

## Group-Level Resistance to Health Mandates During the COVID-19 Pandemic: A Groupthink Approach

Donelson R. Forsyth  
University of Richmond

Public health interventions, such as mandated vaccinating or quarantining during an epidemic, are necessary to limit the spread of communicable diseases, but in many cases, certain groups resist these initiatives. For example, during the COVID-19 pandemic of 2020, anti-quarantine groups protested the mandate to socially distance and remain at home, claiming these directives violated their right to assemble, travel, and work. The current analysis examined media descriptions of these anti-quarantine groups to determine if these groups' divergent responses to a legally and medically warranted health initiative resulted from groupthink: the deterioration of judgment and rationality that sometimes occurs in groups. In support of this possibility, accounts of these groups indicated that (a) the conditions that cause groupthink, including high levels of cohesion and isolation, were present and potent within these groups and that (b) the groups exhibited many of the symptoms of groupthink, including group illusions and pressures to conform. Given the ubiquity of these groups—for centuries, public health interventions have generated opposing antiregulation reactions—no amount of planning may be sufficient to prevent such groups. However, a theory-driven approach based on groupthink suggests that group-level interventions that directly address the processes that cause groupthink, such as isolation, conformity pressure, and cohesion, could reduce the influence of such groups on their members and on society.

### *Highlights and Implications*

- Groups that protest public health interventions that mandate vaccinating or quarantining during an epidemic may be experiencing groupthink: the deterioration of judgment and rationality that sometimes occurs in highly cohesive groups.
- The group-level processes that are associated with groupthink, such as high levels of cohesion and isolation, were in evidence in the anti-quarantine groups that protested medical directives during the COVID-19 pandemic of 2020.
- Group-level interventions that limit groupthink in such groups could reduce the number of individuals who take part in group activities that are inconsistent with legally and medically warranted health initiatives.
- Groupthink theory provides a general explanation for decision-making in groups, but additional research is needed to determine the validity of the extension of this theory to groups that engage in unusual actions, such as health protests.

*Keywords:* groupthink, group cohesion, public health, COVID-19

On March 11, 2020, the World Health Organization declared the severe respiratory syndrome coronavirus COVID-19 a pandemic. As

the disease became increasingly virulent, the world's groups responded to control the threat. Medical teams developed novel treatment strat-

egies. Civil authorities urged people to reduce the spread of the disease through nonpharmaceutical interventions, including disinfecting surfaces, quarantining, and social distancing. Families and households gathered resources needed to survive during self-quarantining. Researchers formed collaborative teams as they searched for a possible cure or vaccine.

However, not all groups responded to the COVID-19 crisis in ways that might be considered reasonable, supportive, or efficacious. Some groups—ones that distrusted medical authorities and traditional approaches to treatment—used social media to spread false information about the source of the disease and the effectiveness of recommended safety practices. Some households, fearing the disease’s long-term effects on services and production, hoarded large quantities of basic goods, including disinfectants and toilet tissue. Some religious congregations insisted on holding services, even taking steps to minimize detection of their violation of the legally mandated restrictions. Groups of friends and family members sat in tight clusters in restaurants, public beaches, and parks. Antiquarantine protesters took to the streets to complain that the health mandates violated their right to assemble, travel, and work.

The comedian George Carlin’s explanation seems sufficient to explain these bewildering groups and their dynamics: “Never underestimate the power of stupid people in large groups” (as cited in Kurtzman, 2019). However, that reaction is no more than the tendency to look for causes in people’s personalities, temperaments, intellects, and insufficiencies instead of searching for external, interpersonal forces that constrain them: the so-called fundamental attribution error (Ross, 1977). The individuals in the groups that oppose efforts to curtail COVID-19 may have been unique in some way—more rebellious, conservative, uninformed, uneducated, or self-indulgent than most—but here we consider another possibility: that their seemingly irrational behavior may result from the human tendency to live in groups and to allow those groups to determine how they will act.

### Explaining Unusual Group Behavior

Group members do not always respond positively to well-intentioned attempts to protect

them from harm. During the flu pandemic of 1918, a large contingent of citizens living in San Francisco took issue with the Red Cross recommendations to wear face coverings in public to limit the spread of influenza. They called themselves the Anti-Mask League and publicly protested the city’s requirement in lively and well-attended protests (Iezzoni, 1999). In 2009, drivers living in New Hampshire (which has the state motto “Live Free or Die”) banded together to defeat the legislature’s attempt to pass a law that would require the use of seatbelts when operating a motor vehicle (Levitz, 2009). Each time medical researchers have succeeded in developing a vaccine against a disease, including polio, smallpox, and the measles, substantial numbers of individuals have refused to get vaccinations. In 1879, for example, concerned citizens formed the Anti-Vaccination Society of America; its members battled health authorities for years, using legislative maneuverings and lawsuits to resist mandatory vaccinations against smallpox (Morens & Fauci, 2007).

This resistance to interventions designed with a prosocial purpose—to help people cope with threats to their health and well-being—also occurred in 2020 when many states in the United States mandated nonpharmaceutical interventions to curb the spread of COVID-19. Some, but not all, complied, for antiquarantine groups formed across the country to protest these restrictions. In Michigan, for example, thousands converged on the state capital to insist that the precautions taken to protect their health—including maintaining social distance, restricting work that was considered nonessential, and prohibiting travel to second homes—be eased. These restrictions, they argued, violated their basic rights and were causing more harm than good. Not content to only express their displeasure through public discourse, some protesters blocked access to medical treatment facilities, harassed nurses and physicians, and ridiculed those who were complying with the quarantine mandate (e.g., “Capital Protestors,” 2020). The messages on the signs at antipublic health protests—“All jobs are essential,” “COVID is a lie,” “My virus; my choice,” “Defund science,” “Social distancing is communism,” “Quarantine the sick not the healthy,” and “We will not be muzzled; say no to mandatory masks,” and so on—suggest that the holders of the signs embraced a unique set of beliefs (e.g., Emery,

Percy, & Rasmussen, 2020; Hayda, 2020; Jansen, 2020).

These groups, given they acted in unusual ways, may have been experiencing unusual group dynamics. Crowd psychologists, such as Le Bon (1895/1960), would likely suggest these groups' actions illustrate "mob mentality": the notion that people can lose their individuality when they join with other like-minded people. Their beliefs, actions, and emotions tend to converge, but also intensify, so that they seem to be responding as one. Such groups are, in consequence, often manipulated by skilled leaders, for the group mind is not so savvy or considerate as the minds of the individual members. A more psychodynamically driven explanation would consider these groups' actions to be manifestations of the members' unconscious anxieties. The members may not express their needs overtly, but at an unconscious level, they are fearful and confused, so they rebel by challenging traditional forms of authority and seek the approval of those who they hope will alleviate their existential anxiety (e.g., Freud, 1922). Convergence theories, in contrast, would consider the types of people who join these kinds of groups, for such aggregations draw together people with compatible needs, desires, motivations, and emotions. For example, a survey of individuals who reported taking part in radical political groups in the United States indicated that "almost every individual had a sense of community victimization, feeling deeply that they were members of communities being targeted and victimized" (Snair, Nicholson, & Gimmara, 2017, p. 15).

However, the protesters, although they acted unusually, are similar in many respects to a very common type of social group: ones that make mistakes. By sharing and weighing information, debating interpretations, and following time-tested procedures when making decisions, groups often manifest rationality and even wisdom (Larson, 2010; Laughlin, Bonner, & Miner, 2002). In some cases, however, groups err in their judgment not because the members are ignorant or apathetic but because group-level processes prevent members from accurately appraising information, identifying errors, and considering superior alternatives (Bang & Frith, 2017; P. E. Jones & Roelofsma, 2000). A group that would, under ordinary cir-

cumstances, correctly answer such questions as "Is it a good idea to block the entrance to a trauma treatment center during a pandemic?", "Should we ignore the advice of medical experts who know more about this deadly disease than we do?", "Which is more important: human life or economic gain?", and "Does wearing a face covering in public threaten my freedom?" may stray from rationality when group-level processes align. Those factors could include such common problems as overreliance on shared but misleading information and premature consensus seeking, but groups that make choices that are particularly odd and injudicious require a special explanation.

Janis's (1972, 1982) theory of groupthink offers one such explanation. Using archival methods, he identified commonalities in the group-level processes and situational circumstances of groups that blundered and those that avoided catastrophe. His analyses led him to conclude that groups that make serious mistakes manifest certain shared qualities and that these qualities lead to groupthink: a distorted style of thinking that renders group members incapable of making a rational decision.

The cases Janis used to develop the theory were unique ones, and the processes that took place within these groups were not objectively documented. The theory also has been difficult to test empirically given the number of multifaceted and multilevel theoretical constructs identified by Janis. Groupthink theory, however, provides a robust description of the key situational and group-level variables that may combine to influence the quality of the decision-making processes in groups, and it has been applied with some success to a wide variety of groups, including political decision makers (e.g., Eder, 2019), federal administrative agencies (e.g., Norwood, Schriener, & Wah, 2020), educators (e.g., Henriques, 2020), military strategists (Ahlstrom & Wang, 2009), health care providers (e.g., Annas & Annas, 2020), and business professionals (e.g., O'Connor, 2003). When, for example, Janis and his colleagues enlarged the pool of cases to a total of 19 decision-making groups, they again found that the situational and group processes identified in the theory predicted the quality of these groups' decisions (Herek, Janis, & Huth, 1987).

## Groups That Make Mistakes

Janis's (1982) theory of groupthink offers insight into very puzzling groups—those that make regrettable decisions—but does Janis's theory provide an explanation for the actions of the members of such groups as the Anti-Mask League and the COVID-19 anti-quarantine protesters? First, these groups are more diffuse than those that Janis identified as experiencing groupthink; they are networks of linked individuals rather than small face-to-face groups collaborating on a specific problem or issue. Second, the groups Janis examined blundered: They made decisions that were, in retrospect, certifiably mistaken ones. Health care professionals would likely consider the choices of antivaccinators and anti-quarantine protesters to resist interventions that are risk free, easy to implement, and necessary to reduce the spread of a lethal disease to be mistaken, but some might argue their decisions and the actions that follow from these decisions were reasonable. A case could be made, however, that (a) the causal conditions Janis specified as contributing to groupthink are both present and potent within these types of groups and that (b) these types of groups exhibit many of the symptoms that signal a group is no longer thinking clearly.

## Cohesion and Identity

The only necessary condition for groupthink identified by Janis in his theory is group cohesion: a sense of unity, esprit de corps, and shared identity. Cohesive groups have many advantages over groups that lack unity. They are usually more enjoyable ones, and in consequence, they tend to remain intact for longer, members more willingly devote their time and energy to them, and they are more successful in reaching their goals (e.g., Beal, Cohen, Burke, & McLendon, 2003). Cohesive groups can also be places where members feel so supported and secure that they can express their ideas openly (Edmondson, 1999). Yet cohesiveness comes with costs. Pressures to comply with the group's goals, decisions, and norms are, in most cases, heightened in cohesive groups (Cartwright, 1968). Since cohesion is "directly threatened by the kind of frank appraisal required for optimal decision making" (McCauley, 1998, p. 151), members who dissent may experience negative

interpersonal consequences, such as shunning, ridicule, or even ostracism (Schachter, 1951). Membership in a highly cohesive group can also promote insularity as connections to those in the group strengthen and connections to anyone who is not in the group weaken (Junger, 2015).

In larger, more diffuse groups like the 2020 anti-quarantine protesters, clusters of cohesive subgroups likely exist within the overall group, and these clusters increase the group's structural unity (Paxton & Moody, 2003). A large group's cohesion, however, may be determined more by the strength of the members' commitment to the group's goals and their identification with the group itself rather than the strength of the interpersonal ties that link the members. A social action group, such as the COVID-19 protesters, may include people who do not know one another that well, but they do know they share a common goal: resisting civil authority's attempts to regulate their social interactions. When task cohesion increases, members' engagement in the group increases not because they like one another but out of their shared commitment to the group's goals (Burnette, Pollack, & Forsyth, 2011).

The members of such groups may also come to share a common social identity as they categorize themselves as members of the group and subsequently strive to act, think, and feel in ways that they believe are prototypical for a member of the group (Hogg, Hains, & Mason, 1998). As social identification increases, individuals come to think that their membership in the group is personally significant; their attachment to the group increases, and their self-conception broadens to include more collective-level qualities—the beliefs, values, and opinions widely shared within the group and its members. They also develop a more affectively driven, emotionally intense identification with the group, so the group becomes not only cognitively significant but also emotionally significant for members. Members' sense of self may also become increasingly depersonalized as they include fewer idiosyncratic elements and more characteristics that are common to the group (Tajfel, 1981; Turner & Pratkanis, 1998). In the case of the anti-quarantine protesters, this convergence process resulted in some members adopting the group's prototypical appearance (clothing, hairstyle, messaging on signs) as their own.

As Baron (2005) concluded after reviewing much of the existing research on Janis's theory, group unity per se may not trigger groupthink, but a threat to a shared social identity often will. Because identification with a group becomes increasingly likely when other groups appear to stand in opposition to one's own group, members of protest groups are particularly likely to identify with their groups: By definition, they exist to oppose other groups. Moreover, if identification with the group reaches extreme levels, individuals' sense of personal self can fuse with their collective, group-level self. In such extreme cases, members are more willing to do objectively irrational things, such as protest the implementation of universally accepted safety precautions or make fools of themselves in public, because their identification with their group is so great that they no longer distinguish between themselves and their group (Swann & Buhrmester, 2015).

### Isolation

Many of the groups that Janis (1982) examined, such as President John Kennedy's advisors who approved the U.S. invasion of Cuba at the Bay of Pigs, were relatively isolated, so they did not benefit from exposure to facts and data held by individuals outside of their group. Similarly, the anti-quarantine protests of 2020 occurred only after individuals had been forced into isolation by the threat of the coronavirus safer-at-home mandates. This period of self-quarantining likely reduced the density of individuals' social networks and so prevented them from gaining a wider range of perspectives on the nature of the illness and the effectiveness of the recommended preventative precautions.

The physical isolation caused by the mandate to limit social contacts likely amplified the natural tendency for groups to become echo chambers: clusters of like-minded individuals that filter out information that is inconsistent with their shared views while facilitating the exchange of information that reaffirms the accuracy of beliefs that support the group's ideological orientation. Even though the members of the anti-quarantine group could have gained information about the pandemic's lethality and the effectiveness of quarantining through social and news media, they likely avoided visiting media sites or talking to people who they knew

did not share their opinion (Iyengar & Westwood, 2015). Such a restriction in exposure to a range of opinions can, under certain circumstances, result in group polarization, for when like-minded individuals discuss topics with one another, they tend to become more extreme rather than more moderate in their beliefs (Willis, 2019).

### Stress

A group is more likely to experience groupthink when it is dealing with a threatening situation (Chapman, 2006), and a world-wide pandemic and economic depression certainly meet that criterion. At the individual level, the isolation was distressing for most people. The disruption of routine social interaction patterns prevented them from accessing the social resources that regularly sustain their well-being. For some, the quarantine also resulted in lost wages, and they came to view the restrictions as a violation of their constitutional rights. As stress increases, the capacity to thoroughly process information, weigh alternatives, and make rational decisions decreases (Starcke & Brand, 2012).

Stress also instigates group-level processes that can interfere with the group's decision-making effectiveness. When pressured, groups often become more cohesive, for as Hodges (2015, p. 89) explained, "When a population is under environmental stress, it is better to stick together, learn from each other, and conform one's practices to those that are judged most successful." Yet stress, in addition to increasing a group's cohesion, can also cause the group to minimize its discomfort by shifting from a more rational, problem-solving focus to a more defensive, assumptive orientation characterized by dependency, defensiveness, and unwarranted negativity (Bion, 1959). This shift can cause groups to reduce their uncertainty too hastily, resulting in cognitive closure: "a desire for a definite answer to a question, any firm answer, rather than uncertainty, confusion, or ambiguity" (Kruglanski, Shah, Pierro, & Mannetti, 2002, p. 649). In consequence, they are likely to avoid information that is inconsistent with the group's position but readily acknowledge information that supports their view. Such groups are less likely to be interested in integrative solutions during conflicts as they tend to endorse a

“take or leave it” approach to bargaining and negotiation. Kruglanski and his colleagues (2002) further suggested that such groups are more likely to accept forceful, more directive leaders and that their organizational structure tends to be hierarchical and status-oriented rather than egalitarian.

### Group Illusions

Groups that have fallen into the trap of groupthink are actually making injudicious decisions and, in consequence, acting in socially distinct ways. Yet the members are often enthusiastic about their decisions and will brook no criticism of their choices. Janis traced this unwarranted optimism to group illusions, which are characteristic, but inaccurate, ways of perceiving the group and other groups (Janis, 1972, 1982).

**Illusions of morality.** As Stern (2016) explained in her analysis of the factors that motivate individuals to join radical social groups, “There is an undeniable appeal to joining a group that is fired up with righteous indignation” (p. 106). When a group experiences groupthink, its members are certain that they have the moral high ground on all the relevant issues. The COVID-19 protesters, for example, argued that as Americans, they had the right to travel freely, express their views, assemble, and work and that the civil authority’s safer-at-home policies violated those rights. Religious groups similarly objected to limits on the number of individuals who could attend services, arguing that the separation of church and state protected their right to hold religious services. Public and judicial authorities, in contrast, countered with a moral claim of their own: that their mandates would save lives and that the preservation of life is a greater good. They also relied on legal precedent, for in previous judicial decisions, the courts have consistently supported the state’s right to limit certain freedoms if necessary to promote public health. In *Jacobson v. Massachusetts* (1905), for example, the U.S. Supreme Court ruled,

In every well-ordered society charged with the duty of conserving the safety of its members the rights of the individual in respect of his liberty may at times, under the pressure of great dangers, be subjected to such restraint, to be enforced by reasonable regulations, as the safety of the general public may demand.

These arguments, however, hold no sway over individuals who are certain that their viewpoint is morally justified (Skitka, 2010).

**Illusions of invulnerability.** A group experiencing groupthink is a confident group. Members assume that they are in the right, even though they are not. Researchers, in their case studies of groupthink in industrial, military, and administrative settings, have found little evidence of trepidation and caution in these groups’ deliberations (e.g., Allen & Howell, 2020; Rose, 2011). They are instead certain their decisions—which included launching the space shuttle in subzero weather, supporting a sneak attack on a neighboring country, and bivouacking on Mount Everest—are the best choice in the given context. A sense of group efficacy, in general, enhances members’ motivation and goal striving, but it can also lead to a failure to consider alternatives or revise plans when key aspects of the situation change. Groupthink groups take pride in “sticking to their guns,” for they believe nothing can stand in the way of their success (Haslam et al., 2006).

**Illusions of unanimity.** Diversity of opinion is a rarity in groups experiencing groupthink, for such groups tend to conform to Le Bon’s (1895/1960) “law of mental unity”: The members exhibit a striking similarity in their actions, emotions, and beliefs. Le Bon believed this unity was caused by contagion and social tuning: The members of the group come to adopt very similar positions on issues. Janis, however, suggested that the unanimity of such groups was more illusion than reality. He suggested that, in most cases, a substantial number of members likely have misgivings about the group’s initiatives, but they nonetheless go along with the group for a variety of reasons, including maintaining their status in the group and avoiding conflict. Quite rightly, members realize that expressing opinions that are contrary to those adopted by the group will likely earn them expulsion from the group itself.

### Normative Pressures

Protesting reasonable health care policies, refusing to vaccinate one’s children, arguing that communication technologies (5G towers) cause the coronavirus, and ridiculing people who are wearing face coverings when they shop are rel-

atively rare reactions—they run contrary to social norms and are displayed by only a small minority of the population. These reactions, however, may be normative ones within a specific group in this particular context. Norms develop in groups when individuals express similar actions and attitudes, and unanimity is more likely in a group experiencing groupthink (Janis, 1982). These groups' norms are also more likely to include an injunctive element. Rather than defining what most people do—a descriptive norm—injunctive norms include a moral component, for they define what the right thing to do is (Cialdini, Kallgren, & Reno, 1991). In consequence, individual members who are experiencing a personal reluctance to follow the group's path—a person may, for example, wonder if it is really such a good idea to block access to hospitals so that a person who needs life-saving medical attention will die—do not express their misgiving publicly to avoid social rejection and loss of status.

In most groups, the processes that sustain the group's norms—ones that push members together, toward greater consensus, uniformity, and conformity—are balanced by forces that pull the group apart by promoting disagreement, conflict, and independence (Packer & Ungson, 2017). During groupthink, however, conformity pressures intensify, and those forces that protect and sustain members who disagree with the group grow weaker. Although the members of such groups may believe that they are independent thinkers who have arrived at their opinions through personal reflection, in most cases, they have internalized the norms of their group and are following those norms without realizing it (Cialdini, 2005).

### Dealing With Groupthink Groups

Most people comply with initiatives implemented to improve public health, such as vaccinating, using seatbelts, and adhering to health codes, but a minority of individuals do not. In some cases, people may refuse for personal, idiosyncratic reasons, such as a negative experience with a vaccination or lack of understanding of medical procedures (A. M. Jones et al., 2012). Others' resistance, however, may be rooted in the group-level processes Janis identified in his theory of groupthink: cohesion and

identity, isolation and stress, group illusions, and normative pressures.

Even though the causes Janis identified were present in the antipublic health protest groups, this explanation is, in some ways, unsatisfying. Intuitively, such irrational deeds require a more fanciful explanation that just “bad group dynamics.” Didn't some leader brainwash them? Didn't they snap when cabin fever set in? Weren't they manipulated by some malevolent foreign power or the alien lizard people? We may feel the need to dehumanize the group members for their actions by calling them stupid or hypothesizing weird social forces that constrained them, but their actions may stem from group processes that can undermine a group's capacity to make good decisions. Nor does explaining these group's actions, through reference to relatively mundane group-level processes, condone those actions (A. G. Miller, Gordon, & Buddie, 1999).

If, then, resistance is a group- rather than individual-level process, what group-level interventions could be implemented to reduce the “deterioration of mental efficiency, reality testing, and moral judgment” (Janis, 1972, p. 9) of the members of these groups? A groupthink approach suggests the five general strategies in Figure 1 and examined here, but many other interventions are certainly both feasible and potentially effective. In addition, any intervention, even one derived from a strong theoretical framework such as groupthink, requires empirical verification prior to implementation.

### Cohesion and Identity

Antihealth protests are, in some respects, intergroup conflicts: One group, with a clear so-

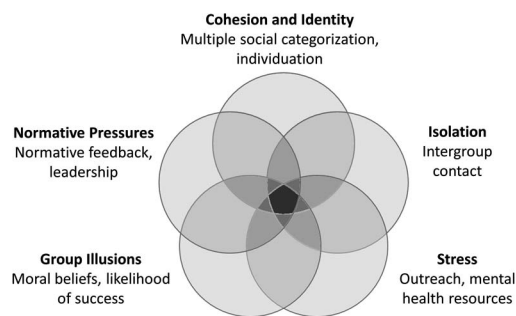


Figure 1. A matrix of possible group-level interventions for minimizing resistance to health initiatives.

cial agenda and set of values, opposes another group's requirements to comply with a health mandate. Intergroup conflict sets in motion a number of cognitive, emotional, and interpersonal processes that stymie attempts to reduce the conflict. Groups often exhibit a tendency to prefer their own group over other groups, and this in-group bias is partly sustained by their stereotype-based conceptions about the common characteristics of the members of those groups (Schafer & Crichlow, 2002). Such conflicts often escalate as stereotyping and exclusion leads to verbal abuse and discrimination and, finally, to physical assault (Streufer & Streufer, 1986).

One means of reducing such conflicts, identified in studies of prejudice, involves blurring the boundaries between groups or dissolving distinctions between groups altogether (e.g., Paluck, 2012). The common in-group identity model developed by Dovidio and Gaertner (2010), for example, recommends shifting group members' self-categorizations so that they come to identify with one superordinate group rather than with two separate and opposing groups. Recategorization can be achieved by minimizing distinctions that differentiate the two groups by making more salient those qualities that are shared by those in both groups—such as identification with a single community or region, a common heritage, or even a common enemy (such as a virus or a foreign power). Bias can also be limited through increasing individuals' awareness of the level of diversity within their group and in other groups (Crisp & Hewstone, 2007). Individuals in protest groups may be united in their opposition to health initiatives, but they may include individuals who differ in terms of wealth, political values, ethnicity, race, and so on. Making those qualities salient, and identifying members of the out-group who share these qualities, can reduce insularity and bias.

Individuals' social identities, however, tend to be resilient, and any attempt to shift those identities—to be more inclusive or less influential—will require considerable pretesting and fine-tuning. For example, public service announcements that were designed to create a sense of shared identity, such as the “We're all in this, together” and “Alone together” campaigns, may be effective, but they also may reify group differences if viewers cannot iden-

tify with the individuals who serve as spokespersons in these messages. These appeals to greater good may resonate with individuals with a collectivist orientation, but they will fail to convince individuals whose social identities stress their independence and resistance to others' influence (Hamedani, Markus, & Fu, 2013). Recategorization is also unlikely if groups have historically stood in opposition to one another. Particularly, cases of status inequalities, perceptions of victimhood, lack of trust, collective anger, and denial of responsibility for harm may prevent one group from accepting membership in a superordinate social category (Van Tongeren, Burnette, O'Boyle, Worthington, & Forsyth, 2014).

### Isolation and Intergroup Contact

Groups experiencing groupthink are often isolated from other groups and from the information those other groups provide. Therefore, intergroup contact—which generally reduces prejudice—may reduce protesters' biases against authorities and citizens who recommend complying with health regulations (Tropp & Page-Gould, 2015). Contact not only generates the familiarity with the members of other groups needed to revise categorical distinctions but also encourages the exchange of information through less formalized lines of communication and can lead to friendships that cut across social groups (Zhou, Page-Gould, Aron, Moyer, & Hewstone, 2019). Because many individuals trust information provided by a friend or relative more than expert advice, the formation of social ties across groups provides a means to correct misunderstandings about the illness and the efficacy of preventative treatments (Blume, 2006).

Contact per se, however, is often insufficient since superficial contact between groups—or even worse, hostile, combative contact—can further disrupt the relationships between the groups. Ideally, contact should take place in a situation where both groups are treated fairly and are seeking to attain an outcome that will benefit both groups rather than only one (Paluck, Green, & Green, 2019).

### Stress

Public health interventions, such as the requirement to quarantine, were designed to help



individuals cope with the physical threat to their health, but these interventions may not reduce the distress, uncertainty, and anxiety group members are experiencing. Although health decision-making theories generally agree that increases in threat severity usually generate health-promoting actions that will lessen that threat, fear, uncertainty about treatment efficacy, and the belief that one is unlikely to experience the harm are associated with non-compliance (e.g., Sheeran, Klein, & Rothman, 2017). These findings suggest that the public should be provided with timely, accurate, and consistent information about the severity of the threat but also the effectiveness of the recommended precautions (Mirahmadi, 2016). As in any successful marketing campaign, the information sources need to be trusted ones and, ideally, members of the group itself. Studies of persuasion indicate that individuals are more motivated to process the information in persuasive messages from members of their own group relative to messages from those they consider to be outgroup members (Mackie, Worth, & Asuncion, 1990).

Informational interventions may also be more successful if they take a peripheral route to persuasion rather than a direct one (e.g., Petty & Cacioppo, 1984). Central route processing requires cognitive elaboration of the message. If this elaboration generates favorable thoughts, then people are persuaded, but if the message stimulates negative thoughts, then the original attitude may become even stronger. If people lack the motivation or ability to examine the message closely—which is more likely if their group is experiencing groupthink—then vivid images, emotionally charged phrasings, slogans, and so on will likely be more persuasive than facts and information.

### Undoing Group Illusions

Undoing false conceptions—such as beliefs that the coronavirus is a hoax, that social distancing does not reduce the risk of infection, or that civil authorities have no right to regulate citizens' actions—is no easy task. As studies of motivated reasoning suggest, individuals are not continually striving to maximize the accuracy of their perceptions and understandings; they instead tend to seek information that will only reinforce their existing beliefs and attitudes, and

these tendencies are likely only magnified when they are part of a group experiencing groupthink (Kunda, 1990).

Hornsey and Fielding (2017), in their analysis of people's motivated rejection of science, offered a possible solution to this dilemma. Rather than providing information that falsifies individuals' mistaken beliefs directly, they instead recommended identifying the psychological roots of individuals' adherence to their beliefs. In the case of group members' illusion of morality, for example, their approach suggests individuals are motivated to view themselves as morally good people. Therefore, arguments that their actions are immoral ones, for they cause harm to innocent others, will likely not influence them. In contrast, arguments that are congruent with the need to be viewed as morally respectable people—but suggest they modify their behavior to make their moral integrity known to others—may be more effective. Similarly, group members' illusion of invulnerability may stem from a more basic need: to be successful in reaching their group goals. Therefore, interventions that identify other means to achieve their goals, as well as communications that suggest their original strategies will not be effective, may cause them to reappraise their initial choices. Quarantine protests, for example, would likely dwindle in popularity if authorities announce that another day of enforced social distancing will be added to the calendar each time a group of 10 or more individuals gathers to protest the quarantine.

### Normative Pressures

Conformity is the default response in most everyday group settings, but this tendency becomes all the more pronounced when situational forces align to trigger groupthink. When groupthink overtakes a group, actions and attitudes that are unusual, extraordinary, or ridiculous seem reasonable, whereas resisting the group's norms seems strange. Thus, one final means of inhibiting the occurrence of actions that are dangerous, unhealthy, or illegal—such as protesting quarantining during an epidemic, refusing to use seatbelts when driving an automobile, or denying the efficacy of vaccinations—requires limiting individuals' confor-

mity to the group norms or changing the group's norms themselves (Pratkanis, 2007).

Studies of conformity have identified a number of situational factors that influence the strength of normative pressures. Individuals are, for example, less likely to conform to a group's norms when they know they will be held accountable for their actions (Quinn & Schlenker, 2002). Anonymity also increases levels of non-conformity (Tsikerdekis, 2013), as do situational primes that instantiate elevated levels of autonomy and independence (Epley & Gilovich, 1999) and physically separating individuals from others (Gardete, 2015). Although such interventions may affect only a small minority, they may be sufficient to undermine the group's unanimity. Pressures to conform peak when all group members act in ways that are consistent with group norms. Therefore, interventions that allow one or more members of the group to act in ways that are inconsistent with the group norms will, theoretically, work to reduce pressures to comply with the group norms overall (Clark, 2001).

Norms can also be modified more directly by providing group members with descriptive information about the distribution of preferences, beliefs, and behaviors both within their group and in other social groups. This approach, which forms the basis of the social norms approach used in a number of prevention programs, focuses on changing people's perception of norms rather than the norm itself (Tankard & Paluck, 2016). Such interventions work by presenting accurate information about the degree of concurrence within the group and thereby counteracting members' mistaken assumptions about what is considered normal and acceptable (D. T. Miller & Prentice, 2016). For example, the actions of the antiquarantine protesters are sustained by members' beliefs that the majority of people are opposed to the COVID-19 health mandates, when in fact this position is quite uncommon.

Janis (1982) also suggested that group leaders, given their position of authority and influence, can substantially influence the group's norms. President Kennedy, for example, responded to his advisory group's experience of groupthink in planning the Bay of Pigs invasion by modifying the group's norms to encourage dissent, limit isolation, and prevent premature

cognitive closure. Unfortunately, in many of the other groups Janis examined, the leaders unintentionally set the stage for groupthink by expressing their views at the very outset and by urging the group to strive for agreement rather than critical discussion. Similarly, in the case of the antiquarantine protests, some civic leaders turned this health issue into a political one. U.S. President Donald Trump, for example, tweeted frequently on the subject, encouraging an end to the quarantine and supporting extremist groups that were demonstrating against the health mandates. Research suggests that this intervention likely reinforced the antiquarantine resistance efforts, particularly among his supporters. As Hornsey, Finlayson, Chatwood, and Begeny (2020) reported, when individuals read Trump's antivaccination tweets (e.g., "I am being proven right about massive vaccinations—the doctors lied. Save our children & their future," as cited in Hornsey et al., 2020), they were more likely to question the legitimacy of vaccinations to limit diseases. These findings suggest that leaders' influence on their groups' norms is considerable, and as such, they should be held accountable if their actions cause the formation of norms that result in their followers acting in ways that are irrational and unhealthy.

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