

Partisanship guided Americans' personal safety decisions early in the pandemic

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What motivated Americans to wear masks and stay socially distanced (or not) at the beginning of the COVID-19 pandemic? More often than not, it was partisanship, rather than perceived or actual health risk, that drove

their behavior, according to a new study co-authored by researchers at Brown University.

By analyzing the results of two online surveys of more than 1,100 adults in total, Mae Fullerton, a Class of 2021 Brown graduate, and Steven Sloman, a professor of cognitive, linguistic and psychological sciences, found that in spring and fall 2020, political partisanship was the strongest predictor of whether someone would wear a mask or practice social distancing to stem the spread of novel coronavirus.

Those who identified as liberal or moderate overwhelmingly said they wore masks and practiced social distancing, even when they believed their risk of contracting the novel coronavirus was minimal. Those who identified as conservative were much less likely to say they always wore a mask or socially distanced, even when they believed they were at high risk of contracting the virus and falling ill with COVID-19.

The findings were published on Friday, June 18, in the *Journal of Health Psychology*. Sloman said the results show that many Americans tend to remain fiercely loyal to their like-minded communities, even in situations where their health is on the line.

"It turns out that life is not the most important thing to people," Sloman said. "Many people are putting their partisan leanings ahead of their [self-interest](#). We're willing to outsource our thinking to other people in our communities, even when our lives are at stake."

At the start of the study, Fullerton and Sloman predicted that respondents' risk of becoming sick with COVID-19, or at least their perception of risk, would be the primary factor guiding their mask uptake and social distancing. Instead, they found almost no correlation between behavior and risk—whether perceived or real. Among survey respondents who considered themselves to be at high risk of contracting

COVID-19, 59% reported they had limited their encounters to two or fewer people in the prior week. Meanwhile, among those who perceived they were at low risk of contracting COVID-19, 58% reported the same. In other words, people who felt they were in a high-risk group didn't seem any more likely to practice social distancing than their lower-risk peers.

The same was true of mask-wearing: 62% of those who reported that they were elderly or had no health insurance said they always wore masks when they anticipated coming within 6 feet of others, compared to 61% of those who were younger and had health insurance.

They found, in fact, that the biggest predictor of whether someone was likely to wear a mask and practice social distancing wasn't risk but political partisanship. Among those who identified as liberal or moderate, 66% reported that they always wore masks when they anticipated coming within 6 feet of others, compared to 45% of those who identified as conservative. And while 95% of self-identified liberals and moderates said they thought it was important to wear a mask to prevent the spread of the virus, only 74% of self-identified conservatives said they believed the same. Conservative-leaning respondents were also significantly less likely to practice social distancing (31%) than their moderate or liberal counterparts (49%).

Crucially, the researchers also found a high correlation between compliance with stay-at-home orders—which were in effect for 95% of Americans at the time of the survey—and peer agreement. Among those who said they believed it was "extremely important" to comply with orders to stay socially distanced, 86% said their peer group reportedly held similar views.

Fullerton said the findings confirm something behavioral scientists have known for a long time: That most people's health decisions have more to

do with the behaviors of people around them than with scientific evidence. Studies have shown, for example, that people are more likely to quit smoking if someone close to them has quit smoking recently, and that the amount of food a person eats on Thanksgiving is often driven by how much others at the table are eating.

"This study supports other findings that preventive behavior is strongly influenced by social norms," Fullerton said. "People clearly are more motivated by their politics, their culture and their peers than by their likelihood of catching the virus and possibly suffering from terrible side effects. This suggests that communicating the risks of not wearing a mask and not staying socially distanced might not be the most effective way to stop the spread of a virus."

Both Fullerton and Sloman said the reason many conservative Americans didn't wear masks and socially distance may be in part because the people they trusted most—people who include, according to past studies, family doctors, local television hosts and [church leaders](#)—weren't wearing masks or staying distanced either. Getting buy-in from influential community figures, then, may be key in ensuring more unified compliance with public health recommendations in the future. And that might start with bringing more widely known trusted personalities on board, from television hosts to beloved celebrities to leading federal lawmakers.

"In some cases, communicating the risks via government-appointed experts might not be as effective as communicating the risks via political leaders people know and respect," Fullerton said. "That's a good lesson we can remember the next time we're facing a public health crisis."

Ultimately, both Fullerton and Sloman said, the key to keeping people safe and healthy is understanding their most sacred values. For example, Sloman said, many libertarians didn't refuse to wear [masks](#) just because

some of their local politicians vocally opposed masking; some perhaps did it because individual freedom is their most sacred value, and they believed mask mandates infringed on that freedom. Many older people at high risk of severe COVID-19 due to other [health](#) challenges, Fullerton said, may have chosen not to practice [social distancing](#) because, to them, the costs—not meeting a new grandchild, for example—outweighed the benefits—potentially living a few years longer.

"Americans can't be boiled down to figureheads and followers or believers and non-believers," Sloman said. "Getting into people's heads is complicated, but it matters."

Other study contributors were Nathaniel Rabb, a project manager at the Policy Lab at Brown; Sahit Mamidipaka, a student at Northview High School in Georgia; and Lyle Ungar, a professor of computer and information science at the University of Pennsylvania. The research was supported in part by a donation from Adobe.

More information: Mae K. Fullerton et al, Evidence against risk as a motivating driver of COVID-19 preventive behaviors in the United States, *Journal of Health Psychology* (2021). [DOI: 10.1177/13591053211024726](#)

Provided by Brown University

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