Formulating COVID-19 Policy: A Psychological Perspective on Consideration and Compassion

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"What if this virus . . . can teach us a little about holding contradictory ideas once again? What if it can allow us to see that we're not as stupid as our political parties want us to be, or as unidirectional as our TV channels seem to think we are? A purple America is a far more interesting one than the red or blue one that some insist on.

What time demands now is a new form of contrapuntal thinking. We do not need to simplify. We need to scruff things up. We need to be brave enough to reach across the aisle. And the voices that really matter will be the ones that come from underneath, not above . . . "

--Colum McCann

We all now know that the correct thing to do is engage in a series of actions (or inactions) that assist in ameliorating the impact of COVID-19. We must observe social distancing when going out in public, must stay at home whenever possible, as well as wash our hands and engage in other sanitizing practices. All of these are important—and in this essay I will sometimes subsume all these practices under one term: "social distancing".

We all know that only through social distancing (and other preventative actions) can we flatten the COCID-19 curve and bring our society (and other societies around the world) back to normal. But is this really the case? Some of the epidemiologists from some of the most respected universities in the world (such as Harvard University in Cambridge Massachusetts) have been offering some "inconvenient truths", based on their careful modeling of future trends in the infection and mortality rates. In an article titled "There's only one way this ends: herd immunity", Jeff Howe recently (April 12, 2020) offered the following sobering observation in the *Boston Globe*:

> It's easy to forget that if a disease can't be contained – and its' too late for that in the COVID-19 pandemic—then there's only one possible ending to the story: We must collectively develop immunity to the disease. In lieu of a vaccine, that means most of us will need to be exposed to the virus, and some unknowably large number of us will die in the process. (Howe, 2020, p. K1)

The epidemiological experts have introduced several different public policies to see what the impact of each policy is on the rates of virus-related infection and death. Shockingly, it seems that if a society consistently practices social distancing then rates of infection and mortality drop off for only a short period of time and then rise again.

What is the reason for this potential trend? As Howe notes, it all has to do with the inevitability of infection. We will all eventually become infected, so the use of social distancing only delays the inevitable. Worst yet, this means that many of us will never build the antibodies that are created when we are infected and then come through the infection with built-in protection against the virus.

Herd Immunization

The health experts who have provided us with the dire predictions offer a radical alternative solution that none of us want to hear. They suggest that we alternate a social distancing policy with an "open up" policy that allows us to go out in public without protection. We get infected. Most of us survive the infection and build the necessary anti-bodies. This is what is called *herd immunization*. When we all are self-immunized, then the virus will cease to be a major threat. It will go away (with the assistance of immunizing injections for young people). Many people will die—but many people will live and rebuild our societies. It is a horrible option that only uncaring people who live by numbers (statistical projections) would ever propose. Of course, we must throw out this option –and perhaps fire the scientists who are making this inhumane proposal.

The problem is that they might be right. Their proposal must be given serious attention. We must also consider a proposal that we wait it out until effective preventative measures are in place and are universally available in all countries (otherwise, the virus will continue to linger, and outbreaks will occur at least sporadically). When will these measures be available? We do not know. And can we really be confident that their distribution will be equitable and universal, given the state of political affairs throughout the world?

What we do know is that any considered decision about which policy to adopt requires valid information regarding who has been and has not been infected. There must be broad-based (if not universal) testing—and this testing is not now widely available in many countries I would suggest that the real challenge is even greater. There must also be contact tracing after testing has revealed a positive COVID-19 result: with whom has this person been in contact and have they yet been tested.

Issues of confidentiality, disrupted work forces and a general fear of other people begin to emerge when tracing is implemented. We also are faced with the unknown about whether the self-immunization is permanent. Can the virus transform itself and successfully assault one's body once again? And what about the false positives—the occasional false assessment of one's immunization? We are facing many complex problems regarding testing of COID19.

What does this mean—how do we address these complex, multi-tier COVID-19 issues? It means that there must be not only the generation of critical data regarding the ongoing status of the virus, but also the creation of a forum in which the important debate regarding options can take place. This forum will be hard to convene—especially if it is to be international in scope. The difficulty resides not only in the procurement of valid and useful information, but also in the thoughtful consideration of implications embedded in this data.

As human beings, we prefer not to consider negative options—for they create collective stress. We would prefer to isolate (censor) the inconvenient truth and demonize those who are conveying this truth. Clearly, the challenge is great of convening an international forum in which constructive dialogue takes place. In order to successfully convene this dialogue regarding future COVID-19 policies, we must take several factors into consideration regarding the human psyche. As psychologists, we might have something important to say about the process of collective (inter-societal) policy formulation.

Thinking in Systems: The Outcomes May Surprise Us

While we, *homo sapiens*, are among the brightest members of the animal kingdom, there are some major limits regarding our capacity to think clearly and systematically about the challenging conditions we face. First, we are inclined to view our complex world in single dimensions: it is hard for us to take multiple, interacting variables into account at the same time. Our colleagues at M.I.T. (just down the road from the Harvard epidemiologists) have created a powerful modeling tool called system dynamics that enables us to take multiple variables into consideration at the same time (Meadows, 2008).

The modeling tools being used by their colleagues at Harvard and other universities and research centers are similarly able to do multi-variable analyses. And what are the results of these analyses? The results are often counter-intuitive—that is to say, the models often come up with outcomes that are quite different from what we anticipated. We end up doing what is intuitively and humanely "the right thing". However, the outcomes end up being destructive—even catastrophic.

Jay Forrester, the original architect of System Dynamics, often declared: "don't just do something—stand there!" One of Forrester's esteemed students and colleagues, Donella Meadows (2008, p. 171) has put it this way. There is a broad-based and compelling tendency "to define a problem not by the systems' actual behavior, but by the lack of our favorite solution." Meadows (2008, pp.171-172) goes on to describe a typical decision-making process:

> Listen to any discussion in your family or a committee meeting at work or among the pundits in the media, and watch people leap to solutions, usually solutions in "predict, control or impose your will", without having paid attention to what the system is doing and why it's doing it.

Forrester, Meadows, and their colleagues strongly suggest that we need to reflect on our assumptions before taking any action. This might be what we must do regarding the COVID-19 virus.

Slow Thinking

We need not travel far (just to a nearby building at M.I.T.) to find a complementary perspective on human decision making. MIT's Daniel Kahneman (2013) is the Nobel prize winning author of *Thinking Fast and Slow*. He focuses on processes of human decision making and suggests that we are inclined to think fast about a pressing (and complex) problem. We should instead slow down our thinking so that we might better understand the problem and identify often untested underlying assumptions embedded in the problem. Like Forrester and Meadows, Kahneman urges us to stop for a few minutes (or a few days) before deciding and acting—especially when we are anxious or when there seems to be social pressure to make a decision quickly.

As a sidebar, I can point to a story issuing from recent reporting regarding the death of Steve Dalkowski, a baseball player, who legend has it, threw the fasting pitch ever recorded in modern baseball. Supposedly, he was able to fire in a baseball at close to 110 miles per hour (though he was playing before the device recording the official speed was invented). While Dalkowski was able to pitch hard and fast, he was not very accurate. His errant pitches over the backstop were noteworthy, as was his strike-to-walk ratio (more of the latter than the former).

Dalkowski was portrayed (as "Nuke" LaLoosh) by Tim Robbins in the movie, *Bull Durham*. Tragically, he was defeated by not only his lack of control as a pitcher, but also his lack of control as an alcoholic. Nevertheless, for a short period of time, he was a good pitcher and almost made it to the major leagues. What was the secret: he slowed down his pitch and found more accuracy in throwing the ball over the

plate. As they say in baseball, he gained some "command" of his pitches—he was "throwing" rather than "pitching." I would suggest that the same principle applies to 21st Century problem-solving. Our Dalkowski Theorem is that we must slow down our thinking if we want to be accurate—otherwise we will never make it to the major leagues! We need to thoughtfully pitch rather than simply throw hard (or solve fast)—otherwise we will remain a "bush leaguer".

Now back to Cambridge, we join Kahneman and his behavioral economics colleagues. They write about the frequent use of heuristics (simple, readily applied rules) that enable fast thinking to occur. While many heuristics serve us well in addressing daily-problems and making decisions about mundane and often reoccurring matters, they can get us in trouble when we face unique and multi-tiered problems— such as formulating policies regarding the COVID-19 epidemic. We might be inclined to "throw hard" and engage a simple values-based heuristic about saving the life of a single person: "Your failure to social distance is endangering the life of my mother!" The herd immunization option is immediately rejected: "This is not more than a Nazified decision to 'let them bleed!'"

In applying this heuristic to the Corona virus epidemic, we move immediately to the social distancing (and other preventative actions) solution and decide immediately to "stop the bleeding!" "People [including my mother] will live if all of us stay at an appropriate distance from one another." We have granted some optimism to this social distancing policy during the past couple of months. The social distancing heuristic was working somewhat effectively for a while in some countries – such as China and Singapore.

Yet, there is now (in late Spring) some indication that the rate of infection is creeping back up in these countries—especially among members of their communities who are marginalized. Furthermore, there is now much more open policies in these countries: people are spending more time out in public. They are social distancing, but this might not be enough.

There probably is not a silver bullet—no social policy that will bring the death rate down to an "acceptable level." Even if a vaccine is found in one or two years. it will have to be widely distributed despite widely differential levels of economic vitality and presence of health-related infrastructures from country to country. Dire predictions made by the epidemiologist may be coming true. We might need to slow down our thinking and challenge our wonderfully humane, short-term perspective on confronting the virus with a broad-based application of social distancing public policies.

The herd is starring at us from not too far away. Our slow thinking might be leading us to the difficult and anxiety-provoking conclusion that our policy must change. This recognition, in turn, creates more anxiety and pushes us back to fast thinking. Our rational system of thought and problem-solving has collapsed. The baseball once again flies over the backstop and we turn to a substance that will numb the pain of failure.

Polarity Management

We have to leave the confines of Cambridge Massachusetts in order to introduce a third, related perspective on the best way to convene and guide a forum in which the several options regarding a viable COVID-19 policy are being slowly and thoughtfully (systemically) considered. We turn to the work of Barry Johnson (1996), the "dean" of *polarity management*.

Johnson suggests that this analytic tool can be used in handling everyday dilemmas. It can also be of great value in addressing major societal contradictions—settings in which there are two or more legitimate but opposite forces at work. Can polarity management help us gain a purchase on the social distancing policy? Along with systemic perspectives and slow thinking, polarity management might provide important guidance in the convening of a forum for constructive dialogue.

Both/And Rather Than Either/Or

Many of those involved already in this deliberation has framed this as an either/or option. To quote Howe again, those offering the herd option are taking the follow stand: ". . . the fact remains that herd immunity isn't merely a possible strategy. In the long run it is the only strategy. The question, then, is how to get there responsibly." The proponents of social distancing offer an even more absolutist stance: the withdrawal of a social distance policy is unethical and immoral. It is counter to everything we hold precious as human beings.

We will frame our analysis around these two polar-opposite stances and begin by identifying some of the benefits and disadvantages associated with each policy. The benefits in both cases yield both short-term (tactile) and long-term (strategic) outcomes. The disadvantages offer relate to what we don't know and what might be an unexpected and devastating outcome.

BENEFITS:

KEEPING SOCIAL DISTANCE POLICY IN PLACE

- Preserve commitment to focus on welfare of each individual person
- Reduce pressure on health care workers and facilities
- Establish new social norms and interpersonal behavior patterns that can endure for a long time.

BENEFITS:

ADOPTING THE HERD POLICY

- Build a sustainable world community with most if not all people being immune
- Set realistic expectations regarding short-term impact of virus on human health.
- Set hard but realistic policies regarding health priorities with specific populations

DISADVANTAGES:

KEEPING SOCIAL DISTANCING POLICY IN PLACE

- May lead to recurrent outbreaks of the virus and ultimately more deaths
- Will sustain global uncertainty about long-term status of human health
- We don't know if social distancing can be sustained by most societies
- May set precedence for short-term solutions to pandemic outbreaks in the future

DISADVANTAGES:

ADOPTING THE HERD POLICY

- We don't know if human societies can really tolerate large scale death rates without reverting to short term actions.
- We don't know what this policy would do in terms of its impact on the ethics and soul of human societies.
- Who would make the decision about who lives and who dies?

These initial summary statements regarding the pull between two public policies can be framed as a polarity. What tends to occur is that we linger briefly on the advantages inherent in one of the options (in this case the social distancing policy). Then we begin to recognize some of the disadvantages associated with this option. We are then pulled to the second option. If social distancing and other preventative actions are not the answer, then we must embrace a herd immunization policy. Yet, as we linger on this second option, we discover that this policy stance also has its flaws and disadvantages. We are led back to the first policy—and must again face the disadvantages inherent in this first option.

The swing has begun from left top to left bottom to right top, to right bottom, back again to left top. We are whipped back and forth. As anxiety increases regarding the COVERT-19 virus, the vacillation also increases in both intensity and rapidity. This is what the dynamics of polarization is all about. There is inadequate time and attention given to each option.

The Polarity Graph

Here is what the polarity-based dynamics of our policy deliberations might look like if mapped out on a polarity graph:

Compassion AND Consideration

FORMULATION OF A VIABLE PUBLIC POLICY

Action Steps
How will we gain or maintain the positive results from focusing on this left pole? What? Who? By When? Measures?

A. Establish uniform public policy regarding social distancing when around other people.
B. Identify ways to effectively monitor conformity to this policy.
C. Clearly identify the conditions under which it is appropriate to leave one's home.
D. Accurately test all citizens to see if they are infected or free of infection to determine when social distancing policy can be withdrawn.

1. Growing debate about the failure of the social distancing policy.
2. Vacillation with continual refinement the policy followed by continuing failure.
3. Growing wide-spread sense of helplessness and hopelessness.

Values = positive results of focus on the left pole

Upsides/Positives
1. Preserve commitment to focus on welfare of each individual person
2. Reduce pressure on health care workers and facilities.
3. Establish new social norms and interpersonal behavior patterns that can endure for a long time.

COMPASSION and **CONSIDERATION**

Downsides/Negatives
1. May lead to recurrent outbreaks of the virus and ultimately more deaths.
2. Will sustain global uncertainty about long-term status of human health.
3. We don't know if social distancing can be sustained by most societies
4. May set precedence for short-term solutions to pandemic outbreaks in the future

Fears = negative results of over-focus on the left pole **to the neglect** of the right pole

Values = positive results of focus on the right pole

Upsides/Positives
1. Build a sustainable world community with most if not all people being immune.
2. Set realistic expectations regarding short-term impact of virus on human health.
3. Set hard but realistic policies regarding health priorities with specific populations.
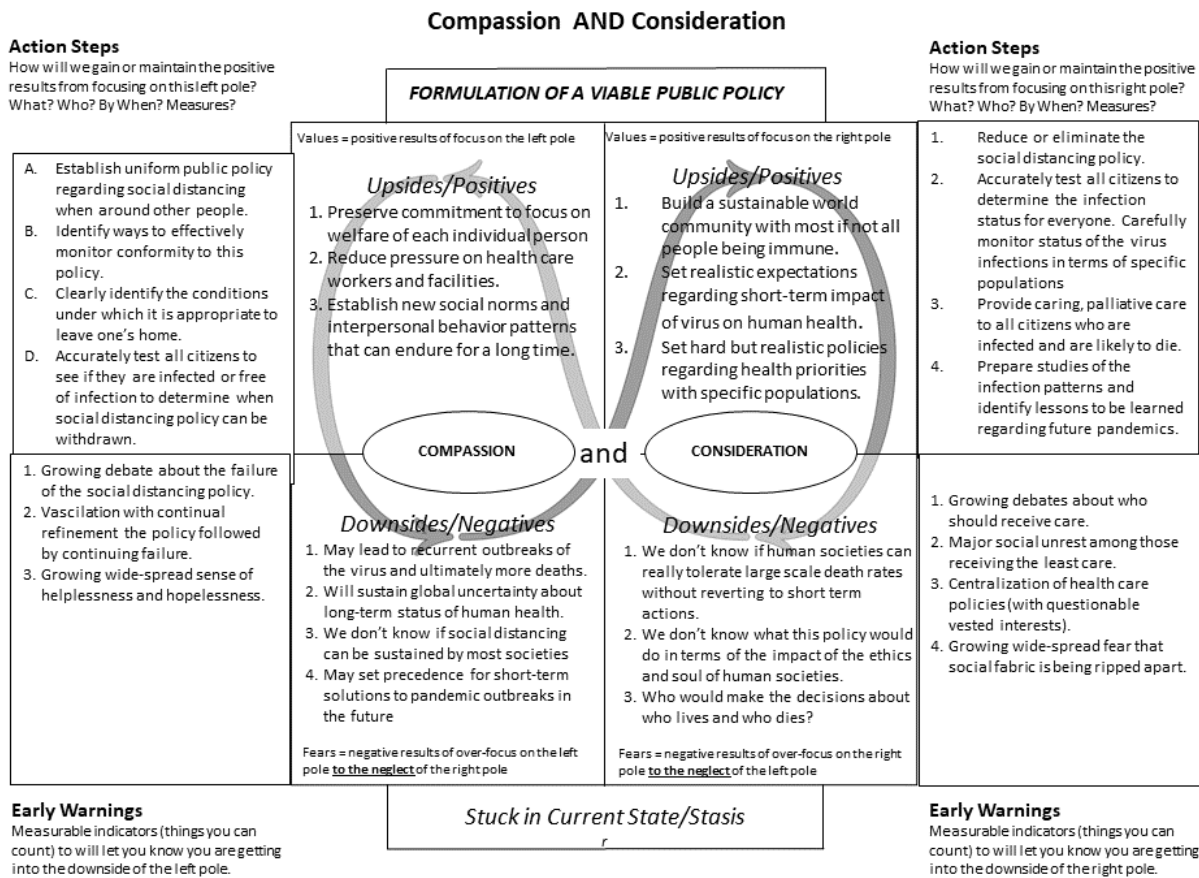
Downsides/Negatives
1. We don't know if human societies can really tolerate large scale death rates without reverting to short term actions.
2. We don't know what this policy would do in terms of the impact of the ethics and soul of human societies.
3. Who would make the decisions about who lives and who dies?

Fears = negative results of over-focus on the right pole **to the neglect** of the left pole

Action Steps
How will we gain or maintain the positive results from focusing on this right pole? What? Who? By When? Measures?

1. Reduce or eliminate the social distancing policy.
2. Accurately test all citizens to determine the infection status for everyone. Carefully monitor status of the virus infections in terms of specific populations
3. Provide caring, palliative care to all citizens who are infected and are likely to die.
4. Prepare studies of the infection patterns and identify lessons to be learned regarding future pandemics.

1. Growing debates about who should receive care.
2. Major social unrest among those receiving the least care.
3. Centralization of health care policies (with questionable vested interests).
4. Growing wide-spread fear that social fabric is being ripped apart.

Stuck in Current State/Stasis

Early Warnings
Measurable indicators (things you can count) to will let you know you are getting into the downside of the left pole.

Early Warnings
Measurable indicators (things you can count) to will let you know you are getting into the downside of the right pole.

A Polarity Analysis

With this preliminary framing and charting completed, we turn to what happens when we try to *maximize* the benefits of either side at the expense of the other side. In the case of sustaining the social distancing policy (along with other preventative actions), the maximization of social distancing would (as the epidemiological models indicate) tend to delay but ultimately accelerate the rate of infections and

ultimately virus-related deaths. Furthermore, we now know that the masks don't really help much. The virus comes in through the sides of the mask (much as water comes in through the edges of our googles, not through the glass). We would be in despair regarding the failure of this social distancing policy during the next couple of years. At some point, we might adopt the herd policy, but would probably find that it is too late.

Conversely, if we completely overrode the social distancing policy and fully adopted the herd infection policy, then we would witness massive death rates and would be deeply concerned within a short period of time (throughout the world) regarding the "heartlessness" of this policy. This prospect has become even more vivid as we find that projections about the potential number of people who would die before herd immunization was established are staggering. We would feel deeply wounded about the decisions being made. If we are religious and view ourselves as culpable, then we might ask our deity for forgiveness. Other members of our society would be inclined to launch a vitriolic attack against those who enacted this grotesque policy. As a result, we are likely to return to a social distancing policy—though only after many deaths. And the social distancing policy will once again still be flawed.

Barry Johnson warns that we not try to maximize but rather carefully *optimize* the degree to which we are inclined toward one side or the other and for how long. Optimizing means that we must find a reasonable and perhaps flexible set-point as we take action in favor of one side or another. Finding these acceptable optimum responses and redefining them again and again is the key to polarity management. This, for instance, is aligned with the suggestion made by many health policy experts that we periodically adopt a social distancing policy, rather than abandoning it all together.

The fundamental recommendation to be made in managing this particular policy-based polarity is to remain in the positive domain of each policy option long enough to identify all (or most) of the key benefits and potential actions to be taken that maximize the benefits. Time should also be devoted to and attention directed (in a slow and systemic manner) toward identification of potential ways in which the two policies can be brought together on behalf of an integrated response to the COVID-19 challenge. Consideration and compassion potentially join hands.

This polarity management recommendation is not easily enacted—especially when the stakes are high (as they certainly are regarding COVID-19). As Johnson and others engaged in polarity management have noted, effective management of polarities requires a constant process of vigilance, negotiation and adjustments. The second option regarding COVID-19 that is offered by public health policy experts

seems to be aligned with this recommendation of dynamic vigilance. They suggest that we must continuously seek and refine a dynamic, flexible balance between consideration and compassion—so that each side's beneficial contributions can be enjoyed, without engendering serious negative consequences.

Policy Alarm Systems

Johnson has one more important point to make regarding the management of polarities. He identifies the value inherent in setting up an alarm system as a safeguard against overshooting toward either side of the polarity. It would be prudent to build in an alarm system that warns us when we may be trying to maximize one side and am on the verge of triggering the negative reactions. The alarm signal for the social distancing policy might a growing debate regarding failure of this policy and the continual refinement of this policy by leaders in politics and business. We would observe a struggling system: abundant vacillation, frequent reversal of existing policy, and very short-term implementation, criticism and abandonment of revised social distancing policies. The signal might also be apparent at a deeper, psychological level—there would be a growing sense of helplessness and hopelessness.

The alarm system for safeguards against the herd immunization policy might be growing debates about who should receive the most care and who should "tragically" be allowed to die (for the sake of the "herd"). Major social unrest might arise among those populations receiving the least care and witnessing what seems to be cavalier societal disregard for their welfare. Control of health care policies might become more centralized and embedded in vested social and economic interests. At this point, the herd policies might be saving lives in the long term—but destroying (forever) the social fabric of the communities in which these policies are being implemented.

Hopefully, with the safeguards in place and the alarm signals clearly articulated, we can address the negative consequences of each option in a constructive manner. As a result, we might even be in a place to formulate a general integrative policy regarding the handling of future pandemics (which will occur frequently in our boundaryless world). Optimally, this formulation could be thought through in a slow manner with broader, often counter-intuitive and systemic dynamics taken into consideration. Johnson's polarity management is joined with the wisdom of Forrester's systems thinking and Kahneman's slow thinking.

Consideration and Compassion: An Integrative Strategy

What then are we to do individually and collectively about social distancing and other preventative actions? A cursory analysis would suggest that we have three choices. These three choices implicate both Meadow's systems thinking and Kahneman's slow and fast thinking. They also each take a stance regarding the polarity of consideration and compassion.

The First Choice: Denial or Disillusionment

The first choice is to do nothing and avoid making a tough decision. We won't even engage a polarity analysis when considering the options. This first choice is filled with denial and underestimation of virus impact. It is a form of freezing, which was the behavior our ancient ancestors learned to engage as one of the slowest and weakest animals on the African Savannah (Sapolski, 1998). If we remain still and don't move, then maybe the threatening entity (lion or virus) will somehow go away.

Living in the world of 21st Century realities, the freeze can take on several different forms. We might simply remain at home, escaping into reality TV, watching the replay of some NBA finals, or getting absorbed in a warm and soothing "escapist" novel. Alternatively, as one of my colleagues in China reports, we can become disillusioned with what is happening (or not happening) in the world. We have tried one of the other options and found it useless or found that no one else is dancing to the same tune. With disillusionment comes a sense of hopelessness and helplessness—key ingredients in the formula for increasing stress and even depression.

This first choice yields not only dysfunctional public policy and dangerous collective action, but also horrible health outcomes for all of us (freezing produces a highly stressed physical system). This choice is what Dr. Michael Osterholm (2020) of the University of Minnesota calls the fools position. It requires massive denial of the reality we now face. Or it requires a pervasive sense of helplessness. Like our ancestors on the African Savannah, we are very slow and very weak when it comes to somehow escaping or fighting the virus. Furthermore, unlike the lion on the Savannah that might overlook us or lose interest in us if we remain frozen, the COVID-19 virus knows we are here and has no intention of leaving us alone.

The Second Choice: Doing the "Right" Thing

The second choice is to engage in fast thinking. It makes us feel better and requires none of the systemic and often counter-intuitive thinking espoused by Forrester and his system dynamic colleagues. We do what we immediately know is proper. We win approval from our family, friends and fellow citizens (and

win elections). Perhaps of greatest importance is our own self-approval. We have done the "right" and "decent" thing. Our masks are in place and we remain at an appropriate distance from other people when going to the supermarket. Other people at the market node their appreciation for the sensitive way in which we are looking after their welfare. A wonderful short-term benefit—but not necessarily something that leads to long term systemic benefit for our society.

We are wonderful people—but might die during the coming year along with those who admire us. Our actions lead to unanticipated outcomes. Perhaps we should have stayed frozen. This might be what my Chinese colleague describes as the wide-spread disillusionment in her own country. The system is not responding like it should to our generous actions. We are kind, but the virus is persistent. As a very experienced clinical psychologist, she warns that this might be the next stage of psychological reaction to this pandemic. Is something similar likely to arrive elsewhere in the world (including the United States)?

If we wish to avoid disillusionment, then we might try hope. We can fast think by hoping that a cure or source of prevention will come soon. Hope is certainly a good thing—we know that hope can be healing. Furthermore, hope might be warranted. Scientists are reporting some positive preliminary results concerning the use of several experimental drugs. Cures might be on the way within the next year or so. Successful preventative measures might also be on the way during the coming year. Vaccines might be available to be administered to everyone in most societies. We have only to hunker down and continue our engagement in proper social distancing and related actions.

Is this a viable choice? Can we rely on hope and optimistic anticipation as a public policy? Our COVID-19 enemy is agile and widely present. It might not easily succumb to human intervention and might be too widely distributed to prevent re-occurring outbreaks in remote regions of the world (where the preventative or curative measures are not present). This, in turn, could lead to repeated struggles with containment all over the world. The epidemiologist might be right: this could be a very long-term, drawn out war that humankind could lose—if we are not engaged in painfully realistic assessments of the virus.

The Third Choice: Humane or Defiant Herding

The third choice leads us directly to this painful assessment. Like the second choice it involves fast thinking. This is the absolute abandonment of social distancing (and other preventative actions)—yet it can be managed in a humane manner. Instead of focusing on testing and contact tracing or sitting

around hoping for a cure, we allocate caring resources to those many citizens who must become infected in order to gain immunity.

At its extreme, we redirect virtually all attention and resources away from the discovery of curative drugs and preventative inoculations to the reinforcement of health care services so that those who are infected receive the best possible care. We would be hunkering down in a different way from that involved with the second choice. Put simply, the focus turns with this third choice to the caring and thoughtful treatment of those who are afflicted. In the long run, it is a choice that is just as compassionate as the second choice. In the short run, however, it seems to be quite brutal and can lead to a polarizing swing back to the second choice or to a freezing in place (choice one).

This third choice requires that we make hard decisions regarding who does and who does not receive the caring attention. What about racial minorities? What about those who are poor or incarcerated? Do we ignore those involved in occupations requiring close contact with other people—such as those in the meat-packing industry or restaurants? And what about the health care workers themselves? Who do we save and who do we lose? Who makes the decisions, or does no one take responsibility for the horrible choices that must be made? We could end up with a Darwinian survival of the fittest scenario.

Even with equitable policies in place, we would have to prepare ourselves (with this second choice) for the death of many people—including those we love. A major role might have to be played by religious institutions and other faith-based communities—as we seek to find some purpose or meaning in the afflictions that will become rampant. We would have to allow our public policies and our careful consideration of the long-term outcomes of a social distancing policy to temper (and sadly often replace) our compassion. Our grieving and sense of guilt could overwhelm us. As I noted previously, we might be propelled back to the second choice when faced with these prospects and the associated deeply felt emotions. Polarity vacillation could replace consistent consideration and compassion. We would certainly be tempted to refreeze (and turn to the first choice). We become disillusioned like my very caring colleague in China.

Before leaving this third choice, we must acknowledge that it gets much more complex. There is another way in which the third choice can play out. It might not just be a matter of thoughtful and compassionate treatment those who are afflicted. It might also be a matter of actively challenging widely held beliefs regarding the virus and social distancing policies. There is an important variant on the third choice. Like the engagement in humane treatment, this variant eliminates the freeze and moves us

to action. We become defiant protestors who demonstrate outside the offices of our elected leaders. We prepare signs that say: "giving me liberty or give me death!" We produce You Tube videos that question the validity of a social distancing policy—and what are the real intentions driving this policy? We might declare that it is something of a conspiracy that benefits political leaders or the medical establishment. At the very least, the social distancing policy violates our freedom of assembly.

This variant on the third choice is clearly represented in the work recently down by two Southern California physicians. They recently posted two You Tube videos that have created major controversy. These two physicians note that many deaths reportedly caused by COVID-19 are attributable in fact to other causes (such as heart disease). The reasons that people infected with the virus die can often be traced back to poor lifelong health habits (such as smoking and obesity). The virus has only accelerated a decline in health that was already taking place. Hospitals, according to these two physicians, are being encouraged (perhaps even forced) to ascribe the death to COVID-19. As is the case with the herd immunization advocates, these physicians declare that social distancing is only delaying the inevitable.

The story gets even more interesting and complex. The challenging perspectives these physicians offer has led to the first of their You Tube presentations being shut down by the You Tube staff. The second presentation is also likely to be blocked. Is this decision by You Tube appropriate and justifiable? Most of us (who are not radical social libertarians) would agree that there should there be screening of inaccurate or inappropriate content (such as pornography) or blatantly inaccurate information. However, should the observations made by these two physicians be considered inappropriate? Do we know that what they have declared is inaccurate?

As one might imagine, uproar about this "censorship" has been widespread and passionate. As one of those commenting on the censorship has declared: "If you stomp on our freedom, that has one ending and its violence. Spoken like a true American!" At the very least, the actions taken by You Tube speak to the major challenge of establishing an open forum for the discussion of various options. What should we make of this variant on the third choice?

On the one hand, in declaring "give me freedom or give me death", those choosing this variant on the third choice may actually be choosing their own death (from the infection). At the very least, they may be endangering the lives of other people and adding greater stress to the health care system. They might be declaring their own freedom--but are constraining the freedom of other people in our society. On the other hand, we are remaking a fragile democratic society if we block out all discourse about the

validity of social distancing policies. The polarity has been fully and passionately engaged! How do we make the management of this polarity into a constructive act that yields a viable social policy regarding the virus? We need an open forum for system-based, slow thinking dialogue—a forum leading potentially to identification of a fourth choice.

The Fourth Choice: Integrating Consideration and Compassion

Is there a fourth choice—a herd immunization carefully applied? Can we formulate a set of contingency plans that account for (but don't rely on) the potential of curative or preventative breakthroughs during the coming year or two? Slow and systemic thinking must be in place for this fourth option to be engaged successfully. It is not an easy path to take and requires that we become rational and caring citizens while also being quite anxious and prone to disillusionment.

From the perspective of this fourth choice, the best pathway will bring about the integration of compassion and consideration—rather than these values and accompanying perspectives being framed as a non-reconcilable polarity. This fourth choice requires that social distancing (and other preventative actions) remain in place—at least for the near future. This temporary acceptance of the social distancing policy (the upper left side of the polarity map) will only be effective if it can be applied in a flexible and adaptive manner without a polarizing vacillation between this policy and the herd policy (the upper right side of the polarity map). The fourth choice also requires effective and widely accessible testing and a labor-intensive contact tracing system.

At the present time, social distancing (and other preventative actions) probably makes sense. We have not acquired sufficiently valid and useful information to make the critical decisions regarding who will live and who will die—nor do we have confidence in any government (or nongovernment) institutions to fairly handle such a difficult decision making process (operating without prejudice or vested interests). In most countries, there are not an adequate number of health workers and nor adequate facilities to handle a significant increase in hospital admissions.

It is only when there is information, trust in government, and adequate health resources that the social distancing policy can be abandoned –even temporarily. At the point where conditions are satisfactory then we are positioned to adjust the policy. Howe (2020, p. K4) relies on the expertise of the epistemologists when he suggests that "once more wide-spread testing is in place and hospitals have the resources they need to treat COVID-19 patients, then we could switch gears and allow for more exposure than we are allowing now."

The aforementioned Dr. Michael Osterholm (2020) is one of the experts engaged in slow, systemic thinking. He suggests that the fundamental question be framed as follows: *How do we maintain (preserve) our society*? Along with many other epidemiologists, he has come to the sobering conclusion that between 60 and 70% of the people in the world will have to be infected and either build an immunity to the virus or pass away. Furthermore, we will be facing the challenge of COVID-19 for many months (or even years), with the virus erupting in one community after another and bringing about social and economic disruption wherever it erupts.

As Osterholm and many other medical and epidemiological experts have declared: this will be a war not a battle. Just as American (and other nation's) armed forces have been in Afghanistan for many years, so we must acknowledge that the virus is a strong and persistent enemy that will not easily be defeated. For us to somehow bear the weight of this long-term war, Osterholm insists that we engage a universal (or near universal) testing procedure that yields high quality (valid) results. The medical leaders in all societies need to know how to use this high-quality testing procedure and must steer clear of either inequitable distribution of the tests or the use of inferior tests that yield invalid results. A systems-based contact tracing process must also be engaged.

With good and fair testing and tracing procedures in place, the leaders of our global communities can make the difficult but informed decisions about where to allocate resources and which sub-populations to protect and shelter. It is only when these testing and tracing procedures are fully in place that we can selectively answer the short-term question: How and when do we "open up"? And it is only at the point when we have valid and useful information that we can answer the related question: To whom and how should we be directing our medical resources?

As a slow thinker, Osterholm envisions a systems-based approach to addressing the COVID-19 crisis. He declares that this approach will only be effective if several other foundational elements are in place. These elements are required for societies around the world to survive. First, the health care workers must be fully protected with fully available and functioning protective equipment.

Second, the health care systems they services must not be overwhelmed—which means that communities will have to periodically issue stay-at-home orders. The question of opening up will be answered differently from one community to the next, with the answer changing from month to month, depending on the up-to-date testing data and results of ongoing contact tracing in place for this community.

Osterholm offers a third foundational element which is much more psychological in nature. He believes that a carefully crafted and implemented herd policy will only work if those in a leadership position communicate in a way that is not only knowledgeable but also comforting. He points back to the "fireside chats" that Franklyn Roosevelt brought to the American people during the high-stress periods of World War II.

We need the wisdom of leadership that yields the benefits of both sides of the polarity: caring compassion and thoughtful consideration. Ultimately, I would suggest that it is about *trust* in leadership-- viewed as a multi-dimensional and dynamic function and outcome pf effective leadership. It is about not only trust in a leader's competence (consideration) but also trust in the leader's intentions (compassion) (Bergquist, Betwee and Meuel, 1995).

Collaborative Creation of the Future

While I agree with Osterholm regarding the need for competent and well-intended leaders who offer fireside chats (or the 2020 equivalent), I think another foundational element must be in place if we are to successfully negotiate the long-running COVID-19 war while preserving our global societies. I would go so far as to suggest that something even more fundamental must be in place—and this additional condition is truly psychological in nature. We must not only slow down our thinking and be both considerate and compassionate. We must collectively engage in constructive, extended conversations about COVID-19 policies and policies regarding future pandemic challenges. These conversations must include members of our community with diverse perspectives and expertise. Ultimately, we must engage an even broader, global community.

Social Constructive Dialogue

We must engage in what Ken and Mary Gergen describe as social constructive dialogue (Gergen and Gergen, 2004). This dialogue is required if we are to create a shared narrative (social construction) filled with both hope and reality—with both consideration and compassion. We should not rely on our leaders to solve the virus problems. This would be nothing more than regression to an old (and highly authoritarian) reliance on other people to solve our collective problems. We must avoid other people constructing our collective narrative about the cause and cure of COVID-19 (and other future pandemics).

The social construction of a dominant collective narrative that is valid (consideration) and hopeful (compassion) requires that we not leave either the policy formulation or the narrative construction to the designated leaders. We must participate in (and encourage our leaders to join us) in the engagement of a polarity-based analysis of not just the various options available to us in coping with COVID-19, but also the options available to us in addressing future pandemic challenges.

Compelling Image of the Future

AS Osterholm has noted, the core question is: How do we preserve our societies (around the world)? A second version of the core question might be posed: *What is a compelling image of the future for each of our societies that should emerge from the COVID-19 crisis*? This version of the key question arises from the work of Fred Polak (1973) who proposed many years ago that a viable society must always have in mind (and heart) a compelling image of its own future –a future to which members of the society are willing in a sustained manner to commit their energy and talent.

 In building a compelling but also realistic image of the future, we must invite people with multiple perspective to the narrative-constructing and decision-making table. We should listen to our learned colleagues, like Dr. Osterholm, who are engaged in epidemiological modeling of the virus's behavior and the identification of necessary elements. It is critical that we hear and appreciate their "inconvenient truths." We must respect the way in which multi-tiered data can be processed and interpreted as a dynamic system. The contemporary system dynamics inheritors of Jay Forrester's and Donella Meadow's wisdom might lend a hand.

We should also recognize, however, that the epidemiologists and system modelers do not have all the answers. We need to bring many other people to the table—including ethicists, historians, economists, and sociologists. Communication experts are needed who know how to help leaders chat fireside in a considerate and compassion manner. Perhaps, an invitation would also be extended to a few psychologists and behavioral economists. They do know something about human decision-making (at its best and at its worst). As experts on the dynamics of groups and teams under conditions of intense anxiety, they might help design and facilitate the dialogues occurring at the table.

Together, we might be able to create an image of the future that is compelling but realistic. This would be an image that is saturated with both consideration and compassion. We hold the opportunity in our hands to create such an image of the future for all societies in our world. We can create this image while

addressing the immediate COVID-19 challenge. With this compelling image in place, we might be able to not only preserve our global societies, but also enrich them.

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