

Analysis of mask avoidance amid the COVID-19 pandemic

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Abstract

Whilst the world is waiting for the coronavirus disease pandemic to end, wearing a mask has become an evidence-based measure for decreasing viral transmission of COVID-19. Although most people do adhere and listen to these public health guidelines, others rebel against them and believe that wearing a mask has been imposed upon them against their will. The factors that go into making this decision are complex. An understanding of the barriers and mentality of this population must be formed to foster a behavioural change. This paper breaks down the anti-mask mentality from a philosophical and sociological lens analyzing point out psychological factors, a lack of knowledge about COVID-19, previous negative connotations surrounding the practice of mask-wearing, stigma, and the inconveniences that masks create, which may inhibit someone's decision to wear a mask.

Keywords: COVID-19, masks, stigma, discrimination

Introduction

COVID-19 is an acute respiratory illness in humans caused by a type of coronavirus (Centre for Health Protection, 2020). The coronavirus disease pandemic has disrupted and dramatically changed the lives of many people around the

globe ever since it appeared in December 2019 in Wuhan, China (Sotgiu & Dobler, 2020). Current evidence has shown that the transmission of SARS-CoV-2, the virus that causes this disease, usually occurs between an infected person and another individual via direct, indirect, or close contact with infected secretions, which includes saliva and respiratory secretions (World Health Organization, 2020). Masks have been a key measure in helping avoid the transmission of this disease; despite mounting evidence of mask protection and there being mask mandates across several countries and recommendations from the Centers for Disease Control (CDC) and the World Health Organization (WHO) about mask-wearing, some individuals decide not to wear masks (World Health Organization, 2020). An understanding of the barriers and mentality of this population must be formed to foster a behavioural change; thus, this paper attempts to break down the anti-mask mentality from a philosophical and sociological lens of stigma.

Methodology

With the SARS-CoV-2 pandemic being relatively recent, there has been an influx of literature surrounding various aspects of the virus. There has been evidence for face masks decreasing viral transmission (Abboah-Offei et al.,

2020). Studies have looked at the stigmatization of Chinese individuals (Xu et al., 2021). Other studies have acknowledged that stigma does have a role in mask wearing when paired with compulsory laws (Royo-Bordonada et al., 2020), but they are not focused on the nature of that stigma in the context of covid. Based on a PubMed and Google Scholar search, to our knowledge, there have not been any studies focused on mask-wearing stigma in the coronavirus pandemic. This analysis was conducted by surveying articles in PubMed and Google Scholar that matched a predetermined set of search terms. The search strategy combined the keywords 'mask,' as well as various iterations of SARS-CoV-2, Coronavirus, or Covid-19 to broaden sensitivity while maintaining specificity. Articles that did not directly link to the idea of stigma or focused on cultural differences and personal experiences were excluded. The literature search was narrowed down by filtering for articles that were published in the past 15 years that wrote about the topic of mask-wearing from a psychological, sociological and/or philosophical perspective, to make the research valid, recent, and pertinent to the topic of masks and stigma.

Themes

Theme 1: Stigma

I. What is stigma?

Stigma can be described as a particular characteristic or attribute such as race, cultural background, sex, intelligence, disability, mental illness, or health that takes away one's character and sets them apart from others (Xu et al., 2021). It can represent a view of life; a set of personal or social constructs; a set of social relations and social relationships or a form of social reality (Coleman, 1986). It reduces and tarnishes the stigmatized from a whole person to a tainted and disregarded one, and can take place when discrediting marks are made between the individual and the deviant characteristics through attributional processes (Sotgiu & Dobler, 2020). People devalue stigmatized individuals as well as anyone else who is geographically or socially associated with them (Yang et al., 2007, p. 1524-1535). As people who are stigmatized often feel like they cannot actively participate in society, stigma negatively affects social justice (Sotgiu & Dobler, 2020).

II. Elements of social stigma

The conceptualisation of stigma identifies four elements that are linked with each other: anticipated stigma, perceived stigma, experienced stigma, and internalized stigma (Sotgiu & Dobler, 2020). These four elements could push someone to be more or less likely to wear a mask depending on their circumstance. Anticipated stigma is the belief that prejudice, discrimination, or stereotyping will be directed to oneself by others in the future (Earnshaw et al., 2012, p. 79-88). An example of this in the current pandemic would be people thinking about mask associations. Before the pandemic, masks were often associated with illness, which often results in avoidance from others. Amidst the pandemic, people anticipate that receiving a positive test will result in isolation. Perceived stigma is a fear of being discriminated against or the fear of enacted stigma; this arises from society's belief (Tesfaw et al., 2020). Individuals may fear that by wearing a mask, they may paradoxically appear afraid. Alternatively, people may fear being judged by

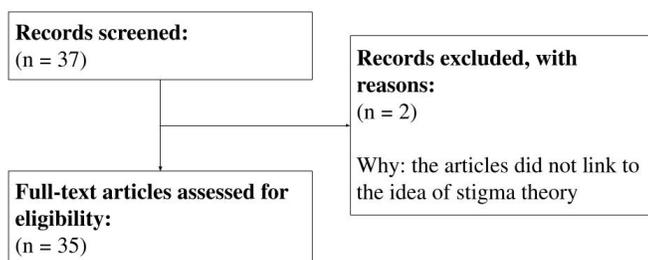


FIGURE 1. Flow diagram showing the number of records (abstracts) and full-text articles read through. 37 records were screened, 2 records were excluded as they were not directly associated with the idea of stigma theory, 35 full-text articles were assessed.

others as irresponsible individuals, which resulted in their infection (Sotgiu & Dobler, 2020). Experienced stigma refers to the actual experiences and encounters with stigmatizing attitudes and behaviours including prejudice, discrimination, or participant restrictions from the general population (Simonsen et al., 2019). Early in the pandemic, individuals who wore masks also limited their engagement with various social activities. Later, people who have been exposed or infected with COVID-19 have been excluded, isolated, or discriminated against by their family, friends and/or community (Sotgiu & Dobler, 2020). Internalized stigma is the process in which a person cognitively and/or emotionally absorbs negative information and stereotypes. This can cause the person to come to believe the negative messages, and apply them to him/herself (VA Office of Research and Development, 2010). For example, individuals may begin to label themselves as fearful if they choose to wear a mask and thus decide to avoid it. Alternatively, some patients may have felt shame or self-rejection when contracting COVID-19 and start to label themselves as irresponsible even if contrary to their true character (Sotgiu & Dobler, 2020).

III. Stigma in the context of health and COVID-19

Health condition-related stigma is the negative link between a person and a group of people who share a certain attribute or a specific disease (Turner-Musa et al., 2020, p. 168). It is a type of stigma associated with living with a specific disease or health condition, and in healthcare facilities, stigma can undermine diagnosis, treatment, and successful health outcomes. Addressing stigma is essential in delivering quality healthcare and achieving optimal health in all patients (Nyblade et al., 2019). When a disease is novel and leads to severe symptoms, death, fear, anxiety, and/or there is limited information surrounding the disease, this may lead to stereotyping, discrimination, and prejudice towards people with the disease. These types of negative behaviours, such as isolation, refusal to provide service, harassment, and/or bullying, may be experienced by the stigmatized

individuals/groups and may weaken the strategies that are used to avoid the transmission of the disease (Turner-Musa et al., 2020, p. 168). Stigmatized groups are most at risk during this pandemic due to the stigma surrounding COVID-19 and mask-wearing. Stigma can lead people to hide symptoms of illness to avoid discrimination, not seeking healthcare when necessary, and not wearing masks, and this is also why addressing stigma is so important. As well as that, stigmatizing language, such as “tuberculosis suspect,” has also been used during this pandemic; in this situation, this would have been “COVID-19 suspect.” These judgmental terms could influence attitudes and behaviours, for example, patients may avoid seeking treatment or it may impact the way policymakers address a disease, and lead to harmful public health consequences (Sotgiu & Dobler, 2020).

IV. One’s local moral world of importance

One’s local moral world of importance is the setting of moral experience which conveys what is most at stake for a person in their relationships in a community. This could include status, money, life chances, health, or jobs (Turner-Musa et al., 2020, p. 168). Here, moral experience refers to the kind of engagement that makes visible “values in ordinary living” or what matters most in the lives of ordinary people (Katz & Alegría, 2009, p. 1238-1246). In this world, an individual’s subjective and personal experience is interacting with the practices and engagements of other people in different ways. Therefore, the values of the individual and those of other people may be in agreement or conflict, involving contestations and compromises. Based on this reasoning, we could also apply it to the stigma surrounding mask-wearing. People in places like the U.S. may reject mask-wearing because it is foreign to people’s culture and is outside of expected settings, such as hospitals, Halloween costumes, and tasks that involve dangerous chemicals. Therefore, wearing a mask could be a threat to their local moral world of importance. This feeling of threat could be further worsened by something else that also bothers conservative republicans, such as the cultures and religions

that do wear masks. These could be Muslims or Asian countries, such as China. The U.S. has islamophobia since 9/11, and a fear of communism which China is a major representative of.

V. Previous negative connotations of mask-wearing

Even before this pandemic, wearing a mask in American society already had negative connotations. The general public not only perceives that masks can be a potential barrier to social interactions, but the practice of it can also be associated with criminals concealing their faces. In at least 18 U.S. states, including Washington D.C., there are decade-old mask laws that were initially enacted to keep the Ku Klux Klan members and other protestors from concealing their faces (Ma & Zhan, 2020). During this pandemic, these laws and customs have caused contradictory signals for Americans to wear face masks to protect themselves. On the contrary, people living in East Asia have different views. For example, during the SARS epidemic, 70.1-88.9% of Chinese residents believed that SARS could be successfully prevented or controlled, and these figures are similar to the findings on the rates of final success and confidence in winning the battle against COVID-19. This optimistic attitude from Chinese residents could be explained by a variety of reasons, including, the unprecedented COVID-19 control measures, the concerted efforts from across the country, and the good and reliable knowledge about COVID-19 among the Chinese residents (Zhong et al., 2020, p. 1745-1752). People in China, Japan, Taiwan, and other East Asian countries also wore masks even before this pandemic for a multitude of other reasons, including protecting themselves from air pollution, preventing the spread of the flu, keeping their faces warm during winter, or hiding their faces when they want to avoid unnecessary social interaction. However, in mainland China and Hong Kong, mask-wearing did not become widely popular until the SARS outbreak in 2003, and the development of long-term air pollution. The governmental policymakers and the media soon

changed their attitudes towards mask-wearing from voluntary to widely encouraging the practice (Ma & Zhan, 2020). Through this, we can see that there are very different opinions on the practice of mask-wearing among different cultures, especially between China and the U.S. Some of the ways we could encourage mask-wearing in the U.S. and other countries include spreading awareness about the importance of mask-wearing and combating false or misleading information.

VI. Neo-racism

If stigma is applied to a group of people who is from a different racial group, then this may amount to racism. Previous literature on international students has recorded cases of verbal assault, sexual harassment, and physical attacks against Asian, Middle-Eastern, African and Latin American international students in the U.S; although they would not feel like a direct target of racism, they may feel subtle bias, prejudice, and exclusion in society. Scholars call this “neo-racism”, which is also known as cultural racism (Ma & Zhan, 2020). Neo-racism refers to the discriminatory behaviours and attitudes towards people based on culture, national origin, relationships between countries, skin colour, and language. It can occur in a variety of contexts, including political regulations and educational settings (Lee, 2007). It may also cause the American public to perceive international students as a threat to their country. There is also growing attention to the disparities in the incidence, prevalence, and mortality associated with COVID-19 in certain racial, cultural or ethnic groups. The conditions leading to these disparities might be some of the social determinants of the stigma surrounding this disease (Ma & Zhan, 2020).

VII. Factors affecting stigma

In general, people with greater personal resources such as income, education, social support from family and friends, and good mental health usually have more knowledge about emerging infectious diseases, were less worried, and were less likely to stigmatize. Therefore, they would be more likely to wear masks (Jarlais et al.,

2006). On the other hand, people from a racial/ethnic minority status, lower formal education, lower socioeconomic status and lower-income have been associated with being poorly informed and worried about these emerging infectious diseases, so they would be less likely to wear masks (Jarlais et al., 2005). Education, honest communication, and the use of non-discriminatory language can help improve the attitudes and behaviours towards COVID-19 and reduce the stigma surrounding mask-wearing. Effective communication includes reliable information about the disease (e.g. contagiousness, number of diagnosed people, fatality rate, etc.) and the recommended infection control guidelines. Healthcare services that communicate clearly and work responsibly can help relieve fears among the community, reduce stigmatization, discrimination, and stereotyping (Sotgiu & Dobler, 2020).

Theme 2: Psychological Factors

I. What are psychological factors?

Psychological factors are types of factors that influence one's mental state. These include thoughts, self-image, self-confidence, motivation, concentration, attitude and more (Upton, 2013). During this pandemic, psychological factors have been associated with one's decision to wear a mask, and why they may or may not decide to wear one (The Conversation, 2020).

II. Perception of risk

One psychological factor is the perception of risk, which is a personal judgment that one makes about the characteristics and severity of a certain probability (Darker, 2013). It entails predicting and forecasting the amounts of future negative consequences and the evaluation of how painful these consequences would feel, therefore, it is influenced by impact bias (Wolff et al., 2019). If we apply this to the current pandemic, for example, if one believes that COVID-19 does not pose a large risk to oneself, then they would probably decide not to wear a mask (The Conversation, 2020).

III. A tendency towards risky behaviour

Another psychological factor affecting mask-wearing is a tendency towards risky

behaviour, which refers to a tendency to engage in potentially harmful and dangerous activities. Even though these behaviours put those who engage in it in harm's way, they also allow the participants to experience an outcome that they would perceive as positive (Tull & Susman, 2020). During this pandemic, a person with a greater tendency for risky behaviour would be less likely to wear a mask and maintain social distancing as opposed to someone who is more risk-averse (The Conversation, 2020).

IV. Psychological reactance

There could also be another psychological explanation called the phenomenon of 'psychological reactance.' (The Conversation, 2020) This is an unpleasant motivational arousal that occurs when people experience a threat or loss to their free behaviours. It can motivate a person to restore their freedom, and lead people to resist the social influence of others (Steindl et al., 2015, p. 205-214). We can apply this phenomenon to the current situation. For example, if a person is being told to wear a mask, then they may feel that their behavioural freedom is under threat, causing them to feel angry and other negative emotions. To avoid feeling these types of emotions, they would not comply with the guidelines they had been told to reinstate their behavioural freedom (The Conversation, 2020).

V. Personal experience, effect, and risk perception

There is a conceptual relationship between personal experience, affect and risk perception. Personal experiences and the effect they have can shape perceptions of certain ideas (Linden, 2014, p. 430-440). For example, if someone has had a personal experience with a specific risk, they would think that it is more likely to occur; therefore, they would weigh this more heavily when making decisions. If we apply this to the current situation, young people usually have known fewer people with severe COVID-19 symptoms; therefore, they would usually feel less worried (The New York Times, 2020).

VI. Erving Goffman's concept of dramaturgy

Erving Goffman, a sociologist, developed the concept of dramaturgy. This idea is a

sociological perspective on identity that says life is like a never-ending play in which people are actors (Lumen, n.d.). It is often argued that human interactions are based on time, place, and audience in dramaturgical sociology. Goffman believed that we use “impression management” to present ourselves to others as we hope to be perceived. According to Goffman, we do this by using sign vehicles. This refers to a particular event or object that acts as a sign and can include social setting, appearance, and manner of interacting (Spark Notes, n.d.). Goffman has also said that people often seek to pass or avoid behaving in ways that could be stigmatizing, tainting or bad within groups. People usually want to be accepted and liked and seen as friendly and outgoing, not hostile and scared; therefore, people often refuse to wear masks because of indirect group pressures or worries about what others may think. However, research has also suggested that the more people someone sees wearing masks, the more likely they are to wear a mask themselves (The New York Times, 2020). A person would feel less insecure and odd about wearing a mask if they are exposed to more groups that wear them.

Theme 3: Other Reasons

I. Misconceptions surrounding the practice of mask-wearing

People may also decide not to wear masks due to misconceptions about COVID-19. Some people believe that masks are only needed if they have COVID-19, which might often be the case with the diseases they are familiar with; they may view a lack of symptoms as a sign that they do not have to wear one (Eliyahu and Lisa & Lehmann, 2020). Early messaging from health experts likely contributed to these misconceptions as health officials, such as the U.S. Surgeon General, said that masks were not necessary for the general public (@Surgeon_General, 2020). Since then, guidelines have changed, as it has been estimated that over 40% of people who have contracted the virus are asymptomatic or pre-symptomatic (Eliyahu and Lisa & Lehmann, 2020). Additionally, the spread of misinformation on social media platforms including Twitter,

Facebook, Instagram, etc. provides both challenges and opportunities for clinicians. The media offers an opportunity for healthcare professionals to convey information about hazards; however, it also allows others to counter this with the spread of misinformation about masks and other health guidelines, and make the outrage worse (Malecki et al., 2021, p. 697-702). Overall, this can create anxiety and uncertainty among the general public. At the start, it was also hypothesized that COVID-19 was as infectious as measles and that it had a very high case fatality rate. Overall, this overabundance of news, mixing facts, rumours, and fake news, has been a key driver of the social stigma surrounding COVID-19 and mask-wearing during this time in our society. This could potentially obstruct the fight against COVID-19 and have serious fatal consequences (Sotgiu & Dobler, 2020).

II. Immediate inconveniences

One of the other reasons why one may decide not to wear a mask is simply because of the troubles that they can create, including fogging up glasses, making breathing difficult, increasing costs, and speaking more challenging (The New York Times, 2020). Altogether, these disadvantages may outweigh the benefits, leading to a person deciding to not wear a mask.

Conclusion

In this literature review, some of the reasons why people refuse to wear masks including stigma, psychological factors, misconceptions, and the immediate inconveniences of wearing them have been addressed. The stigma surrounding COVID-19 and mask-wearing during this pandemic has had many negative impacts. Those who are anti-mask may refuse to wear masks because it is foreign and unusual to people’s cultures, therefore, it would be seen as negative and unappealing. On the other hand, those who are pro-masks may still refuse to wear masks because they do not want to be prejudiced. Stigma can lead people to hide symptoms, avoid seeking healthcare and may further isolate themselves to avoid discrimination from those who are anti-mask. As well as that,

stigmatized groups are more likely to have trouble accessing and face bias in health-care systems. Overall, all of these factors come with their own health risks and may make it more difficult to contain the spread of the virus. There are still other numerous factors that influence one's decision, including demographic factors, such as culture, political affiliation, and education that make it difficult to reduce human decision making to a simple equation; however, by analyzing stigma in the context of mask-wearing, further insight can be gleaned into changing one's mindset towards wearing the protective material and approaching future public health emergencies. One of the ways we could encourage mask-wearing is by tackling the main sources of stigma during the COVID-19 pandemic, including false or misleading information, and the social determinants and factors causing the disparities in the incidence, prevalence, and mortality associated with COVID-19 in certain racial, cultural or ethnic groups. We can do this by spreading clear, precise and reliable information, educating others and using non-discriminatory language to reduce the negative attitudes and behaviours surrounding COVID-19. Another way we could change one's mindset towards wearing a mask if we show shared attitudes. If one is exposed to more groups that wear masks, then they would be less likely to feel insecure about wearing one as well. This research paper was limited by the relatively small number of journal articles relating to the specific topic of masks and stigma during the COVID-19 pandemic, but it still remains valuable and relevant as the findings are generalisable and applicable to society during this time, and the research has validity.

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