reducing the enthusiasm necessary to do so. Hence, unless extraneous factors reduce these costs, such as, for example, through the availability of high quality information to assess candidates (Couture & Breux, 2017), or if inter-group inequalities in mental health become salient, mentally challenged individuals are disproportionately less likely to vote. Indeed, according to some studies, such individuals may be more active in less intrusive forms of political activity, such as signing online petitions (B.C. Burden et al., 2016; Chiu & Chan, 2007).

It is instructive to note that the aforementioned research has focused exclusively on political participation in the context of developed democracies with well-institutionalized welfare systems, where declining voter turnout is a pressing issue. However, in the context of developing democracies, such as India, the key issue is not voter turnout – amongst the highest globally – but party choice.

The literature on party choice is among the most voluminous in political science and offers rich insights into the tradeoff between economic and non-economic factors in the decision to re-elect incumbents in both developed and developing contexts (Burlacu, 2014; Gonzalez, 2021; Griffiths & Lerner, 2021; Lewis-Beck & Stegmaier, 2019; Luartz et al., 2021; Singer, 2011). Yet, little is known about whether voters sanction incumbents for policy-induced changes in mental health, such as the large-scale mental downturns triggered by poorly implemented COVID19 lockdowns, especially in developing contexts.

As a first step towards theorizing the implications of policy-induced mental health challenges for party choice in the context of a developing democracy, we turn to a growing body of research on the impact of governance on voter assessments of incumbents (Burlacu, 2014; Singer, 2011). In contrast to economic voting models, which give priority to economic conditions as the main driver of party choice, theories of governance-linked voting take off from the premise that governance is a ‘valence’ issue. The concept of valence issues, originally developed by Stokes (1963), posits that under conditions of incomplete and imperfect information that characterize most electoral environments, election outcomes are determined by certain issues that a majority of voters assess to be the key issue/issues for that particular election. Once an issue assumes this frame, parties are judged, not on the basis of the policies they implement or propose on that issue, but on their ability to signal ‘competence’ in that issue domain. It follows, therefore, that governance may be prioritized by voters even when the incumbent has a strong track record of economic growth-promoting policies provided that non-governmental forces – opposition parties, newspapers etc. – can project it as a valence issue and credibly signal the incumbent’s incompetence on that issue.

Although governance-based theories of voting offer a way forward in understanding the impact of non-economic issues, applications of the approach have thus far remained limited to visible

indicators of misgovernance, such as the incidence of corruption, crime, politically motivated violence etc. By contrast, mental health challenges emanating from misgovernance have received less attention as possible sources of party choice. Perhaps one explanation for this lacuna is the implicit assumption, which also permeates the political participation literature, namely that mental health challenges are primarily experienced as private matters, to be resolved through private rather than public action. While this assumption may have some validity in “normal” times, when mental stress is felt widely and publicly, such as, for example, in the aftermath of mismanaged governmental responses to natural disasters, affected voters may sanction incumbents for the same.

The preceding discussion suggests the following hypothesis that we subject to empirical scrutiny:

H1. Individuals who report higher levels of mental stress related to governmental response to a crisis will be less likely to vote for the incumbent party.

Our analysis has, thus far, abstracted from the complexities that voters face in fixing accountability for policy decisions when multiple levels of authority are involved in making these decisions. In the Indian context, for example, the central government imposed a complete nationwide lockdown on 24 March 2020. Initially imposed for three weeks, the lockdown was subsequently extended till 31 May 2020. On 1 June 2020, the central government announced that the country would gradually unlock, but the timing and pace of unlocking was to be determined by each state government based on local circumstances. To assess how multi-level contexts affect political accountability for pandemic management, we draw on Arcenau’s (2006, p. 737) federalist voting hypothesis, which states that rational voters will align party choice with the level of government to which they assign functional responsibility for a policy. In the context of the present study, this reduces to the following hypothesis:

H2. Individuals who report higher levels of mental stress related to governmental response to a crisis will be less likely to vote for the incumbent party at the central (state) level if they presume that the central (state) level has functional responsibility for managing the crisis.

3. Data and Methods

The CVoter dataset includes three geographically representative survey waves covering all states and union territories of India. Wave 1 surveyed 1403 respondents from 2 June 2020- 7 June 2020; Wave 2 surveyed 1477 respondents from 8 June 2020-14 June 2020; Wave 3 surveyed 1760 respondents from 15 June 2020-23 June 2020.

Dependent Variable

The main dependent variables of the study were constructed from two sets of questions in the survey, “Which political party did you vote for in the previous national/state elections?” and “Which political party will you vote for if national/state elections are held today?” Other than giving the name of specific parties, respondents could also say “did not vote/will not vote,” “name not present in voter list,” “don’t know/can’t say,” or “no other alternative.” To account for the possible effect of partisanship on assessments of pandemic management (Griffiths & Larner, 2021), we limit our analysis only to respondents who voted for the incumbent party in previous national/state elections. Since the Bharatiya Janata Party (BJP) was the incumbent at the national level, this implies that for the national level analysis we only focus on respondents

who voted for the BJP in the 2019 national election. For the state level analysis, we focus on BJP voters in previous state elections. We leave the analysis of non-BJP voters in previous state elections to future research. Next, for BJP voters in the 2019 national election, we constructed the binary variable *switch from BJP in national elections*, which takes the value 1 if a respondent was intending to switch from the BJP (if a hypothetical national election were held on the day of the survey) or intended not to vote or saw no other alternative etc., and 0 if the respondent chose to stick with the BJP; for BJP voters in the previous state elections, we constructed the binary variable *switch from BJP in state elections*, which takes the value 1 if a respondent was intending to switch from the BJP (if hypothetical state elections were held on the day of the survey) or intended not to vote or saw no other alternative etc., and 0 if the respondent chose to stick with the BJP.

Explanatory Variable

To assess the mental health challenges that stemmed from the governmental response to the first wave of COVID19, we turn to items in the surveys that specifically queried respondents about changes in their mental health since March 2020 when the national lockdown was imposed.

In Wave 1, respondents were given a set of 10 issues and asked to report whether any of these had been a cause of mental stress in the previous three months. The issues included “contracting the virus myself/family members contracting the virus,” “finances/job security,” “uncertainty/fear of the unknown,” “feeling trapped/loss of freedom,” “stress of following guidelines/others not following guidelines,” “loneliness,” “uncertainty about school/college exams,” “family discord/domestic violence,” and “not getting general medical treatment.” Other than responding “Yes/No” to each issue, respondents also had the option to say “Don’t say/Can’t say” or “Not applicable.” To simplify the analysis, we dropped individuals who stated “Don’t say/Can’t say” or “Not applicable” from the study sample.

A factor analysis of the responses revealed two factors. The first factor comprised responses to “contracting the virus myself/family members contracting the virus,” “finances/job security,” and “uncertainty/fear of the unknown,” capturing the degree of mental stress from fundamental uncertainty related to the lockdown. The second factor comprised responses to “feeling trapped/loss of freedom,” “stress of following guidelines/others not following guidelines,” “loneliness,” and “uncertainty about school/college exams,” “family discord/domestic violence,” and “not getting general medical treatment,” capturing the degree of mental stress due to reduced mobility related to the lockdown. Accordingly, we coded two indices, *unknown unknowns*, which is an unweighted linear combination of the issues that clustered on the first factor, mental stress from fundamental uncertainty, and *unknown knowns*, which is an unweighted linear combination of the issues that clustered on the second factor, mental stress from reduced social interactions. Since the dataset codes a “Yes” as 1 and a “No” as 2, our prior expectation is that higher values on each of the two indices will correlate negatively with switching from the incumbent party.

In Wave 2, respondents were asked how much they agreed or disagreed with the following statements: “I don’t usually have problems with mental health/good at dealing with problems/have faith,” “Increased stress/uncertainty/sleep problems,” “No significant changes in my life/I can continue usual activities or work,” “Not able to do regular activities or socialize/I feel isolated,” “Worried about myself/family getting COVID,” and “I give time to

my hobbies/Have started new hobbies/I take care of myself.” Other than responding with “Strongly Agree/Agree/Disagree/Strongly Disagree” respondents also had the option to say “Don’t say/Can’t say.” To simplify the analysis, we dropped individuals who stated “Don’t say/Can’t say” from the study sample.

A factor analysis of the responses to the statements revealed little commonality between them. Accordingly, we treated the responses to each statement as independent explanatory variables. Since the dataset codes “Strongly Agree” =1, “Agree” =2, “Disagree” =3, and “Strongly Disagree=4,” our prior expectations for each variable depends on the wording of each statement. For example, in the case of “Increased stress/uncertainty/sleep problems,” we expect that higher values will correlate negatively with switching from the incumbent party. Conversely, for “No significant changes in my life/I can continue usual activities or work,” we expect that higher values will correlate positively with switching from the incumbent party.

Unlike Wave 1 and Wave 2, Wave 3 queried respondents about coping strategies for mental stress. Specifically, respondents were given a set of eight strategies and asked to report how often they had used them to improve their mental health or the mental health of their families in the previous three months. The strategies were: “Talked about it among family,” “Talked to a friend/relative,” “Checked on internet,” “Listened to spiritual/motivational speakers/life coaches,” “Meditate,” “Tried to keep myself busy with hobbies,” “Sought professional medical help,” and “Tried home remedies.” Other than responding with “Regularly/Sometimes/Never” respondents also had the option to say “Don’t say/Can’t say.” To simplify the analysis, we dropped individuals who stated “Don’t say/Can’t say” from the study sample.

A factor analysis of the responses revealed three factors. The first factor comprised responses to “Talked about it among family,” “Talked to a friend/relative,” and “Tried to keep myself busy with hobbies,” capturing coping through minimal adjustment to everyday life. The second factor was solely comprised of responses to “Meditate.” The third factor was comprised of responses to “Checked on internet,” “Listened to spiritual/motivational speakers/life coaches,” “Tried to keep myself busy with hobbies,” “Sought professional medical help,” and “Tried home remedies,” capturing coping through external help. Accordingly, we coded two indices, *internal coping*, which is an unweighted linear combination of the issues that clustered on the first factor, and *external coping*, which is an unweighted linear combination of the issues that clustered on the second factor, and *meditate*, which indicates coping through meditation. Since the dataset codes “Regularly” =1, “Sometimes” =2, and “Never=3,” and coping implies less mental stress, we expect that higher values on these variables will correlate positively with switching from the incumbent party.

Finally, to assess H2 we coded the binary variable, *bjpruledstate*, which indicates whether a state was ruled by the BJP or the opposition.²

Control Variables

The remainder of the variables included in the study were selected carefully to control for potential sources of omitted variable bias. These can be classified into three categories: (i)

² We code Jammu & Kashmir as opposition-ruled to indicate the partisan composition of the state government prior to the revocation of its statehood status.

demographic characteristics; (ii) perceptions of household and national economic conditions; and (iii) assessment of leaders.

To capture the effect of the demographic characteristics of respondents on party choice, we focus on the following attributes: gender, self-reported age, education, occupational status, income, social group, and migrant status. Our measure of gender identity is a binary variable indicating whether a respondent was female or male. Our measure of education is coded on an eight point scale with 0 denoting “illiterate” and 7 denoting “professional.” Our measure of occupational status is a binary variable indicating whether the respondent was a student or unemployed. We use a similar binary measure to differentiate respondents who reported monthly incomes greater than Rs 1,00,000 from others. We coded social identity using a set of binary variables, indicating whether a respondent reported being a scheduled caste (Hindu), scheduled tribe (Hindu), other backward class (Hindu), Muslim, or from other religious minorities (Sikhs/Christians). The residual category was those who identified as upper castes (Hindu). Finally, we also coded a binary variable indicating migrant status, including respondents who reported “I live in a city but I still have a house/family/relatives in village or rural area” in the treatment category. The residual category included those who reported “I am currently living in a village or rural area” or “I now live in a city and have no connections with village/rural life.”

Next, we model the effect of economic voting using an item in the survey that asked voters whether their living standards in the last one year had “improved,” “deteriorated,” or remained the same. Using respondents who reported “remained the same” as the residual category, we coded two binary variables, *living standards improved* and *living standards deteriorated*.

Finally, we model the effect of assessment of leaders on party choice, using a binary measure of disapproval/approval of Narendra Modi’s work. Specifically, we included respondents who reported being “satisfied to some extent” or “not satisfied at all” in the treatment category. The residual category included those who reported being “very much satisfied.”

4. Results

Given the binary structure of our dependent variables, we assess H1 estimating weighted logistic regression models with standard errors clustered at the state level. The CVoter dataset does not include sufficient longitudinal information for us to assess how the mental health of each respondent would have evolved in the absence of the COVID-19 shock. However, as a proxy, we account for state-level trends in mental health by incorporating state fixed effects using the within specification.

We assess H2 by interacting our mental health measures with our indicators of the partisan status of state governments. For the latter models, however, we are unable to implement fixed effects since the partisanship measure does not vary within states.

In what follows, we report our findings for each wave, starting with Wave 1. Figure 1.1 plots the coefficients from the model with *switch from BJP in national elections* as the dependent variable. Figure 1.2 plots the interaction effect from the model with *switch from BJP in state elections* as the dependent variable.

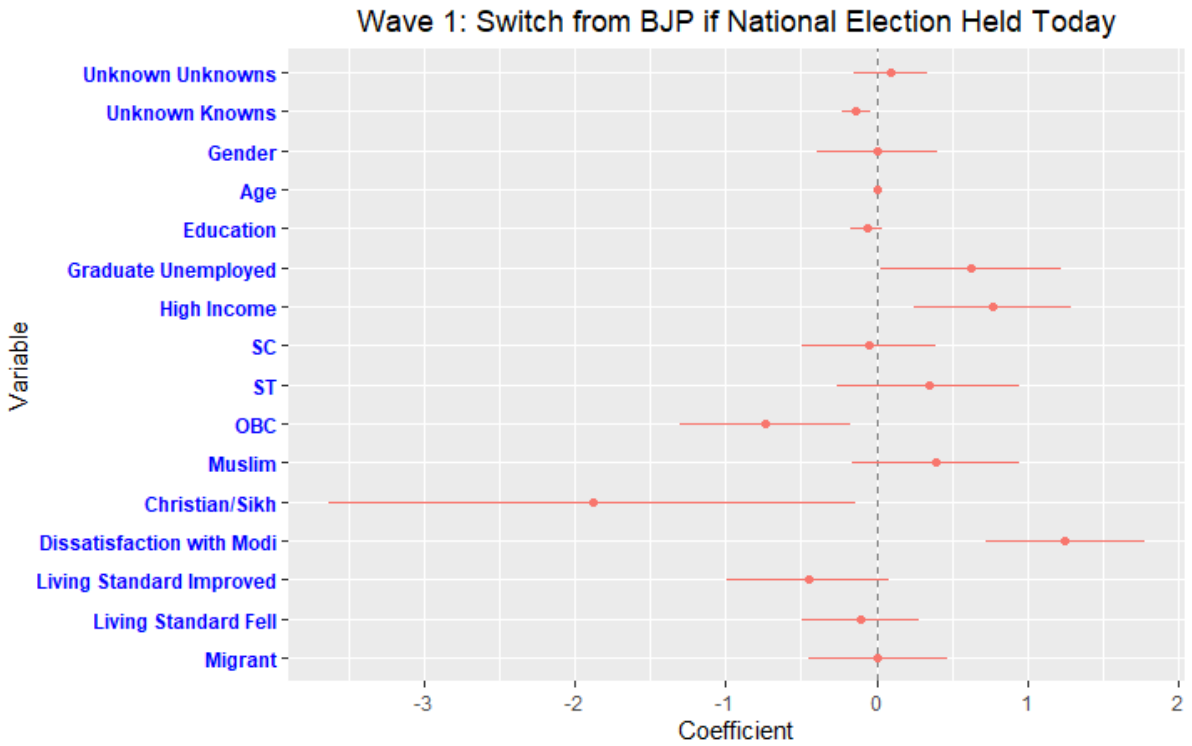


Figure 1.1: Predictors of switching from BJP (if hypothetical elections held today) among BJP voters in previous national elections

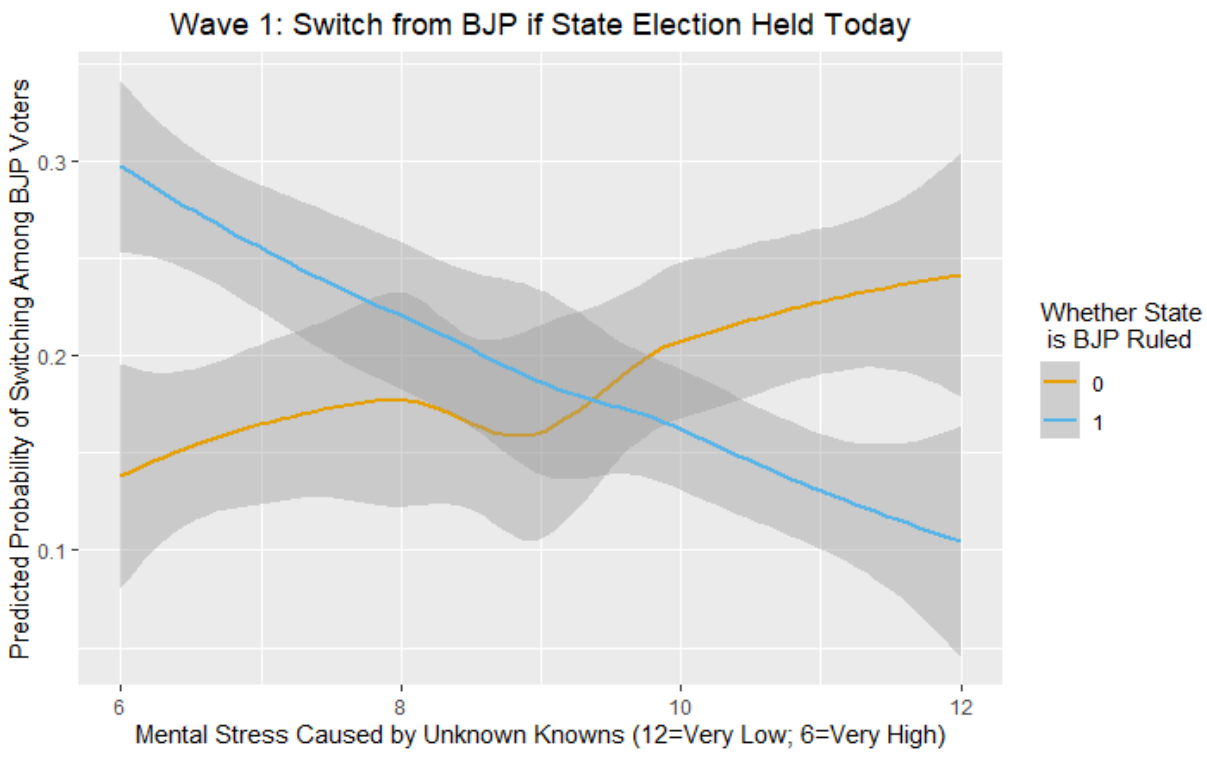


Figure 1.2: Predicted probability of switching from BJP (if hypothetical state elections held today) among BJP voters in previous state elections

The central findings that emerge from our analysis of the Wave 1 data can be stated as follows. First, among the two mental health indices, only mental stress from unknown knowns – stress from loss of freedom, following guidelines, loneliness, uncertainty about exams, family discord and not getting general medical treatment – had a statistically significant effect in the predicted direction. To understand the substantive significance of the coefficient of this index in Figure 1.1, let us consider the state of Bihar. Our findings indicate that within the subset of Bihari voters who voted for BJP in the 2019 national elections, when all other variables are held at their means (except for caste status and living standards, which were set at their modal values), reducing the index from one standard deviation above its mean value to one standard deviation below its mean value increases the predicted probability of switching to the opposition from roughly 0.04 to 0.06. Second, our findings reject the federalist voting hypothesis (H2). Instead, we find evidence of a “second order election effect,” wherein state elections are perceived as a referendum on the performance of the central government. As Figure 1.2 indicates, the interaction between mental stress from unknown knowns and the partisan composition of the state government is negative and statistically significant, implying, that among the respondents in these states who voted for the BJP in the previous state elections, the incidence of mental stress from unknown knowns was positively correlated with the intention to switch votes even though primary responsibility for pandemic management in the first week of June was vested in the national government, not the state governments.

Our next set of results pertain to Wave 2. Figure 2.1 plots the coefficients from the model with *switch from BJP in national elections* as the dependent variable.³ Figure 2.2 plots the interaction effect from the model with *switch from BJP in state elections* as the dependent variable.

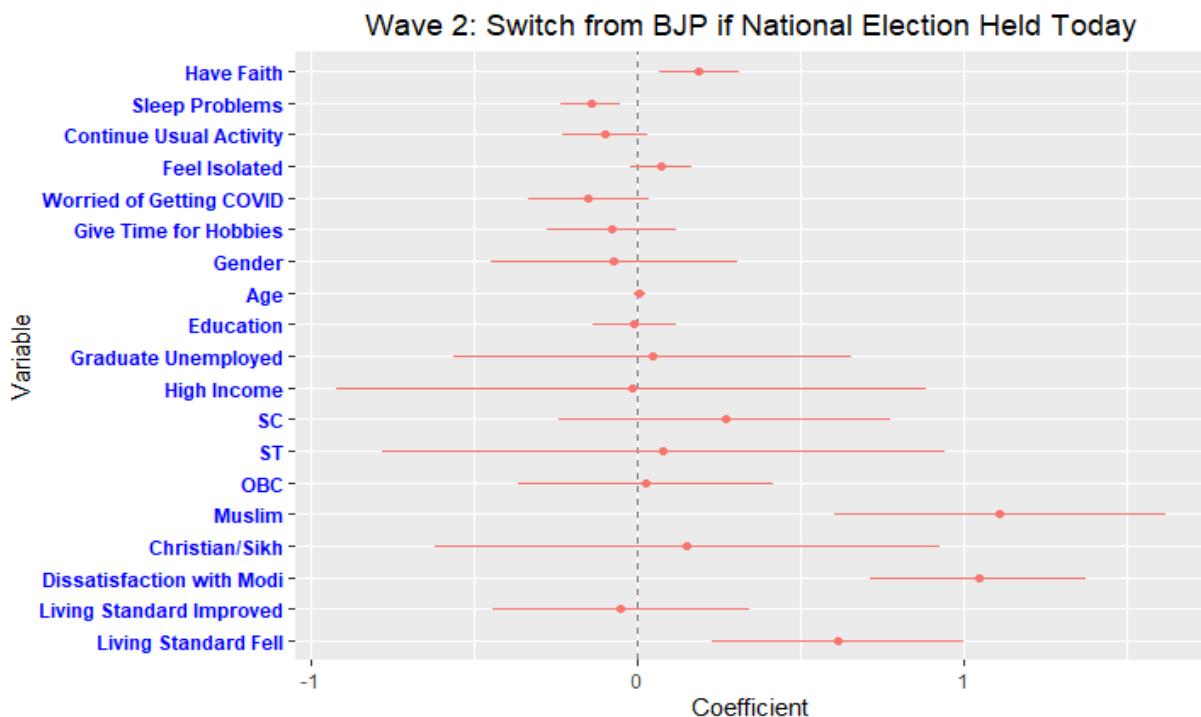


Figure 2.1: Predictors of switching from BJP (if hypothetical elections held today) among BJP voters in previous national elections

³ The plotted confidence intervals are 90% confidence intervals.

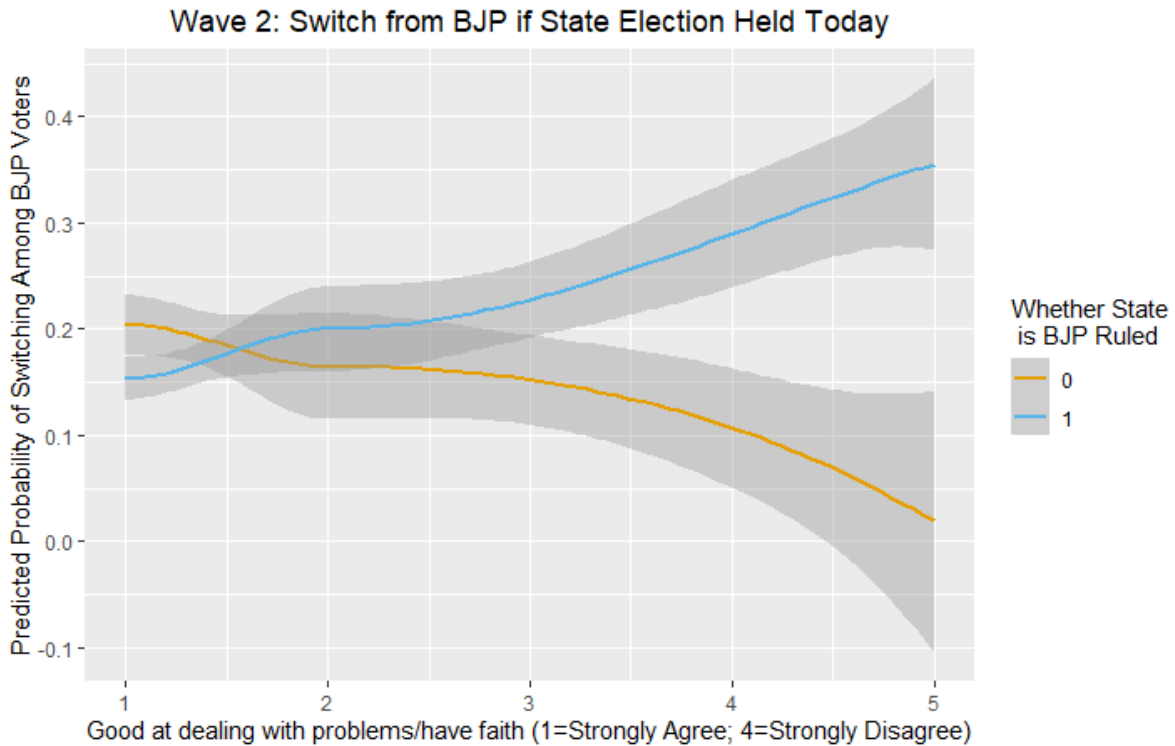


Figure 2.2: Predicted probability of switching from BJP (if hypothetical state elections held today) among BJP voters in previous state elections

The central findings that emerge from our analysis of the Wave 2 data can be stated as follows. First, the most salient mental health issues across the national and state electoral arenas were lack of confidence in handling mental health challenges and sleep problems. Second, the data does not allow us to conclusively reject or accept H2. We see from Figure 2.1 that BJP voters were willing to sanction the party at the state level, but it is difficult to ascertain whether this reflects accurate responsibility attribution – since both central and state governments had partial responsibility for pandemic management by the second week of June – or the conflation of the performance of BJP state governments with the performance of the central government.

Our final set of results pertain to Wave 3. Figure 3.1 plots the coefficients from the model with *switch from BJP in national elections* as the dependent variable. Figure 3.2 plots the interaction effect from the model with *switch from BJP in state elections* as the dependent variable.

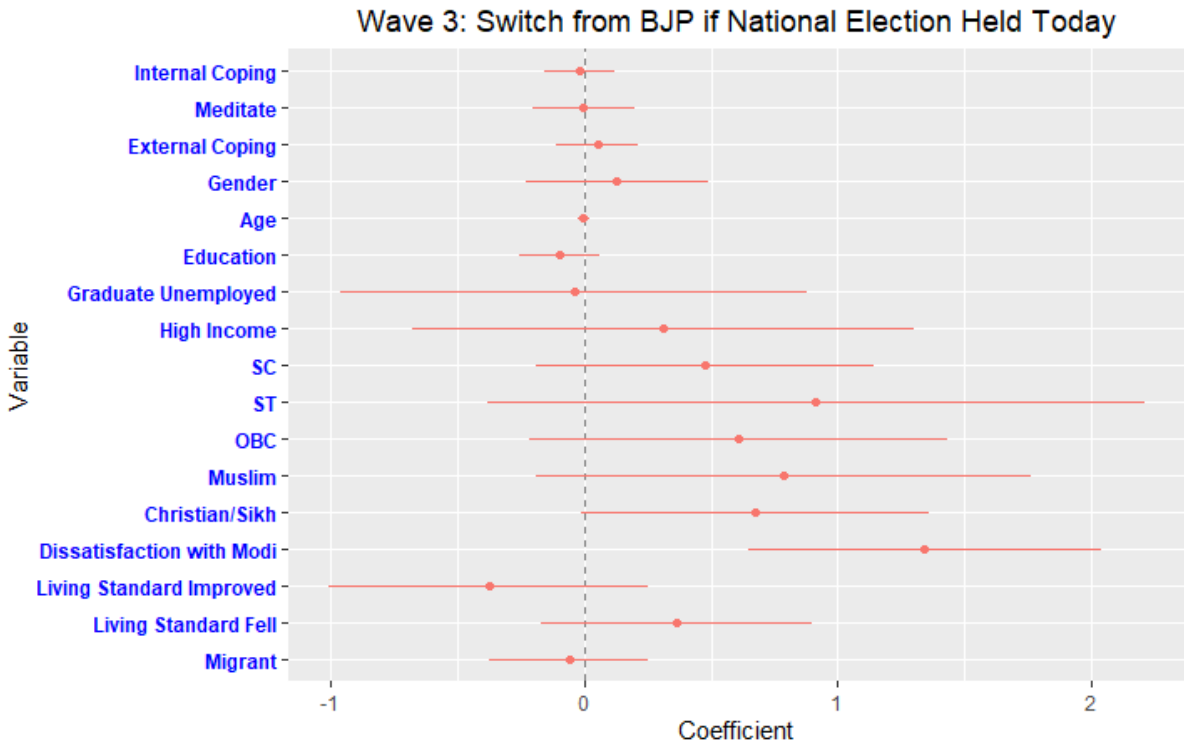


Figure 3.1: Predictors of switching from BJP (if hypothetical elections held today) among BJP voters in previous national elections

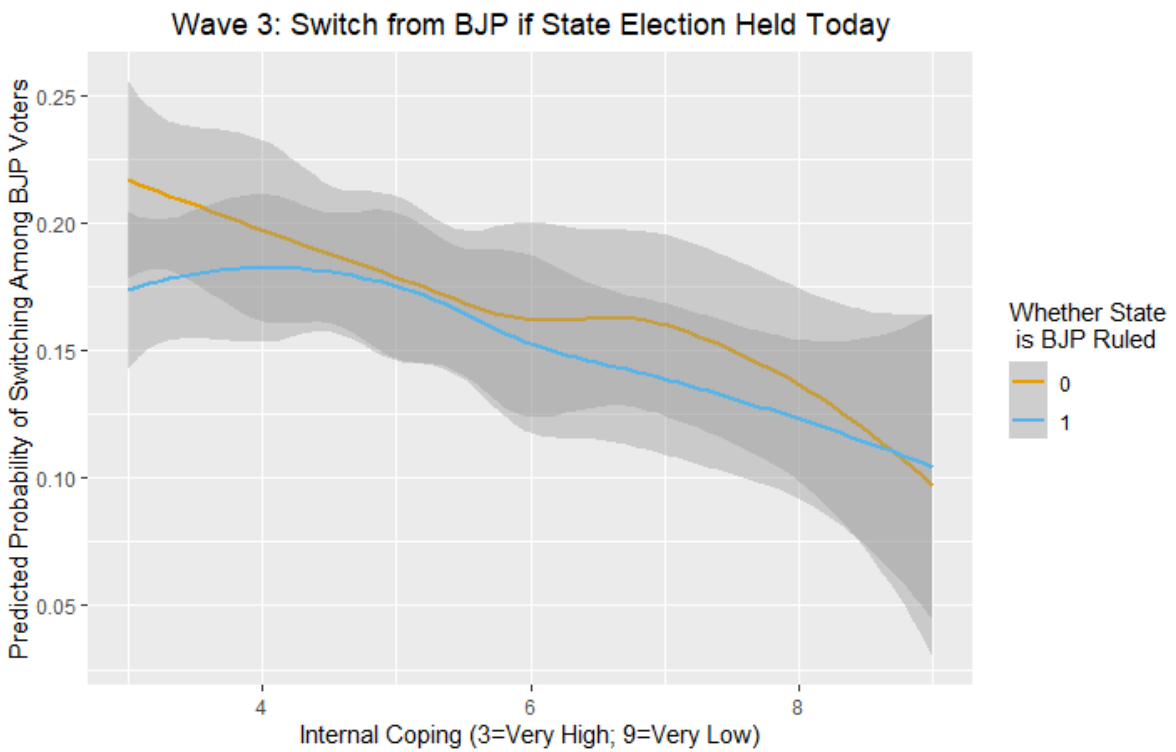


Figure 3.2: Predicted probability of switching from BJP (if hypothetical state elections held today) among BJP voters in previous state elections

The central findings that emerge from our analysis of the Wave 3 data can be stated as follows. First, mental health challenges were no longer salient in the national electoral arena. This was consistent with the increased devolution of power for pandemic management to state governments. Second, as in Wave 1, we see a second order election effect, leading us to reject H2. Specifically, we see from Figure 3.1, that among the respondents in BJP ruled states who voted for the BJP in the previous state elections, the incidence of mental stress from the absence of internal coping mechanisms was negatively correlated with the intention to switch votes even though primary responsibility for pandemic management during this period had visibly shifted to state governments. Though not demonstrated here, we find similar results for meditation and external coping mechanisms.

5. Conclusion

COVID-19 has imposed enormous challenges of political participation for marginalized communities all over the world. In this context, the challenges faced by individuals with mental health deficiencies, particularly in developing contexts, merits greater scholarly exploration than hitherto received. This study takes a first step towards filling this gap.

Our findings provide strong support for our prediction that widely felt mental health shocks have electoral implications even in a setting where mental health deficiencies intersect with deficiencies on several other dimensions. Our findings also echo previous research on the moderating effects of federalism on party choice (Powell & Whitten, 1993). In particular, we find that BJP state governments may have been undue targets of anger during the first week of June, when state governments were still junior partners in pandemic management. Conversely, they may have been treated far too leniently in the third week of June, when state governments were visibly at the forefront of pandemic management.

Our analysis also points to new research directions. Although neither of our proposed hypotheses dwelt on the differential effect of various mental health stressors, our findings indicate precisely that not all such stressors are equally salient. For example, in Wave 1, stress from reduced mobility was electorally salient, but stress from fundamental uncertainty was not. Thus, a logical next step for future research would be to delineate and test mechanisms linking particular mental health stressors to electoral outcomes. Another area for future research to probe is stronger counterfactuals for the evolution of mental health in the absence of the COVID shock. We note that these and other related areas can be the basis of a very productive research agenda at the intersection of political and clinical psychology.

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