Supplemental Material

Items used in Study 1 with the original German wording

1) When you think about the COVID-19 pandemic, how worried are you? (1 = not at all worried, 10 = very worried)

   Wenn Sie an die Corona-Pandemie denken, wie besorgt sind Sie? (1 = überhaupt nicht besorgt; 10 = sehr besorgt)

2) When you think about the COVID-19 pandemic, how hopeful are you? (1 = not at all hopeful, 10= very hopeful).

   Wenn Sie an die Corona-Pandemie denken, wie hoffnungsvoll sind Sie? (1 = überhaupt nicht hoffnungsvoll; 10 = sehr hoffnungsvoll)

   The following questions concern the measures taken to contain the Corona-Pandemic.

   Die folgenden Fragen beziehen sich auf Maßnahmen zur Eindämmung der Corona-Pandemie.

3) When you think about the COVID-19 pandemic, to what degree do you have mixed thoughts and feelings? (1 = not at all, 10 = very strongly).

In welchem Maße haben Sie widersprüchliche Gedanken und/oder Gefühle bezüglich der Corona-Pandemie? (1= überhaupt nicht, 10 = sehr stark)

4) When you think about the measures you have to follow, how positive do you feel? (1 = not at all positive, 10 = very positive)

   Wenn Sie an die positiven Aspekte denken und die negativen Aspekte außer Acht lassen, wie positiv sind Sie dann den Maßnahmen, die Sie befolgen müssen, gegenüber eingestellt? (1= überhaupt nicht positiv, 10 = sehr positiv)

5) When you think about the measures you have to follow, how negative do you feel? (1 = not at all negative, 10 = very negative)

Wenn Sie an die negativen Aspekte denken und die positiven Aspekte außer Acht lassen, wie negativ sind Sie dann den Maßnahmen, die Sie befolgen müssen, gegenüber eingestellt? (1= überhaupt nicht negativ, 10 = sehr negativ)

6) When you think about the measures you have to follow, to what degree do you have mixed thoughts and feelings? (1= not at all, 10 = very strongly).

   In welchem Maße haben Sie widersprüchliche Gedanken und/oder Gefühle bezüglich der Maßnahmen, die Sie befolgen müssen? (= überhaupt nicht, 10 = sehr stark)

Additional Exploratory Analyses Study 1

Inconsistency

We examined whether ambivalence could predict the consistency in the self-reported adherence to the recommendations. As a measure of inconsistency, for each participant we calculated the average deviation from the mean of their self-reported adherence over all recommendations. We reasoned that, for individuals who were consistent in following the different recommendations, the average standard deviation from their individual mean would be small, whereas for individuals who were more inconsistent, following some recommendations most of the time, and others almost never, average standard deviation from their own mean would be higher.

First, we ran a model that included both micro and macro objective ambivalence. For micro objective ambivalence towards the recommendations themselves, the relationship was negligible, $b = .001$, $t(298) = 0.09$, $p = .932$. Macro objective ambivalence about the pandemic was negatively associated with inconsistency, $b = -.03$, $t(298) = -4.50$, $p < .001$. We then examined the relationship between subjective ambivalence and inconsistency on both levels. Subjective ambivalence about the recommendations was positively associated with inconsistency, $b = .03$, $t(298) = 2.23$, $p = .003$. Subjective ambivalence about the pandemic was associated with less inconsistency, $b = -.04$, $t(298) = -2.86$, $p = .005$.

Age and Ambivalence

Age was negatively associated with objective ambivalence about the recommendations, $r(299) = -.18$, $p = .002$, but not significantly related to objective ambivalence about the pandemic, $r(299) = .008$, $p = .894$. There was a negative relationship between subjective ambivalence about the recommendations and age, $r(299) = -.14$, $p = .014$. For subjective ambivalence about the pandemic, there was no significant relationship, r

(299) = -.08, p = .156. This means that the older participants were, the lower their objective

and subjective ambivalence about the recommendations were.

Gender and Ambivalence

Women (M = 3.00, SD = 3.82) and men (M = 3.19, SD = 3.81) did not differ in terms

of micro objective ambivalence, t (297) = 0.41, p = .686, nor was there a significant

difference between women (M = 4.05, SD = 3.48) and men (M = 4.12, SD = 3.34) in

objective ambivalence about the pandemic, t (297) = 0.16, p = .871. For subjective

ambivalence about the recommendations, women had higher levels (M = 6.41, SD = 2.32)

than men (M = 5.80, SD = 2.42), t (297) = - 2.24, p = .026. The same was true for subjective

ambivalence about the pandemic – women had higher levels (M = 6.64, SD = 2.18) than men

(M = 5.96, SD = 2.39), t (297) = -2.59, p = .010. This means that women experienced more

conflict about both the recommendations and the pandemic, but no differences were found

for objective ambivalence.

Political Orientation

Political orientation was measured with one item that asked people to indicate

whether their political orientation was more left or right-leaning, ranging from 1 (*left*) to 10

(*right*). We found a negative relationship between political orientation and objective

ambivalence about the recommendations, r (299) = -.13, p = .028, as well as for subjective

ambivalence about the recommendations, r (299) = -.13, p = .022, the more conservative

people were, the more ambivalence they felt about the recommendations to reduce the spread

of COVID-19. Political orientation (M = 4.73, SD = 2.09) did not correlate with objective

ambivalence about the pandemic, r (299) = -.02, p = .724, nor with subjective ambivalence

about the pandemic, r (299) = -.06, p = .316.

Negative and Positive Evaluations as Separate Predictors

On the micro-level, self-reported adherence was positively associated with how positive people felt about the recommendations, $b = .12$, $t(299) = 10.23$, $p < .001$, and negatively associated with how negative people felt about the recommendations, $b = -.60$, $t(299) = -4.66$, $p < .001$. The interaction of negativity and positivity on self-reported adherence was not significant. On the macro-level, hope was positively related to self-reported adherence, $b = .16$, $t(299) = 4.96$, $p < .001$, as was worry, $b = .14$, $t(299) = 4.40$, $p < .001$, but their interaction term was negatively related to adherence, $b = -.01$, $t(299) = -2.76$, $p = .006$.

Additional Exploratory Analyses Study 2

Inconsistency

Inconsistency was calculated as in Study 1. First, we ran a model that included objective ambivalence about both the recommendations and the pandemic. We found that the relationship was positive for ambivalence towards the recommendations themselves, $b = .01$, $t(388) = 1.79$, $p = .055$, suggesting more inconsistency, although this was not statistically significant. Ambivalence towards the pandemic was negatively associated with inconsistency, $b = -.02$, $t(387) = -3.04$, $p = .003$.

We then examined the relationship between subjective ambivalence and inconsistency. Subjective ambivalence about the pandemic was not associated with inconsistency, $b = -.01$, $t(388) = 0.19$, $p = .852$, but subjective ambivalence about the recommendations was positively associated with inconsistency, $b = .04$, $t(388) = 5.50$, $p < .001$. We then examined whether the effect of subjective ambivalence about the recommendations would hold when entering the objective ambivalence measure. We found that it did, $b = .04$, $t(387) = 5.19$, $p < .001$, and the predictive value of objective ambivalence became negligible, $b = -.002$, $t(388) = -0.45$, $p = .65$.

Age and Ambivalence

Age was not statistically associated with objective ambivalence about the recommendations, r (388) = - .07, p = .189, nor subjective ambivalence about the recommendations, r (388) = <.01, p = .941. Age was also not statistically associated with objective ambivalence about the pandemic, r (388) = - .05, p = .310, nor subjective ambivalence about the pandemic, r (388) = <.001, p = .99.

Gender and Ambivalence

There were no significant differences between women (M = 1.35, SD = 3.35) and men (M = 1.82, SD = 3.08) in terms of objective ambivalence about the recommendations, t (379) = 1.45, p = .149. There was also no difference in subjective ambivalence about the recommendations between women (M = 4.23, SD = 2.65) and men, (M = 4.46, SD = 2.63), t (379) = 0.89, p = .372. In addition, we found no significant differences between women (M = 2.74, SD = 3.22) and men (M = 3.14, SD = 2.89) in terms of objective ambivalence about the recommendations, t (379) = 0.56, p = .575. However, women were higher in subjective ambivalence about the pandemic (M = 5.86, SD = 2.55) than men (M = 5,17, SD = 2.83), t (379) = - 2.48, p = .014.

Additional Study X: Snowballed North-American Sample

We initially included this study in the main manuscript. However, during the review process, one reviewer suggested to move this study to the supplemental material. After consideration, we agreed that the findings of Study X were difficult to incorporate into the findings of Study 1 and Study 2 due to important differences arising from using existing data in which items were already fixed. The most important difference is the main dependent variable. In Study 1 and Study 2, we measured adherence using multiple items asking about frequency of adherence. Study X had only 1 item measuring intention. Additionally, "worry" was not measured in Study X, which forced us to change the conceptualization of the

independent variable, as well. These discrepancies make it difficult to compare and interpret the findings from Study 1 and Study 2 with those in Study X.

For this study, we used an openly available dataset that was collected between March 28th and March 30th 2020 as a pilot study to test the perceived efficacy of different phrases to encourage people to maintain physical distance during the COVID-19 pandemic. In this survey, participants rated different phrases (i.e., "*do your part, stay apart*") in terms of their efficacy as well as their intentions to keep distance from others. However, the study also contained multiple questions (described below) that allowed us to test our hypotheses regarding ambivalence.

Based on the preliminary information we had on the dataset, we assumed the dataset had 776 completed cases. This dataset contained no items that directly measured participants' adherence to recommendations but instead had one item that measured intention to keep distance from other people. We used this item as a proxy for adherence. Second, there was no item measuring worry, but there was an item for "frightened", which we included instead. Finally, for our exploratory analyses on subjective ambivalence, there was an item assessing subjective ambivalence towards keeping distance but no item measuring subjective ambivalence towards the pandemic. The study was pre-registered here: (blinded for review – we have added a pdf of the pre-registration to the submission).

Method

Participants were recruited through social media sites (Twitter and Facebook) and the *Society for Personality and Social Psychology* mailing list, with the encouragement to share the link with as many people as possible. The entire survey took participants approximately 15 minutes to complete. The complete dataset contained 1,394 cases. We selected participants who finished the entire survey (677 participants) and then excluded – in line with the pre-registration – those who did not live in the US (58 cases) or were younger than 18 or

older than 99 years (4 cases), resulting in a final sample of 615 participants (M_{age} = 39.71, SD = 14.71; gender was an open item that we then coded as 67.32% women, 29.92% men, 2.28% other, 0.49% did not indicate gender).

As the data was originally collected for a different purpose, we conducted an a priori sensitivity analysis which shows that, although the final sample was smaller than expected, we still had 95% power to detect the smaller of the two central effects found in Study 1 (f^2 = 0.04 for macro objective ambivalence) given a one-sided test and α = .05.

Materials and Procedure

Ambivalence

Micro Objective Ambivalence about Distancing. Objective ambivalence about distancing was calculated by using the ratings of two items that asked participants how positive and how negative they felt towards keeping distance from other people ("*Think for a moment about the **positive (negative)** aspects of staying 6 feet away from people outside your household. How **positive (negative)** do you feel about staying 6 feet away from people during the next week?*", 1 = *not at all positive (negative)*, 7 = *extremely positive (negative)*). We then entered these ratings into the following formula: $((P+N)/2) - abs(P-N)$.

Macro Objective Ambivalence about the Pandemic. Objective ambivalence about the pandemic was calculated using the same formula, but we now entered ratings of how hopeful and how frightened participants felt when they thought about the COVID 19 pandemic ("*When you have thought about the coronavirus pandemic over the past week, has it made you feel hopeful (frightened)?*", 1 = *No, not at all*; 7 = *Yes, extremely*). Both indices can thus range from -2 (*maximal univalence*) to 7 (*maximal ambivalence*).

Adherence

To measure adherence, we used the item that measured the intention to keep distance from other people ("*To what extent do you agree with the following statement: "I intend to stay 6*

feet away from people outside my household in the next week.", 1 = Strongly disagree, 7 =

Strongly agree).

Exploratory Measures

For our exploratory analyses, we used one item measuring subjective ambivalence about

distancing *("How mixed are your feelings about staying 6 feet away from people outside your*

household in the next week?", 1 = not at all mixed, 2 = only a little mixed, 3 = slightly mixed,

4 = moderately mixed, 5 = quite mixed, 6 = very mixed, 7 = strongly mixed). Note that there

was no item in the dataset for subjective ambivalence about the pandemic.

Finally, we performed exploratory analyses on other variables for which the analyses are

described below.

Results and Discussion

Objective ambivalence about maintaining distance (micro objective ambivalence, $M =$

0.71; $SD = 2.11$) as well as objective ambivalence about the pandemic (macro objective

ambivalence, $M = 0.31$; $SD = 1.60$) were relatively low and had limited variance compared to

the studies in the main manuscript. Participants' intentions to social distance were very strong

($M = 6.59$; $SD = 1.09$). After we gained access to the dataset (that is, after pre-registration),

we learned that roughly half of the participants were not presented with the hope and

frightened items due to a change midway through data collection. This means that the sample

size in the analysis concerning objective ambivalence about the pandemic will be

substantially different from that in the analysis of ambivalence about the intention to distance

(which all participants completed).

Confirmatory Analyses

To test our first hypothesis that micro objective ambivalence about distancing was

negatively related to intentions to keep distance from other people, we regressed the intention

score on the micro-ambivalence score (Table S1). We found that micro objective

ambivalence was significantly, negatively related to intentions to keep distance, β = -.09. To test the hypothesis that macro objective ambivalence about the pandemic was positively related to intentions, we conducted the same analysis but with macro objective ambivalence as a predictor and found a negligible relationship that was not significant, β = .01 (Table S1). We also ran a full model (as pre-registered) regressing self-reported adherence on both micro and macro objective ambivalence to test whether they had unique predictive value. Also, in this model, objective ambivalence on the micro level remained a significant negative predictor, β = -.13, while objective ambivalence on the macro level again showed no significant relationship, β = .00 (Table S1). Note that the analyses for micro and macro objective ambivalence have different degrees of freedom because not all participants completed the measures for frightened and hopeful – see details above.

Robustness

As a robustness check, we entered gender and age into the full model and found that micro objective ambivalence remained a negative predictor, β = - .12, t (375) = -1.97, p = .024, whereas objective ambivalence on the macro level again did not show a significant relationship, b = .01, t (375) = 0.39, p = .345. Thus, we confirmed the hypothesis that objective ambivalence on the micro level negatively predicts intentions to maintain social distance. However, no relation was found for macro objective ambivalence.

Exploratory Analyses

We also examined the effect of subjective ambivalence on intentions to preserve distance from other people. First, micro objective and macro subjective ambivalence were positively correlated, r (299) = .55, p < .001, in line with previous work (Newby-Clark et al., 2002; Snyder & Tormala, 2017). Micro subjective ambivalence (M = 2.25, SD = 1.50) was negatively related to intentions, β = - .13, t (611) = -3.25, p < .001. We then included both micro objective and micro subjective ambivalence into a single model to test the unique

predictive value. In this model, micro subjective ambivalence remained a negative predictor, $\beta = -.12$, $t(608) = -2.39$, $p = .017$, but micro objective ambivalence was not significant, $\beta = -.03$, $t(608) = -0.60$, $p = .548$. Thus, the more ambivalence people experienced about keeping distance, the lower their intentions were to keep distance in the coming week.

The higher people's objective ambivalence about distancing were, the weaker their intentions to keep distance from others. However, when we included subjective ambivalence about distancing in the model for exploratory analyses, the effect of objective ambivalence was no longer significant. Furthermore, we did not find a significant relationship between objective ambivalence about the pandemic and adherence.

Note that, in the above analyses, all estimates were standardized to make comparison over studies easier. However, for the following analyses, we report unstandardized estimates.

News and Thought Frequency

We examined whether objective ambivalence was associated with thought frequency ("*How often have you thought about the coronavirus pandemic over the past week?*",1 = *never* to 7 = *constantly*) and following the news about the corona pandemic ("*I follow news about the coronavirus pandemic closely*"? 1 = *strongly disagree* to 7 *strongly agree*). Objective ambivalence about distancing was not significantly associated with thought frequency, $r(380) = .02$, $p = .738$, nor with news following behavior $r(380) = -.08$, $p = .110$. Subjective ambivalence about social distancing was also not significantly associated with thought frequency, $r(382) = .06$, $p = .223$, nor with news following behavior, $r(380) = -.05$, $p = .294$. Objective ambivalence about the pandemic was negatively associated with the frequency of thinking about the pandemic in the past week ($M = 6.23$, $SD = 0.90$), $r(383) = -.13$, $p = .006$, but not with how closely news were followed ($M = 5.97$, $SD = 1.26$), $r(383) = -.03$, $p = .565$.

Age and Ambivalence

Age was negatively associated with objective ambivalence about distancing, $r(609) = -.24$, $p < .001$, as well as subjective ambivalence about distancing, $r(611) = -.24$, $p < .001$. Thus, the older people were, the less ambivalent they were about keeping distance. We found no significant relationship between objective ambivalence about the pandemic and age, $r(383) = .08$, $p = .110$.

Gender and Ambivalence

No significant differences in objective ambivalence about distancing emerged, $p = .314$. However, for subjective ambivalence, we found that women were more ambivalent ($M = 2.33$, $SD = 1.53$) about distancing than men ($M = 2.03$, $SD = 1.39$), $t(381.74) = -2.45$, $p = .014$. Women were also lower in objective ambivalence about the pandemic ($M = .21$, $SD = 1.57$) than men ($M = .60$, $SD = 1.66$), $t(192.15) = 2.15$, $p = .033$.

Political Orientation

Political orientation was examined with one item *("How would you describe your political orientation?", 1 = extremely liberal to 7 = extremely conservative, 8 = don't know/ non-political, 9 = libertarian, 10 = other)*. We included only participants with scores from 1 to 7, which then formed a scale from liberal to conservative. Participants were mostly liberal ($M = 2.37$, $SD = 1.46$). There was no significant relationship between objective ambivalence about distancing, $r(561) = -.07$, $p = .087$, and subjective ambivalence about distancing, $r(563) = -.05$, $p = .232$. However, there was a positive relationship between political orientation and social distancing intentions, $r(564) = -.14$, $p = .001$; the more conservative people were, the less they intended to distance. There was a positive association between objective ambivalence about the pandemic and political orientation, $r(354) = .23$, $p < .001$, such that the more conservative someone was, the higher was their objective ambivalence about the pandemic.

Positive and Negative Emotions

Emotional responses to the pandemic were measured by asking participants about the extent to which they experienced a range of emotions ("*When you have thought about the coronavirus pandemic over the past week, has it made you feel [emotion] ?*", 1 = *No, not at all*; 7 = *Yes, extremely*). Using these items, we created a composite score for negative emotions by averaging scores for angry, ashamed, frightened, hopeless, lonely, and sad (*M* = 3.76, *SD* = 1.22) and for positive emotions by averaging scores for confident, hopeful, and grateful (*M* = - 2.43, *SD* = 1.07). We then entered these scores into the same formula for objective ambivalence ((P+N)/2)- abs (P-N), where P was the positive emotions index and N the negative emotions index, to create an overall index of overall emotional ambivalence. We then regressed this emotional ambivalence score onto intentions to social distance. We found no significant relationship between this score and intentions to social distance, *b* = - .03, *t* (382) = -0.65, *p* = .519.

Exploratory Analyses Requested by the Review Team

The review team requested additional analyses to gain insight into the comparison valence for high ambivalence. The reasoning was that if the low ambivalent attitudes are positive, self-reported adherence becomes less to the degree that attitudes become more ambivalent. In contrast, when low ambivalent attitudes are negative, self-reported adherence might increase with increasing ambivalence. Thus, the direction of influence of ambivalence might be moderated by the valence of the low ambivalence responses. To examine this possibility, the review team suggested that we create a measure of *relative valence* by subtracting negativity from positivity and entering this score as a moderator variable when predicting adherence from subjective ambivalence. We then used the exploratory measure of subjective ambivalence as a predictor of adherence and entered relative valence as the moderator.

Results of Moderator Analyses for Micro Ambivalence

Descriptive statistics of positivity, negativity, and relative valence for Study 1 and Study 2 are displayed in Table S2. The results of the moderator analyses can be found in Table S3. For Study 1, when predicting adherence from subjective ambivalence and including relative valence, there is a significant relationship between relative valence and adherence. This is in line with the findings that objective ambivalence predicted adherence in Study 1 and Study 2. As noted above, the relative valence measure mimics to some degree this measure. Furthermore, the results show that micro subjective ambivalence is not a significant predictor in Study 1. This is also in line with our exploratory findings in Study 1, where micro subjective ambivalence was not significantly related to adherence (see Exploratory Results Study 1). Finally, the interaction term suggests that there is no moderation effect. In Study 2, relative valence is also a significant predictor. Furthermore, micro subjective ambivalence also predicts adherence, in line with our exploratory findings in Study 2 (see Exploratory Results there). The interaction term is not significant.

These analyses suggest that relative valence is related to adherence. This is not surprising given the variance that this index shares with objective ambivalence – the significant predictor in Study 1 and Study 2. In Study 2, micro subjective ambivalence also significantly predicts adherence, in line with our exploratory findings in Study 2. Notably, in both studies the interaction between relative valence and subjective ambivalence was not significant. This suggest that, in our data, valence does not appear to be a moderator on the micro level.

Results of Moderator Analyses for Macro Ambivalence

Descriptive statistics for hope, worry and relative valence are displayed in Table S4. Note that macro subjective ambivalence was not a significant predictor in any of our analyses in the main manuscript (see exploratory findings Study 1 and Study 2). Thus, including

relative valance as a moderator may not be informative. Nevertheless, for the sake of completeness, we present the results of the moderator analyses in Table S5.

For Study 1, subjective macro ambivalence was not a significant predictor of adherence, in line with the exploratory analyses reported in the main manuscript. Relative valence was also not a statistically significant predictor, nor was the interaction term. For Study 2, subjective macro ambivalence was not a predictor, which is again in line with the exploratory findings for both Study 1 and Study 2. Relative valence negatively predicted self-reported adherence, suggesting that the more hopeful participants were, the less adherence they reported. The interaction term was not significant. The interaction between relative valence and subjective ambivalence was not significant. This suggests that, in our data, valence of the unambivalent attitudes does not appear to be a moderator.

Table E1:

Adherence Score Predicted by 1) Objective Ambivalence Towards the Recommendations (micro), 2) Objective Ambivalence Towards the Pandemic (macro), and 3) Both. Estimates Are Standardized.

	Intentions to Distance								
	Model 1			Model 2			Model 3		
Predictors	*Estimates*	*CI*	*p*	*Estimates*	*CI*	*p*	*Estimates*	*CI*	*p*
(Intercept)	6.62	6.53 – 6.71	**<0.001**	6.53	6.40 – 6.65	**<0.001**	6.58	6.44 – 6.71	**<0.001**
Objective Ambivalence Recommendations (micro)	-0.09	-0.17 – -0.01	**0.011**				-0.13	-0.24 – -0.01	**0.016**
Objective Ambivalence Pandemic (macro)				0.01	-0.06 – 0.08	0.397	0.00	-0.07 – 0.07	0.469
Observations	611			385			382		
R^2 / R^2 adjusted	0.009 / 0.007			0.000 / -0.002			0.012 / 0.007		

Note that the analyses for micro - and macro ambivalence have different degrees of freedom because not all participants completed the measures for frightened and hopeful - see details under *Study X: Snowballed North-American Sample: Results*

Table E2:

Descriptive Statistics for Relative Valence, Positive Valence, and Negative Valence on the Micro

Level for Study 1 and Study 2.

	Study 1 N = 301	Study 2 N = 390
Relative Valence *(Positivity - Negativity)*		
Mean (SD)	2.01 (4.04)	3.12 (4.04)
Median [Min, Max]	1.00 [-9.00, 9.00]	3.50 [-9.00, 9.00]
Positivity		
Mean (SD)	7.41 (2.26)	7.49 (2.09)
Median [Min, Max]	8.00 [1.00, 10.0]	8.00 [1.00, 10.0]
Negativity		
Mean (SD)	5.39 (2.68)	4.37 (2.49)
Median [Min, Max]	6.00 [1.00, 10.0]	4.00 [1.00, 10.0]

Table E3:

Predicting Adherence from Micro Subjective Ambivalence, Including Relative Valence as a Moderator for Study 1 and Study 2. Variables Are Standardized for Ease of Interpretation.

Predictors	Adherence Study 1			Adherence Study 2		
	Estimates	*CI*	*p*	*Estimates*	*CI*	*p*
Intercept	-0.02	-0.12 – 0.09	0.721	0.03	-0.07 – 0.12	0.575
Micro Subjective Ambivalence	0.08	-0.03 – 0.19	0.144	-0.11	-0.21 – -0.01	**0.032**
Relative Valence Micro	0.48	0.37 – 0.58	**<0.001**	0.41	0.32 – 0.51	**<0.001**
Micro Subjective Ambivalence x Relative Valence Micro	-0.06	-0.14 – 0.02	0.149	0.06	-0.01 – 0.14	0.110
Observations	301			390		
R^2 / R^2adjusted	0.220 / 0.212			0.229 / 0.223		

Table E4:

Descriptive Statistics for Relative Valence, Positive Valence (Hope), and Negative Valence (Worry)

on the Macro Level for Study 1 and Study 2.

	Study 1 N = 301	Study 2 N = 390
Relative Valence *(Hope - Worry)*		
Mean (SD)	0.0631 (3.50)	-1.02 (3.98)
Median [Min, Max]	0 [-9.00, 9.00]	-1.00 [-9.00, 9.00]
Hope		
Mean (SD)	6.62 (2.38)	5.62 (2.51)
Median [Min, Max]	7.00 [1.00, 10.0]	6.00 [1.00, 10.0]
Worry		
Mean (SD)	6.56 (2.57)	6.64 (2.54)
Median [Min, Max]	7.00 [1.00, 10.0]	7.00 [1.00, 10.0]

Table E5:

Predicting Adherence from Macro Subjective Ambivalence, Including Relative Valence as a Moderator for Study 1 and Study 2. Variables Are

Standardized for Ease of Interpretation.

Predictors	Adherence Study 1			Adherence Study 2		
	Estimates	*CI*	*p*	*Estimates*	*CI*	*p*
Intercept	-0.01	-0.12 – 0.11	0.871	-0.00	-0.09 – 0.09	0.973
Macro Subjective Ambivalence	0.02	-0.09 – 0.14	0.688	-0.03	-0.12 – 0.06	0.528
Relative Valence Macro	-0.09	-0.20 – 0.03	0.154	-0.40	-0.49 – -0.30	**<0.001**
Macro Subjective Ambivalence x Relative Valence Macro	-0.06	-0.16 – 0.04	0.237	0.03	-0.06 – 0.11	0.527
Observations	301			390		
R^2 / R^2 adjusted	0.010 / 0.000			0.168 / 0.162		