

## Mini Review

## Face Covering Obstinacy: Ideology Unmasked

DeBoy JL\* and Monsilovich SB

Department of Health Sciences, Lincoln University, New Zealand

**\*Corresponding author:** James L DeBoy, Department of Health Sciences, Lincoln University, New Zealand**Received:** October 13, 2020; **Accepted:** November 03, 2020; **Published:** November 10, 2020**Abstract**

Despite myriad public health guidelines strongly encouraging use of face coverings and select government entities requiring face mask use during the COVID-19 viral pandemic, many Americans vehemently protest and resist the community call for compliance. While the current social-political climate of perceived government overreach plays a major role in mask refusal, there are other factors. This paper will explore those motivations that undergird this dangerous behavior that threatens not just the welfare of the non-user but also the health of the larger community.

**Keywords:** COVID-19; Face masks; Public health guidelines**Introduction**

In the past seven months much has been written about the COVID-19 pandemic and its debilitating effect upon the nation's health and economic statuses. While the entire world awaits the arrival of an effective vaccine, the three most widely-touted proactive measures designed to contain the virus' spread consist of sheltering in-place, social distancing, and wearing of face coverings. Yet many Americans have consciously resisted these public health advisories. This paper will explore some of those reasons that lead to noncompliance during this pandemic.

**Mistrust of government**

Denial of the pandemic's morbidity and mortality effects poses an immense barrier in stopping this disease. When people fail to believe government/scientific data on the mode of transmission, its distribution and preventive methods, they are unlikely to follow public health guidelines. Additionally, if an individual sees mandated facial coverings as overt government overreach, s/he tends to resist those imposed restrictions.

**Perceived threat**

Complicating noncompliance may be non-user's sense of invulnerability – “the disease won't infect me” – and even it does, its effects will be perceived as inconsequential – “I may get sick, but I surely won't die”. When an individual believes that the chances of becoming infected are low, s/he is more likely to engage in that behavior, i.e., not wearing a mask. Similarly, when the outcome associated with the risky behavior, e.g., attending mass gatherings without masks, are deemed not serious, continuation of that risky behavior is virtually guaranteed.

**Observer bias**

A related issue of observer bias appears also to be driving noncompliance of face coverings: deniers actively seeking (mis) information to support their at-risk behavior. It bears mentioning that revisions and re-revisions of recommendations issued by the Center for Disease Control (CDC) coupled with less transparency lends credence to non-mask users' position, e.g., early (inaccurate) reports cited face masks as ineffective in combatting the virus' spread and that the disease was only affecting older populations. These

conflicting public health edicts caused a number of local public health officials to ignore the CDC agency and follow their own judgments (Vestal & Ollove, 2020). An unfortunate result of eroding trust in the CDC confuses and possibly leads the general public to disregard guidance that could save lives.

The published data on COVID-19's morbidity and mortality rates can also be (mis)used to justify noncompliance. Clearly, one million documented infections coupled with an excess of 200 thousand deaths are horrific evidence of this pandemic's deleterious impact. Those numbers notwithstanding, opponents to mask coverings can minimize that threat by responding the likelihood of becoming infected and/or dying is extremely low – with a U.S. population of 330 million, the infection rate is 3/10 of one percent while the death rate is 6/100 of 1 percent. Statistics can be viewed from multiple perspectives. Sadly, when the perspective differs from that of the scientific community, wider society is placed at risk.

**Individual rights trump societal needs**

Misguided assumptions of personal freedom and individual rights “to choose poorly” exacerbate folks' unwillingness to the wearing of facemasks. A perfect storm of wrong-headed obduracy has arrived: fearing loss of the right to assemble (and to bear arms?) has fueled push-back against those very health measures designed to reduce viral spread: social distancing and limits on large public gatherings. When a person believes that one's first, second, fifth, and tenth amendment rights are under attack by government initiatives, s/he will often resist those public health efforts perceived as diametrically opposed to the safeguarding of these cherished amendments. When mask opponents fail to recognize that individual members are but part of a larger whole, they compromise the welfare of the public good. It is the authors' contention that, in cases of documented national emergencies, individual freedoms must be temporarily suspended in order to ensure justice (and viability itself) for all. The whole is greater than its individual parts during a pandemic. Such thinking legitimized erosion of personal freedoms at the expense of national security post-911 – COVID-19 presents yet another situation where the collectivity supersedes the individual. Without question any suspension of individual rights must be thoroughly vetted and scrupulously monitored.

### Role models

Social modeling accounts for yet another factor advancing noncompliance. When role models (figures perceived as heroes or persons worthy of value) project messages of noncompliance by words and/or behavior, face mask wearing will be shunned. Bear in mind that role models need not be “positive” (from a health perspective); models can be notorious, outrageous, or rebellious to cultivate a following of anti-mask adherents.

### Alcohol

The effect of alcohol upon rational decision-making is well established. It comes as no surprise, then, that bars and restaurants would be prime locations where mask wearing falls by the wayside. As a depressant, ethyl alcohol decreases problem-solving by relaxing the inhibition centers of the brain – those under the influence will routinely throw caution to the wind – and what’s thrown away will often times be masks and social distancing.

### Neurological immaturity

Limits of biological maturation may play a role in teens’ and young adults’ failure to adopt face coverings. The prefrontal lobe of the brain typically does not reach optimal development until the mid-late twenties, particularly for males (Johnson, Blum, & Giedd, 2009). This brain structure is responsible for evaluating outcomes, forming judgments and controlling emotions. In short, possible

negative outcomes associated with risky behavior may not be fully registered, if at all. The teenage brain is also focused more on thrill seeking, i.e., engaging in risky behavior. “COVID-19 parties” may be the unfortunate endproduct of neurological immaturity where party-goers revel in song-dance-alcohol without the safeguards of face coverings and social distancing.

### Conclusion

Refusal to adopt facial coverings during the COVID-19 pandemic presents challenges to public health professionals and (selected) government officials. Some justifications for noncompliance may be credible, others less so. Given a significant portion of the population’s unwillingness to don facemasks and social distance, the spread of viral infection will continue to flummox policy-makers. A readily available vaccine will, hopefully, end today’s viral plague... provided the noncompliant folk avail themselves of the vaccine. The cynic would argue that mask noncompliance would devolve into vaccine refusal – a scenario that would only perpetuate the viral pandemic.

### References

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