

# **POLITICS IS NOT FARAWAY: POLITICAL MELANCHOLIA DURING THE COVID-19 PANDEMIC IN CHINA**

By

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## Author's Declaration

I, the undersigned, **Xingting Deng**, candidate for the MA degree in Political Science declare herewith that the present thesis is exclusively my own work, based on my research and only such external information as properly credited in notes and bibliography. I declare that no unidentified and illegitimate use was made of the work of others, and no part of the thesis infringes on any person's or institution's copyright. I also declare that no part of the thesis has been submitted in this form to any other institution of higher education for an academic degree.

Vienna, 31.05.2024

XINGTING DENG

Signature

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## Abstract

In an authoritarian regime where access to political participation is limited and public discussion of political issues is forbidden, politics seems to be far from ordinary people. This thesis questions this view with the case of China during the COVID-19 pandemic: the extraordinarily strict COVID policies and the sharp decline in China's fertility suggest that politics can affect people's life decisions. The mechanism behind this is what the author proposes as Political Melancholia, meaning that people's love and support for the government contradicted their anxious and depressed feelings when they encountered various difficulties due to the COVID-19 policies. People who suffer from Political Melancholia may avoid fertility decisions, give up control over life, and vent their repressed grievances through other public issues.

The thesis adopts mixed methods. The quantitative analysis of the relationship between government responses to COVID-19 and fertility changes shows that while a high level of government responses mitigated fertility declines worldwide, the opposite trend was found within China. The in-depth interviews with 11 Chinese people under the guidance of Grounded Theory enable the author to illustrate the mechanism of Political Melancholia based on the interviewees' ambivalent feelings towards the government.

By applying a critical approach as such, the research points out the previously neglected influence of politics on people's lives. It reminds the readers of the pernicious consequences of excessive control over society.

# Table of Contents

Author's Declaration .....	ii
Acknowledgement.....	iii
Abstract .....	iv
Table of Contents .....	v
List of Tables and Figures .....	vi
Introduction .....	1
Chapter 1. Puzzling Fertility Decline .....	4
1.1 Existing Explanations of Fertility Decline .....	4
1.2 Quantitative analysis: The relationship between government responses and fertility changes .....	6
Chapter 2. Literature Review: From Depression to Melancholia .....	13
Chapter 3. Theoretical Framework: Political Melancholia .....	21
3.1 The COVID-19 pandemic in China.....	21
3.2 Political Melancholia.....	24
Chapter 4. Methodology: Grounded Theory and In-Depth Interviews .....	29
Chapter 5. Data Analysis .....	36
5.1 Causes.....	36
5.2 Impacts .....	39
5.3 The main causes .....	45
5.4 Attitudes towards the government and its COVID-19 policies.....	48
5.5 Political Melancholia.....	51
Conclusion.....	57
Appendixes.....	60
Appendix I: The first version of the interview guide .....	60
Appendix II: The second version of the interview guide .....	64
Bibliography.....	68

## List of Tables and Figures

Table 1: Regression model of GR scores and TFR changes among countries .....	9
Table 2: Government Response and Fertility Change.....	12
Table 3: The profiles of interviewees (data source: made by the author) .....	31
Table 4: Distribution of causes in each interview (calculation of symbol colour refers to the column).....	39
Table 5: Distribution of causes with specific COVID policies in each interview (calculation of symbol colour refers to the column) .....	39
Table 6: Distribution of different difficulties in each interview (calculation of symbol colour refers to the column) .....	40
Table 7: The occurrences of Unsatisfactory medical service and Getting sick in different periods of the COVID-19 pandemic .....	41
Table 8: The distribution of Feelings in each interview (calculation of symbol colour refers to the column).....	45
Table 9: The co-occurrence of causes and impacts (calculation of symbol colour refers to the row) .....	46
Table 10: The co-occurrence of causes and impacts with the subcodes of impacts (calculation of symbol colour refers to the row).....	46
Table 11: The distribution of Positive and Negative attitudes in each interview (calculation of symbol colour refers to the column) .....	51
Table 12: Different patterns of interviewees (calculation of symbol size and colour refers to the row) .....	52
Figure 1: The distribution of TFR changes from 2019 to 2021 (data source: The World Bank)7	
Figure 2: The distribution of average GR scores from 2020 to 2021 (data source: GR Tracker) .....	8
Figure 3: Relationship between average GR scores and TFR changes.....	9
Figure 4: Distribution of GR and birth rate changes within China .....	10
Figure 5: Relationship between average GR score and birth rate change within China.....	11
Figure 6: Coding system .....	34
Figure 7: Code map of causes and impacts according to their co-occurrences in segments....	47
Figure 8: Model of Political Melancholia .....	53

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## Introduction

Except for political scientists and students trying to become political scientists, do ordinary people care about politics, especially in authoritarian regimes where access to political participation is limited and public discussion of politics is forbidden? In this thesis, I would like to question this common fallacy and show that politics is not far. Politics controls people's minds during normal times and invades their lives in all directions during crises. Without realising it, individuals may have been trapped by the trauma of what I call Political Melancholia, which could be seen in China during the COVID-19 pandemic.

My research interest was initially triggered by the sharp decline in China's fertility rate during the pandemic. After more than three decades of the One-Child Policy, the Chinese government finally allowed each couple to have two children starting from January 1<sup>st</sup>, 2016 in response to the ageing population and then three children starting from May 31<sup>st</sup>, 2021 in response to the further shrinking fertility rate during 2020, the first year of the COVID-19 pandemic. However, the dramatic change in family policies did not encourage Chinese people to consider fertility. China's total fertility rate (TFR) declined from 1.5 children per woman in 2019 to 1.28, 1.16, and 1.09 children per woman during the coming three years of the pandemic, which distinguished China from the rest of the world.

When I was trying to explain the puzzle, a phrase prevalent on the Chinese Internet came to my mind—Political Depression (*Zhengzhixing Yiyu*). Originally coined as a type of depression caused by political issues in the U.S., the phrase travelled to China and gained popularity during the pandemic, referring to netizens' disappointed and depressed feelings when

seeing pessimistic political news. Inspired by the phrase to consider whether politics can influence people's mentalities and even life decisions, I looked into the literature on depression, Political Depression, and political psychologist theories and found that the term melancholia from psychoanalysis might be a better fit for the situation in China. Known in Sigmund Freud's influential article *Mourning and Melancholia* (1917), melancholia refers to the profound mourning resulting from ambivalent feelings over a lost loved object. Typical melancholics unconsciously attach their desire for the lost objects to their own ego and blame themselves for what they want to accuse of their loved ones. Towards the end of the research, this rather complicated pathological mechanism turned out to fit ordinary Chinese people's mentalities well in terms of their love and support for the government which contradicted with their anxious and depressed feelings when they encountered various difficulties due to the government's COVID policies. I term this mechanism Political Melancholia and argue that people who suffer from Political Melancholia may avoid fertility decisions, give up control over life, or vent their repressed grievances through other public issues.

To sum up, my research question consists of two distinct but intertwined parts—why did China's fertility rate decline sharply during the COVID-19 pandemic and how does politics influence people's mentalities and life decisions? I adopted mixed methods to answer these two parts. First, I carried out a quantitative analysis to see how COVID-19 policies have influenced fertility changes worldwide and within China. The results display notable opposite correlations: a high level of government responses mitigated fertility declines worldwide but accelerated fertility declines within China, which suggests that the unusual decline in China's fertility might



be related to the government's strict epidemic control and prevention policies. Second, under the guidance of Grounded Theory, I carried out in-depth interviews with 11 Chinese people whose speeches revealed their ambivalent feelings towards the government. In interpreting these complicated feelings, I established the theory of Political Melancholia which can accommodate both love and grievances in people's minds and point to the potential consequences of the government's excessive control over society.

The thesis is organized in the following structure: the first chapter reviews mainstream explanations of fertility decline and presents the quantitative analysis of the relationship between government responses to the COVID-19 pandemic and fertility changes, which illustrates the puzzle of this paper; the second chapter is a literature review from depression as an individual pathological disease to melancholia as a collective social trauma; the third chapter establishes the theoretical framework of Political Melancholia based on the development of China's COVID policies and people's reactions; the fourth chapter introduces the interpretivist Grounded Theory that guides the application of in-depth interviews in this research; the fifth chapter displays the coding and analysis of interview data using MAXQDA; the conclusion sums up my answer to the research question, discusses the strengths and drawbacks of this research, and suggests the direction of future research.

# Chapter 1. Puzzling Fertility Decline

## 1.1 Existing explanations of fertility decline

Due to industrialization and updated social norms, most developed countries have entered a stage of low fertility rates. Many scholars have noticed this trend and made efforts to explain it. In a report on low fertility rates in OECD countries, Joelle E. Sleebos (2003) summarized five factors that would influence people's fertility decisions, including benefits of children, costs of children, broader economic factors, individual lifestyle factors, and societal norms. Peter McDonald (2006), in an influential article discussing low fertility, further proposed two profound social changes, namely social liberalism and new capitalism, which account for the change in people's consideration about the direct factors that will influence fertility decisions, such as those suggested by Sleebos. McDonald argued that the two changes brought individuals not only increased capacity to pursue personal autonomy but also risks that used to be shared by society in the old capitalism or welfare state capitalism. According to him, "[t]he solution to low fertility therefore lies in providing a greater sense of assurance to young women and young men that, if they marry and have children, they will be supported by the society in this socially and individually important decision" (495).

In Asian countries, the problem of lacking institutional support is even more serious due to traditional values and the underdevelopment of welfare systems. Thomas Anderson and Hans-Peter Kohler (2013) tried to explain the "lowest-low fertility" (TFR under 1.3) in East Asian countries through the notion of "strong familism" and "education fever". The former refers to the important role of family and traditional gender norms in society, and the latter

refers to the highly competitive labour market forcing parents to invest large amounts of money in the next generation's education. When social development encounters these two factors, fertility becomes too heavy a burden for individuals to bear. The authors suggested that governments supplement families' responsibilities through institutional support. However, it is worth questioning whether China's recent low fertility rate is the same case. In a recent study which compared East Asian countries' low fertility rates, China appeared to be an outlier with lower economic development, lower tertiary education rates, lower mean age at first marriage among women, and a higher fertility rate until 2016 (Cheng 2020). In other words, China's society has not developed to the stage of ultra-low fertility like its East Asian neighbours in terms of economics, education, and social norms, which makes the sharp decline of China's TFR during the COVID-19 pandemic even more puzzling.

The special influence of the COVID-19 pandemic requires more attention. Previous studies have shown that economic recessions can affect family decisions of individuals, including family formation, fertility, and divorce (Sobotka et al. 2011). While some studies utilized the concept of opportunity cost to argue that children would be cheaper to raise during economic downturns, which can increase fertility rates during these periods, most studies found that economic recessions have a negative influence on fertility (Sobotka et al. 2011, 270–271). Related to this strand of literature, some recent studies have also paid attention to the influence of the COVID-19 pandemic on fertility since its breakout at the end of 2019. Davide Furceri and his colleagues (2024) found that “major pandemics are associated with significant and persistent declines in fertility rates of about 2%, on average”. Besides, they proposed three

potential mechanisms through which pandemics can lead to fertility decline: reduction of economic activity, economic and policy uncertainty, and mobility restrictions to cut the spread of pandemics (2–3). It is inspiring that they considered policy as a factor, but they have not delved into the potential mechanisms.

Considering that China stood out from other countries not only for the sharp decline in fertility rate but also for extraordinarily strict COVID policies, it is natural to consider how COVID-19 policies as well as the politics behind them have influenced Chinese people's fertility decisions. Yet, the existing literature mainly focused on the development of society, economic pressure, the lack of institutional support, and gender inequalities and paid little attention to politics. In the remainder of this chapter, I will present a quantitative analysis of the relationship between government responses to the COVID-19 pandemic and fertility changes, based on which I will establish a novel theory to understand how politics can closely influence people's lives.

## **1.2 Quantitative analysis: The relationship between government responses and fertility changes**

According to world TFR data from The World Bank which is updated to 2021 at the time of the study, the majority of countries went through declines in TFR from 2019 to 2021. Figure 1 displays the distribution of TFR changes in 180 countries, the average of which is -0.067.

### The Distribution of TFR Chnage from 2019 to 2021

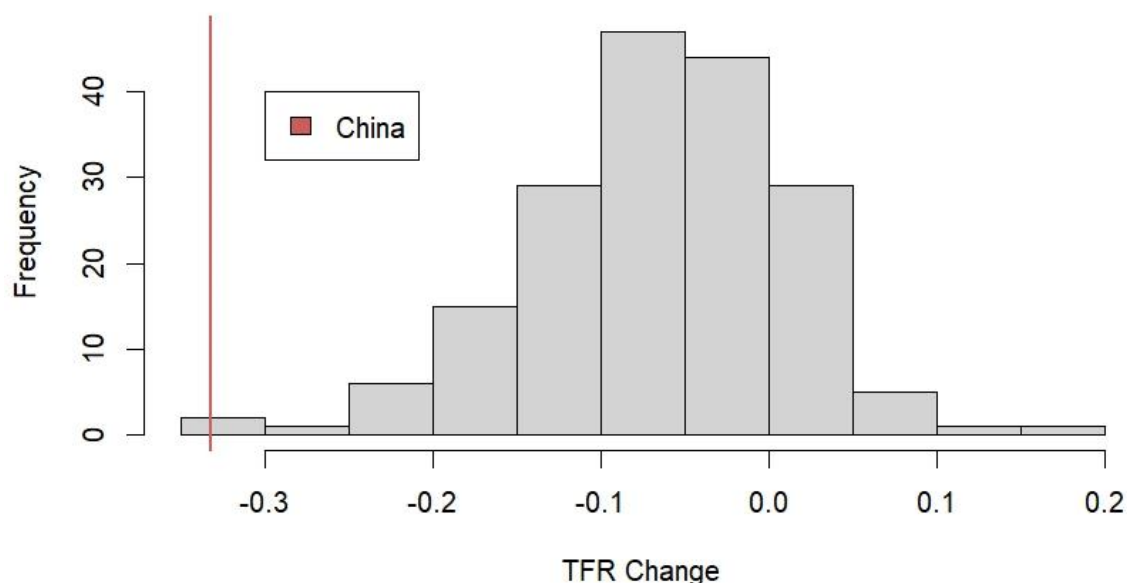


Figure 1: The distribution of TFR changes from 2019 to 2021 (data source: The World Bank)

To explore the relationship between governments' COVID-19 policies and TFR change, I used the data from Oxford's COVID-19 Government Response Tracker (hereafter GR Tracker) to measure the scale of governments' COVID-19 policies, which includes eight dimensions: (1) school closures, (2) workplace closures, (3) public event cancellations, (4) gathering restrictions, (5) public transportation closures, (6) stay-at-home orders, (7) restrictions on internal movement, and (8) international travel bans. The data ranged from January 1<sup>st</sup>, 2020 to December 31<sup>st</sup>, 2022, but I calculated the average GR scores from 2020 to 2021 to match the period of TFR changes. Figure 2 displays the distribution of the average GR scores of 180 countries, the mean of which is 49.44.

## The Distribution of Average Government Response from 2020 to 2021

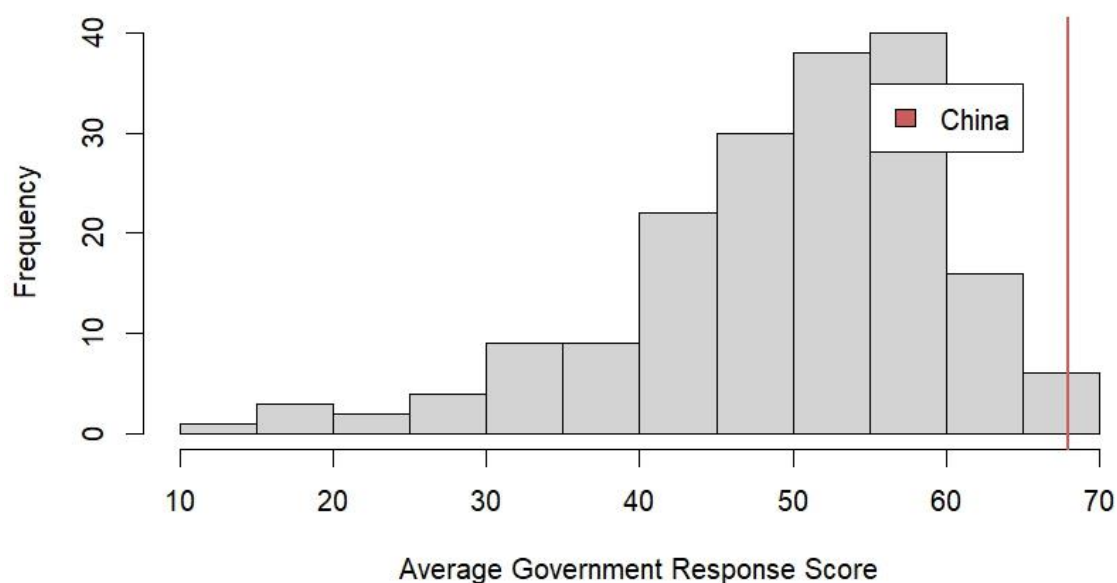


Figure 2: The distribution of average GR scores from 2020 to 2021 (data source: GR Tracker)

Plotting GR scores against TFR changes and fitting a regression line, Figure 3 displays a tendency among countries that the more governments responded to COVID-19, the less TFR declined, even though every 10 scores' increase in GR results in slight mitigation of 0.02 in TFR change, as is shown in table 1. The interpretation of this analysis is that even though most countries went through declines in TFR during the COVID-19 pandemic, TFR declines of those responding more were mitigated.

### Relationship between Average Government Response Score and TFR Change

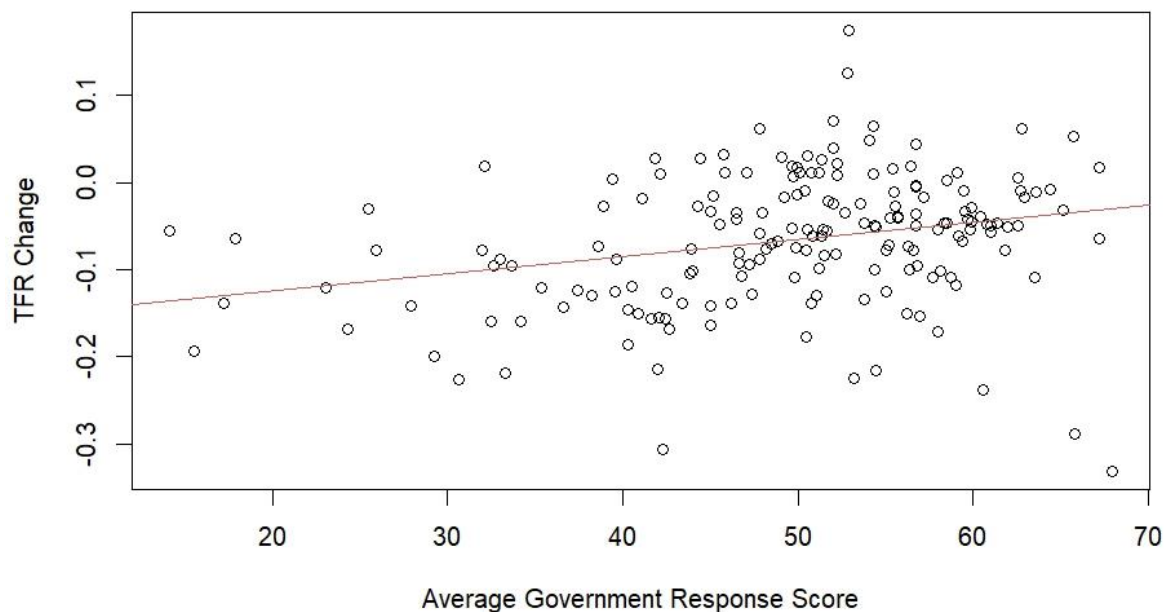


Figure 3: Relationship between average GR scores and TFR changes

Table 1: Regression model of GR scores and TFR changes among countries

Dependent variable:	
TFR Change	
Government Response	0.002***
	-0.001
Intercept	-0.164***
	-0.027
Observations	180
R2	0.074
Adjusted R2	0.068
Residual Std. Error	0.074 (df = 178)
F Statistic	14.158*** (df = 1;178)

Note: \*p<0.1; \*\*p<0.05; \*\*\*p<0.01

However, we cannot neglect the outlier, China, which ranked the highest in GR score yet went through the sharpest decline in TFR. Now that GR Tracker provided not only national data but also partial regional data which contains China's 31 first-level administrative regions, including 22 provinces, 5 autonomous regions, and 4 municipalities, I also tested the

relationship between GR and fertility change among regions within China. One thing worth noting is that the data on the TFR of each region is not available, so I collected the birth rate of the de jure population of each region, instead. I calculated the average GR score from 2020 to 2022 and the birth rate change from 2019 to 2022 of each region, the distributions of which are displayed in Figure 4.

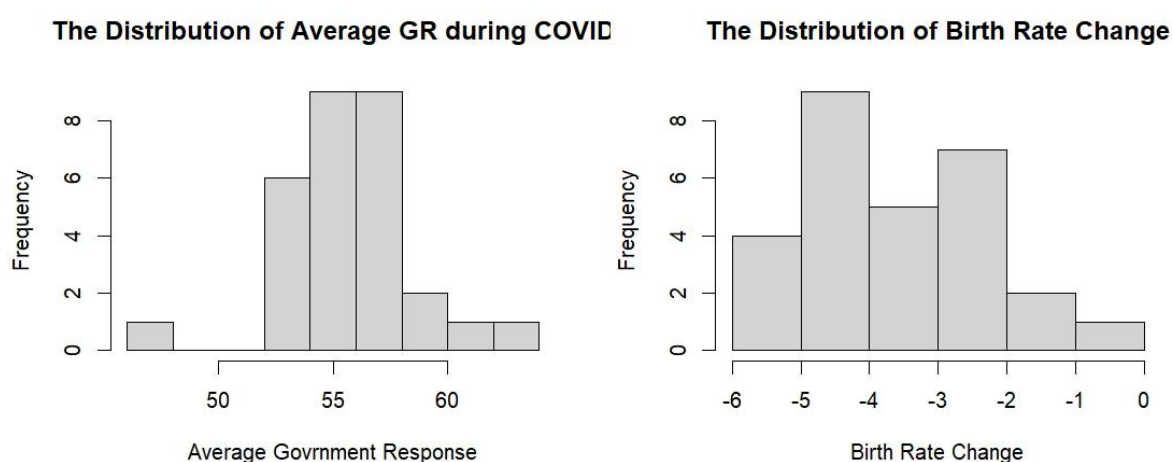


Figure 4: Distribution of GR and birth rate changes within China

I plotted birth rate changes from 2019 to 2022 in regions within China against their average GR scores during the same period and fitted a regression model. What I found is that GR's effect of mitigating fertility decline, as shown in worldwide analysis disappeared. Considering that the decline in the birth rates of regions where birth rates were already low before COVID-19 might be less prominent, I repeated the analysis on regions whose birth rates were higher than 10‰ and found the opposite tendency of worldwide analysis. The results are displayed in Figure 5. I also plotted the regions' declines in birth rate from 2019 to 2022 as a proportion of 2019 against their average GR scores during the same period, which shows the opposite



tendency of worldwide analysis: the more regional governments responded to the pandemic, the more birth rates declined.

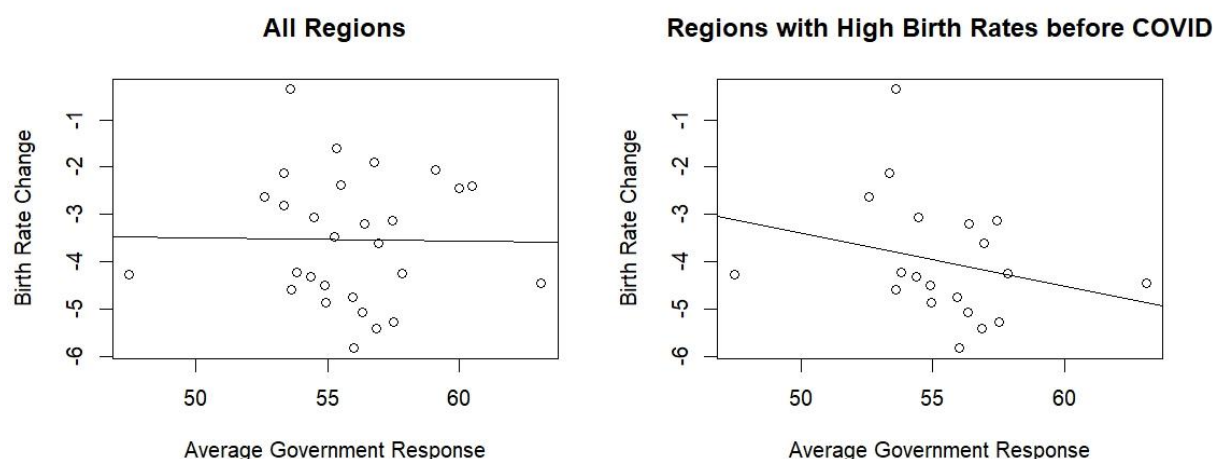


Figure 5: Relationship between average GR score and birth rate change within China

I juxtaposed the two regression models in Table 2, with the first one being TFR changes against GR scores of countries and the second one being birth rate changes against GR scores of regions within China. It is remarkable to see that while a higher level of GR mitigated fertility decline worldwide, it only accelerated birth rate decline in China: every 10-point increase in the GR score increases the decline in birth rate by 0.007‰. I admit that only in the first model, the p-value is smaller than 0.01, meaning that the possibility of the correlation happening by chance is less than 1%. The statistical insignificance of the second model is unavoidable due to the small sample size, yet this does not mean the opposite correlation is meaningless. Some may propose to treat each region in a single year as a unit of analysis so that there are three times the number of samples for the second model. Nevertheless, birth rate data are missing for some regions in some years. Besides, there is a 10-month lag between deciding to have a baby

and giving birth, making the matching between GR scores and birth rates more complicated, but when I calculated the three-year average, this was not as big of an issue.

Table 2: Government Response and Fertility Change

	Dependent variable:	
	TFR Change (1)	Birth Rate Change (2)
GR (countries)	0.002*** (0.001)	
GR (regions)		-0.007 (0.091)
Intercept	-0.164*** (0.027)	
Observations	180	28
R2	0.074	0.0002
Adjusted R2	0.068	-0.038
Residual Std. Error	0.074 (df = 178)	1.368 (df = 26)
F Statistic	14.158*** (df = 1; 178)	0.006 (df = 1; 26)

Note: \*p<0.1; \*\*p<0.05; \*\*\*p<0.01

Based on the quantitative analysis, I tried to figure out why the government's responses to COVID-19 accelerated the fertility decline in China, which was when a phrase that had become prevalent on the Chinese Internet came to my mind—Political Depression (*Zhengzhixing Yiyu*). The phrase suggests a possibility to connect politics with people's feelings, but can politics further influence people's important life decisions like fertility? Therefore, this paper endeavours to establish a mechanism which connects politics with people's mentalities and hence their actions. This may explain the notable decline in China's fertility during the COVID-19 pandemic.

## **Chapter 2. Literature Review: From Depression to Melancholia**

This chapter makes an effort to find a suitable word for the situation in China. Despite the popularity of Political Depression on the Chinese Internet, it is important to clarify its definition and see whether it is capable of containing the nuanced mechanism and theory construction this paper aims at.

According to the World Health Organization (WHO) (2023), depression (also known as depressive disorder) is a common mental disorder, which “involves a depressed mood or loss of pleasure or interest in activities for long periods of time”. It is estimated that 5% of adults suffer from depression globally. As a recognized psychological disease, the symptoms of depression are different from regular mood fluctuations, in the sense that a depressive episode lasts longer, usually for at least two weeks, during which the patient may experience symptoms including but not limited to poor concentration, self-criticism, disrupted sleep, hopelessness about the future, and thoughts about dying or suicide (WHO, 2023). Even though a complex interaction of social, psychological, and biological factors may contribute to depression, conventional treatments for depression focus more on individuals by teaching new ways of thinking, coping, or relating to others, accompanied by antidepressant medications in later stages of depression. Talk therapies promoting self-care work well when depression is caused by individual factors, yet as psychotherapist, Richard Brouillette (2016), pointed out, discussion of symptoms, coping skills, and the relevant issues in a patient’s childhood and family life is inadequate when social and political issues are the major contributing factors of depression

(2016). According to his observation, when economics or politics is responsible for individual downturns, those affected may cover helpless feelings with self-criticism. It is the therapists' responsibility to uncover the profound reasons for depression instead of avoiding discussing politics in sessions, he argues.

In addition to the awareness of politics as a contributing factor of depression, another psychologist, Robert Lusson (2017), proposed that Political Depression (PD), as an innovative category, should be considered as “a clinical condition that meets APA criteria for depressive disorders”. It is not easy to define the political part because “a politically induced depressive episode may precede, trigger or exacerbate an already active depressive state”, but one thing that distinguishes PD from normal depression is that political depressants typically experience “the loss of the thoughts and feelings of control over one’s destiny” and the perception that “there is a ceiling on one’s possibilities” in terms of education, career, etc. (Lusson, 2017). It was in the U.S.A. that Lusson coined this term, where the belief people used to have in “unlimited possibility unencumbered by race, gender, religion, ethnicity, or class/wealth” has crumbled (Lusson, 2017). Therefore, older people mourn for the illusionary foundation on which they have spent a lifetime building an ideal world, and young adults suffer from anxiety and rage, reluctant to re-examine their belief systems.

A well-studied example of PD in the U.S.A. is the election of Donald Trump on November 9<sup>th</sup>, 2016, which, for Liberal Americans, represents some of the worst aspects of their country. They started to feel anxiety and distress even seeing the possibility of Trump's presidency, not to mention after it had become reality, which was reported in numerous news articles (Goldberg,

2016; Khazan, 2017). Some academic studies asking participants to evaluate the effects of the election on their well-being also support the argument that Liberal Americans experienced decreased happiness and increased anxiety after the election. There is also disagreement. In their working paper, Almog Simchon and his colleagues (2020) reported that the depression level of Liberal Americans was highly related to the way of asking questions: when asked directly how they felt before and after the election, participants would exaggerate their depression level. Overall, despite the difficulty in making a pathological diagnosis, the so-called “Trump Depression” is a typical example of the impacts of politics on individual well-being.

Since the phrase Political Depression (*Zhengzhixing Yiyu*) travelled to the Chinese Internet, it contained a slightly different meaning due to China’s special political environment. Emerging at the breakout of COVID-19, the phrase has gained prevalence in China, especially in 2022. On the one hand, the COVID-19 pandemic presented much negative news in front of everyone, such as the increasing number of confirmed cases and deaths, which brought sad feelings to netizens. Some official media called on people to stop paying too much attention to the news related to the pandemic for the sake of self-care (Gao, 2020; Ding, 2020; Fei, 2021). On the other hand, during a lasting public emergency like the COVID-19 pandemic, people are more engaged in public affairs, resulting in sudden individual exposure to systematic injustice, including but not limited to the pandemic, international conflicts, and gender inequalities. Yet, neither the Chinese Internet allows public discussion about political issues, nor the education and propaganda of the Chinese government encourage critical thinking towards the system, which makes the injustice not only mysterious but also unbearable for those who learn about it.

Under such circumstances, people were captured by an overwhelming feeling of uncertainty and helplessness. It is interesting to notice that compared with the PD in the U.S.A., that in China usually refers to depression aroused by negative political news instead of specific political events in which one personally participates. Unsurprisingly, this is because access to political participation is in all respects restricted in China, limiting PD in cyberspace.

Either as a pathological disease or a prevalent phrase in popular culture, the concept of PD proposed twofold difficulties in its application in China. First, merely considering depression as a psychological disease will result in an underestimation of people's mental issues due to the underdevelopment of psychology. As of the end of 2020, there were about 40,000 psychiatrists in China, only 2.9 per 100,000 people, while the number is 15, 12, 10, and 4.4 in the United Kingdom, the United States, Japan, and Hong Kong, respectively. (Huajing Industrial Research Institute, 2021). Because of the lack of popular science and public attention to mental illness, people tend to treat it as personal emotional fluctuation. Despite an increase in the reports of depression as a disease during the pandemic, it could not reflect the real level or range of depression among people. In addition, even though for some people, the depressed feelings they had during the pandemic did not reach the level of depression, the phenomenon of widespread depressed feelings potentially for the same reason should not be neglected.

Second, accepting the meaning of PD as popular culture is also problematic, because as a phrase that has survived China's surveillance mechanism, its original connotation has been largely emasculated. With the space to talk about and participate in politics limited, the adjective "political" merely refers to seeing political news or reflecting upon the political structure, which

applies to a very small amount of people who are sensitive enough to feel sympathy for those suffering in news and brave enough to criticize politics even in mind. Yet, the sharp decline in China's fertility rate could only result from the decision to not give birth made by a huge population. Besides, to what extent these seeing and reflecting in cyberspace would influence a person's life in reality remains questionable. Given that fertility is one of the significant decisions of life, it will be surprising if it is easily influenced by news.

This is not to say that PD does not make sense at all. I plan to propose a replacement of this phrase which can not only capture the public depressed feelings during the COVID-19 pandemic but also detect how politics, the forbidden arena of China, sneaks into people's lives like a virus. The concept that I find useful is Melancholia. Sigmund Freud (1917), the founding father of psychoanalysis, defined three preconditions of melancholia in his famous article *Mourning and Melancholia*—loss of the object, ambivalence, and regression of libido (love or sexual drive) into the ego. The reason why Freud juxtaposed mourning and melancholia is that both of them are reactions to “the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on”, while for melancholics the loss is more of an ideal kind so that it is not easy for them to realize the loss or what they have lost (Freud, 1917, 243-245). As a result, the painful process of mourning will heal as one withdraws his or her love attached to the lost object, but the unawareness of loss makes it difficult for melancholics to recover and develops into a pathological disposition (Freud, 1917, 244-245). As for ambivalence, it may originate from conflicts with or disappointment of the loved object, resulting in countless struggles of hate and love over the

object: “The one seeks to detach the libido from the object, the other to maintain this position of the libido against the assault” (Freud, 1917, 256). In the end, the object-love is abandoned. Yet, instead of attaching the freed libido from the abandoned object to another object, the patient, probably featured by a narcissistic type of object choice, established an identification of his or her ego with the abandoned object and withdrew the freed libido into his or her own ego (Freud, 1917, 249-250). That’s why a melancholic usually displays an extraordinary diminution in his or her self-regard, while the majority of his or her self-accusations, with insignificant modifications, “fit someone else, someone whom the patient loves or has loved or should love” (Freud, 1917, 248).

The profound mourning for the loss of a loved object, the ambivalence over the loved object that resides in one’s mind, and the self-reproaches due to the withdrawal of libido into one’s ego, these three elements make the concept of melancholia so rich in meaning that subsequent psychologists after Freud have been expanding and refining the theory of melancholia. For example, based on her work on object relations theory, Melanie Klein (1994) suggested that melancholia can result from individuals’ early experiences of loss or rejection of primary caregivers.

A turning point for the application of melancholia is made by David Eng and Shinhee Han (2003). Unlike Freud and other psychoanalysts, they explored the potential of melancholia as “a depathologized structure of feeling”, which might be thought of as underpinning Asian Americans’ “everyday conflicts and struggles with experiences of immigration, assimilation, and racialization” (344). Besides, their efforts in addressing group identifications opened up a



new frontier for the research of melancholia where it is no longer conceived of only in terms of individual loss and suffering (344). In their framework, the process of assimilation forms the core of racial melancholia, which, for people of colour, still means “adopting a set of dominant norms and ideals—whiteness, heterosexuality, middle-class family values—often foreclosed to them” (344). Yet, as whiteness and other desired ideals remain unattainable, processes of assimilation are suspended, conflicted, and unresolved, resulting in racial melancholia (p. 345). The inability to “get over” the lost ideal of whiteness, as they argue, is less individual than social because the facts that Asian Americans are distinguishable for their skin colour and facial markings and that they are expected to fit the stereotype of being inhumanly productive make it difficult for the whole group to blend in with the mainstream (345-346). The danger of racial melancholia can be physical, as suggested by Freud, the tendency to suicide, or psychical, as suggested by Eng and Han, the erasure of one’s identity—racial, sexual, or gender identity, for example (346). They even suggest that the suspended assimilation of minority groups into mainstream culture may develop into a type of national melancholia where the hidden or forgotten histories of exclusion become the lost object for the democratic ideals of inclusion of the U.S.A. (347-349).

I argue that melancholia is a more suitable concept for people’s depressed mentalities in China during the COVID-19 pandemic for two reasons. First, unlike the word depression which has been overused for personal emotions or psychological diseases, melancholia refers to a specific type of mental status which is centred around a complex of love and hate over a lost object. Second, thanks to Eng and Han’s contribution, melancholia is capable of carrying the

function of social critique. In the case of racial melancholia, they extended the concept from individual failures to the shared suffering of a marginalized group, pointing to the injustice of racial hierarchy. Consequently, it may not be surprising that in a closed authoritarian regime, politics can be another source of oppression, a fact which is forbidden to be discussed but inevitably leaks out from public feelings. In the next chapter, I will establish my theoretical framework of melancholia to analyse the collective trauma in China which reached its peak during the pandemic.

## **Chapter 3. Theoretical Framework: Political Melancholia**

Before considering the meaning of Political Melancholia, it makes sense to first outline the development of the COVID-19 pandemic in China and the government's responses, for they are crucial to understanding ordinary people's mentalities.

### **3.1 The COVID-19 pandemic in China**

The COVID-19 pandemic, referring to the worldwide pandemic of coronavirus disease 2019, was caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and the first outbreak was reported in Wuhan, the capital of Hubei province, China. The first cluster of mysterious pneumonia cases, mostly related to the Huanan Seafood Market in Wuhan, appeared at the beginning of December 2019. After reported to the local government, the pneumonia was identified by Chinese scientists to be caused by a new coronavirus (SARS-CoV-2) on 8 January 2020. On 23 January 2020, the central government of China imposed a lockdown in Wuhan and later other cities in Hubei province, which was unprecedented in the history of public health, considering that Wuhan's population is over 11 million and Hubei's population is about 57 million. Yet, by 29 January 2020, as Tibet reported its first confirmed case, the virus was found to have spread to all provinces of mainland China, helped by the Chinese New Year migration. The measures taken by other provinces to put the virus under control included initiating face mask mandates, recording citizens who came from Wuhan, requiring them to stay at home and monitoring their temperature for 14 days, and restricting other citizens' activities. These measures successfully mitigated the spread of the disease beyond Hubei. On 25 March 2020,

travel restrictions in Hubei outside Wuhan were lifted, and on 8 April, Wuhan also lifted its lockdown. By mid-2020, widespread community transmission in China had been ended, and restrictions had been significantly eased.

During the first wave of the outbreak, despite some critiques of the slow reaction of the Chinese government and doubts about whether the Wuhan lockdown was properly imposed, there is no doubt that China had made a good example of controlling the outbreak and minimizing the confirmed cases and deaths, especially when compared with many other countries. On 25 February 2020, the reported number of daily new confirmed cases outside mainland China exceeded that reported from within for the first time. Soon, in March 2020, Italy and the U.S.A. overtook China as the country with the most reported deaths and the most confirmed cases, respectively (Sky News, 2020).

The successful containment during the first outbreak laid a good foundation for China's second phase of normalized epidemic prevention and control, known as the "zero-COVID" policy. It consists of a suppression phase to eliminate the large-scale spread of the virus in society, which had been achieved by mid-2020, and a sustained containment phase to prevent new outbreaks and resume economics and social activities (Li et al., 2020). Public health measures taken included face mask mandates, self-health reports by residents, nucleic acid tests and quarantines for travellers, community-wide screening to detect the infected, contact tracing for newly confirmed cases, routine testing of key populations, and stay-at-home orders and lockdowns if necessary. Until late 2021, because most newly confirmed cases had been imported from foreign countries, the "zero-COVID" policy had worked well in China. However,

although both economics and people's lives were gradually recovering from the extraordinary emergency, long periods of strict controls over all respects of society have been causing more and more problems in people's lives, such as limited travel capacity, endless nucleic acid tests, unpredictable outbreaks, and weakened economics. I plan to explore these seemingly inconspicuous but long-lasting impacts of COVID-19 policies on ordinary people through in-depth interviews, and for now, I will focus on the grand picture of the development of the COVID-19 pandemic and the government responses in China.

The situation worsened when variants of the virus became more transmissible and less deadly in late 2021. From 23 December 2021, the city of Xi'an with 13 million people was put into strict lockdown after local authorities reported more than 250 cases, which were traced to the Delta variant (Cheng, 2021). The lockdown lasted for a month and resulted in stretched medical resources and insufficient food supply. Since then, newly confirmed cases and affected areas in China went out of control, known as the second wave of outbreaks. Compared with the first wave, the second wave was less deadly but more disturbing when combined with the "zero-COVID" policy. The most representative case was the Shanghai Lockdown which suspended all the activities of a metropolitan city with 26 million residents for more than 2 months due to an outbreak caused by the Omicron variant. All kinds of issues were reported in the Shanghai Lockdown and other regions under strict control, including but not limited to inefficient management, lack of life necessities, and inhumane treatments.

Dissatisfaction and grievances accumulated among the public, and the last straw was the 2022 Ürümqi fire. On 24 November 2022, a fire broke out in a residential high-rise apartment

building in Ürümqi, Xinjiang, China, which, according to local authorities, killed 10 people and injured 9, all Uyghurs. Many netizens questioned that the deaths and injuries in this incident were caused by excessive epidemic prevention measures, but relevant comments were soon deleted by the official platforms, which caused public outrage. Starting from the Nanjing University of Communication, students and then other groups of people launched White Paper Protests, during which they held white papers to express discontent towards COVID policies and the Chinese government (Cai, 2022). The widespread protests threatened the government's legitimacy, so it issued the "New Ten Articles" on December 7 2022, which abolished all the COVID-19 policies and marked the end of the pandemic in China.

### **3.2 Political Melancholia**

Shanghai Lockdown and Ürümqi fire were no doubt tragic examples of excessive epidemic prevention policies, but these extreme cases influenced a rather small proportion of the Chinese population. People who went through these incidents were more likely to end up resisting and protesting, while others who were both protected and troubled by the COVID policies might hold different attitudes. In this section, I will introduce the theory of Political Melancholia which applies to ordinary citizens who have supported the government and appreciated its efforts in epidemic prevention yet put up with the distortion of their lives because of the COVID-19 policies day by day.

Despite its authoritarian features, it is known that public support for the Chinese government is quite high, in which education and propaganda through media played an important role. John James Kennedy (2009) argues that Chinese citizens who finish compulsory

education are more likely to read daily news and have greater exposure to political messages than those with less education, and the completion of compulsory education has also reinforced their acceptance of regime values every year. Even though the acceptance levels may decrease as individuals pursue higher education, more than 60% of Chinese citizens only receive compulsory education. The public support is further manipulated and turned into love towards the Chinese nation as well as the government. In his new book *Dreadful Desires: The Uses of Love in Neoliberal China*, Charlie Yi Zhang (2022) describes how official discourses create a “borderless Loveland”, including heterogeneous love, love for family, and love for the nation, for Chinese people as an expensive but desirable luxury, which provides legitimacy for the government after a neoliberal reform. In terms of love for the nation, Zhang shows an example of how the Chinese government skillfully appealed to people’s nationalism and deftly escaped accusations of increasing inequalities by specifying the nation rather than the government as the loved object (65). Yet, the government remains connected with the nation and thus the recipient of the love.

Zhang (2022) also points out a “difference-making machinery” which categorizes people into binary camps of race, gender, and sexuality to achieve the government’s economic or political goals. The same machinery could also be seen during the pandemic when the official media tended to report the success of China and the failure of foreign countries in epidemic control and prevention. News that doctors and nurses volunteered to support Wuhan and sacrificed themselves for the safety of people’s lives enhanced individuals’ sense of collective belonging, while news that the number of confirmed cases and deaths were skyrocketing in

foreign countries inspired people's national pride but also increased their fear of the virus (Yang, 2020). Through the comparison between China and foreign countries, love for the nation and the government was even strengthened, so that people were ready to sacrifice themselves for the collective.

For most people who were not in Wuhan or Shanghai, what they needed to sacrifice was nothing serious compared with their lives that were saved, but convenience, certainty, privacy, and personal plans. Scholars have argued that participation in civil society strengthens support for political systems during times of political crises because citizens have opportunities to express their critiques of specific policies, politicians, or processes (Boulding & Nelson-Núñez, 2014). However, considering that civil society and other forms of political participation are very limited in China, how did ordinary people convince themselves to sacrifice their daily lives for a long time during the pandemic? In his well-known article *The Power of the Powerless*, Václav Havel (1985), the first president of the Czech Republic, framed Czechoslovakia under the control of the Soviet Union as a “post-totalitarian system” which took advantage of the communist ideology to force its citizens to “live within lies”. As illustrated by Havel,

“Government by bureaucracy is called popular government; the working class is enslaved in the name of the working class; the complete degradation of the individual is presented as his or her ultimate liberation; depriving people of information is called making it available...Individuals need not believe all these mystifications, but they must behave as though they did, or they must at least tolerate them in silence, or get along well with those who work with them. For this reason, however, they must live within a lie.” (Havel, 1985, 30-31)

Similarly, in China, there have been many lies to disguise actual political goals, and the biggest lie during the pandemic was that all the difficulties were for the sake of life, with the inefficiency



of the government and its pursuit of political achievement not mentioned.

Havel (1985) argues that the power of the powerless lies in the moment when individuals decide to live within the truth, which starts with self-education and thinking about the world. Yet, distinguishing between truth and lies is not easy for ordinary people, most of whom tend to accept what the government tells them. Even when they abandoned so many normal aspects of life that they could no longer tolerate with silence, they did not blame the government but the COVID-19 virus for being so fatal or themselves for being so unlucky. The truth that most of the problems in their lives were caused by the COVID-19 policies the government imposed seemed to be so intangible and contradicted their love and support for the nation and the government. When a person spends one hour taking routine nucleic tests, gives up an opportunity to travel, or cannot meet his or her loved ones in person, he or she might complain about the policies but would not challenge the government. “What is it that makes my life so hard?” one might ask, but the unspeakable answer tortured his or her psyche day after day until the person gave up control over life: since I have no say in the COVID-19 policies, I will do whatever it requires; since my salary will not increase no matter how hard I try, I will just lie down on the job; since my plan will be disrupted at any time, I will not plan anymore.

Overall, the three elements mentioned above form the foundation of Political Melancholia, including love for the nation and the government, ambivalent feelings towards the COVID policies and the government, and consequent self-doubt and self-abandonment. They also correspond with Freudian melancholia which consists of loss of the object, ambivalence, and regression of libido into the ego. In the two chapters that follow, I will present

my in-depth interviews with Chinese people which helped me identify the mechanism of Political Melancholia.

## **Chapter 4. Methodology: Grounded Theory and In-Depth Interviews**

The theory of Political Melancholia presented in this thesis did not exist in the literature of political science before, hence inspirations from other subjects such as psychoanalysis and empirical data such as the in-depth interviews that I conducted helped establish this theory. From this point of view, this project fits into a Grounded Theory (GT) project. GT was first presented in 1967 by Barney G. Glaser and Anselm L. Strauss to develop middle-range theories from qualitative data. Unlike a project which carries out an empirical test of an existing theory, a GT project includes an initial study of a social process which will direct data collection and analysis and the eventual construction of a theory which explains the studied process (Charmaz, 2003). In between, dealing with data and theorizing always accompany and complement each other. The method of in-depth interview fits GT projects particularly well because it not only allows interviewers to direct data collection towards the processes they are interested in but also maintains space for interviewees to answer questions according to their own experiences (Charmaz, 2003, 312).

Therefore, I decided to conduct semi-structured interviews with Chinese people to actualize my theory-building. The sampling process was structured according to what is known as theoretical sampling or purposive sampling, the aim of which is to use limited research resources effectively to increase the depth of understanding (Campbell et al., 2020). Among the 11 interviews that I did in total, first of all, I ensured that my interviewees had witnessed the whole period of the COVID-19 pandemic in China. Second, I tried to cover as diverse

occupations as possible to see which types of occupations were influenced the most. In terms of location, I included several interviewees from Wuhan or Shanghai, but the majority are not from epicentres of outbreaks, which corresponds with the theory's concern with ordinary people. Third, I selected both males and females of fertility age, for even though my puzzle originates from fertility decline, my theory suggests that not only females but also males would avoid fertility during the pandemic. The profiles of the interviewees are summarized in Table 3. I acquired interview consent forms from each participant, and each interview lasted 45 minutes to 1.5 hours.

In terms of interview questions, I designed two versions of the interview guide due to the unexpected findings that appeared during the earlier interviews, which is expected for a GT project. The English translations of both are attached in the appendix. After a short opening and some questions on the participants' background, the first part of both interview guides remains the same and asks about their experiences during the COVID-19 pandemic, to find out whether they encountered any difficulties. For example, I asked the participants how their lives were affected by the pandemic and followed up with probing questions such as "Was your study or job affected by the pandemic?" and "Were your relationships with families or friends affected by the pandemic". It is worth pointing out that I also asked the participants whether the pandemic has affected their important decisions about life, such as career development, housing, marriage, fertility, and residence. This is not only because the whole research started from China's fertility decline but also to see whether a temporary emergency could generate more profound influences.

Table 3: The profiles of interviewees (data source: made by the author)

Number	Sex	Age	Hometown	Current Residence	Highest Education	Current Occupation	Monthly Salary/yuan	Marriage Status	Fertility Status (When was the child born)
1	Male	24	Jilin	Vienna	Master	Student	Not applicable	Single	No child
2	Male	35	Jiangxi	Ganzhou, Jiangxi	High school	Food delivery	2-8 thousand	Married	2 children (2017, 2020)
3	Female	22	Shanghai	Vienna	Master	Student	Not applicable	Single	No child
4	Female	33	Jiangxi	Ganzhou, Jiangxi	Bachelor	Nurse	8-9 thousand	Married	1 child (2020)
5	Male	30	Jiangxi	Shenzhen, Guangdong	College	Online coding teacher	15 thousand	Married	1 child (2022)
6	Male	25	Jiangxi	Shanghai	High school	Administrative and sales staff in the refrigeration industry	More than 20 thousand	Single	No child
7	Female	42	Jiangxi	Guangzhou, Guangdong	Junior high school	School cafeteria staff	4 thousand	Married	2 children (2011, 2017)
8	Male	34	Jiangxi	Wuhan, Hubei	Ph. D	Professor	15 thousand	Married	No child (wife is pregnant)
9	Female	33	Henan	Guangzhou, Guangdong	College	Part-time yoga teacher	4 thousand	Married	2 children (2016, 2020)
10	Male	37	Fujian	Xiamen, Fujian	College	Bouldering gym manager and coach	10 thousand	Single	No child
11	Female	27	Fujian	Xiamen, Fujian	Bachelor	Apprentice lawyer	3 thousand	Single	No child

The second part of the interview guides, which has changed significantly, regards the mechanism of how politics can induce melancholia among people. In the beginning, seeing that fertility declines were related to the government responses in China oppositely compared with other countries, I assumed three features of Chinese COVID policies that may have influenced people's mentalities and thus fertility decisions, including the polarization of the pandemic, closed policy-making process, and neglect of individuals. In addition, I supposed that people were unaware of these authoritarian features. To identify this mechanism, I translated these features into specific incidents during the pandemic like the Shanghai Lockdown and asked about the participants' opinions on these events. However, deviating from what I had expected, the earlier interviews showed that most interviewees were aware of these incidents, but they still expressed an overarching supportive attitude towards the Chinese government and the policies it implemented. Therefore, in the second version of the interview guide, I directly asked about the participants' overall attitudes towards the state's COVID policies, instead. Another important change that I made was asking participants whether they followed the news continuously, which news impressed them the most, and whether this habit affected their own lives. This is to test the assumption that following political news will cause Political Depression among people.

After doing all the interviews and transcribing them into readable texts through online Office Word, I imported all the documents into MAXQDA to code and analyze. According to GT which was developed in an era without computers, the coding process should include an initial coding where the researcher starts making sense of the data through line-by-line coding

and a focused coding where the most frequently appearing initial codes are applied to sort and conceptualize data (Charmaz, 2003, 320). However, with the development of high-tech tools and the practice of large-N qualitative studies, critiques of the previous approach and demands for new guidelines of coding appeared. Deterding and Waters (2021) argued that the previous approach originated from an epistemology that almost “pathologically advocated inductive research” and neglected the fact that most scholars start to do interviews with a certain degree of knowledge of existing literature. Therefore, they suggested a 3-step flexible coding of in-depth interviews: indexing texts with different topics which lays the ground for teamwork; applying analytic codes that appear from literature and the first reading; exploring coding validity, and relationships among codes, and testing and refining theory (Deterding and Waters 2021, 725–32).

Since my project involved only 11 samples and I was the only coder, I simplified the coding process suggested above into two stages. First, during the proofreading of all transcriptions, I kept a record of all possible codes that were related to my theory. The most important groups of codes include **Impacts** of lives that appeared in the participants’ experiences, categorized into **No Influence**, **Good Influence**, **Difficulties**, and **Feelings**; **Causes** for the difficulties, categorized into **Seeing news**, **COVID Policies**, and **COVID-19**; **Attitudes towards policies** including **Positive** and **Negative** attitudes; **Period of COVID-19** including **Before COVID**, **the First Wave**, **Normalized Period**, **2022**, and **the Year after COVID**. Second, I read all the interviews one by one again and coded them according to the coding system that I have established with slight modifications when necessary. The final coding system is presented

below in Figure 6. Regarding the unit of analysis, each segment that I coded refers to one mention of the same incident, regardless of the length of the text. Since causes and impacts on people's lives are the core elements of my theory, most coded segments were assigned two codes from **Difficulties** and **Causes**. The same colour appearing in the figure is applied in MAXQDA and hence later analysis.

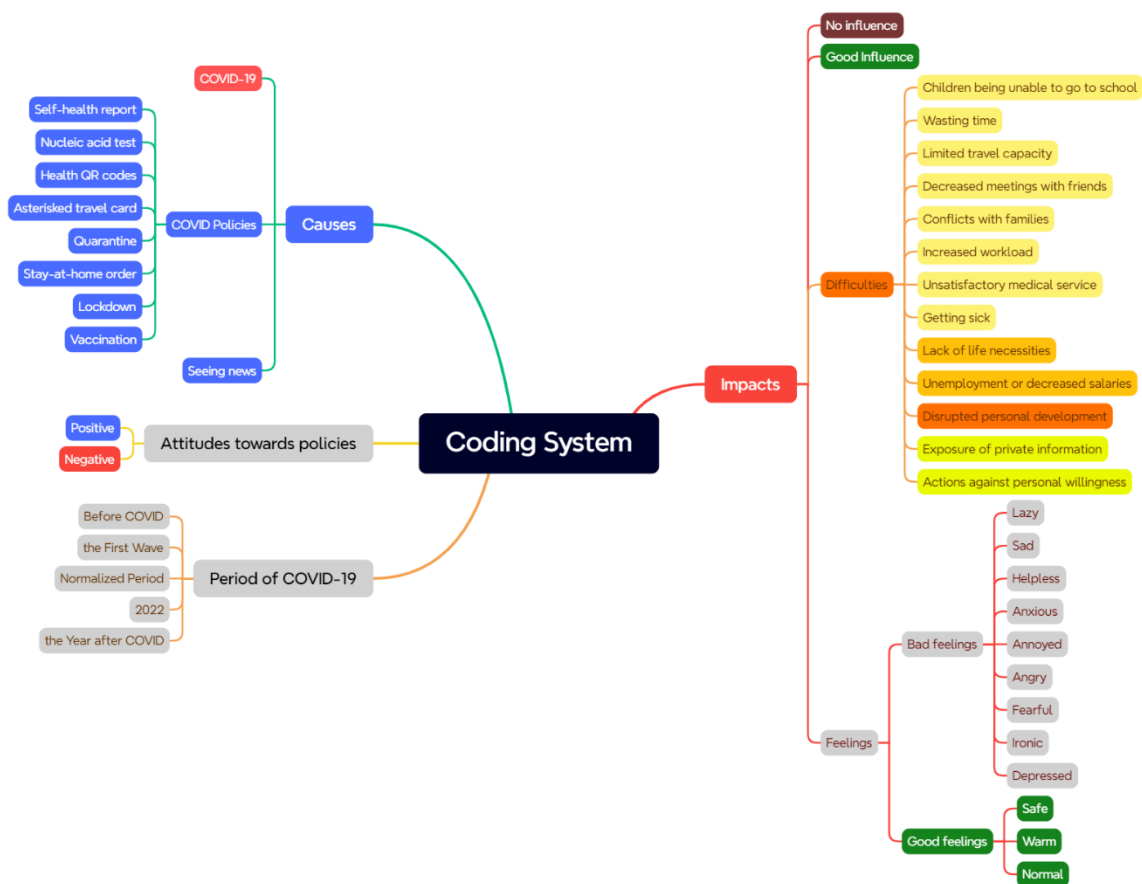


Figure 6: Coding system

Many scholars of grounded theory pointed out two approaches to making sense of data and establishing theory: constructivist and objectivist. The main difference between these two approaches is that objectivists assume the existence of objective facts about a knowable world



which are represented by data, while constructivists or interpretivists assume that reality is socially constructed and that both data and analysis are shaped by the shared experiences and participation of the researcher and interviewees (Andrade, 2009; Charmaz, 2003). It is important to keep in mind that the results that I will display soon result from an analysis that follows the interpretive approach, which does not mean that they are all subjective based on pure imagination but represents an effort to establish a psychological mechanism which has not been realized even by the involved people themselves. Yet, the nameless trauma may have unexpected catastrophic outcomes, such as the sharp decline of China's fertility rate, which makes it necessary to understand the logic behind it.

## Chapter 5. Data Analysis

In this chapter, I will first display the causes and impacts that appeared in the interviews as well as their relationships. Then, I will add the dimension of the participants' attitudes towards the government's COVID policies which is integral to the theory of Political Melancholia. Last but not least, I will try to identify the possible outcomes of this psychological mechanism which are not explicit but do exist in the interviews. Some interesting findings relatively separate from the theory are also discussed along with the three main parts.

### 5.1 Causes

Starting from the causes, I identified three factors that affected people's lives during the COVID-19 pandemic. The first one is the disease itself, denoted as **COVID-19**, which could cause people to panic or get sick. The second part regards **COVID Policies** which include various aspects because of the government's comprehensive control over society. **Self-health report** refers to requirements from schools, work units or neighbourhood committees to report one's health situation. For some education institutions or public sectors, the report can be an everyday requirement lasting for all three years during the pandemic. Depending on the design of a specific institution, the report may include not only health situations but also automatic location records to better master each individual's activities.

**Nucleic acid test**, **Health QR code**, and **Travel card** refer to the efforts made by the government to detect and contain regional outbreaks, especially during the normalized period. When a new confirmed case is reported, a contact tracing will be applied to the patient to find

out those who might have been contagious and require testing. If a community spread is suggested by contact tracing, all the residents in the related region will be assigned yellow or red health QR codes depending on the evaluated risks and required to do nucleic acid tests frequently until all the infected people are under control. The test can be done daily or twice in three days. At the same time, even travellers who have only passed by the city in concern will get asterisked travel cards which show all the cities a person has stayed in during the past 14 days. Yellow or red health QR codes stop people from entering public spaces, and green codes and travel cards without asterisks are required for travelling to other cities through public transportation and for registering in hotels.

**Quarantine** is usually applied to people who are close contacts with infected people or those who come from foreign countries. A quarantine usually lasts 7 to 14 days during which the person can only stay in the same room and eat what is sent to him or her. **Stay-at-home order** can be understood as a community quarantine to contain community spread. During a stay-at-home period, all public spaces are closed, while adults work from home and teenagers study at home. People are only allowed to go out when ‘necessary’. Comparatively, **Lockdown** is a strict stay-at-home order, during which all production activities stop and no residents are allowed to leave home. Food and other life necessities are assigned and sent to each family by neighbourhood committees. The most known lockdowns in China during the pandemic included the Wuhan and Shanghai Lockdowns.

The last COVID policy that was mentioned in the interviews was **Vaccination**, which was suggested for every resident to receive voluntarily, but for those who have an official affiliation,

it was rather required or even enforced if they wanted to work or study normally. During the coding process, I assigned specific COVID policies to segments if any of them were mentioned by the interviewee, otherwise I coded with the umbrella code **COVID policies**.

The third cause is **Seeing news**. As mentioned above, Political Depression appeared on the Chinese Internet referring to depressed feelings of netizens due to shocking political news and the ensuing reflections on the oppressive social structure. Nevertheless, I want to argue here that seeing news may temporarily impact people's emotions but does not influence their long-term mentalities or lives.

The distribution of these three causes in each interview is displayed in Table 4: rows refer to different causes; columns refer to interviewees; numbers in the boxes at intersections refer to the number of the coded segments of a specific cause in each interview; the colour of boxes turns red as the number gets higher and, in this table, the calculation of colour is based on the comparison of each column. As can be seen, **COVID policies** was mentioned the most in all the interviews with an overwhelming margin. The only exception is interviewee number 4 who mentioned **COVID-19** almost as much as **COVID policies**, the reason for which is that she worked as a nurse on the front line of the pandemic and thus was affected the most by the disease itself. Delving into specific COVID policies, Table 5 shows that among different policies, **Nucleic acid test** and **Stay-at-home order** were relatively mentioned the most, which means that the majority of people had experienced these two policies and were impressed with them. Interviewee number 3 here is an exception who mentioned **Lockdown** more than others because she suffered from the Shanghai Lockdown. So far, the data has shown that **COVID**

policies impacted people's lives more than COVID-19 or Seeing news. Next, combining impacts with causes will better illustrate how people's lives were affected.

Code System	01	...	02	...	03	...	04	...	05	...	06	...	07	...	08	...	09	...	10	...	11	...	SUM
Causes																							0
COVID-19			5		3		19		3		1		7		6		7		5		2		58
COVID Policies	26		19		43		25		14		21		20		13		14		17		15		227
Seeing news	2		1		3		1		1				3		2		6		1		3		23
SUM	28		25		49		45		18		22		30		21		27		23		20		308

Table 4: Distribution of causes in each interview (calculation of symbol colour refers to the column)

Code System	01	...	02	...	03	...	04	...	05	...	06	...	07	...	08	...	09	...	10	...	11	...	SUM
Causes																							0
COVID-19			5		3		19		3		1		7		6		7		5		2		58
COVID Policies	6		6		21		16		3		10		4		8		5		4		10		93
Self-health report	1																						1
Nucleic acid test	5		3		4		2		6		1		4					4		1			30
Health QR code	2				2		2				1							1					8
Asterisked travel card	1				2				1		1												5
Quarantine			1				1		1						2								5
Stay-at-home order	9		7		3		4		3		6		10		1		9		8		3		63
Lockdown			1		11						2				2								16
Vaccination	2		1										2							1			6
Seeing news	2		1		3		1		1				3		2		6		1		3		23
SUM	28		25		49		45		18		22		30		21		27		23		20		308

Table 5: Distribution of causes with specific COVID policies in each interview (calculation of symbol colour refers to the column)

## 5.2 Impacts

In terms of impacts, I identified 4 categories, including No influence, Good influence, Difficulties, and Feelings. No influence is applied to the segments where interviewees indicated that the above-mentioned causes did not influence their lives. For instance, when asked whether he had experienced being assigned a yellow or red health QR card or asterisked travel card, interviewee number 2 answered, “No, because we have been staying in this small county and running between two spots. We didn’t go anywhere or have any contact with outsiders. That is

to say, our social circle is relatively small.” Although very rarely, **Good influence** is applied to the segments where interviewees indicated that the above-mentioned causes had good influences on their lives. There are only 7 segments coded as **Good influence** from all the interviews. Examples are interviewee number 1 who enjoyed increased contact with old friends and family during the stay-at-home period in the first wave and interviewee number 4 who appreciated the government’s remuneration to frontline medical staff.

**Difficulties** is applied to the segments where interviewees mentioned real problems they encountered in their lives, which take up around 15% of all the coded segments. The distribution of different difficulties in each interview is displayed in Table 6.

Code System	01	...	02	...	03	...	04	...	05	...	06	...	07	...	08	...	09	...	10	...	11	...	SUM
▼ <b>Difficulties</b>																							0
● Children being unable to go to school	1				1								1										3
● Wasting time			2		1				3			2							2				10
● Limited travel capacity	5				4		5		3		2		4		2		6		3		3		37
● Decreased meetings with friends							1		1		1				2				1		1		7
● Conflicts with families	1				2		1																4
● Increased workload							1																2
● Unsatisfactory medical service					3		8						2				1		2				16
● Getting sick			1		1		4		1						2		2		2		1		14
● Unexpected situation			1		6								1		1				1				10
● Lack of life necessities			1		3								3		1		1		1				11
● Unemployment or decreased salaries			4				1					2		2		1		1		3		1	15
● Disrupted personal development	2										3					3							8
● Exposure of private information	3				1		1																5
● Against personal willingness	1				3								2										6
Σ SUM	13		9		25		22		8		12		15		11		11		16		6		148

Table 6: Distribution of different difficulties in each interview (calculation of symbol colour refers to the column)

According to severity, the difficulties are categorized into three subgroups. The first subgroup regards inconveniences in life, including **Children being unable to go to school**, **Wasting time**, **Limited travel capacity**, **Decreased meetings with friends**, **Conflicts with families**, **Increased workload**, **Unsatisfactory medical service**, **Getting sick**, and **Unexpected situation**.

Among them, **Limited travel capacity** was mentioned the most, usually related to **Stay-at-home order** or **COVID Policies** in general. It can be either as trivial as being stopped from taking public transportation due to missing nucleic acid tests or as impressive as being unable to return home to mourn for the death of a beloved person (interviewee number 9). Besides, the government's control over society is so comprehensive that almost all the interviewees mentioned **Limited travel capacity** more than once. Another category here that demands further explanation is **Unsatisfactory medical service** which refers to either lack of epidemic prevention supplies or prolonged and inconvenient medical procedures due to the COVID policies. For instance, interviewee number 3 mentioned, "My mother also had an operation. At that time, I went to accompany her and was asked to take a nucleic acid test and not to leave the hospital area while accompanying her." **Unsatisfactory medical service** is different from **Getting sick** which also belongs to **Difficulties** and refers to the situation where interviewees contracted COVID-19 themselves. What is worth noticing here is that due to the government's strict "zero-COVID" policy, most people had never contracted the disease until the end of 2022, while they experienced unsatisfactory medical service more often during the pandemic (Table 7).

Code System	Period	Before COVID	The first wave	Normalized period	2022	COVID period	2023
▼ Difficulties							
● Unsatisfactory medical service			9	5		1	1
● Getting sick			3	1			9
Σ SUM	0	0	12	6	0	1	10

Table 7: The occurrences of **Unsatisfactory medical service** and **Getting sick** in different periods of the COVID-19 pandemic

The next level of severity is a decline in living standards, including **Lack of life necessities** and **Unemployment or decreased salaries**. On the one hand, during strict lockdowns when food

was mostly arranged and delivered by neighbourhood committees, social media has witnessed countless food shortages. The evidence can also be found in the interviews. Interviewee number 6 said, “During those two months (in the Shanghai Lockdown), I ate lunch boxes for two months! I will remember this for the rest of my life.” On the other hand, continuous epidemic prevention policies and sporadic regional outbreaks made it hard for offline businesses to function regularly, resulting in unemployment or decreased salaries for offline workers. For example, interviewee number 2 who used to run an automobile beauty shop but now works for food delivery said,

“Like me! I was an example. If the pandemic had not started, I might have been doing it normally, but there was no solution. You used to be able to make four or five thousand a month, and then you could earn two or three thousand a month. Now that you can’t even make the minimum one or two thousand, it is worse than even working for others, right? Just like last year, I eliminated all the expenses and calculated the profits which, for some months, was only a few hundred yuan for each. The impact was quite big. There was nothing you could do about it. Then you had to give up.”

These two difficulties were less mentioned but also prevalent during the pandemic. Once encountered, no doubt that people’s lives were significantly disturbed.

The most serious difficulty is **Disrupted personal development** which means that not only one’s life was influenced during the pandemic, but also the whole track was distorted. There are only three interviewees with coded segments in this regard, who happened to represent the disruption of study, career, and fertility, respectively. For interviewee number 1, his plan to study abroad as an exchange student during undergraduate studies was disrupted due to the restricted personal exchanges with foreign countries. In addition, he quit his ongoing double degree in Sociology and left the campus, partly because he felt the COVID-19 policies implemented by the university set too many limits on individual activities. He decided that he



could learn no more from the university, and “as soon as the policy was relaxed after an outbreak, I applied to move out and never went back to the university.” Interviewee number 6 had been learning English and doing exercises regularly before the pandemic, yet not only did the outbreak suspend these plans, but also the lasting stay-at-home period left him nothing else to do but watch short videos online. He said, “I have been self-indulgent for too long, so even if I want to move ahead now, it’s difficult.” Interviewee number 8 registered marriage in 2021, but he and his wife did not dare to have a child during the pandemic. On the one hand, they were afraid that if they got COVID-19, it would influence their child’s health. On the other hand, it was difficult for pregnant women to receive normal medical treatments during the pandemic. When I asked him how he would imagine his life being different if the pandemic had not happened, he said, “Personally speaking, I might have a child now.”

The last two codes under **Difficulties** refer to the situations where personal rights were violated, including **Exposure of private information** and **Actions against personal willingness**. In terms of exposure of private information, interviewee number 1 mentioned that the daily health report system of his university with automatic location reports made it difficult to travel to other cities and that the facial recognition system installed during the pandemic was a violation of personal privacy. Besides, interviewee number 1 and number 4 both mentioned the fear of contact tracing which requires every detail of a confirmed case’s travel itinerary. Speaking of actions against personal willingness, interviewee number 1 and number 7 both had unpleasant experiences of being compulsorily vaccinated, even though they did not want to. Interviewee number 3’s experiences were the most helpless. During the Shanghai Lockdown,

residents were required to do nucleic acid tests every day, and whoever tested positive would be sent to modular hospitals immediately. She felt that this was ridiculous because people stayed at home all the time, and the only chance they might get infected was the time of nucleic acid tests. Especially after seeing news about pets being killed when their owners were sent to modular hospitals, she and her partner stayed at home and refused to go downstairs to do nucleic acid tests for fear of being tested positive, sent to a modular hospital, and losing their cat.

The last category of impacts is **Feelings**. **Bad feelings** mentioned in the interviews include **Lazy**, **Sad**, **Helpless**, **Anxious**, **Annoyed**, **Angry**, **Fearful**, **Ironical**, and **Depressed**. **Good feelings** include **Safe**, **Warm**, and **Normal**. The distribution of the coded segments with different feelings in each interview is displayed in Table 8. As can be seen, the most prevalent feeling was fear, which was not surprising in front of an unknown disease. The next prevalent feeling was anxiety which appeared in 6 interviews, and mostly it was related to unpredicted situations during the pandemic. Sad and angry feelings usually appeared when people saw news about deaths and injustices, while warm feelings were related to news about mutual help among people. **Normal** was usually used to describe their feelings after the government abolished epidemic control and prevention policies at the end of 2022.

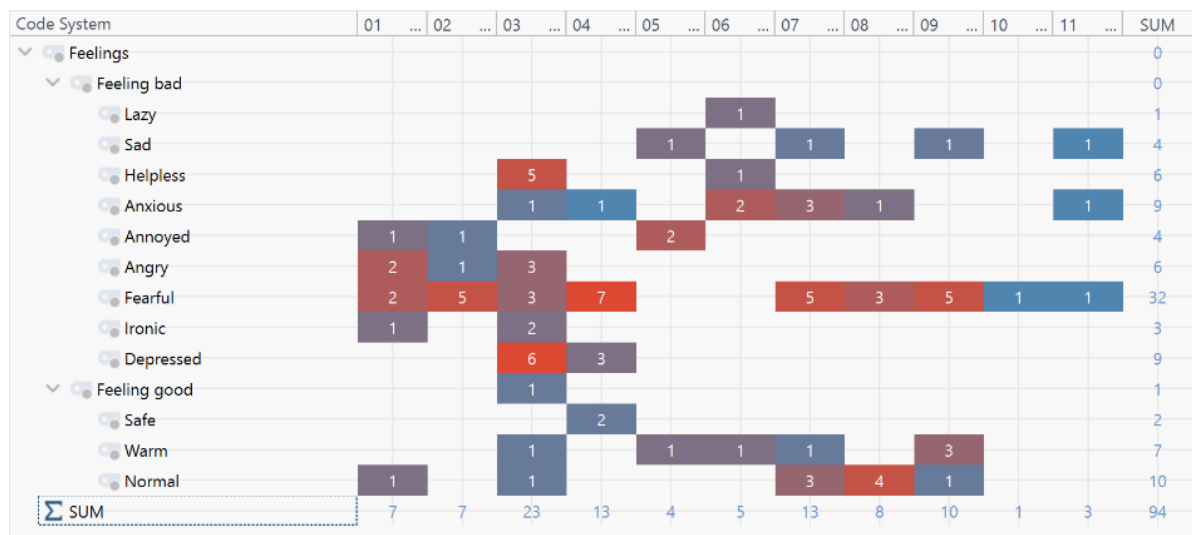


Table 8: The distribution of **Feelings** in each interview (calculation of symbol colour refers to the column)

### 5.3 The main causes

MAXQDA offers a function to check the co-occurrence of different codes, which allows us to analyse which cause affected people's lives the most. As displayed in Table 9, where the rows refer to impacts and the columns refer to causes, **COVID policies** together with its various subcodes had caused the most difficulties in people's lives, especially **Stay-at-home order** and **Nucleic acid tests** among the subcodes. It is also notable that **COVID policies** also co-occur with **No influence** frequently, and this is due to the design of interview guides which ask the interviewees many specific questions about the influences of COVID policies and they gave negative answers from time to time. In contrast, **COVID-19**, the disease itself, and **Seeing news** caused more temporary bad feelings instead of real problems. Delving into the subcodes of impacts, as shown in Table 10, the co-occurring part of **Difficulties** and **COVID-19** mainly falls on **Getting sick** and **Unsatisfactory medical treatment**, while COVID policies not only brought inconveniences like limited travel capacity but also lack of life necessities and disrupted

personal development.

Code System	COVID-19	COVID Policies	Self-health report	Nucleic acid test	Health QR code	Asterisked travel card	Quarantine	Stay-at-home order	Lockdown	Vaccination	Seeing news	SUM
No Influence	7	26		3	1	1	1	13		1	4	57
Good influence	1	3						2				6
Difficulties	26	47	2	15	4	4	2	37	10	3		150
Feelings												0
Feeling bad	24	11		6	1		2	2	3		17	66
Feeling good		1		1				2			5	9
SUM	58	88	2	25	6	5	5	56	13	4	26	288

Table 9: The co-occurrence of causes and impacts (calculation of symbol colour refers to the row)

Code System	Causes	COVID-19	COVID Policies	Self-health report	Nucleic acid test	Health QR code	Travel card	Quarantine	Stay-at-home order	Lockdown	Vaccination	Seeing news	
No Influence		7	26		3	1	1	1	13		1	4	
Good influence		1	3						2				
Difficulties													
Children being unable to go to sch					9		1		2	1			
Wasting time													
Limited travel capacity		1	10	1	3	3	2	2	14	1			
Decreased meetings with friends			6						1				
Conflicts with families									3	1			
Increased workload		1	1										
Unsatisfactory medical service		7	10										
Getting sick		14											
Unexpected situation			3		1	1	1		3	1			
Lack of life necessities									6	5			
Unemployment or decreased salarie		1	5						8	1			
Disrupted personal development		2	7										
Exposure of private information			3	1	1								
Actions against personal willingness			2		1						3		
Feelings													
Bad feelings													
Lazy		1										3	
Sad			2							1			
Helpless		1	4									3	
Anxious					2				2				
Annoyed												4	
Angry			1									5	
Fearful		19	1		2			2		1			
Ironic			1		2								
Depressed		3	2							1		2	
Good feelings													
Safe			1		1							5	
Warm													
Normal									2				
SUM		0	58	88	2	25	6	5	5	56	13	4	26

Table 10: The co-occurrence of causes and impacts with the subcodes of impacts (calculation of symbol colour refers to the row)

Figure 7, a code map of causes and impacts according to their co-occurrences in different segments, further displays their relationships. In the figure, the lower left corner is occupied by COVID policies, connected with many Difficulties in the middle, while COVID-19 is located relatively separately on the right, mainly connected with Fearful, Getting sick, and Unsatisfactory medical service. Seeing news is even more separated on the top, only connected with several Feelings.

47

daily lives but influenced their temporary emotions. Facing these challenges, how did Chinese people respond to the COVID-19 policies? Did they feel angry or dissatisfied with the government? In the next section, I will unpack the most puzzling part of the interviews, which is also the core of Political Melancholia: people's supportive attitudes towards the government and its COVID-19 policies.

## **5.4 Attitudes towards the government and its COVID-19 policies**

Originally, I expected to hear many complaints from my interviewees considering the various unreasonable aspects of China's COVID-19 policies and the difficulties they encountered in their lives, so it was impressive how the majority of interviewees held overall positive attitudes towards the government and its COVID-19 policies, despite some suspicion towards certain policies. The most common **Positive** attitude is appreciation of the government's efforts in controlling the spread of the disease which protected ordinary people so well. For instance, interviewee number 2 said, "For me personally, I felt the state had protected me (at the beginning of the pandemic). At that time, there was no specific medicine, and the spread speed of the virus was very fast even through air contact. The uncertainty and mortality rates were relatively high. The government's taking responsibility was humane and great protection to us." When their own lives were influenced, they still showed a tolerant attitude taking into consideration the special situation of China, such as interviewee number 5 who said that for a country as big as China with a dense population, it (the Wuhan Lockdown) was maybe the most effective way. "It had some impacts on us, but I still felt I could understand," he said.

Seeing negative news about COVID policies, the interviewees might suspect the reliability of the news or accuse the related local government of being inefficient or rich people of being privileged. For example, interviewee number 9 remembered that when she saw negative news about COVID policies which was soon deleted from the Internet, she thought whether this could be a prank. Interviewee number 10 also recalled how shocked he was seeing that people starved in a metropolis like Shanghai, but he then suggested that ordinary people relied on the government to regulate rich people and to better distribute resources. Another form of expressing a positive attitude is to praise one's local government without knowing what is happening in other places. For example, interviewee number 11 said, "Anyway, I think the Xiamen government did quite well in the lockdowns. During the lockdowns, the neighbourhood committee distributed materials, including vegetables, fruits, and meat, and did not charge any money...but I'm not sure what it was like in other places." Negative feelings towards foreign countries are also common among the interviewees, in which bad performances, increasing deaths, and foreign countries' accusations of China were mentioned. For instance, interviewee number 9 said, "The biggest thing is that I am very grateful to be born in China...I felt a bit scared when I saw it (the situation in foreign countries) through the news, because those numbers kept skyrocketing, which was very terrifying. I felt very lucky that I was born in China."

In contrast, **Negative** attitudes were usually expressed in indirect and implicit ways. Interviewee number 4 mentioned the inefficiency of the Wuhan government at the beginning of the outbreak as well as the unreliability of China's COVID-19 data with only few words and soon added that she was not sure about these. Interviewee number 6 mentioned that those

deleted news might be due to political censorship but avoided saying more about this. Interviewee number 8 pointed out that policy decisions were too sudden for people to prepare for them, and interviewee number 10 thought that the government was a bit too conservative to take looser control over the disease. However, all these accusations were very careful and uncertain, unlike the praises which were expressed without reservation.

Table 11 displays the distribution of Positive and Negative attitudes in each interview, from which we can see that positive attitudes have an overwhelming advantage over negative ones. There are only two exceptions—interviewee number 1 who said nothing good about the government or its policies and interviewee number 3 who expressed the most negative attitudes due to her unbearable experiences in the Shanghai Lockdown. Even so, she also mentioned that she used to believe that Shanghai could be exceptional in China as a city that was more inclusive, open, and orderly than other places and had been trying to carry out precise prevention and control policies to minimise the impacts on people, yet the bubble burst at the Shanghai Lockdown. In general, people held positive attitudes towards the government despite the difficulties they encountered due to the COVID-19 policies. Some may argue that they were fearful of the government’s censorship, but I assured them of the confidentiality of this research before starting the interviews. Besides, they are my acquaintances, either relatives or friends, which should provide a safer environment for them to speak about what they think. Despite these factors, their speeches still show that they truly love and support the government.



Code System	01	...	02	...	03	...	04	...	05	...	06	...	07	...	08	...	09	...	10	...	11	...	SUM
Attitudes towards policies																							0
Positive			5	3	10	14	4	1	2	8	6	2											55
Negative	6			15	2	1	2			4	2	6	1										39
Σ SUM	6	5	18	12	15	6	1	6	10	12	3												94

Table 11: The distribution of Positive and Negative attitudes in each interview (calculation of symbol colour refers to the column)

## 5.5 Political Melancholia

Now a conclusion can be made from the analysis above that ordinary Chinese people have developed love and support for the government, even when they encountered difficulties during the pandemic mainly due to the COVID-19 policies. On the one hand, they could not figure out why so many unpleasant events were happening and who should be blamed. On the other hand, even if they felt some policies or actions by the government were problematic, they did not dare to blame the government or they felt that any resistance would be in vain. This resulted in ambivalence towards the government, which forms the core of Political Melancholia.

Turning to various patterns of the interviewees, I will take into consideration causes, severity of impacts, and overall attitudes towards the government and identify typical cases of Political Melancholia, as shown in Table 12. Interviewees number 2, 6, 7, and 8 are the most typical cases who went through serious difficulties such as lack of life necessities, unemployment or decreased salaries, disrupted personal development, and actions against personal willingness but still expressed mainly positive attitudes towards the government and the COVID-19 policies. Interviewees number 5, 9, and 11 also fit the feature of Political Melancholia, but they experienced fewer difficulties due to the nature of their occupations and maintained relatively positive towards the government. Interviewees number 3 and 10 represent

the people who encountered many difficulties and realized how COVID policies had influenced their lives, even though they still maintained a certain level of love for the government or a particular region such as Shanghai. Interviewee number 1 is another extreme who has always been critical of the Chinese government. Interviewee number 4's situation is a bit different here because she worked as a nurse and many of her bad experiences were due to COVID-19 itself.



Table 12: Different patterns of interviewees (calculation of symbol size and colour refers to the row)

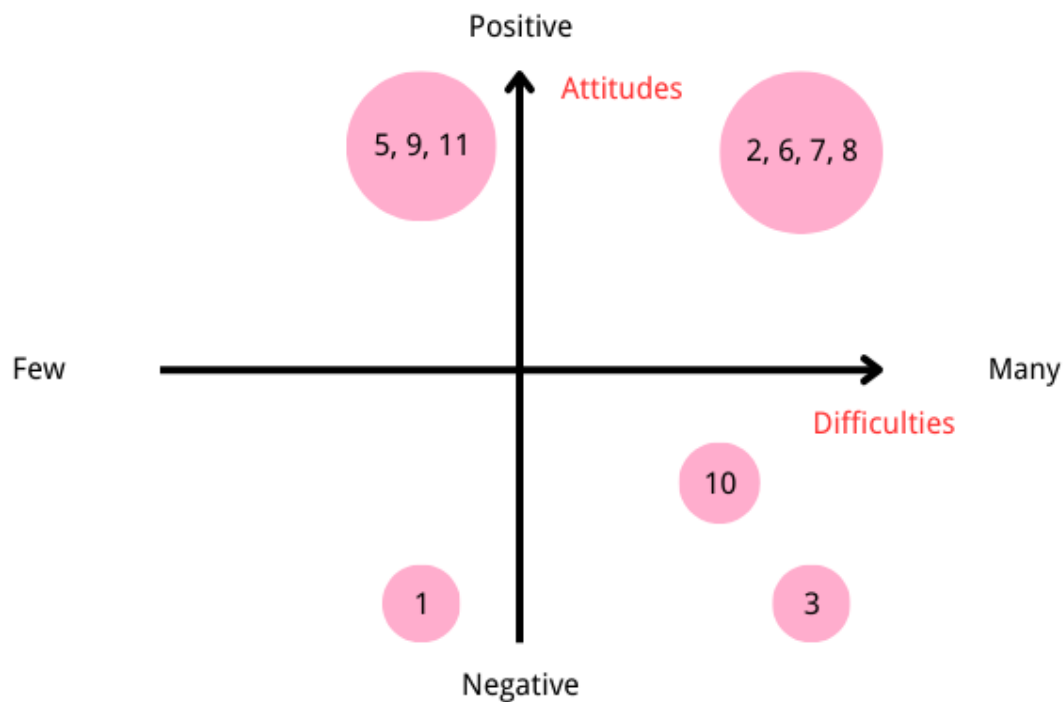


Figure 8: Model of Political Melancholia

Plotting them into a two-by-two table results in Figure 8. The upper right corner is the typical cases of Political Melancholia, and the upper left corner is people who were less influenced by COVID-19 policies. Normally, the attitudes towards the government and COVID-19 policies should turn negative as people go through more difficulties during the pandemic, moving from the upper left corner to the lower right corner, like interviewees number 10 and 3. However, the two horizontal groups in the upper part of the figure reveal something unusual which I argue is a sign of Political Melancholia: love and support for the government suppressed the dissatisfaction and grievances towards the COVID-19 policies. When there is no available external target, these depressed emotions have to turn inside, as suggested by Freudian melancholia.

The potential consequences of Political Melancholia which were not explicitly asked in the interviews still exist in the data, the interviews and public outrages. The first outcome, as mentioned at the beginning of the paper, is the decline in China's fertility. As the quantitative analysis shows, China's TFR went through a sharp decline during the three years of the COVID-19 pandemic compared with other countries. In addition, contrary to the worldwide trend that a higher level of government responses could mitigate fertility decline, China's provincial birth rates declined more when they scored higher in government response. I argue that Political Melancholia played an important role in people's fertility decisions. When they experienced difficulties and uncertainty during the pandemic and did not know how to improve the situation, the only thing they could do was to avoid changes in their own lives.

For example, interviewee number 8 said, "If you were pregnant at that time, you did not know when the pandemic would end. When giving birth, you had to be hospitalized, which was also very dangerous. The hospital had so many patients, and I was just worried that the kid would not be healthy." Even though he mentioned worries about the virus, he also wished the COVID-19 policies could end earlier in the interview. Therefore, I interpret his concern as more of a political kind with the policies, as can be supplemented by other interviewees' opinions. Interviewee number 3 mentioned her experience of abortion during the pandemic, "At that time, considering that my life would always be in such an unstable situation, I thought what kind of life my child would live if I decided to give birth? Unable to go outside, unable to leave home, the kid might even be separated from me, if I were infected." Interviewee number 5, the only participant who decided to have a child during the pandemic, mentioned that neither COVID-

19 nor COVID-19 policies affected his fertility decision, which was strong evidence that it was people's mentality or perception of the situation that influenced their fertility decisions. In the regions with more stringent government control, people experienced more difficulties and tended to repress their own life needs. This is my explanation of China's fertility decline during the COVID-19 pandemic.

The second outcome appeared a bit differently. Several participants mentioned that they have gained a mentality of Buddhist style (*Foxi*), meaning that now they do not care much about anything. In the good sense, they described themselves to be more open and less anxious after the COVID-19 pandemic, while in the bad sense, it seems that they have lost the desire for objects or better lives since they knew it was difficult to reach them. For instance, interviewee number 6 said, "My attitudes towards life, after all these things during the pandemic, probably have turned into a Buddhist style, which is to say that I take everything more lightly. About the future, the pandemic has also more or less influenced it, because when you were in a lockdown, you could not make plans for anything in the long run. If you are fixed in one place, you won't be able to do anything you want to do." Interviewee number 10 said in a half-joking way, "I have felt better. As long as I am alive, I am fine." Buddhist style has also become popular on the internet, especially among young people, marking an attitude of giving up and letting go.

The third potential consequence concerns the repressed dissatisfaction and grievances that require other outlets. During the pandemic, the government deleted many posts about COVID-19 through online censorship, after which some netizens started to use strange symbols or emojis to rewrite the deleted posts indirectly to avoid online censorship. Later, more netizens

used this innovation to express their anger secretly which is called Crazy Literature (*Fafeng Wenxue*) on Chinese Internet. The following quote is a typical expression of Crazy Literature:

(Screaming) (twisting) (creeping darkly) (crawling) (twisting) (squirming darkly) (rolling) (crawling violently) (twisting) (convulsing) (roaring) (squirming) (gloomy growl) (crawling) (split) (walks ashore) (twisting) (spasms) (creeps) (twisted walking) (attacks regardless of target) (Weibo 2022).

Other forms of madness include posting videos of abnormal behaviours and making aggressive comments about any public issues that are within the speakable range. In the interview, interviewee number 6 mentioned one of his neighbours who played guitar and sang in the middle of the night during the Shanghai Lockdown to vent his frustrations. In terms of online debates, my interviewees are not active in online discussions, but online debates that became fierce quarrels about inequalities, feminism, or nationalism have been common. Sometimes, it was even difficult for the official media to control the direction of public opinions, which denoted a backlash against the government's strict censorship.

Overall, there are three potential consequences of Political Melancholia: avoidance of fertility decisions, loss of control over life, and outlets of grievances through other public issues. Compared with other countries where the government's failure to control COVID-19 resulted in many deaths, China achieved great success in protecting people's lives. However, this should not be an excuse to avoid talking about the shortcomings of China's strict control. As a friend of mine told me during this research, "Every country could only do it wrong. No one could do it right." When we face such an unprecedented emergency, there might be mistakes in every action we take, yet it is important to reflect upon them and learn for the next crisis.

## Conclusion

Analysing the case of China's fertility decline during the COVID-19 pandemic, this thesis argues that politics is not far away: it can affect people's mentalities and life decisions. The mechanism presented in the thesis is termed Political Melancholia which identifies ordinary Chinese people's love and support for the government on the one hand and their anxious and depressed feelings caused by the government's strict COVID policies on the other hand. Long-term mental suffering can result in their avoidance of fertility decisions, loss of control over life, and outlets of grievances through other public issues.

Starting from the puzzle of China's rapid fertility decline, I visited mainstream explanations of fertility decline which mainly focused on economic development, institutional support, and change of social norms but relatively neglected the influence of politics on people's fertility decisions, especially during crises. Using the data of government response scores to COVID-19, worldwide fertility rates, and regional birth rates in China, I quantitatively analysed the relationship between COVID-19 policies and fertility changes and found remarkable opposite correlations: a higher level of government responses mitigated fertility declines worldwide but acted as a catalyst of fertility declines in China. The results suggest that China's strict COVID policies contributed to its unusual fertility decline. To improve the quantitative analysis, future research can consider disaggregating each regional data into three years to have more samples and adding other control variables such as economic changes.

Next, I made an effort to connect COVID-19 policies with people's fertility decisions. Inspired by the prevalent phrase Political Depression on the Chinese Internet, I looked into the

literature on depression and Political Depression. Both originating from the U.S.A., the former refers to a common psychological disease and the latter regards a specific type of depression that is caused by political factors. Travelling to China, the application range of the ‘political’ part is limited to seeing political news due to restricted access to political participation in China, which makes the phrase unsuitable for describing a collective trauma rooted in deeper political factors. Instead, Freudian melancholia which describes lasting mourning featured by the loss of a loved object, ambivalence towards it, and regression of libido into the ego is a better fit, especially when the study of racial melancholia endowed the term with the function of social critique. Thus, I tried to formulate the theoretical framework of Political Melancholia in China by taking into consideration the development of COVID policies, people’s love and support for the government shaped by education and media propaganda, and their incompetence to distinguish between the government’s lies and truth. The fit between Chinese society and the framework of melancholia provides us with a critical approach to analyse the pernicious consequences of the government’s excessive control over society, which may be applied to other authoritarian regimes in future research.

In identifying the mechanism of Political Melancholia, I carried out in-depth interviews with the guidance of Grounded Theory which promotes to structure data collection according to the goal of theorization. Hence, even though the total number of my interviewees is only 11, I could make full use of their speeches to establish the mechanism. The interviews asked about the participants’ experiences during the COVID-19 pandemic and their attitudes towards the government’s COVID-19 policies. To analyse the qualitative data, I identified three clusters of



codes, namely impacts, causes, and attitudes towards the government's policies, and applied them to the texts. By doing this, I made two main findings: (1) instead of the disease COVID-19 itself, COVID policies had caused more difficulties in people's lives; (2) despite these difficulties, people still held positive attitudes towards the government and its policies. This is the typical case of Political Melancholia. The interviews and other online phenomena also indicated the potential consequences of Political Melancholia, including people's avoidance of fertility decisions, their giving up control over life, and outlets of grievances through other speakable public issues. The qualitative analysis follows the interpretive approach, which does not mean that the whole process is simply subjective but implies an effort to establish a psychological mechanism through which people's lives are greatly affected by politics without their awareness. Besides, the information in the interviews can serve as the basis for future research, such as surveys, to test the credibility and applicability of this theory.

All in all, this paper provided an answer to the puzzle of China's fertility decline during the COVID-19 pandemic by identifying the impacts of politics on ordinary people's lives. It is worth noting that Political Melancholia is a ghost that haunts not only ordinary people but also the authoritarian regime, as the repressed grievances will eventually burst as a backlash against the strict control.

## Appendixes

### Appendix I: The first version of the interview guide

Introduction & Rules	<p>Hello, thank you so much for taking the time to take this interview. I am currently a second-year graduate student majoring in political science at CEU.</p> <p>This interview is part of my current master's thesis research, and my research topic is how the pandemic has affected people's lives. We will talk about your life situation, psychological feelings, marriage and fertility decisions during the pandemic, and other topics.</p> <p>This interview will strictly follow the privacy policy of the interviewees, and I will not disclose your name or other information that can identify you to anyone. To analyze the content of the interview in the future, if you agree, I will record the interview, and the audio content will be analyzed only by me. If you have any objections throughout the interview and after the interview, you can withdraw your consent to my use of this interview at any time.</p> <p>Do you have any questions about this interview? Please read the interview consent form and sign it if you agree to be interviewed.</p> <p>Now I'll start recording and the interview will begin.</p>
Questions on Background	<ul style="list-style-type: none"> <li>- What is your gender?</li> <li>- What is your age?</li> <li>- Where is your hometown?</li> <li>- Where city do you currently live in?</li> <li>- What is your highest diploma?</li> <li>- What is your current job?</li> <li>- What is your monthly salary?</li> <li>- What is your current marital status?</li> <li>- What is your current fertility status?</li> </ul>
Life Situation	<ul style="list-style-type: none"> <li>- Can you describe what your life was like in the year before and after the pandemic? <ul style="list-style-type: none"> <li>■ Job changes and academic changes</li> <li>■ A typical day during lockdown</li> <li>■ The biggest difficulty?</li> </ul> </li> </ul>
COVID Policies	<ul style="list-style-type: none"> <li>- Do you remember how your area was affected after the outbreak began?</li> </ul>

	<ul style="list-style-type: none"> <li>■ What epidemic prevention and control policies have been adopted by the state?</li> <li>■ How have these policies affected your life, did they protect you from the virus, or did they affect your living arrangements?</li> </ul>
COVID Policies	<ul style="list-style-type: none"> <li>- In the last two years of the pandemic, where and how did you live, and how has your life been affected by the prevention and control policies? <ul style="list-style-type: none"> <li>■ Have you ever had a frequent nucleic acid test, what was it like, and has it affected your life?</li> <li>■ Have you ever been assigned a yellow/red code, have you ever had an asterisked travel card, and has this affected your life?</li> <li>■ Have you ever experienced closed management? Can you describe what it was like?</li> <li>■ Do these policies affect your mood/mood? Can you give me a specific example?</li> </ul> </li> </ul>
Impact on life	<ul style="list-style-type: none"> <li>- How has your life been affected by the pandemic during the pandemic? <ul style="list-style-type: none"> <li>■ Do you have any examples where your studies or work have been affected by the pandemic?</li> <li>■ Relationships with family and friends?</li> <li>■ Have you experienced any major changes in your life during the pandemic, and do you feel that the pandemic and pandemic-related policies have influenced your decisions or the development of events?</li> </ul> </li> <li>- How has your mindset been affected by the pandemic? <ul style="list-style-type: none"> <li>■ Attitude towards life?</li> <li>■ What about self and family?</li> <li>■ Visions or plans for the future?</li> <li>■ Your view of the country or the world?</li> <li>■ Do you have any memories of the difficulties caused by the pandemic, or when you were in a bad mood?</li> </ul> </li> </ul>
Fertility decisions	<ul style="list-style-type: none"> <li>- Have any of your major life decisions changed as a result of your experiences during the pandemic? <ul style="list-style-type: none"> <li>■ Academic/Career Development</li> <li>■ Buying a house</li> <li>■ Marriage</li> <li>■ Fertility</li> <li>■ Residence</li> </ul> </li> </ul>
Post-pandemic recovery	<ul style="list-style-type: none"> <li>- In the year after the pandemic ended, do you feel that your life or mindset has changed? <ul style="list-style-type: none"> <li>■ How have you helped yourself recover?</li> </ul> </li> </ul>
Topic 1: The politicization of	<ul style="list-style-type: none"> <li>- Do you know how other countries were doing their work and how did they compare to China?</li> </ul>

COVID-19	<ul style="list-style-type: none"> <li>■ What do you think of the "Wuhan lockdown" and what impact does this have on domestic and international epidemic prevention and control?</li> <li>■ What do you think of US President Donald Trump calling the coronavirus the "Chinese virus" or the "Wuhan virus"?</li> </ul>
Topic 1: The politicization of COVID-19	<ul style="list-style-type: none"> <li>- How do you see the prevention and control policy in the next two years, and do you think it is necessary to always adhere to the "dynamic zero-COVID" policy?               <ul style="list-style-type: none"> <li>■ If it's not necessary, why do you think this policy has been in place until the end of 2022?</li> </ul> </li> </ul>
Topic 2: Closed Policy-Making Process	<ul style="list-style-type: none"> <li>- Do you know how the relevant authorities decided on the measures related to the epidemic, such as when to conduct large-scale nucleic acid testing, when to assign yellow/red codes, and when to implement regional closure management and restrict residents' travel?               <ul style="list-style-type: none"> <li>■ Do you think these regulations are clear, and are they implemented according to the regulations or do the relevant authorities have a lot of discretion?</li> <li>■ In the early days of the outbreak, Dr. Li Wenliang was the first to disclose the new coronavirus to the public, but the relevant authorities did not respond in a timely manner and instead suppressed his report. After the virus spread and Dr. Li Wenliang also died of the epidemic, people began to call him "the trumpeter", but the government deleted many of the relevant reports online. Do you know about this event? What do you think about it?</li> <li>■ Do you know about the long-term lockdowns that some cities experienced in the middle and late stages of the pandemic, such as the lockdown in Shanghai, do you think these lockdowns were necessary, and how do you feel about the plight of the local residents?</li> <li>■ In the later stage of the epidemic, some township banks in Henan Province encountered a financial crisis, and some depositors of these banks went to Henan to defend their rights, but they were asked to be quarantined as soon as they got off the train, and some have been staying in other provinces and have never set foot in risk areas, and they have also been restricted from traveling. Do you know about this event? What do you think about it?</li> </ul> </li> </ul>
Topic 3: Neglect of Individuals	<ul style="list-style-type: none"> <li>- During the pandemic, have you experienced difficulties in your life due to the pandemic, such as school, work, finance, and mental health?               <ul style="list-style-type: none"> <li>■ Has your local government, school, or unit helped you?</li> <li>■ If so, did the help work?</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>■ If not, how do you deal with these difficulties?</li> <li>- Apart from yourself, can you recall any form of assistance provided by the government, school or work unit during the pandemic?</li> <li>■ If so, do you think they work?</li> <li>■ If not, what forms of assistance would you recommend?</li> <li>■ During the epidemic, the state allowed enterprises to suspend social security contributions for employees for six months, what do you think of this policy?</li> <li>■ What do you think about some governments that have given money directly to every citizen during the pandemic?</li> </ul>
Topic 4: A feeling of loss of self-control	<ul style="list-style-type: none"> <li>- Have you ever heard of "crazy literature" on the Internet?</li> <li>■ Do you understand why this form of content is there?</li> <li>■ Have you ever encountered a post that was deleted on a public platform?</li> <li>■ What do you think of the government's efforts to delete pandemic-related discussions?</li> <li>■ Do you also have moments when you want to "go crazy"?</li> </ul>
Final questions & thoughts	<p>14. Thank you very much, now that the interview is coming to an end, I would like to ask you one last question, if the pandemic had not happened, can you imagine how your life would have been different from what it is now?</p> <p>Thank you very much, that's all I want to ask. Is there anything else you'd like to share on this topic or a question you'd like to ask me?</p> <p>Okay, feel free to contact me if you have any questions afterwards. If you are interested in the results of my research, I can also share them with you when they are available, would you like to know the follow-up situation? Again, thank you so much for your cooperation. Wish you all the best.</p>

## Appendix II: The second version of the interview guide

Introduction & Rules	<p>Hello, thank you so much for taking the time to take this interview. To analyze the content of the interview in the future, if you agree, I will record the interview, and the audio content will be analyzed only by me. Do you agree? Thank you. I will start recording now.</p> <p>Now I will briefly introduce the background of this interview. I am currently a second-year graduate student majoring in political science at CEU. This interview is part of my current master's thesis research, and my research topic is how the pandemic has affected people's lives. We will talk about your life situation, psychological feelings, marriage and fertility decisions during the pandemic, and other topics.</p> <p>This interview will strictly follow the privacy policy of the interviewees, and I will not disclose your name or other information that can identify you to anyone. If you have any objections throughout the interview and after the interview, you can withdraw your consent to my use of this interview at any time.</p> <p>Do you have any questions about this interview? Please read the interview consent form and sign it if you agree to be interviewed.</p> <p>Thank you! Now let's start the interview.</p>
Questions on Background	<ul style="list-style-type: none"> <li>- What is your gender?</li> <li>- What is your age?</li> <li>- Where is your hometown?</li> <li>- Where city do you currently live in?</li> <li>- What is your highest diploma?</li> <li>- What is your current job?</li> <li>- What is your monthly salary?</li> <li>- What is your current marital status?</li> <li>- What is your current fertility status? When was your child born?</li> <li>-</li> </ul>
Experience of the first wave	<ul style="list-style-type: none"> <li>- Could you please recall where you were and what you were doing before the outbreak? <ul style="list-style-type: none"> <li>■ Where were you when the pandemic broke out? Have you been affected by the sudden outbreak?</li> <li>■ Have you experienced quarantine or lockdown after the outbreak? How has this impacted your work and life?</li> <li>■ What did a typical day look like for you during the lockdown?</li> <li>■ Do you still remember how the epidemic control and prevention</li> </ul> </li> </ul>

	<p>policy was implemented in your area? Did this bother you?</p> <ul style="list-style-type: none"> <li>■ Do you remember how long the lockdown lasted? How did you arrange your life after the lockdown was lifted?</li> <li>■ Did you follow the news when the pandemic first broke out? What impressed you the most? Do you still remember how you felt after seeing this news?</li> </ul>
Normalized period	<ul style="list-style-type: none"> <li>- After the initial nationwide lockdown, starting from about the second half of 2020, although regional outbreaks still occurred from time to time, most areas have entered a normalized period of epidemic prevention and control. The main policies during this period included regional governments passing health codes and itinerary cards to monitor the epidemic situation. Once new cases are discovered, they will be investigated and cleared through static management and nucleic acid testing. Where were you living during this period, and what was your work and life like? <ul style="list-style-type: none"> <li>■ What was your focus at that time? Was the way you worked affected? Was your work schedule affected?</li> <li>■ Was your relationship with your family or partner affected? For example, the opportunities and frequency of meetings, or the decision of whether to live together?</li> <li>■ Was your travel affected? Can you give me a specific example?</li> <li>■ Was your diet affected?</li> </ul> </li> <li>- Has your area experienced an outbreak that required everyone to stay home and undergo frequent nucleic acid testing? How did you feel during that time? Did anything unpleasant happen? Was anything important affected by this?</li> <li>- Have you been vaccinated? What was this experience like?</li> </ul>
Experience after the pandemic	<ul style="list-style-type: none"> <li>- When did you realize the pandemic was over? How did you feel? What changes have occurred in work and life? <ul style="list-style-type: none"> <li>■ Have you been infected with COVID-19 after the epidemic control was relaxed? How is your health? Did you feel quite uncomfortable?</li> <li>■ Have you done any compensatory actions in the year after the epidemic ended? For example, travelling or increasing consumption? Like meeting more people? Such as speeding up the pace of life and planning.</li> <li>■ After experiencing the epidemic, compared with before the epidemic, do you think your mentality has changed?</li> </ul> </li> </ul>
Decision change	<ul style="list-style-type: none"> <li>- (If not mentioned before) Have there been any major changes in your life during the entire epidemic? For example, academic changes, job changes, marriage and childbirth, etc.? Do you think the epidemic has affected these changes?</li> <li>- Have any of your major decisions in life changed due to the epidemic?</li> </ul>

	<p>For example, career development, the decision to buy a house, the decision to live in a location or environment, the decision to get married and have children?</p> <ul style="list-style-type: none"> <li>■ Will the number of children you plan to have change due to the epidemic?</li> <li>■ During the pandemic, will you consider having children or buying a house?</li> </ul>
Attitudes towards news	<ul style="list-style-type: none"> <li>- Did you continuously follow the news during the epidemic? What impressed you most? Do you still remember how you felt after seeing the news? <ul style="list-style-type: none"> <li>■ Through what channels did you usually pay attention?</li> <li>■ Did this attention affect your mood?</li> <li>■ Do you still remember the news related to the "Wuhan Lockdown"? How did you feel about it?</li> <li>■ Do you still remember the news related to "Shanghai Lockdown"? How did you feel?</li> <li>■ Did paying attention to the news affect your life or mood?</li> </ul> </li> <li>- Did you forward news? <ul style="list-style-type: none"> <li>■ What kind of news did you usually forward?</li> <li>■ Would you express your own opinions while forwarding?</li> <li>■ Did you participate in public discussions on the Internet?</li> <li>■ Did you discuss it with those around you? What did you usually talk about?</li> </ul> </li> <li>- Have you ever encountered or heard of discussions related to the epidemic that have been deleted from public platforms? <ul style="list-style-type: none"> <li>■ In your memory, usually what type of content posts are deleted?</li> <li>■ What do you think of this phenomenon?</li> </ul> </li> </ul>
Difficulties and aid	<ul style="list-style-type: none"> <li>- What difficulties have you encountered during the epidemic? Do you think you need any help? <ul style="list-style-type: none"> <li>■ What difficulties have you seen people around you experience due to the epidemic, and what kind of help do you think they needed?</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>- Overall, what is your attitude towards the government's epidemic prevention and control policies? <ul style="list-style-type: none"> <li>■ Do you think there was anything that could be improved? Nucleic acid testing? Health code? Stay-at-home order?</li> <li>■ The state lifted all the policies in December 2022. We no longer wore masks, conducted nucleic acid tests, no longer needed health codes, and were no longer quarantined at home. If you had a choice, would you like to lift earlier, later, or remain the same?</li> </ul> </li> </ul>
Change and conclusion	<p>Thank you very much. Now that the interview is coming to an end, I would like to ask you one last question. If the pandemic had not happened,</p>



	<p>can you imagine how your life would be different from what it is now? Can you tell me the three biggest differences?</p> <p>Thank you very much, that's all I wanted to ask. Is there anything else you'd like to share about this topic? Or do you have any questions for me?</p> <p>Okay, if you have any questions later, please feel free to contact me. If you are interested in my research results, I can also share them with you after the results come out. Do you want to know the follow-up situation? Once again, thank you very much for your cooperation and wish you a happy life!</p>
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