



Order Under Siege: Assessment of Anomie, Authoritarianism, and Psychological Distress in the Context of Political Crisis and Pandemic in Peru

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Abstract: Peru offers a striking case of political instability. Between 2016 and 2021, the country experienced five presidencies, repeated institutional ruptures, and the severe impact of COVID-19. This setting turned social disorder into an everyday experience. The study explores how perceived anomie relates to psychological distress, considering support for strong leaders and right-wing authoritarianism (RWA) as linked processes. Data from 387 adults, collected in late 2020, were analyzed through a serial mediation model with 5,000 resamples. Findings indicate that higher anomie aligns with greater preference for strong leadership, which in turn aligns with stronger authoritarian attitudes. RWA shows a modest inverse relation with distress, producing a small indirect effect. At the same time, anomie maintains a positive and significant direct relation with distress, which reveals that authoritarian orientations soften emotional strain without removing it. These results reflect Peru's political trajectory, marked by weak institutional trust and a history of authoritarian rule. In this context, authoritarian leanings can function as a psychological response to uncertainty. The study broadens research on ideological coping by situating it in a society facing political instability alongside a public health crisis, and highlights the need for mental health strategies that address the social roots of distress.

Keywords: Anomie, Right-wing Authoritarianism, Psychological Distress, Political Crisis, COVID-19, Sequential Mediation.

INTRODUCTION

Peru does not fit within any single category of political modernity. It is neither a consolidated democracy nor an openly authoritarian state; it reflects something more unsettling, a republic where institutional norms have been bent and broken so repeatedly that citizens have grown accustomed to operating in a space shaped by legitimacy and improvisation. Between 2016 and 2021, the country had five presidents. Two congresses were dissolved. A presidential vacancy motion was invoked twice. And in the middle of this sequence of institutional events, a pandemic arrived, one that, by mid-2021, had given Peru the highest per capita COVID-19

mortality rate in the world [1][2]. This convergence, where institutional disorder met biological catastrophe, produced what Émile Durkheim (1951) [3] might have called a laboratory of anomie: a social setting in which the norms and expectations that ordinarily orient collective life collapse across several domains at once. When a president fails to complete his term, when Congress is dissolved by decree, when health systems buckle and oxygen cylinders become currency on informal markets, the perception that shared rules no longer apply is not a subjective distortion; it is an accurate reading of the situation [4][5]. The psychological consequences of living under such conditions have drawn sustained scholarly attention. Research across Latin America and Europe links perceptions of social disorder with heightened psychological distress, particularly through uncertainty intolerance and eroded institutional trust [6][7]. At the same time, a growing body of evidence reveals a counterintuitive pattern: the very conditions that generate distress may also produce a particular form of ideological relief. Individuals who endorse authoritarian values, who prefer strong leaders, who favor discipline and hierarchical order, sometimes report lower levels of psychological distress because those values impose cognitive structure on a chaotic social environment [8][9].

This article places that theoretical question within the Peruvian context. Adapting the sequential mediation framework developed by [10] in Chile and Spain, we examine whether perceived anomie during the COVID-19 emergency relates to psychological distress through two sequential attitudinal mediators: support for strong leaders and RWA. Peru constitutes a compelling case for several reasons. Its political history includes an authoritarian interlude under Alberto Fujimori (1990-2000) that left durable cultural sediments, both authoritarian repertoires and reactive anti-authoritarian identities, which continue to shape political cognition [11][12]. The country's recent political instability created a context in which the appeal of strong leadership reflects a response to observable failures of democratic governance rather than an abstract ideological preference [13][14]. Finally, the pandemic struck Peru with exceptional severity, generating simultaneous health, economic, and institutional crises that strained psychological coping resources across all social strata [15][16].

The study does not treat authoritarianism as a universally adaptive mechanism. Evidence from Spain [10] and from stable Western democracies [17] calls for caution regarding broad generalizations: in settings where institutional trust remains comparatively high and political uncertainty moderate, RWA displays no consistent protective function against psychological distress. The present study asks whether Peru, marked by extreme institutional fragility, enduring authoritarian legacies, and severe pandemic disruption, embodies the conditions under which ideological coping through authoritarianism becomes psychologically operative.

Beyond its theoretical contribution, the study carries practical implications. Mental health systems in Peru remain chronically underfunded and largely concentrated in Lima [18][19]. Understanding the pathways through which social disorder becomes psychological distress, along with the ideological routes individuals follow to manage that distress, is essential for designing interventions that are both psychologically grounded and politically informed. Public mental health programs that overlook the sociopolitical origins of distress will remain structurally incomplete.

THEORETICAL FRAMEWORK

Anomie as a Political and Psychological Condition

The concept of anomie was introduced by Emile Durkheim in his 1897 study of suicide, where he described it as a condition arising when the regulative force of society over individual

passions breaks down [3]. In Durkheim's formulation, anomie was essentially about the weakening of social norms—the loss of the collective framework that tells individuals what to want and how to pursue it. Robert Merton (1938) [20] later reformulated the concept to focus on the structural gap between culturally prescribed goals and the institutionally available means to achieve them, locating the source of anomic strain not in individual psychology but in social structure. Contemporary psychological research has operationalized anomie as a subjective perception: the sense that shared moral standards no longer exist, that leadership has broken down, and that collective action to change society is futile (Teymoori *et al.*, 2016) [4]. The Perception of Anomie Scale (PAS), developed by Teymoori *et al.* (2016) [4], captures two conceptually distinct but empirically correlated dimensions—social fabric disintegration (the collapse of moral norms and interpersonal solidarity) and leadership breakdown (the sense of abandonment by political authorities). In contexts of acute crisis—economic recessions, health emergencies, political upheaval—these perceptions are likely to surge simultaneously, amplifying each other in ways that ordinary stable-state conditions do not produce [5][21].

In Peru, the conditions for maximal anomic perception were in place well before COVID-19 arrived. The successive presidential crises between 2016 and 2021 left institutional authority deeply discredited. Trust in political parties in Peru consistently ranks among the lowest in Latin America, with Latinobarometro surveys repeatedly placing Peru at or near the bottom of the regional distribution for institutional confidence [22]. When the pandemic accelerated the collapse of the health system—scenes of patients dying outside hospitals, families searching for oxygen on black markets—the perception that neither moral norms nor political leadership could be relied upon acquired a visceral immediacy that abstract survey measures can only partially capture.

Authoritarian Attitudes as Psychological Anchors

Right-wing authoritarianism (RWA), as formalized by Altemeyer (1996) [23], comprises three attitudinal clusters: authoritarian submission (deference to established authority figures), authoritarian aggression (hostility toward those who deviate from conventional norms), and conventionalism (strong adherence to traditional social standards). Across decades of research, RWA has been consistently associated with intolerance, prejudice, and anti-democratic dispositions (Duckitt & Sibley, 2017 [24], Feldman, 2003) [25]. Yet a separate and more recent line of inquiry suggests that these same authoritarian attitudes can perform a psychological regulatory function under conditions of threat and uncertainty.

Van Hiel and De Clercq (2009) [8] demonstrated in a Belgian sample that higher RWA was associated with lower psychological distress when individuals faced stressful life events, interpreting this pattern as evidence that authoritarian beliefs simplify social reality in ways that reduce emotional strain. Womick *et al.* (2019) [9] showed that exposure to authoritarian framing increased perceived meaning in life, independent of positive affect—suggesting that the appeal of authoritarianism is not primarily hedonic but existential: it provides a sense of order and purpose in a world that feels chaotic. Ku *et al.* (2023) [26] extended this line by showing that authoritarian beliefs predicted life satisfaction among individuals grappling with existential concerns, while Hou *et al.* (2024) [27] documented positive associations between RWA and subjective well-being in China, particularly in institutional environments that reinforce hierarchical cultural values.

The mechanism proposed by this literature is essentially cognitive: authoritarian worldviews reduce the perceived complexity of the social environment by providing clear moral categories (us/them, order/chaos, legitimate/deviant), reducing the need for effortful uncertainty

processing, and offering a sense of predictability that functions as an emotional buffer [28][29]. From the perspective of Hobfoll's (2001) [30] Conservation of Resources theory, authoritarian ideologies may function as 'cognitive resources' that individuals deploy when other resources—material security, institutional trust, interpersonal solidarity—are depleted by crisis conditions.

In Peru, the Fujimorist legacy complicates this picture in important ways. Fujimorismo was not merely an authoritarian political movement; it was a mobilizing project that promised to restore order to a country destabilized by hyperinflation, terrorism, and state dysfunction [11]. The Shining Path insurgency had created conditions of extreme social disorder during the 1980s and early 1990s, and Fujimori's authoritarian turn was widely perceived—at least initially—as an effective response to that disorder. This historical memory has left an imprint on the political culture: authoritarianism in Peru carries an experiential association with the restoration of order from chaos that may make authoritarian attitudes particularly salient as coping resources during subsequent episodes of social disruption [12][14].

Support for Strong Leaders as an Attitudinal Bridge

Support for strong leaders—defined as the endorsement of centralized, unilateral political authority over deliberative and institutionally constrained governance—is conceptually related to but distinct from RWA. Where RWA captures a broader ideological orientation toward conformity, submission, and traditional values, the preference for strong leaders focuses more specifically on beliefs about the appropriate distribution of political power. Individuals may prefer strong leaders for reasons that are primarily pragmatic (they believe strong leadership is more effective in crises) or primarily ideological (they believe authority should be concentrated) or primarily affective (strong leaders reduce the anxiety associated with collective uncertainty).

Empirical research on crisis contexts consistently shows that perceived threat increases support for strong, decisive leadership at the expense of democratic deliberation [31][32]. Bor *et al.* (2023) [33] documented that the COVID-19 pandemic eroded systemic institutional support even as it maintained social solidarity—suggesting that citizens recalibrate their political preferences toward concentrated authority when collective problems appear to exceed the capacity of institutional mechanisms to address them. In Peru, where institutional mechanisms had demonstrably failed across multiple crisis episodes, this preference was likely to be particularly pronounced.

The Dual Process Motivational Model proposed by Duckitt and Sibley (2010, 2017) [34][24] provides a theoretical scaffolding for the sequential pathway examined in this study. According to this model, perceived threat to social order activates a danger-control motivation that leads individuals first to seek protective authority (strong-leader preference) and subsequently to endorse the broader ideological package that legitimizes concentrated power (RWA). The sequential nature of this process—from specific leadership preference to more general authoritarian ideology—is what the mediation model in this study aims to capture in the Peruvian context.

Psychological Distress in Crisis Contexts

Psychological distress, as operationalized by the General Health Questionnaire [35], refers to a symptom-based construct that captures anxiety, depressed mood, and social dysfunction. It is distinct from well-being: the absence of distress symptoms does not imply positive well-being, but elevated distress signals clinically meaningful emotional impairment. In Peruvian

studies conducted during the COVID-19 pandemic, prevalence rates of anxiety and depressive symptoms ranged from 30% to 56% depending on the population and measurement instrument [36][37][38].

The pathways from social crisis to individual distress are multiple and interactive. Economic uncertainty reduces material security and amplifies existential anxiety [39]. Institutional distrust creates the sense that protective social structures have failed, undermining the psychological sense of safety that normally derives from belonging to a functioning collective [19]. Political chaos introduces chronic cognitive uncertainty—the inability to form stable expectations about the near future—which is a well-documented predictor of anxiety and emotional dysregulation [7]. And the pandemic superimposed health threat, bereavement, and economic loss on top of an already fragile institutional landscape.

STUDY CONTEXT, OBJECTIVES AND HYPOTHESES

The primary objective of this study is to test a sequential mediation model in which perceived anomie predicts psychological distress through the successive attitudinal mediators of strong-leader preference and RWA. A secondary objective is to examine whether the Peruvian pattern of associations aligns with, diverges from, or extends the patterns documented by Włodarczyk *et al.* (2026) [10] in Chile and Spain—two countries that also experienced notable social unrest during the COVID-19 period but with distinct political histories and institutional configurations.

The theoretical positioning of Peru within this comparative frame is as follows. Like Chile, Peru experienced acute social unrest and heightened institutional distrust in the years immediately preceding and during the pandemic. But while Chile's unrest took the form of a mass social uprising demanding structural reform (the 2019 Estallido Social), Peru's political crisis was primarily elite-level—a conflict between presidents and congresses that unfolded through institutional channels even as it generated pervasive popular disillusionment. This difference matters for predicting the psychological function of authoritarian attitudes: in Chile, the Estallido created affective solidarity dynamics and collective emotional mobilization [40] that may have provided non-authoritarian coping resources. In Peru, the predominantly elite-level character of the political crisis, combined with weak civil society and fragmented social movements, may have left individuals more reliant on ideological resources—including authoritarian ones—for managing political anxiety.

On this basis, the study advances the following hypotheses:

H1: Perceived anomie will be positively associated with support for strong leaders. Citizens who perceive a higher degree of social disorder and normative breakdown will be more inclined to endorse political figures who promise to restore order through concentrated, decisive authority [5][31].

H2: Support for strong leaders will be positively associated with RWA. Preferences for strong, centralized leadership provide the attitudinal entry point through which individuals move toward broader authoritarian ideological commitments [23][24].

H3: RWA will be negatively associated with psychological distress. In the context of extreme institutional instability and pandemic-era threat, authoritarian attitudes may function as cognitive anchors that reduce emotional strain by providing moral clarity, perceived order, and a framework for understanding social events [8][26][27].

H4: Perceived anomie will have a sequential indirect effect on psychological distress through strong-leader preference and RWA. The full ideological coping pathway—from perceived social disorder through authoritarian attitudinal elaboration to reduced distress—will be statistically detectable in the Peruvian sample.

H5: Given Peru’s historical authoritarian legacies, exceptionally fragile institutional landscape, and the extreme severity of its COVID-19 experience, the indirect pathway through RWA is expected to be more pronounced in Peru than the patterns documented in Spain, and comparable to or stronger than those observed in Chile.

METHODOLOGY

Design

This study employs a cross-sectional survey design with a sequential mediation analytic framework. Data were collected at a single time point during the COVID-19 emergency in Peru, which introduces inherent limitations for causal inference. All associations are interpreted as directional relationships consistent with the theoretical model, not as evidence of causation. The mediation model was pre-specified based on the theoretical framework articulated above and is estimated using bias-corrected bootstrap confidence intervals to circumvent the non-normality of indirect effect distributions.

Participants

The final sample comprised 387 adult residents of Peru ($M = 34.7$ years, $SD = 11.8$; 54.3% women; 71.2% residing in Lima or other major urban centers). Participants were recruited through non-probabilistic convenience sampling via social media platforms (primarily Facebook and WhatsApp) and snowball referral, consistent with procedures used in comparable studies conducted during the pandemic period (Włodarczyk *et al.*, 2026, Caycho-Rodriguez *et al.*, 2021) Eligibility criteria were: being 18 years or older and residing in Peruvian territory at the time of data collection. Data collection occurred between October and December 2020—a period that corresponded to Peru’s second COVID-19 wave, during which daily fatalities reached their highest recorded levels and the government reimposed strict movement restrictions [41]. The educational profile of the sample skewed toward higher education (67.4% had completed some form of tertiary education), which is a known limitation of convenience sampling via digital platforms in middle-income countries. This restriction implies that the results should not be generalized to the full Peruvian adult population, and may underestimate the strength of associations in segments of the population with lower institutional trust and higher material vulnerability.

Measures

Perceived Anomie: Anomie was assessed using four items adapted from the Perception of Anomie Scale (PAS) developed by Teymoori *et al.* (2016) [4]. Two items tap social fabric disintegration (e.g., ‘People think that there are no clear moral standards to follow’; ‘People only think of themselves and do not help those in need’) and two items tap leadership breakdown (e.g., ‘At present, people in my country feel abandoned’; ‘People in my country feel there is not much they can do to bring about major changes in society’). Although the PAS is conceptually dual-faceted, a single summary index was modeled here given the abbreviated item set and the study aims. Items were rated on a 7-point Likert scale (1 = Strongly disagree; 7 = Strongly agree). In the Peruvian sample, internal consistency was acceptable ($\alpha = 0.69$, $\omega = 0.71$). Higher scores reflect greater perceived anomie.

Support for Strong Leadership: Strong-leader preference was assessed with three items reflecting endorsement of centralized, decisive authority in crisis conditions, drawing on formulations used by Neerdaels *et al.* (2024) [5] and adapted for the Peruvian political context (e.g., ‘Our country needs a strong leader right now’; ‘We need a strong leader for this society to survive’; ‘We need strong leadership to overcome society’s difficulties’). Items used the same 7-point Likert format. Internal consistency was excellent ($\alpha = 0.94$, $\omega = 0.95$).

Right-Wing Authoritarianism (RWA): RWA was measured using a two-item abbreviated version of the Very Short Authoritarianism Scale [42], as adapted by Saunders and Ngo (2017) [43] and used in multi-country pandemic research by Pizarro *et al.* (2024) [44]. Items tap submission-to-authority and conventionalism components (e.g., ‘What our country needs most is discipline, with everyone following our leaders in unity’; ‘Our society needs a tougher government and stricter laws’). Responses were on the same 7-point scale. Inter-item correlation was 0.61 (Spearman-Brown $\alpha = 0.76$), consistent with other abbreviated applications of this measure.

Psychological Distress (GHQ-6): Psychological distress was assessed with six items drawn from the General Health Questionnaire (GHQ-12; Goldberg & Williams, 1988) [35], using Spanish wordings validated in Peruvian and Ibero-American populations [45][46]. Items tap anxiety (e.g., ‘Have you recently felt constantly under strain?’), depressed mood (e.g., ‘Have you recently been feeling unhappy or depressed?’), and social functioning (e.g., ‘Have you recently been able to concentrate on whatever you’re doing?’). Standard GHQ 0-3 scoring was applied, and a mean index was computed. Reverse-coded items were recoded so that higher scores indicate greater distress. Internal consistency was good ($\alpha = .80$, $\omega = .82$). Consistent with psychometric guidance, distress is treated as a symptom-based construct distinct from well-being.

Procedure

An online questionnaire administered via Google Forms was distributed during October-December 2020. The survey required approximately 25-30 minutes to complete. All participants provided electronic informed consent prior to participation. Confidentiality and anonymity were guaranteed. The study protocol was approved by the Ethics Committee of [University Name], Lima, Peru (Approval Ref: XXXX/2020). Data collection procedures complied with the Declaration of Helsinki (2013, revised).

Data Analysis

Descriptive statistics and bivariate correlations were computed for all study variables. The sequential mediation model was estimated using the PROCESS macro version 4.1 (Model 6; Hayes, 2022) in IBM SPSS Statistics version 28, with 5,000 bias-corrected bootstrap resamples for indirect effect confidence intervals. The model examined whether perceived anomie predicted psychological distress through two sequential mediators: (1) support for strong leadership and (2) RWA. An indirect effect was considered statistically meaningful when its 95% bootstrap confidence interval excluded zero. Post-hoc sensitivity analyses were conducted to assess statistical power for the serial indirect effects (see Supplement S-Power). Completely standardized indirect effects (β_{cs}) are reported to facilitate comparison with the Chile and Spain estimates reported by Włodarczyk *et al.* (2026) [10].

RESULTS AND ANALYSIS

Descriptive Statistics and Bivariate Correlations

Table 1 presents descriptive statistics for all study variables. Peruvian participants reported elevated levels of perceived anomie ($M = 5.12$, $SD = 1.19$)—substantially higher than the Chile

($M = 4.74$) and Spain ($M = 4.55$) samples from Wlodarczyk *et al.* (2026)—consistent with Peru’s more acute political and institutional crisis during the data collection window. Support for strong leadership was also high ($M = 5.48$, $SD = 1.51$), and RWA showed a moderate mean ($M = 4.39$, $SD = 1.72$). Psychological distress mean ($M = 1.51$, $SD = 0.55$) was somewhat elevated relative to the Chilean ($M = 1.44$) and Spanish ($M = 1.37$) comparison samples.

Table 1: Descriptive Statistics and Internal Consistency (Peruvian Sample; $N = 387$).

| Variable | N | Range | M (SD) | α | ω | Min | Max | Skewness |
|-------------------------|-----|-------|----------------|----------|----------|------|------|----------|
| Perceived Anomie | 387 | 1–7 | 5.12 (1.19) | 0.69 | 0.71 | 1.25 | 7.00 | -0.41 |
| Strong Leadership | 387 | 1–7 | 5.48 (1.51) | 0.94 | 0.95 | 1.00 | 7.00 | -0.72 |
| RWA | 387 | 1–7 | 4.39 (1.72) | 0.76 | – | 1.00 | 7.00 | 0.03 |
| GHQ-6 (Psych. Distress) | 387 | 0–3 | 1.51 (0.55) | 0.80 | 0.82 | 0.00 | 3.00 | 0.27 |

Note: $M =$ mean; $SD =$ standard deviation; $\alpha =$ Cronbach’s alpha; $\omega =$ McDonald’s omega computed from polychoric correlations. For the RWA 2-item scale, ω is not separately reported; Spearman-Brown coefficient = 0.76.

Table 2 presents bivariate correlations. Perceived anomie showed a strong positive correlation with strong-leader preference ($r = .52$, $p < .001$)—notably higher than the correlations reported for Chile ($r = .47$) and Spain ($r = .26$)—consistent with the hypothesis that Peru’s acute institutional crisis amplified the link between perceived social disorder and authoritarian leadership preferences. Strong-leader preference was strongly correlated with RWA ($r = .56$, $p < .001$). RWA showed a significant negative correlation with psychological distress ($r = -.17$, $p < .01$), and anomie was positively correlated with distress ($r = .27$, $p < .001$).

Table 2: Bivariate Correlations Among Study Variables (Peruvian Sample; $N = 387$).

| Variable | 1. Anomie | 2. Strong Leadership | 3. RWA | 4. GHQ Distress |
|----------------------------------|-----------|----------------------|---------|-----------------|
| 1. Perceived Anomie | – | 0.52*** | 0.29*** | 0.27*** |
| 2. Support for Strong Leadership | | – | 0.56*** | -0.02 |
| 3. RWA | | | – | -0.17** |
| 4. Psychological Distress (GHQ) | | | | – |

Note: Pearson two-tailed correlations. ** $p < 0.01$, *** $p < 0.001$.

Sequential Mediation Analysis

The sequential mediation model was estimated with anomie as the predictor, strong-leader preference as M1, RWA as M2, and psychological distress as the outcome. Table 3 presents direct and indirect effect estimates. The path from anomie to strong-leader preference was positive and strong ($b = 0.668$, $SE = 0.071$, $p < 0.001$, $\beta = 0.523$), indicating that individuals perceiving higher social disorder were substantially more inclined to endorse centralized, decisive leadership. The path from strong-leader preference to RWA was also positive and significant ($b = 0.541$, $SE = 0.061$, $p < .001$, $\beta = 0.512$), confirming that strong-leader endorsement feeds into broader authoritarian ideological commitments. The direct path from

anomie to RWA, with strong-leader preference in the model, was not significant ($b = 0.071$, $SE = 0.088$, $p = 0.421$), which is consistent with strong-leader preference fully mediating the anomie-RWA association.

Table 3: Direct and Indirect Effects in the Sequential Mediation Model (Peruvian Sample).

| Pathway / Effect | b | SE | p / 95% CI |
|--|--------|-------|-------------------|
| PANEL A: Direct Effects | | | |
| Anomie → Strong Leadership | 0.668 | 0.071 | $p < .001$ |
| Strong Leadership → RWA | 0.541 | 0.061 | $p < .001$ |
| Anomie → RWA (direct) | 0.071 | 0.088 | $p = .421$ |
| RWA → Psychological Distress | -0.056 | 0.022 | $p = .011$ |
| Anomie → Distress (direct) | 0.082 | 0.028 | $p = .004$ |
| PANEL B: Indirect Effects (beta_cs, 5,000 bootstrap, 95% CI) | | | |
| Total indirect | -0.022 | 0.028 | [-0.081, 0.033] |
| Ind1: Anomie → Strong Leadership → Distress | 0.019 | 0.027 | [-0.034, 0.074] |
| Ind2: Anomie → RWA → Distress | -0.006 | 0.010 | [-0.028, 0.013] |
| Ind3: Anomie → Strong Leadership → RWA → Distress (Serial) | -0.041 | 0.017 | [-0.078, -0.009]* |

Note: PROCESS v4.1 (Model 6); 5,000 bias-corrected bootstrap resamples; 95% CIs. Panel A shows unstandardized coefficients (b) and p values from OLS regression. Panel B shows completely standardized indirect effects (beta_cs) with bootstrap standard errors and 95% CIs. *CI excludes zero (statistically meaningful indirect effect). $N = 387$.

The path from RWA to psychological distress was negative and significant ($b = -0.056$, $SE = 0.022$, $p = .011$, $\beta = -0.175$), indicating that individuals with stronger authoritarian attitudes reported lower distress. The direct effect of anomie on distress, with both mediators in the model, remained positive and significant ($b = 0.082$, $SE = 0.028$, $p = .004$, $\beta = 0.178$), indicating that anomie contributed to distress through pathways independent of the authoritarian coping pathway. The serial indirect effect through strong-leader preference and RWA was negative and statistically meaningful (beta_cs = -0.041, SE_boot = 0.017, 95% CI [-0.078, -0.009]), supporting H4. This effect was larger in magnitude than the corresponding estimate for Chile (beta_cs = -0.038; [10]) and substantially larger than the near-zero estimates for Spain (beta_cs = 0.004; [10], consistent with H5. Effects were small in absolute terms and are interpreted cautiously given the cross-sectional design.

DISCUSSION

Authoritarian Coping in a Fragmented Republic

The results trace a coherent attitudinal chain: the perception of social disorder intensifies the desire for strong, decisive leadership, which in turn amplifies authoritarian ideological commitments, which in turn attenuate—modestly but measurably—the psychological toll of living through collective crisis. This sequential pattern, documented in Chile by Włodarczyk *et al.* (2026) [10], replicates in Peru with similar direction and comparable magnitude, suggesting that the psychological mechanism through which anomie feeds into authoritarian coping is not idiosyncratic to any single national context but reflects a more general feature of how human minds respond to social disintegration.

What Peru adds to this picture is scale and specificity. The anomie scores in the Peruvian sample exceeded those recorded in Chile and Spain, consistent with the objective indicators of Peru's political and institutional crisis during the data collection period. Five presidencies in five years, two congressional dissolutions, and the highest per-capita pandemic mortality in the world are not statistical abstractions—they are the lived texture of a society in which normal institutional expectations have become unreliable as guides to behavior. That Peruvians in this context showed both elevated anomie and a stronger anomie-to-leadership pathway than their counterparts in Spain is theoretically coherent: the strength of the desire for strong leadership tracks the severity of the perceived disorder that motivates it.

The negative association between RWA and psychological distress observed in Peru—small (beta = -0.175) but statistically meaningful—is consistent with the buffering thesis advanced by Van Hiel and De Clercq (2009) [8] and elaborated by Womick *et al.* (2019) [9] and Ku *et al.* (2023) [26]. Authoritarian beliefs appear to provide cognitive scaffolding in disordered environments: they reduce the need to process the complexity and uncertainty of the social world by offering a simplified moral topology (order is good, chaos is bad; authority is legitimate, deviation is deviant). This cognitive economy may directly translate into lower anxiety and emotional strain. The pattern resonates with Hobfoll's (2001) [30] Conservation of Resources framework: when material and institutional resources are depleted—as they were in Peru during this period—individuals substitute ideological resources for them.

The Fujimorist Shadow and the Politics of Memory

Interpreting these results requires attending to Peru's authoritarian political memory. The Fujimori era (1990-2000) established a template that subsequent Peruvian political actors—from the right and the center—have repeatedly invoked: the strong leader who cuts through institutional gridlock, defeats enemies of order, and delivers pragmatic results at the cost of procedural democracy. Fujimorismo as a political movement has maintained significant electoral viability into the 2020s [11][12], and surveys consistently show that a substantial segment of the Peruvian electorate evaluates the Fujimori decade positively, particularly on criteria of economic stability and security.

This political memory matters for understanding RWA's psychological function. In societies where authoritarianism is associated with chaos reduction—where the strong-leader template is linked in collective memory with the restoration of order from extreme social disruption—authoritarian attitudes may carry a stronger subjective sense of efficacy. When an individual endorses the belief that discipline and unified authority are what the country needs, they are not merely stating an abstract preference; they are drawing on a historically grounded narrative of crisis resolution. This narrative resource may be precisely what makes RWA psychologically operative as a distress buffer in Peru in ways that a more historically decontextualized authoritarianism cannot be.

Spain's contrasting result—where RWA showed no significant buffering effect on distress—is intelligible against this background. Spain's authoritarian legacy (Francoism) carries a predominantly negative valence in the contemporary political culture: authoritarianism is associated not with order restoration but with repression, civil war, and the long shadow of dictatorship [47][48]. This ambivalent emotional charge may neutralize the psychological efficacy of authoritarian attitudes as coping resources. In Peru, where the Fujimori era is more ambivalently remembered and where its association with order restoration remains politically potent, the authoritarian template retains an emotional currency that may make it more effective as a buffer.

Direct Distress and the Limits of Ideological Coping

While the serial indirect pathway through strong-leader preference and RWA was statistically meaningful, it was small in magnitude and did not eliminate the direct positive association between anomie and distress ($b = 0.082, p = .004$). This is theoretically important. Authoritarian coping attenuates but does not neutralize the psychological costs of extreme social disorder. For many individuals—perhaps those whose authoritarian coping resources are weaker, or whose material circumstances are most severely affected by the crisis—the direct pathway from perceived social breakdown to emotional impairment operates powerfully and independently of any ideological buffers.

This observation has implications for how the buffering thesis should be qualified. The literature on RWA and well-being sometimes reads as though authoritarian attitudes provide broad psychological protection—but the present results, like those of Włodarczyk *et al.* (2026) [10] for Chile, suggest a more circumscribed picture. Authoritarian coping is one pathway, available primarily to those who are ideologically predisposed to activate it, and even then it provides only partial relief. The direct impact of anomie on distress is real, substantial, and not mediated away by authoritarian attitudes. A comprehensive account of mental health in crisis contexts must address this residual direct effect—which likely includes pathways through economic insecurity, bereavement, health anxiety, and the loss of meaningful social routines.

Implications for Mental Health Policy in Peru

Peru's mental health infrastructure is severely underdeveloped relative to the magnitude of need. The country has approximately 0.4 psychiatrists per 100,000 inhabitants—far below the regional average—and mental health services are heavily concentrated in Lima, leaving the majority of the country with minimal access to professional care [18][19]. The COVID-19 pandemic did not create Peru's mental health crisis; it exposed and amplified one that was already structural.

The present findings carry several policy-relevant observations. First, the scale of perceived anomie in the Peruvian population during the pandemic—substantially higher than in comparison countries—implies that mental health needs generated by perceived social disorder are correspondingly large. Interventions focused exclusively on individual psychological symptoms, without addressing the social and institutional conditions that generate those symptoms, are likely to produce limited and fragile improvements.

Second, the fact that authoritarian attitudes functioned as partial distress buffers suggests that the ideological demand for strong, centralized political authority is not purely a reflection of anti-democratic values—it is partly a mental health phenomenon. Citizens who endorse authoritarian leadership preferences during crisis periods may be doing so in part because those preferences provide psychological relief. Mental health policies that address the roots of perceived social disorder—institutional trust, effective crisis management, transparent communication—may indirectly reduce the psychological conditions that make authoritarian coping appealing.

Third, community-based mental health interventions that build social solidarity, enhance perceived collective efficacy, and restore a sense of normative order may address the anomie-distress pathway more directly than individual therapeutic approaches. Programs that invest in community organization, civic participation, and local institutional trust building may provide non-authoritarian sources of the cognitive structure and predictability that authoritarian attitudes otherwise supply.

Limitations and Future Directions

Several limitations constrain the interpretive reach of these results. The cross-sectional design precludes causal inference: the sequential pathway from anomie through strong-leader preference and RWA to distress is theoretically plausible and statistically consistent with the model, but prospective longitudinal designs are needed to establish temporal precedence. The convenience sample, recruited primarily through digital platforms, overrepresents urban, educated, and digitally connected segments of the Peruvian population. The associations documented here may differ in magnitude or direction in rural, indigenous, or lower-income populations, which were disproportionately affected by both the pandemic and the institutional crisis.

The abbreviated measurement instruments—particularly the 4-item anomie scale and the 2-item RWA measure—introduce measurement error that may attenuate observed associations. Future research with full-length versions of these scales would provide more precise estimates. The absence of left-wing authoritarianism (LWA) measurement is also a limitation: given Peru's significant leftist political movements and the election of Pedro Castillo in 2021, LWA may represent an equally important ideological coping resource for segments of the population not captured by RWA measures (Costello *et al.*, 2022) [49].

Additionally, the study did not include variables that could further specify the conditions under which authoritarian coping is activated—including perceived personal threat, intolerance of uncertainty, political identification, and prior exposure to political violence. The inclusion of these variables in future multivariate models would clarify the boundary conditions of the buffering pathway. Longitudinal designs tracing anomie perceptions and authoritarian attitudes across the arc of the political crisis—from the pandemic peak through the 2021 elections and the Castillo presidency—would be particularly valuable for understanding how ideological coping evolves as crises unfold.

CONCLUSION

Peru between 2020 and 2021 was, by almost any metric, a society under siege—by a pandemic that killed at record rates, by a political system that cycled through governments with dizzying velocity, and by the accumulated weight of institutional distrust that these failures generated. This study has mapped one psychological consequence of that siege: the way in which perceived social disorder propagated through attitudinal pathways—through the desire for strong leadership, through the consolidation of authoritarian ideological commitments—to produce, paradoxically, a modest but real attenuation of emotional distress. The attenuation is real (but so is the distress that it only partially contains). Anomie predicts psychological distress directly and powerfully in the Peruvian context, and authoritarian coping intercepts only a fraction of that pathway. The implication is that Peru's mental health burden during the crisis period was not merely a function of individual psychological vulnerabilities—it was a population-level consequence of the collapse of the social and institutional fabric that ordinarily constitutes the affective infrastructure of everyday life. Restoring that infrastructure—rebuilding institutional trust, reducing political volatility, investing in effective crisis governance—is not merely a political agenda. It is a mental health agenda. The data make that connection visible: when the Republic fails to function as a republic, its citizens carry the emotional weight of that failure in their bodies and minds. Understanding the full pathway of that transfer—from political disorder through ideology to individual psychological states—is a precondition for addressing it.

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