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The Lived Experience of the Covid-19 Pandemic among Mandate-Resistant Adults in Washington State

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THE LIVED EXPERIENCE OF THE COVID-19 PANDEMIC AMONG MANDATE-RESISTANT ADULTS IN WASHINGTON STATE

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ABSTRACT

THE LIVED EXPERIENCE OF THE COVID-19 PANDEMIC AMONG MANDATE-RESISTANT ADULTS IN WASHINGTON STATE

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This study examined the lived experience of self-identified, mandate-resistant adults in Washington state. This study explored participants' experience of the COVID-19 pandemic, from a retrospective framework by uncovering challenges, silver linings, decision-making, and self-reported mental health. Remote interviews were conducted with nine participants. Participants were between 23–31 years old, mostly male, and over half identified as Black. Through semi structured interviews, data was collected and analyzed using Interpretive Phenomenological Analysis (IPA). Participants described their experiences during the COVID-19 pandemic and highlighted significant changes in the way they lived their lives. Most notably, participants described ways in which they defied COVID-19 mandates and the losses they faced, along with adjustment, coping, isolation, moving forward, questioning, and distress. Due to their stance regarding the pandemic, participants often felt alienated and distrusting. This resulted in decreases in mental health. As the pandemic waned, participants noted having a greater appreciation for in-person interactions, valuing close relationships, and investing themselves in more travel. Participants experienced great losses during the pandemic but emerged with a more

defined sense of self. This dissertation is available in open access at AURA (https://aura.antioch.edu) and OhioLINK ETD Center (https://etd.ohiolink.edu).

Keywords: COVID-19, psychology, behavior, pandemic, qualitative, mental health

Dedication

I would like to dedicate this study to healthcare workers that put their lives on the line during the COVID-19 pandemic. Your tireless efforts, selflessness, and dedication to the wellbeing of others will never be forgotten. Thank you for your bravery in a time of uncertainty. You ensured the health and safety of the community.

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I would like to offer my deepest appreciation to my daughter, dissertation committee, and closest friends. This project consumed countless hours and I needed a lot of reassurance and guidance throughout the process. I have been privileged to have such a supportive group of people to help me through this and I could not have done it without them.

Dr. Heusler, thank you for always being there when I needed help simplifying my topic and finding something that I could feasibly study and document within the timeframe of this program. You helped remind me of the purpose and importance of this study. Thank you for always being willing to jump on a quick Zoom call, even when I did not have any specific questions other than, “Does this make sense?”

To my closest friends, I am grateful for your love and support. It has been a journey! At each step of the way, you were all there to root for me and offer insight when I needed a new perspective. Thank you for sharing your knowledge and wonderful resources.

To my dissertation committee, I sincerely appreciate your willingness to help me with this project. You each offered invaluable expertise and suggestions to help make this study come to life. I selected each of you because of your passion for science and dedication to overcoming the pandemic.

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CHAPTER I: INTRODUCTION

This study explored the intersection of the COVID-19 pandemic, perceptions of pandemic-related restrictions, and resistance by adults in Washington. This dissertation examined how mandate-resistant adults in Washington state experienced the COVID-19 pandemic. The pandemic has been described as a tumultuous time for most individuals given the political climate, social unrest, and rapidly transforming information (Mitchell et al., 2021). Some individuals sought control over their lives by rejecting government mandates in exchange for daily practices that they deemed essential for themselves (Wise, 2021). This behavior was met with great scrutiny and backlash, though within the group there seemed to be support and encouragement by other members. For example, there were many organized protests mask mandates and Stay-at-Home orders (Forsyth, 2020). Much of the current literature focuses on select regions and examining certain constructs. Furthermore, there is a lack of literature examining the lived experiences of adults in the pacific northwest during the COVID-19 pandemic and specifically, the experience of those in rejection of health-related precautions.

Significance of the Study and Clinical Implications

The COVID-19 pandemic was a worldwide emergency and entailed further implications for mental health. It has been documented that a portion of the American population rejected the seriousness of the virus, and some actively defied restrictions intended to slow the spread of COVID-19 (American Psychological Association [APA], 2020). The detrimental effects of the pandemic have been documented and described as a parallel crisis of mental health, with a 25% increase in clinical levels of anxiety and depression worldwide (World Health Organization, 2022). There are many ways of coping with distress and one method is through minimization and denial (Freud, 1924/1961). This study could potentially offer clinical implications and insights about working with this demographic.

Including, increasing engagement and retention in therapy, identifying treatment goals, and creating empathy. Lastly, this study could inform future societal and governmental responses to future health crises and possible interventions by eliciting individual concerns and highlighting relevant issues within this population.

Purpose and Goals of the Study

This research explored the lived experiences of mandate-resistant adults in Washington state during the COVID-19 pandemic. Understanding the lived experiences of the COVID-19 pandemic as a type of distress response could offer clarity and understanding to clinicians working with individuals from this population. Similarly, this data could enhance therapeutic interventions by increasing awareness through narratives and encouraging a more empathic response to this population. Furthermore, this research could inform future studies and provide a foundation for more targeted approaches to data collection.

To provide a thorough investigation and in-depth study of this demographic, this study utilized an interpretive phenomenological analysis (IPA) from the philosophy of hermeneutics. The IPA model allows for a safe environment for participants to describe their experiences and express details that are salient to the individual. Using this approach aided in the understanding of mandate resistance, associated behaviors, and related challenges, which in turn could lead to the development of more individualized treatment and targeted public policies.

Though an IPA study seemed to be the best approach to gathering data at the time, there are also limitations and disadvantages to this type of research. Qualitative research has the advantage of gathering in-depth data about a small group of individuals, however, lacks a breadth of experiences. When compared to quantitative studies, qualitative research tends to have lower levels of validity and reliability. Due to the time and involvement required by qualitative

methodology, studies like this require lengthier timelines and often, more resources. In the analysis section, I will discuss the steps I took to minimize these issues and increase validity and reliability.

Limitations of Previous Research

As a recent event in history, the COVID-19 pandemic is a novel topic of study and thus data is still emerging. Previous research has provided terms and definitions associated with this study, such as civil disobedience, denial, groupthink, motivated reasoning, and a baseline for mental health in Washington. Much of the research associated with COVID-19 has focused on physical health, understanding the virus, and stress. While there is not much information about the lived experience of mandate-resistant adults in Washington. Given the assumed complexity and individualized experience guiding decision-making during the pandemic and the associated stress of managing health-related restrictions, it is pertinent that research investigates this experience. This dissertation sought to bridge the gap in the literature by providing an in-depth analysis of mandate-resistant adults during the COVID-19 pandemic. This study examined how individuals made decisions regarding their health and safety, the factors involved in their choices, and the consequential impact on their mental health. As a result, this study could help to highlight areas for improvement in public health, government messaging, and therapeutic interventions. Lastly, as there had yet to be a study investigating the lives of mandate-resistant adults in Washington, this study serves as one of the first qualitative studies about mandate resistance, civil disobedience, and the resulting mental health of adults in Washington state.

In this dissertation, I will describe current literature as it relates to this topic and outline gaps in the literature that necessitated this study. I will define relevant terms such as the COVID-19 pandemic as it pertained to the study, the zeitgeist of 2020, groupthink, motivated reasoning, denial, civil disobedience, and mental health in Washington. First, I will explore and

define the COVID-19 pandemic, the zeitgeist of 2020 as it relates to the topic, and groupthink as an explanation for social behavior. Then, this section will thoroughly investigate other psychological phenomena such as motivated reasoning, denial, and civil disobedience. Further, civil disobedience will be defined in terms of the pandemic and evidence will be provided to support that this behavior has existed throughout health crises. Lastly, this section will review the status of mental health in Washington state before and during the pandemic.

Definition of Terms

COVID-19 Pandemic

For this paper, I am defining the COVID-19 pandemic as being from March 23, 2020, to October 31, 2022, because during this period in Washington, daily living was most impacted. On March 23, 2020, the governor of Washington, Jay Inslee, announced the first "Stay Home, Stay Healthy" order which required Washingtonians to stay home unless pursuing an essential responsibility, banned all gatherings, and closed all businesses that were deemed unessential (Inslee, 2020). Although the pandemic continues to wane, a definitive end date is difficult to pinpoint, for that reason I have indicated October 31, 2022, as the end of my window of interest because that date marks the end of federal enforcement of masking and most COVID-19 related restrictions (Centers for Disease Control and Prevention [CDC], 2022). Weak participation in mitigation efforts led to government enforcement of lockdowns and mandates to minimize violations through the risk of penalization (Kartono et al., 2020). These health protocols were enacted at various levels of government and designed to slow the spread of the virus. Interventions included masking, social distancing, business closures, lockdowns, vaccines, quarantining, and testing. Based on a preliminary review of the literature surrounding COVID-19 and mental health, it appears that much of the research is based regionally and specific to certain locations.

Zeitgeist of 2020

Due to the inherent uncertainty associated with scientific exploration, it was difficult to make assertions early in the pandemic. In early 2020, President Trump made frequent comments minimizing the virus and contradicting himself, which resulted in greater ambivalence toward the pandemic (Mitchell et al., 2021). Similar studies have demonstrated that more than half of Americans believed that Donald Trump was making the pandemic seem less severe. It is understood that a portion of the population does not believe COVID-19 is a serious illness and false statements by President Trump deepened the political divide (Franck, 2020).

For this paper, the zeitgeist of 2020 is understood as partisanship, quality of information, and activism. Protests with varying agendas, from racial injustice to independence, dominated 2020 (Press & Carothers, 2020). Being exposed to misinformation can affect the way that individuals view policies, subsequently, making it more likely that they will not support those policies (Gilens, 2001). This produced a devastating effect for public health officials as they scrambled to communicate the importance of following guidelines to a portion of the population that denied the factual basis for mitigation policies.

Groupthink

The term Groupthink was coined in 1972 and describes a set of behaviors commonly observed in the community and within groups of people (Janis, 1972). Groupthink is a form of expression that is sometimes applied in the ways that decisions are made, by which group members seek concurrence with those of higher status in the group. Individuals influenced by groupthink might seek unanimity amongst the group to relieve confrontation. In doing so, personal doubt is suppressed, dissenters are silenced, and members are expected to follow the guidance of the group leader without question. With this unconditional trust of the leader, members tend to perceive the group as having greater morality than opponents, which in contrast

are considered inherently fallible. This leads to a distorted perception of reality, delusional views about the group, and reckless decision-making.

Motivated Reasoning

In 1957, Festinger developed the theory of cognitive dissonance, from which emerged motivated reasoning (Festinger, 1957). When inconsistencies arise, individuals seek to rationalize or explain away things that are incongruent with their predetermined perspective. Individuals attempt to reduce dissonance by actively avoiding instances that reinforce it and instead of seeking information that achieves consonance. Cognitive dissonance can create tension and unbalance the system, so to correct it, individuals are motivated to reason a solution. Cognitive dissonance is an experience in which cognitions and reality are incongruent. Challenging those beliefs or noticing inconsistencies in these notions can lead to psychological discomfort, in such individuals are motivated to find reasoning that supports their internal dialogue.

Rooted in cognitive dissonance and our need for consistency, motivated reasoning has been defined as a phenomenon in social psychology to describe biases in decision-making that maintain and support an individual's viewpoint (Kunda, 1990). Individuals are at times motivated to believe things that are internally consistent with opinions and attitudes that are already valued by the individual. Naturally, individuals will arrive at conclusions that they desire through justification and motivation. Individuals are inclined to reject information that threatens their core beliefs, even when those findings are empirically supported (Lewandowsky & Oberauer, 2016). This type of cognitive motivation is most often observed in highly polarized political individuals, who are more likely to superficially evaluate the data and interpret it about their desired outcome. This provides a possible framework for decision-making by individuals during the pandemic.

Denial

As a core defense mechanism, denial is often used in times of great distress and turmoil. The term was first developed by Sigmund Freud and defined as a refusal to acknowledge reality, especially disturbing cognitions (Freud, 1924/1961). The term has since been used throughout research and clinical settings, to explain psychological defense geared at protecting self-esteem through dismissal of evidence (Baumeister et al., 1998). This failure to accept information can indeed provide temporary relief for an individual but can also be quite harmful in the long term because individuals can expose themselves to unnecessary danger. However, denial is adaptive during traumatic events, because it allows the individual to reinterpret and process events gradually (Janoff-Bulman, 1992). When individuals have little control over a situation or event, they are more likely to employ defense mechanisms, like denial.

Civil Disobedience

Civil disobedience has been defined as deliberate and intentional ignoring, protesting, or refusing by citizens of measures imparted by the government and would be considered a breach of the law (Della Croce & Nicole-Berva, 2023). Civil disobedience is often used by individuals seeking change for policies they deem unjust or unlawful. By acting against notions of conformity, individuals can express their rejection and denounce rules, laws, or events that are in opposition to that individual's beliefs. It is argued that citizens have a moral right to civil disobedience just as they must obey the law, but only when the duty to obey is outweighed by an infringement of one’s freedoms (Lefkowitz, 2007). Under the umbrella of civil disobedience falls questioning of the law, objection to circumstances and associated policies, and inadequate participation in political decision-making. Civil disobedience is permissible when it is instrumental in advocating for change and reconciling moral rights.

Mental Health in Washington

In the United States, Washington has some of the highest rates of clinically significant mental health concerns among adults, ranking 6th nationally (Reinert et al., 2021). During the pandemic, these issues were exasperated by more stress, less connection with social support, and greater difficulty accessing quality care. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2015), 55.6% of Washingtonians with mental illness are not receiving mental health treatment. For this paper, mental health in Washington will be used to describe changes in mental health among the population living in Washington during the pandemic.

CHAPTER II: LITERATURE REVIEW

COVID-19 Pandemic

One study in Hong Kong used a cross-sectional online survey to measure fear and distress in the public (Chair et al., 2021). More specifically, they used the Kessler Psychological Distress Scale, Fear of COVID-19 Scale, and the Brief Resilient Coping Scale. The study found that over half of respondents were experiencing moderate to high levels of distress and endorsing moderate to high resilience. More so, factors like living with other people, alcohol consumption, and a higher degree of fear were related to greater levels of psychological distress. This study identified fear, distress, and coping strategies in Hong Kong during the COVID-19 pandemic. Another study in Germany also used an online survey but named control as a contributing factor that mediates mental health by enabling individuals to be more physically active (Prect et al., 2021). This is like my assumption that denial of COVID-19 might arise out of a need for control in uncertain times. The study sampled students in the fall of 2020 and suggests that by encouraging the public to engage in physical activity, the long-term consequences of COVID-19 might be mitigated. However, exercise has not been as easy during the pandemic as physical isolation measures and lockdowns have become common (Allan et al., 2021). Social isolation, loneliness, anxiety, and intolerance for uncertainty are often risk factors for suicidal ideation. One study in the United States recruited two samples, the first from Mechanical Turk and the second from a midwestern university. That study found that in June 2020, loneliness and anxiety sensitivity was related to an increase in thoughts about suicide. This research suggests it is important to target those symptoms to ease the psychological impact of COVID-19.

Zeitgeist of 2020

As described in the introduction of this dissertation, 2020 was a catalyst for change. Specifically, politics, social justice, and health were at the forefront of major decisions. President Donald Trump was fairly influential and as the leader of America during the COVID-19 pandemic, he made many public statements about the virus and recommendations for mitigation or lack thereof (Parker & Stern, 2022).

Partisan Differences

Political differences seemed to be salient during the year 2020. One study noted significant differences between Republican and Democrat engagement in social distances, media messaging, and beliefs about COVID-19 (Allcott et al., 2020). It has been noted that throughout the pandemic, certain political officials, including President Donald Trump, downplayed the severity of the virus. In contrast, those along the democratic party line were more inclined to emphasize the danger associated with the virus and in doing so, reasoned that mitigation efforts must be employed. Researchers found that democrats were more likely to live in densely populated regions that were harder hit by infection and thus were also more likely to be subjected to more restrictive mitigation methods. This would mean that people living in cities directly benefited from stronger enforcement for controlling the spread. Additionally, researchers found that the media perpetuated differences in information regionally and likely led to inconsistent beliefs and behaviors. With this understanding, the study suggested that these differences in mitigation of disease transmission resulted in a higher economic burden than a homogenous response would have allowed.

American politics have become increasingly polarized over the years, leading to a political divide in society (Druckman et al., 2013). Elite politicians can guide the decision-making of their followers by altering the way that the public perceives policies. The more

polarized society becomes, the more persuasive these leaders can be. Similarly, society tends to view substantive contrasting evidence as less impactful on their decisions. Ironically, the dismissal of concrete evidence and acceptance of opinion-based cognitions seems to increase perceived confidence in decision-making.

Further, policy preferences, attitudes, and behaviors in response to the pandemic reveal a strong correlation with political partisanship (Gadarian et al., 2021). Those in support of President Trump or self-identified as being conservative were less likely to adopt healthy behaviors, like social distancing, masking, washing hands more often, self-quarantining, or changing travel plans. Additionally, those same individuals reported less worry about themselves or others getting sick. The study found that political orientation was a better predictor than income and educational level.

Information

With information readily available and nearly inescapable, the term information overload has been considered a major component of 2020 (Nemeth, 2020). For health professionals, this became a delicate act; communicating essential data in a way that was clear and understandable, while also amending information as new statistics became available. With so much information, individuals are more likely to fall back on simpler methods of processing data, like cognitive biases, to ease the intellectual demand.

During the earliest stages of the pandemic in America, increased mainstream broadcast media use was correlated with accurate information about the pandemic and appropriate methods for staying safe (Jamieson & Albarracin, 2020). In contrast, consumption of conservative media, such as Fox News, was correlated with belief in conspiracy theories. Further, messaging that

uses populism to resonate with viewers is associated with conspiracy beliefs and extreme partisanship (Stecula & Pickup, 2021). Conservative media consumption was correlated with misinformation about the pandemic and viewers were less likely to adopt mitigation strategies.

The virus has continuously been downplayed and as such, the public has been detrimentally misinformed, making it harder for health experts to enforce mitigation efforts (Funke & Sanders, 2020). From the beginning, political elites have communicated the virus very differently across party lines. For instance, democrats reported the crisis more often and emphasized the threat to public health, while republicans discussed the impact on businesses and the responsibility of China (Green et al., 2020). Newspaper coverage tends to be more politicized, with fewer featured scientists and more politicians (Hart et al., 2020). Network news coverage is less polarized than newspapers, but still demonstrates a high degree of politicization in messaging.

Social Unrest

When reflecting on 2020, all around the world, individuals can recall the year as a time for social justice and civil unrest (Press & Carothers, 2020). With the novel virus still circulating, public gatherings were not aligned with public health guidelines, but this did not deter people from taking to the streets to demand change. According to the data, in April of 2020, there was a significant anti-government protest occurring nearly twice per week (Press & Carothers, 2020). By June of 2020, those protests peaked. Protests erupted for many of the same reasons we have seen historically, corruption, police brutality, and electoral disputes.

In the United States, Black Lives Matter protests were some of the most prolific, with citizens angered over the deaths of unarmed Black people (NPR, 2021). These protests prompted acts of civil disobedience in many forms, including gathering in large crowds and disregarding curfew orders under the protection of the first amendment (Hudson, 2020). Movement leaders

called for action and alleged that these protests were being targeted by authorities without the defense of their constitutional rights. Protests were met with police officers uniformed in riot gear without substantial justification (Chason & Schmidt, 2021). This prompted civil unrest and questioning of law enforcement.

For others, the pandemic was a contentious subject due to its ties to politics, and people protested the enforcement of mitigation efforts (Press & Carothers, 2020). Worldwide, people gathered to protest lockdowns, government overreach, economic distress, and mismanagement of the pandemic.

Groupthink

In relation to the pandemic, Forsyth (2020) has suggested that groupthink might be at play. He argues that those in rejection of mitigation efforts are engaged in decision-making marked by clear deterioration of critical thinking and rationality (Forsyth, 2020). These groups appear to meet the criteria for groupthink due to the highly cohesive and isolative nature of their relationship. Protesting medical advice and policies created due to public health concerns would be based on poor judgment (Forsyth, 2020). Those in opposition to COVID-19 protocols describe distrust for those in authority (McClain, 2022). Misinformation that rapidly spread through social media only intensified the issue and created divisions of trusting versus distrusting officials (Zhang et al., 2022).

Groupthink is considered an ambiguous term because it seems to be a moving target. The concept attempts to explain group behavior, of many forms and behaviors, and surmise the reasoning behind group decision making (Turner & Pratkanis, 1998).

Social Identity Maintenance

As a subcategory of groupthink, the application of social identity maintenance could explain group behavior during the pandemic (Turner & Pratkanis, 1998). There are two

components to social identity maintenance and that include a positive group image and collective threat. This model is characterized by a group's attempt to maintain a positive reputation with the recognition that groups exist within a social context. Under threat, a group will try to protect the collective identity through action or avoidance. Group members feel pressure to maintain cohesion and act accordingly, typically resulting in impaired decision-making.

Similarly, when social identity is threatened by science, people tend to devalue those findings (Nauroth et al., 2015). When individuals identify with a group, their online behavior is influenced such that the individual is willing to act and communicate on behalf of the group. When research directly conflicts with the group consensus, members with stronger held beliefs are most likely to make comments on online forums demonstrating their rejection or disapproval of the findings.

Furthermore, research has shown that through the social identity model, political leaders have the power to influence their base, even when their attitudes were not previously held by their followers (Hornsey et al., 2020). For example, President Trump is the first U.S. President to suggest having anti-vaccination opinions and data suggests that his views persuaded his followers to follow suit. Perhaps driven by a need for allegiance, Trump supporters became more concerned with the COVID-19 vaccine than any other voters. In contrast, Trump's perception of the vaccine did not influence other voters.

Cognitive Dissonance

The term cognitive dissonance emerged through the work of Leon Festinger (1957). In his theory, he described how our behavior influences attitudinal changes. For instance, when two cognitions are dissonant, or out of agreement, individuals tend to feel psychological discomfort and are motivated to relieve this.

Motivated Reasoning

The intersection of motivated reasoning and the COVID-19 pandemic has been documented by a few researchers, including in an article by Sylvester (2021), in which he described how some individuals are motivated to view the pandemic differently. Though the United States set and broke daily records for confirmed infections, the virus remains a contentious topic with politicians and health experts divided. Politics have certainly influenced beliefs and knowledge about COVID-19, motivating individuals to at times believe that the virus is not harmful. Individuals view new information through a lens that has served them in the past and the pandemic has been no expectation. Ideological predispositions have misguided and even contradicted public health information. The study found that conservatives with less education were more likely to believe false information about the COVID-19 pandemic, while liberals of all educational backgrounds were most likely to correctly answer questions about the pandemic. Having a higher level of education and being conservative seemed to help individuals distinguish between false information and trust in science. Overall, beliefs about COVID-19 appear to be influenced by both political orientation and education level.

Even with extensive research supporting concerns about the pandemic and propelling the need for mitigation methods, some continue to reject science. Studies about motivated reasoning have demonstrated that when individuals are presented with disconfirming information, they become more supportive of their preferred viewpoint (Redlawsk et al., 2010). However, a tipping point does exist, in which motivated reasoners reach a limit and then are forced to accurately update their stance.

Management of the pandemic is dependent on collective participation in healthy behaviors and acceptance of science, although public evaluation of factual information is not

always rational. However, individuals that are capable of reasoning with numbers are more likely to accurately process information related to the pandemic (Hutmacher at al., 2022).

Motivated reasoning is often driven by ideologies, vested interests, conspiracies, fears, identity, and needs (Hornsey, 2020). These components must be addressed in messaging to assure that individuals are not conflicted in their decision-making. However, data has demonstrated that providing factual information does not always work as anticipated and in addition, effective communication should also include attending to the individual's motivations.

System 1

In a book by Daniel Kahneman (2011), the concept of dual-system thought processing is introduced and described at length. Kahneman explains that our quick, impulsive, and emotionally influenced thoughts can be assigned to system 1, while system 2 tends to incorporate deliberate, more drawn-out cognitions. Thinking quickly can be advantageous when in a life-threatening situation, but it also has faults. Emotionally influenced beliefs tend not to be logical and often are biased by overconfidence and loss aversion. The human brain is an incredible organ with many capabilities, though prone to inaccurate conclusions and problematic decisions. Kahneman explains that we cannot always trust our intuition and should value our ability to think slowly and rationally.

Denial

A study in Poland found that anxiety often mediated behavioral responses during the pandemic (Cypryanska & Neslek, 2020). Anxiety, hopelessness, and panic were three variables of interest and results indicated that anxiety levels most often correlated with a perceived threat to self. Defense mechanisms are nothing new, they have been conceptualized since Sigmund Freud was active in the field and are known as an unconsciously motivated resource for the

defense of the psyche (Bailey & Pico, 2023). Of the primitive defenses, denial and acting out appear regularly during the COVID-19 pandemic.

Another study in Germany studied the first wave of COVID-19 by comparing patterns of disagreement in the media and the perceived level of personal risk associated with the virus (Rothmund et al., 2022). This study noted two distinct groups, one which was dismissive of the virus and the other was doubtful. Those that were dismissive were more likely to perceive low risk from COVID-19, less compliance with containment policies, and distrust of those in power. Doubtful individuals were less likely to reflect cognitively, had more difficulty differentiating between facts and fiction, and had a higher level of social media intake. However, the researchers also assert that their findings would not support a predictable, single pattern of psychological disposition. But the research does suggest that many subgroups within society share COVID-19 conspiracy theories and less trust in epistemic complexity.

One article described the unintentionally negative consequences of mitigation efforts on mental health and the role of superstition, cognitive dissonance, and conspiracy theories in reducing discomfort (Schippers, 2020). With pre-existing circumstances, like lower socioeconomic status, minority status, and impaired health, the effects of lockdown were felt more acutely by some demographics. For some, turning to falsehoods brought them comfort and a sense of hope during the pandemic (Schippers, 2020).

Civil Disobedience

Existing literature has explored the topic of counter compliance or rebellion as it relates to the pandemic (Stapleton, 2020). This type of response to the pandemic has gained popularity, especially in conversations about lockdowns. Research in this area provides an idea about how the public might respond to new rules during a pandemic. Stapleton's work relies on research about rule-following and relational frame theory. He states that rules can be understood and not

followed when credibility, authority, and ability to enforce consequences are not attended to. Additionally, Stapleton argues that people are more likely to break rules when they do not believe there are actual consequences for their actions and when the reason to follow the rule does not align with their value set. Lastly, individuals are more likely to rebel against rules when they have habitually received peer support for such behavior.

Anti-Masking

During the COVID-19 pandemic, there have been anti-mask rallies and poor adherence to health guidelines. Mask-wearing behaviors have been described in the media and research (Kahane, 2021). It has been noted that individuals that strongly supported President Trump are less likely to wear a mask while in public (Kahane, 2021). Given the unprecedented risks associated with the rejection of masks in public spaces, this became a topic of discussion. Other factors that influenced mask adherence include COVID-19 death rates, the political power of the state in which the individual lives, and the individual's social capital (Hao et al., 2021).

Vaccination-Refusal

The World Health Organization (WHO, 2019) declared vaccine hesitancy to be a major threat to public health. Since early 2020, the COVID-19 vaccine has been highly politicized (Bolsen & Palm, 2022). This political divergence created great opposition and allegiance. Some politicians instilled great doubt in the development of the vaccine and its effectiveness (Hornsey et al., 2020). The public received different cues based on which side of the political aisle they leaned on (Bolsen & Palm, 2022). Partisan division fueled the anti-vaccination movement, which has been primarily backed by highly conservative individuals (Hornsey et al., 2020). This group has been identified as being vaccine-resistant (Palm et al., 2021). This refusal is unsupported by leading health experts, who have repeatedly urged the community to get vaccinated.

Mental Health

The continuous threat of the pandemic surely caused psychological distress worldwide (Reinert et al., 2020). From 2020 to 2021, the rate of adults reporting serious thoughts of suicide increased by 4% (Reinert et al., 2020, 2021). Nervousness, fear, anxiety, depression, paranoia, isolation, memory impairment, and other issues have all been related to the pandemic (Valenzano et al., 2020). Those that expressed their panic on social media were more likely to experience higher psychological distress (Li et al., 2022). In the United States, before the pandemic, only 11% of adults reported having symptoms of anxiety or depression, but during the pandemic, that number rose to about 41% of adults (Panchal et al., 2021). Isolation and economic downturn have also been associated with poorer mental health outcomes. Additionally, school closures, loss of income, loss of childcare, and being at greater risk of exposure were all linked to increased stress levels. Women, those with lower household incomes, People of Color, younger age, and increased substance use were all associated with higher levels of symptoms related to anxiety and depression (Panchal et al., 2021). The demand for mental health services remains urgent.

Washington

The National Alliance on Mental Health (NAMI) compiled fact sheets on each state and reported that in Washington, in February of 2021, 46.3% of adults reported having symptoms of depression or anxiety (NAMI, 2021). Comparing data from 2020 to 2021, Washington ranked worse than average for the prevalence of mental illness and access to care, and the state is falling further behind (Reinert et al., 2020, 2021). When looking at prevalence and access for adults in Washington, the state consistently performs in the lower half of the nation. As of 2021,

Washington scored 44th out of all 50 states and the District of Columbia (Reinert et al., 2021). In the state of Washington, nearly 24% of adults report having a mental illness, placing Washington in the top five states with the highest prevalence compared to other states.

Historical Background

Though COVID-19 was certainly unprecedented for many of us, the world has experienced similar catastrophes before (Greene, 2020). Because management of infectious diseases is framed concerning historical plagues, the COVID-19 pandemic can be compared to the Black Death of 1347, New World Smallpox of 1520, and the Spanish Flu of 1918 (Patterson et al., 2021). In the past, public health events have been largely uncontrolled and not well understood, which led to extensive damage to the economy and society. During the Black Death, armed guards enforced quarantining in its earliest form. The Spanish Flu also encouraged tracking and tracing techniques for identifying infections, as well as social distancing. Masks were common during the Spanish Flu and schools were often closed. Poor implementation of mitigation efforts has resulted in delayed progression in the United States, causing long-term economic damage. Interestingly, responses to past health crises have essentially remained the same over time. Patterson and colleagues (2021) state that "disbelief of disease presence, misinformation, unclear public communication, disregard for governmental proclamations, and poor personal risk assessment" has been identified now and in the past (p. 4). The Spanish Flu even had its anti-mask leagues, which cited inaccurate scientific information and infringement of freedoms. Feelings of powerlessness are likely what drove public responses then, just as they do now.

In 1918, when the Spanish Flu was in circulation, a large number of citizens in California protested the Red Cross' encouragement of masking by the public (Dolan, 2020). The group called themselves the Anti-Mask League and they were impassioned about rejecting the

well-intentioned attempt by health officials to protect those individuals from harm. Experts have suggested that the 1918 flu could provide clues about the COVID-19 pandemic, especially given the eerie parallels of masking and mandate resistance presented between the two (Mak, 2020). As the 1918 flu continued for a second wave, communities were more resistant to staying home and quarantining, even as the threat of the virus persisted.

CHAPTER III: RESEARCH METHODOLOGY

This study aimed to explore (a) the lived experience among mandate-resistant adults, (b) the perception of the COVID-19 pandemic in Washington, and (c) the thought processes, reasoning, and well-being of these individuals. To create space for various experiences and allow careful examination of this phenomenon, a hermeneutic phenomenological conceptual framework was employed. Under that umbrella lies the lens of interpretive phenomenological analysis (IPA), which was used to study this topic.

The purpose of this research was to better understand the lived experiences of mandate-resistant adults in Washington. With such little research to draw on about this population, the best methodological approach for gathering data would be a qualitative study. Qualitative data would appropriately answer the research question because it allows for more nuanced understandings from the personalized lens of the participant (Creswell & Posh, 2018). A quantitative study would require more background information and substantial literature to inform and support new research, which was not available at the time. Because research related to COVID-19 and mental health appeared to still be in an infancy stage, the utilization of quantitative methodology likely would not have been the best approach for this topic and research question. Quantitative methods seek to find a causal relationship, but the purpose of this study was not to determine cause and effect, rather I was seeking to understand individual experiences. For that reason, qualitative research was most appropriate.

Conceptual Framework

Hermeneutic Phenomenological Philosophy

This study utilized a framework from the philosophy of hermeneutics. Developed by

Martin Heidegger, he described the philosophy of interpretation (Smith et al., 2022). The philosophy of hermeneutics asserts that in understanding the experience of others, we cannot eliminate or ignore our own experience.

This study used hermeneutic phenomenology because it is impossible to completely remove the researcher's perspectives, biases, and experiences from the study. Within hermeneutics is the inclusion of the researcher's reflexivity and the importance of documenting this experience (Smith et al., 2022).

Interpretive Phenomenological Analysis (IPA)

Interpretive phenomenological analysis (IPA) provided guiding principles and procedures for this study because IPA aims to examine how individuals make sense of their world and experience (Smith et al., 2022). This exploration provided personalized details about how individuals made sense of their world and allowed space for participants to add emphasis to particular events that were most meaningful (Gill, 2020). The framework for IPA has origins in hermeneutics, idiography, and phenomenology (Smith et al., 2022).

The philosophy of phenomenology differs from other studies, in that there is greater emphasis placed on lived experience (Smith et al., 2022). This type of data collection is information-rich and in-depth about the topic of mandate resistance during the COVID-19 pandemic (Palinkas et al., 2015). IPA is congruent with hermeneutic phenomenological philosophy because of the inherent interpretive process included (Smith et al., 2022). IPA consists of the evaluation and integration of the lived experience of the participant and that of the researcher, which Smith would term double hermeneutic (Smith et al., 2022). The philosophy of IPA emphasizes human experience, personal perception, and lived account. In this type of study, the researcher is tasked with analyzing and making sense of each participant's account separately

and then reviewing all data for patterns (Smith et al., 2022). There is a special consideration for each case of the meaning associated with each participant.

Proposed Sample and Recruitment Procedure

Participant Selection

In IPA research, participants must be mostly homogenous, thus the sample was selected purposefully (Smith et al., 2022). Non-probability sampling introduces the issue of selection bias and potentially non-representative samples, but this was intentional as the researcher sought to identify themes and concepts based on observation (Robinson, 2014). To access this certain subset of individuals, the researcher needed to be purposeful when selecting informants. This allowed for convergent and divergent data within the sample. Snowball sampling was also involved, as participants are likely to know others with similar perspectives, but no participants were retained via this method (Creswell & Poth, 2018). To collect enough data, the study required at least six and no more than 12 participants. More specifically, there would be enough participants when saturation had been achieved (Creswell & Poth, 2018). This study included nine participants.

Inclusion Criteria

For this study, participants needed to be: (a) at least 18 years of age; (b) must have lived in Washington between March 23, 2020, and April 19, 2022; (c) must identify as being mandate resistant or in opposition of government mandates related to the pandemic; (d) must be fluent in English. Exclusion criteria for this study included: (a) under 18 years of age; (b) self-identified as being in favor of pandemic mandates; (c) lived outside of Washington between March 23, 2020, and April 19, 2022; and (d) unable to communicate fluently in English as the interviewer is limited to the English language.

Those interested in participating contacted the researcher by email listed on recruitment materials or through a direct message in response to the researcher's initial message (see Appendix A and Appendix B, respectively). Prospective participants were asked screening questions by the researcher to ensure eligibility (see Appendix C). Eleven participants were selected and two dropped out of the study prior to interviews. Once identified as an eligible participant, the researcher emailed the participant to schedule an interview. The interviews were between 20-30 minutes and were conducted via Zoom, a HIPAA-compliant telehealth platform. Ahead of the interview, the researcher sent a copy of the informed consent form for the participant to review and sign (see Appendix D) At the start of each interview, the researcher built rapport with the participant and then went over the informed consent form to obtain verbal consent. Then, the semi-structured interview would proceed.

Compensation

After completion of the semi-structured interview, participants were offered a $10 Amazon gift card, via email, in exchange for their time. All participants accepted compensation.

Sample Demographics

Eleven participants were screened and deemed fit for the study. Two participants dropped out prior to engaging in the remote interview process. Nine participants were engaged in the entire study, including screening, informed consent, and a semi-structured interview. Of the nine participants, only one was female (88% male). Ages ranged from 23 to 31 years old (mean = 27.11, SD = 3.1). As for racial identities, the study included five Black Americans, one Asian American, one Caucasian, one biracial participant, and one European American (55.55%, 11.11%, 11.11%, 11.11%, and 11.11% respectively). Six participants identified themselves as apolitical, two as democrats, and one independent (66.66%, 22.22%, and 11.11% respectively). One participant worked from home, three were self-employed, and four worked directly with the

public (11.11%, 33.33%, and 44.44% respectively). Eight participants reported that they either became infected with COVID-19 or knew someone personally who did (88.88%). To maintain confidentiality, participants are referred to by numbers and the order that they were interviewed. A brief description follows:

Participant 1

Participant 1 was 30 years old at the time of interview and worked as a chef prior to and during the pandemic. He identified as male, politically independent, and a European American. Participant 1 did not become infected with COVID-19 but knew someone close to him who became sick. He had a more relaxed approach to mandate-adherence.

Participant 2

Participant 2 identified as a 23-year-old, Black, apolitical male. He worked in hospitality throughout the pandemic, but at the time of the interview he was self-employed. His close family member became sick with COVID-19, though Participant 2 never became infected. He was vehemently opposed to the COVID-19 mandates.

Participant 3

Participant 3 was a 31-year-old male, Black American, and apolitical. He was self-employed and personally knew someone that became sick with COVID-19. Participant 3 had a difficult time following many mandates but tried to comply.

Participant 4

Participant 4 was a 25-year-old male, biracial, and worked from home prior to and during the pandemic. He did not become infected with COVID-19 and did not know of anyone close to him who became infected. He did not believe the COVID-19 mandates were effective or necessary.

Participant 5

Participant 5 was a 29-year-old male, Black American, democrat, and unemployed. His employment status varied throughout the pandemic but was primarily without work. He knew someone that became infected with the virus. He was fearful in the earlier stages of the pandemic, but later found comfort through increasing knowledge of the virus. He was very skeptical about the origin of the virus.

Participant 6

Participant 6 was a 24-year-old, male, Black, apolitical, and caregiver. He reported working closely with patients during the pandemic and being the sole provider for his family. He knew someone close to him who became infected with the COVID-19 virus. He worked in healthcare and took the virus seriously but was also concerned by mixed information in the news. Participant 6 originally followed all mandates but eventually began taking risks he deemed necessary for his mental health.

Participant 7

Participant 7 was the only female member of this sample. Participant 7 was 28 years old, a democrat, Caucasian, and owned her own business. She personally became infected with COVID-19. Participant 7 followed many of the COVID-19 mandates but was hesitant and especially anxious about each decision she made. She constantly worried about getting sick and was confused by conflicting information.

Participant 8

Participant 8 was a 30-year-old, Asian American, apolitical male. He worked in a family-owned business and his close family member became very sick with COVID-19. He strongly opposed the COVID-19 mandates and made many references to how it negatively

impacted the family business. Participant 8 also believed that COVID-19 was not something that young, healthy individuals should need to worry about.

Participant 9

Participant 9 was a 24-year-old male, Black American, and apolitical. He was a truck driver before and during the pandemic. He personally became infected with COVID-19. Participant 9 believed the mandates were unnecessary and excessive.

Recruitment Procedure

Ascribing the fundamentals of IPA, I intended to select participants purposefully to maintain homogeneity (Smith et al., 2022). With this sampling method, I recruited individuals with a strong emotional reaction to the pandemic. This included passive and active sampling via a recruitment flier, direct message, screener questions, and exclusionary criteria. Active sampling was done by the researcher by exploring various social media pages and identifying individuals that appeared to endorse mandate resistance via account activity and content interaction.

IPA studies require samples to be homogenous, which includes a purposeful selection of participants (Smith et al., 2022). In addition, snowball sampling was involved, as selected participants were able to refer to people that they know, though none of the selected participants were the result of snowball sampling (Creswell & Poth, 2018). To sample participants, the study incorporated both active and passive recruitment measures by including advertisements with the researcher's contact information (see Appendix A) and direct messaging by the researcher to engage specific individuals (see Appendix B).

Active recruitment included the researcher accessing potential participants through social media (e.g., Facebook) and directly messaging those individuals with a request for their participation (see Appendix B).

Within the advertisement, there was general information about the study, including a description of the study, the purpose, inclusion criteria, limitations, participant expectations, and contact information for the researcher (see Appendix A). The direct message also included this information but was formatted for messaging, rather than posting (see Appendix B). Those same documents included directions for interested individuals about how to begin their participation in the study. The researcher screened participants (see Appendix C) for fitness, then provided them with the informed consent form for written signature (see Appendix D).

After an individual expressed interest in the study, the researcher would go over exclusion criteria to determine if they would be a good fit for the study (see Appendix C).

Measures

Demographic Information

Along with the qualitative data, some demographic details were also collected and stored. This included participants' age, gender identity, race, employment, political orientation, and whether the participant or someone close to the participant had been infected by COVID-19 (see Appendix E).

Semi-Structured Interviews

One-on-one interviews between the participant and researcher explored the lived experiences of the COVID-19 pandemic in Washington, mandate resistance, and mental health. The interview included a semi-structured schedule and was conducted via Zoom (see Appendix F). This schedule allowed some structure to guide the conversation while also creating space for participants to describe events that were most meaningful from their perspectives. The researcher relied on open-ended questions to allow for a natural flow of conversation and garnered the most data from each participant (See Appendix F).

Procedure

This is an IPA qualitative study and was structured according to Smith et al. (2022).

Procedure for Conducting the Study

The researcher conducted interviews over a HIPAA-compliant video-conferencing platform (Zoom). Before the interview, the researcher emailed a digital copy of the informed consent form (see Appendix D) for the participant to review and sign. In that email, the researcher also provided a password-protected Zoom link for admission to the interview session. A private and individual Zoom link was created for each participant to prevent others from accessing the room and compromising confidentiality. At the interview's start, the researcher introduced and reviewed the informed consent form. Verbal consent was obtained and recorded during the interview. Through the informed consent form and discussion, the researcher would then go over recording procedures and steps taken to ensure the security of the recording to maintain confidentiality.

Once the interview was completed, the researcher began transcribing the session verbatim. The researcher would de-identify and encrypt all data, which would be stored on the researcher's password-protected computer in a locked room. Once the study concluded, data would be maintained for at least two years before it is deleted from all devices.

At the start of each interview, the researcher would remind the participant that interviews are recorded for transcription purposes and discuss questions and concerns. The researcher would build rapport through simple conversation before beginning the interview schedule (see Appendix F). By using open-ended questions, participants could disclose as much or as little information as they were comfortable with while also allowing them to discuss areas of greatest interest from their perspective (Smith et al., 2022).

Reflexivity

Throughout this study, the researcher kept a log of the researcher's personal experience and inclinations, as recommended by Creswell and Poth (2018). This included a section regarding the researcher's account of mandate-resistant adults in Washington state during the COVID-19 pandemic. The researcher provided this information to the dissertation committee for review.

Protection of Human Subjects

Privacy and Confidentiality

This dissertation proposal was shared with my dissertation committee members and the Institutional Review Board (IRB) at Antioch University Seattle. No other individuals were involved in the study before approval.

This study sought to include six to 12 participants that self-identified as being mandate-resistant adults living in Washington. Each participant needed to be competent to provide verbal and written informed consent to participate in the study. Participants were not discriminated against or excluded based on race, color, religion, gender, gender expression, age, political orientation, disability, sexual orientation, or national origin.

The researcher conducted interviews over a HIPAA-compliant video-conferencing platform (Zoom). Before the interview began, the researcher sent an email to the participant containing a password-protected Zoom link and information regarding accessing the meeting. An individual link was provided to each participant and kept confidential to prevent public access to the meeting.

Additionally, the researcher provided the informed consent form in advance to allow time for the participant to sign, review the information, and ask questions via email. At the start of the interview session, the researcher would review the informed consent form, to obtain verbal

consent and allow time for questions (see Appendix D). Within the informed consent there was a statement about the use of audio recording during the interview. During the interview, while reviewing the informed consent form, the researcher also discussed recording and asked for verbal permission from the participant before initiating the recording. Participants were reminded of the voluntary nature of their participation and their right to omit responses or withdraw from the study at any time.

The researcher encrypted each transcription and used code names for each participant to maintain the security of their identity. The researcher was the only person with access to identifying information, like consent forms, phone numbers, and email addresses. This information was maintained on a password-protected device within the researcher's locked office.

While all data was de-identified to protect the identity of the participant, some phrases from the transcription are used verbatim in the final report. Participants were made aware of this in advance. After completion of the study, all data will be deleted from devices to maintain confidentiality.

Risks

Participants were not subjected to any substantial risk, though the researcher acknowledges that discussion about the COVID-19 pandemic could elicit some psychological discomfort. For instance, distress in the form of irritability, anxiety, or depression could have arisen. Participants were encouraged to use referral sources for emotional support, though no distress was reported (see Appendix G). No participant expressed any difficulty following their interview. Participants were also free to withdraw from the study at any time without repercussion. During the interview, participants could skip questions or provide little details about the experience. This was up to the participant’s discretion. Though, no participant declined to answer any questions from the semi-structured schedule. This study did not produce adverse

effects and did not require invasive procedures. There was no use of deception and participants were fully informed of procedures and their rights before starting the study.

Benefits

Any potential risk of psychological distress was outweighed by several potential benefits of this study. Participation in this study likely led to an increased awareness of the experience of mandate-resistant adults in Washington during the pandemic. In the interview, participants developed a better understanding of their own pandemic experience by processing events they experienced.

I anticipated that the data gathered during this study could inform future approaches to pandemics and public health guidelines. Other foreseeable benefits might include expansion in the application of therapy techniques that could address symptoms targeted at mandate resistance in a way that is both respectful, non-judgmental, and helpful. Processing and sharing the lived experience could be therapeutic and fulfilling in and of itself. In exchange for their time, participants received a $10 Amazon gift card as compensation.

CHAPTER IV: ANALYSIS

This section includes methods utilized for data organization, analysis, and reflexivity.

Data Organization

After finishing each interview, the researcher transcribed the interaction verbatim. Then, the research reviewed the transcription and compared it to the audio recording for accuracy. Next, the data was transferred to Dedoose, an online coding software for qualitative data analysis. After each audio clip had been transcribed and checked for accuracy, the clip was destroyed to maintain confidentiality. To protect transcriptions and demographic information, the researcher stored all data in a password-protected personal computer in a locked room. The researcher kept a log of all decisions, preconceptions, reactions, and personal reflections during data analysis. This log was provided to the committee members for review and verification as auditors of this research. The log was stored along with transcriptions and demographic information to maintain confidentiality.

Data Analysis

IPA methodology includes guidelines for data analysis and those were also adhered to for this study. The methods intended for IPA are not prescriptive and allow flexibility (Smith et al., 2022). The focus of the analysis was directed by the participant's attention and the researcher's commitment to making sense of the lived experience. There are eight components described by Smith and colleagues (2022), creating a cyclical process for reviewing the data. First, the researcher would review a transcription, line by line, highlighting areas of experiential claim, concern, and meaning, while also making note of personal reactions (Smith et al., 2022). Next, the researcher sought to identify themes within the experience and later, across multiple transcriptions. Then, the researcher made meaning of the dialogue through the researcher's

knowledge and educational training. The researcher noted the development of themes and accounts of experiences.

The researcher was then tasked with organizing the data in a way in which further analysis was possible. This included clusters and theme development that could be easily traced (Smith et al., 2022). This formatting was more conducive to the final coding of thematic data. For greater reliability, the researcher included one other coder that would read and reread the deidentified transcripts to ensure that the researcher is not skewing the results due to bias (Smith et al., 2022). Supervision and collaboration in this form led to more valid conclusions. Illustrative graphs and tables are provided as a supportive guide in this paper. Finally, the researcher wrote about their processes and inclinations throughout the process (Smith et al., 2022).

Research Quality and Methodological Rigor

IPA produces subjective accounts and thus cannot provide an objective conclusion (Smith et al., 2022). Due to the nature of data relating to lived experiences, it was difficult to assess the validity of experiential claims and perspectives. However, according to Smith et al. (2022), validity in qualitative studies can be understood as “the degree to which a study is meaningful and credible” (p. 147).

CHAPTER V: RESULTS

This study included nine participants to reach saturation. Participants were between 23–31 years old, almost 90% males, and all but one had either personally been infected by COVID-19 or known someone close to them that had become infected. As for employment, one participant worked from home prior to the pandemic, three were self-employed and working with the public, one unemployed, and four worked in the service industry and directly with the public throughout the pandemic. Six participants identified themselves apolitical, one independent, and two identified as democrats. The sample was racially diverse, with five Black Americans, one Asian American, one biracial participant, one European American, and one white participant.

After reviewing the data from this sample and using Interpretative Phenomenological Analysis to discover themes, I was able to uncover how participants made meaning of the COVID-19 pandemic as self-identified mandate-resistant adults in Washington state. Within this results section, I have organized eight themes that were identified through thorough analysis. This included (1) defying the orders, (2) loss, (3) adjustment, (4) questioning, (5) stress, (6) isolation, (7) moving forward, and (8) information. Similarly, a few subthemes were also categorized within each theme and included (a) death, (b) coping, (c) internet friends, (d) conspiracies, (e) mental health, (f) apocalyptic, (g) family, and (h) planning. In this section, the researcher describes each theme in detail and Table 5.1.

Figure 5.1

Racial Demographics

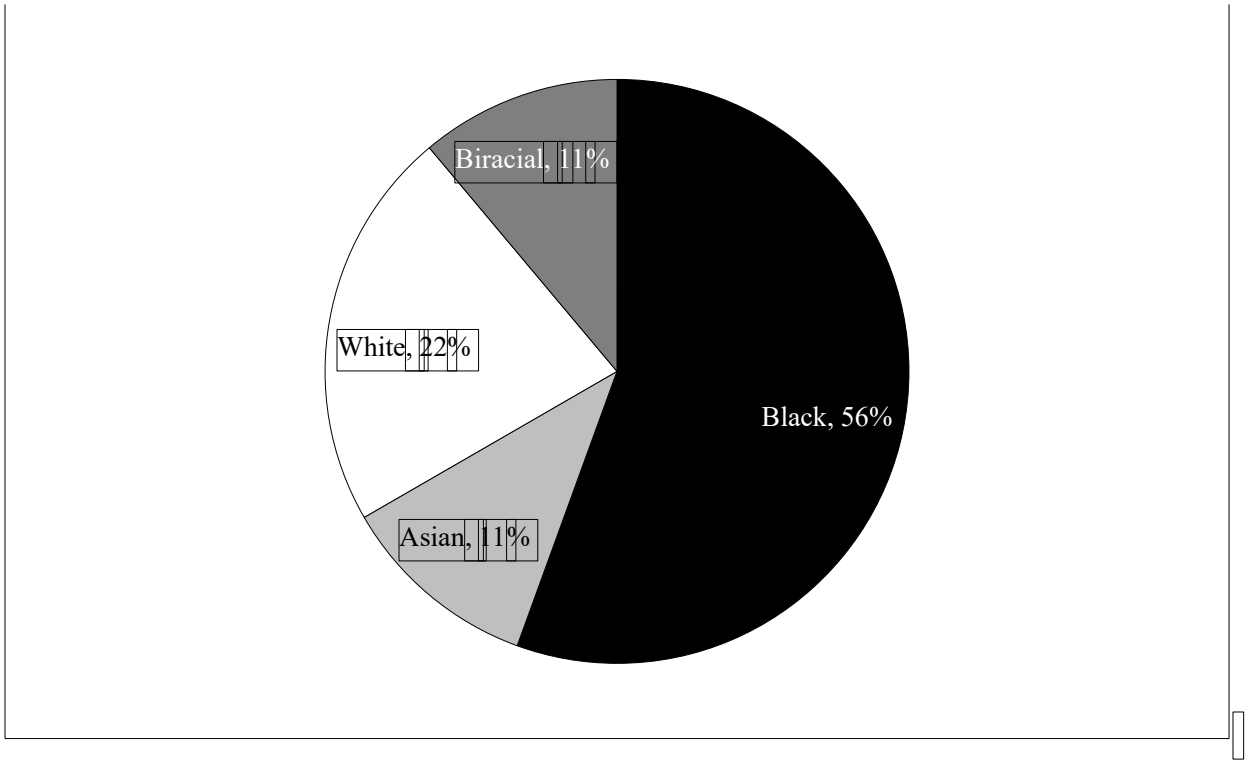

Figure 5.2

Age Demographics

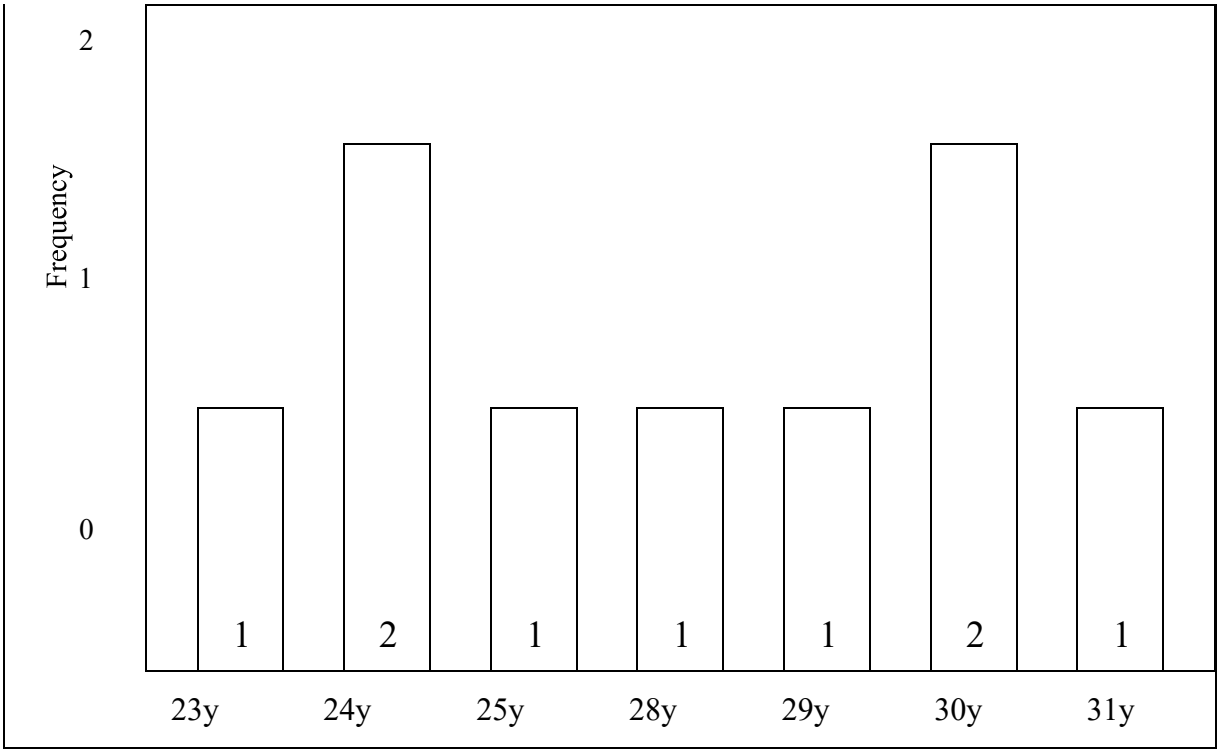

Figure 5.3

Employment Demographics

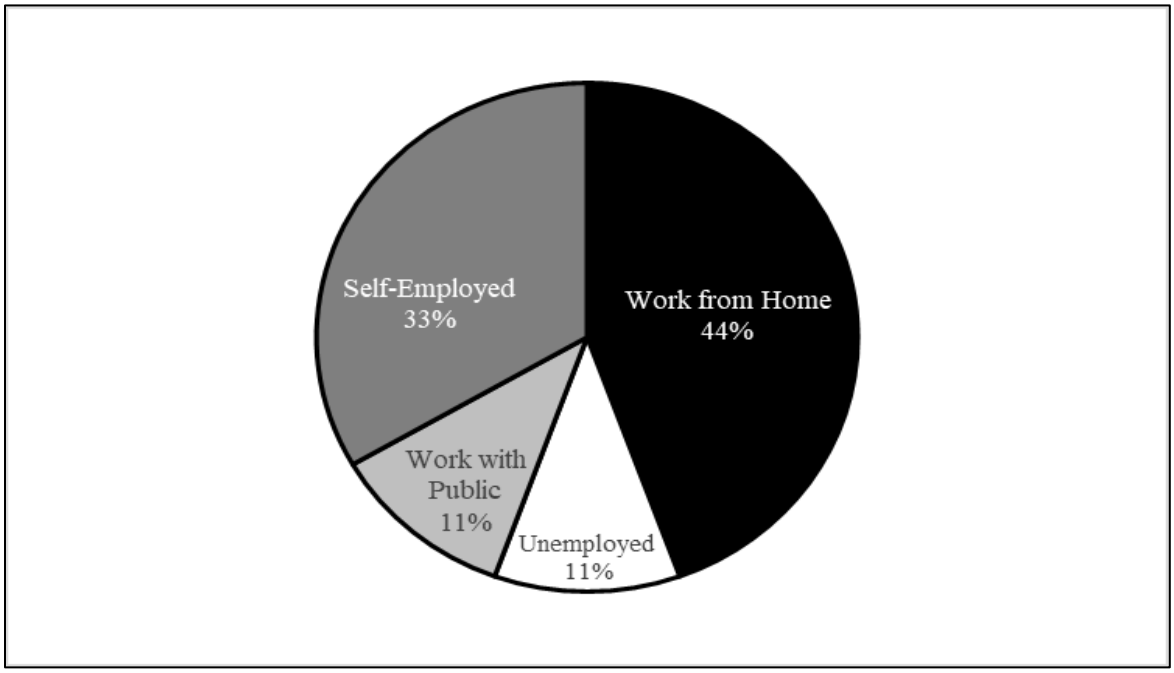

Figure 5.4

Political Demographics

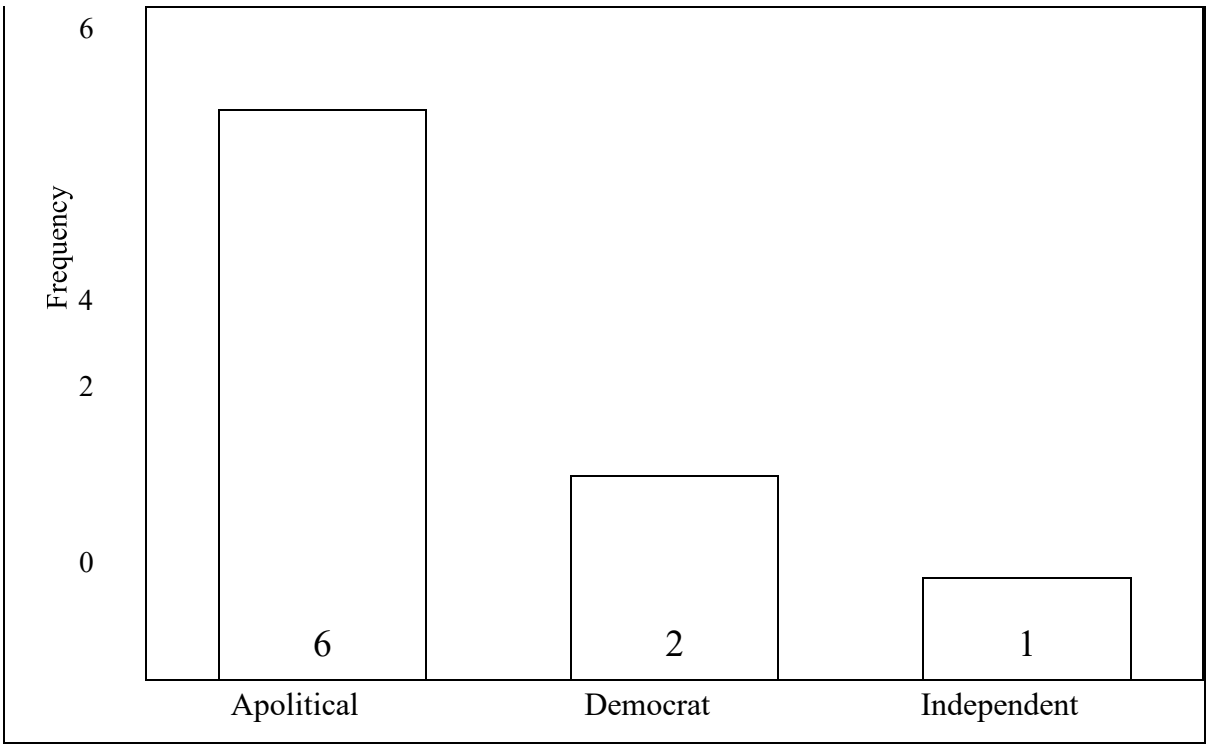

Table 5.1

Superordinate and Subordinate Themes (Number of Endorsements)

Group Experiential Themes	Personal Experiential Themes
Defying Orders (8)	Total Rejection (5) Partial Rejection (3)
Loss (8)	Death (5) Employment (4) Finances (5) Relationships (2) Freedom (4)
Adjustment (7)	Coping (7) Internet Friends (5)
Questioning (7)	Conspiracies (3)
Stress (7)	Mental Health (5) Apocalyptical (2)
Isolation (6)	Family (2)
Moving Forward (6)	-
Information (3)	Planning (3)

Table 5.2

Participants Endorsements by Theme

	Participant #								
Theme	1	2	3	4	5	6	7	8	9
Defying Orders	X	X	X	X	X	X		X	X
Loss	X		X	X	X	X	X	X	X
Adjustment	X	X	X	X	X	X		X	
Questioning	X	X			X	X	X	X	X
Stress	X			X	X	X	X	X	X
Isolation	X	X	X		X	X			X
Moving Forward			X		X	X	X	X	X
Information				X	X		X		

Defying Orders

All but one participant described how they behaved in ways directly opposed to the COVID-19 restrictions and mandates. Participant 7 did not report purposeful defiance, rather she expressed concern about doing the right thing and feeling suspicious of changing information regarding how to mitigate the spread of the virus. As a precursor for joining the study, this theme was expected to emerge in some form. Defying orders comprises reactions to the mandates, perspectives regarding the mandates, and insight into how participants made decisions regarding the mandates. Five participants rejected all the mandates, while three participants reported making personal decisions about which ones they would follow and deem necessary.

Within this theme there are two subthemes. The first subtheme includes total rejection of all COVID-19 related mandates. The second subtheme includes partial rejection of the mandates, along with more nuanced approaches to decision-making. These subthemes indicate what was challenging about the COVID-19 mandates, which provides insight into the participant's decision-making process and potentially guidance for future health crises (Munn et al., 2020).

Total Rejection

Those that rejected all the mandates expressed more negative emotions about the restrictions. Many reported that the mandates seemed to make it harder to make ends meet while also trying to cope with high levels of stress. Participant 4 also expressed anger regarding the mandates. This heightened level of frustration was also present with Participant 8 and he argued that as a healthy adult, he did not think he should be forced to take any precautions.

Participant 1 expressed having a simpler approach to the mandates and reported "everything was basically the same if you decided to just live your life." From Participant 1's perspective, he believed most people were not following the rules, which made his decisions easier, which aligns with the mode of groupthink (Forsyth, 2020). Participant 2 had the same approach, though expressed a very negative reaction to the mandates, stating "I would describe it as an unnecessary evil. I hated every single one of them." Participant 2 added "I am not a rule follower, and I am not an introvert. I like to go out and have real conversations with real people, not just over the phone." Participant 2's response indicated that he was most bothered by limited freedoms.

For Participant 4, he would wear a mask if he would otherwise be banned from a business, which follows principles from civil disobedience (Stapleton, 2020). Additionally, Participant 4 revealed that he received the COVID-19 vaccination only when it was required for employment. He would abide when it was absolutely necessary but was vehemently opposed.

Participant 3 expressed concerns about his health as his reasoning for defying the mandates. He reported:

> The masks were hard. Especially for someone like me, I have a problem with my breathing system. I really didn't want to wear the masks. It was hard for me. I don't breathe well already, and I did not want to wear them. The same thing with the vaccines, I was really hesitant to take the vaccine because I worried about long-term effects. The

> lockdowns were hard to take. It was enforced by the government, but personally, I was against it. I had a job, I needed to travel, and I have a family to feed.

Participant 2 echoed Participant 3's difficulty with the masks and feeling like he could not breathe sufficiently. Participant 2 also noted that he understood the mandates were intended to support the health of the community by saying:

> I hated it. When it started, I really didn't like it. I knew it was for safety and health. I didn't like it. The mask—I felt like I was choking. As though I couldn't breathe well. I couldn't have a proper conversation with people because we needed some length between us. I just couldn't do it.

Though he was angry about the mandates, he also expressed personal struggles about how it was particularly difficult for him to abide by the mandates.

Partial Rejection

Decision-making was more challenging for some participants. This was illustrated by Participant 6 when he reported "for some of the mandates, I made personal decisions. I needed to decide what was best for me." Similarly, Participant 9 described following some of the COVID-19 restrictions but rejecting most of them. For Participant 9, he expressed a need to make decisions based on his environment and what he saw as being necessary. He tended to make decisions based on his emotional reaction to the mandates, as described in system 1 thinking (Kahneman, 2011).

Participant 6 struggled with trying to abide by COVID-19 mandates and he described his challenges with social distancing, specifically for his children by stating, "I used to take my kids to the playground often, but I had to stop for a while. Then I decided it was okay. It was hard and people didn't always approve. The pandemic was too much." Participant 9 voiced a similar concern, reporting that he would continue to see his friends despite the Stay-at-Home order and adding, "We didn't care what the government said we could or couldn't do. That is what we

needed." Some were more inclined to break the rules if it meant that they would receive social enrichment, a benefit that they deemed to outweigh any consequence. In these examples, participants were using motivated reasoning to negotiate the imminent risk of contracting the virus (Sylvester, 2021).

For Participant 5, he described feeling very hesitant about the mandates. He reported:

> I was hesitant about using masks. Like, sometimes you forget. I was not used to it. I did not wash my hands all the time - sometimes you forget. Going into public spaces, I saw people wearing masks and figured, maybe if everyone else is wearing masks, maybe I should.

His response indicated his willingness to adhere to the COVID-19 mandates, but difficulty adjusting. His observance of others abiding by the mandates was persuasive for his own behavior. At times, Participant 5 seemed to adhere to principles from social identity maintenance through his attempts to maintain a positive social reputation by wearing a mask when others were in compliance (Turner & Pratkanis, 1998).

Loss

Participants described many hardships as a result of the COVID-19 pandemic. Overall, eight participants identified experiencing some form of loss and explained how it negatively impacted them during the pandemic. Participants framed their loss from different perspectives, including financial, employment, a relationship, freedom, or death.

Death

During interviews, Participant 8 disclosed that he had lost his mother to complications associated with COVID-19 infection. However, Participant 8 was also in denial that death could occur in young adults due to COVID-19 (Festinger, 1957). Four others described hearing about deaths or fearing death. Participant 6 felt the deaths more personally as it directly impacted his line of work. He reported "a lot of people in healthcare, taking care of others, like caregivers,

died." Even though he did not work in healthcare, Participant 5 also reported feeling heavily impacted by the number of deaths being reported due to the virus. Participants 4 and 7 also shared their shock and sense of alarm by the reported death rates. Participant 7 was fearful of many things during the pandemic, but death was her top concern.

Employment

Many jobs were lost during the pandemic, and this was noted by four participants. Participant 9 described feeling fortunate that he was able to maintain employment but felt uneasy as many of his coworkers were laid off. Participant 5 was of the many that faced unemployment. He described being out of work for a long period of time and effortfully looking for work but finding unstable employment repeatedly. Regarding the pandemic, Participant 5 stated "it affected everything. There were lockdowns and restrictions, jobs closed, and I had no money. It was a bad time. Nothing remained the same." Participant 3 provided similar statements, asserting that the pandemic impacted the economy, jobs, education, and many companies. Participant 3 had lost his job early in the pandemic and associated this with greater stress and isolation. He described how without his job; he lost connection with others.

If employment was not lost and employment remained stable, participants described how their job changed as a result of the pandemic. Participant 9 described how the function of his job changed and felt more isolated as a result. Previously, his work entailed more collaboration and communication, but in accordance with mitigation efforts, Participant 9 went from working with one to two other colleagues, to working alone. Similarly, Participant 7 was able to work from home during the pandemic and saw many advantages to this, though they realized others were not as fortunate.

Finances

The pandemic proved to be a challenging time for financial health. Five participants described experiencing a loss of income, needing to use their money from savings, or losing business and clients that they had before the pandemic. For Participant 9, although he did not lose his job, he received less hours at work and had to start relying on money he had been saving. Rather than being able to save money, he had to use money from savings to pay for necessities just to get by. However, for Participant 5, he did not have savings to fall back on and without income, he was struggling financially. More generally, Participant 1 noted that the pandemic seemed to impact everyone's financial situation and decreased stability.

As a small business owner, Participant 8 struggled with losing customers. He reported:

> For our business, it really went down… I did not take [the pandemic] seriously. So, most of [the customers] decide to change, they would buy their products elsewhere. I don't know, some people were regulars, and now I don't know what happened.

Though this was not unique, Participant 4 reported losing clients and struggled financially.

Relationships

Another area of loss came in the form of social relationships. Two participants expressed distress as a result of losing key social support that they could once rely on. For Participant 3, he lost connection with many coworkers as they were laid off. Yet, for Participant 8, he associated his loss of friends as being due to his stance on the pandemic. To him, it seemed others were creating distance from him because he did not agree with their beliefs. He described previously being close with his neighbors, but when his neighbors noticed he did not abide by the mandates, the neighbors stopped inviting over for dinner. Participant 8 expressed frustration about this but asserted that he would not change his behavior to rekindle the relationship.

Freedom

Associated with COVID-19 mandates was a loss of freedom. Four participants described how they were limited by mitigation efforts and the difficulty they faced. Speaking overall, Participant 1 reported "I would describe the pandemic, essentially, as an entire loss" and went on to mention how much of his life was halted as a result of the mandates. For others, they described how travel bans prevented them from living life as they usually would. Needing to stay indoors during the Stay-at-Home order and avoiding crowds were other issues noted by participants and they mentioned how this was challenging and different from what they were accustomed to. More interestingly, Participant 6 reported that it was difficult to access a variety of services that he needed during the pandemic. He described this as an issue specific to his community and needing more accessibility.

Adjustment

Not surprisingly, the COVID-19 pandemic brought about many changes. With those changes, seven participants described how they adjusted their lives to adapt to new rules. For example, Participant 1 reported that he already wore a mask to work before the pandemic but needed to adjust to wearing one outside of work. Participant 4 spoke about how challenging it was to adjust to the pandemic and reported that after many months, he was finally able to follow the restrictions, even when he would rather not abide. Interestingly, Participant 4 revealed that even as masking mandates had lifted, he continued to wear his mask because it "feels like a part of me." Participant 5 echoed Participant 4's initial struggle by stating:

> At first it was hard to cope with washing hands and wearing masks in public spaces or avoiding crowds; now it's not hard. We had to get used to the pandemic and the requirements. We now know that it is good to protect our health.

Many were faced with seemingly no choice as changes quickly rolled out and participant

2 appreciated how people adjusted, stating that it was “the strength of the people, the hope, the perseverance” that helped end the pandemic. When looking back at the COVID-19 mandates, Participant 6 reported:

> I would describe them as they were a big part of trying to prevent Covid spread. It also played a big role in ensuring that there is a good environment for even learning and caring for parents. People [that were] infected were prevented from spreading through the masks. It was isolated.

For Participant 8, he considered how he was perceived by others, which motivated him to wear his mask in public. Another reason for adjusting was due to rule-following, as described by Participant 3 when he said:

> It was something I had to do because of the government. We really had to stay indoors… For me, the mandates were strict. But we had to follow them because it was what we had to do. I was hesitant about the vaccines, the masks, the lockdowns. For me, it was hard to take.

At times, employment was a driving force for mandate adherence, as reported by Participant 6, he had to adopt all of the precautionary measures intended to slow the spread of the virus because it allowed him to continue working with his patients.

Within this category, two subthemes emerged designating adjustment through learning to cope with circumstances and meeting new friends online. Coping skills were essential during the pandemic, especially for Participant 6 who described giving up some of his hobbies due to the mandates. When in-person interactions were challenging, three participants looked to the internet to form new friendships.

Coping

To navigate these changes, seven participants found new ways to cope and discussed this in their interviews. Some were more pragmatic in their approach, using work, chores, or

prioritizing their physical health through exercise. Others invested in self-care or personal development.

Participants described a silver lining from the Stay-at-Home order, which included having more time with their family. Participants 1, 4, 6, and 7 reported enjoying more time with their family and feeling closer. Others started new hobbies or invested more in the hobbies they already enjoyed. Participant 3 reported that hobbies seemed to help ease the mental burden of isolation. Though, he still reported "there was a lot of crying and screen time. Socializing was all digital, but it was all we had." Participant 2 turned to alcohol to soothe his anxiety, though he was able to reduce his drinking as the virus slowed. Participant 6 also reported feeling distressed and took small steps to try to feel better, though they did not engage in any larger activities to self-soothe. He added, "I used to do more, but I coped by doing what was best for me. It was frustrating to not be allowed to do the things that I needed." Participant 4 used his time for introspection and learned more about himself and his interests. He reported that it helped him to imagine life after the pandemic.

Internet Friends

Due to COVID-19 mandates requiring that individuals stay home to slow the spread of the virus, many turned to the internet for connection. Using the internet could be a form of coping when other outlets are not available, but this subordinate theme stood out because of the nuances in how each participant described it and thus, Internet Friends became a group of its own. Of the five participants that reported making new friends online, their primary motivation seemed to be finding community and a sense of belonging. Participant 1 reported that through social media, he was able to feel more validated in his feelings and experiences, adding that "we were all figuring it out." Online friends tend to share similar perspectives and offer confirmation

for the participants' beliefs, which is a powerful tool for groupthink (Forsyth, 2020). Participant 1 began using the internet more regularly to maintain these friendships. Through social media, Participant 4 felt that he could stay connected with his old friends while also meeting new people that also objected to the mandates. Relatedly, Participant 9 turned to the internet to make new friends because he felt lonelier than ever before. Participant 3 made congruent statements, adding that it seemed like more people were online than ever before.

Questioning

In a time of uncertainty, it is expected that some questions might arise. Of the nine participants included in this study, seven expressed some degree of questioning the COVID-19 mandates, the virus, and their choices. In regard to the restrictions, Participant 9 reported:

> They were over heightened. The restrictions were overhyped. It was too much for what it was. Covid is a cold. You get sick and then you get over it. Yeah, some people die, but that happened with other viruses, too.

He added that they were "excessive and unnecessary. Some of them were unnecessary, most of them actually. The restrictions really did not have to happen. I don't think it prevented anything." Participant 9 was engaged in denial as a defense mechanism; reducing his perceived severity of the virus to alleviate emotional discomfort. Along those same lines, Participant 8 stated:

> One thing I fail to understand is why should someone be forced to take protection against Covid? Because my mother is now deceased, and she wasn't vaccinated. I don't know why the government should be telling us to get vaccinated. Those that were vaccinated were still getting the disease.

Participant 8 repeatedly described how he believed the virus was only dangerous for elderly individuals and did not think it could have much of an impact on young adults. His account of the pandemic reflected motivated reasoning, as he attempted to make sense of the dangers associated with the virus, while also maintaining his own mental wellbeing. He was

confronted with the death of his mother, a painful experience, and dismissed any information that confronted his beliefs. His reactions were based on emotion (Kahneman, 2011). He continued to explain his views of the COVID-19 restrictions by saying:

> I never took the mandates very seriously. I had some insight, like 'why should I?' Like the masks, I was really not into that. At first, it was helpful; I believed it could help. But sometimes, I got used to them, but then could not wear them. They were not really helpful. I still believe that.

He furthered his claims by stating, "Why should I have to protect others? I don't want the vaccination. It was about health and the people around you, but it really doesn't help." Participant 1 was also uncomfortable feeling forced into something he did not want to do, following documented instances of civil disobedience, and stated:

> It should not be a mandate. It should be your right if you want to undergo a procedure. The government was trying to impose the vaccination. It should be a right for me to go out and feel okay. If I feel like I need a vaccination, I get it. Mandating? I am a citizen of your country. It was really disappointing.

Participant 8 asserted that the pandemic was "not really a pandemic. It was a pandemic of the old and the people with underlying health conditions." Likewise, Participant 2 was skeptical and reported that he "basically found information for myself. I don't like to consult with people. I like to make my own consequences and learn from my mistakes. Then go again." He described finding information that seemed more believable from his perspective, then denying information that opposed his beliefs (Sylvester, 2021). Aligned with that, Participant 5 reported that he was "not sure about the Covid virus" and followed up by explaining that things did not make sense to him, and he felt like a lot of his questions were unanswered.

Some questions arose from changing information. Participant 7 described how she read conflicting statements on the internet, like "one week they said do not wear masks, they're not necessary, then the next we were all told to wear masks. It was really confusing and scary. I don't

think the information helped." She was describing the term information overload, a salient issue for 2020, as experts scrambled to provide up to date data, which sometimes resulted in changing guidelines (Nemeth, 2020). She then said, "I followed all of the mandates, but I still wondered if I was doing enough. Just because one group of scientists says one thing, does that cancel out the others? I was confused." Participant 6 described a similar stance, reporting, "At first it was stressful. Wearing masks and taking care of jobs that had to be done. Some studies said one thing, then others conflicted. It was a bad situation for me." For Participant 5, he had difficulty navigating his decision about the vaccine. He expressed feeling hesitant since there were multiple versions of the vaccine and wondered about why that was. He described how the abundance of information made it harder for him to choose which vaccine was right for him.

Conspiracies

For this subtheme, the researcher was mindful to not designate polarized views as being conspiracies. Instead, the researcher attended to the factual basis of each claim. For that reason, only three participants were noted to have clearly reported conspiracies during the interview. Participants 2 and 5 described popular conspiracies about the COVID-19 virus and more generally about the pandemic. To substantiate his claims, Participant 2 described how he believed "the government wanted to keep people at bay and keep them under control." With that belief, he was not willing to trust information produced or promoted by the government (Funke & Sanders, 2020). He reported that he read somewhere that the COVID-19 pandemic was designed to "control the population, which was information that was leaked." Furthermore, he reported:

> I found the dark side of the media, too. There's a lot to it, like getting information on people and big companies. Stuff they wouldn't want you to know. You can get information on anyone, even people you don't know. There are diabolical reasons, too.

Participant 2 did not want to reveal his sources and reported that he did not feel comfortable further describing the information he found. However, Participant 5 shared that he gathered information from a group of doctors that he believed were silenced and stated:

> I realized the virus was serious, but it was hard to believe at the same time. I wondered about what was really killing people. It was hard to accept information from major organizations to see if it was a true pandemic.

In the earlier phases of the pandemic, much was still to be learned about how the virus was transmitted, how it impacted our physical health, and which methods would effectively slow the spread (Jamieson & Albarracin, 2020). Some interpreted this as deception and then struggled to welcome new information.

Stress

Seven participants reported feeling stressed during the pandemic. More generally, participants tended to describe the pandemic as "a hard experience" and it was difficult to maintain the lifestyle that they had prior to the pandemic. One participant described thinking a lot about the possible consequences of not adhering to the mandates and would ruminate on the thought of getting sick. With that came stress about accidentally passing the virus because of our limited understanding of how the virus transmitted. Participant 7 reported:

> I was in a lot of fear. I did not have any knowledge of Covid—of the sciences. I did not want to spread it. I did not know how to keep myself safe. I was getting information from the news, the internet, and friends. The cases were rising, and I was really worried. I knew it could affect anyone easily. When exposed, it can get you anytime. The deaths were scary. I felt frozen and needed to know what to do.

Other participants admitted to feeling distressed and one acknowledged that all over social media they saw people panicking (Li et al., 2022). A lot of stress seemed to center around uncertainty and not knowing the best course of action. Participant 6 stated "we have never experienced such a period, pandemic, or crisis at our age. Most of the time it was shocking and

upsetting. It was very bad." Certainly, previous research about the mental health implication of the pandemic supported these claims (Reinert et al., 2020).

Aside from stress directly related to the pandemic, there were indirect problems as well. Participant 4 described how challenging and stressful it was to run errands and gather necessities. He added that limited business hours, controlled entry, and long lines were a hassle. With shortened hours, employment stability was also at risk. For Participant 5, this was especially stressful, and he was impacted directly. He reported:

> I faced challenges. I did not have a job, companies were closed. No offices, no money. No traveling was allowed. I could not see my friends. I couldn't be with my family. A lot of people were crying, suffering, dying. It was a hard time to do anything.

There were many challenges associated with the pandemic and that resulted in higher levels of stress. Individual reports in this study correlate with previous data (Panchal et al., 2021).

Mental Health

More clinically, five participants described how the pandemic affected their mental health. As a particularly tumultuous time in history, it comes as no surprise that participants described feeling down, frustrated, sad, struggling with hardships, and having a lot more than usual to cope with (NAMI, 2021). Participant 1 expressed feeling stressed and noticing his mental health steadily declining during the pandemic. Participant 3 also reported "[the pandemic] was adversely impacting my mental health" since he was not able to be around his friend group anymore. He also indicated a lot of difficulty with his mental health due to social isolation and not being allowed to have face-to-face contact with others. Participant 7 noted that she felt depressed, anxious, and scared most of the time. She added that her previous mental health diagnoses seemed to be exasperated by the stress of the pandemic. Participant 5 revealed that he

also experienced high levels of anxiety during the pandemic and that he found it hard to even exist. Social isolation left Participant 2 alone with his thoughts, to which he reported, “I became an overthinker. I started overthinking and at one point, I thought I had OCD. I was in my apartment for a long time.” At times, the cognitive load got to be too much, as Participant 2 added that he would often forget his mask, even if he intended to wear it, and consequently, he would get banned from certain businesses. He reported that adhering to the mandates was something he could never get used to.

Apocalyptical

Due to high levels of stress, two participants expressed fear that the world was ending during the pandemic. Participant 5 stated, “I thought it was the end of the world. Everyone was dying.” He reported feeling especially stressed about this during the first few months of the pandemic. Participant 2 made similar statements by saying:

> In the beginning, it felt like a movie. A zombie movie! I didn't think it was going to get that real or escalate that fast, but then, by March or April, I thought ‘Wow! Things are about to get real!’ It came at me fast, but not just me, it was everyone. I was not mentally prepared. I am glad it is all behind us and we are moving forward.

The pandemic presented many challenges and as many aspects of daily living seemed to take a turn for the worse, these two participants concluded that the future outlook of the world was bleak.

Isolation

Although staying home was a necessary limitation to curb the spread of the COVID-19 virus, six participants reported feeling isolated during the pandemic. In this sample, six individuals reported feeling alone, disconnected from others, and distressed by the lack of social interaction. Participant 1 described how before the pandemic, he would see friends and family on the weekends, but due to pandemic restrictions, he was alone most of the time. He reported that

he developed a “fend for yourself” mentality and needed to look out for himself during the crisis, since no one else could support him. Participants 2 and 3 were also more social prior to the pandemic and described how different their lives were during the pandemic's height. Even aspects of work were modified to accommodate the virus, as Participant 9 expressed feeling more isolated because he used to work with others, but during the pandemic he had no face-to-face contact on the job. This was highlighted by Participant 1 who added “malls and office hours were shut down… no job, no church, no visiting.” He stated that we were all “surviving on our own.” As was encouraged, many were left with no option but to stay home, which led to self-reported declines in mental health. As Participant 6 said “being cooped up was bad. I started being used to living with the pandemic” and he expressed feeling lonely.

Family

Poignantly, two participants specifically referenced feeling cut off from their family during the pandemic. This theme highlighted experiences of being away from loved ones. Participant 7 expressed feeling worried about her parents and needing to check in with them regularly to know that they were okay. Participant 6 developed a deeper appreciation for his family and noted how his perspective shifted as he realized how short life can be. He added “every moment that we share with our family is cherished.” Both participants expressed sentiments of feeling grateful for their family.

Moving Forward

Each participant described how they were negatively impacted by the COVID-19 pandemic, and six highlighted how they could move on as the pandemic waned. Of these six participants, they expressed hope, resilience, and motivation toward rebuilding their lives. As Participant 9 explained, “life is still tough. Everything is stuck because of the pandemic. We are

trying to go back to our normal lives." Others described how they started seeing friends again in person and appreciating social interaction more than ever before. Participant 7 acknowledged how grateful she is to finally see the face of another, unconcealed by a mask. Participant 4 described how he returned to traveling, socializing, meeting people in person, and getting out of the house more. He expressed how much he values in-person meetings now and does not mind driving for brief meetings. With the pandemic-related restrictions lifted, participants noticed their mood improve and Participant 6 even proclaimed that things are better now than before the pandemic because he values daily activities that he once took for granted. Participant 5 noticed that people do not seem scared anymore and Participant 8 claimed "that fear that people had at first, faded away. Everything came to almost normal. Everyone now believes that Covid is not a deadly disease. Now everything is getting back to normal." Perhaps this theme was best summarized by Participant 5 when he said, "people have resumed life." There were expressions of relief as a result of the pandemic lifting.

Information

An interesting aspect of this study was the elicitation of information sources. Three participants made clear reference to their information sources and those excerpts are included in this theme, as well as how information was used in the subtheme, planning. Participant 4 reported that he got his information about the pandemic from online social media platforms, specifically articles and videos that were shared by other users. Participant 7 was also active on social media to follow trends and gather anecdotal updates about the pandemic. Additionally, Participant 4 reported that he always had the television on, listening to the news, though he did not share which station(s) he patroned. Similarly, Participant 7 also listened to the news regularly. Another source of information came very generally from the internet. Participants 4, 5,

and 7 noted that they primarily used internet searches to learn about the pandemic, vaccines, and guidance about the virus. Lastly, Participants 5 and 7 looked to their friends and family for advice and insight about the pandemic. Participant 4 agreed that it was helpful to have information from other perspectives when making decisions. Participant 7 found information in magazines and added that there seemed to be a lot of research being done and shared publicly. For Participant 4, he reported that he needed to know what was going on at all times to soothe his discomfort about the pandemic and feeling like he understood the problem helped. Participant 5 also reported that as information came out, he would read about it and constantly check for updates. The steady flow of information was overwhelming for Participant 7, who revealed that it was distressing because it seemed like new information was emerging each day. However, she acknowledged that she wanted to be informed and educated about the pandemic.

Planning

With that information, three participants described how they were able to prepare for previously routine errands and care for themselves. When making decisions about homelife and schooling, Participant 9 made sure to include his wife and children in those discussions. He expressed the importance of making choices as a family. For Participant 5, everything felt like a big decision. He described putting a lot of thought into his actions, such as “If I wanted to go out or grocery shop or go to the mall, I had to make these decisions with the family. There were things I had to do. I needed to help family members and couldn't make decisions easily.” Based on what he was seeing in the news, Participant 1 decided to limit his time in public and plan before going out so he could accomplish more in one trip. He added that he was more selective about the stores he shopped at and time of day for his shopping. His decision to go out was based on necessity and he sometimes went without items if it did not seem essential. Participant 1

reported that as a means of limiting exposure, many stores limited store occupancy, which led to there being lines outside the building, and this influenced his decision-making as well because he did not want to wait in line for long.

CHAPTER VI: DISCUSSION AND LIMITATIONS

In this section, the findings of the study, limitations, and implications for future research are discussed. This study focused on the lived experience of nine mandate-resistant adults in Washington state during the height of the pandemic through semi-structured interviews that explored their experience in retrospect. With this data, I intended to answer my research question and better understand the phenomenology of being mandate-resistant during the COVID-19 pandemic in Washington state.

Participants reported varying degrees of mandate defiance, forms of loss, how they adjusted to the pandemic, stress, feelings of isolation, hope for the future, and utilizing information in their decision-making. Some rejected the mandates entirely and without discretion, while others adopted more personalized approaches to mandate adherence. Often, their decisions to follow mandates were based on emotional responses and individualized needs for social connection or activity. Those emotional reactions were typically related to experiences of loss, whether that was death, employment, finances, relationships, or freedom. Loss seemed to impact many aspects of how decisions were made by each participant. For example, experiencing the loss of freedom tended to accompany rejection of mandates as a means to regain autonomy. Other losses, like employment, finances, relationships, and death were associated with decreases in mental health and self-reported feelings of frustration and distress.

To compensate for changes, some participants adjusted their lifestyle and approach to the mandates. Including adopting masks or receiving the vaccine. There were many accounts of increased use of coping strategies, like learning new skills or appreciating aspects of life that were once taken for granted. For instance, a few participants leaned into time spent alone by learning about themselves and becoming content with their newly found free time. When solitude

became too much, the internet and social media were used as a vice to socialize and find a connection. Through social media, participants were able to relate with others and normalize their experiences of the pandemic. Many found solidarity with like-minded people. At times, this resulted in groupthink and increased awareness and acceptance of conspiracy theories.

Although not all information was readily accepted by participants. Many described feeling uncertain about the mandates and evidence that supported such restrictions. Most notably, the basis of the mandates was heavily questioned by participants as they tried to navigate the best approach to mitigating the spread of the virus and ensuring they maintained their own wellbeing. Most wondered about the necessity of certain enforcement measures, like wearing masks, social distancing, and receiving the vaccine. These questions emerged as conflicted information was presented, and participants heard anecdotal experiences from their peers. Some uncertainty arose as individuals were motivated to believe more controlled, manageable rhetoric, such as believing that the virus would not impact younger people or that the virus was not deadly after all. These thought processes were harmful and even resulted in the death of a close family member of a participant. However, by asserting that the pandemic was nothing to be fearful of and that restrictions were not necessary, participants were able to relieve their discomfort and feel that they had more control over the situation.

Conspiracy theories were less prevalent than the researcher expected. Only two participants were transparent about having ascribed to unfounded claims about the pandemic. Such beliefs included the theory that the government created the virus to control the American people and limit the population. These ideas provided individuals with unrealistic expectations of the pandemic and false certainty that they knew more about the virus than the government was

leading on. Belief in conspiracy theories were associated with increased social media use and lack of reality checking.

Unsurprisingly, stress was a major theme in this study. There was stress about decision-making and worrying about the implications of each decision, which reflected those participants recognized the weight of their choices. Many saw the pandemic as a significant crisis and unlike anything they had ever experienced. As described in other themes, there were many changes brought about to control the spread of the virus and this impacted various aspects of life, including work, home, and relationships. Participants reported experiencing heightened stress as a result of those changes.

Similarly, there were specific mentions of the impact the pandemic had on mental health. Hardship led to increased reports of anxiety and depressive symptoms. To care for their mental health, some turned to healthy options, like social support, hobbies, and personal development, while others became more isolated, and one even admitted to using alcohol. The pandemic created a major shift in the way we experienced the world and led some to believe apocalyptic themes and fear that the world as we know it would come to an end.

Though social distancing was necessary to control the spread of COVID-19, participants readily admitted to feeling isolated and disconnected from loved ones. This was felt more deeply by participants that were more active prior to the initiation of social distancing. Individuals that lived more extroverted lives were more distressed by limitations imposed on their social lives.

A beautiful aspect of this study was the sincerity and hopelessness that participants described when looking to the future. As mandates were lifted, participants reported feeling a greater appreciation for social connectedness and freedom. They described how they were investing more time in friends and family, exploring new places, and feeling gracious to no

longer be in fear of the virus. Though technology helped them to stay in contact with friends, participants also noted the power of in-person connections and being able to see facial expressions more clearly without masks. Some even described life after the pandemic as being better than ever before due to their new outlook on life.

Though specific news sources were not obtained, vague descriptions of information sources were offered to the researcher. Participants watched the news, read articles online, shared ideas with friends and family, and used the internet to develop a plan of action for responding to the virus. The plethora of information that was available was described as overwhelming and difficult to understand. Though, participants also appreciated being well informed and able to access data as needed.

Overall, individuals demonstrated nuanced approaches to handling the pandemic and mandates. Many were motivated by emotion and at times, fell victim to denial and motivated reasoning. This study emphasizes the importance of community-level action and individualized plans for pandemic preparedness and response. Participants struggled to trust information from the government but responded well to friends and family. Having community members assert their leadership through familiarity and understanding might be the best way to mitigate risk in the future. Additionally, increased support for mental health would be beneficial to the population at large given the significant impact the pandemic has had on our society.

Limitations

As is characteristic of qualitative research, this study includes limitations. IPA inherently is subject to limitations due to conscious limitations within the participant and potential bias by the researcher. While this study highlights themes across the small sample, it could be helpful to assess a larger sample using themes from this study.

Additionally, to achieve a homogenous sample, the research purposefully selected participants. Though congruent with qualitative studies, this limited the generalizability of this study due to smaller sample size and lack of diversity across participants. This study is therefore not representative of the lived experience of mandate resistant adults, even in Washington. Rather, this study serves as a representation of a small group of mandate-resistant adults in Washington during the COVID-19 pandemic and could be used as comparison for future studies that explore other samples.

Lastly, due to the timing that participant recruitment took place, many of the COVID-19 restrictions were lifted and much of our pre-pandemic experience returned. For that reason, participants were asked to reflect on their experience, which allowed them to view their experience given any new information they may have gathered since the height of the pandemic. Retrospective studies are vulnerable to bias because memory can be impacted by current circumstances and hindsight bias (Chen et al., 2021). Results from this study could be used for comparison with future studies addressing a similar demographic to measure change over time. Another limitation of this study was the lack of gender representation. Of the nine participants, only one was female.

Future Research

During the pandemic, research about the COVID-19 virus was exponential and behavioral health studies comprised a fraction of those studies. This study provides a foundation for future research by highlighting salient issues for mandate-resistant adults in Washington state. Qualitative studies provide a basis for quantitative studies by parsing out organic accounts of the phenomenon and producing variables for future research.

Future studies could investigate regional differences by studying samples from other states in America and comparing their data set to that of this study. This could be done by sampling small groups throughout the country and utilizing the same semi-structured interview schedule, then seeing if similar themes emerge. This could potentially highlight differences by political climates and local news broadcasters, as those variables change based on location. Another study could sample only female-identified participants to assess whether or not there is a gender difference in mandate-resistance. In this study, Participant 7 seemed to express more anxiety and willingness to adhere to mandates but was hesitant due to conflicting information. This did not always align with the perspectives of the other eight participants. Future studies could investigate if they remained the same across other women that were more conflicted about the COVID-19 mandates.

Conclusion

This study provided in-depth information about the phenomenon of mandate resistance during the COVID-19 pandemic. While reflecting on the pandemic, participants described major changes to their way of life as a result of pandemic-related mandates. These changes included social isolation, decreases in mental health, shifts in employment, uncertainty over finances, and restrictions on daily activities. Due to these disruptions, participants expressed feelings of distress, frustration, anxiety, fear, and anger. Many participants reported using social media to connect with others, visiting close friends, and seeking out information about the pandemic to cope with feelings of hopelessness and lack of control. Participants were able to acknowledge their resilience and gratitude, which helped them to make meaning of their experience and move forward after the pandemic.

REFERENCES

Allan, N. P., Volarov, M., Koscinski, B., Pizzonia, K. L., Potter, K., Accorso, C., Saulnier, K. G., Ashrafioun, L., Stecker, T., Suhr, J., & Allan, D. M. (2021). Lonely, anxious, and uncertain: Critical risk factors for suicidal desire during the COVID-19 pandemic. *Psychiatry Research, 304.* https://doi.org/10.1016/j.psychres.2021.114144

Allcott, H., Boxell, L., Conway, J., Gentzkow, M., Thaler, M., & Yang, D. (2020). Polarization and public health: Partisan differences in social distancing during the coronavirus pandemic. *Journal of Public Economics, 191.* https://doi.org/104254.10.1016/j.jpubeco.2020.104254

American Psychological Association. (2020, October 20). Stress in America 2020 survey signals a growing national mental health crisis [Press release]. http://www.apa.org/news/press/releases/2020/10/stress-mental-health-crisis

Bailey, R., & Pico, J. (2022, May 22). Defense mechanisms. StatPearls [Internet]. StatPearls Publishing.

Baumeister, R. F., Dale, K., & Sommer, K. L. (1998). Freudian defense mechanisms and empirical findings in modern social psychology: Reaction formation, projection, displacement, undoing, isolation, sublimation, and denial. *Journal of Personality, 66*(6), 1081–1124. https://doi.org/10.1111/1467-6494.00043

Bolsen, T., & Palm, R. (2022). Politicization and COVID-19 vaccine resistance in the U.S. *Progress in Molecular Biology and Translational Science, 188*(1), 81–100. 10.1016/bs.pmbts.2021.10.002

Centers for Disease Control and Prevention. (2022). *Wearing of face masks while on conveyances and at transportation hubs*. Centers for Disease Control and Prevention. Retrieved June 2, 2022, https://www.cdc.gov/quarantine/masks/facemasks-publictransportation.html#:~:text=As%20a%20result%20of%20a,will%20not%20enforce%20t he%20Order

Chair, S. Y., Chien, W. T., Liu, T., Lam, L., Cross, W., Banik, B., & Rahman, M. A. (2021). Psychological distress, fear and coping strategies among Hong Kong people during the COVID-19 pandemic. *Current Psychology, 42,* 2538–2557. https://doi.org/10.1007/s12144-021-02338-7

Chason, R., & Schmidt, S. (2021, January 14). The freedom to assemble, in two acts. *The Washington Post*. Retrieved June 2, 2022, https://www.washingtonpost.com/dc-mdva/interactive/2021/blm-protest-capitol-riot-police-comparison/

Chen, J., Kwan, L. C., Ma, L. Y., Choi, H. Y., Lo, Y. C., Au, S. Y., Tsang, C. H., Cheng, B. L., & Feldman, G. (2021). Retrospective and prospective hindsight bias: Replications and extensions of Fischhoff (1975) and Slovic and Fischhoff (1977). *Journal of Experimental Social Psychology, 96,* Article 104154. https://doi.org/10.1016/j.jesp.2021.104154

Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). SAGE Publications, Inc.

Cypryańska, M., & Nezlek, J. B. (2020). Anxiety as a mediator of relationships between perceptions of the threat of COVID-19 and coping behaviors during the onset of the pandemic in Poland. *PloS One, 15*(10), e0241464. https://doi.org/10.1371/journal.pone.0241464

Della Croce, Y., & Nicole-Berva, O. (2023). Civil disobedience in times of pandemic: Clarifying rights and duties. *Criminal Law Philosophy, 17,* 155–174. https://doi.org/10.1007/s11572021-09592-7

Dolan, B. (2020). Unmasking history: Who was behind the anti-mask league protests during the 1918 influenza epidemic in San Francisco? *Perspectives in Medical Humanities*, *5*(19). http://dx.doi.org/10.34947/M7QP4M

Druckman, J. N., Peterson, E., & Slothuus, R. (2013). How elite partisan polarization affects public opinion formation. *American Political Science Review, 107*(1), 57–79. https://doi.org/10/1017/S00030554120

Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford University Press.

Forsyth, D. R. (2020). Group-level resistance to health mandates during the COVID-19 pandemic: A groupthink approach. *Group Dynamics: Theory, Research, and Practice, 24*(3), 139-152. http://doi.org/10.1037/gdn0000132

Franck, T. (2020). *Trump says the coronavirus is the Democrats' "new hoax."* CNBC. https://www.cnbc.com/2020/02/28/trump-says-the-coronavirusis-the-democrats-newhoax.htm

Freud, S. (1924/1961). The loss of reality in neurosis and psychosis. In J. Strachey (Ed.), *The standard edition of the complete works of Sigmund Freud* (Vol. 19, pp. 183–187). The Hogarth Press.

Funke, D., & Sanders, K. (2020, December 16). Lie of the year: The downplay and denial of the coronavirus. *Kaiser Health News.* Retrieved June 2, 2022, https://khn.org/news/article/lie-of-the-year-the-downplay-and-denial-of-the-coronavirus/

Gadarian, S. K., Goodman, S. W., & Pepinsky, T. B. (2020). Partisanship, health behavior, and policy attitudes in the early stages of the COVID-19 pandemic. *PLoS One*, *16*(4), e0249596. https://doi.org/10.1371/journal.pone.0249596

Gilens, M. (2001). Political ignorance and collective policy preferences. *American Political Science Review, 95*(2), 379–396. https://www.jstor.irg/stable/3118127

Gill, M. (2020). Phenomenology as qualitative methodology. In M. Järvinen & N. Mik-Meyer (Eds.), *Qualitative analysis: Eight approaches for the social sciences* (pp. 73–94). SAGE Publications.

Green, J., Edgerton, J., Naftel, D., Shoub, K., & Cranmer, S. (2020). Elusive consensus: polarization in elite communication on the COVID-19 pandemic. *Science Advances 6*(28), eabc2717. https://doi.org/10.1126/sciadv.abc2717

Greene, J. (2020, April 10). The social distancing syllabus: Perspectives in the time of coronavirus from Johns Hopkins historians. https://www.hopkinsmedicine.org/news/articles/the-social-distancing-syllabusperspectives-in-the-time-of-coronavirus-from-johns-hopkins-historians.

Hao, F., Shao, W., & Huang, W. (2021). Understanding the influence of contextual factors and individual social capital on American public mask wearing in response to COVID–19. *Health & Place*, *68,* 102537. https://doi.org/10.1016/j.healthplace.2021.102537

Hart, P. S., Chinn, S., & Soroka, S. (2020). Politicization and polarization in COVID-19 news coverage. *Science Communication, 42*(5), 679–697. 10.1177/1075547020950735

Hornsey, M. J. (2020). Why facts are not enough: Understanding and managing the motivated rejection of science. *Current Directions in Psychological Science, 29*(6), 583–591. https://doi.org/10.1177/096372142

Hornsey, M. J., Finlayson, M., Chatwood, G., & Begeny, C. T. (2020). Donald Trump and vaccination: The effect of political identity, conspiracist ideation and presidential tweets on vaccine hesitancy. *Journal of Experimental Social Psychology, 88*, 103947. https://doi.org/10.1016/j.jesp.2019.103947

Hudson, D. L. (2020). *Black lives matter, others challenge curfew orders on First Amendment grounds*. The Free Speech Center: First Amendment News and Insights from MTSU. Retrieved June 1, 2022, https://www.mtsu.edu/first-amendment/post/708/blacklives-matter-others-challenge-curfew-orders-on-first-amendment-grounds

Hutmacher, F., Reichardt, R., & Appel, M. (2022). The role of motivated science reception and numeracy in the context of the COVID-19 pandemic. *Public Understanding of Science, 31*(1), 19–34. https://doi.org/10.1177/09636625211047974

Inslee, J. (2020). *Proclamation by the governor amending proclamation 20-05.* Office of the Governor. Retrieved May 17, 2022. https://www.governor.wa.gov/sites/default/files/proclamations/proc_20-25.9.pdf

Jamieson, K. H., & Albarracin, D. (2020). The relation between media consumption and misinformation at the outset of the SARS-CoV-2 pandemic in the US. *Harvard Kennedy School Misinformation Review*. https://doi.org/10.37016/mr-2020-012

Janis, I. (1972). *Victims of groupthink: A psychological study of foreign-policy decisions and fiascoes*. Houghton Mifflin.

Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma.* Free Press.

Kahane, L. H. (2021). Politicizing the mask: Political, economic and demographic factors affecting mask wearing behavior in the USA. *Eastern Economic Journal, 47*(2), 163–183. https://doi.org/10.1057/s41302-020-00186-0

Kahneman, D. (2011). *Thinking, fast and slow.* Farrar, Straus and Giroux.

Kartono, D. T., Soemanto, R. B., Zuber, A., Akbar, R. D., & Suryadinata, T. A. (2020). Global civil disobedience trend against anti COVID-19 policy. *Atlantis Press*. https://doi.org/10.2991/assehr.k.201219.092

Kunda, Z. (1990). The case for motivated reasoning. *Psychological Bulletin, 108*(3), 480–498. https:/doi.org/10.1037/0033-2909.108.3.480

Lefkowitz, D. (2007). On a moral right to civil disobedience. *Ethics*, *117*(2), 202–233. https://doi.org/10.1086/510694

Lewandowsky, S., & Oberauer, K. (2016). Motivated rejection of science. *Current Directions in Psychological Science: A Journal of the American Psychological Society, 25*(4), 217222. https://doi.org/10.1177/0963721416654436

Li, N., Fan, L., Wang, Y., Wang, J., & Huang, Y. (2022). Risk factors of psychological distress during the COVID-19 pandemic: The roles of coping style and emotional regulation. *Journal of Affective Disorders, 299*, 326–334. https://doi.org/10.1016/j.jad.2021.12.026

Mak, T. (2020). *How the 2020 coronavirus pandemic is similar to the 1918 flu pandemic*. NPR. Retrieved June 2, 2022, https://www.npr.org/2020/05/18/858236552/how-the-2020coronavirus-pandemic-is-similar-to-the-1918-flu-pandemic

McClain, J. (2022, March 18). *Misinformation examination: How trust and distrust shift during COVID-19*. W&M News. Retrieved June 2, 2022, https://news.wm.edu/2022/03/18/misinformation-examination-how-trust-and-distrustshift-during-COVID-19/

Mitchell, A., Jurkowitz, M., Oliphant, J. B., & Shearer, E. (2021, February 22). *How Americans navigated the news in 2020: A tumultuous year in review.* Pew Research Center. https://www.pewresearch.org/journalism/2021/02/22/how-americans-navigated-the-news-in-2020-a-tumultuous-year-in-review/

Munn, Z., Twaddle, S., Service, D., Harrow, E., Okwen, P. M., Schünemann, H., & Vandvik, P. O. (2020). Developing guidelines before, during, and after the COVID-19 pandemic. *Annals of Internal Medicine, 173*(12), 1012–1014. https://doi.org/10.7326/M20-4907

National Alliance on Mental Illness (2021). *Washington State fact sheet*. https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/WashingtonStateFactSheet.pdf

Nauroth, P., Gollwitzer, M., Bender, J., & Rothmund, T. (2015). Social identity threat motivates science discrediting online comments. *PLoS One, 10*(2), e0117476. https://doi.org/10.1371/journal.pone.0117476

Nemeth, J. (2020). News: The information overload of the COVID-19 zeitgeist. *Emergency Medicine News, 42*(8B Suppl 1). https://doi.org/10.1097/01.EEM.0000696076.63401.b3

NPR. (2021). *Feds deliberately targeted BLM protesters to disrupt the movement, a report says*. NPR. Retrieved June 1, 2022, https://www.npr.org/2021/08/20/1029625793/blacklives-matter-protesters-targeted

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health*, *42*(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

Palm, R., Bolsen, T., & Kingsland, J. T. (2021). The effect of frames on COVID-19 vaccine resistance. *Frontiers in Political Science, 3,* 661257. https://doi.org/10.3389/fpos.2021.66125

Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021). *The implications of COVID-19 for mental health and substance use*. Kaiser Family Foundation. Retrieved June 2, 2022, https://www.kff.org/coronavirus-COVID-19/issue-brief/the-implications-of-COVID-19for-mental-health-and-substance-use/

Parker, C. F., & Stern, E. K. (2022). The Trump administration and the COVID-19 crisis: Exploring the warning-response problems and missed opportunities of a public health emergency. *Public Administration*, *100*(3), 616–632. 10.1111/padm.12843. Advance online publication. https://doi.org/10.1111/padm.12843

Patterson, G. E., McIntyre, K. M., Clough, H. E., & Rushton, J. (2021). Societal impacts of pandemics: Comparing COVID-19 with history to focus our response. *Frontiers in Public Health*, 9. https://doi.org/10.3389/fpubh.2021.630449

Press, B., & Carothers, T. (2020). *Worldwide protests in 2020: A year in review.* Carnegie Endowment for International Peace. https://carnegieendowment.org/2020/12/21/worldwide-protests-in-2020-year-in-reviewpub-83445

Redlawsk, D. P., Civettini, A. J. W., & Emmerson, K. M. (2010). The affective tipping point: Do motivated reasoners ever "get it"?" *Political Psychology, 31*(4), 563–593. https://doi.org/10.1111/j.1467-9221.2010.00772.x

Reinert, M., Fritze, D., & Nguyen, T. (2020). *The State of Mental Health in America 2021*. Mental Health America, Alexandria VA.

Reinert, M., Fritze, D., & Nguyen, T. (2021). *The State of Mental Health in America 2022*. Mental Health America, Alexandria VA.

Robinson, R. S. (2014). Purposive sampling. In A. C. Michalos (Ed.), *Encyclopedia of quality of life and well-being research*. Springer. https://doi.org/10.1007/978-94-0070753-5_2337

Rothmund, T., Farkhari, F., Ziemer, C.-T., & Azevedo, F. (2022). Psychological underpinnings of pandemic denial - patterns of disagreement with scientific experts in the German public during the COVID-19 pandemic. *Public Understanding of Science*, *31*(4), 437–457. https://doi.org/10.1177/09636625211068131

Schippers, M. C. (2020). For the greater good? The devastating ripple effects of the COVID-19 crisis. *Frontiers in Psychology, 11*, 577740. https://doi.org/10.3389/fpsyg.2020.577740

Smith, J. A., Flowers, P., & Larkin, M. (2022). *Interpretative phenomenological analysis* (2nd ed.). SAGE Publications.

Stapleton, A. (2020). Choosing not to follow rules that will reduce the spread of COVID-19. *Journal of Contextual Behavioral Sciences, 17*, 73–78. https://doi.org/10.1016/j.jcbs.2020.07.002

Stecula, D. A., & Pickup, M. (2021). How populism and conservative media fuel conspiracy beliefs about COVID-19 and what it means for COVID-19 behaviors. *Research & Politics, 8*(1), 205316802199397. 10.1177/2053168021993979

Substance Abuse and Mental Health Services Administration. (2015). *Behavioral health barometer: Washington, 2015*. HHS Publication No. SMA–16–Baro–2015–WA. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Sylvester, S. M. (2021), COVID-19 and motivated reasoning: The influence of knowledge on COVID-related policy and health behavior. *Social Science Quarterly*, 102, 2341–2359. https://doi.org/10.1111/ssqu.12989

Telford, T., & Bhattarai, A. (2020, March 2). Long lines, low supplies: Coronavirus chaos sends shoppers into panic-buying mode. *The Washington Post.* https://www.washingtonpost.com/business/2020/03/02/grocery-stores-coronavirus-panic-buying/

Turner, M. E., & Pratkanis, A. R. (1998). A social identity maintenance model of groupthink. *Organizational Behavior and Human Decision Processes, 73*(2-3), 210–235. https://doi.org/10.1006/obhd.1998.2757

Valenzano, A., Scarinci, A., Monda, V., Sessa, F., Messina, A., Monda, M., Precenzano, F., Mollica, M. P., Carotenuto, M., Messina, G., & Cibelli, G. (2020). The social brain and emotional contagion: COVID-19 effects. *Medicina, 56*(12), 640. https://doi.org/10.3390/medicina56120640

Wise, A. (2021). *The political fight over vaccine mandates deepens despite their effectiveness.* NPR. https://www.npr.org/2021/10/17/1046598351/the-political-fight-over-vaccinemandates-deepens-despite-their-effectiveness

World Health Organization. (2019). *Immunization coverage*. www.who.int/news-room/factsheets/detail/immunization-coverage

World Health Organization. (2022). *COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide.* Centers for Disease Control and Prevention. https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-inprevalence-of-anxiety-and-depression-worldwide#:~:text=COVID%2D19%20pandemic%20triggers%2025,of%20anxiety%20and%20depression%20worldwide

Zhang, Y., Suhaimi, N., Yongsatianchot, N., Gaggiano, J., Kim, M., Patel, S., Sun, Y., Marsella, S., Griffin, J., & Parker, A. (2022). Shifting trust: Examining how trust and distrust emerge, transform, and collapse in COVID-19 information seeking. Proceedings of the 2022 CHI Conference on Human Factors in Computing Systems, *78*, 1-21. https://doi.org/10.1145/3491102.3501889

APPENDIX A: RECRUITMENT FLYER AND EMAIL

My name is Amber Peterson and I am a clinical psychology doctoral student at Antioch University Seattle. As part of the doctoral program, I will complete a dissertation and part of my research is aimed at learning more about the experiences of mandate-resistant adults during the COVID-19 pandemic. If you are 18 years or older, lived in the United States between March 23, 2020, and April 19, 2022, and are an English speaker, I would appreciate the opportunity to interview you. Participation includes a telephone or video-conferencing interview lasting approximately one hour. I will retain basic identifying information, like your first name, age, race, relationship status, occupation, and political orientation. I will take steps to ensure that the process of participating in this study will be confidential and that all information will be encrypted.

Some examples of mandate-resistance include: mask avoidance, vaccination hesitancy, lessened social distancing, mandate-related activism, and rejection of the Center for Disease Control or World Health Organization, among others.

The foreseeable benefits of this study are for the expanded understanding of how adults in Washington perceived and responded to pandemic restrictions. I anticipate this study may pose discomfort to you. When reflecting on the pandemic and all that has happened, participants may become psychologically distressed. I will provide you with resources, should this occur. I hope that you will consider contributing some of your time to share your experience of the COVID-19 pandemic to expand my field's understanding of human behavior.

Thank you for taking the time to review the study material and willingness to discuss your experience with the COVID-19 pandemic. If you know of anyone who may be interested in participating, please feel free to forward this information. Your participation could contribute to the understanding of how the COVID-19 pandemic was experienced among mandate-resistant adults and further contribute to studying pandemic responses and mitigation efforts.

Participants will also receive a $10 Amazon gift card for their participation.

If you have any questions, comments, or concerns, you may contact me at [email].

Thank you for considering this request.

APPENDIX B: DIRECT SOCIAL MEDIA MESSAGE

Hello,

I am Amber Peterson and I am a clinical psychology doctoral student at Antioch University Seattle. Part of the doctoral degree requires the completion of a dissertation, which includes a research study. I am interested in learning more about the experiences of mandate-resistant adults in Washington state.

I am reaching out to you because I noticed your involvement in an online forum related to the COVID-19 pandemic. I am interested in interviewing you about your experience. The foreseeable benefits of this study are for the expanded understanding of how adults in Washington perceived and responded to pandemic restrictions. This data could help mental health professionals expand their awareness, empathy, and understanding of individuals like yourself. This could lead to improved techniques, intervention styles, and rapport-building between client and therapist. Your participation will include communication via email to set up an interview time, followed by a one-hour interview through Zoom.

Your time and contribution are invaluable. Please invite your friends or family that might be interested in participating. Information from this study could improve mental health treatment for mandate-resistant individuals.

In exchange for your participation, you will receive a $10 Amazon gift card following the completion of our interview.

If you have any questions, comments, or concerns, you may contact me via email at [email], or by replying to this message.

Thank you for your consideration.

APPENDIX C: SCREENING QUESTIONS

- Are you at least 18 years of age?
- Did you live in Washington state between March 23, 2020, and April 19, 2022?
- Would you consider yourself more hesitant, resistant, or aversive toward COVID-19related restrictions (i.e. lockdowns, mask mandates, social distancing, COVID-19 vaccines, etc.?)
- Are you fluent in English?

APPENDIX D: CONSENT TO PARTICIPATE IN RESEARCH

Purpose, duration, procedures

You have been selected to participate in a research study. The goal of this study is to provide the field of psychology with a better understanding of mandate-resistant adults in Washington state during the COVID-19 pandemic. This could help to expand our knowledge and awareness of mandate-resistance and the nuances associated with the lived experience, which could potentially guide therapy interventions, and policy creation, and inform future health crises. You have been invited because you appear to meet the criteria and have been identified as being a mandate-resistant adult in Washington state. If you choose to participate, certain demographic information will be retained for research purposes, such as age, gender identity, biological sex, employment, political orientation, race, ethnic identity, and socioeconomic status. Part of the study will include a semi-structured interview, in which you will be asked to share your experience of the pandemic, especially as it relates to mandates, social distancing, and other aspects of mitigation efforts. The interview should last no more than an hour and will be recorded for transcription purposes. Your privacy and confidentiality are of greatest importance, for that reason, the interview will be conducted over Zoom via a password-protected link and all data will be encrypted and stored on a password-protected computer. Personally identifying information will be excluded from the transcription to further protect your anonymity. As compensation for your time, you will be offered a $10 Amazon gift card upon completion of the interview.

Participants rights

As a voluntary participant, you can withdraw from the study at any time and without consequence. You have the right to decline participation for any reason.

Participation consequences and benefits

I anticipate that discussing the pandemic might elicit some emotional discomfort. This might look like irritability, depression, or anxiety. I will provide you with referral sources for mental health support should you decide that you need it. Your participation is voluntary and at will, thus you are free to withdraw from the study at any time without penalty. However, I also anticipate several benefits related to your participation in this study. Sharing your experience can help us to expand the field of psychology and create meaningful data about mandate resistance during the COVID-19 pandemic. This information could improve therapeutic interventions, rapport-building, and more informed approaches to pandemics. Foreseeable benefits include contributing to the field of psychology, having the opportunity to voice your concerns and perspective, and informing mental health professionals about how to respectfully work with mandate-resistant individuals.

Limits of confidentiality

Your participation and the information that you provide are voluntary. Any personally identifying information will not be transcribed to maintain your privacy. All information will be de-identified, encrypted, and stored in a password-protected computer, in a locked office. The audio recording from the interview will be deleted following transcription. As with any digitally stored information, there is a chance that data can become breached. In the unlikely circumstance, the researcher will contact each participant. Some direct quotes might be used in the research paper, but will not be identifiable and will instead be used to provide evidence for

themes. As all data will be de-identified, your name and signature consenting to the study will be the only identifiable piece of information retained.

Research contact information

After the study has been completed, you have the right to review the results. You may request a copy of the study by contacting the primary researcher, Amber Peterson, at [email].

The researcher has received approval to conduct this study from the Institutional Review Board (IRB) of Antioch University, Seattle. For information about this process or your rights, you may contact the IRB Chair, Dr. Mark Russell at [email], or you may contact the researcher, Amber Peterson, at [email].

Consent

By signing my name, I confirm that I have read the information provided to me and understand the purpose of this study, my rights, and my responsibilities as a voluntary participant. I have been allowed to ask clarifying questions and understand that I may withdraw from the study at any time, without recourse. My signature indicates my consent to participate in the study.

Print Name of Participant: _____

Signature of Participant: _____ Date: _____

Participant Phone Number: _____

(You will be contacted by phone if any confidential information has been breached.)

Is it OK to leave a voicemail message on this phone? Yes ☐ No ☐

In addition to agreeing to participate, I also consent to have the interview audio-recorded.
Participant Signature: _____ Date: _____

To be filled out by the researcher ---------- By signing my name I attest that the participant was allowed time for questions and comments regarding the study. To the best of my ability, I have addressed their concerns and answered their questions. I confirm that the participant has willingly consented to participate in this study and will not be penalized for withdrawing. The participant has been given a copy of the informed consent form for their records.

Print Name of Interviewer: _____

Signature of Interviewer: _____ Date: _____

APPENDIX E: DEMOGRAPHIC DETAILS

- Age
- Gender identity
- Employment
- Political orientation
- Race/Ethnicity
- Whether or not the participant has been or personally known someone that has been infected with COVID-19

APPENDIX F: INTERVIEW SCHEDULE

This set of questions serves as a guide for initiating conversation during the interview. It is likely that not all questions will be asked of each participant, but some forms will likely be included. Essentially, these questions seek to elicit information about the lived experience of being a mandate-resistant adult in Washington during the COVID-19 pandemic.

- What stands out to you about resisting the COVID-19 mandates?
- What was the pandemic like for you? Did anything surprise you?
- What was your experience like during the first few months of the pandemic?
- How did that affect you? What about your relationships? Did they change?
- Did you face any challenges? What was most helpful?
- Were there any highlights for you?
- What did not change during the pandemic?
- What was the biggest change?
- Do you wish anything had happened differently?

APPENDIX G: MENTAL HEALTH RESOURCES

- Psychology Today offers a search engine for finding a therapist in your area

  https://www.psychologytoday.com/us/therapists/

- Crisis Connection (WA State)
  - 206-461-3222
  - 866-427-4747
- National Suicide Prevention Lifeline
  - 800-273-8255 or dial 911.

APPENDIX H: IRB APPLICATION

1. Name(s) of Principal Investigator(s): Amber Peterson

2. Academic Department: Clinical Psychology, PsyD

3. Departmental Status: Student

4. Phone Number: Work (xxx) xxx-xxxx

5. Name & email address of research advisor: William Heusler, PsyD

a) Name of research advisor

William Heusler, PsyD

b) E-mail address of research advisor

6. Name & email address(es) of other researcher(s) involved in this project: N/A

7. Project Title: The Lived Experience of the COVID-19 Pandemic Among Mandate-Resistant Adults in Washington State **8.**

Is this project federally funded: No

a) Source of funding for this project (if applicable): N/A **9.**

Expected starting date for data collection: 11/10/2022

10. Expected completion date for data collection: 12/31/2022

11. Project Purpose(s): (Up to 500 words)

This research intends to explore the lived experiences of mandate-resistant adults in Washington state during the COVID-19 pandemic. Understanding the lived experiences of the COVID-19 pandemic through individuals that rejected the mitigation efforts, possibly as a stress response, could offer clarity and understanding to clinicians working with individuals from this population. Similarly, this data could enhance therapeutic

interventions by increasing awareness through participant narratives, thereby encouraging a more empathic response to this population. Furthermore, this research could inform future studies and provide a foundation for more targeted approaches to data collection from a larger sample size.

To provide a thorough investigation and in-depth study of this demographic, this study will utilize an interpretive phenomenological analysis (IPA) from the philosophy of hermeneutics. The IPA model allows for a safe environment for participants to describe their experiences and express details that are salient to the individual. Using this approach will aid in the understanding of mandate resistance, associated behaviors, and related challenges, which in turn could lead to the development of more individualized treatment and targeted public policies that consider the concerns of this group.

12. Describe the proposed participants- age, number, sex, race, or other special characteristics. Describe criteria for inclusion and exclusion of participants. Please provide brief justification for these criteria. (Up to 500 words)

For this study, participants must be: (1) at least 18 years of age; (2) must have lived in Washington between March 23, 2020, and October 31, 2022 (height of the pandemic in WA); (3) must identify as being mandate resistant or in opposition of government mandates related to the pandemic; (4) must be fluent in English. Exclusion criteria for this study include: (1) under 18 years of age; (2) self-identified as being in favor of pandemic mandates; (3) Lived outside of Washington between March 23, 2020, and October 31, 2022; and (4) unable to communicate fluently in English as the interviewer is limited to the English language.

13. Describe how the participants are to be selected and recruited. (Up to 500 words)

Ascribing to the fundamentals of IPA, the researcher will select participants purposefully to maintain homogeneity (Smith et al., 2022). With this sampling method, I plan to recruit individuals that have had a particularly strong emotional reaction to the pandemic. Using previous literature, which has identified males, young adults, and more conservative individuals as being more likely to resist mandates, the researcher will obtain participants through Parler, a popular social media site that advertises hosting a "free speech platform" (Bond, 2020). This will likely include passive and active sampling via the use of a recruitment flier, direct message, screener questions, and exclusionary criteria. Active sampling will be done by the researcher by exploring Parler and Facebook then identifying individuals that appear to endorse mandate resistance.

IPA studies require samples to be homogenous, which includes a purposeful selection of participants (Smith et al., 2022). In addition, snowball sampling is likely to be involved, as selected participants can refer to people that they know (Creswell & Poth, 2018). To sample participants, the study will incorporate both active and passive recruitment measures by including advertisements with the researcher's contact information (see Appendix A) and direct messaging by the researcher to engage specific individuals (see Appendix B).

Active recruitment will include the researcher accessing potential participants through social media (e.g. Parler) and directly messaging those individuals with a request for their participation (see Appendix B).

Within the advertisement, there will be information about the study, including a description of the study, the purpose, inclusion criteria, limitations, participant

expectations, and contact information for the researcher (see Appendix A). The direct message will also include this information but will be formatted for messaging, rather than posting (see Appendix B). Those same documents will include directions for interested individuals about how to begin their participation in the study. The researcher will screen participants (see Appendix C) for fitness, then provide them with the informed consent form (see Appendix D).

14. Do you have a prior or current relationship, either personal, professional, and/or financial, with any person, organization, business, or entity who will be involved in your research? (Yes/No)

No

15. Describe the process you will follow to attain informed consent.

The researcher will conduct interviews over a HIPAA-compliant video-conferencing platform (Zoom). Before the interview, the researcher will email a digital copy of the informed consent form (see Appendix D) for the participant to review and sign. In that email, the researcher will also provide a password-protected Zoom link for admission to the interview session. A private and individual Zoom link will be created for each participant to prevent others from accessing the room and compromising confidentiality. At the start of the interview, the researcher will provide an introduction and review of the informed consent form. Verbal consent will be obtained and recorded during the interview. Through the informed consent form and discussion, the researcher will go over recording procedures and steps taken to ensure the security of the recording to maintain confidentiality.

16. Describe the proposed procedures, (e.g., interview surveys, questionnaires, experiments, etc.) in the project. Any proposed experimental activities that are included in evaluation, research, development, demonstration, instruction, study, treatments, debriefing, questionnaires, and similar projects must be described. USE

SIMPLE LANGUAGE, AVOID JARGON, AND IDENTIFY ACRONYMS. Please do not insert a copy of your methodology section from your proposal. State briefly and concisely the procedures for the project. (500 words)

The researcher will conduct interviews over a HIPAA-compliant video-conferencing platform (Zoom). Before the interview, the researcher will email a digital copy of the informed consent form (see Appendix D) for the participant to review and sign. In that email, the researcher will also provide a password-protected Zoom link for admission to the interview session. A private and individual Zoom link will be created for each participant to prevent others from accessing the room and compromising confidentiality. At the start of the interview, the researcher will provide an introduction and review of the informed consent form. Verbal consent will be obtained and recorded during the interview. Through the informed consent form and discussion, the researcher will go over recording procedures and steps taken to ensure the security of the recording to maintain confidentiality.

Once the interview is completed, the researcher will begin transcribing the session verbatim. The researcher will de-identify and encrypt all data, which will be stored on the researcher's password-protected computer in a locked room. Once the study has

concluded, data will be maintained for a minimum of two years before it is ultimately deleted from all devices.

At the start of each interview, the researcher will remind the participant that interviews are recorded for transcription purposes and discuss questions and concerns. The researcher will build rapport through simple conversation before beginning the interview schedule (see Appendix F). By using open-ended questions, participants will be able to disclose as much or as little information as they are comfortable with while also allowing participants to discuss areas that were of greatest interest from their perspective (Smith et al., 2022).

17. Participants in research may be exposed to the possibility of harm physiological, psychological, and/or social please provide the following information: (Up to 500 words)

a. Identify and describe potential risks of harm to participants (including physical, emotional, financial, or social harm). NOTE: for international research or vulnerable populations, please provide information about local culture that will assist the review committee in evaluating potential risks to participants, particularly when the project raises issues related to power differentials. International research provides information about the regulatory environment.

Participants will not be subjected to any substantial risk, though the researcher acknowledges that discussion about the COVID-19 pandemic might produce some psychological discomfort. For instance, distress in the form of irritability, anxiety, or depression might arise. Participants will be encouraged to use referral

sources for emotional support (see Appendix G). Participants are also free to withdraw from the study at any time without repercussion. During the interview, participants may choose to skip questions or provide little details about the experience. This will be up to the participant's discretion. This study will not produce adverse effects and will not require invasive procedures. There will be no use of deception and participants will be fully informed of procedures and their rights before starting the study.

b. Identify and describe the anticipated benefits of this research (including direct benefits to participants and to society-at-large or others)

Any potential risk of psychological distress is outweighed by several potential benefits of this study. Participation in this study will likely lead to an increased awareness of the experience of mandate-resistant adults in Washington during the pandemic. In the interview, participants might develop a better understanding of their own experience of the pandemic by processing events that they experienced. I anticipate that the data gathered during this study could inform future approaches to pandemics and public health guidelines. Other foreseeable benefits might include expansion in the application of therapy techniques that could address symptoms targeted at mandate resistance in a way that is both respectful, nonjudgemental, and helpful. Processing and sharing the lived experience could be therapeutic and fulfilling in and of itself. In exchange for their time, participants will receive a $10 Amazon gift card as compensation.

c. Explain why you believe the risks are so outweighed by the benefits described above as to warrant asking participants to accept these risks.

Include a discussion of why the research method you propose is superior to alternative methods that may entail less risk.

Any anticipated risk to participants is low. Participants will be provided with mental health resources and reminded of their right to terminate their participation at any time without penalty. By obtaining in-depth information about each participant's lived experience, the participant and society at large could benefit from increased understanding and awareness of this demographic.

d. Explain fully how the rights and welfare of participants at risk will be protected (e.g., screening out particularly vulnerable participants, follow-up contact with participants, list of referrals, etc.) and what provisions will be made for the case of an adverse incident occurring during the study.

Transcripted interviews will immediately be de-identified and all data will be stored on the researcher's password-protected computer, in a locked room. Participants will be provided mental health resources, should they need them. They will also be given contact information for the researcher and chair of the dissertation, to allow notification of adverse effects. Participants may withdraw from the study without penalty.

18. Explain how participants' privacy is addressed by your proposed research. Specify any steps taken to safeguard the anonymity of participants and/or confidentiality of their responses. Indicate what personal identifying information will be kept, and procedures for storage and ultimate disposal of personal information. Describe how you will de-identify the data or attach the signed

confidentiality agreement on the attachments tab (scan, if necessary). (Up to 500 words)

Personally identifying information will be de-identified and assigned a code name immediately after transcription. The recorded video of the interview will also be deleted once the transcription is checked for accuracy. The researcher will be the only person with access to the names and emails of participants and they will be stored in a separate password-protected file, in a locked room. Information will be stored in an account that is compliant with data protection standards for PHI. All consent forms will be stored electronically in that folder and will be destroyed three years from the date of study completion.

19. Will audio-visual devices be used for recording participants? Will electrical, mechanical (e.g., biofeedback, electroencephalogram, etc.) devices be used?

No

20. Type of Review Requested

Expedited

Please provide your reasons/justification for the level of review you are requesting.

The researcher is requesting an expedited review because there are minimal risks involved in participating in this study. No physiological intervention, no deception, and no participants under the age of 18 years will be included in this research.