

A Study on Anti-Maskers

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Abstract

In-depth interviews were conducted in September of 2021 with 15 Florida residents between the ages of 18-30 (8 males, 7 females). Our primary goal was to identify why these individuals choose not to wear face masks when required or highly recommended despite the potential legal, social, and health consequences. The researchers discovered that these individuals frame not wearing masks as physically harmless, and socially and legally acceptable. Specifically, these individuals justify their anti-masking actions using seven patterns arising from both their internal views and external influences. These patterns are: 1) Changing CDC mask wearing recommendations, 2) Mask wearing health consequences, 3) Denial of the severity of the virus, 4) Right to choose, 5) Florida living 6) Media influence, and 7) Others are not wearing masks. We discuss the limitations to the study and conclude with recommendations for those who are proud maskers in addition to a discussion providing further ideas for study.

A Study on Anti-Maskers

COVID-19 is a coronavirus disease that originated in Wuhan, China. The most comprehensive effect of COVID-19 is severe acute respiratory syndrome, which is highly contagious and extremely fast-spreading (Davis et al., 2021). Although many people only develop mild symptoms, some people, especially those with underlying conditions, can become seriously ill, hospitalized, or even die from COVID-19. COVID-19 spreads through respiratory droplets that are expelled by an infected person (Davis et al., 2021). This disease caused the Center for Disease Control and Prevention (CDC) to declare a global pandemic in March of 2020. Only four months after this declaration, over 575,400 people died from Covid-19 globally. The COVID-19 virus eventually spread to nearly every other country. By September 2021, it had infected over 231 million people and killed 4.7 million people; nevertheless, 218 million people have recovered from the disease (Worldometer, 2021). According to Worldometer (2021), the highest percentage of deaths comes from those with underlying conditions, and there is a direct correlation of an increase of deaths with age.

This pandemic has caused significant damage in the world, including to the economic and health system worldwide. One of the reasons for the fast and concerning spread is that 40 percent of infected persons are asymptomatic or pre-symptomatic, which spreads the virus a lot quicker (Stoddard, 2021). The CDC and the World Health Organization (WHO) have put forth recommendations to help control the spread of the virus. These include wearing face masks in public, washing hands frequently, sanitizing surfaces, and maintaining social distance (Pascua-Ferra, 2021; Davis et al., 2021).

Prior to the Coronavirus, mask-wearing was mainly used in the medical community in the United States. During surgery and other health procedures, one could possibly be infected or infect others, and so medical masks were used for protection (Stoddard, 2021). When the

Coronavirus first started spreading, masks for non-health-care workers in the United States were actually discouraged by the CDC and WHO due to research that revealed that masks did not add protection and most likely would not have been used properly (Taylor & Asmundson, 2021). This reasoning is despite previous history that masks can limit the spread of disease in pandemics. Additionally, vast numbers of medical-grade masks were needed for health care workers (Taylor & Asmundson, 2021). The CDC, in April 2021, began recommending standard cloth or fabric masks for the general population to use in public to help control the spread of the virus (Centers for Disease Control and Prevention, 2021). The CDC claims that wearing a simple cloth mask acts as a barrier against the particles of COVID-19 that come from coughs and sneezes. According to the CDC, the thicker the mask, the better the barrier. Still, at the time, the CDC recommended that the best masks were N95 and KN95 masks, and so it would be best if they were reserved for healthcare workers (Centers for Disease Control and Prevention, 2021). Many of the mask recommendations eventually led to state, city, and even private mandates in the Summer of 2020, causing controversy among some people (Taylor & Asmundson, 2021).

After the rapid spread of Covid, many businesses, towns, and even state governments began recommending, and then requiring masks, which greatly angered some people. Many of those who hold anti-government and anti-establishment views began fighting and protesting the mask rules (Pascua-Ferra, 2021). Some people took to social media to express their concerns about wearing masks and their fears that the severity of Covid was being exaggerated. Many social media hashtags, including “mask hoax” and “masks off,” began trending during the introduction of the mandates (Pascua-Ferra, 2021). Many people even began having arguments with others over masks. Store employees trying to enforce their own or government mask guidelines became threatened and even assaulted in some cases. Several reports mentioned that customers became more violent, including yelling, swearing, slapping, and even choking

employees in mid-2020 (Goodwin, 2020). There were even employees who were shot or even killed by angry customers for telling customers they had to put on a mask; the customers said that it infringed upon their personal liberties. Understandably, many store employees became fearful to be the mask police, and without federal mandates, government enforcement in the United States was weak. The CDC eventually had to develop updated guidelines for employees to not argue with customers over masks and set new guidelines to limit workplace violence (Goodwin, 2020). Since many were against masks then, the guidance from health officials came to be difficult to enforce over workplace safety.

There are many reasons that people choose not to wear masks. Mask usage is more common in certain areas than others, among certain age groups than others, and among certain people of political beliefs than others. One of the predominating reasons why certain people do not wear masks is because of misinformation. All pandemics have misinformation due to unknown factors, and health officials trying different tactics to prevent the spread of viruses. According to Stoddard (2021), "Hospitalization and death happen away from the public eye, and our changing understanding of the . . . disease have favored the spread of misinformation" (p. 2). As said above, at the beginning of the Covid pandemic, masks were initially not recommended due to the claim that masks can provide a false sense of security, and as people touch their faces, the chance of infection increases. Medical grade masks were at the time reserved for healthcare workers and those infected (Taylor & Asmundson, 2021). A shortage of N95 masks, which were reserved for healthcare workers, was a big reason for the initial recommendation against masks. However, that did not sway Americans from trying to buy masks at a time when health authorities had not recommended them. The U.S. sergeant general even tweeted, "Seriously people--- STOP BUYING MAKES!" (Pascua-Ferra, 2021, p.2). A month or so later, the CDC and WHO began to recommend masks wearing for the general public as a way of slowing the spread

of COVID-19 due to large community spread, but what people believed was limited science. This recommendation caused many controversies and caused many not to wear them, as the government was accused of lying in order to reserve masks for healthcare workers (Pascua-Ferra, 2021). In May of 2021, when vaccines became widespread, the CDC and WHO changed their stance again, recommending that vaccinated people did not need to wear masks. That information changed once again with the introduction of the Delta variant, and in the late summer of 2021, masks became recommended again. These agencies kept changing their stances, which led to some individuals becoming angry and not wearing masks (Taylor & Asmundson, 2021).

Misinformation in the media has also become a very common practice during the pandemic. Many news outlets provided a lot of misinformation during the pandemic about what should be done and how masks should or should not have been worn. This is especially true of news outlets that cater to specific demographics and political leanings. These people are not scientists nor experts on the pandemic and are giving information that they believe is accurate or expanding on information to appeal to certain beliefs added a lot of misinformation, causing confusion and, therefore, people not to want to wear masks (Davis et al., 2021). In addition to misinformation by health authorities, many influential leaders, especially in the Republican party, vocalized against wearing masks. For example, according to McKelvey (2020), when masks were first recommended in 2020, “The Republicans followed the lead of the president: Trump has been very reluctant to wear a mask” (McKelvey, 2020, para. 6). When one's leader says he will not wear a mask, many then question the science behind it; if top leaders, given the most intel on the virus, choose not to wear a mask, many wonder how effective wearing masks is. Many health officials are frustrated by the misinformation causing those anti-maskers not to follow the science (Stoddard et al., 2021).

Another reason as to why people do not wear masks that researchers have identified maybe due to their personality traits. According to Stoddard et al. (2021), non-compliance has been linked to the “dark-triad” traits. These include “Machiavellianism, Psychopathy Factor 1, narcissistic rivalry, antisocial behavior, higher levels of impulsivity and a prior record of delinquent behaviors” (Stoddard et al., 2020, p.2). This reasoning conveys that individuals who do not wear masks do what is best for themselves and do not consider the common good. These individuals may use the argument of personal liberty to justify their non-compliance. They believe that it is best to do what is best for themselves, even if it can harm others. Furthermore, they tend to be very impulsive and might have committed deviant behavior in the past. They are used to not following rules and choose not to due to their personality and dark triad traits (Stoddard et al., 2020). According to Taylor and Asmundson (2021), antisocial and narcissistic traits are also big personality traits that anti-maskers have. Both these texts suggest that people who are non-compliant in general society are more focused on what benefits themselves than on the group and therefore are less likely to wear a mask despite recommendations or requirements (Stoddard et al., 2020).

Personal liberties are another major reason that people choose not to wear masks. Infringement of personal liberties seems to be one of the most common reasons that anti-maskers reject usage. According to Pascual-Ferra et al. (2021), many anti-maskers blame the government for infringing on their personal rights. This is not the first time that resistance to masks has been prevalent. For instance, during the 1919 Spanish Flu, to a much lesser extent, society also faced anti-maskers and anti-mask protests due to violation of civil liberties (Taylor & Asmundson, 2021). First, some people feel that a government mandating them to wear a mask violates their personal liberties. They may believe that God's right to breathe is being taken away from them. When the government forces mask mandates, people feel that it is against their First Amendment

rights. People, especially Conservatives, do not like being told by the government what to do (Taylor & Asmundson, 2021). This is especially true when many people claim that they are not finding real science to back up that masks are protective, and the CDC keeps changing its stance on masks. Other reasons for personal liberties of anti-maskers include that masks are ineffective, harmful to one's right to breathe, and that the Covid pandemic is exaggerated.

In the United States, these claims of masks as a violation of political liberties were very prevalent during the highly contested presidential election of 2020. Incumbent Republican President Donald Trump was very much against wearing masks, while the Democrat candidate Joe Biden was pro masks and wanted to see more mask mandates (Pascua-Ferra, 2021). Researchers include political conservatism as a correlation with the traits of not wanting to wear masks (Taylor & Asmundson, 2021). Many anti-government citizens believed that masks were a method of social control and that they took away personal liberties and influenced the election outcome. Many on the Conservative side did not believe in masks, saying mandating them was unconstitutional and anti-democratic. In contrast, many on the left supported masks. Inglis and Almila (2020) state that “Masks became highly-charged symbols. . . . Wearing a mask has been interpreted as a sign of being a Democrat, and therefore anti-Trump, which then brings the risk of the mask-wearing being thrown out of stores and other places where the owner has right-wing political allegiances” (p. 253). The masks made the election about personal freedom and personal liberties and mask mandates became fraught with political contention (Pascua-Ferra, 2021).

There is also research that suggests that many Conservatives do not support mask wearing because they do not regard COVID-19 with the same level of fear and concern that many Democrats do. Some people who choose not to wear masks do not have the same level of fear of the virus and do not care about the repercussions of not wearing masks (Kessel & Quinn, 2020). Therefore, many anti-maskers also choose not to wear masks simply because they lack

concern for themselves and others. While not entirely, many of these views arise from partisan beliefs on Covid. According to the Pew Research center, 77% of Democrats reported they had high or fairly high concerns about unknowingly spreading COVID-19 to others; in contrast, 45% of Republicans expressed this worry. Meanwhile, 64% of Democrats are concerned that they could become infected with Covid to such a severe extent that it would require them to be hospitalized; just 35% of Republicans had this concern (Kessel & Quinn, 2020). According to this data, most Democrats are very concerned about Covid, while less than half of Republicans are (Kessel & Quinn, 2020).

In addition to the above reasons, some people have a negative attitude towards mask-wearing. These people do not think that masks are at all effective in protecting people from Covid. The most common views against mask wearing include questioning their effectiveness, finding them uncomfortable, having difficulty adapting to the habits of wearing masks, and, as said multiple times, not believing that the pandemic is worrisome (Taylor & Asmundson, 2021). National news that informs viewers about mask protests has also helped instill negative attitudes about mask wearing in some people. This was especially true since governments required masks wearing and, many were against government regulation and control. Research conducted by Davis et al. (2021) sheds light on the development of positive and negative attitudes towards mask-wearing. Davis et al. (2021) suggests that those who are non-compliant with the mask mandates are that way because they have not been sufficiently exposed to “mask initiation” (through positive conversation around it or being in the right environment). This also is because they have not sufficiently developed the actions to sustain the habit of mask-wearing (through practice or emotional transformation) (Davis et al., 2021). In other words, adopting new habits requires both a change in one’s behavior and attitude, and many non-compliant citizens have developed a negative attitude towards mask wearing.

The fact that masks are so controversial when in a global health pandemic has led to this study being conducted. The purpose is to discover why people do not wear masks despite the negative health, social, and legal consequences. This is especially true in Florida, where statewide masks restrictions have never been enacted. This is also true among the younger age group, 18-30, who have better health, are younger, and are less likely to wear masks, especially given that group's loyalty to the media.

This study conducted 15 in-depth interviews among Florida residents in the age range of 18-30 who are against masks and choose not to wear them where required. This purpose of understanding why this population sample does not wear masks is to help give a clearer picture of the general population resistance.

We discovered that anti-maskers do not agree with masks; this stemmed from their lack of scientific understanding of the medical statistics of the importance of mask wearing and their ability to curtail the further spread of the pandemic. They claim that the effectiveness of masks is hard for them to believe, adds little protection, and they do not believe much in the seriousness of the pandemic, even after some of them knew people who have died or contracted Covid. They believe mask mandates violate their civil liberties, is a partition issue, and causes more harm than good.

Throughout the remainder of this paper, we will 1) discuss the methodology for our found research, 2) detail seven patterns found among participants who do not wear masks, and 3) discuss the implications of what our research found towards answering why people do not wear masks when required or recommended.

Methods

Over the course of two weeks, three undergraduate student researchers conducted 15 in-depth interviews with Florida residents between the ages 18 and 30 in order to discuss why these

individuals choose not to wear a mask despite the social, health, and legal consequences. A purposive sample of 15 individuals was interviewed utilizing hand-held audio table recorders during September of 2021.

Each student researcher recruited five Florida residents to interview within the target demographic mentioned previously, all of whom choose not to wear a mask in required or highly recommended settings. The researchers excluded interviewing individuals outside of the desired demographics in addition to the exclusion of non-Florida residents. This sample helped to ensure that vulnerable populations like children, pregnant women, and prisoners were not selected to participate in this research study. This recruitment was made possible by inquiring with peers and family members to decipher proud anti-maskers from proud mask wearers. Once located, the researchers chose to narrow down the pool of proud anti-maskers to include a mix of male and female participants without selecting more than two participants from the same age group. This was done in order to ensure diversity among participants. Although some interviewees were hesitant to participate when first approached, brief persuasion and offering a cup of coffee during the interview process proved to be an effective means of overcoming this hesitation. Additionally, some interviewees were proud and eager to express their stance on why they do not believe in mask-wearing. The qualitative research method of in-depth interviews was chosen because the benefits of in-depth interviews are that, unlike focus groups, they can be used to address sensitive topics. Conversing one-on-one, individuals may feel more comfortable fully and honestly expressing their opinions and experiences (Mack et al., 2011).

Table 1 reports the interviewee demographic categories, including gender, race, and native Florida status. Our interviewees consisted of an almost even split of males and females and married and non-married persons, with only one more male and one more person of married status. While every interviewee was a Florida resident, the majority were also Florida natives.

Slightly over a third of the participants were also college students between the ages of 18-21 and there were an equal amount of people in each age bracket between 22 – 30.

Table 1
Interviewee demographic information

<i>Demographic Category</i>	<i>N</i>
<i>Gender</i>	
Male	8
Female	7
<i>Marital Status</i>	
Married	8
Non-Married	7
<i>Florida Native</i>	
Yes	10
No	5
<i>Age</i>	
18 – 20	6
21 – 23	3
24 – 26	3
27 – 30	3

All undergraduate researchers involved in this study completed training in interviewing procedures, ethical guidelines, and transcription protocols. In addition to this, each researcher

completed CITI training and received CITI Training certifications in Social and Behavioral Research.

The interviews took place at the time and place of the participants' choosing in order to support anonymity and accommodate the interviewees' schedules. On average, each interview lasted approximately twenty minutes and consisted of a compilation of open-ended questions. The utilization of open-ended questions was done in order to establish autonomy among interviewees and allow interviewees to answer questions with as much or as little detail as they liked. The interview questions addressed four basic issues: demographics, mask usage patterns, ethical and legal implications, and previous Covid experiences. These topics were addressed by answering questions like those below:

- What consequences are you aware of from not wearing masks?
- Why do you choose not to wear a mask when required?
- Describe to me the feelings you associate with not wearing a mask.
- What political ideologies relate to your mask-wearing?
- Tell me about your previous experiences with Covid.
- Tell me about your previous Covid vaccine experiences.

The risks and discomforts associated with this study are psychological, social, legal, and economic risks. One of this study's psychological risks was that this might be a sensitive topic for respondents due to the severity of COVID-19. Additionally, participants could potentially feel guilty about their mask usage. These risks were mitigated by maintaining the confidentiality of participants and providing respondents with supportive resources that were made available on an as-needed basis. In terms of the social risks of this study, respondents could experience reputation damage as one's social image could be altered if their participation in this study were to be revealed. These risks were mitigated by maintaining the anonymity of respondents through

the utilization of encrypted files and the elimination of names and other identifiable information. Lastly, respondents faced potential legal risks by participating in the study. The confession of not wearing a mask in places where masks are required could be revealed to third parties, resulting in potential legal consequences. This risk was mitigated by maintaining the confidentiality of respondents. Economic risks could be that if a participant's employer finds out that they are against mask-wearing, they could fire them if the information were leaked. These risks were mitigated by keeping confidentiality to reduce the likelihood of consequences for behavior.

A benefit of this research study is to provide a deeper understanding of why individuals may choose not to wear masks despite the social, legal, and health consequences. An additional benefit is for the participants to reflect on their mask-wearing usage and help them to think about whether their beliefs and actions are effective or not. Another benefit is to collect valuable data to see if external forces have caused this deviant behavior.

All interviewees received and signed a consent form which included information pertaining to the purpose of the study, the risks of the study, and the direct contact information of the designated interviewer. Additionally, respondents were made aware of their rights as study participants and were informed of the fact that they would not be paid for participating in this study. They had the right to skip any question they felt uncomfortable with and were reassured that all information was confidential. The researchers also made a point to emphasize the participant's right to withdraw at any time. These precautions established trust among interviewees and interviewers. They provided an opportunity for interviewees to see the significance of this survey, which consequently allowed for a high-caliber dialogue to follow. All data collected was encrypted in a secure cloud server. All interviewees were given a unique letter and number code, such as C-1, to identify them based on the researcher and the order they were interviewed in.

One of the problems the researchers faced during the interviewing process was successfully gathering detailed responses. The researchers quickly discovered that although some individuals were quick to open and share detailed responses, others refrained from doing so. This problem was overcome by building better rapport with interviewees early on. Although one of the researchers struggled to build rapport with the respondents more than the others, this researcher was able to overcome this issue through additional communication and relationship-building practice. Despite these challenges, all three student researchers remained dedicated to their research and persevered through these challenges in order to gain the necessary insight for this study. Some interviewees seemed frustrated throughout the process and would provide more elaborated off-topic answers, and the student researchers had to steer the interview back in the right direction.

An additional problem the researchers faced throughout the duration of this study was scheduling conflicts as several researchers and respondents maintain busy schedules. This was illustrated as several interviewees were late or failed to show up to the scheduled interview. Additionally, some interviewees could not get to a private enclosed location, and many interviews had to be conducted on FaceTime due to Covid. The researchers overcame this problem by sending interview reminder notifications and confirming the interviews twenty-four hours in advance of the scheduled interview. This proved to be an effective means of problem resolution since all participants who confirmed the interviews twenty-four hours in advance of the scheduled interview were in attendance.

Results

The results of this study were concluded in the form of recurring appearances of similar thoughts, statements, and justifications among participants. These include the following patterns: changing CDC mask wearing recommendations, the various health consequences associated with

mask wearing, denial of the severity of the virus, and the right to choose. The second part of the results section examine how external factors like the social environment and the media have influenced views on mask wearing with patterns of Florida living, the influence of the media, and the idea that others are not wearing a mask.

Changing CDC Mask Wearing Recommendations

Participants are frustrated with masks by not believing the science is accurate due to the number of times that the CDC has changed the recommendations for mask-wearing. At first, the CDC recommended against mask-wearing and then recommended for it; they have continually gone back and forth. C4 said about the changing recommendations: “When the pandemic first started, they recommended against wearing masks. They said only wear N95 masks, other masks don’t work. Then they shifted their stance onto wearing masks, and it’s almost become a person’s individual choice if you need to wear a mask inside a store or not. The CDC has not given specific guidance, especially if vaccinated on whether wearing a mask is effective and needs to be done.”

A second participant, C5 claimed “Even now, they are saying you cannot even use cloth masks; you need to use surgical masks now. At the beginning, they said you can use a mask with filters. Then, they changed it and said no masks with filters. They are all over the place. They need to make up their mind and stick to it!” C2 said about CDC recommendations, “The messaging has changed. That is where I get lost. When CDC guidelines changed a few months ago, a line from President Biden became “vaccinated or masked.” That quickly went away a month or month and a half later. Now what’s in place, where they say they follow science. Science says if you are vaccinated, you have an extremely small chance of dying, same chance of getting struck by lightning or dying, something very small. Bottom line is that the goal post keeps changing.” These quotes support the fact that throughout the pandemic, the CDC has

changed their stance on mask wearing many times, which leads to many questioning the scientific rationale for the masks and therefore not wearing them. All participants in these quotes were vaccinated and very well-informed on the timeline of the CDC guidance.

Mask Wearing Health Consequences

Several interviewees stated that a large reason they did not like wearing masks was not only because it made them uncomfortable, but also because they experienced adverse physical and emotional health consequences. They claimed that, especially being vaccinated, wearing a mask is more harmful than helpful to their health. Additionally, some interviewees reported feeling light-headed when wearing masks or even claustrophobic. C5, who has a mask medical exemption, stated, “It makes me feel very ill, which is why I have a mask exemption. I have asthma, can’t breathe, get lightheaded, get panicky, feel like I’m going to pass out.” C4 experiences some common reactions: “I don’t like it. I get lightheaded. It hurts my ears; my face gets all wet and sweaty. It fogs up my glasses.” L2 also claimed, “It’s hard for me to breathe easily when my mouth is covered with a mask.” Additionally, some claimed that wearing a mask can cause psychological issues for them. L5 stated, “I’ve struggled with anxiety for most of my life and this whole pandemic has only made it worse. Governmental mandated mask requirements scare me since wearing a mask makes me feel trapped and claustrophobic.” Some people have experienced all adverse reactions. C3 said, “It is hard for me to breathe in them. They are bad for my skin, not good for my anxiety.” While similar health concerns about masks exist among all five quotes, the health issues are different for certain people. Some claim it just hinders breathing, while others claim it can make them very sick in multiple ways. If true or not, people believe that wearing a mask causes health concerns and is a reason they choose not to wear them.

Denial of Severity of Virus

One of the most prominent patterns among anti-maskers is the denial of COVID-19 and its severity. Florida residents between the ages of 18 and 30 showed an overall lack of acceptance of COVID-19. One explanation for this may be that anti-maskers are not able to handle the seriousness of COVID-19 and, therefore, the psychological defense of denial overcomes the individual as a coping mechanism. L4 said, “I had COVID back at the beginning of the summer, and it was honestly no big deal, just your average flu. I think it's funny how we haven't heard about anyone dying from the flu this year. . . really makes you think that this whole Covid thing is totally made up.” L3 said, “Covid simply isn't real. My father is a 76-year-old cancer patient who has remained healthy throughout this time period, despite his underlying illness, and I can tell you personally that he hasn't slowed down since the pandemic began in 2019.” C1 said, “For a virus that has a 99.7% chance of survival rate, I'll take my chances and breathe freely.” C5 stated, “I think that they are pointless unless you are wearing an N95 mask. People don't use or wear them properly. In the beginning, they did not even recommend wearing them because of a shortage of mask.” These four people do not believe in the dangers of Covid for a variety of reasons including personal or family experience, science denial supported by facts, and the influence of others. The denial of the severity of the virus is a reason why people choose not to wear a mask as they feel Covid is not severe enough that they need protection from it.

Right to Choose

While all interviewees were against masks, many of them assert that everyone should have the right to choose. They believe that one can wear a mask if one wants to, and they believe that anyone who chooses not to wear a mask should not be judged. What they endorse is that mask wearing should be an individual choice, and not a mandate by the government or individual businesses. C3 said, “If you want to wear a mask, you can wear a mask, but if you don't want to

you shouldn't have to. It's your personal choice. You should not be told by the government what to do. It's my body, my choice. If I think I want to go get Covid, I'll get Covid." L1 also believes in personal choice, "I have the same feelings towards mask wearing that I do towards abortion. It should be up to everyone to make that choice for themselves. Everyone must deal with the consequences of their own actions whether they are positive or negative. If someone doesn't wear a mask and then gets COVID, that's on them." C2 also believes, "If others feel different, it should be their choice to wear a mask or not, like the choice to not wear underwear if they don't want to. Vaccines as well should be a choice."

C4 explained why mandates are bad, "When you have a mask mandate, you have to wear a mask. You have no option. When there is no mandate, you can choose to wear a mask if you want and feel comfortable or choose not to. Everyone should have the choice of what they want to put on their body." These four quotes agree that nobody should tell another to wear a mask or not. Unlike pro-maskers, none of the participants are against others wearing masks. Rather, they believe that mask wearing should be an individual's choice.

Florida Living

An additional pattern the researchers found was the influence of Florida culture and politics. Several interviewees credited their mask usage beliefs and ideologies to Florida Governor, Ron DeSantis, while others credited their Florida residency status as reasoning for not wearing a mask. C5 greatly supports the freedoms of Florida: "I am very grateful to be a resident of this state where we have more choices and more personal freedoms, and the right to live our life like it was pre-Covid. I am very happy to live in FL and that's why so many people are moving and vacationing here." L3 also appreciates the freedoms of the state: "I live in Florida for a few reasons, the beach, the sunshine, and DeSantis. He supports the freedom of the people and believes the radical left has totally blown this whole thing out of proportion." L1 agrees that

the governor's approach to Covid is great and added, "I support the Florida Governor, and, for that reason, I don't wear a mask. If other states like California looked at COVID the way Florida did, I think this whole thing would have been over by now." C2 appreciates how DeSanits focuses on the science to shape his policies: "Florida has been on top of it. Governor DeSantis has done a great job from the start. He's been using actual science and data to drive his decisions, not just petty politics. I do not think this is political; I just think Governor DeSantis has actually looked at numbers and looked at what we have done over past 18 months and has made logical and educated decisions."

J2, who is a Florida resident also spending time out of state said, "When I am home in Florida, they tend to be much more flexible on masks. . . . Most of the people in stores and walking on the streets of Florida do not really wear masks. Most stores and businesses, even when requiring masks, do not even enforce it much, and sometimes you will see the staff without masks. In Florida, it is almost normal to not wear a mask because so little people do." C4 emphasized that Florida mask choice is why many people enjoy living here, "Yea, I appreciate living in FL. When I think about traveling, I think about how I can go other places where they are going to tell me to wear a mask, or I can stay in FL and not wear a mask and it is fairly normal here. I feel like I am happy to be here. There is a reason there is such a huge migration of people moving to and visiting FL besides weather." All of these five individuals who are Florida residents adopt their mask views from the freedom of the state and the government. Florida has been very different than other states and the policies and norms that are followed are another reason people in this area do not wear masks.

Media Influence

A general agreement upon the influence that the media has had throughout the pandemic was frequently noted by respondents. Some agreed that the media has negatively impacted views

of mask wearing, while others shared how happy they were that the media has shown them just how ineffective masks really are. Much of what the media says can create panic and provide one-sided information to those who watch it. L5 thinks people's views are influenced by media: "People need to separate what they've seen on TV and on the Internet from what they've seen in real life. I mean, if you really think about it, how many people that you know have had COVID?" C1 also agrees with the inconsistency of the media: "Feelings are probably influenced negatively by mainstream news networks or specially Dr. Fauci, who is very inconsistent, and who is constantly moving the goal post, flip flopping on decisions, and who seems to be very partisan. It seems all inconsistent and anti-science."

C4, on the other hand, chooses to ignore media based on the negative influence: "I don't think it influenced my views. I think it may enhance them as I get annoyed when I see certain things on the news or social media about people who are not educated and trying to push their agenda as far as wearing masks. I think it is frustrating. As I said earlier, you have certain people saying masks work and certain people saying they do not. There is no consistent guidance that it works one way or not." C3 thinks that the media is filled with lies: "That is why I do not bring my political or mask views online, because if is not the liberal way, it's not the right way. People will post incorrect information online without facts. They can make up crap saying that masks benefit you when they do not. I think it can be embellished a lot and spread lies because the news is all fake." These four quotes show that people do not wear masks because they believe the media does a bad job of explaining the science by "uneducated people." People tend to follow what they read online or see in news, which is why the debate of masks becomes so contentious and people who do not trust the media do not wear masks.

Others are not Wearing Masks

A final pattern the researchers noticed throughout this study was the influence of others. If individuals witnessed others not wearing a mask, they were less likely to do so. L2 explained how people follow others: “I’ve walked into places of business where masks were required yet many employees and guests weren’t wearing one. I didn’t want to be the odd man out, so I didn’t wear one.” L3 said, “My elderly parents don’t wear a mask. Why would I?” L4 discusses how nobody in the group wants to wear a mask if nobody does, “My life has not slowed down one bit since this whole pandemic began. I’ve continued to live my life and spend time with my friends. None of us ever wear a mask and I’m the only one that’s had COVID.” C2 explained how they exerted influence on others to dissuade them from wearing masks: “Some friends will have their masks on, or I will be walking outside and they will be wearing a mask and I will say to them “can you take that off” or “take that stupid thing off.” For example, at the first home football game, the rulebook said masks required. Everyone knows that, and all the students sit down, some have masks, some have chin straps, some not at all. I take mine off because you know now where I stand, and I told some others around me to take them off and they did.” While all four of these quotes have different examples, it emphasizes that peer-pressure is a major reason other do not wear masks. People tend to follow the pattern of the rest of a group and even sometimes verbally push others to fit in. This is another reason that people choose not to wear masks.

Conclusion

At the end of the study, we concluded that Florida residents between the ages of 18 – 30 tend not to wear a mask for several reasons. Many of these reasons stem from the participants’ interpretation of the information received from the CDC and the media. For example, one reason for not wearing a mask is that participants are frustrated with the frequent changes of mask wearing recommendations by the CDC recommendations. The CDC has changed their guidance several times during the pandemic on mask wearing, confusing many people, and causing some

to question effectiveness of masks. Additionally, another defense for not wearing a mask comes from media influence. The media was perceived as being biased and one-sided often, causing panic in some people. The media was, at times, incorrect as was the information people posted on social media, which caused people to not believe in the effectiveness of masks. Several participants also opted not to wear masks due to many not believing in the severity of the virus. People unconcerned with the severity of the virus are that way for many different reasons including information they read online, the influence of others, and personal experience. Many participants are well-informed and have done reading and research and are well-versed on the issues. For many, the information that they are hearing creates distrust and the conflicting information they are hearing may lead them to not believe in the severity of the virus and not to wear a mask.

Many of the participants who are against wearing masks have prioritized individual comfort and individual choice over a sense of duty or obligation to the society at large. A reason that several respondents provided for anti-masking is the personal health consequences associated with mask wearing. This included not being able to breathe, feeling ill, getting lightheaded, and feeling panicked. They were more concerned with their own health than the wellbeing of others. Also, we found these people were against masks because they believe in the notion that every individual should have the right to choose whether to wear a mask or not. People do not like to be told by others, especially the government or even private business, what to do so they do not want to wear a mask. In these situations, people put their comfort and views first and decided based on their own preferences rather than follow what is recommended for the whole society.

Many people tend to follow the actions of others around them who share their views. If anti-maskers see someone not wearing a mask, they are less likely to wear a mask. Our research

shows that some believe that masking is not necessary because they see others not wearing one. Also, all of these respondents have some connection to being a Florida resident. Florida has been very different than other states during the pandemic with relaxed rules and restrictions regarding mask wearing by both the people and direction of the governor. Since Floridians are less likely to wear a mask, those who are in Florida and see how society acts towards masks are likely to follow them.

With these reasons in mind, the researchers concluded several ways to reduce the deviant behavior of not wearing a mask when required. Most influentially, the researchers suggested that embracing mask wearing among individuals will consequently allow for others to follow as societal influence is greater than one might first feel. This was emphasized by the reasoning for not wearing a mask based on the observation that others are not doing so. If more people choose to wear masks, fewer anti-maskers will exist. An additional way to reduce anti-masking behavior is to promote alternatives to the typical cloth face masks. Many of the respondents who used health consequences to justify their anti-mask behavior did not try wearing alternative mask types to overcome these challenges. For example, from personal experiences the researchers found that wearing a N95 masks allows for easier breathing and a reduction in eye glass fog. Higher grade protective masks are not only more protective against viruses but also can make anti-maskers more comfortable, knowing that they could work, especially if frequently worn.

Discussion

Most of our findings proved to be very similar to the results uncovered by previous studies on why individuals choose not to wear masks. Many of our participants noted that they were frustrated by the CDC guidelines about mask wearing, which caused a lot of confusion in others. In a previous study by Taylor and Asmundson (2021), the CDC recommend at first against wearing masks, reserving them for healthcare workers, before recommending them to the

general public. These recommendations led to mandates and businesses adopting the rules, which frustrated many. The CDC continued to change the stance for vaccinated people several times relating to many not understanding why masks need to be worn (Taylor & Asmundson, 2021). Our study shows that these CDC changes have real world consequences for mask wearing behavior.

Another similarity to previous studies was that many of our participants were not concerned about the severity of the virus for various reasons. Due to that belief, they choose not to wear masks. The survey conducted by Kessel and Quinn (2020) showed that Democrats and Republicans differ in their views on the severity of the virus. Their data concluded that most Republicans believe the virus is blown out of proportion. They believe that is a reason why many Republicans are against masks (Kessel & Quinn, 2020). Many of our participants held Republican viewpoints as well. Our interviewees believe in the right to choose which links to their own firm belief in the importance of personal liberties. They believe others should be allowed to wear masks, but nobody should be forced to wear them. Similarly, Taylor and Asmundson (2021) found that many people were against masks because mandates take away their personal freedoms and violate the first amendment of the Constitution. This led to many protests, and the concept of personal freedoms became a large component of the anti-mask movement (Taylor & Asmundson, 2021).

People believe that the media has a great influence on mask wearing. While most participants said that the media did not directly influence their views, they believe media influence is prevalent in society due to the varying information coming out of the news stations and social media. They think this exaggerates the pandemic as well as the need for mask wearing and causes panic. Pascua-Ferra (2021) concludes that the media is very influential on both sides of the issue, especially in social media. Many hashtags started trending in both directions, and

people posted their views in response to what they heard in other media sources, causing confusion and contention among others. The negative influences of the media are a reason some do not wear masks (Pascua-Ferra, 2021), and our participants seem to have a similar view.

Several of our findings were not included in other research studies, including health concerns while wearing masks, people's views from living in Florida, and peer pressure to not wear masks. Some participants stated that they had trouble breathing and faced anxiety, among other health concerns from wearing masks. The research discussed how people do not like masks due to them not being comfortable, but it does not discuss specific health concerns (Taylor & Asmundson, 2021). Participants also feel that living in Florida does affect their stance on mask wearing due to the culture. The research does not discuss Florida specifically, but it does show how different areas of society with different views can lead to fewer people wearing masks (Stoddard et al., 2020). This also relates to the influence of peer-pressure to not wear masks, as people are likely to follow society's views. Davis et al. (2021) found that those who wear masks had been exposed to positive social interactions around them, and that they had been in environments where mask-wearing was common, while those who choose not to wear masks did not have these exposures.

One area of research that previous studies found about non-mask-wearers that did not arise in our research was that of certain personality traits. Our study did not investigate whether the non-mask-wearers had a history of delinquent behaviors, nor did it find that non-mask-wearers had a collection of "dark-triad" personality traits, which previous researchers did (Stoddard et al., 2021). Most of our study results matched results that were concluded in previous studies as well.

To address missing data, we could conduct many new studies. For example, we possibly can conduct participant observations as well as interview a broader sample of participants. By

getting clearer and broader data using different research methods, we could possibly conclude more fully and accurately the reasons why people do not wear masks. Participant observation could have given the researchers information about people breaking the rules in action, which would help researchers better understand their reasons. Focus groups could also be used to bring people in a group setting to discuss views together, which could help illuminate how people influence one another. An idea for a future study is to conduct interviews after the pandemic is over to get ideas on how mask wearing has affected those during the pandemic. Also, we could gather data about the people who continue to wear masks and the general norms and opinions of society on the topic. Pro-maskers could also be interviewed during and after the pandemic to get another side of the issue and a better understanding of the reasoning of both groups.

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