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The Curious, Fascinating Psychology of Mask Wearing:
PART I -- Why It Is So Hard to Change Minds
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 the psychology behind the choice to wear or not to wear masks.

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Most of us quietly stock up on masks and bottles of hand sanitizer. We keep them in the house, in the car, in a pocket, and always close at hand. Some of us leave behind the ubiquitous blue medical masks in favor of stylish fare.



We wear them because medical authorities recommend them. We wear them out of fear or threat from the coronavirus. We wear them for self-protection.

However, some people refuse to wear masks or just do not consider them to be necessary – *mask-refusal*. We see gatherings at political rallies or churches where there may be *mask-rejection* due to social pressure or other psychological processes. Others are *mask-hesitant* – they would wear them more of the time, but find the mask uncomfortable, hot, or anxiety-provoking.

Others seem *mask-ambivalent*. We see those folks are walking down the street or through the outdoor mall wearing the mask below the chin or holding the mask in a hand, only to put it on when entering a business that requires masking.

Out in Public

Walking through an outdoor mall in Skokie yesterday, the mall seemed alive. The early September weather was perfect. It was as if we were all experiencing collectively the joy of getting out and congregating in a public place after months of isolation. Midwesterners are like that – we emerge in masse on the first warm day in spring. So here we were on a perfect afternoon in the time of COVID.

The mall required masks inside all businesses and in the outdoor spaces. I estimate 2/3 of people wore masks. Those are the *mask-accepters*. About a quarter seemed mask-ambivalent. They had masks under their chins or in their hands. The remaining roughly 1 in 10 had no visible mask. I wondered how each of them thought about COVID19

Walking in the park the next day, I observed a different story. We were out walking the perimeter of the park, about a mile's walk. In all, about 1 in 6 people at the park wore a mask. At dispersed picnic tables, small family groups sat without masks. In the playground, none of the children and only two of the parents had masks. Among the other people walking the perimeter of the park, a group of young girls had no masks. People getting out of cars in the parking lot of a restaurant had no masks. A group of about 20 guys of college age congregated along the walkway talking loudly with not one mask among them. Were they unaware that their age group accounts for the largest part of the recent rise in coronavirus cases? Universities in Alabama, Florida, Indiana, Wisconsin, and all over the country reported a rapid rise in positive tests for the virus as soon as students gathered on campus? Did they know and not care?

Where do you fit?

- Mask Acceptance
- Mask Ambivalence
- Mask Hesitance
- Mask Refusal

As a Psychologist looking at current ideas on how to increase mask usage and decrease non-usage, I see the reasons behind these behaviors are not always self-evident. Let's look more deeply into human motivation.

So Many Forces Affect Masking

Psychological causation is complex. Expert opinion suggests the psychology of mask use is a result of a handful of factors:

- emotional reactions to the pandemic
- how we perceive and control our sense of threat and vulnerability
- degree of scientific education
- how we experience and follow rules
- social pressure, conformity or non-conformity
- beliefs and political ideology
- mixed messages at the highest levels of government
- level of faith in leaders and role models – political, medical, and religious

What a complex mix of causes!

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 very 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.

Changing Minds -- Trying to Change Others' Position is Difficult

Common Sense. If you think wearing a mask is a matter of common sense, that's not likely to sway some people. Humans are shockingly unlikely to follow common sense or even to agree on what common sense tells us to do. If we did, we would have almost no tobacco, obesity, gas-powered cars, or anything else harmful to us. How we approach COVID-19 should be a matter of science. Common sense is not scientific; it's more like to be emotional or based upon anecdotal data (which is not evidence), role models, and social pressure. For example, one person told me a friend recovered from COVID-19 using vitamins and zinc. That is an anecdote, not evidence. She could have had a mild case and would have recovered in any event. But **common sense has us generalizing from one or two instances and assuming the generalization is valid.** Sometimes it's true. Often, it's not.

Information. If you think it's a matter of information or persuasion, that's also not likely to sway some people. We tend to cling to what we already believe. What we believe is driven as much by emotion, where we get our information, and social influence as by facts. We defend ideas we commit to and react to emotionally. The phenomenon of *Cognitive Dissonance* shows that if information challenges a belief, we tend to discount the information and double down on our belief. If our common sense – anecdotal information – tells us we have been out and about without a mask and have not contracted the virus, then the virus must not be so contagious; therefore, masks are unnecessary.

On the other hand, a more scientific thinker weighs the odds differently. As of this writing, more than 2% of Americans have had confirmed cases. Because many had mild cases and did not get tested, the true rate is higher. Let's say 4%. It is quite likely our *mask-refuser* just has not been close enough to an infected person long enough to be exposed. The *mask-accepter* does not like those odds when weighed against the approximately 1-2% chance of dying from it or the chance of exposing a vulnerable family member. Furthermore, the *mask-refuser* or *mask-ambivalent* person may be getting inaccurate information or may be downplaying inconvenient data.

Argument. If it's arguing with someone who disagrees with you, that's not going to sway most folks. The phenomenon of *Filter Bubbles* means our exposure to news and information tends to be to data that already agrees with our point of view. We 'Like' Facebook sites that have information we enjoy reading. We avoid other sites. We watch news sites that lean Liberal or Conservative to match our own leanings. Or we watch none at all. We avoid sites that lean the other way. Websites record our interests and feed us ads and articles consistent with our existing ideas.

To repeat, on the Internet, we choose information sites that are in line with our existing beliefs and interests. That creates a lack of the latest information that counters our views. It means potential exposure to misinformation or conspiracy theories.



Information that most readily comes to mind is data from sites we agree with. That's called the *Availability Heuristic* – **we generalize from the information that comes readily to mind, often what is recent, what we just heard from a favored source.** The advice to counter these phenomena is to listen to or read *critically* from all sides of the information spectrum.

The phenomenon of the *Availability Heuristic* – the tendency to form opinions based upon recent examples and stories that come most readily to mind – means the news to which we are exposed and which shapes our ideas is that which then comes easily to mind, that we heard about on our favorite TV station or the news site with which we already agree.

Furthermore, one side may experience *moral outrage* at the recalcitrance of the other side. The unmasked may be making a political statement or a statement of autonomy. Their filter bubble may support that choice. Their available examples may include people who were never sick or were only minimally sick.

The phenomenon of *Cognitive Bias* suggests we orient our attention toward information consistent with our beliefs, our way of looking at the world. If a *mask-accepter* hears a talk about how masks are permeable, he may say, “At least they provide some protection. I’ll buy better ones.” That is consistent with one way to look at the problem. If a *mask-rejecter* heard that, he may say “See I told you masks are stupid.” That would be consistent with a different bias.

What May Work?

Changing minds in these polarized times seems to be incredibly difficult. We could follow Jefferson’s example and defend the right to speak to one’s position, but then to ask what supports it.

As psychotherapists, we study how to help people change addictions, deeply held dysfunctional beliefs, and repetitive patterns of behavior. We seldom take a head-on, confrontive approach. Research shows that confrontation tends to increase rather than decrease defensiveness!

- We may use the principles of Motivational Interviewing. That method begins by dropping all form of argument or confrontation, then asking the other to explain the benefits or advantages of a behavior. Then we could ask that person how he or she views the downside to the alternative behavior. Respecting the person’s behavior can lead to thoughtful consideration of alternatives.
- We could ask “What are your thoughts and feelings that lead to your choice?” Respect rather than condemnation may lead to constructive dialogue (from a distance of six feet!)
- We could take advantage of social pressure in a given situation.
- We could take advantage of modelling by opinion-setters and leaders.
- Gatekeepers for stores and restaurants need to be consistent.

So, we see how many cognitive patterns keep us on one side or the other. In Part II, we will go into a deeper analysis.

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