Fall 5-11-2021

Predicting COVID-19 behavior: Is it all due to political orientation?

Caleb Potts
pottsct@jacks.sfasu.edu

Predicting COVID-19 behavior: Is it all due to political orientation?

Creative Commons License

Predicting COVID-19 behavior: Is it all due to political orientation?

By

Caleb Potts, Bachelor of Arts

Presented to the Faculty of the Graduate School of

Stephen F. Austin State University

In Partial Fulfillment

Of the Requirements

For the Degree of

Master of Arts in Psychology

STEPHEN F. AUSTIN STATE UNIVERSITY

May, 2021

Predicting COVID-19 behavior: Is it all due to political orientation?

By

Caleb Potts, Bachelor of Arts

APPROVED:

Dr. James Schaeffer, Theis Director

Dr. Sarah Savoy, Committee Member

Dr. Mark Ludorf, Committee Member

Dr. Keith Hubbard, Committee Member

Pauline M. Sampson, Ph.D.
Dean of Research and Graduate Studies

ABSTRACT

Adherence to COVID-19 preventing measures is becoming increasingly important as governments across the world realize COVID-19 is not an acute, but a chronic problem. There is, however, disagreement over to what extent COVID-19 is a problem. In the United States, the division appears to be primarily along party lines (Democrat and Republican[1]), though even within parties there is division. This division might be explained by differences in: the behavioral immune system and trust in government. Additional factors to examine include: personality, fear of COVID-19, and religious beliefs. The present study used previously validated self-report measures to assess where respondents fell on the factors mentioned above. Additionally, a self-report measure was created to assess beliefs about and frequency of behaviors aimed at reducing the spread of COVID-19. The first hypothesis was that Republicans in the United States would report that they perform fewer preventative behaviors than Democrats report. The second hypothesis was that there would be an interaction between political party and trust in government. It was predicted that Republicans would show a more negative relationship between trust in government and COVID-19 preventing behaviors than Democrats. The third hypothesis was that there would be an interaction between political party and perceived vulnerability to disease. It was

[1] Given the synonymous use of Republican/conservative and Democrat/liberal in the USA, and because it gives a greater ability to generalize the results of the present study beyond the USA, the present review has drawn on literature looking at Republican/Democrat and conservative/liberal throughout, but for the analyses political orientation is operationally defined as Republican/Democrat.

predicted that Republicans would show a more positive relationship between perceived vulnerability to disease and COVID-19 preventing behavior than Democrats. The fourth hypothesis was that an exploratory factor analysis would reveal clusters of related variables predictive of COVID-19 preventing behaviors. Hypothesis one was tested using a two-tailed point-biserial correlation, $\alpha = 0.05$. Hypotheses two and three were tested using moderated linear regressions. Hypothesis four was examined using an exploratory factor analysis with a Scree plot to determine which factors contribute meaningfully to a model predicting COVID-19 preventing behaviors. Understanding the relationships between the behavioral immune system, trust in government, personality, fear of COVID-19, religious beliefs, and COVID-19 preventing behaviors may help tailor governmental responses to future pandemics, based off of how people are responding to COVID-19 at the time of writing, to improve adherence to preventative behaviors in the future.

Acknowledgement

I owe a debt of gratitude to many people for their assistance with this project. Dr. Schaeffer for his willingness to take on this project and guide me as I sought to conduct meaningful research. Dr. Savoy, for her quiet patience and difficult questions. This project could not have been the same without you. Dr. Ludorf, for his attention to detail and demand for excellence. I have developed above and beyond what this program requires as a result of your involvement. Dr. Hubbard, for asking the questions I overlooked and providing elegant solutions. This project is more useful because of you.

This project would not have been possible without the multitude of people who have challenged me to pursue excellence in all things. The list stretches across my quarter century and there are some so far removed that I only know them by face, but the effects of their involvement are still present. Thank you for being a part of my life, for your prayers, your encouragement, and the challenges you placed before me; my life is changed for having known you.

Table of Contents

List of Figures

List of Tables

Predicting COVID-19 behavior: Is it all due to political orientation?

Since the onset of COVID-19 as a serious threat, people have attempted to discern why people choose to follow guidelines and why they choose not to follow guidelines. One of the first variables to be examined was political orientation (Allcott et al., 2020). One reason political orientation is a good variable to look at is because whatever the party structure in a country, the differences in political parties are accounted for by the conservative/liberal spectrum (Wilson, 1973) where conservative refers to the tendency of the person to be resistant to change, and to prefer safe, traditional, and conventional forms of institutions and behavior. Since liberal falls on the other end of the spectrum, liberalism refers to the tendency of the person to welcome change, to prefer exciting, new, and progressive institutions and behavior (Wilson, 1973).

While new studies are being reported on an ongoing basis, at the time of writing, the literature is divided. Harper et al. (2020) did not find political orientation to have a measurable effect on behavior and even went so far as to argue "'political orientation' as a composite or self-identified variable would not predict behavioral responses to COVID-19." Meanwhile, a number of studies suggested adherence to guidelines related to reducing the spread of COVID-19 is partisan (See Allcott et al., 2020; Kavanagh et al., 2020; Painter & Qiu, 2020; Ramos et al., 2020). For example, Ramos et al. (2020) found that Brazilians who were more conservative were less supportive of social distancing than those who were more liberal. While the studies looking at the differences between Democrats and Republicans in The United States have not been peer reviewed, they indicate counties that are primarily inhabited by Republicans engaged in

less social distancing than counties that are primarily inhabited by Democrats (Allcott et al., 2020; Kavanagh et al., 2020; Painter & Qiu, 2020). This evidence suggests partisanship influences who adheres to preventative guidelines and who does not, with conservative parties (like the Republicans) being less likely to follow guidelines than liberal parties. These lower levels of preventative behaviors could be due to the fact that conservatism has been associated with lower perceived vulnerability to COVID-19 (Calvillo et al., 2020). However, a study looking at provinces in Italy reported that provinces where the majority did not vote for the party presently in power were much more likely to disregard distancing orders (Barbieri & Bonini, 2020). This creates an interesting dynamic as the conservative parties controlled the majority of the Italian government at that time and the provinces voting conservative were more likely to follow distancing orders. Conversely, in Brazil and The United States, the conservative parties were in power and conservatives were less likely to follow governmental guidelines pertaining to COVID-19 suppression. This raises the questions, since preventative behaviors seems to be divided based on if the person is liberal or conservative, why do conservatives from one country have a different response than conservatives from another country? Which variables allow the differences to be explained?

Behavioral Immune System

The Behavioral Immune System (BIS) is thought to be a number of psychological mechanisms that underlie why people avoid things known to contain pathogens (Anderson & Zebrowitz, 2020). The Perceived Vulnerability to Disease (PVD) scale has been used to assess the strength of the BIS in individuals (Anderson & Zebrowitz, 2020). The PVD scale consists of two subscales: infectability, and germ aversion. Infectability is

a measure of biological immune strength. Germ aversion is a measure of disease avoidance.

It has been shown that there are positive relationships between multiple measures of BIS and multiple measures of social conservatism (Terrizzi et al., 2013), meaning conservatives tend to have a stronger behavioral immune system and should perform more disease avoiding practices than liberals. In The United States, the Republican party is the more conservative party, so people who are Republicans were expected to engage in more COVID-19 preventing behaviors than people who are Democrats. However, as was discussed above under "political orientation," Republicans were engaging in fewer preventative behaviors than Democrats.

Trust in Government

In an attempt to explain why Republicans in The United States were performing fewer preventative behaviors than Democrats, some researchers looked at trust in government as a potential explanation for why political orientation does not consistently explain the variation in adherence to preventative behaviors. Han et al. (2020) reported that trust in government was significantly associated with the adoption of health and prosocial behaviors in relation to COVID-19. And Sibley et al. (2020) found that people had a higher trust in science, politicians, and police in the first 18 days of lockdown as compared to a matched sample taken prior to lockdown. This finding was further supported by a study of 15 Western European nations that found that lockdowns have increased support for the part of the Prime Minister/President, and trust in government (Bol et al., 2020). Since, trust in government is associated with the adoption of preventative behaviors and it appears that trust in government is increasing in several

parts of the world, the data should show that in countries where the conservatives are in power, the conservatives should be performing more preventative behaviors[2]. What the data show, however, is that conservatives in the United States (Republicans) and Brazil were not (see section on political orientation, above). In an attempt to quantify the differences in behavior the percentage of cases to population were used as a measure of how seriously each country was affected by the onset of COVID-19 within its borders (World Health Organization, 2019; United Nations Department of Economic and Social Affairs, 2020; U.S. Census Bureau, 2020; Instituto Nazionale di Statistica, 2020). Lower percentages indicate the country had fewer cases of the virus. It appears that Italy was less affected by COVID-19 (0.75%) than the United States (2.48%) and Brazil (2.50%). Perhaps trust in government serves as one of the factors that helps to explain why conservatives in Italy were performing more preventative behaviors than liberals in Italy, but conservatives in the United States and Brazil, were performing fewer preventative behaviors than liberals in the United States and Brazil, respectively. It could be because trust in government serves as a moderating variable where citizens of a country, especially citizens who voted for the party currently in power, adopt the views of their government and given the dismissive responses of Brazil and the United States (Greer et al., 2020) maybe it makes sense that conservatives in Brazil and the United States were performing fewer preventative behaviors than liberals in Brazil and the United States, respectively.

[2] There are differences in conservatives from different countries and parties at the policy level, but the underlying tendency of being resistant to change, preferring safe, traditional, and conventional forms of institutions and behavior remains (see Wilson, 1973).

Factors for Exploratory Analysis

It is, however, unlikely that political orientation, perceived vulnerability to disease, and trust in government would explain all of the variance in something as complex as human behavior in response to a pandemic, and one of the gaps in the literature is that researchers have attempted to explain human behavior solely within their field. To address the issue of too narrow a focus, the present study included variables examined in the literature – personality, fear of COVID-19, and religion – with the goal of examining the relationships between variables that have been shown to relate to COVID-19 behaviors in a single sample.

Personality

Personality researchers around the world have attempted to use theories of personality to explain adherence to COVID-19 transmission preventing behaviors. Previous research has indicated personality may be relevant to behaviors preventing COVID-19. The five factor model traits of conscientiousness and openness to experiences have been found to be positively correlated with conservatism and liberalism, respectively (Sibley et al., 2012; Xiaowen et al., 2013). Further, Arvan (2013a) found positive correlations between agreement with conservative Moral Intuition Survey questions and Dark Triad traits, and a positive correlation between liberal Moral Intuition Survey questions and narcissism, suggesting that dark aspects of personality have a role in political orientation. A review of the five factor model and the Dark Triad follows.

Five Factor Model. The majority of the personality research on COVID-19 has focused on the Five Factor Model (extraversion, neuroticism, openness to experience,

agreeableness, and conscientiousness). Thus far the research shows that high conscientiousness is positively correlated with the practice of social distancing and other preventative behaviors (Abdelrahman, 2020; Carvalho et al., 2020). Extraversion has been negatively correlated with social distancing (Carvalho et al., 2020). High neuroticism has been positively correlated with social distancing and other preventative behaviors (Abdelrahman, 2020). No research has linked agreeableness or openness to experiences with social distancing or other preventative behaviors.

Fortunato et al. (2016) found that Republicans supporting Donald Trump were high on conscientiousness and extraversion, and low on neuroticism. This finding suggests that Republicans have a mix of personality traits that have been shown to increase and decrease COVID preventing behaviors. Therefore, more research is needed to confirm these suggestions.

Dark Triad. There are a number of "dark traits" (see Zeigler-Hill & Marcus, 2016). These traits can be thought of as maximizing self-benefit, even at the expense of others. The most studied of these are the Dark Triad traits (narcissism, Machiavellianism, and psychopathy). Zajenkowski et al. (2020) suggested that those high in Dark Triad traits may follow fewer government regulations related to COVID-19. It is, however, uncertain whether this finding applies beyond the Polish community the sample was taken from. Further, it is unclear how much of a role Dark Triad traits have in the context of the other factors that affect adherence to COVID-19 related government regulations.

Given Arvan (2013a, 2013b) it appears Dark Triad traits are broadly, positively correlated with conservatism, and as a result should correlate with Republicanism.

Conversely, narcissism is the only Dark Triad trait to be shown to be significantly related to liberalism (Arvan, 2013a). These findings suggest Dark triad traits among individuals of each party may explain some of the COVID-19 related behaviors they choose to perform.

Fear of COVID-19

It has been shown that fear, while having the potential of leading to psychiatric disorders (Krueger, 1999), motivates a number of behaviors that reduce engagement in risky behaviors like: reduced alcohol use in children (Pardini et al., 2004), and increased positivity towards condom use (Tybur et al., 2010).

Conservatism has been linked to fear of death[3] (Castano et al., 2011), so it could be that fear of COVID-19 taps into fear of death. If this is the case, it may be that since Republicans are engaging in fewer preventative behaviors, that they are being influenced by a factor stronger than fear, or that fear needs to pass a certain level before it outweighs closely held beliefs – humanity has a long history of holding fast to beliefs in the face of fear.

Religion

DeFranza et al. (2020) reports that in the United States, when shelter in place directives have been issued, areas higher in religious beliefs have less adherence to shelter in place directives. Another study found that in Detroit, Christians were more likely, than other groups, to help people negatively affected by COVID-19 and the government's response to the virus (Modell & Kardia, 2020). Historically, Protestant

[3] While research has not addressed the differences between PVD and fear of death, the literature suggests that while some high-PVD scores may lead to fear of death, that most levels of PVD lead to worry about income disruption, pain, financial cost, and loss of physical ability, instead.

Christians are more likely to be Republicans than other Christian denominations (Layman, 1997). Given that approximately a third of all Christians belong to Protestant denominations (Pew Research Center, 2011, p. 21.) there should be a relationship between Christian affiliation and political orientation.

Hypotheses

Hypothesis One

Republicans in The United States would report that they perform fewer preventative behaviors than Democrats report.

Hypothesis Two

An interaction between political party and trust in government was expected. It was predicted that Republicans would show a more negative relationship between trust in government and COVID-19 behaviors such that as trust in government increased, COVID-19 preventing behaviors would decrease. Conversely, Democrats' COVID-19 preventing behaviors would show a more positive relationship, such that as trust in government increased so would COVID-19 preventing behaviors.

Hypothesis Three

An interaction between political party and perceived vulnerability to disease was expected. It was predicted that Republicans would show a more positive relationship between perceived vulnerability to disease and COVID-19 behaviors such that as perceived vulnerability to disease increased, COVID-19 preventing behaviors would increase. Conversely, Democrats' COVID-19 preventing behaviors would show a weaker positive relationship, such that as perceived vulnerability to disease increased so would COVID-19 preventing behaviors.

Hypothesis Four

The exploratory factor analysis would reveal clusters of related variables predictive of COVID-19 preventing behaviors.

Method

Scales

Political Orientation

Self-identification as a Democrat or a Republican was used as the measure of political orientation for all analyses. How much participants identify with the party they selected, and the conservatism scale were used to check the validity of the Democrat-Republican measure.

A 2-item measure was created for the present study to assess if participants identified as a Democrat or a Republican (see Appendix A). Question one asked participants which party they identify with. Question two asked how much the participant identified with the party they selected on a scale of 1 (a little) to 6 (very much).

The 12-item Social and Economic Conservatism Scale (SECS) developed by Everett (2013) was used as a measure of where a participant stands on the liberal-conservative spectrum (see Appendix B). Each item asked the participant to indicate how positive or negative they feel towards the issue with 0 being entirely negative, 100 being entirely positive, and 50 being neutral.

Perceived Vulnerability to Disease Scale

To measure Perceived Vulnerability to Disease (PVD), the English version of the PVD scale created by Duncan et al. (2009) was used (see Appendix C). The scale consists of 15-items that assess the subscales of infectability, and germ aversion. Infectability is a

measure of biological immune strength, while germ aversion is a measure of disease avoidance. Questions were answered on a 7-point Likert scale with anchors of "strongly disagree" and "strongly agree."

Trust in government

The 9-item trust in government scale developed by Grimmelikhuijsen and Knies (2017) was used to assess trust in government (see Appendix D). Each question is a template with spaces for inserting an institution and an issue. For the present study, the institution was "the United States" and the issue was "COVID-19." For example, "When it concerns COVID-19, the United States is capable." Responses were recorded on a 5-point Likert scale from "strongly disagree" to "strongly agree."

Five Factor Personality

The Big Five Inventory 10-item version (BFI-10), developed by Rammstedt and John (2006) (see Appendix E), is a valid and reliable measure of the five factor personality model (extroversion, agreeableness, conscientiousness, neuroticism, and openness to experiences). This measure was chosen over similar, brief measures because it appears to be the psychometrically superior measure (Guido et al., 2015).

Short Dark Triad

To measure Dark Triad traits (Machiavellianism, narcissism, and psychopathy) the Short Dark Triad scale as validated in Jones and Paulhus (2014) was used (see Appendix F). The scale consists of three 9-item subscales (one for each trait) that serve as a valid and reliable proxy for the older Dark Triad scales. Participants were asked, "Please indicate how much you agree with each of the following statements." Answers were recorded on a 5-point Likert scale from "strongly disagree" to "strongly agree."

Fear of COVID

The Fear of COVID-19 Scale was developed and validated by Ahorsu et al. (2020) (see Appendix G). The scale consists of 7-items designed to measure fear of COVID-19. Questions were answered on a 5-point Likert scale from "strongly disagree" to "strongly agree."

Religion

A self-report measure was created for the present study to assess religion and strength of belief (see Appendix H). The scale consists of two questions. The first question asked participants which religion they identify with (if any). The second question asked participants how much they identify with the religion they indicated on the first question. Responses were recorded on a scale from 1-10 with the anchors "a little" and "very much."

COVID behaviors

A self-report measure was created for the present study to assess COVID-19 preventing behaviors, beliefs about COVID-19 preventing behaviors, and beliefs about COVID-19 (see Appendix I). Questions assessing COVID-19 preventing behaviors included "When you are in situations where the CDC recommends social distancing, do you practice social distancing?" and "When you enter a store, do you pay attention to any COVID-19 related guidelines they have posted?" responses were recorded on a 5-point Likert scale with the anchors "never, sometimes, about half the time, most of the time, and always." Questions assessing beliefs about COVID-19 preventing behaviors included "Do you think wearing masks is effective at stopping the spread of COVID-19?" and "Do you think practicing social distancing is effective at stopping the spread of COVID-19?"

responses were recorded on a 5-point Likert scale with the anchors “definitely not, probably not, might or might not, probably yes, and definitely yes.” Questions assessing beliefs about COVID-19 included “Do you think COVID-19 is dangerous?” and “Do you think COVID-19 is a conspiracy?” responses were recorded on a 5-point Likert scale with the anchors “definitely not, probably not, might or might not, probably yes, and definitely yes.”

Demographics

A self-report measure was created for the present study to assess participants’ age, sex, academic major, years in school, and socioeconomic status (see Appendix J).

Participants

Power analysis was conducted to determine sample size. The smallest relationship of interest was $f^2 = 0.15$. Using G*Power, with power at 0.80, using an α of 0.05, and 3 predictors a sample size of 77 was required. Due to the design of the study (an exploratory factor analysis) an additional 77 participant slots were opened.

Analysis Plan

Hypothesis One

A two-tailed point-biserial correlation was performed, comparing scores on the COVID-19 behavior scale between self-reported Democrats and Republicans, $\alpha = 0.05$.

Hypothesis Two

A moderated linear regression was performed with COVID-19 preventative behavior as the criterion, political orientation as the predictor, and trust in government as the moderator.

Hypothesis Three

A moderated linear regression was performed with COVID-19 preventative behavior as the criterion, political orientation as the predictor, and PVD as the moderator.

Hypothesis Four

An exploratory factor analysis with a Scree plot was performed to determine which factors contribute meaningfully to a model predicting COVID-19 preventing behavior. The following variables were included in the analysis: political orientation, perceived vulnerability to disease, trust in government, personality, fear of COVID-19, and strength of belief.

Results

Demographics

One-hundred four participants began the study. Five people were excluded (1 for being under 18; 3 for not consenting to participate; 1 for not completing any scales). The age of respondents ranged from 18-36 (M = 20.18, SD = 2.75). Seventy-seven respondents were female (77.8%) and 22 were male (22.2%). Sixty-three respondents identified as White (63.6%), 20 as Hispanic (20.2%), 10 as Black (10.1%), 6 as other (6%). Seventy-one respondents identified as Christian (71.7%), 8 as agnostic (8.1%), and 20 as other (20.2%) – other is a wide mix of responses.

Validity

Given how self-identified political affiliation and various measures of conservatism have been used in the literature to determine people's political orientation, the present study ran a point-biserial correlation to compare the party self-report measure and the social and economic conservatism measure and found a significant, highly, positive correlation between Republicans and conservatives $r_{pb} = .838$, $p < .001$. This shows an excellent correspondence between the two measures. Due to so few of the respondents identifying as Republicans or Democrats the analyses were underpowered, so the analyses were also conducted with the conservatism scale in place of self-identified political orientation as it provided the power a-priori power analysis indicated was required to test hypotheses two and three. The analyses are presented with self-identified political affiliation first, and then with the conservatism scale.

The correlations between the variables analyzed in hypotheses one, two, and three are presented in table 1.

Table 1.

Correlations of Variables Used in Planned Analyses

		PARTY	TIG	PVD	SECS	COVID-19 BEHAVIOR
PARTY	Pearson Correlation	1	.330*	-.465**	.838**	-.573**
	N	51	51	51	47	51
TIG	Pearson Correlation	.330*	1	-.236*	.456**	-.297**
	N	51	99	99	88	99
PVD	Pearson Correlation	-.465**	-.236*	1	-.453**	.444**
	N	51	99	99	88	99
SECS	Pearson Correlation	.838**	.456**	-.453**	1	-.657**
	N	47	88	88	88	88
COVID-19 BEHAVIOR	Pearson Correlation	-.573**	-.297**	.444**	-.657**	1
	N	51	99	99	88	99

Note. * indicates correlation is significant at the 0.05 level (2-tailed). ** indicates correlation is significant at the 0.01 level (2-tailed).

Hypothesis One

A two-tailed, point-biserial correlation was conducted and revealed a significant difference. Republicans reported performing fewer preventative behaviors than Democrats reported r_{pb} = -.330, p = .018. Similarly, conservatives reported performing significantly fewer preventative behaviors than liberals reported r = -.657, p < .001.

Hypothesis Two

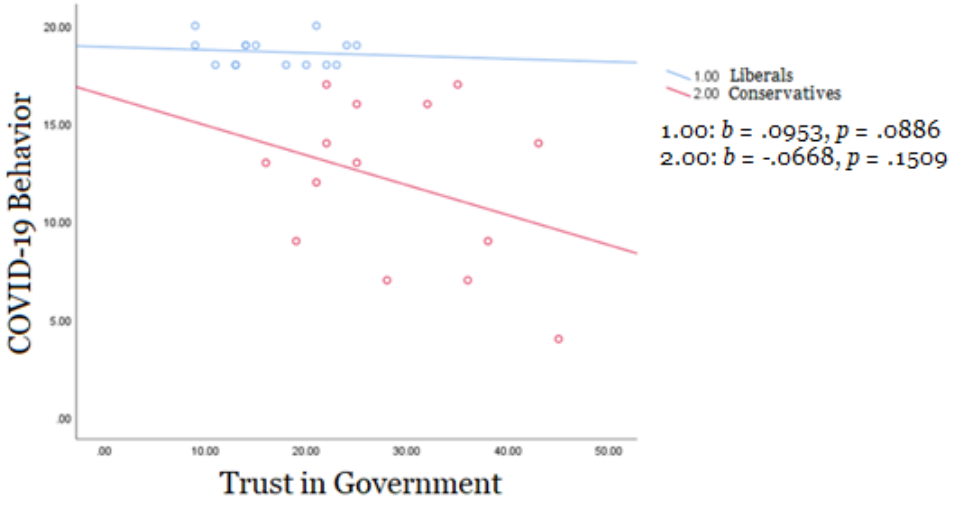
A moderated linear regression was conducted using PROCESS version 3.4.1 (Hayes, 2018). A bootstrapped sample of 5000 was used for this analysis. This analysis revealed that trust in government does not appear to moderate the relationship between self-identified political affiliation and preventative behaviors b = .0625, SE_b = .0655, t(47) = .9542, p = .3449; sr = .110 (see Figure 1a). In contrast, trust in government appears to moderate the relationship between conservatism and preventative behaviors b = -.0004, SE_b = .0001, t(84) = -2.5453, p = .0127; sr = -.202 (see Figure 1b).

Figure 1a

COVID-19 Behavior and Trust in Government by Political Affiliation

Figure 1b

COVID-19 Behavior and Trust in Government by Conservatism



Note. Liberals and conservatives were defined as people falling one or more standard deviations below and above the mean for SECS, respectively

Hypothesis Three

A moderated linear regression was conducted using PROCESS version 3.4.1 (Hayes, 2018). A bootstrapped sample of 5000 was used for this analysis. This analysis revealed that perceived vulnerability to disease does not appear to moderates the relationship between self-identified political affiliation and preventative behaviors b = -.6430, SE_b = .5264 t(47) = -1.2215, p = .2280; sr = -.137 (see Figure 2a). In contrast, perceived vulnerability to disease appears to moderate the relationship between conservatism and preventative behaviors b = .0035, SE_b = .0018, t(84) = .3.1892, p = .0020; sr = .243 (see Figure 2b).

Figure 2a

COVID-19 Behavior and Perceived Vulnerability to Disease by Political Affiliation

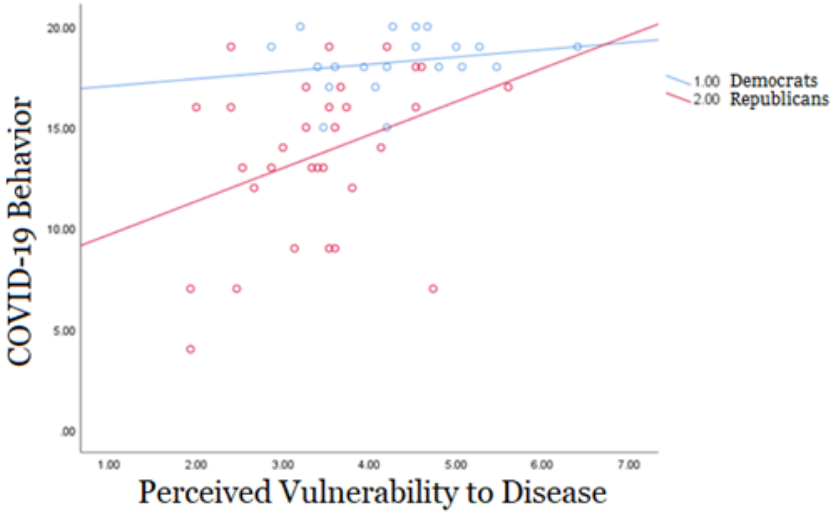
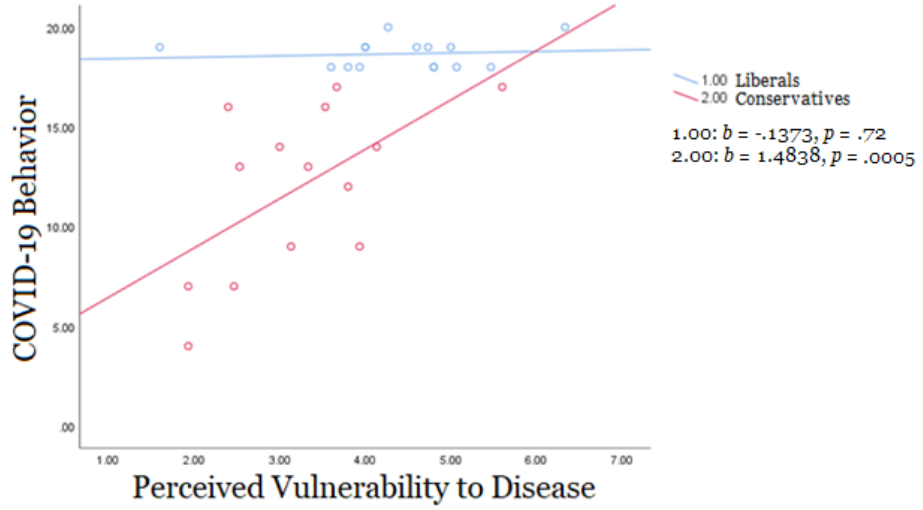


Figure 2b

COVID-19 Behavior and Perceived Vulnerability to Disease by Conservatism



Note. Liberals and conservatives were defined as people falling one or more standard deviations below and above the mean, respectively

Hypothesis Four

Data were subjected to factor analysis using Principal Axis Factoring and orthogonal Varimax rotation. KMO values for the individual items were above .5, except for Extroversion, Neuroticism, Narcissism, and Machiavellianism (indicating distinct and reliable factors cannot be produced – likely due to the analysis being underpowered) and the Kaiser-Meyer-Olkin measure (KMO) was .65 indicating the data were insufficient for exploratory factor analysis. The Bartlett's test of sphericity χ^2 (105) = 277.64, $p < .001$ showed that there were patterned relationships between the items. Using an eigenvalue cut-off of 1.0, there were 5 factors that explain a cumulative variance of 57.52%. The Scree plot confirmed the findings of retaining 5 factors. Table 2 shows the factor loadings after rotation using a significant factor criterion of .4. To assist with visualizing the data, the personality and strength of belief variables were correlated with COVID-19 behavior. Agreeableness was the only significant correlation $r = -.217$, $P = .031$, which is interesting because the literature has not linked agreeableness to COVID-19 preventing behaviors.

Table 2.

Rotated Factor Matrix

	Tradition, not fear	Positive narcissists	Dark Triad	Not psychopaths	Religious
SECS	.917				
Fear of COVID	-.833				
Party	.822				
Behavior	-.697				
PVD	-.681				
TIG	.436				
Narcissism		.798	.476		
Extroversion		.593			
Consciousness		.567			
Openness		.501			
Neuroticism					
Machiavellianism			.901		
Agreeableness				.737	
Psychopathy			.402	-.574	
Strength of belief					.751

Discussion

The results of hypothesis one suggests there is a difference in COVID-19 preventing behavior between Republicans and Democrats at the time of data collection (January – April, 2021). With Democrats, on average, reporting they are performing most, if not all of the COVID-19 preventing behaviors recommended by the CDC. This stands in contrast to Republicans who, on average, report they are performing a moderate amount of COVID-19 preventing behaviors. When conservatism is substituted for political affiliation, the correlation becomes stronger; potentially suggesting conservatism is a better predictor of COVID-19 preventing behavior than political affiliation. These results support the findings in Allcott et al., 2020; Kavanagh et al., 2020; and Painter & Qiu, 2020; which indicated there was a relationship between Republican political affiliation and lower COVID-19 preventing behavior – based on smartphone geolocation data. That Republicans and Democrats report a similar pattern of behavior as conservatives and liberals, and the geolocation analyses performed in the literature, suggests that political affiliation is a valid predictor of COVID-19 preventing behavior – challenging Harper et al. (2020) and their claim that political affiliation would not predict COVID-19 related behaviors. Moving to conservatism, these results support Ramos et al. (2020) which reported conservatives perform fewer preventative behaviors than liberals, and challenges Barbieri & Bonini (2020), which reported conservative regions were less likely to have challenges to distancing orders than liberal regions. At face value this accumulation of evidence suggests political affiliation and

conservatism serve as predictors of COVID-19 related behaviors, but the findings of Barbieri & Bonini (2020) and Harper et al. (2020) indicates that while political affiliation and conservativism may serve as useful predictors of COVID-19 related behavior, that there may be other factors at play that limit the ability to generalize the present findings to all populations.

The results of hypothesis two suggests trust in government does not serve as a moderating factor in the relationship between political affiliation and COVID-19 preventing behaviors. When replacing political affiliation with conservatism, a similar, but stronger, relationship emerges such that trust in government appears to moderate the relationship between conservatism and COVID-19 preventing behaviors. This result is contrary to what Han et al. (2020) reported – higher trust is associated with increased prosocial and COVID-19 preventing behaviors. In the present study, there is not a significant relationship between trust in government and COVID-19 preventing behaviors when it comes to Democrats and liberals. There is, however, a significant, negative relationship between trust in government and COVID-19 preventing behaviors when it comes to Republicans and conservatives. It appears as though Greer (2020) was accurate in their assessment – people trust those they vote for more than they trust the opposition party and President Trump's denialistic approach to the pandemic hindered the enactment of and adherence to COVID-19 preventing policies.

The results of hypothesis three suggests perceived vulnerability to disease does not moderate the relationship between political affiliation and COVID-19 preventing behaviors. When looking at conservatism, however, the differences are magnified such that it appears as though perceived vulnerability to disease moderates the relationship

between conservatism and COVID-19 preventing behaviors. Terrizzi et al. (2013) in their review of the behavioral immune system and conservatism reported relationships between measures of perceived vulnerability to disease and conservatism (right-wing authoritarianism, social dominance orientation, religious fundamentalism, ethnocentrism, collectivism, and political conservatism). Terrizzi et al. (2010) states that socially conservative values, and not political conservatism in general, are associated with behavioral immune strength. This suggests that Republicanism might not serve as an adequate stand-in for conservatism because the party platform contains items beyond socially conservative values, despite the significant, positive correlation between Republicans and conservatives.

In a reversal of what has been demonstrated in the Behavioral Immune System literature (e.g., Terrizzi et al., 2013) Democrats and liberals showed higher levels of perceived vulnerability to disease than Republicans and conservatives[4]. Given the strength of the correlational and experimental evidence (see Terrizzi et al., 2013) it is likely that some other variable is at work – suppressing Republican and conservative perceived vulnerability to disease and/or increasing Democrat and liberal perceived vulnerability to disease. The best explanation for this from the present study is that Republicans and conservatives, because of their higher trust in government and how they reported performing increasingly fewer COVID-19 preventing behaviors as their trust in government increased, were being influenced by President Trump's dismissal of the virus around the time of data collection and as a result their perceived vulnerability

[4] Calvillo et al. (2020) reported conservatism was associated with lower perceived vulnerability to COVID-19.

to disease was being partially suppressed at high levels of trust in government. This makes sense from a theoretical perspective, but the relationships may be complex as at the high end of perceived vulnerability to disease scores, Republicans and conservatives report performing more COVID-19 preventing behaviors than Democrats and liberals. Additionally, the correlational nature of the present research precludes causal claims from being made. Experimental manipulation of trust in government and perceived vulnerability to disease provided the opportunity to examine this relationship is detail in the future.

The results of hypothesis four suggests one factor consisting of conservatives and Republicans, who are not scared of COVID-19, have low perceived vulnerability to disease, and trust the government are performing few preventative behaviors. The remaining factors are comprised of (Self-centered, happy people; Dark Triad people; agreeable, friendly people; and religious people). This suggests personality does not play a significant role in adherence to COVID-19 preventing behaviors in this sample, despite the suggestions of the literature that personality is related to COVID-19 preventing behavior. Similarly, strength of religious beliefs does not seem to play a role in COVID-19 preventing behaviors. This leads to the conclusion that beliefs about the danger of COVID-19 to the individual and variables directly affecting those beliefs are the best predictors of who adheres to COVID-19 preventing behaviors and who does not.

Limitations

The correlational nature of the present study prohibits causal claims from being made, however, political affiliation and conservatism are not variables a researcher can manipulate in the lab, so the present project cannot be replicated experimentally. Fear

of disease, trust in government, and perceived vulnerability to disease can be manipulated, however. The future of research examining adherence to pandemic related behaviors (COVID-19 or otherwise) should address the effects of manipulating these factors on participants of varying political affiliation and level of conservatism to better understand the relationships explored in the present study.

The youth and lack of experience which characterizes the present sample may have an effect on the relationships explored. The large number of respondents who did not identify with any political party lends substance to this line of thinking. Future research should explore these relationships with samples from a broader range of society, particularly those who have voted in more than one presidential election as experience is a major factor in determining what one believes.

The planned analyses with Democrats and Republicans were underpowered according to the power analysis conducted prior to the start of data collection. Similarly, the exploratory factor analysis was underpowered as compared to the traditional minimum of 150-300+ (Yong & Pearce, 2013). Care should be taken in interpreting the underpowered analyses, particularly the factor analysis.

Conclusion

Given the current situation, it seems unlikely that adherence to COVID-19 preventing behaviors will be a long-standing problem. Just like Polio, COVID-19 will fade into obscurity. This does not mean the present study about how people report behaving at this point in time has a short shelf-life. Indeed, understanding why people act the way they do is essential to understanding how to effectively communicate what needs to be done in response to an emergency – so that mutually beneficial outcomes

can be achieved. So, while COVID-19 may not be thought of next year, the lessons learned from this time about why we might have responded as we did have the potential to be generalized to other situations where humanity needs to come together and overcome our differences to achieve a common goal.

References

Abdelrahman, M. (2020). Personality traits, risk perception, and protective behaviors of Arab residents of Qatar during the COVID-19 pandemic. *International Journal of Mental Health and Addiction*. https://doi.org/10.1007/s11469-020-00352-7

Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2020). The fear of COVID-19 scale: Development and initial validation. *International Journal of Mental Health and Addiction*. https://doi.org/10.1007/s11469-020-00270-8

Allcott, H., Boxell, L., Conway, J., Gentzkrow, M., Thaler, M., & Yang., D. Y. (2020). Polarization and public health: Partisan differences in social distancing during the coronavirus pandemic. NBER Working Paper No. w26946. https://ssrn.com/abstract=3574415

Anderson, E., & Zebrowitz, L. (2020). The role of perceived vulnerability to disease in political polarization on climate change. *Journal of Applied Social Psychology, 50*(9). https://doi.org/10.1111/jasp.12694

Arvan, M. (2013a). Bad news for Conservatives? Moral judgements and the Dark Triad personality traits: A correlational study. *Neuroethics, 6,* 307–318. https://doi.org/ 10.1007/s12152-011-9140-6

Arvan, M. (2013b). A lot more bad news for conservatives, and a little bit of bad news for liberals? Moral judgements and the Dark Triad personality traits: A follow-up study. *Neuroethics, 6*, 51–64. DOI 10.1007/s12152-012-9155-7

Barbieri, P. N., & Bonini, B. (2020). Political orientation and adherence to social distancing during the COVID-19 pandemic in Italy. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3671018

Bol, D., Giani, M., Blais, A., & Loewen, P. J. (2020. The effect of COVID-19 lockdowns on political support: Some good news for democracy? *European Journal of Political Research*. https://doi.org/10.1111/1475-6765.12401

Calvillo, D. P., Ross, B. J., Garcia, R. J. B., Smelter, T. J., & Rutchick, A. M. (2020). *Social Psychology and Personality Science*. https://doi.org/10.1177/1948550620940539

Castano, E., Leidner, B, Bonacossa, A., Nikkah, J., Perrulli, R., & Spencer, B. (2011). Ideology, fear of death, and death anxiety. *Political Psychology, 32*(4), 601–621. https://doi.org/10.1111/j.1467-9221.2011.00822.x

Carvalho, L. F., Pianowski, G., Gonçalves, A. P. (2020). Personality differences and the COVID-19: Are extroversion and conscientiousness personality traits associated with engagement in containment measures? *Trends in Psychiatry and Psychotherapy*. *42*(2) 179–184. https://doi.org/ 10.1590/2237-6089-2020-0029

Defranza, D., Lindow, M., Harrison, K., Mishra, A., & Mishra, H. (2020). Religion and reactance to COVID-19 mitigation guidelines. *American Psychologist*. Advance online publication. https://doi.org/10.1037/amp0000717

Duncan, L. A., Schaller, M., & Park, J. H. (2009). Perceived vulnerability to disease: Development and validation of a 15-item self-report instrument. *Personality and Individual Differences, 47,* 541–546.

Everett, J. A. C. (2013). The 12 item social and economic conservatism scale (SECS). *PLOS ONE, 8*(12), Article e82131.

Fortunato, D., Hibbing, M. V., & Mondak, J. J. (2018). The Trump draw: Voter personality and support for Donald Trump in the 2016 Republican nomination campaign. *American Politics Research, 46*(5), 785–810. https://doi.org/10.1177/1532673X18765190

Greer, S., L., King, E., J., Massard da Fonseca, E., & Peralta-Santos, A. (2020). The comperative politics of COVID-19: The need to understand government responses. *Global Public Health,* 15(9), 1413–1416. https://doi.org/10.1080/17441692.2020.1783340

Grimmelikhuijsen, S., & Knies, E. (2017). Validating a scale for citizen trust in government organizations. *International Review of Administrative Sciences, 83*(3), 583–601. https://doi.org/10.1177/0020852315585950

Guido, G., Peluso, A. M., Capestro, M., & Miglietta, M. (2015). An Italian version of the 10-item Big Five Inventory: An application to hedonic and utilitarian shopping values. *Personality and Individual Differences, 76*, 135–140. https://doi.org/10.1016/j.paid.2014.11.053

Han, Q., Zheng, B., Cristea, M., Agostini, M., Belanger, J. J., Gutzkow, B., Kreienkamp, J., Reitsema, A. M., van Breen, J. A., Abakoumkin, G., Hanum, J., Khaiyom, A., Ahmedi, V., Akkas, H., Almenara, C. A., Kurapov, A., Atta, M., Bagci, S. C., Basel, S., Kida, E. B., Buttrick, R. N.,... Leander, N. P. (2020). Trust in government and its associations with health behaviour and prosocial behaviour during the COVID-19 pandemic. https://www.researchgate.net/publication/342720452_Trust_in_government_and_its_associations_with_health_behaviour_and_prosocial_behaviour_during_the_COVID-19_pandemic

Harper, C. A., Satchell, L. P., Fido, D., & Latzman, R. D. (2020). Functional fear predicts public health compliance in the COVID-19 pandemic. *International Journal of Mental Health and Addiction*. https://doi.org/10.1007/s11469-020-00281-5

Hayes, A. F. (2018). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (2nd edition). The Guilford Press.

Instituto Nazionale di Statistica (2020, January 1). Resident population by age, sex and marital status on 1st January 2020 (Provisional data). http://demo.istat.it/pop2020/index_e.html

Jones, D. N., & Paulhus, D. L. (2014). Introducing the Short Dark Triad (SD3): A brief measure of dark personality traits. *Assessment, 21*(1), 28–41. https://doi.org/10.1177/1073191113514105

Kavanagh, N. M., Goel, R. R., & Venkataramani, A. S. (2020). Association of county-level socioeconomic and political characteristics with engagement in social distancing for COVID-19. https://doi.org/10.1101/2020.04.06.20055632

Krueger, R. F. (1999). The structure of common mental disorders. *Archive of General Psychiatry, 56*(10), 921-926. doi:10.1001/archpsyc.56.10.921

Layman, G. C. (1997). Religion and political behavior in The United States: The impact of beliefs, affiliations, and commitment from 1980 to 1994. *The Public Opinion Quarterly, 61*(2), 288–316.

Modell, S. M., & Kardia, S. R. L. (2020). Religion as a health promoter during the 2019/2020 COVID outbreak: View from Detroit. *Journal of Religion and Health*. https://doi.org/10.1007/s10943-020-01052-1

Painter, M., & Qui, T. (2020). Political beliefs affect compliance with COVID-19 social distancing orders. http://dx.doi.org/10.2139/ssrn.3569098

Pardini, D., Lochman, J., & Wells, K. (2004). Negative emotions and alcohol use initiation in high-risk boys: The moderating effect of good inhibitory control. *Journal of Abnormal Child Psychology, 32,* 505–518.

Pew Research Center (2011). Global Christianity: A report on the size and distribution of the world's Christian population. https://web.archive.org/web/20131101114257/http://www.pewforum.org/files/2011/12/Christianity-fullreport-web.pdf

Rammstedt, B., & John, O. P. (2006). Measuring personality in one minute or less: A 10-item short version of the Big Five Inventory in English and German. *Journal of Research in Personality, 41*(1), 203–212. https://doi.org/10.1016/j.jrp.2006.02.001

Ramos, G., Vieites, Y., Jacob, J., & Andrade, E. B. (2020). Political orientation and support for social distancing during the COVID-19 pandemic: Evidence from Brazil. *Brazilian Journal of Public Administration, 54*(4) 697–713. https://doi.org/10.1590/0034-761220200162x

Sibley, C. G., Greaves, L. M., Wilson, M. S., Overall, N. C., Lee, C. H. J., Milojev, P., Milfont, T. L., Houkamau, C. A., Duck, I. M., Vickers-Jones, R., & Barlow, F. K. (2020). Effects of the COVID-19 pandemic and nationwide lockdown on trust, attitudes towards government, and well-being. *American Psychologist, 75*(5), 618–630. https://doi.org/10.1037/amp0000662

Sibley, C. G., Osborne, D., & Duckitt, J. (2012). *Journal of Research in Personality, 46*, 664–677. https://doi.org/10.1016/j.jrp.2012.08.002

Terrizzi, J. A., Shook, N. J., McDaniel, M. A. (2013). The behavioral immune system and social conservatism: A meta-analysis. *Evolution and Human Behavior, 34*, 99–108. http://dx.doi.org/10.1016/j.evolhumbehav.2012.10.003

Terrizzi, J. A., Shook, N. J., & Ventis, W. L. (2010). Disgust: A predictor of social conservatism and prejudicial attitudes towards homosexuals. *Personality and Individual Differences*, *49*, 587–592.

Tybur, J. M., Merriman, L. A., Caldwell Hooper, A. E., McDonald, M. M., & Navarrete, C. D. (2010). Extending the behavioral immune system to political psychology: Are political conservatism and Disgust sensitivity really related? *Evolutionary Psychology, 8*(4), 599–616.

United Nations Department of Economic and Social Affairs (2019). Population Dynamics: Brazil. https://population.un.org/wpp/Graphs/DemographicProfiles/Pyramid/76

U.S. Census Bureau. (2020, July 1) U.S. and world population clock. U.S. Department of Commerce. Retrieved October 22, 2020, from https://www.census.gov/popclock/

Wilson, G. (Ed.). (1973). *The psychology of conservatism*. Routledge.

World Health Organization (2020, October 22). WHO Coronavirus Disease (COVID-19) Dashboard. https://covid19.who.int/table

Xiaowen, X., Mar, R. A., & Peterson, J. B. (2013). Does cultural exposure partially explain the association between personality and political orientation? *Personality and Social Psychology Bulletin, 39*(11), 1497–1517. https://doi.org/10.1177/0146167213499235

Yong, A. G., &Pearce, S. (2013). A beginner's guide to factor analysis: Focusing on exploratory factor analysis. *Tutorials in Quantitative Methods for Psychology*, *9*(2), 79–94.

Zajenkowski, M., Jonason, P. K., Leniarska, M., & Kozakiewicz, Z. (2020). Who complies with the restrictions to reduce the spread of COVID-19?: Personality and perceptions of the COVID-19 situation. *Personality and Individual Differences, 166*. https://doi.org/10.1016/j.paid.2020.110199

Zeigler-Hill, V., & Marcus, D. K. (2016). A bright future for dark personality features? In V. Zeigler-Hill & D. K. Marcus (Eds.), The dark side of personality: Science and practice in social, personality, and clinical psychology (pp. 3–22). American Psychological Association.

Appendix A

Self-identified political orientation

Do you usually think of yourself as close to any particular party?
The Democratic party The Republican party No party Other (this option leads to a place for them to write in their answer)
On a scale from 1 (a little) to 6 (very much). How close would you say you are with the party you selected?

Appendix B

Social and Economic Conservatism

"Please indicate the extent to which you feel positive or negative towards each issue. Scores of 0 indicate greater negativity, and scores of 100 indicate greater positivity. Scores of 50 indicate that you feel neutral about the issue."
Abortion
Limited Government
Military and National Security
Religion
Welfare Benefits
Gun Ownership
Traditional marriage
Traditional Values
Fiscal Responsibility
Business
The Family Unit
Patriotism

Appendix C

Perceived vulnerability to disease

On a scale from 1 (strongly disagree) to 7 (strongly agree). Please indicate how much you agree with the following statements.
It really bothers me when people sneeze without covering their mouths
If an illness is 'going around', I will get it
I am comfortable sharing a water bottle with a friend (r)
I do not like to write with a pencil someone else has obviously chewed on
My past experiences make me believe I am not likely to get sick even when my friends are sick (r)
I have a history of susceptibility to infectious disease
I prefer to wash my hands pretty soon after shaking someone's hand.
In general, I am very susceptible to colds, flu and other infectious diseases.
I dislike wearing used clothes because you do not know what the last person who wore it was like
I am more likely than the people around me to catch an infectious disease
My hands do not feel dirty after touching money (r).
I am unlikely to catch a cold, flue or other illness, even if it is 'going around'.
It does not make me anxious to be around sick people (r).
My immune system protects me from most illnesses that other people get.
I avoid using public telephones because of the risk that I may catch something from the previous user

Appendix D

Trust in Government
On a scale from 1 (strongly disagree) to 5 (strongly agree). Please indicate how much you agree with each of the following statements
When it concerns COVID-19 the United States is capable.
When it concerns COVID-19 the United States is expert.
When it concerns COVID-19 the United States carries out its duty very well.
When it concerns COVID-19 If citizens need help, the United States will do its best to help them.
When it concerns COVID-19 the United States acts in the interest of citizens.
When it concerns COVID-19 the United States is genuinely interested in the well being of citizens.
When it concerns COVID-19 the United States approaches citizens in a sincere way.
When it concerns COVID-19 the United States is sincere.
When it concerns COVID-19 the United States is honest

Appendix E

Five Factor Personality

Directions: The following statements concern your perception about yourself in a variety of situations. Your task is to indicate the strength of your agreement with each statement, utilizing a scale in which 1 denote strong disagreement, 5 denotes strong agreement, and 2, 3, and 4 represent intermediate judgements. In the boxes after each statement, click a number from 1 to 5 from the following scale:

1. Strongly disagree
2. Disagree
3. Neither disagree nor agree
4. Agree
5. Strongly agree

There are no "right" or "wrong" answers, so select the number that most closely reflects you on each statement. Take your time and consider each statement carefully.

I see myself as someone who tends to find fault with others.
I see myself as someone who is generally trusting.
I see myself as someone who tends to be lazy.
I see myself as someone who does a thorough job.
I see myself as someone who is relaxed, handles stress very well.
I see myself as someone who gets nervous easily.
I see myself as someone who is reserved.
I see myself as someone who is outgoing, sociable.
I see myself as someone who has few artistic interests.
I see myself as someone who has an active imagination.

Appendix F

Dark Triad

Instructions: Please indicate how much you agree with each of the following statements. In the boxes after each statement, click a number from 1 to 5 from the following scale:

1. Strongly disagree
2. Disagree
3. Neither disagree nor agree
4. Agree
5. Strongly agree

Machiavellian

1. It's not wise to tell your secrets.
2. I like to use clever manipulation to get my way.
3. Whatever it takes, you must get the important people on your side
4. Avoid direct conflict with others because they may be useful in the future.
5. It's wise to keep track of information that you can use against people later.
6. You should wait for the right time to get back at people
7. There are things you should hide from other people to preserve your reputation.
8. Make sure your plans benefit yourself, not others.
9. Most people can be manipulated

Narcissism

1. People see me as a natural leader.
2. I hate being the center of attention. (R)
3. Many group activities tend to be dull without me.
4. I know that I am special because everyone keeps telling me so.
5. I like to get acquainted with important people
6. I feel embarrassed if someone compliments me. (R)
7. I have been compared to famous people
8. I am an average person. (R)
9. I insist on getting the respect I deserve.

Psychopathy

1. I like to get revenge on authorities
2. I avoid dangerous situations. (R)
3. Payback needs to be quick and nasty
4. People often say I'm out of control
5. It's true that I can be mean to others.
6. People who mess with me always regret it
7. I have never gotten into trouble with the law. (R)
8. I enjoy having sex with people I hardly know
9. I'll say anything to get what I want.

Appendix G

Fear of COVID-19

Instructions: Please indicate how much you agree with each of the following statements. In the boxes after each statement, click a number from 1 to 5 from the following scale:

1. Strongly disagree
2. Disagree
3. Neither disagree nor agree
4. Agree
5. Strongly agree

I am most afraid of coronavirus-19
It makes me uncomfortable to think about coronavirus-19.
My hands become clammy when I think about coronavirus-19
I am afraid of losing my life because of coronavirus-19
When watching news and stories about coronavirus-19 on social media, I become nervous or anxious
I cannot sleep because I'm worrying about getting coronavirus-19
My heart races or palpitates when I think about getting coronavirus-19

Appendix H

Religion

Which of the following do you identify with?
Christianity
Buddhism
Islam
Judaism
Hinduism
Atheism
Agnosticism
Other (this option leads to a place for them to write in their answer)
On a scale from 1-10, how much do you identify with the religion you selected?

Appendix I

COVID-19 behaviors

Please indicate how often you perform the following behaviors. Always Most of the time About half the time Sometimes Never
When you are in situations where the CDC recommends washing your hands, do you wash your hands? When you are in situations where the CDC recommends social distancing, do you practice social distancing? When you are in situations where the CDC recommends wearing a mask, do you wear a mask? When you enter a store, do you pay attention to any COVID-19 related guidelines they have posted?
Please indicate your opinion on the following questions. Definitely yes Probably yes Might or might not Probably not Definitely not
Do you think hand washing is effective at stopping the spread of COVID? Do you think wearing masks is effective at stopping the spread of COVID? Do you think practicing social distancing is effective at stopping the spread of COVID? Do you think COVID is dangerous? Do you think COVID is a pandemic? Do you think COVID will ever go away? Do you think we should all just get COVID and be done with it? Do you think we should be worried about COVID? Do you think we should shut down? Do you think we should open schools? Do you think COVID is a conspiracy? Do you think COVID is political?
Please indicate how much each of the following has affected you. A great deal A lot A moderate amount A little Not at all
How does wearing a mask affect you? How does practicing social distancing affect you?

How have your relationships with friends and family changed since people started social distancing?
How has your mental health been affected?
How has the lock down affected your employment?
How has the lock down affected your income?
How has the lock down affected your schooling?
How has the lock down affected your housing?

Appendix J

Demographics
Sex
Age
What is your major?
How many years of higher education have you completed?
I would describe my race/ethnicity as:
SES ladder
Where do you think your family would be on this ladder?

Vita

After completing high school in Texas, Caleb attended Whitworth University in Spokane Washington. He received his Bachelor of Arts in Psychology in December of 2016. Caleb continued his education at Stephen F. Austin State University in August of 2019, where he received his Master of Arts in Psychology in May of 2021.

Permanent Address 1002 Southwood Dr.
Lufkin, Texas 75904

Publication Manual of the American Psychological Association (Seventh Edition)

This thesis was typed by Caleb Potts