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Abstract

Messages related to recommended health behaviours during the SARS-CoV-2 (COVID) pandemic were impacted by societal contexts, trusted sources, and the social representations that developed related to those behaviours. In this project, choices individuals made in adhering to public health guidelines for preventing the spread of the virus during a pandemic were examined. Specifically, the focus was on the relationship between trusted information sources, social representations, self-construals, generalized social beliefs and behavioural choices related to social distancing and handwashing and how they varied in Canada and the United States. Data came from 259 respondents in Canada and 461 in the USA. As expected, social representations were predicted by different sources of trust in the two societal contexts. While demographic and cultural variables made some contribution to engaging in health behaviours, social representations added significantly in each case to predicting those behaviours.

Keywords: COVID-19, Culture, Health Behaviours, Trust

In March 2020, the novel coronavirus (COVID-19) outbreak was declared a global pandemic by the World Health Organization and subsequently termed "one of the greatest challenges the world is facing after the Second World War" (Bhaskaran & George, 2020, p.1). In response to the outbreak, public health agencies around the world scrambled to learn more about how individuals could protect themselves from the extremely contagious virus and ultimately issued recommendations intended to mitigate individual risk as well as to reduce the severity of the pandemic. However, different meanings associated with those messages resulted in contextual variations in behaviours. Generally, societal culture impacts the attitudes, norms, and perceived controls that an individual may draw on to develop both behavioural intentions and behaviours (Farrukh, Lee, Sajid, & Waheed, 2019). More specifically, how societal groups describe, explain, and give meaning to specific events reflect social representations (Moscovici, 2000). Different geopolitical contexts developed variations of social representations of the pandemic (Pizarro et al, 2020) which then affected behavioural choices.

In this project, choices individuals made in adhering to public health guidelines for preventing the spread of the virus during a pandemic were examined. Specifically, the focus was on the relationship between social representations, self-construals, generalized social beliefs and behavioural choices related to social distancing and handwashing and how they varied in Canada and the United States.

CULTURE

Societal culture has a pervasive impact on individual thinking (Markus & Kitayama, 1991), beliefs (Leung et al, 2002), values (Schwartz & Bilsky, 1987), and behavioural norms (Gelfand, Harrington & Jackson, 2017). Behavioural norms are particularly salient when situations are ambiguous, such as when information regarding the pathogen behind a pandemic is evolving (Rimal & Storey, 2020), or messaging is contradictory. Prior research has shown that culture impacts source credibility perceptions for health risk message compliance (De Meulenaer, De Pelsmacker, & Dens, 2018). Self-construals and culturally transmitted belief systems that impact behavioural norms are of particular in interest in examining behavioural choices made in response to a novel threat such as a pandemic.

Self-Construals. Through social interactions with others and with the social environment, individuals come to view the self as either independent of others (independent self-construal) or always in relation to others (interdependent self-construal). Some cultures

emphasize independence, which "requires constructing oneself as an individual whose behaviour is organized and made meaningful primarily by reference to one's own internal repertoire of thoughts, feelings, and action, rather than by reference to the thoughts, feelings, and actions of others" (Markus & Kitayama, 1991, p. 226). In contrast, an emphasis on interdependence involves "seeing oneself as part of an encompassing social relationship and recognizing that one's behaviour is determined, contingent on, and, to a large extent organized by what the actor perceives to be the thoughts, feelings and actions of *others* in the relationship" (Markus & Kitayama, 1991, p. 227). A third conception of the self, proposed by Stroink and DeCicco (2007), describes self-construal as more holistic and complex, indicating a more transcendent view of the self. Their metapersonal self-construal is distinct from independent and interdependent self-construals and reflects an "understanding of the self as fundamentally interconnected with all of life" (DeCicco & Stroink, 2011, p. 919). These representations of the self reflect three different, but not mutually exclusive, beliefs about the nature of the relationship between the self and others, and influence choices related to interpersonal behaviours. The extent to which messaging about health behaviours activates a given self-construal may impact how effective the messaging is.

Social Axioms. Social axioms, or generalized social beliefs, are "acquired through social experiences and concerned with living as inherently social beings" (Leung & Bond, 2009, p. 2) and represent relationships between two concepts or categories of phenomena. Specifically, Leung, Bond, et al (2002) assert the existence of five major categories of social axioms: Social Cynicism, Social Complexity, Reward for Application, Fate Control, and Spirituality. 'Social Cynicism' reflects a negative attitude towards human nature, and especially towards social institutions and organizations. 'Social Complexity' represents the view that life is complex, there are multiple ways to address any given problem, and humans may behave differently in different circumstances. 'Reward for Application' is a belief that if one works hard, positive results will follow, while 'Fate Control 'suggests a belief that life is controlled by fate or some other external force. More specifically, 'Fate Determinism' implies a belief that fate determines success and failure, and 'Fate Adaptability' suggests that while fate may play a role in a person's life, individuals can employ ways to manipulate the outcomes (Leung & Bond, 2004). 'Spirituality' reflects the belief that a supernatural being exists, and that religious institutions are beneficial to society. These categories of social axioms serve as the basis for determining social interactions

and problem-solving, which in turn, suggest the best responses to any given set of circumstances (Leung & Bond, 2009). Social axioms, as they reflect beliefs that are communicated within a culture, also reflect collective sensemaking, and become the basis for social norms of behaviour. They have been shown to be salient predictors of behaviour-specific attitudes and behavioural intentions (Liem, Hidayat, & Soemarno, 2009). They are, however, general predictors, and general attitudes are not robust predictors of specific behaviours (Ajzen & Fishbein, 1977). Social axioms combined with more specific predictors, such as social representations of COVID-19 may provide a model for predicting health behaviours related to the pandemic.

SOCIAL REPRESENTATIONS THEORY (SRT)

In contrast with the more context-free orientations to self and social beliefs, social representations (Social Representations Theory; Moscovici, 1988) reflect "phenomena which emerge at the points where there is an active construction of meaning within particular social groups" (Duveen, 1998, p. 466). Moscovici (1988) suggests that culture represents established tradition while social representations reflect lay thinking, social constructions of everyday sensemaking, or a "social life in the making" (p. 219).

Social representations reflect collective representations and are grounded in beliefs, values, and perspectives that are shared within a given social group. Social phenomena cannot be explained without examining collective psychosocial factors (Gruev-Vintila & Rouquette, 2007) such as the meaning that is constructed of novel events. This meaning is developed through social communication that "enables individual thoughts and feelings to converge and allows something individual to become something social" (Moscovici, 1988, p. 519) and has a practical value that fits with a group's norms, values, and beliefs (Gruev-Vintila & Rouquette, 2007).

SRT is especially helpful in explaining reactions to sudden threats, as it "focuses on the processes by which laypersons reconstruct expert knowledge to enable social and pragmatic functioning in everyday life" (Franks, Bangerter, & Bauer, 2013, p. 6). According to SRT, social representations result from two processes: objectification and anchoring (Moscovici, 1988). Objectification involves making something unseen or abstract more concrete and tangible. For example, a common visual of the coronavirus used often on websites and in the news is a white sphere with red spikes. This helps to bring shape to the unseen virus and places the unfamiliar into form that can be more easily recognized. Anchoring occurs when phenomena that are new

are categorized into cognitive frameworks that already exist, for example, when national leaders speak of a 'war' against a virus (see Haass, 2020). In this way, scientists use culturally familiar ideas, words, and phrasing to explain scientific findings to a lay audience (Jaspal & Nerlich, 2020).

Mental models related to novel experiences implicitly assess risk which "inevitably triggers social representation processes" (Breakwell, 2001, p. 343). Collectively, social representations arise as individuals respond to risks by relying on social sensemaking (Joffe, 2003). Social norms are outcomes of social sensemaking and may result from direct experience of COVID-19, from vicarious experiences such as media exposure, or imaginatively from projections (Rimal & Storey, 2020). Ghoochani et al (2017) note the importance of ethics, knowledge, and trust as antecedents to the attitudes that precede behavioural intentions, and in turn, behavioural choices. As such, context – including sociopolitical and cultural context – is a critical part of understanding behavioural choices (Sammut & Buhagiar, 2017). Social representations reflect what individuals internalize as accurate, which in turn becomes a lens through which behaviours are viewed and evaluated.

The sources that individuals trust in, and rely on, for sensemaking have strong implications for the social representations that develop from those sources. Trust is a choice (Li, 2012) so an understanding of the social representations that are used to predict behaviours would be incomplete without also examining which trusted sources contribute to those representations.

Social Representations and Trust. Social thinking and lay thinking, in their dependence on communication, rely heavily on the perceived credibility of information sources and, by extension, the trustworthiness of that source (Jamison, Quinn, & Freimuth, 2019). Social representations, then, may result from both formal communications from official sources, and from informal, word of mouth communications from family, friends, and acquaintances. Previous research supports the idea that source credibility impacts compliance with health risk messages (De Meulenaer, et al, 2018) as health messages may be ignored or discounted when they don't come from sources perceived as credible (Ranney, et al, 2018).

Messages tend to be viewed as more credible when there is interpersonal trust based on a connection with an information source (e.g., spending time with the person, sharing interests and outlooks; Le, et al, 2018). Institutional trust, on the other hand, is based on the assessments of the integrity, competence, and perceived motives of the organization (Ranney et al., 2018). Both

interpersonal trust and institutional trust is affected by culture (Yoshino, 2015), and may result in one or the other information source being privileged in times of crisis, such as pandemics.

THE CURRENT PROJECT

The current project examined the impact of culture (Canadian and American) on social representations as antecedents to pandemic health-related behavioural responses. Specifically, two widely recommended behaviours, handwashing and maintaining physical distance, were examined as social representations (see Jaspal & Nerlich, 2020). These actions required conscious efforts on the part of the individual, and the social representations therefore played a role in the cost-benefit analysis of determining compliance with recommended behaviours in response to the pandemic.

Participants came from two socio-political contexts: Canada and the United States. Both geopolitical entities were founded by Europeans on Indigenous land and are often considered to have similar cultures that emphasize individualism. In fact, historical differences have influenced the expression of individualism in relation to government intervention, with Canadian individualism more accepting and American individualism more rejecting of government intervention (Kubba, 2020). It is noteworthy that the Canadian constitution sets "Peace, Order and Good Government" as its focus while the United States Declaration of Independence sets "Life, Liberty and the Pursuit of Happiness" as its focus. While both countries are multicultural, they also vary in their expression of multiculturalism, as the Canadian model is that of a multicultural mosaic and the American model of multiculturalism is that of a melting pot.

Against these different social representations of society, the structure and function of social representations of specific events may be expected to differ. Thus, this project focused on health behaviours that were encouraged, but unregulated in both countries. This project also sought an understanding of what role social representations played in behavioural choices over and above cultural factors and how trusted sources influenced the endorsement of social representations related to these behaviours.

Specifically, it was hypothesized that:

H1: Self-construal impacts health-related behavioural choices, with higher engagement in health-related behaviours for those with interdependent and metapersonal self-construals than those with independent self-construals.

H2: Social axioms impact the extent of health-related behavioural choices incrementally above self-construals.

H2a: Social cynicism, spirituality and fate determination are negatively related with increased health behaviours.

H2b: Social complexity and fate alterability are positively related with increased health behaviours.

H3: Social representation endorsement adds significant incremental ability above cultural factors in predicting health related behaviours.

H4: Trust impacts endorsement of social representations but the sources of trust vary in different cultural contexts.

METHOD

Participants. Data were collected via Amazon Mechanical Turk from respondents living in Canada or the United States. Selection criteria included the requirements of being 18 years or older, residing in Canada or the United States, being fluent in English and holding an Amazon Mechanical Turk Qualification of a 90% approval rate.

Data were gathered during the early phase of the pandemic, prior to the roll-out of vaccines and resulted in 260 responses from Canada and 499 responses from the US. Fully informed consent to participate was indicated by all participants, and the project cleared by a university research ethics board. The data were cleaned on three levels, first removing duplicate IP addresses, second, removing incomplete responses with large amounts of missing data and third, for nonsensical responses to open text boxes indicating a non-human respondent, such as a bot. This resulted in a final sample of 259 in Canada and 461 in the US. Means, standard deviations and correlations may be found in Tables 1 and 2 for each sample.

Measures.

*Self-Construals***.** The 34-item scale contained three subscales measuring independent (12 items), interdependent (12 items) and metapersonal (10 items) self-construals. Independent and interdependent self-construals were assessed using Singelis' (1994) scale. A sample item from the independent self-construal scale is *"I'd rather say "No" directly, than risk being misunderstood"* and a sample item from the interdependent self-construal scale is "*My happiness depends on the happiness of those around me.*" Metapersonal self-construal was assessed using DeCicco and Stroink's (2007) scale and a sample item is *"I feel a sense of responsibility and*

belonging to the universe." Responses were provided on a scale of 1 (*strongly disagree*) to 7 (*strongly agree*).

Social Axioms. The 39-item Social Axioms Survey II (Leung, Lam, Bond, et al, 2012) contains five subscales measuring Social Cynicism (7 items, sample item*: "Powerful people tend to exploit others"*), Social Complexity (8 items, sample item: *"A person's behaviour is influenced by many factors"*), Spirituality (8 items, sample item: *"There is a supreme being controlling the universe"*), Fate Alterability (8 items, sample item: *"Luck can be enhanced by certain tactics"*) and Fate Control (8 items, sample item: *"Fate determines a person's success in life"*). Responses were provided on a scale of 1 (*strongly disbelieve*) to 5 (*strongly believe*).

Social Representations. While literature related to the global pandemic is very recent, Jaspal and Nerlich (2020) noted that some social representations have emerged regarding the meaning and importance of several health behaviours to reduce the incidence of COVID-19. The social representation for social distancing was *"Maintaining a minimum of a 6 foot/2-meter distance between yourself and others protects you from the water droplets containing virus produced when people talk"* and the social representation for hand washing was "*Washing your hands for at least 20 seconds with soap and water is an effective way to kill virus on your hands*." Responses were provided on scale of 1 (*strongly disagree*) *to* 5 (*strongly agree*).

Health-Related Behaviours.

Social Distancing Behaviours. Respondents were asked about circumstances in which they have limited or eliminated contact with others. Respondents were asked if they increased distance with others indoors and outdoors, limited indoor or outdoor contact with people not in their household, reduced shopping trips, and used size of crowds to determine whether they would attend an event. The responses from seven items were summed, ranging from 0 (*no distancing*) to 7 (*distancing in most circumstances*).

Hand Washing Behaviour. This behaviour was measured with a single item where respondents were asked to indicate their frequency of handwashing with soap since COVID-19 began. Responses were provided on a scale from 1 (*greatly decreased*) to 5 (*greatly increased*).

Trusted Sources.

Three generalized trusted sources and two specific sources were used to assess the degree to which these are related to the social representations endorsed by participants. *Institutional Confidence* was assessed by summing responses to 12 questions asking about the degree of

confidence individuals have in public institutions such as government, police, banks, etc. Sample items included "*How much confidence do you have in the federal government?" and "How much confidence do you have in public health officials?"* and responses ranged from 1 (*no confidence*) to 4 (*a great deal of confidence*). The other two trusted sources were personal and strangers; participants were asked "*How much do you trust people in your family?"* and *"How much do you trust strangers?"* and responded on a scale from 1 (*can't be trusted at all*) to 5 (*can be trusted a lot)*.

With respect to specific sources for COVID-19 information, responded to questions asking to assess their trust in government (*"How much do you trust information from the guidelines from federal government publish health agencies (CDC, Health Canada, etc) on containing the spread of COVID-19 in your community?"* and news media (*"How much do you trust information from reports by television news stations about scientific research on the COVID-19 virus and treatments?"*) Responses were provided on a scale of 1 (*can't be trusted at all*) to 5 (*can be trusted a lot*).

RESULTS

As expected, the health behaviour and social representation variables were negatively skewed in both samples. Visual inspection of the Q-Q plots confirmed non-normal distributions for these variables. Non-normal distributions, with different shapes and degrees of skewness and kurtosis, are common in social and health science data (Blanca, Arnu, Lopez-Montiel, Bono, & Bendayan, 2013). The data were not transformed to avoid loss of interpretation and since regression analyses are generally robust to non-normality if the sample size is large enough and other assumptions are not violated (Cohen et al., 2003).

Predictors of Health Behaviours. Hierarchical regression analyses to predict health behaviours were run on the Canadian and US samples separately. In these models, two health behaviour outcomes (social distancing and hand washing) were separately regressed onto four blocks of predictor variables. The predictors were entered into the equation following a specific order to examine the unique contribution of each block. It was expected that more specific beliefs (i.e., social representations about health behaviours) would have greater incremental value in predicting change in health behaviour choices, over and above general attitudes and beliefs (i.e., self construals and social axioms).

In Step 1, age and gender were entered into the regression equation to control for possible demographic effects. In Step 2, self-construal variables (independent, interdependent, and metapersonal) were entered into the equation. In Step 3, social axiom variables (social cynicism, social complexity, spirituality, fate alterability, and fate determinism) were entered into the equation. And finally, in Step 4, social representations were entered into the equation.

Social Distancing Behaviour. In the Canadian sample, the results from the hierarchical regression analysis showed that the variables entered in Step 1 and Step 2 were not significant predictors of change in social distancing behaviour. However, the model became significant when entering the social axiom variables into the equation in Step 3. Adding the social representation variable to the equation in Step 4 explained a unique proportion of variance in social distancing behaviour. In the final model, interdependent self-construal social complexity, and beliefs about maintaining physical distance to prevent the spread of COVID-19 were significant predictors of social distancing behaviour. This model accounted for a total of 5% of variance explained, with social representation explaining 2% of unique variance in the behaviour change (See Table 3).

In the US sample, the results from the hierarchical regression analysis showed that in Step 1, demographics predicted change in social distancing behaviour. Entering the self-construal variables to the equation in Step 2 explained a significant proportion of variance in social distancing behaviour while controlling for demographics. Likewise, the inclusion of the social axiom variables in Step 3 explained a unique proportion of variance in predicting social distancing behaviour. Including the social representation variable in the equation in Step 4 significantly increased the amount of variance explained in predicting change in social distancing behaviour). In this final model, age, metapersonal self-construal, social, spirituality, and beliefs about physical distancing were significant predictors of social distancing behaviour. This model accounts for a total of 15% of variance explained, with social representation explaining 2% of unique variance in the behaviour change (See Table 4).

Handwashing Behaviour. In the Canadian sample, the results from the hierarchical regression analysis showed that in Step 1, demographic variables were not significant predictors of change in handwashing behaviour. In Step 2, however, the regression model became significant with the inclusion of self-construal variables. Entering the social axiom variables into the regression equation in Step 3 explained an additional unique proportion of variance in hand

washing behaviour. In the final step, social representations about hand washing predicted change in hand washing behaviour. In this final model, independent self-construal and beliefs about hand washing to prevent the spread of COVID-19 were significant predictors of hand washing behaviour. This model accounts for a total of 5% of variance explained, with social beliefs about the hand washing behaviour explaining 2% of unique variance in the behaviour change (see Table 3).

Similarly, in the US sample, in Step 1, demographics were not significant predictors of change in handwashing behaviour. However, the inclusion of self-construal variables in Step 2 explained a significant proportion of variance in the health change behaviour. Entering the social axiom variables into the equation at Step 3 explained a unique proportion of variance in hand washing beyond the variables entered in the previous steps. Lastly, the social representation variable entered into the equation in Step 4 incrementally predicted change in hand washing behaviour. In this final model, social complexity and beliefs about hand washing to prevent the spread of COVID-19 were significant predictors of change in hand washing behaviour. This model accounted for a total of 18% of variance explained, with social representations about hand washing accounting for 5% of unique variance explained in the behaviour change (See Table 4).

Predictors of Social Representations. Hierarchical regression analyses were also run on the Canadian and US samples separately to predict social representation. In these models, two social representation outcomes (beliefs about social distancing and beliefs about hand washing) were separately regressed onto three blocks of predictor variables. The predictors were entered into the model following a specific order to examine the unique contribution of each block of predictors. It was expected that trust toward information sources would have greater incremental value in predicting beliefs about health behaviours beyond that of confidence in institutions and interpersonal trust.

In Step 1, age and gender were entered into the equation to control for possible demographic effects. In Step 2, institutional confidence, trust in family members, and general trust in people were entered into the equation. In Step 3, trust for sources of information including guidelines from Federal Government public health agencies (e.g., Health Canada) and reports on television news stations about scientific findings, were entered into the equation.

*Social Distancing Beliefs***.** In the Canadian sample, the results from the hierarchical regression analysis showed that demographic variables were not significant predictors of social

distancing beliefs. The model became significant, however, when the institutional confidence and interpersonal trust variables were entered in Step 2. Further, the inclusion of variables related to trust of information sources in Step 3 explained a unique proportion of variance in social representations about social distancing to prevent the spread of COVID-19. In the final model, gender, trust in family and trust in guidelines from the federal government were significant predictors of social distancing beliefs. This model accounted for a total of 14% of variance explained with trust in information sources explaining 6% of unique variance in social beliefs about social distancing behaviours (See Table 5).

In the US sample, the results from the hierarchical regression analyses showed that the demographic variables entered in Step 1 were not significant predictors of social distancing beliefs. The model become significant when the institutional confidence and interpersonal trust variables were entered into the equation in Step 2. The inclusion of variables related to trust of information sources entered in Step 3 explained a unique proportion of variance in social representations about social distancing to prevent the spread of COVID-19. In the final model, institutional confidence, trust in family, trust in guidelines from the federal government and trust in television reporting were significant predictors of social distancing beliefs. This model accounted for a total of 17% of variance explained, with trust in information sources explaining 12% of unique variance in social beliefs about social distancing behaviour (See Table 6).

*Handwashing Beliefs***.** In the Canadian sample, the results from the hierarchical regression analysis showed that the demographic variables entered in Step 1 were significant predictors of handwashing beliefs. The institutional confidence and interpersonal trust variables entered in Step 2 explained a significant proportion of variance in predicting hand washing beliefs. Further, entering variables related to trust of information sources to the equation in Step 3 explained a unique proportion of variance in social representations about hand washing. In the final model, gender and trust in guidelines from the federal government were significant predictors of hand washing beliefs. This model accounts for a total of 7% of variance explained, with trust in information sources uniquely contributing 5% of variance explained in social beliefs about hand washing behaviours (See Table 5).

In the US sample, the results from the hierarchical regression analysis showed that the demographic variables entered in Step 1 were significant predictors of hand washing beliefs. The institutional confidence and interpersonal trust variables entered in Step 2 were also significant

predicters of hand washing beliefs. In Step 3, the inclusion of variables related to trust of information sources increased the amount of variance explained in beliefs about hand washing. In the final model, all variables with the exception of gender were significant predictors of hand washing beliefs, age, institutional confidence, general trust in people, trust in family, trust in guidelines from federal government and trust in television reporting. This model accounted for a total of 19% of variance explained with trust in information sources explaining 10% of unique variance in social representations of hand washing behaviour (See Table 6).

As supplemental analyses, mediation models were tested in both samples to assess whether trust in guidelines from federal government public health agencies would predict specific beliefs (social representations) about health-related behaviours which, in turn, would predict health behaviour choices. Preacher and Hayes (2004) nonparametric bootstrapping approach was used, which is suggested to circumvent any issues with power due to nonnormality (Bollen & Stine, 1990; Lockwood & McKinnon, 1998). The following results are based on 5000 bootstrapped samples with a 95% confidence interval.

In the Canadian sample, trust in government guidelines indirectly predicted hand washing behaviour through beliefs about hand washing as a way to contain the spread of COVID-19 (IE = .02, BootSE = .01, Boot95% CI, .01-.05). The direct effect was not significant. Further, trust in government guidelines did not directly predict social distancing behaviour, or indirectly predict the behaviour through beliefs about social distancing as a way to contain the spread of COVID-19. In the US sample, trust in government guidelines directly predicted hand washing behaviour (DE = .08, SE = .03, $p <$. 05, 95% CI [.02, .16]) and indirectly predicted hand washing behaviour through beliefs about hand washing (IE = .06, BootSE =.02, Boot95% CI [.03, .09]). Similarly, trust in government guidelines directly predicted social distancing behaviour (DE = .21, SE = .07, $p <$ .01, 95% CI [.08, .35]) and indirectly predicted social distancing behaviour through beliefs about social distancing (IE = .08, BootSE = .03, Boot95% CI [.03, .14]).

DISCUSSION

Self-construals, social axioms, and social representations all predicted pandemic health-related behaviour– both for personal behaviours (handwashing) and interpersonal behaviours (social distancing), and each added incremental predictive ability to the statistical models. While the results of the statistical analyses did not provide for a direct comparison between the two countries, some descriptive differences are worth noting. Cultural variables such as self-

construals and social axioms more strongly predicted health behaviours in the US than in Canada. In the US, cultural variables, both self-construals and social axioms, were significant predictors of both the personal and interpersonal behaviours. The social representations predicted both health-related behaviours more strongly in the US than in Canada. The social representation for each behaviour added significantly to the equation in each sample, but it was the predictor that drove the significance in Canada, not in the US. Relatedly, while the magnitude of institutional confidence was similar in Canada and the US, institutional confidence functioned differently in each national context. In Canada, institutional confidence did not add any unique contribution to the ability of the equation to predict behaviours, but it emerged as a significant – and negative – predictor in the American context.

The results of this research reiterate the importance of examining nomological nets of meaning and social representations in different cultures. While the countries in the current study share many cultural commonalities, the meaning and impact of the cultural variables under examination appear to differ. For example, while both countries score high in individualism, this value plays out differently in the two contexts. Kubba (2020) notes that the US as a melting pot is diverse and fragmented, and further, adheres to an ideology that "tends to push people away from each other and away from authority figures" while Canada, also multicultural and diverse, tends to foster a more cohesive society despite cultural differences, with a "mosaic" social representation of differences.

The importance of looking beyond the magnitude of a variable endorsement to examining the meaning behind the endorsement and the nomological net of a construct is further highlighted by the fact that many Canadians access and consume the same news media that Americans do – however, the voices and messages are interpreted within different cultural frameworks. In the current research, trust in television reports about COVID-19 was related to the social representation of distancing in both Canada and the US but was only related to the handwashing representation in the US.

Sources of trust related to social representations also appear to differ in Canada and the US. This finding underscores the emphasis in the trust literature that the degree of trust should be measured within the local meaning of trust in various contexts (Pirttilä-Backman, Menard, Verma, & Kassea, 2017), and in line with other theorists who state that "in different socio-political circumstances, therefore, one would expect trust to play a different role insofar as this

measure itself is characterised by particular socio-political circumstances" (Sammut & Buhagiar, 2017, p. 167). For example, while Canadian and American respondents in this sample generally reported similar degrees of institutional confidence, but the extent to which it was related to social representations differed dramatically. In Canada, the relationship was not significant, while in the US it was significantly – and negatively – related to the social representations related to health behaviours. This would suggest that, while Americans may have confidence in their institutions, when it comes to beliefs related to the importance of health behaviours, the social representations come from sources other than institutional messages. In fact, in the American sample, trust in government sources directly predicted change in behaviour (for both distancing and handwashing). In the Canadian sample, trust in government sources did not directly predict either health behaviour, and only indirectly predicted change in handwashing through beliefs about.

Because trust in government sources either directly (US) or indirectly (Canada) can influence beliefs and behaviour, social government policy messages should consider the presentation of policy and its intent to influence behaviour and should take social representations into account. Policies which are intended to promote public health behaviour may be more effective when they build on how communities engage and protect one another and that physical distancing is a protective factor for each other, which still recognizing we are together, we can create distance to show we respect and care for our community. Understanding the relationship between culture and behaviours, as well as the development of social representations and their relationship with recommended health behaviours are important to being able to motivate individuals to engage in those behaviours (Jaspal & Nerlich, 2020).

From a more theoretical standpoint, the inclusion of more explicit representations of specific challenges, such as the pandemic, provides a greater ability to predict specific actions that could mitigate the effects of the pandemic. A focus on social representations in addition to self-construals and generalized social beliefs provides a more nuanced and detailed understanding, not only what the message is regarding recommended behaviours, but also the source of the information. Finally, the credibility of the information source and the trust in these sources are important to cultivate in building social representations that are ultimately related to behavioural choices.

REFERENCES

Ajzen, I. (1991). The theory of planned behaviour. *Organizational Behaviour and Human Decision Processes, 50*(2), 179–211.

Ajzen, I., & Fishbein, M. (1973). Attitudinal and normative variables as predictors of specific behaviour. *Journal of Personality and Social Psychology, 27*(1), 41–57.

Ajzen, I., & Fishbein, M. (1977). Attitude-behaviour relations: A theoretical analysis and review of empirical research. *Psychological Bulletin, 84*(5), 888–918.

Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*(6), 1173–1182.

Bhaskaran, J., & George, R. (2020). Restructuring paradigm in the wake of covid-19: A study of kerala model. *Journal of Human Behaviour in the Social Environment.* Advance online publication.

Blanca, M. J., Arnau, J., Lopez-Montiel, D., Bono, R., & Bendayan, R. (2013). Skewness and kurtosis in real data samples. *Methodology, 9*, 78-84.

Bollen, K. A., & Stine, R. (1990). Direct and indirect effects: Classical and bootstrap estimates of variability. *Sociological Methodology, 20*, 115-140.

Breakwell, G. M. (2001). Mental models and social representations of hazards: The significance of identity processes. *Journal of Risk Research, 4*(4), 341–351.

Burgess, A., & Horii, M. (2012). Risk, ritual and health responsibilisation: Japan's 'safety blanket' of surgical face mask-wearing. *Sociology of Health & Illness, 34*(8), 1184–1198.

Cohen J. E. (1988). *Statistical Power Analysis for the Behavioural Sciences*. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

Cohen, J., Cohen, P., West, S. G., & Aiken, L. S. (2003). *Applied multiple regression/ correlation analysis for the behavioural sciences, 3rd ed*. Lawrence Erlbaum: Mahwah, NJ.

De Meulenaer, S., De Pelsmacker, P., & Dens, N. (2018). Power distance, uncertainty avoidance, and the effects of source credibility on health risk message compliance. *Health Communication, 33*(3), 291–298.

DeCicco, T. L., & Stroink, M. L. (2007). A third model of self-construal: The metapersonal self. *International Journal of Transpersonal Studies, 26,* 82–140.

Duveen, G. (1998). The psychosocial production of ideas: Social representations and psychologic. *Culture & Psychology, 4*(4), 455–472.

Farrukh, M., Lee, J. W. C., Sajid, M., & Waheed, A. (2019). Entrepreneurial intentions: The role of individualism and collectivism in perspective of theory of planned behaviour. *Education & Training, 61*(7-8), 984–1000.

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behaviour Research Methods*, *41*, 1149-1160.

Franks, B., Bangerter, A., & Bauer, M. W. (2013). Conspiracy theories as quasi-religious mentality: An integrated account from cognitive science, social representations theory, and frame theory. *Frontiers in Psychology, 4,* Article 424.

Gelfand, M. J., Harrington, J. R., & Jackson, J. C. (2017). The strength of social norms across human groups. *Perspectives on Psychological Science, 12*(5), 800–809.

Ghoochani, O. M., Ghanian, M., Baradaran, M., & Azadi, H. (2017). Multi stakeholders' attitudes toward Bt rice in Southwest, Iran: Application of TPB and multi attribute models. *Integrative Psychological & Behavioural Science, 51*(1), 141–163.

Gruev-Vintila, A., & Rouquette, M.-L. (2007). Social thinking about collective risk: How do risk-related practice and personal involvement impact its social representations? *Journal of Risk Research, 10*(4), 555–581.

Haass, R. N. (2020) At war with a virus. Retrieved from https://www.cfr.org/article/war-virus/. November 23, 2020.

Jamison, A. M., Quinn, S. C., & Freimuth, V. S. (2019). "You don't trust a government vaccine": Narratives of institutional trust and influenza vaccination among African American and white adults. *Social Science & Medicine, 221,* 87–94.

Joffe, H. (2003). Risk: From perception to social representation. *British Journal of Social Psychology, 42*(1), 55–73.

Kubba, S. (Oct 14, 2020). The importance of culture in societal responses to COVID-19. *Harvard Political Review.*

Le, T. D., Dobele, A. R., & Robinson, L. J. (2018). WOM source characteristics and message quality: The receiver perspective. *Marketing Intelligence & Planning, 36*(4), 440–454.

Leung, K., & Bond, M. H. (2004). *Social Axioms: A Model for Social Beliefs in Multicultural Perspective.* In M. P. Zanna (Ed.), *Advances in experimental social psychology, Vol. 36* (p. 119–197). Elsevier Academic Press.

Leung, K., & Bond, M H. (Eds). (2009). *Psychological Aspects of Social Axioms: Understanding Global Belief Systems.* In A. J. Marsella (Series Ed.), Springer Series in International and Cultural Psychology. Cham, Switzerland: Springer.

Leung, K., Lam, B. C. P., Bond, M. H., Conway, L. G. III, Gornick, L. J., Amponsah, B., Boehnke, K., Dragolov, G., Burgess, S. M., Golestaneh, M., Busch, H., Hofer, J., del Carmen Dominguez Espinosa, A., Fardis, M., Ismail, R., Kurman, J., Lebedeva, N., Tatarko, A. N., Sam, D. L., . . . Zhou, F. (2012). Developing and evaluating the social axioms survey in eleven countries: Its relationship with the five-factor model of personality. *Journal of Cross-Cultural Psychology, 43*(5), 833–857.

Li, P. P. (2012). When trust matters the most: The imperatives for contextualizing trust research. *Journal of Trust Research, 2*(2), 101-106.

Liem, A. D., Hidayat, S. S., & Soemarno, S. (2009). Do general beliefs predict specific behavioural intentions in Indonesia? The role of Social Axioms within the Theory of Planned Behaviour In K. Leung & M.H. Bond (Eds). (2009). *Psychological Aspects of Social Axioms: Understanding Global Belief Systems.* In A. J. Marsella (Series Ed.), Springer Series in International and Cultural Psychology. Cham, Switzerland: Springer.

Lockwood, C. M., & Mackinnon, D. P. (1998). Bootstrapping the standard error of the mediated effect. *Proceedings of the 23rd annual meeting of SAS Users Group International* (pp.997-1002). Cary, NC: SAS Institute.

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98*(2), 224–253.Leung et al

Markus, H. R., & Kitayama, S. (2010). Cultures and selves: A cycle of mutual constitution. *Perspectives on Psychological Science, 5*(4), 420–430.

Maxwell, S. E. (2000). Sample size and multiple regression analysis. *Psychological Methods, 5*(4), 434-458.

Moscovici, S. (1988). Notes towards a description of social representations. *European Journal of Social Psychology, 18*(3), 211–250.

Moscovici, S. (2000). *Social Representations.* Cambridge, UK: Polity Press.

Pirttilä-Backman, A.-M., Menard, R., Verma, J., & Kassea, R. (2017). Social representations of trust among teachers and principals in Cameroonian, Indian, and Finnish schools. *Journal of Social and Political Psychology, 5*(1), 29–57.

Pizarro, J. J. et al (2020). Tell me what you are like and I will tell you what you believe in: Social representations of COVID-19 in the Americas, Europe and Asia. *Papers in Social Representation, 29*(2), 2.1-2.38.

Preacher, K. J., & Hayes, A. F. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behaviour Research Methods, Instruments, & Computers, 36*(4), 717-731.

Ranney, L. M., Jarman, K. L., Baker, H. M., Vu, M., Noar, S. M., & Goldstein, A. O. (2018). Factors influencing trust in agencies that disseminate tobacco prevention information. *The Journal of Primary Prevention, 39*(2), 99–116

Rimal, R. N., & Storey, J. D. (2020). Construction of meaning during a pandemic: The forgotten role of social norms. *Health Communication, 35*(14), 1732-1734.

Sammut, G., & Buhagiar, L. J. (2017). The sociocultural determination of planned behaviour. *Integrative Psychological & Behavioural Science, 51*(1), 164–170.

Schwartz, S. H., & Bilsky, W. (1987). Toward a universal psychological structure of human values. *Journal of Personality and Social Psychology, 53*(3), 550–562.

Shrout, P. E., & Bolger, N. (2002). Mediation in experimental and nonexperimental studies: New procedures and recommendations. *Psychological Methods, 7*(4), 422–445.

Singelis, T. M. (1994). The measurement of independent and interdependent self-construals. *Personality and Social Psychology Bulletin, 20*(5), 580–591.

Stroink, M., & DeCicco, T. (2011). Culture, religion, and the underlying value dimensions of the metapersonal self-construal. *Mental Health, Religion & Culture, 14*(9), 917–934.

Triandis, H. (1995). *Culture and the Self.* New York, NY: McGraw-Hill.

Webster, G. D., Howell, J. L., Losee, J.E., Mahar E.A., & Wongsomboon, V. (2020). Culture, COVID-19 and collectivism: A paradox of American exceptionalism? Retrieved from PsyArXiv Preprints (https//:psyarxiv.com) December 19, 2020.

Yoshino, R. (2015). Trust of nations: Looking for more universal values for interpersonal and international relationships. *Behaviourmetrika, 42*(2), 131–166.

TABLES

Table 1.
Means, Standard Deviations, Alphas and Intercorrelations amongst Study Variables in the Canadian Sample

	M	SD	1	2	3	4	5	6	7	8	9
1. Age[a]	33.84	11.23	-								
2. Gender[b]	-	-	.04	-							
3. Independent	3.49	0.49	.08	-.05	**.68**						
4. Interdependent	3.43	0.53	-.01	.09	.33**	**.76**					
5. Metapersonal	3.34	0.70	-.06	.19**	.51**	.54**	**.86**				
6. Social Cynicism	3.18	0.63	-.26**	.09	.03	.05	.08	**.71**			
7. Social Complexity	4.14	0.51	-.03	.13**	.22**	.25**	.15*	.09	**.79**		
8. Spirituality	2.88	0.96	-.02	.00	.26**	.36**	.34**	-.01	.04	**.90**	
9. Fate Alterability	2.71	0.98	-.06	.04	.28**	.27**	.37**	.12*	-.01	.30**	**.73**
10. Fate Determinism	2.33	1.09	-.17**	.10	.14*	.19**	.27**	.20**	-.06	.42**	.57**
11. Distancing Beliefs	4.25	0.84	-.01	.11	.09	.26**	.21**	.13*	.13*	.11	.03
12. Hand washing Beliefs	4.51	0.62	.11	.16*	.05	.13*	.10	.06	.15*	-.07	.04
13. Distancing Behaviour	6.09	1.32	.08	.08	.08	.16*	.12	-.01	-.10	.04	-.03
14. Hand washing Behaviour	4.25	0.68	-.00	.04	.24**	.10	.20**	.07	.08	.13*	.15*
15. Institutional Confidence	32.19	6.26	.02	.00	.19**	.37**	.21**	-.12	.05	.10	.05
16. General Trust[c]	0.37	0.49	.08	-.13*	.05	.11	-.02	-.13*	-.07	.05	-.06
17. Trust in Family	4.41	0.86	.03	.05	.15*	.22*	.13*	-.13*	.05	.15*	.07
18. Trust in Government	4.16	0.89	-.09	-.07	-.02	.13*	.01	.05	.24**	-.12	-.11
19. Trust in TV Reporting	3.27	0.98	.11	-.00	.06	.20**	.06	.03	.03	.09	.07

Table 1. (Continued)

	10	11	12	13	14	15	16	17	18	19
1. Age[a]										
2. Gender[b]										
3. Independent										
4. Interdependent								-		
5. Metapersonal										
6. Social Cynicism										
7. Social Complexity										
8. Spirituality										
9. Fate Alterability										
10. Fate Determinism	**.83**									
11. Distancing Beliefs	.05	-								
12. Hand washing Beliefs	-.04	.40**	-							
13. Distancing Behaviour	.02	.17**	.09	**.66**						
14. Hand washing Behaviour	.07	.09	.14*	.08	-					
15. Institutional Confidence	.03	.22**	.09	.12	.10	**.89**				
16. General Trust[c]	.00	.11	-.02	.07	.05	.24**	-			
17. Trust in Family	.06	.25**	.10	.05	-.02	.25**	.18**	-		
18. Trust in Government	-.06	.28**	.19**	.13*	.02	.43**	.11	.12	-	
19. Trust in TV Reporting	.07	.22**	.17**	.21**	.07	.44**	.16*	.10	.31**	-

Note: $N = 260$.

Subscale reliabilities are displayed on the diagonal.

[a]Open question in years. [b]1 = Indigenous or other gender identity, 2 = Man/boy, 3 = Woman/girl, 4 = Non-binary, genderqueer, agender or similar identity. [c] 0= Cannot be too careful in dealing with people, 1 = People can be trusted.

*$p < .05$. **$p < .01$.

Table 2.
Means, Standard Deviations, Alphas and Intercorrelations amongst Study Variables in the American Sample

	M	SD	1	2	3	4	5	6	7	8	9
1. Age[a]	38.59	11.00	-								
2. Gender[b]	-	-	.13**	-							
3. Independent	3.79	0.54	.18**	-.00	**.78**						
4. Interdependent	3.63	0.61	-.03	-.05	.53**	**.82**					
5. Metapersonal	3.70	0.70	.03	.03	.67**	.71**	**.87**				
6. Social Cynicism	3.41	0.74	-.08	-.08	.17**	.31**	.22**	**.78**			
7. Social Complexity	3.93	0.53	.12**	.03	.44**	.36**	.35**	.20**	**.73**		
8. Spirituality	3.31	0.98	.16**	-.00	.34**	.43**	.46**	.11*	.08	**.89**	
9. Fate Alterability	3.20	1.13	-.06	-.07	.30**	.44**	.49**	.34**	.05	.48**	**.80**
10. Fate Determinism	3.02	1.20	-.07	-.11	.26**	.42**	.42**	.45**	.03	.42**	.08
11. Distancing Beliefs	4.10	0.91	.02	.00	.22**	.25**	.19**	.09	.36**	-.02	-.08
12. Hand washing Beliefs	4.26	0.83	.12*	.08	.25**	.22**	.18**	.07	.45**	-.03	-.16**
13. Distancing Behaviour	5.94	1.51	-.16**	-.08	.15**	.22**	.20**	.19**	.18**	-.11*	.04
14. Hand washing Behaviour	4.15	0.80	.06	.10*	.20**	.23**	.21**	.06	.35**	.08	.02
15. Institutional Confidence	33.12	7.36	.02	-.14**	.31**	.46**	.44**	.17**	.02	.43**	.54**
16. General Trust[c]	0.64	0.48	-.03	-.08	.07	.16**	.17**	.02	-.10	-.02	.20**
17. Trust in Family	4.15	0.95	.08	.04	.16**	.20**	.11*	-.03	.21**	.03	-.14**
18. Trust in Government	3.71	1.04	-.08	.00	.22*	.38**	.27**	.19**	.23**	.11*	.15**
19. Trust in TV Reporting	3.48	1.03	-.07	-.10*	.30**	.41**	.39**	.18**	.18**	.21**	.33**

Table 2. (Continued)

	10	11	12	13	14	15	16	17	18	19
1. Age[a]										
2. Gender[b]										
3. Independent										
4. Interdependent								-		
5. Metapersonal										
6. Social Cynicism										
7. Social Complexity										
8. Spirituality										
9. Fate Alterability										
10. Fate Determinism	**.85**									
11. Distancing Beliefs	-.05	-								
12. Hand washing Beliefs	-.16**	.41**	-							
13. Distancing Behaviour	.08	.23**	.18**	**.71**						
14. Hand washing Behaviour	-.01	.31**	.37**	.28**	-					
15. Institutional Confidence	.47**	.02	-.10*	.02	.08	**.90**				
16. General Trust[c]	.19**	-.07	-.19**	-.04	-.08	.41**	-			
17. Trust in Family	-.15**	.25**	.24**	.04	.28**	.07	.02	-		
18. Trust in Government	.13**	.32**	.22**	.21**	.19**	.34**	.09	.10*	-	
19. Trust in TV Reporting	.34**	.21**	.14**	.15**	.20**	.48**	.19**	.01	.41**	-

Note: $N = 499$.

Subscale reliabilities are displayed on the diagonal.
[a]Open question in years. [b]1 = Indigenous or other gender identity, 2 = Man/boy, 3 = Woman/girl, 4 = Non-binary, genderqueer, agender or similar identity. [c] 0= Cannot be too careful in dealing with people, 1 = People can be trusted.
*$p < .05$. **$p < .01$.

Table 3.
Summary of Hierarchical Regression Analysis for Predictors of Health Behaviours in the Canadian Sample

Health Behaviours	B	SE	ß	R	Adj R^2	ΔR^2	*F*
Social Distancing Behaviour							
Step 1				.12	.01	.01	1.68
Step 2				.20	.02	.03	2.02
Step 3				.27	.04	.04	1.97*
Step 4				.30	.05	.02	2.19*
Age	.01	.01	.08				
Gender	.19	.17	.07				
Independent	.20	.20	.07				
Interdependent	.42	.20	.16*				
Metapersonal	.06	.16	.03				
Social Cynicism	-.02	.14	-.01				
Social Complexity	-.47	.17	-.18**				
Spirituality	-.05	.10	-.04				
Fate Alterability	-.16	.11	-.12				
Fate Determinism	.05	.10	.04				
Distancing Beliefs	.21	.10	.13*				
Handing Washing Behaviour							
Step 1				.04	-.01	.00	0.21
Step 2				.26	.05	.07	3.61**
Step 3				.28	.04	.01	2.14*
Step 4				.31	.05	.02	2.34**
Age	-.00	.00	-.03				
Gender	.02	.09	.02				
Independent	.25	.10	.18*				
Interdependent	-.09	.10	-.07				
Metapersonal	.07	.08	.07				
Social Cynicism	.06	.07	.05				
Social Complexity	.02	.09	.02				
Spirituality	.07	.05	.10				
Fate Alterability	.06	.05	.08				
Fate Determinism	-.04	.05	-.06				
Hand Washing Beliefs	.14	.07	.13*				

Note: $N = 260$

*$p < .05$. **$p < .01$. ***$p <. 001$.

Table 4.
Summary of Hierarchical Regression Analysis for Predictors of Health Behaviours in the American Sample

	B	SE	ß	R	Adj R^2	ΔR^2	*F*
Social Distancing Behaviour							
Step 1				.16	.02	.03	6.20**
Step 2				.28	.07	.05	7.60***
Step 3				.39	.13	.07	7.80***
Step 4				.41	.15	.02	7.95**
Age	-.02	.01	-.11*				
Gender	-.19	.14	-.06				
Independent	.02	.17	.02				
Interdependent	.26	.16	.12				
Metapersonal	.38	.16	.18*				
Social Cynicism	.23	.10	.11*				
Social Complexity	.10	.15	.04				
Spirituality	-.35	.08	-.23***				
Fate Alterability	-.06	.10	-.04				
Fate Determinism	.03	.09	.03				
Distancing Beliefs	.23	.08	.14**				
Handing Washing Behaviour							
Step 1				.11	.01	.01	2.67
Step 2				.27	.06	.06	7.19***
Step 3				.39	.13	.08	7.77***
Step 4				.44	.18	.05	9.80***
Age	.00	.00	-.00				
Gender	.12	.07	.07				
Independent	-.04	.09	-.03				
Interdependent	.11	.09	.08				
Metapersonal	.06	.08	.05				
Social Cynicism	-.02	.05	-.01				
Social Complexity	.29	.08	.20***				
Spirituality	.03	.04	.03				
Fate Alterability	.02	.05	.03				
Fate Determinism	-.03	.05	-.05				
Hand Washing Beliefs	.25	.05	.26***				

Note: N = 499

*$p < .05$. **$p < .01$. ***$p <. 001$.

Table 5.
Summary of Hierarchical Regression Analysis for Predictors of Social Representations in the Canadian Sample

Social Representations	B	SE	ß	R	Adj R^2	ΔR^2	*F*
Social Distancing Beliefs							
Step 1				.11	.00	.01	1.50
Step 2				.33	.09	.09	5.78***
Step 3				.41	.14	.06	6.88***
Age	.00	.01	-.02				
Gender	.23	.10	.14*				
Institutional Confidence	.00	.01	.01				
General Trust in People	.08	.11	.05				
Trust in Family	.20	.06	.21***				
Trust in Government	.22	.06	.23***				
Trust in TV Reporting	.09	.06	.10				
Handing Washing Beliefs							
Step 1				.18	.03	.03	4.32*
Step 2				.22	.03	.01	2.44*
Step 3				.30	.07	.05	3.52***
Age	.00	.00	.11				
Gender	.19	.08	.16*				
Institutional Confidence	-.01	.01	-.05				
General Trust in People	-.05	.08	-.04				
Trust in Family	.06	.05	.08				
Trust in Government	.12	.05	.17*				
Trust in TV Reporting	.08	.04	.13				

Note: N = 260
*p < .05. **p < .01. ***p <. 001.

Table 6.
Summary of Hierarchical Regression Analysis for Predictors of Social Representations in the American Sample

Social Representations	B	SE	ß	R	Adj R^2	ΔR^2	*F*
Social Distancing Beliefs							
Step 1				.01	-.00	.00	.05
Step 2				.25	.05	.06	5.68***
Step 3				.43	.17	.12	14.07***
Age	.00	.00	.04				
Gender	-.03	.08	-.02				
Institutional	-.02	.01	-.16**				
Confidence							
General Trust in People	-.12	.09	-.06				
Trust in Family	.20	.04	.21***				
Trust in Government	.26	.04	.30***				
Trust in TV Reporting	.14	.05	.16**				
Handing Washing Beliefs							
Step 1				.12	.01	.02	3.29*
Step 2				.33	.10	.10	10.77***
Step 3				.45	.19	.10	16.03***
Age	.01	.00	.12**				
Gender	.05	.07	.03				
Institutional	-.02	.01	-.21***				
Confidence							
General Trust in People	-.29	.08	-.17***				
Trust in Family	.20	.04	.23***				
Trust in Government	.19	.04	.23***				
Trust in TV Reporting	.15	.04	.19***				

Note: N = 499
*$p < .05$. **$p < .01$. ***$p <. 001$.

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