

Blinded by trust in close others: Examining the effect of social closeness on cooperative behaviors during the COVID-19 pandemic

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Abstract

In the context of public health crises such as the COVID-19 pandemic, it is essential that individuals cooperate by complying with preventive measures (e.g., wearing a mask). The current research examines how high trust in close others is linked to less cooperation—that is, less compliance with measures—and thus, undermines collective interests. Specifically, we test whether individuals are less willing to comply with preventive measures when interacting with close others they trust. We conducted two experiments in which participants read a vignette depicting a social interaction with either close others (e.g., family) or strangers. Participants had to report the extent to which they would (1) trust the other people in the situation and (2) comply with the mask wearing and physical distancing measures during this interaction. In both experiments, we find that when individuals are considering an interaction with close others, they report experiencing higher trust which is then linked to lower compliance with preventive measures. In Experiment 2, we further demonstrate that participants report less compliance with preventive measures around close others, even when they perceive non-compliance with

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the measures as morally “wrong”. Our findings shed light on the challenges that compliance with preventive measures poses during social interactions in a context of high trust.

KEYWORDS

compliance, COVID-19 pandemic, moralization, preventive measures, trust

1 | INTRODUCTION

The COVID-19 pandemic led to dramatic social change, resulting in rapid and significant disruptions in institutions and daily habits (de la Sablonnière, 2017). Responding to this global public health crisis, governments imposed protective measures to restrict the spread of the coronavirus. Experts proclaimed that compliance with these measures was crucial to minimize the pandemic's impacts on society (e.g., Ayouni et al., 2021; Chu et al., 2020). Complying with the measures potentially posed a social dilemma, in which long-term collective interests conflicted with immediate personal interests (Dawes, 1980; Dawes & Thaler, 1988; Nowak, 2006; Van Lange et al., 2013). Specifically, individuals were called upon to cooperate by complying with these restricting measures (Johnson et al., 2020; Van Bavel et al., 2020) to benefit the collective (e.g., preventing hospital overload) while enduring immediate personal costs (e.g., wearing uncomfortable masks).

Previous research has established that trust in others—the expectation that others will act benevolently and cooperatively (Rousseau et al., 1998)—is a key factor in cooperation (e.g., Balliet & Van Lange, 2013; Van Lange et al., 1998). Trust among individuals is essential to the proper functioning of a society (La Porta et al., 1997). However, does higher trust always associate with more cooperation? Or can it, in certain contexts, hinder collective interests?

Conceptually, trust in others, which reflects the probability of obtaining favorable outcomes, is negatively related to risk perception, defined as the probability of obtaining unfavorable outcomes (Das & Teng, 2004). Qualitative studies have demonstrated that feelings of trust are linked to lower risk perception and/or more risky behavior in the health domain. For instance, among gay and bisexual men, trust in a sexual partner was associated with less perceived risk of HIV infection and, consequently, more condomless sex (Goldenberg et al., 2015). Needle sharing among people who use injection drugs can also occur between individuals who trust each other (Rhodes et al., 2004, 2008). Similarly, in the context of COVID-19, individuals may perceive the risk of infection to be low when interacting with highly trusted others, resulting in reduced compliance with preventive measures.

There is initial evidence showing that lower compliance might occur during social interactions with close others—in a survey conducted during the pandemic, individuals reported the lowest compliance rates with their family, followed by friends; compliance was highest in work or school settings (Galende et al., 2022). We suggest that people may be less likely to comply with measures especially when interacting with close others, as people trust socially close others (e.g., family, friends, ingroup members) more than socially distant others (e.g., strangers, outgroup members; Buchan & Croson, 2004; Riyanto & Jonathan, 2018; Weiss et al., 2021). Cruwys et al. (2021) examined the relationship between social closeness (i.e., identification with a social group), trust, and risk behaviors in the context of the pandemic. Individuals who identified with their neighborhood had higher trust in their neighbors, and subsequently were less likely to follow physical distancing guidelines with their neighbours.

Though identification with a social group is an important factor in trust and risk taking, the context and degree of closeness also matter. Instead of examining group membership, the current research tests how different degrees of social closeness (or relational intimacy; Linke, 2012) relate to trust and affect compliance with COVID-19 measures. We hypothesize that interacting with closer others (e.g., friends) is associated with less compliance than interacting with distant others (i.e., strangers; H1). We further suggest that social closeness may relate to compliance through trust (H2). Examining different degrees of closeness allows a more nuanced understanding of the social interactions

in which people might be less willing to comply with measures and permits us to pinpoint a gradation of social interactions in which compliance with preventive measures would be stronger versus weaker.

2 | OVERVIEW

We tested our hypotheses in two experiments that manipulated social closeness and measured willingness to comply with preventive measures during a social interaction (i.e., cooperative behavior). In both experiments, participants read vignettes depicting different social interactions. The situations were intentionally ambiguous and psychologically “weak” (Snyder & Ickes, 1985)—they did not impose a clear behavior, that is compliance with measures was recommended but not mandated. Experiment 1 tested H1 and H2. Experiment 2 was a pre-registered replication of Experiment 1. Additionally, we explored moralization of preventive measures as a potential moderator of the relationship between social closeness and compliance.

3 | EXPERIMENT 1

3.1 | Methods

3.1.1 | Participants

A representative sample of Canadians ($N = 1871$), recruited via Delvinia's *AskingCanadians* web panel, participated as part of a large longitudinal survey (de la Sablonnière et al., 2020). We removed 112 participants from the analysis because they either completed the entire survey in under four minutes or failed two attention check items. The final sample included 1759 participants (50.1% female, 49.9% male, 0.1% other, $M_{\text{age}} = 51.17$, $SD = 16.58$, range = 18–92).

3.1.2 | Procedure

We ran the experiment between August 17 and September 13, 2020 (eighth wave of the longitudinal study). Participants were randomly assigned to one of four social closeness conditions in a between-subject design. Across conditions, participants read one vignette presenting a social situation: an outdoor concert taking place under a tent with 20 attendees. The only difference between conditions was the social closeness between the participant and the other attendees, who were (1) strangers (no social closeness), (2) friends of a friend, (3) their friends, or (4) family members who do not live in the same household. Across conditions, the number of attendees, their age (under 60), and the time the participant spent in the hypothetical scenario was fixed. All participants saw the same image depicting the venue (see Supporting Information for vignettes and measures; see Figure S1 for venue image).

Next, participants rated intended compliance with (1) physical-distancing and (2) mask-wearing. They indicated their level of trust in the other people gathered under the tent, their perception of risk to themselves from others, and to others from self. All items were measured on 10-point scales (1 = *Definitely not*; 10 = *Definitely yes*).

3.2 | Results & discussion

3.2.1 | Descriptive analyses

Compliance was high in all conditions ($M_s > 8.50$, see Figure 1 and Table S1). Table 1 shows the correlations between all continuous measures. Trust was negatively correlated with compliance, $r = -0.26$, $p < 0.001$.

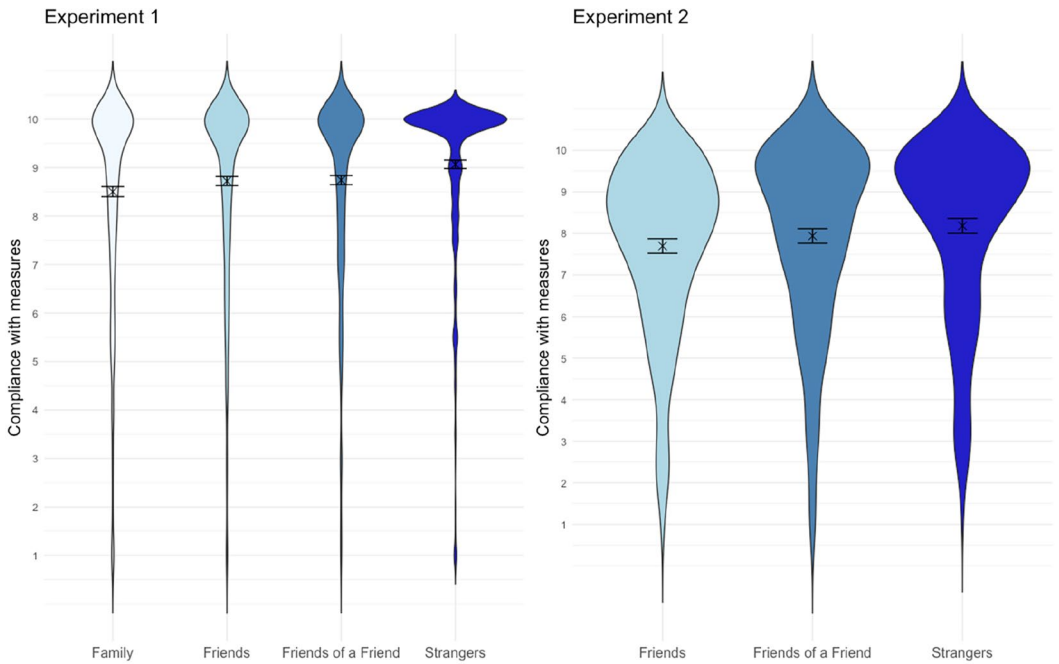


FIGURE 1 Means of compliance with preventive measures in each condition (Left: Experiment 1; Right: Experiment 2). The intervals represent the standard errors.

TABLE 1 Correlation matrix of the main variables in Experiment 1 and 2.

Experiment 1	1	2	3	4
1. Distancing				
2. Mask	0.58***			
3. Composite compliance	0.87***	0.91***		
4. Trust	-0.20***	-0.27***	-0.26***	
Experiment 2				
1. Distancing				
2. Mask	0.48***			
3. Composite compliance	0.85***	0.87***		
4. Trust	-0.23***	-0.26***	-0.29***	
5. Moralization	0.44***	0.45***	0.52***	-0.16**

Note: Distancing = compliance with physical distancing measure. Mask = compliance with mask wearing measure. Composite compliance = average of physical distancing and mask wearing measures.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

3.2.2 | Main analyses

In all analyses, we averaged the preventive measures scores (physical distancing and mask wearing) to create a composite compliance measure (see Supporting Information for analyses with each measure and with covariates).

Compliance with preventive measures. To examine differences between the conditions in compliance with measures, we ran a Kruskal-Wallis test. We used a non-parametric test because compliance was negatively skewed.

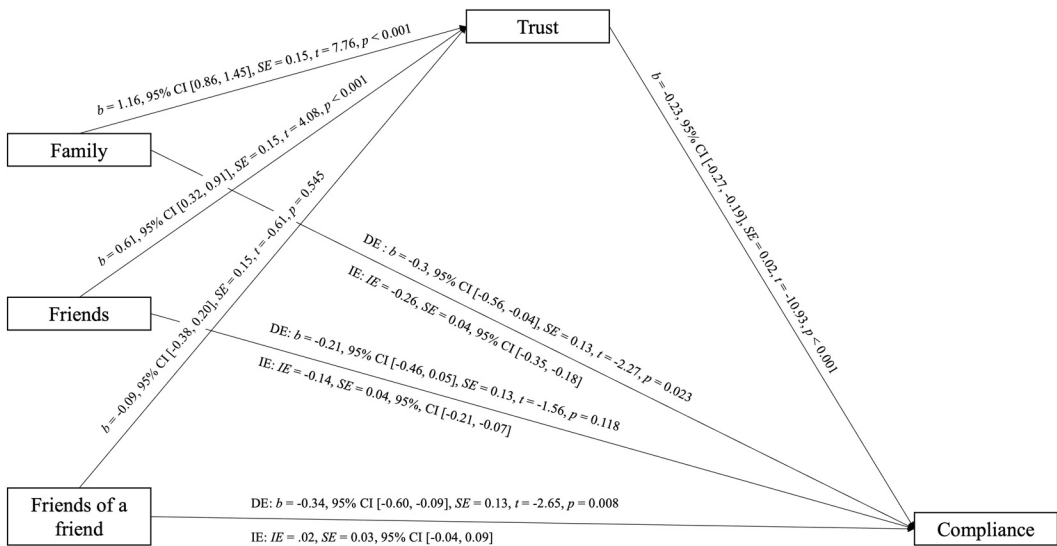


FIGURE 2 Indirect effect of social closeness on compliance through trust (Experiment 1). The strangers condition is chosen as a reference group. DE = direct effect. IE = indirect effect.

We found a significant difference between conditions, $H(3) = 26.69$, $p < 0.001$. Mann-Whitney test showed that compliance was higher in the strangers condition than in the friends of a friend condition, $U = 85999.50$, $p = 0.002$, $d = 0.21$, the friends condition, $U = 82410.00$, $p < 0.001$, $d = 0.25$, and the family condition, $U = 79084.50$, $p < 0.001$, $d = 0.35$. There were no other significant differences between conditions ($ps > 0.051$).

Mediation analyses. Using PROCESS (Model 4, Hayes, 2018), we examined whether the relationship between the social closeness conditions and compliance was mediated by trust. To test the significance of the indirect effect, we used bootstrapping procedures (5000 bootstrap samples). The strangers condition was the reference group. All effects are presented in Figure 2.

Consistent with Hypothesis 2, the indirect effect of the family (vs. strangers) condition on compliance via trust was significant, $IE = -0.26$, $SE = 0.04$, 95% CI [-0.35, -0.18]. The indirect effect of the friends (vs. strangers) condition on compliance via trust was also significant, $IE = -0.14$, $SE = 0.04$, 95% CI [-0.21, -0.07]. The indirect effect of the friends of a friend condition on compliance via trust was not significant, $IE = 0.02$, $SE = 0.03$, 95% CI [-0.04, 0.09].

Experiment 1 offers initial support to Hypothesis 1. Participants who read about interacting with closer others were less inclined to comply with measures than participants who read about interacting with strangers. Participants who read about interacting with friends and family (but not friends of a friend) reported experiencing higher trust which, in turn, partly explained lower intention to comply with preventive measures, providing partial support for Hypothesis 2.

4 | EXPERIMENT 2

As Experiment 1 was not pre-registered, we conducted Experiment 2 as a pre-registered replication (https://osf.io/wekq3/?view_only=692e43f86e304a53bd188d28729c121f). We also aimed to extend Experiment 1 by examining moralization of preventive measures as a potential boundary condition for the effect of social closeness on compliance. Specifically, whether individuals who view noncompliance with measures as morally “wrong” would comply even when interacting with close others.

We speculated that individuals who moralize compliance will not differentiate between close others and strangers because moral convictions are uniquely considered “universal” by those who uphold them (Skitka, 2010).

Consequently, a person who moralizes compliance would believe preventive measures must be followed by everyone, at all times, and across situations and consider it universally “wrong” not to comply. Furthermore, moral convictions are impervious to majority influence, and thus individuals are unlikely to change their mind even when they expect others not to follow their conviction (e.g., Aramovich et al., 2012). Therefore, we hypothesize that the moralization of preventive measures will moderate the relationship between social closeness and compliance (H3).

4.1 | Method

4.1.1 | Participants

We recruited 580 Canadian participants (ages 18–60) via *Prolific Academic*. Based on power analysis (G*Power; Faul et al., 2007) using the effect size from Experiment 1 for the comparison between the strangers and friends conditions ($d = 0.25$) with $\alpha = 0.05$, we needed 462 participants to achieve 85% statistical power. We recruited only participants under 60 to avoid participants from at-risk groups for COVID-19. We removed 145 participants from the analysis because they either failed to correctly respond to a quality-check open-ended question about the location of the activity described in the vignette or reported they would not participate in such activity. Another participant did not consent that we use their data. The final sample included 435 participants (46.4% female, 52.2% male, 1.4% other, $M_{\text{age}} = 30.43$, $SD = 8.71$, range = 18–59). Although the final sample was somewhat underpowered, a sensitivity analysis showed that we had 80% power to detect an effect size of $d = 0.30$ (G*Power; Faul et al., 2007).

4.1.2 | Procedure

We ran Experiment 2 between March 24 and April 6, 2021. The procedure was similar to Experiment 1. We included only friends as the high social closeness condition, as friends and family conditions in Experiment 1 were very similar. We chose a winter activity for the social interaction (outdoor skating) to fit the season (see Supporting Information for vignettes and measures; see Figure S2 for venue image). Participants rated compliance and trust, as in Experiment 1. We added a measure of moralization (1 = *Strongly disagree*, 10 = *Strongly agree*) and an open-ended manipulation check item.

4.2 | Results & discussion

4.2.1 | Descriptive analyses

Similar to Experiment 1, the mean compliance to the mask wearing and physical distancing measures were high in all conditions ($M_s > 7.70$, see Figure 1 and Table S2). Compliance was negatively correlated with trust, $r = -0.29$, $p < 0.001$ and positively correlated with moralization, $r = 0.52$, $p < 0.001$ (Table 1).

4.2.2 | Pre-registered analyses

As in Experiment 1, we combined both preventive measures items to create a composite compliance score (for analyses with each preventive measure and with covariates, see Supporting Information).

Manipulation check. There was a significant difference in social closeness between conditions, $F(2, 432) = 69.83$, $p < 0.001$. Post-hoc tests with Bonferroni correction indicated participants felt closer to friends ($M = 6.72$, $SD = 1.80$) than to friends of a friend ($M = 4.21$, $SD = 1.83$), $p < 0.001$, $d = 1.38$. Participants also felt closer to friends than to

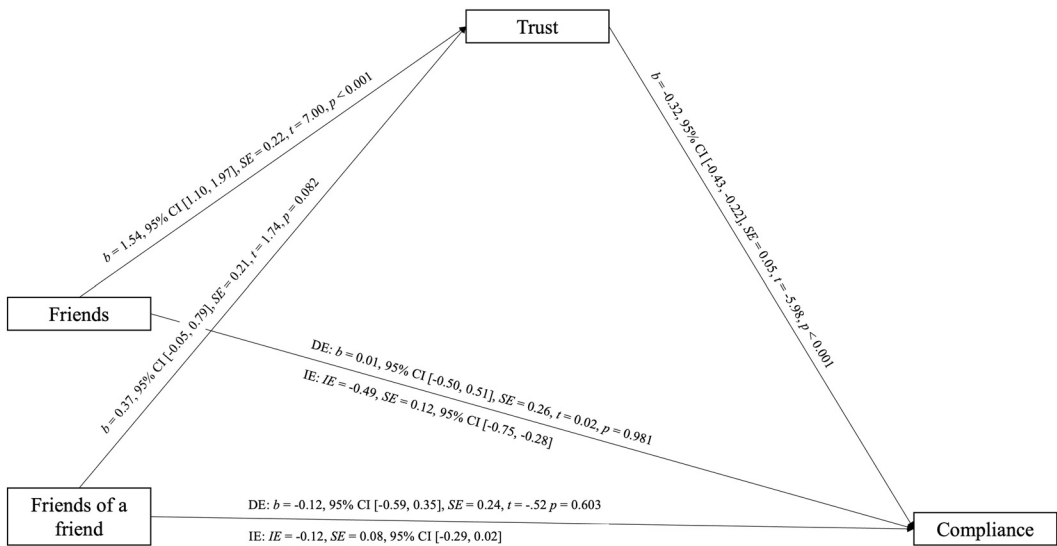


FIGURE 3 Indirect effect of social closeness on compliance through trust (Experiment 2). The strangers condition is chosen as a reference group. DE = direct effect. IE = indirect effect.

strangers ($M = 4.47$, $SD = 2.28$), $p < 0.001$, $d = 1.10$. There was no difference between the friends of a friend and the strangers conditions, $p = 0.787$, $d = 0.13$.

Compliance. We examined differences between the conditions in compliance using Kruskal-Wallis test (as both compliance variables had non-normal distributions).

Replicating the results of Experiment 1, we found a significant difference between conditions, $H(2) = 7.58$, $p = 0.023$. Mann-Whitney test showed that compliance was higher in the strangers condition than in the friends condition, $U = 7907.00$, $p = 0.005$, $d = 0.34$. There were no other significant differences between conditions ($ps > 0.131$).

Mediation analysis. We used PROCESS (Model 4; Hayes, 2018) with 5000 bootstrap samples to test for an indirect effect of social closeness condition on compliance with preventive measures through trust. The strangers condition was the reference group. All effects are presented in Figure 3.

As in Experiment 1, the indirect effect of the friends condition on compliance via trust was significant, $IE = -0.49$, $SE = 0.12$, 95% CI [-0.75, -0.28]. The indirect effect of the friends of a friend condition on compliance via trust was not significant, $IE = -0.12$, $SE = 0.08$, 95% CI [-0.29, 0.02].

Moralization. We used PROCESS (Model 1; Hayes, 2018) to examine whether moralization of measures moderated the relationship between social closeness and compliance. We used bootstrapping procedures (5000 bootstrap samples) to test the significance of the interaction effects. To facilitate interpretation, we combined the strangers and the friends of a friend conditions into a 'low social closeness' group, as there was no significant difference in social closeness between these conditions. The 'low social closeness' group was the reference group.

There was no significant interaction between social closeness and moralization, $b = 0.06$, 95% CI [-0.13, 0.25], $SE = 0.10$, $t = 0.64$, $p = 0.523$. These results do not support H3, suggesting that moralization does not moderate the relationship between social closeness and compliance.

5 | GENERAL DISCUSSION

The present research examined factors that could subvert (i.e., social closeness and trust) or promote (i.e., moralization) compliance with preventive measures in the context of the COVID-19 crisis. We found that individuals reported complying less with preventive measures when interacting with close others. Lower compliance was related to higher

trust. We further demonstrated that the moralization of preventive measures did not moderate the relationship between social closeness and compliance. It appears that individuals comply less with the measures when they are with close others, whether they moralize compliance or not.

Our findings are in line with research in the domain of sexual health. Previous studies have shown that feelings of familiarity with a sexual partner are related to higher trust and/or lower perception of sexually transmitted infection risk (e.g., Downing-Matibag & Geisinger, 2009; Swann et al., 1995) and a higher tendency to have condomless sex with them (e.g., Comer & Nemeroff, 2000; Sparling & Cramer, 2015). As individuals feel more familiar with close others (vs. strangers), they might trust them to pose a lower risk of infection, although they are as likely to carry the virus as a stranger is. This lower perception of risk might lead to less compliance with preventive measures. Additionally, our results suggest that, at least in some contexts, trust can lead to *less* cooperation. Our findings demonstrate an exception for the well-documented positive link between trust and cooperation (e.g., Balliet & Van Lange, 2013): trust may not always lead individuals to engage in behaviors that promote collective interests. In social interactions with close others, higher trust might lead individuals to undertake more risky behaviors which ultimately undermine collective interests.

Several limitations of this work should be considered. First, we measured behavioral intentions, which might not accurately reflect actual behaviors (e.g., Williams et al., 2015). Yet, it is possible that an actual behavioral measure would result in stronger effects of social closeness on compliance; that is, compliance could be even lower when people interact with family or friends. Relatedly, participants reported high levels of compliance. These high levels of compliance can be explained by biases associated with self-report measures (e.g., social desirability concerns). Nonetheless, participants still admitted that they would comply less in certain social situations—suggesting that the effect might be even stronger in the real world.

The current work allows us to highlight social situations that are characterized by high trust as potentially posing a challenge for compliance with risk prevention measures, specifically when people interact with their close others (e.g., friends and family gatherings). Governments could focus their interventions on these types of social interactions in future crises. Additionally, our results can help guide interventions to promote compliance with preventive measures. Because individuals seem to have a tendency to trust close others, it might be less effective to present them as a source of risk. Instead, it could be more beneficial to frame compliance with prevention measures as a way to protect friends and relatives (Cruwys et al., 2020), a motivation that constitutes a driver for compliance with preventive measures (Wang et al., 2021).

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CONFLICT OF INTEREST STATEMENT

The authors do not have any conflicts of interest to disclose.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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