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The Curious, Fascinating Psychology of Mask Wearing: *PART II -- Ten Ideas About Mask Acceptance Versus Mask Rejection*

From necessary to avoided, from plain to stylish, masks are a new way of life. We delve into ten ideas in the psychology behind the choice to wear or not to wear masks.

September, 2020

From observations, conversations with people who are wearing or avoiding masks, and a review of research findings, Part II of this article looks at the ten most common factors behind *Mask Acceptance* or *Mask Rejection*.

Controlling COVID

To control this novel corona virus, a very high percentage of people must wear masks, everyone must wash hands frequently, everyone should try to avoid touching the face and eyes, we keep a six-foot distance from those not in the immediate close family, we minimize travel, and those who are ill or exposed self-quarantine. Simple.

Simple in concept. So challenging in practice that the US is stunningly and dreadfully at risk.

The strategy works best if almost everyone finds medical authorities



credible, which many do not, if national leadership models the behavior, which they do not, if everyone has equal and high-quality information, which they do not.

Ten Hypotheses About Mask Acceptance or Mask Rejection

1. Listening to, Ignoring, or Rejecting the Experts

The virologists now promote mask wearing as among the most important strategies to defeat the coronavirus. **The responsibility we have is to all of us – to avoid putting others in jeopardy.**

Most of us have the rudiments of scientific thinking or place trust in doctors and scientists. When we hear we should stay away from gatherings, physically distance, wear a mask, keep hands clean, and don't touch the face, we find all those measures reasonable. We await the next discoveries. We fit new knowledge into a framework that is fundamentally trusting of scientific authority. It has the quality of *rightness*.

Ignore or Discount the Facts. But there are many who think science is just another kind of belief system, similar to a faith, a belief system or opinion. For them, it may lack that sense of *rightness*.

Then there are the people who think "I know better" than the experts. That is another way of devolving experts and scientists into nothing more than people with an alternative opinion.

That makes following Dr. Anthony Fauci or other medical opinion optional – they are just expressing their opinions. If a doctor changes a position on masks, the *mask-refuser* may see it as merely a change in opinion, not a statement of research findings.

That person may not see a governor's mask order as a prohibition, but as optional. It becomes a choice or mere recommendation.



2. Autonomy Versus Data, Freedom Versus Authority.

Authority. So, in addition to rejecting experts by discounting their ideas or authority, another group of people is attracted to the argument that being told to wear a mask means that their

rights are being limited and their autonomy crimped by government. We hear them appeal to their rights or complain of “government over-reach.”

According to recent research, these same people seem to have a reduced sense of the concept of the common good. They may put their rights in a higher priority than their medical safety or the safety of others.

We have seen videos of some of these people vehemently defending their right not to be told what to do. Yet, these same people obey signs reading “No shirt, no service,” drive on the correct side of the yellow line, wear seat belts, do not shout “Fire” in a theater, and so on. Something about this pandemic situation brings out a kind of duplicity about the social contract. Here are six explanations I have heard from others whom I have asked “Why do people reject masks?”

- Is it a matter of the illusion of control in a world that feels unstable?
- Is it a matter of perceived invincibility?
- Is it a matter of moral superiority that makes one extraordinary? Arrogance?
- Is it a matter of perceiving COVID19 as a hoax?
- Is it a matter of sociopathic leanings?
- Is it a matter of seeing the President downplay and criticize masks so that their own cognitive biases are supported at the top?

3. Misunderstanding How Science Works

Unlike religion or certitude, science is not a set of dogmas, an alternative theology, or a simple faith or assurance about how all things natural function. People inclined to view the world from a filter of the need for certainty may misconstrue the core of science. If they think of it as religion versus science, that means data is going to be rejected or discounted in favor of belief.

First, science is not a dogma but rather *a method of getting to the truth*. It is self-correcting. Neither of those facts fits well into the mindset of those who see the world through a different filter.

Second, science is an accumulation of proven factual knowledge. Science is also the method for proving or disproving hypotheses. So, new studies can improve methodology and that can lead to better studies that overturn previous understandings. People who do not understand the scientific process may expect science to be like belief systems – promoting an assertion as a proven belief. That merely depreciates the power of science. Scientific findings are subject to improvement.

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Science is not opinion. So, scientists can say the data in March does not support masks, but a month later can state masks are essential. That is the result the accumulation of observations, statistics, and studies.

Sometimes scientists have limited data and take educated guesses from what they do know. That gives the misimpression science and medical authority is arbitrary. We had to do that early on in the COVID-19 pandemic. But as data accumulated, those guesses and extrapolations became more "scientific" and less about educated guesses.

4. How We Respond to Threat

COVID-19 is a virtually invisible bit of protein that can be left on surfaces or broadcast from someone's mouth into the air on aerosol droplets. While most people who have the infection have symptoms and then recover, a smaller percentage need hospital treatment. At first, it looked as though 3-5% would die. Now it appears the death rate is falling towards 1%.

We now know children do get sick and even may be virus-spreaders.

Statements of Threat. Since March, I have been providing all mental health care by video conference. I have a few clients who lack the necessary privacy or technology for telehealth. I decided to see a few clients in my office with a distance about nine feet and masks. I disinfected the office down to the computer mouse and keyboard. Most of my friends saw that spending 50 minutes in the company of another person as a threatening situation.

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I went into a restaurant where tables were widely spaced. A friend pointed out articles about the quality of ventilation systems in restaurants. The message is that this is frightening and

threatening virus. Taking any avoidable risks makes no sense.

So, we ask ourselves how we will evaluate the threat of illness.

- Do we think about it as likely to be mild? Or do we concentrate on how it may be deadly?
- Do we see ourselves as robust and unlikely to get very ill? Or do we see ourselves as vulnerable?
- Do we perceive ourselves as having serious risk factors – age, diabetes, immune-compromising drugs, asthma, over-weight – or do we think we are survivors who are not all that much at risk?
- Do we think about our own well-being? Or do we think about the welfare of our close inner social circle?



We live in a world of ambiguity and anxiety. So how shall we appraise risk? For some of us, CONTROL means thinking of COVID as only a small threat. For others, control means thinking of it as a serious threat that must be avoided. Either pole of this continuum feels like control over threat to those inclined to think one way versus the other.

In either case, we are motivated towards feeling safe. When we feel threatened, we focus on survival. The phenomenon of *hot cognition* means we appraise a situation that is threatening or risky in a way that leads to emotion-driven thinking. We

can see the *mask rejecter* could be saying ‘I just don’t think this will be that serious or dangerous to me’ and the *mask accepter* as saying ‘This is so dangerous to me and my closest family and friends that I have to be vigilant.’

5. Cultural and Social Influencers

For all of our value placed on autonomy and self-reliance, we are social beings evolved to live in families, tribes, groups, cultures, and a body politic. We are subject to *social influence* by *role models*, people we respect, and our closest associates. If leaders wear masks and promote *mask acceptance*, we are more likely to wear them. If leaders depreciate masks, some of us are less

inclined to wear them. Pressure and modeling from within our social group tends to be a powerful influence one way or the other.

Numerous studies of *social conformity* show that if we take a view contrary to most others, we are more likely to do that openly when we find just one or two others who support that alternative view. So, it only takes one or two others not wearing a mask to give someone the support to reject mask-wearing openly. Note that about 20-30% of us will usually stick to our own ideas, but that means about 2 in 3 of us are more subject to what we call *field dependence*, that is, taking our cues from the social context and the behavior of others. We tend to value a *nudge* one way or the other in order to decide upon our own behavior.

So, when the President rarely wears a mask, criticizes his opponent as soft for wearing one, issues only a pallid statement in favor of them, and associates them with having an image as weak, then his actions model *mask-rejection* or gives leeway to some to express *mask ambivalence* more openly. It emboldens others to the argument that they have some kind of right to be mask rejecting, a right that needs to be asserted.

Do we think about the welfare of our close inner social circle?

In this group, we also find those who persist in conspiracy theories that COVID is some kind of hoax or was developed by some group as a kind of biological weapon.

We see some on the more *mask rejecting* end of the spectrum in the news displaying hostility, defending their “rights” to be unmasked even in private business where the management can set their own policy. We see some believing their rights are under threat. Most of these positions appear to be inspired by political messaging.

6. Job and Family Situations



Essential workers and workers with high levels of interaction with the public seem to be wearing masks. I see them in the supermarket, in retail stores, in restaurants. Black and Latinx workers appear to be more likely to engage in “essential work” or to be more at risk of worse medical outcomes. The reasons for those outcomes include less access to health care, and, related to that, more chronic illnesses. Working in jobs that require close proximity to others and where social distancing is

difficult means more exposure. Think about how many meat-packing plants and nursing homes became centers of virus transmission. Lower income jobs may not provide sick leave. Some people live with one or more people who have higher risk for hospitalization or death from COVID – people with diabetes, obesity, hypertension, asthma, medications that lower resistance. We would expect these populations of workers or those with existing vulnerabilities in self or family members to be more likely to wear masks. In the mall yesterday, wait staff and retail staff were close to 100% masked.

7. Discomfort with Masks

As the Science Guy, Bill Nye said, wear your mask so you don't give COVID to me or to others.

Let's face it, masks may be uncomfortable or hot. Most of us *habituate* to having a mask on. That means we stop paying attention to it. We find a small group composed of people with breathing problems or a history of trauma who find mask almost too uncomfortable. For the sake of these folks and the ill or vulnerable, and not just for their own welfare, *mask accepters* are likely to wear them

conscientiously. After all, as the Science Guy, Bill Nye said, wear your mask so you don't give COVID to me or to others.

8. Leadership and National Messaging

Countries that adopted a national strategy to follow COVID protection behaviors and prevent large gatherings, such as Canada, New Zealand, South Korea, and many others, have gotten control over COVID. We see those countries having national policies and national messaging in favor of COVID precautions. US leadership has been fraught with changing or inaccurate messaging, but no overall national policy other than the policy that precautions are a matter for state governors. Then pressure was put on those governors to place the economy over precautions. This kind of messaging supports American individualism and, therefore, *mask rejection or mask ambivalence* rather than broad *mask acceptance*.

The message is that we must look cool, strong, and a defender of personal rights rather than weak, afraid, or vulnerable.

A Gallup poll showed 81% of Democrats and 47% of Republicans will accept free vaccinations. So, we see how social influencers with whom one agrees have a strong influence on personal choices.

9. Utilitarian Views

Utilitarianism is a way of understanding based upon the reward value of an action versus the cost of the action -- cost-benefit. If we do not know someone who died from COVID or anyone who has had it, we have few 'costs' to weigh towards masking and few rewards for it. Young adults,

as we saw the first days of September at numerous universities, may think ‘It won’t affect me’ or may utilize short-term thinking that a party today is worth it compared to a small risk of getting seriously ill with COVID. Those who weigh the risks more highly may be older and more cautious, may place a higher weight on the risk side of the equation. So those who evaluate the potential cost of COVID to themselves as higher conclude the benefits of masking outweigh any challenges. They will be *mask accepters*.



10. COVID Fatigue

At this point, six months into the pandemic, we can understand how some people may be fatigued with taking precautions. Because the initial public message was to view this pandemic as temporary, that it all drags on seems tiresome. If that person has neither gotten COVID nor had a close relative or friend get it, he or she may lean towards being more lax.

Decision Fatigue. On the other side, we are overwhelmed with decisions and anxiety. Is it safe to go into a restaurant? Are the workers in the grocery store careful enough? What about a haircut? I touched a public doorknob, so should I use hand sanitizer? Will the person who is walking towards me without a mask step aside or should I? When will airplane travel be reasonably safe? Will the kids be safe in school or is virtual schooling a better option? And so on every day. A person who is more anxious may be less lax and more like to wear a mask.

In Summary

It appears mask acceptance is a crucial element in overcoming the spread of COVID19. Due to psychological processes such as cognitive dissonance and cognitive bias, what is needed is a clear public message at the highest level and repeated at every level of leadership that we cannot rely upon common sense or argument. What is needed is national messaging that will overcome Internet filter bubbles and will ring true in all manner of news outlets. Leadership at all level should appear wearing masks and touting their importance. From a utilitarian viewpoint, the rewards of social engagement, security in restaurants, safe social events, and attending movie theaters are the eventual rewards for a high level of *mask acceptance*. The argument based upon

one's rights needs to be countered by the message that we have a responsibility to protect others. We also need leaders in minority communities to increase the trust that this message can be relied upon and masks are beneficial.

Already, the lack of a clear national message and mask-wearing modeling by high officials may be leaking into another sphere, *vaccine hesitancy*. Over half of Republicans in a Gallup poll are hesitant to take a vaccine. The same principles apply. A national message from the top while leadership is receiving the vaccine will go a long way towards increasing adherence.

Masks and other COVID19 precautions are the new normal here in September and into the near future. Assuming the first vaccines produce an immune response and are 60% effective and assuming 100,000,000 doses can be manufactured and distributed by late winter, caution will be needed into late spring or even early summer, 2021, at the earliest. This is not the time for COVID fatigue, but for accepting the principles of prevention of which wearing a mask is one of the most important.

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