

2023

The Effects of Self-Affirmation on COVID-19 Safe Behaviors

Matt Betashour

University of California, Santa Barbara, mattbetashour@gmail.com

Follow this and additional works at: <https://scholar.utc.edu/mps>



Part of the [Psychology Commons](#)

Recommended Citation

Betashour, Matt (2023) "The Effects of Self-Affirmation on COVID-19 Safe Behaviors," *Modern Psychological Studies*: Vol. 28: No. 2, Article 3.

Available at: <https://scholar.utc.edu/mps/vol28/iss2/3>

This article is brought to you for free and open access by the Journals, Magazines, and Newsletters at UTC Scholar. It has been accepted for inclusion in Modern Psychological Studies by an authorized editor of UTC Scholar. For more information, please contact scholar@utc.edu.

Abstract

This paper aims to seek if self-affirming activities can be used to increase compliance with group-protective public health policies such as the mandate to wear face masks for the COVID-19 pandemic. Completing a self-affirmation has been shown to increase compliance with health advice when it is beneficial for the self (Sherman & Cohen, 2020). To determine if self-affirming activities, as described by Self-Affirmation theory, increases compliance to health advice that is beneficial for others, the present experiment ($N = 106$) asked university students to complete a self-affirmation or a control task, read a relevant article, and rate how often they would wear a mask in a variety of situations in a survey. Participants also rated their peers to test if the self-affirmation would mitigate the difference between how people rate themselves and their peers. This study showed that the self-affirmation caused people to rate themselves and their peers' mask-wearing intentions higher in all situations except in their own homes where there was no change in rating between the two groups, $p = .008$. The self-affirmation manipulation had no interaction effect with the target of rating (self vs. peer) and so did not change how people rated themselves compared to others, $p = .60$. These results suggest that Self-Affirmation theory can be used to promote group-protective health advice and could potentially make public health campaigns more effective in the future.

Keywords: self-affirmation, group-protective, self-threat, defensiveness

The Effects of Self-Affirmation on COVID-19 Safe Behaviors

Egocentrism and the Threat to Self

People are given health information every day that could potentially help them and those around them. Health information is ignored or outright denied for many reasons such as apathy, feelings of self-threat, and distrust in health officials which can cause rises in disease and health related problems (Sherman et al., 2000). One major population that is given to ignoring health advice are adolescents and young adults. This age population usually feels more invulnerable to health problems than those around them and this can lead to public health policy not being effectively implemented (Elkind, 1967; Vartanian, 2000). These feelings of invulnerability are described by Elkind's theory of egocentrism in adolescence (Elkind, 1967; Vartanian, 2000).

Egocentrism in adolescence is characterized by two mental constructs, the imaginary audience and the personal fable, and the personal fable is the more pertinent construct regarding the perception of invulnerability that this study has addressed (Elkind, 1967). The personal fable is the view that adolescents have of themselves as being of universal importance. This leads to imagined significance, uniqueness, and invulnerability to risks forming the self-image of someone above all others (Elkind, 1967). Elkind theorized that this egocentrism should dissipate by the end of adolescence (Elkind, 1967). Research since then suggests that similarly high levels of egocentrism exist in young adults (Frakenberger, 2000). The imagined significance adolescents and young adults have for themselves is the basis for their imagined invulnerability as they see themselves as above common risks.

This imagined invulnerability causes people to feel as though they are not at risk of common diseases such as COVID-19. Thus, they become defensive when any information that suggests that they are at risk for disease is presented. Completing a self-affirmation should lower

this defensiveness that stemmed from egocentrism and allow people to accept health advice regarding the risk for disease easier.

Self-Affirmation Theory

Self-affirmation theory has been applied to threatening health information in order to increase compliance. Sherman et al. (2000) showed how having people completing a self-affirmation can make them less defensive and more accepting of health information and had a significant effect in people where the health information was relevant. Then, when an individual's self-image is threatened by being told that one's behaviors put their health at risk, that individual is more likely to respond in a self-benefiting way (Sherman et al., 2000). Having an individual complete a self-affirmation strengthens one's self-image and allows them to be more willing to accept health information without producing a defensive response (Sherman et al., 2000).

While in the Sherman et al. (2000) study the health information was related to caffeine being linked to breast cancer and the relevant population of coffee drinking women, the present study looked at the COVID-19 pandemic and a population of college students. Self-affirmations should still be effective as they have been shown to be when three conditions are met. These three conditions being a presence of psychological threat, presence of resources to foster change, and timeliness of the self-affirmation to the threat and resources (Cohen & Ferrer, 2018). The issue of COVID-19 safe behaviors has the psychological threat to the self as previously described, there is an abundance of health resources several months into the pandemic, and participants completed the self-affirmation during the pandemic which all suggests that self-affirming activities could be effective in COVID-19 safe behaviors. Specifically, the COVID-19 pandemic has spawned numerous health messages of wearing a face mask in order to slow the

spread of the virus. Furthermore, this health messaging can be threatening as it suggests that people are at risk of catching the virus as well as at risk of spreading the virus to others.

Research regarding self-affirmation theory and its ability to influence health choices seems to suggest that it may be useful for promoting mask-wearing behavior. Self-affirmation theory states that if people affirm non-threatened aspects of their self-identity, they will be more open to receiving and acting on that self-threatening information (Sherman & Cohen, 2020). Negative health information can be self-threatening and come in conflict with aspects of one's identity. A self-affirmation can allow individuals to draw on other aspects of their self-identity to better equip them to confront threatening information in a less defensive manner (Sherman & Cohen, 2020). Some examples are that when smokers complete a self-affirmation, they are more open to anti-smoking information (Harris et al., 2007; Crocker et al., 2008). Self-affirmations have also been shown to reduce alcohol consumption in participants in a study motivated by an increase in alcohol-related mortality rates in the U.K. (Madelynne et al., 2011). In fact, Sherman et al. (2015) performed a meta-analysis on the effects self-affirmation had on health-behavior change and found that the combination of self-affirmation and health information increased message acceptance, intentions of behavior change, and the behavior change itself.

Mask-Wearing Health Behavior

Prior research has shown that self-affirmation theory can be effectively employed to promote health behaviors in an individual that benefit that individual. In this case, wearing a mask to slow the pandemic functions a little differently. Wearing a mask does not directly benefit the person wearing the mask, rather it benefits those around them by reducing one's ability to transmit the virus (CDC, 2021). The present study now aims to see if self-affirmation theory can be applied to the case of people performing health behaviors that benefit others and

not themselves. Even though the health behavior being studied benefits others rather than the self, the health information is still threatening to the individual since it suggests that they are at risk when others do not wear their masks and that they put their peers at risk by not wearing theirs. By telling people to wear a mask, it implicitly implies that they are to blame for spreading the virus and this blame can be threatening towards a self-image that sees itself as invulnerable. Because the threat to self-identity still exists, a self-affirmation should help strengthen other aspects of their self-identity and allow them to address threats in a less defensive manner. Specifically in this study, we look at wearing masks in different situations to slow the transmission of COVID-19 per CDC guidelines (CDC, 2021).

The COVID-19 pandemic saw the CDC issue recommendations to wear face masks among other behaviors in an effort to slow the transmission of COVID-19 (CDC, 2021), although not everyone heeded these recommendations when they were announced. Hunter et al. (2020) investigated what demographics were wearing masks and they found that the younger participants were, the less likely they were to wear a mask. This is theorized to be because of the egocentrism that has not dissipated in these younger populations yet and has been shown to not dissipate until the early 30's (Frakenberger, 2000). The goal of this study is to investigate a college-aged population and their mask wearing behavior to test if there is a way to increase compliance with public health policy. A college-aged population was chosen as they are still egocentric as well as exhibit more independence from their parents than teens. Therefore, they are less impacted by their parents' views on mask wearing.

In this study, a group-protective behavior, mask-wearing, is theorized to be promoted by self-affirmation and so another question was raised of how self-affirmation would impact people's perceptions of others' mask-wearing behavior. To address this question, participants

were asked to estimate the intention of mask-wearing behavior in their peers in addition to themselves. Prior research has shown that people perceive their own knowledge and performance as higher than is true, as these perceptions do not often correlate with objective performance (Dunning et al., 2003). It becomes evident that participants will rate themselves as more likely to wear a mask than their peers. Completing a self-affirmation may cause people to rate themselves equally as likely to wear a mask as their peers.

This difference in rating between themselves and their peers should remain consistent in all situations as the self-affirmation is addressing the same threat to perceived invulnerability in all situations. In other words, the situation should not be a factor in the difference in peer and self-ratings. Moreover, self-affirming activities may cause these two ratings to be more similar.

Participants may have a self-image that they are better than the average person and that they have done their part to help slow the spread of disease. People tend to explain outcomes in a way that places little blame on the self (Crocker & Blaine, 1993). When health advice states that wearing a mask can reduce transmission and that part of the spread can be attributed to those that do not wear their masks, an individual may view others as the primary source of the spread through refusal to wear the masks. The self-affirmation could reduce the defensive response in participants to place the blame on others and so will rate their peers more similarly to themselves by reaffirming other aspects of their self so that they do not have to rate peers lower to preserve their self-image.

This study had three hypotheses that were addressed:

H1: Participants that complete a self-affirmation will see themselves as more likely to perform group protective behaviors (i.e. wear a face mask) than those that do not complete the self-affirmation.

H2: When self-affirmed, participants will rate their peers' mask-wearing behavior closer in line with how they rate themselves.

H3: Self and peer ratings will be significantly different in all situations and the situation factor will not interact with group (self vs peer) factor.

Methods

Participants

The participants were recruited from the University of California, Santa Barbara Psychology department subject pool. The study concluded with a final sample ($N = 106$) made up of college students who chose to participate in a "students' health behaviors" study. Participants were compensated with course partial credit. Overall, 69.4% identified as cisgender female, 30.6% identified as cisgender male. The ethnicity breakdown was 1% African American/Black, 29.6% Asian American/Asian, 39.8% European American/White, 17.3% Hispanic American/Latino, and 5.1% selected Other in the survey. Participants must have been at least 18 years old in order to participate in the study, with the average age being 19 years ($SD = 1.86$).

Design and Procedure

The study was an experiment with 2 conditions (self-affirmation vs. control) with the DVs being one's own anticipated mask wearing behavior and anticipated others' mask wearing behavior. Participants were randomly assigned to either complete a self-affirmation or control writing task. Next, all participants read an article featuring different viewpoints on following COVID-19 guidelines and this is included in the supplemental materials. The article was designed to appear as an university-associated newspaper under a gender-neutral pseudonym to lower potential biases and to appear credible. The article included sentiments such as: "Social norms is one area that causes some discrepancies in when to wear masks."

“Several students spoken to also mentioned how they will base their mask-wearing decisions on what others in their group are doing at the time.”

The article functioned to mitigate any response bias and to let participants feel more comfortable responding where they may not wear a mask. The article was included to remove any sponsor bias by presenting different viewpoints on face mask-wearing. The article also attempts not to favor any viewpoint by providing some justification for each viewpoint. Following the article, two measures were presented. Participants were asked how often they would wear a mask in 11 situations in the first measure. These situations were chosen to represent a large variety of situations and differ specifically in where a mask was needed. In the second measure, they were asked how often a peer may wear a mask in the same situations. All experimental materials were administered via an online survey completed on participants' personal devices. This study was approved by the University of California, Santa Barbara's institutional review board and consent was obtained before participants began the study.

Materials

Self-Affirmation Group

Participants in the self-affirmation condition were presented with a ranking task where they must rank six values in order of personal importance. The six values asked about were Business, Art/Music/Theater, Social Life/Relationships, Science/Pursuit of Knowledge, Religion/Morality, and Government/Politics. Participants completed a 2-minute writing task where they wrote on the value that they ranked as most important and why it was important to them personally. This procedure was adapted from Crocker et al. (2008).

Control Group

Those participants assigned to the control condition ranked 6 different common fruit by which they ate most recently and then wrote on where they could purchase the fruit they ranked as having eaten most recently in their local area.

Anticipated Personal Mask Wearing Behavior

The first measure asked where the participant themselves wear a face mask and how often they do so. Participants read a situation such as “Shopping at the Supermarket” and had to answer using a Likert scale for how often they wore a mask in that situation. Response options ranged from 1 (*never*) to 5 (*always*). The complete measure is included in the supplemental materials.

Anticipated Mask Wearing Behavior of Others

The second measure asked where the participant thought the average university student wears a face mask and how often. This measure included the same situations listed in the Anticipated Personal Mask Wearing Behavior measure and the same response options. This measure is also included in the supplemental materials.

Results

In order to determine if completing a self-affirmation would cause participants to perceive where they and others would wear a mask differently than those that did not complete a self-affirmation, a between-subjects t-test and several two-way mixed ANOVAs were conducted. In this study, many different situations were sampled and therefore treated as repeated measures in a structured design. As such, we looked for a significant effect of self-affirming activities on mask-wearing intentions across all situations combining both self and peer scores. Equality of variance was tested and variance was not equal across the data so corrected degrees of freedom were used resulting in several non-interference degrees of freedom. The condition variable was

between-subjects with separate control and affirmed groups, while the group and situation factors were within subjects.

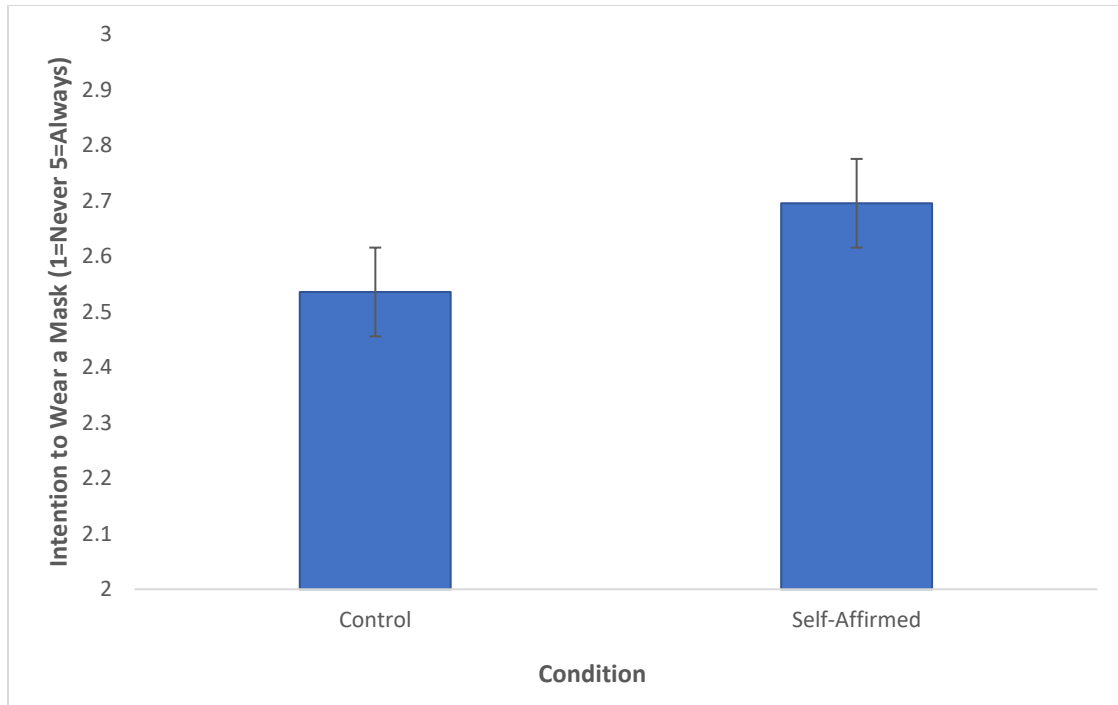
Effects of self-affirmation on mask-wearing intentions

To determine the effects of self-affirming activities on mask-wearing intentions, a between-subjects t-test was performed. The analysis of the t-test revealed a significant main effect. A t-test revealed that those in the affirmation condition reported significantly higher anticipated mask wearing behavior for both themselves and their peer ($M = 2.70, SD = 1.46$) compared to those in the control condition ($M = 2.54, SD = 1.44$), $t(2350) = 2.67, p = .008$, see Figure 1. When participants completed a self-affirmation, they were more likely to choose to wear a mask in all situations than those who completed the control task which supports the first hypothesis this paper had posed.

Following this, a two-way ANOVA was run to test for interaction effects involving the condition (self-affirmed vs not self-affirmed) and group (self vs. group) there was no two-way interactions between condition and group (self vs peer scores), $F(1, 96) = .93, p = .60$. There were no significant interaction effects between condition and situation factors, $F(7, 670) = 1.07, p = .38$ when another two-way ANOVA was run. The self-affirming activities had the same effect regardless of rating peers or self, which refutes hypothesis 2, and regardless of exposure to others in different situations.

Figure 1

The Effect of Self Affirmation on Mask Wearing Intentions



Interaction effects of group and situation on mask-wearing perception

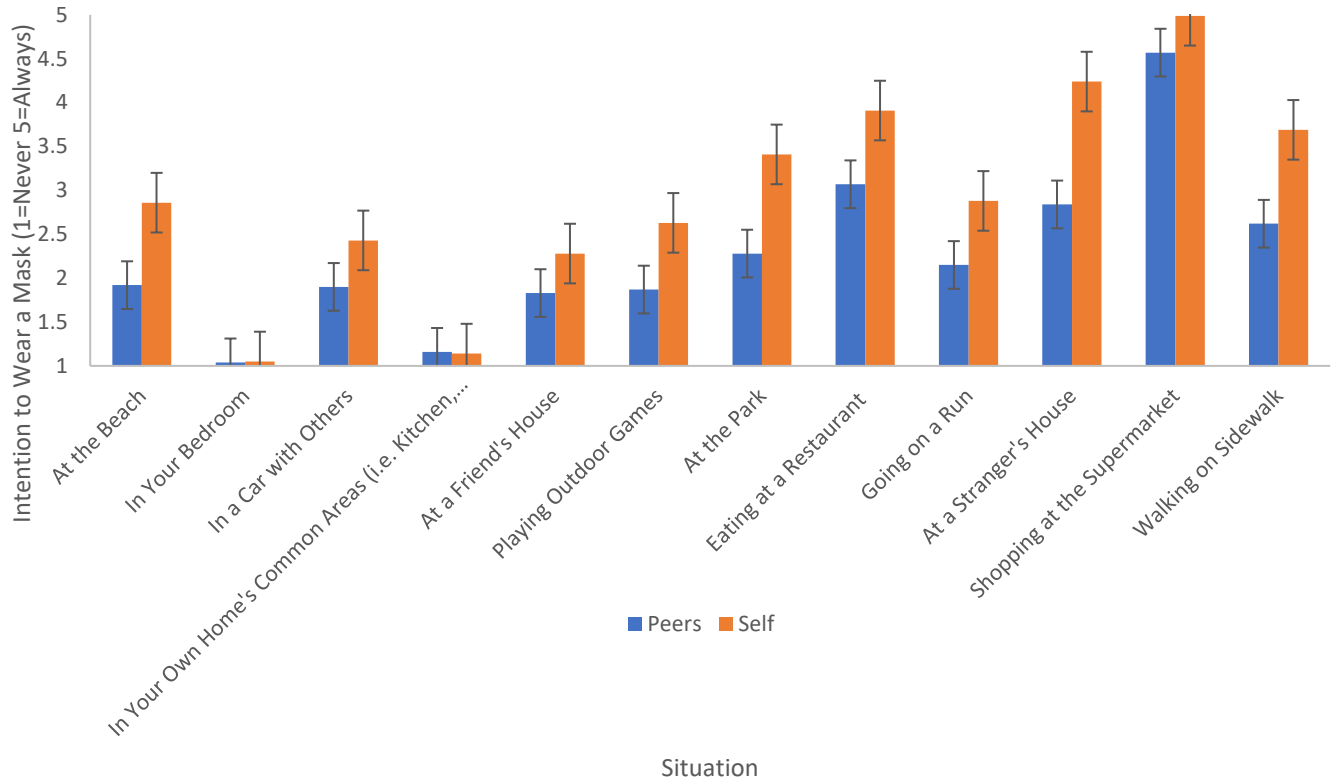
Another two way ANOVA was done and revealed a significant interaction effect between group and situation factors $F(6.27, 608.54) = 23.25, p < .001$, see Figure 2, which refutes hypothesis 3. There was also a significant main effect of group, $F(1, 97) = 78.51, p < .001$ with participants rating themselves ($M = 2.96, SD = 1.58$) higher than their peers ($M = 2.27, SD = 1.22$). There was also a significant main effect of situation, $F(7.01, 679.51) = 240.42, p < .001$ with different situations that varied in exposure levels to others receiving higher ratings for the higher exposure situations.

When participants were asked about their own mask-wearing behavior, they ranked themselves as more likely to wear a mask than their peers would regardless of affirmation and in most situations. Participants would rank themselves as more likely to wear a mask than their peers and this exemplified self-serving bias, which is the cognitive bias where people believe themselves as better in some context than they are or better than others in their group (Plohl &

Musil, 2018). In this study, participants believed themselves to practice COVID-19 safe behaviors, specifically mask-wearing, more than their peers.

Figure 2

Group Situation Interaction by Means



Discussion

This study revealed significant evidence that intended mask-wearing behavior can be modulated by self-affirmation. This study also revealed significant evidence of the self-serving bias when participants were asked to rank themselves and their peers. Participants saw themselves as more likely to wear a mask than peers. This group effect interacts with the situation effect for all situations outside of one’s own home.

The Effectiveness of Self-Affirmation

In this study, participants who completed a self-affirmation were shown to believe people would wear a mask more often than those who did not complete the self-affirmation. The self-affirmation may have had this effect by lowering the defensiveness people had towards the mask-wearing message as it may have been perceived as self-threatening. To tell someone to wear a mask is to say that there is a virus that may infect them, and they may spread to others, and some may see this as threatening to their self-image of being invulnerable to viruses such as the flu. The advice to wear a mask may also be threatening as it insinuates that that person is the cause of the spread where that person thinks there is no way they have it, and so a defensive response is produced and adversity towards the face mask occurs. When the self-affirmation was completed in this study, people began rating themselves and their peers as more likely to wear a mask than the control group as the self-affirmation strengthened their self-image. This strengthening allowed them to hear potentially threatening information, not react defensively, and then make a behavior choice without that defensiveness. In this case, the reduction in defensiveness caused people to consider wearing a mask more often.

Interestingly, the effect of the self-affirmation did not change whether participants were rating themselves or others, or in the different situations. This suggests that participants felt the feelings of invulnerability for both themselves and their peers and that the self-affirmation reduced defensiveness equally in both groups. The control group saw lower ratings of likelihood to wear a mask which may suggest that the self-threat could be tied to lack of effort to perform health-conscious behaviors such as mask wearing. The self-affirmation may cause an increase in self-care motivation as participants are affirmed in their values and therefore more motivated to stay safe in more situations themselves, and they hope others would too.

The lack of a significant interaction between the self-affirmation condition and rating themselves or their peers suggests that participants felt the same threat to themselves and their peers. College students see themselves as invulnerable and so they may also see their peers as invulnerable as well (Frankenbeger, 2000). This perception of self and peer invulnerability is threatened by mask-wearing health advice and defensiveness towards that advice resulting in less frequent mask-wearing. Completing a self-affirmation reduces that defensiveness for both themselves and regarding their peers, therefore showing no interaction in the data as both peers and self-data is influenced to the same degree.

Seeing higher acceptance of health advice agrees with much of the previous research. This study extends it to health behaviors that benefit those around them instead of the person performing the behavior. This suggests that self-affirmation theory could be a useful tool in public health policies where people are asked to do some behavior that benefits those around them rather than themselves. One example is smoking cigarettes where self-affirmation theory can be used to promote quitting from the lens of their own personal health benefits and also the health of those around them with a reduction in secondhand smoke.

Group/Situation Interaction

As to be expected, the situation in which participants were ranking their behavior had a huge effect on how highly they rated their mask-wearing intentions. The situations were chosen to represent a wide variety of situations in terms of exposure to others, from alone in one's own bedroom to public spaces such as a grocery store. As the situations became more public, people rated themselves and others as more likely to wear a mask. Moreover, there was an interaction effect between the situation and who was being rated between themselves and their peers. The group difference was significant in all situations except for the ones where the participant was in

their own home such as bedroom or kitchen. This trend is most likely due to people trusting themselves to make the more health-conscious choice than their peers. It can also be explained by confirmation bias where they see or hear of someone else not wearing their mask and that sticks out to an individual much more than the number of people who may be wearing their mask.

There was a significant difference between self and other predicted mask-wearing behavior in all situations except for in one's bedroom, in one's common areas of their own home, such as the kitchen or living room, and in one's own car. This lack of significant difference can be attributed to a floor effect as most participants reported that they and others would never wear a mask in these situations. For the "In Your Bedroom" situation, participants reported themselves as being at 1.1 on average ($SD = .42$) and their peers at 1.0 on average ($SD = .20$) on a five-point scale. For the "In Your Own Home's Common Areas (i.e. Kitchen, Living Room)" situation, participants reported themselves at ($M = 1.12, SD = .42$) and their peers at ($M = 1.01, SD = .20$). This can be explained by the lack of exposure to others in one's own home and so there would not be a difference between how often participants saw a need to wear a mask at home themselves versus how often they would see their peers wear a mask in their own home as both cases would be virtually never.

Limitations

This study had to be held entirely online due to the COVID-19 pandemic and therefore could only measure intentions of behavior rather than true behavior. The online format did allow for a wider variety of scenarios to be measured in an efficient way. The sample size was also limited to 106 participants to be conducted in a timely fashion to limit the history bias as the nature of the pandemic evolved. There also might have been response bias as participants may

have inflated their scores. This is likely due to people not having been as concerned with how the ratings given to their peers would appear as they were with their ratings for themselves. The article they read highlighted reasons some may not always wear a mask and presented the study as neither pro nor anti face masks. Future studies may choose to conduct in-person studies for a real behavior response and expand to a larger sample size for more statistical power.

Conclusion

Public health policy is only effective when the public is willing to hear and respond to it. A huge roadblock in this line of communication is when the health information is perceived as self-threatening and the public reacts defensively towards it. A tool to combat this defensive response is having the public self-affirm their own values to better handle new information that may be critical of their behavior, and this has been proven effective for promoting health behaviors that benefit the self. A significant part of public health policy is advising people to take actions that benefit those around them, not necessarily themselves, and this was seen with the COVID-19 pandemic and the call to wear masks, stay home, and shut down huge sectors of industry to prevent the spread of the virus to others. This study has shown that self-affirmation can be used to promote these group-protective health behaviors in a population group that has been highly defensive towards these behaviors. In the future, public health policy can use self-affirmation theory to communicate health messages and increase compliance with health recommendations more effectively.

References

- Armitage, C. J., Harris, P. R., & Arden, M. A. (2011). Evidence that self-affirmation reduces alcohol consumption: Randomized exploratory trial with a new, brief means of self-affirming. *Health Psychology, 30*(5), 633–641. <https://doi.org/10.1037/a0023738>
- Blaine B., Crocker J. (1993) Self-Esteem and Self-Serving Biases in Reactions to Positive and Negative Events: An Integrative Review. In Baumeister R.F. (eds) *Self-Esteem. The Plenum Series in Social / Clinical Psychology* (pp. 55-85). Springer, Boston, MA.
- Crocker, J., Niiya, Y., & Mischkowski, D. (2008). Why Does Writing About Important Values Reduce Defensiveness? *Psychological Science, 19*(7), 740–747. <https://doi.org/10.1111/j.1467-9280.2008.02150.x>
- Dunning, D., Johnson, K., Ehrlinger, J., & Kruger, J. (2003). Why People Fail to Recognize Their Own Incompetence. *Current Directions in Psychological Science, 12*(3), 83–87. <https://doi.org/10.1111/1467-8721.01235>
- Elkind, D. (1967). Egocentrism in Adolescence. *Child Development, 38*(4), 1025-1034. <https://doi.org/10.2307/1127100>
- Epton, T., Harris, P. R., Kane, R., van Koningsbruggen, G. M., & Sheeran, P. (2015). The impact of self-affirmation on health-behavior change: A meta-analysis. *Health Psychology, 34*(3), 187–196. <https://doi.org/10.1037/hea0000116>

- Ferrer, R. A., & Cohen, G. L. (2019). Reconceptualizing self-affirmation with the trigger and channel framework: Lessons from the health domain. *Personality and Social Psychology Review*, 23(3), 285-304.
- Frankenberger, K. (2000). Adolescent egocentrism: a comparison among adolescents and adults. *Journal of Adolescence*, 23(3), 343–354. <https://doi.org/10.1006/jado.2000.0319>
- Haischer, M. H., Beilfuss, R., Hart, M. R., Opielinski, L., Wrucke, D., Zirgaitis, G., ... Hunter, S. K. (2020). Who is wearing a mask? Gender-, age-, and location-related differences during the COVID-19 pandemic. *PLOS ONE*, 15(10).
<https://doi.org/10.1371/journal.pone.0240785>
- Kahane L. H. (2021). Politicizing the Mask: Political, Economic and Demographic Factors Affecting Mask Wearing Behavior in the USA. *Eastern Economic Journal*, 47(2), 163-183.
<https://doi.org/10.1057/s41302-020-00186-0>
- Sherman, D. K., & Cohen, G. L. (2020). Self-affirmation: Understanding the effects. In J. Aronson & E. Aronson (Eds.), *Readings about the Social Animal* (12th ed., pp. 94-113). New York: Worth Publishers.
- Sherman, D. A., Nelson, L. D., & Steele, C. M. (2000). Do messages about health risks threaten the self? Increasing the acceptance of threatening health messages via self-affirmation. *Personality and Social Psychology Bulletin*, 26(9), 1046-1058.
[doi:10.1177/01461672002611003](https://doi.org/10.1177/01461672002611003)

CDC. (2021). Types of masks. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html>

Vartanian, L. R. (2000). Revisiting the imaginary audience and personal fable constructs of adolescent egocentrism: A conceptual review. *Adolescence*, 35(140), 639-661.

Supplemental Material


DAILY NEXUS

Thursday, January 28, 2021

UNIVERSITY OF CALIFORNIA, SANTA BARBARA

In Discussion: Gauchos and COVID-19

Written By Sam Larson

Life changed almost a year ago for UCSB students causing a change in routine that many are still not used to. Students want to be a part of the solution but recognize difficulties in being 100% COVID safe. This article aims to dissect what difficulties UCSB students face when being COVID conscious and where the community can be understanding towards each other and themselves.

Current guidelines state to maintain six feet of distance and to wear a mask when around others, being mandatory in public businesses.

In practice, it is seen that people are trying to adhere to these practices but many times are not perfect. Of course there are the extremes on both ends, people who disregard any COVID-19 safe measures and those that religiously adhere to them. More realistically, most people fall in the middle and there are several reasons why.

Social norms is one area that causes some discrepancies in when to wear masks. When interviewing UCSB students, several brought up how they don't typically wear their masks on the beach or when walking outside since they are usually more than six feet away from others.

Others said that anywhere public should cause you to grab your mask, however students generally agreed that they are comfortable making their own decisions on where and in what situations they will wear a mask in.

Several students spoken to also mentioned how they will base their mask wearing decisions on what others in their group are doing at the time. Often that looks like not wearing masks even when hanging out with people of different households as long as the group is small.

Many agree with this sentiment and figured out their own ways for getting through this pandemic.

One thing that was near universal between students interviewed was that communicating and treating others with kindness are must do's in getting a community past a pandemic.

UC SANTA BARBARA

Rank these six fruits in terms of when you had them last.
Drag and drop with one being the most recent.

- 1 Guava
- 2 Orange
- 3 Watermelon
- 4 Apple
- 5 Strawberry
- 6 Raspberry

Ranking Task for Control Condition

UC SANTA BARBARA

Rank these six values in order of personal importance.

Drag and drop with one being most important.

- 1 Business
- 2 Art/Music/Theater
- 3 Social Life/ Relationships
- 4 Science/Pursuit of Knowledge
- 5 Religion/Morality
- 6 Government/Politics

Self-Affirmation Ranking Task

UC SANTA BARBARA

You ranked Guava as the fruit you had most recently. Please spend the next two minutes writing about where you can get this fruit locally.

You will be able to advance after two minutes.



Sample Control Writing Task

UC SANTA BARBARA

You ranked Business as the value most important to you. Please spend the next two minutes writing about why this value is important to you.

You will be able to advance after two minutes.



Self-Affirming Writing Task

UC SANTA BARBARA

Like you read in the article where UCSB students were asked about their mask wearing habits, you will be asked about your own mask wearing habits.

How likely are you to wear a mask in the following places/situations?

Shopping at the Supermarket

Never	Sometimes	About half the time	Most of the time	Always
-------	-----------	---------------------	------------------	--------

Eating at a Restaurant

Never	Sometimes	About half the time	Most of the time	Always
-------	-----------	---------------------	------------------	--------

At a Friend's House

Never	Sometimes	About half the time	Most of the time	Always
-------	-----------	---------------------	------------------	--------

In a Car with Others

Never	Sometimes	About half the time	Most of the time	Always
-------	-----------	---------------------	------------------	--------

At a Stranger's House

Never	Sometimes	About half the time	Most of the time	Always
-------	-----------	---------------------	------------------	--------

Walking on Sidewalk

Never	Sometimes	About half the time	Most of the time	Always
-------	-----------	---------------------	------------------	--------

Going on a Run

Never	Sometimes	About half the time	Most of the time	Always
-------	-----------	---------------------	------------------	--------

On the Beach

Never	Sometimes	About half the time	Most of the time	Always
-------	-----------	---------------------	------------------	--------

At the Park

Never	Sometimes	About half the time	Most of the time	Always
-------	-----------	---------------------	------------------	--------

Playing Outdoor Games at Another House

Never	Sometimes	About half the time	Most of the time	Always
-------	-----------	---------------------	------------------	--------

In Your Own Home's Common Areas (i.e. Kitchen, Living Room)

Never	Sometimes	About half the time	Most of the time	Always
-------	-----------	---------------------	------------------	--------

In your Bedroom

Never	Sometimes	About half the time	Most of the time	Always
-------	-----------	---------------------	------------------	--------

