

The COVID-19 Arrow: Striking at the Heart of American Life and Culture

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How do humans in the twenty-first century respond, personally and collectively, to this reappearance? The challenges and responses, both good and bad, are timeless. Plagues reshape our familiar social order, require us to disperse and live apart, wreck economies, replace trust with fear and suspicion, invite some to blame others for their predicament, embolden liars, and cause grief. But plagues also elicit kindness, cooperation, sacrifice, and ingenuity.

Nicholas Christakis, *Apollo's Arrow* (2020), Pg. 30

I have written this essay as a complement to the insight-filled essay prepared by Varda Silberberg as the concluding essay of the issue "Psychological Perspectives on Israel During the COVID Pandemic"(2020), that is published in the *Future of Professional Psychology* (a digital journal located inside the *Library of Professional Psychology*). In this essay, Dr. Silberberg analyses and integrates the interviews and articles in this issue and offers seven themes that describe the psychological aspects of the pandemic in Israel in the eyes of the authors of the issue. These seven themes and the interrelations among them, are presented in a grounded theory model, which explains the impact of COVID-19 on psychological perspectives and practices in Israel.

In this essay, I offer both some general thoughts and concepts regarding the psychological ramifications of COVID-19 and more specific reflections regarding the impact of COVID-19 on psychological perspectives and practices in the United States (as compared to those in Israel). I first wish to offer my apologies to my colleagues in other North American and South American countries in my occasional use of the term "American" when referring to citizens of the United States—for they can also call themselves "Americans." [We citizens of the United States are arrogant in our use of this term for our own use.] I also wish to note the important contribution being made in my analysis by the work of Nicholas Christakis (2020). I rely in part on the observations (both general and specific to the United States) he offers in *Apollo's Arrow*. The title I have given this essay is meant to acknowledge Christakis' contribution.

The VUCA-Plus Environment

I begin my analysis by establishing a broad conceptual framework having to do with the more general environment in which Americans (and many other people around the world) now live in the midst of the 21 Century. As many other people have suggested, we are now living in a world that is filled with volatility, uncertainty, complexity and ambiguity. The acronym VUCA has been engaged to describe the presence of these four conditions. *Complexity* (C) concerns the many elements and dynamic interaction

among elements that must be taken into account, while *Volatility* (V) refers to the rate and shifting rate of change among these elements. The other two terms have to do with epistemology (the way in which knowledge is acquired and reality is defined). *Ambiguity* (A) concerns the assessment of both the evidence available regarding reality and the meaning assigned to this reality. The fourth term, *Uncertainty* (U), is about the stability of any assessment being made regarding reality. Does reality change over a short period of time? Why do an extensive assessment if our world is constantly shifting?

VUCA is deservedly becoming the coin-of-the-realm among contemporary organizational analysts. These four conditions (volatility, uncertainty, complexity and ambiguity) clearly capture much of the dynamics swirling around in the perfect troubling storm of contemporary organizational life—and challenge us in our own role as leader and learner (Abidi and Joshi, 2018).

I have offered a similar description of our current environment but have added two additional conditions: turbulence and contradiction (Bergquist, 2019a). In describing *Turbulence*, I turn to a metaphor offered by Peter Vaill (2008), who suggests that we are living in a “white water” world. I have suggested that this whitewater world represents a turbulent system (Bergquist, 2019a). With regard to *Contradiction*, I have identified the frequent presence of contradictory constructions and interpretations of reality and the differing meaning assigning to the reality that is being constructed (Bergquist, 2019b). I suggest that we are living and leading in a world of Irony and must make decisions that are contingent and subject to frequent review and modification. Obviously, Turbulence and Contradiction are strongly influenced by and tightly interweave with all four of the VUCA challenges. I use the term VUCA-Plus with this expansion on the description of a VUCA environment.

VUCA Plus and COVID-19

I now wish to expand on VUCA-Plus by identifying not only the sources of challenge for us in 21st Century life and work, but also the typical outcomes of these challenges—especially as they related to COVID-19. In doing so, I stay with the VUCA acronym, while once again adding two additional factors. I will be expanding on each of these outcomes throughout this essay as they relate to virus-based global perspectives and practices to be found throughout the world and as they relate in a distinctive manner to societal and cultural characteristics that are prevalent in the United States.

V = Vulnerable: Covid-19 has confronted us with a level of anxiety, stress and loss of control that elevates these psychological factors beyond what is found in the general conditions of VUCA-Plus. Dr. Silberberg (2020, p. 12) is finding a similar condition when she identifies the COVID-19 experience reflected in the eyes of her participants—the authors of the issue she edited:

. . . loss of control, fear, anxiety and stress, as well as potential loneliness, a threat that increases for members of at-risk populations. In general, Covid-19 fundamentally disrupts people’s lives. The experience reflected in participants’ descriptions certainly evokes a sense of “shattered lives.”

While Dr. Silberberg (2020, p. 6) points to a study suggesting that worries about and stress associated with COVID might be greater in the United States than in Israel, there probably has been a strong sense of vulnerability on the part of citizens of both countries—as well as citizens throughout the world.

In this state of vulnerability, we place “character armor” around us to protect ourselves from the VUCA-Plus challenges, thus leaving us rigid in our actions and defensive in our relationships with other people. The stress associated with COVID-19 has made us even more protective and often constrained in our thoughts and actions. As I will point out, this proclivity toward self-protection might be particularly prevalent in the highly individualistic American culture.

U = Unconscious: Faced with COVID-19 challenges to our health and mental health, we are driven deeper into our own psyche. Unconscious processes are likely to become more prevalent at both the personal and collective levels. We “regress” to more primitive and irrational levels of functioning (individually and as a group). Under these conditions we rely on reactive (often biased) fast thinking rather than reflective (assumption testing) slow thinking. We will see that this regressive pull is great throughout the world and certainly is to be found in the rising authoritarianism to be found in the United States (as well as many other countries). The virus might be drawing Americans together, but not necessarily in a positive way.

C = Confusion: We journey through our VUCA-Plus world in a cognitive and emotional “fog”. We are confused about our own personal identity—exacerbating what Kenneth Gergen (2000) described many years ago as our “saturated self.” This sense of personal confusion does not seem to be confined to the American culture. Varda Silberberg (2020, p. 10) writes of a similar phenomenon in Israel—particularly regarding the professional identity of those operating in various fields of psychology: “participants were posing significant questions about key aspects of their own identity and the identities of other groups. Including clients.”

The virus has left us confused at yet another level. We don’t know what is real and what either we are seeing and hearing or what other people are telling us about reality. Once again, Varda Silberberg (2020, p. 10) finds something comparable in Israel, noting “dramatic change in all facets of reality, and the experience of uncertainty and loss of control, undermine beliefs in conventional truths about the personal and professional self and about significant relationships.” We live within the multi-tiered, multi-distorting Platonic Cave of 21st Century life (Bergquist, 2021a).

As I will note, this challenge to our sense of truth and reality might be particularly severe in the isolating character of American society. This character has led Americans to create silos in which we remain unknowledgeable about, indifferent to, or violently resistant of “other” people and alternative versions of the COVID-19 reality. The confusion might lead to isolation in societies other than just the United States, but I believe it is particularly prevalent in this American society.

There is another outcome associated with the confusion that might be found in societies other than just the United States. This escape into personal silos might help to create what Varda Silberberg (2020, p. 12) has identified as conditions of loneliness. In both Israel and the United States, we might be willing to trade off healing connections with other people so that we can reside in the safety of our own perspectives and practices.

A = Anxiety: When facing the health and mental health challenges associated with COVID-19, there is no clear and consistent container for our fear and anxiety. This results in the spilling out and expansion of

virus-induced anxiety—an anxiety that is present, according to Silberberg in Israel as well as the United States (and probably most societies in the world). Pain that is associated with the anxiety is never fully processed. It remains “dirty” and traumatizing, rather than becoming “clean.” Human service providers are challenged as the personal and collective level to provide settings in which a container for the anxiety can be provided and where a safe environment can be created for the acknowledgement and processing (metabolizing) of pain associated with the virus.

As I have done in adding two conditions to VUCA, I add two additional outcomes that accompany VUCA-Plus and particularly the COVID-19 outbreak.

Trauma: The trauma associated with VUCA-Plus is embodied in us, thus impacting our physical and mental wellbeing. VUCA-elicited trauma is heightened by the many challenges inherent in COVID-19. The virus-induced trauma occurs at both the personal level and collective level. Furthermore, the trauma at these two levels reinforces one another. A loss of control resides at the heart of trauma. Something happens to us over which we are powerless or which we are unable to fully avoid or resolve—the uncompleted act. There is a profound shifting from an internal locus of control to an external locus when we are confronted with the challenges of a pandemic. We have lost our “agency” and are inclined to feel helpless and hopeless (leading to depression).

Polarization: Our thoughts and feelings swing widely and wildly between poles as we collectively formulate policies regarding COVID-19. This leaves us frozen in our ability to make clear and consistent decisions and plans for the future. We are also frozen in the dissonance created by the polarization. This polarization is to be found in our personal life and in our collective life. The polarization, together with the trauma, is likely to lead to displacement of frustration onto a less powerful “cause” for the challenges associated with VUCA-Plus and COVID-19 (leading to violence). The “other” people in our society are demonized and scapegoated, often being assigned blame for our virus-related, unprocessed pain and trauma.

Moving Forward

With this brief overview of the challenges and potential outcomes associated with VUCA-Plus and COVID-19 in the world and distinctively in American culture, I turn specifically to Varda Silberberg’s Seven Themes. They not only provide excellent guidance in our personal and collective confrontation with the virus’ many challenges but also provide me with the opportunity to draw some comparisons between the societies and cultures of Israel and the United States—specifically regarding perspectives and psychological practices related to the virus.

I will also use the following pages to expand through each of Varda’s themes on the summary description of COVID induced outcomes I have just identified and will introduce some of the insights offered by Nicholas Christakis in *Apollo’s Arrow*.

COVID-19 Experience

In my opening observations regarding VUCA-Plus and COVID-19, I already noted the similarity between Israelis and Americans in their experience of the virus. A loss of control, fear, anxiety and stress are to

be found in both countries. This is to be expected since the same virus is impacting the lives of those in both countries. The virus knows no national boundaries, nor does the COVID-19 experience make any distinction between cultures. While there are these common themes, they may be viewed differently through the lens of diverse cultures, histories and socio-political processes that are at play. This being the case, I wish to explore the distinctive characteristics of the society and culture(s) in the United States and at least speculate about potential unique experiences among those living in this society and dwelling within a distinctive American culture.

The Three American Challenges

As I reflect on the COVID-19 response in the United States, and as I ponder the analysis offered by Christakis, I have concluded that there are three major societal challenges associated with the virus. Two of these challenges concern the nature of social networks and the exponential way in which the virus spreads out through these networks. These two challenges are not necessarily unique to the United States. The third challenge concerns the way in which a specific society addresses the virus given the prevalence of either individualism or collectivism in this society. Here is where we are most likely to find differences from one nation to another.

Social Network Challenge: COVID-19, (like most viruses) wants to “hang out with people” – especially people who are standing close together in confined spaces. COVID-19 is a true extravert that thoroughly enjoys large, assembled crowds. Furthermore, it takes only a few social gatherings to begin the spread of the virus. These are the so-called super-spreader events that produce many of the surges in infections (and later hospitalizations and death). All of this relates to something called “exponential” growth - recently often identified as the “power law” (Taleb, 2010). Exponential growth takes place when the feedback mechanisms in any system are all positive (facilitating) and there are no negative (blocking or dampening) mechanisms.

We witness the power law operating when we see curves such as Christakis (2020, p. 98) offers that are skyrocketing up the right side of the graph. Ultimately, exponential growth does come to an end—there is an inevitable negative feedback corrective that comes into play. However, this negative mechanism is often not something we desire—such as the collapse or death of the system. In the case of COVID, the negative feedback mechanism might (but also might not) come to play once “herd immunity” is achieved. There are much more benign negative feedback mechanisms that can be implemented. These include pharmacological mechanisms (such as inoculations) and the nonpharmaceutical interventions (NPIs) of which we are all aware: social distancing, wearing masks, and staying at home. It is important to note that these interventions all involve social-psychological processes, as does the pharmacological intervention (encouraging or inducing people to get inoculated).

This is identified as a social network challenge because it is not easy to get all people to embrace NPI. This is where the second and third challenges that I have identified come to the fore. Powerfully influential, large and abundant social networks can be found in some societies (that I will identify as “enmeshed” societies and cultures) but are much smaller in size and number and much less influential in other societies and cultures (that I will identify as “disengaged” societies and cultures).

When the society or culture is disengaged (such as is the case in the United States), then a small number of social networks can make all the difference regarding spread of the virus. Christakis puts it this way:

In many real-world social networks, most people have very few contacts and a small minority have many connections. This small minority are the ones who often go on to become super-spreaders. So SARS-2 is more likely to reach these well-connected people, and they are more likely to spread it to a large number of people. In fact, mathematical models of a disease spreading over such networks with super-spreaders closely mirror the observed trajectory of real cases of COVID-19. However, just having a large number of contacts, however defined or ascertained, does not mean someone is necessarily a super-spreader. Christakis (2020, p. 56)

How do you discover these networks and how do you influence what happens in these networks—for they tend to be quite isolated with strong boundaries. They are hard to influence. Social psychologists can play an important role in analyzing these networks—often aided by computer-based simulation tools (such as agent-based modeling).

Individualism: There are important, historical distinctions to be drawn between societies and cultures that are highly individualistic and those that tip toward collectivism. I have borrowed a term from the field of family psychology to describe the individualistic culture as one of disengagement. Individuals and units (families, organizations, communities) in a disengaged culture tend to operate independently of other individuals and units. There is often little societal “glue” (such as shared traditions, history and rituals) that would bring and hold people together. Robert Sommer (1969) would describe this as a society that is replete with *sociofugal* settings. These are settings in which people tend to be pulled outward or thrown away from one another.

The disengaged culture in this society, in turn, relates to an ethic of individual rights. In such a society, I am entitled to maximum freedom and am not required to comply with what other people want of me in terms of my behavior or my responsibility for their welfare. In such a society, NPIs are likely to be ignored or even actively resisted, as are inoculations that are either recommended or required: “I don’t need to wear a mask!” “It is my right to stand wherever I want when associating with other people.” “I don’t have to get my arm poked with some needle just because you want me to.” “It is stupid that we are sacrificing our economy just because some people think these restrictions will somehow make a difference—I don’t really trust the experts and those who want to control our nation!”

By contrast, a collectivist society is one in which a “enmeshed” (rather than disengaged) culture is dominant. Individuals and units of the society are interconnected in powerful and important ways. The setting (to use Sommer’s term) is *sociopetal*. Everything is pulled toward the center and toward integration and merger. Much as Miller and Page (2007) distinguish between systems that are complicated (many parts) and those that are complex (many parts that are interconnected), so we can distinguish between complicated but disengaged social systems with many units that don’t often influence one another, and complex, enmeshed social systems that have many tightly interconnected units. In the collectivist, enmeshed social system, a code of ethics is prevalent which emphasizes collective responsibility. NPIs and inoculations are likely to be fully embraced not only because they are

highly recommended or even required, but because they enable each of us to benefit other people (a sign of altruism) and because compliance will ultimately lead to a thwarting of the virus's invasion.

What then about the society of Israel? Is it collective or individualistic? In many ways, Israel offers a special case of being both at the same time. That may be what makes this country such a dynamic place in which to live. A strong *sociopetal* force is operating in Israel—among both its Jewish and Arab residents. This pull inward is to be found at all levels of and in all segments of Israeli society. Among the Jewish population it is to be found in the *kibbutzim* (collective communities) that were established at the very founding of the Jewish state. Collectivism is also to be found in the strong commitment to preserving an independent Jewish-based country in the midst of a Mid-Eastern world that is decidedly not Jewish. A similar level of shared commitment is to be found among the Palestinians living in Israel—these strong commitments tragically collide. Much as I will suggest later regarding Singapore, there is a “social unconscious” operating in Israel that is based on a commitment to survival (on the part of both Jews and Palestinians). This certainly draws people together—and has for many centuries in the history of the Jewish people and in the history of ongoing Mid-East tensions and sporadic warfare.

There is also a strong individualistic orientation in Israel—at least among members of the Jewish community. It is based on the deeply embedded tradition in Jewish theology to question everything, to engage in critical inquiry, and to ensure that all established perspectives and practices have been carefully thought out and layered with multiple contributions made by many Jewish scholars. I don't find the genesis of the field called Behavioral Economics in Israel to be a coincidence. This newly emerging field is saturated with critical challenges to our established ways of thinking. At the heart of the matter is what one of its principal figurers, Daniel Kahneman, calls slow thinking (an important concept to which I have already referred and will refer several additional times in this essay).

Dr. Silberberg (2020, p. 10) seems to be suggesting that *sociopetal* pulls are now ascendent in Israel as a result of the virus. She notes that Gil Erlich and Said Masarweh report “changes in [the] relationships [of Israelis] with others, including their family members, and in the dynamics of those relationships”—often “strengthening the relationships between partners and within the nuclear family.” One of Said's clinical clients “felt best at home with her family.” It might be that the deeply embedded traditions of family in Jewish and Palestinian (Muslim) cultures is aligned with the stay-at-home policies implemented in Israel. There is no such tradition in American culture – though even in the United States, there have often been improvement in the relationships among family members.

It should also be noted that the changes in relationships are not always reported as positive by Dr. Silberberg (2020, p. 11). She notes the increase in domestic violence reported in Israeli publications. Similar increases are reported in the United States. These seem to exemplify the all-too-common social psychological phenomenon known as scapegoating or engagement of the frustration-aggression dynamic (Dollard, et. al, 1939). We are blocked from attaining a specific goal (such as protection from a virus). This creates frustration, which in turn sometimes generates a desire to strike out against the perceived source of the frustration. If one has little power (lack of internal locus of control), then the tendency is to direct this aggression against someone or something that is less powerful—such as a spouse, child or animal. Tragically, this dynamic can also play out at a societal level. One of the most notable (and disturbing) examples of this dynamic playing out concerns a study done by the Yale Group

regarding the high correlation to be found between crop failure and incidence of Black lynching in the American South. A similar cycle of violence might be playing out in Israel and the United States. It is particularly likely to be engaged if there is either a lack of community coherence (*sociofugal* setting) or a polarization of the community (for example, Black vs. White or Jew vs. Arab).

The Exponential Curve: As we turn to the plotting of the virus (infection, hospitalization, and death rates) on a graphic, we find an exponential curve in both individualistic and collective societies; however, because of the different ways in which social networks and super-spreader events operate in these two different societies, the curve looks a bit different. In general, when the virus impacts on a collectivist society with an enmeshed culture and many *sociopetal* social settings, there is a rapid early rise in the curve. However, it tends to flatten (as in Singapore) when the NPIs and inoculations are extensively engaged. There might be occasional spikes in the curve, but it tends to flatten off and then decline. By contrast, in a highly individualistic society, with a disengaged culture and many *sociofugal* social settings, there is likely to be a slow rise at first in the curve (since people are not connecting with one another), but then a dramatic spike and rapidly accelerating rate of infections, hospitalizations and death as the isolated social networks produce super-spreader events that connect all units of the society.

As we have found in the United States, this spiking curve does eventually flatten out and even decline—but only after the negative (corrective) feedback is engaged through gradually shifting social attitudes, slowly (and often inconsistently) implemented public policy, and a fair amount of natural herd immunity (people getting the virus but remaining alive with natural immunization). The cost of individualism is great when a people-loving virus (such as COVID-19) “knocks on the door.” While the virus loves to connect with people, it finds that its greatest adversary over the long term is a collectivist society in which people also love to connect with one another.

The Push and Pull of Covid-19: Once again, I need to point out that everything is a bit confusing and even paradoxical when it comes to impact of the virus on American society. It seems that COVID has a powerfully diverse impact on people in a highly disengaged culture such as we find in the United States. The virus pulls people together while also driving people apart. COVID leads us to interact and care because people around us are hurting and are facing deadly challenges. A *sociofugal* setting is created. We are drawn to one another for comfort and care. It is hard to “go it alone” when facing a powerful but elusive foe such as Covid-19.

On the other hand, our individualistic inclinations in the United States are reinforced by the NPI policies of social distancing and staying at home. The virus creates a setting in which we are encouraged to pull apart and can justify isolation. This *sociofugal* setting is aligned with our desire to go it alone or interact with only a small number of people (usually just our nuclear family—if this family exists in our life). As we will see as I move through the other themes introduced by Varda Silberberg, this pull toward and push away from other people seems to have a particularly pronounced impact in communities of the United States. Is it also to be found in other societies (such as Israel)? I suspect that this tension exists to varying extent in most societies of the Western world (and those Asian societies that have been strongly influenced by Western culture).

Technologies [High Tech vs. High Touch]

Dr. Silberberg (2020, pp. 12-13) devotes some of her essay to a description of the impact which technology has had on the practice of Israelis who are working in the field of psychology. I want to expand on her analysis by turning to the role played more generally by technology in American society. I will be examining the interplay of technologies with the provision of human services in the United States. I propose that a community of care exists in the United States that extends far beyond psychological services. It is a culture of “high touch” that contrasts with the culture of “high tech.” It is this high touch culture that might be a partial antidote to the individualism of American culture. A community of care provides *sociopetal* settings in which people can emerge from their silos and seek help.

COVID-19 had an impact on both high tech and high touch in the United States and may have helped to create some new tensions between these two cultures. However, the virus might also, as Dr. Silberberg suggests, offer an opportunity for valuable collaboration between the worlds of technology and care. Specifically, I propose that one of the first places where push and pull are simultaneously engaged in American culture is found in the role played by technologies in confronting the COVID-19 virus (a push away from other people) and the comparable role played in the United States by interpersonal, caring relationships (a pull toward) in confronting the virus. This is the struggle that exists in virtually all segments of American society between high tech and high touch.

High Tech

Quite clearly, life in the United States (and in Israel and most other economically prosperous countries in the world) has recently been enveloped in technologies. We engage various technologies to guide our cars through city street and country roads, to tell us which products we should buy and which thoughts we should be thinking. Technology is even beginning to monitor our health. I have recently embarked on a major project regarding what I have termed “Human embedded technologies” that is helping to identify and analyze the many good and not so good ways in which technologies are not just influences our thoughts and actions, but also becoming intimately interwoven with all aspects of our life.

This interweaving has only increased with COVID-19. In our physical isolation from one another, we have become dependent on digitally mediated communication devices, such as Zoom, when interacting with other people. Our isolation has also created conditions that increase our reliance on advanced technologies (such as hand-held mobile devices) for obtaining information about the “outside” world—and especially what has been happening every day (or even every hour) with COVID-19 outbreaks and shifting Covid-19 related policies and restrictions.

As we are discovering in our human-embedded technologies project, the new technologies are not just providing us with advanced modes of communication, they are also influencing the very way in which we process the information we receive (Bustamante, 2021) and the brain-related functions we are deploying (Bergquist, 2021b). In an individualistic society such as we find in the United States, the influence of technologies can be particularly pronounced—because we don’t have much of a public forum in which to test out the information being received, screened and interpreted by the technologies we are using. The Internet becomes our new public forum—however it is providing a forum that is

tailor-made to our own biases and our own perspectives regarding all public matters—including COVID-19 policies.

The virus is pulling us away from other people and we are allowing (even encouraging) the new technologies to help us with this *sociofugal* process. We might be gathering with some other people on social media and Zoom; however, this group is actually quite small and homogenous in beliefs and values. We are alone in a world packed with human beings. We are shielded from multiple perspectives in a world filled with diversity (Bergquist, 2021a). We live in an echo chamber that is bouncing back our own assumptions—suggesting that these assumptions have been confirmed. Self-reinforcing feedback loops prevail in our own conceptual world. There are no negative (breaking) sources of challenge and disconfirmation to correct this close loop. A power law of exponential self-confirmation matches the infectious power law of COVID-19. These two modes of exponential growth might be related . . .

High Touch

Varda Silberman (2020, p. 12) proposed that virus-related social distancing has “created an enormous need for intimacy in general, and emotional intimacy in particular.” This same need might have been elicited in the United States during the COVID era. Amidst the polarizing and potentially destructive world of high tech in America, we also find high touch. Christakis writes about the important role played by high touch—a role that is particularly important in an individualistic society that is littered with *sociofugal* settings which keep people apart from one another. Christakis (2020, p. 211) offers a particularly poignant observation about the importance of relationships in the healing process required of those infected with COVID-19. He backs up his claim with some research:

Love and connection can make suffering more bearable. Experiments show that if a person is obliged to undergo something painful (like having pressure applied to an index finger) or stressful (like immersing a foot in three inches of cold water), the pain is tolerated better when his or her spouse is present.

Christakis (2020, p. 216) moves even further by noting that the very act of being thoughtful about engaging NPI (such as mask wearing) is nurturing for all involved: “A key point about physical distancing and staying at home is that people are not doing these things primarily to help themselves but rather to help one another. That took a while to sink in.” While mask wearing and other NPIs were originally assumed to be motivated by a desire to appear brave and responsible (a self-oriented motivation), it was later discovered that something like “altruism” was responsible. Apparently, even in the United States, we find that being collectively responsible is a rewarding experience. And, as Christakis suggests, this took quite a while to sink in—given the highly individualistic society of the United States. High tech has found a worthy opponent (or perhaps a needed companion) in high touch when facing the challenges of COVID-19.

Challenges for Patients and Therapists

When we are living in a silo, it is hard to see what is happening outside the silo—and what is happening in other silos. And with our limited sightline, it is very easy to look only inside our own life and that of a few other people in our personal and work life. Why look outside when we are living with some comfort

inside our silo. To seek help for a psychotherapist, we need to leave our silo and are likely to be exposed by our therapist to uncomfortable information and perspectives. While we might be in pain, a voyage outside our silo portends additional pain. Maybe it is best to remain disengaged—and lonely.

American Disengagement

It is particularly challenging to look outside our silo and find that there is a virus swirling around that could enter our own silo and do harm to us. It is challenging because the virus is not widely visible and is easy to ignore. Christakis (2020, p. 204) makes this important observation:

One of the features of COVID-19 that made it hard for people to take the disease seriously was the lack of visible symptoms (in most cases). Cholera kills by copious diarrhea and dehydration, to the point that patients are gaunt. Smallpox is brutally scarring. The bubonic plague was disfiguring and odiferous. The 1918 Spanish flu made people black and blue, and they often died gasping. The visibility of the symptom of these diseases, quite apart from their much higher lethality, galvanized public action. Furthermore, with COVID-19, what little the media could capture visually about the deaths—such as shrouded bodies piled on a nursing-home floor or in the back of a truck—had a surreal, disembodied feel. Thus, because so many sick people were sequestered in health-care facilities or were alone at home with no one to document their suffering when they died, and because reports focused mostly on visible signs of the economic collapse (with pictures of shuttered stores or lines at food banks), Americans did not see how the virus did its awful work. The deaths and even the mourning for COVID-19 victims occurred strangely offstage, making them harder to appreciate.

Given that American silos are tall with thick walls, it becomes even more likely that the virus remains invisible—or at least not immediately relevant to our lives (until it enters our silo). American disengagement breeds American indifferences—and makes the invisibility of virus-related symptoms and deaths more pernicious in the United States than perhaps in other countries with a more enmeshed culture. A disengaged culture creates silos of knowledge and silos of ignorance. As Christakis (2020, p.205) notes: “. . . of all the societal divisions that emerge in the time of plague, perhaps the most meaningful is the divide between those who know someone who has died and those who do not.”

I have already mentioned that a power law dictates that the acceleration of infection, hospitalization and death will eventually lead to an infiltration of information (if not the actual infection) into virtually all silos—regardless of the dominance of disengagement:

. . . as more people die and as more of us come to know someone who has died or see a death up close, the epidemic will seem more real and more worthy of a coordinated response. For every hundred thousand people who die, there are a million people who were close to them and ten million people who knew them personally. Slowly but surely, as the deaths mount, we will see that this is a problem that affects us all. Christakis (2020, p. 205)

This eventual outburst of awareness and concern (often leading to the enactment of more ambitious policies and interventions) produces a new accelerating curve and new power law—one regarding increased awareness, concern, and engagement. This new curve will interact, in turn, with the curves of

infection, hospitalization and death, leading to a flattening of these curves – but only after considerable damage has been done. Furthermore, the damage is based not just in the physical and mental health of a disengaged society’s citizens. The level of trust in their government and the intentions and competencies of their fellow citizens are also damaged.

A new vicious circle (and accelerating curve) is created. The loss of trust tends to increase disengagement and nourishes the creation of *sociofugal* settings that drive people apart and polarize opinions in the halls of government, in human service clinics and in community welfare agencies. As Dr. Silberberg notes, there can be a shattering of self among both those served and those providing the service. The silos are reinforced and the inclination to peer outside one’s silo diminishes. Even if we lose people inside our own silo, we will tend to grieve alone. . . . Unless we can find an agency that will enable us not only to share our grief, but also process our pain. This is where treatment opportunities, in particular, are to be found in American society.

Treatment Opportunities

Varda Silberberg provides several important insights regarding therapeutic opportunities:

. . . the Corona experiences may heighten client’s awareness of pre-existing issues that the individual may now be ready and willing to address. Moreover, the complicated reality offers opportunities to develop new coping skills with respect to key issues such as personal responsibility, flexibility, and coping with anxiety and loss of control, which are prominent components of the Corona experience. It is interesting to note that the participants in this study identified opportunities for change both for their clients and for themselves.

Thus, while the VUCA-Plus challenges and outcomes related to COVID-19 can cause major pain and suffering, they can also create opportunities for “therapeutic moments” when clients finally recognize the need for new ways of addressing psychological problems in their life which may have been lingering for many years. Are these opportunities also available to the American client? I would suggest that the answer is not clear.

American Individualism and Isolation

There is the good and bad in finding ways to treat the many physical and psychological ailments associated with COVID-19. We begin with the bad news. As I have already noted, individualism and the attendant isolation to be found in the United States make it difficult to get most people to seek out assistance. When traveling through the middle states of America we find abundant open space where no one is to be found. I remember one of my colleagues from an Asian country remarking that there is much open space in the United States that seems to encourage people to remain isolated from one another. Travel through the American Midwest also reveals an abundance of tall, thin structures—called silos. These empty towers hold grain. Someone or some agri-business owns these silos and keeps the grain stored not only for the seasons when new grain isn’t being grown, but also (some critics suggest) for unloading the grain when it is in short supply (resulting prices are higher).

As I have noted, we have silos all over the place – not just in the mid-West and not just for the storage of grain. They also exist in the psyche of many Americans and in the organizations where they are employed. Let's first look at organizations and collective silos. I find that there are abundant silos located in many American organizations. These usually are not physical structures (though they can be fostered by separate buildings located on a so-called corporation "campus.") Rather, they are informational and interpersonal silos. People operate in a closed silo that does not accommodate cross-functional interaction (for example, between marketing and distribution) nor the establishment of a single unifying (*sociopetal*) culture. I have written extensively about distinctive sub-cultures operating in American organizations (Bergquist, 1993; Bergquist, Guest and Rooney, 2003; Bergquist and Brock, 2008; Bergquist and Pawlak, 2017). These subcultures help to create and are fully operational within silos. In my own writing, I have identified these subcultural silos in many different sectors of American society. I suspect that they exist in most societies where organizations have become complex.

What happens when the virus hits an organization and leaders of the organization must adjust to the realities of social distancing and work-at-home? I propose that the virus has tended to exacerbate the presence and power of the organizational silos. Members of the organization have operated from their homes and don't even share a parking lot with members of other divisions in their organization. This means not only that the members of one division of an organization know little about what is happening in other divisions, but also that there is often no shared purpose or vision. As I noted regarding the more general prevalence of *sociofugal* settings in American societies, there is no societal "glue" to hold the organization together (Bergquist, 1993). Without this glue, there is likely to be little support (or even caring) offered to members of an organization by others in the organization. They don't hold hands as they confront the many challenges associated with work in the era of Covid. Without the comradery of community life in an organization, work becomes nothing more than sitting day-after-day at the computer and perhaps spending some time with a few co-workers who appear as two-dimensional images on a monitor.

Clinical psychologists have similar issues to address regarding personal challenges arising from COVID-19. The organizational silos are complemented by (or often burdened by) personal silos. During the year(s) of COVID, Americans couldn't even reach out to their friends and relatives after work hours for time together in person. No gathering at the local bar nor sitting down together at the kitchen table. In many instances, living in a culture of disengagement, there is not even the desire for reaching out to others—despite what we know about the healing that occurs for both parties when a relationship is engaged. What about the opportunities that Dr. Silberberg mentions regarding the use of psychotherapy in Israel to explore new ways of coping? Do they exist for Americans? News is a bit better.

American Openness to Addressing Pain and Trauma

Fortunately, in the American culture, residents are open increasingly to seeking psychotherapy (at a personal level) and asking for organizational consultative assistance (at an organizational level). Psychotherapy is a mode of breaking down the personal silos. Over many years, Americans have gradually come (in most instances) to view psychotherapy as a good thing, rather than being a sign of weakness. Mental illness and distress were no longer assigned, as it was for many centuries in Western societies to some evil forces (that were to be condemned and eradicated) (Bergquist, 2020a). Nor was it

a sign of some form of social deviancy that was to be isolated (in asylums) (Bergquist, 2020c). While there are major flaws in defining mental distress as a matter of ill-health (Bergquist, 2020d), it does allow for openness to requesting and receiving assistance.

Furthermore, American psychologists hold an advantage over those providing psychological services in many other societies—given the framing of health (even mental “health”) as a secular matter rather than as a sacred matter (confronting evil forces) or moral matter (isolating the deviance). American psychologists might even hold an advantage over those providing psychological services in Asian societies who often frame distress and trauma as a spiritual/philosophical issue (the blocked of energy systems and distorted view of reality) (Bergquist, 2020b; Lim and Warrier, 2020). Accompanying this openness to psychological assistance and the secularization of psychological services is a general increased acceptance of psychological services as being of positive assistance, rather than being some kind of evil force (“as a ‘shrink’ you can see into my head or even my soul”) or as some kind of foolish enterprise meant only for the wealthy and idle people with time to waste (Schneider, 1987).

Both individual therapy and group therapy can be of great benefit. At the organizational level, we find an increasing openness to retreats (even if they are virtual) and to various team building initiatives that help to break down silos (at least at a team or divisional level). Innovative methods are being used to facilitate these psychotherapeutic and consultative processes. Apparently, people can be helped even over Zoom. We can lend a hand to one another—even though this is a digital hand. High tech can be a wonderful (if necessary) helpmate to high touch.

Specifically, regarding COVID-19, we are often talking about the processing of pain and trauma. Individual and collective fears and diffuse anxiety were abundantly present during an era of COVID and there was rarely a traditional container (such as the therapy office or a retreat site in the mountains) to contain the anxiety or sustain the metabolizing process needed to reduce and productively engage the anxiety (Bergquist, 2020f). Yet, the anxiety was contained with the use of new technologies and the new use of old technologies. American inventiveness does sometime win the day. Christakis (2020, p. 322) describes this as a process of coping (much as Richard Lazarus did many years ago in his studies of stress). Whether in person or via Zoom, we can move (as Kubler-Ross suggests) from denial (living in our silo) to anger. We are angry about being forced to look outside our silo or finding that the virus has entered our silos—we couldn’t place a lid on our silo. From here we move to bargaining and depression. It is here where psychotherapy can be of greatest value—ending with acceptance of the virus’ reality coupled with our ability to do something about the virus (finding an internal locus of control).

As Menakem (2017) has noted in his recent widely read analysis of trauma, the key to processing trauma is acknowledgment and processing of the pain associated with the trauma. This leads to “clean pain”—to the steps identified by Kubler-Ross and Christakis. When pain associated with trauma is not processed, then it remains as an untreated wound (“dirty pain”) that can continue to do physical and psychological damage. If Menakem is accurate in his assessment, then American openness to therapy and collective organizational consultation would suggest an invaluable service being provided in the processing of the pain, so that it might be clean and available for analysis and resolution in both personal and collective settings. There can be *sociopetal* coming together and healing one another even in an individualistic American society.

This level of success in American psychological services during COVID-19 is important, for we are justified in identifying the powerful VUCA-Plus forces compounded by specific COVID-related stresses as the prime ingredients for creation of physical and mental disorders associated with chronic traumatizing stress. Furthermore, we know that these disorders can be shared by all members of a specific society when the source of the traumatizing stress is experienced by the entire society (as is the case with COVID-19). I once again reference the pioneering work of Richard Lazarus (Lazarus, 1966; Lazarus and Folkman, 1984) I remember some comments attributed to Lazarus regarding his studies of ways people appraise and cope with stress.

Lazarus and his colleagues at the University of California first studied coping mechanisms among Americans (mostly, as is often case, using college students). He traced the ways in which arousal levels went up after subjects were subjected to a mildly distressful stimulus (usually excerpts from a shocking subincision rites documentary) then engaged various coping mechanism to reduce the arousal level. Lazarus then apparently took his study to Japan and conducted the same stress-inducing experience. He found that arousal levels went up and then stayed up. In fact, the levels of arousal stayed up to such a level that Lazarus had to suspend his studies—given the ethical problems associated with inducing long lasting stress and high levels of arousal in experimental patients.

Lazarus was said to have speculated that his Japanese subjects were suffering from the lingering trauma of World War II (only 10 years after his study was being conducted) and would not only trigger faster when exposed to a stressful stimulus (which did occur) but also remain stressed for a long period of time. They could not successfully engage the coping mechanisms deployed by the American subjects (who were not directly or even vicariously exposed to the trauma of World War II). While I have not been able to confirm all these facts, it is interesting to speculate that Richard Lazarus might have stumbled on a collective post traumatic symptoms which is vulnerable (as is individual PTS) to stress.

Even without confirmation of the information I have presented about Lazarus, it is important to recognize that collective posttraumatic syndrome might be present in certain societies. A study conducted by the American Psychological Association clearly indicates that here is a collective elevation of stress in the United States resulting from the virus (APA, 2020). A similar elevation in stress can be expected in other countries. However, is this stress in any way elevated and do levels of arousal remain high in societies that have been exposed to collective trauma (such as warfare, major domestic upheaval and violence)? Is there a collective PTS operating in Israel that is still not present in the United States?

Political Situation

I suspect that policies are hard to formulate and implement in any country that is facing a VUCA-Plus related challenge such as COVID-19. I have documented some of the challenges involved in this arena in an article that focused on systems thinking, slow thinking, and polarization management in addressing the complex challenges associated with COVID-19 (Bergquist, 2021c). I attend in particular to the struggles encountered in many countries regarding the support for or opposition to herd immunity. Clearly, polarization is intensified by VUCA-Plus induced anxiety—and the opportunity for slow, system thinking regarding the COVID-19 virus is remote. We might even find that the collective posttraumatic syndrome I have just identified might be operating. The anxiety-induced struggles and traumatic

reactions to the virus will inevitably produce a collective swinging back and forth regarding the introduction of ameliorative measures (such as NPIs) versus allowing a population to reach what must inevitably be herd immunity if this society is to successfully control (if not eradicate) COVID-19. The issue for us to address is a comparison between different societies as to their capacity (and willingness) to opening and thoughtfully deliberate regarding this public policy.

American Cowboys

I suggest that thoughtful deliberation regarding COVID-19 related policies is particularly difficult in a society where profound individualism is prevalent. Citizens are simply less likely to listen to other citizens (especially those with differing views on the matter at hand) if they have few connections with these other citizens. In a disconnected society where people wish to keep at a distance from other people (*sociofugal*), then they are less likely to stay around for a debate.

At this point, I would like to introduce the image of America as a “Cowboy Paradise.” I don’t think it is accidental that American media has for many years been portraying a mythical image of the American West and the “Rugged individualism” of the American cowboy. We even elected a president (Ronald Reagan) who fully embraced this image for himself (even though he grew up a community far removed from the American West). There are several important ingredients of this image that seem relevant to the political situation in America. First, the mythic cowboy would take matters (including the law) into his (always a male) own hands. Second, if he didn’t like what was happening in his own frontier town then he could “pull up stakes” and move on to the next town. Third, the cowboy was something of a blend between “toughness” and “tenderness” – he could always win the fist fight and sometimes even kill another man (always a villain) and then turn around and sing a song while riding out of town on his cherished horse.

All of this means that the mythic American cowboy was not well-equipped to deal with something elusive like COVID-19. It would make no sense for him to take matters in his own hands when confronting a virus. Collective action is required. It is hard to knock out a pandemic with the blow of one’s fists. Second, the cowboy can’t just move on to another town, for the virus will follow him. In fact, he might himself be infected and become the super-spreader at the next town. This certainly doesn’t make him a hero. Third, the cowboy is likely to be quite ambivalent about the best way to confront the virus. On the one hand, he might be a bit “cold-hearted” and simply declare that we have to wait for herd immunity to take place—even if this means the death of many people. On the other hand, our singing cowboy would care deeply about the death of a specific person who has been infected. He might even remain in town to help the town doctor attend to a sick colleague—holding this person’s hand while they are dying. A song of remorse might follow.

I suggest that many Americans emulate the mythic cowboy in their inability to remain focused on formulating and implementing a sensible COVID-19 policy that takes into account and balances off the reasonable arguments to be made for both immediate, proactive interventions against the virus and the need for longer term plans that lead eventually to sustained collective immunity in not only their own country, but also the entire world. There is no fist fight to win, no town to leave, and no siloed attention

to just one suffering patient. The American cowboy doesn't belong in the American movie about pandemics.

American Policy Formulation

At this point, I will leave the world of our mythic American cowboy and turn to the much more realistic challenges that faced American policy makers over the past couple of years and will turn once again to the thoughtful observations being made by Nicholas Christakis (2020). While I am moving from myth to reality, there are some important parallels to be drawn between these two domains (as there often are in the collective culture of any society).

First, there is a long history of Americans operating like deranged cowboys during a pandemic—most notably during the Spanish Flu of 1918 that killed many Americans (and others around the world). In America there was a major super-spreader event that occurred in Philadelphia. The Philadelphia effect (Spanish flu) illustrates the imposition of economic contingencies when formulating (especially short-term) health care policies. Christakis (2020, p. 72) offers the following description:

Philadelphia was among the hardest-hit American cities, along with other densely populated industrial cities such as Pittsburgh, Lowell, and Chicago. The initial wave of the flu came to Philadelphia on a British merchant ship. The health director of the city, a gynecologist named Wilmer Krusen, had to decide whether to shut down the city entirely or take more limited measures. The problem was that a parade in support of the war effort was planned for September 28, 1918 (not dissimilar to the large meeting of the Chinese Communist Party in Wuhan in 2020). It was not canceled, and an estimated two hundred thousand people—over one-tenth of the population of the city—attended. The Philadelphia Liberty Loans Parade was two miles long and even had a marching band led by John Philip Sousa. Within two days, hospital capacity in the city was exceeded. Shortly thereafter, by October 3, the epidemic took off like wildfire. People died so fast that caskets piled up in the streets and volunteers had to dig mass graves. It has been called the "deadliest parade in American history."

This a clear example of indifference to the welfare of other people. The "lone cowboy" in this case is aligned with economic interests. And it should be noted that such an alignment is not to be found only in the United States. A "communist" country such as China is also faced with selecting from a similar set of priorities. We have much to learn from this 1918 super-spreader event – for it is a power law phenomenon that has been subsequently repeated. Christakis (2020, p. 37), for instance, points to the critical role play by a "fish monger" in the spread of the first SARS virus. It was one man in a Chinese outpost that was the super-spreader. How can one make any predictions in such a "tippy" world? Viruses such as COVID-19 truly operate like the "butterfly effect" that chaos theorists have made famous—and ascribe to the power law. They are volatile, unpredictable, complex, ambiguous . . . all the ingredients of VUCA.

As we turn specifically to the challenges facing the United States citizens in their formulation and enactment of policies regarding COVID-19 we find a major debate regarding not only immediate preventative interventions and long-term acceptance of herd immunity, but also, on the interventionist

side, between pharmacological and nonpharmacological interventions (NPI) that favor the formulation of socio economic (NPI) Policy. Christakis (2020, p. 88-89) summarizes it this way:

In addition to pharmaceutical interventions, we have a second way to respond: nonpharmaceutical interventions, or NPis. NPis come in two broad categories: individual and collective. At the individual level, this includes efforts like washing hands, wearing masks, self-isolating, and forswearing handshaking. By definition, these actions involve a certain level of personal choice, and although in extreme cases people have been punished for flouting rules . . . individuals often have some control over how much mitigation they are willing to adopt to keep illness at bay.

The key word here is “choice.” With the pure form of herd immunity there is no need to make any choices. We simply let “nature” take its course (a negative feedback loop to buffer the positive, accelerating loop) and find a level of stability (“truce”) with the virus. We call this an external locus of control, wherein the primary agencies of choice are to be found outside our own domain (in this case, choice is being made by “nature”). If either the pharmacological or NPI interventions are preferred, then choices must be made by each individual person or the collective (if conformity is mandated). Christakis (2020, p. 89) reflects on the implications of taking collective action:

Collective actions . . . are usually coordinated (and mandated) by governments. While they may not be to everyone's liking, they involve and affect everyone. These actions include closing borders, shutting schools, banning large gatherings, disinfecting public spaces, instituting testing and contact tracing and quarantines, providing public education, and issuing stay-at-home orders. Because those kinds of NPis often impose burdens on citizens who remain (or at least appear) uninfected, these efforts can provoke resentment and even resistance.

Once again, there are a couple of key words in what Christakis has written. These words are “resentment” and “resistance.” Given that the United States tends to be quite individualistic, then it is highly likely that choice will reside with each individual citizen. There will be major pushback against any mandated actions. There is a demand for internal locus of control and resistance to any externalization of control in an individualistic society such as we find in the United States. We Americans must be masters of our own fate and rulers of our own silo.

Specifically, we must be the agent who chooses whether or not to embrace and enact preventative measures. Internal locus of control requires a clear sense of personal values and priorities—which is quite demanding of the human psyche. It might very well be that part of the angst experienced by Americans in confronting the virus comes from the demand that they make difficult choices based on their own priorities (or those of these family) and their own personal value regarding a sense of responsibility for the welfare of other citizens (and even members of their own family).

Christakis (2020, p. 89) softs his analysis a bit by identifying more nuanced and diverse ways in which Americans can “chose” to comply with recommended social behaviors (NPis):

An alternative way of thinking about the broad array of NPis is based on the method by which they are intended to tamp down the epidemic. Some interventions, whether individual or

collective, achieve their effect by reducing the transmissibility of the pathogen—for instance, wearing masks, handwashing, and sanitizing public places. These are transmission-reduction interventions. Other interventions work by modifying the pattern of human interactions to deprive the pathogen of opportunities to spread—for example, self-isolation, quarantine, and school closures. These are contact-reduction interventions, and they constitute the social-distancing measures everyone began talking about in 2020. To be clear, we need to distance ourselves physically, not socially. The last thing the public should be advised to do is create more social distance between their friends and families at a time when physical proximity is restricted.

It is worth noting that each of these nuanced interventions hold important psychological implications. I suggest that psychologists should be at the table when plans are made for intervening in future pandemic outbreaks.

Social Protest

Social protests are an enduring tradition in both Israel and the United States. To the extent that individualism is prevalent in both countries, there is a right and willingness of many citizens to speak their mind—even if their opinions are not always widely shared or appreciated. Silberberg notes that the current social protests have been a multigenerational phenomenon in Israel (contrasting with earlier protests which tended to be engaged primarily by either the older generation of Israelis or the younger generation. We might even consider it a transmittable “disease” like a virus and trauma – only it is a “disease” that might be beneficial for the body politic. It is also healing individual citizens who find social protest to be a way in which to retain or reclaim an internal focus of control.

Silberberg (2020, p. 25) observes that “younger and older people come to the demonstrations and respect and create space for the young style of protest and absence of explicit leadership.” She offers insights about the ways in which symbols (color of flags) conveys not just the intergenerational diversity of the protests, but also the sustaining of values – or in some cases the mourning of values that are not maintained by the government. She cites two of her authors, Daniella Bassis and Orna Megides who describe this sense of loss as a “yearning for a place that no longer exists.”

A similar intergenerational diversity seems to exist in America—both on the liberal and conservative side of the political spectrum. Perhaps, this is a bit of the “glue” that holds American (and Israeli) societies together. There are some settings of *sociopetal* coming together—but there might have to be a shared cause or crisis to bring people out of their silos (at least in the United States). Unfortunately, these *sociopetal* settings also create new silos in the United States in which polarized groups of people cluster and reinforce one another beliefs and frequently misperceptions of the virus and public policies related to the virus. Furthermore, there is societal glue to be found in the silos of prejudices that are constructed and in the attendant desire to engage violence. These negative *sociopetal* forces do bring some citizens together with a shared cause. This is the enduring tragedy of a suspicion of and disdain for the “other” that is all too commonly found in the United States.

The American “Other”

As we examine the nature and extent of social protests that occurred in the United States arising at least in part from the COVID-19 virus, there are several ways to approach this topic. We can look at the focus of the protest and at its source. While one would assume that the protest is being directed at the source, this is often not the case—especially when the source is elusive and anxiety-producing.

There are two primary focal points for protests in the United States. One focal point is the public policy being enacted in response to the virus—specifically these are the pharmaceutical and nonpharmaceutical initiatives that the American government has enacted (especially since the new Biden administration came to power). While one might disagree with the premise of the protests mounted against new initiatives and (in particular) new requirements, they are at least understandable given American individualism and wide-spread resistance to external locus of control. These are the perspectives and settings I have already described and need no further elaboration, other than to note that they have not always been peaceful. As in the case of Israel, there is a long history of social protest in the United States, and it is certainly to be expected in this instance.

The second focal point is much for disturbing. It relates to a particular way in which people tend to respond to diffuse fears associated with epidemics. Christakis (2020, p. 144) describes this tendency:

We respond to the fear brought on by epidemics in various ways. many of which are directed at asserting control over the threat. For example, people have a tendency to blame others for the disease. which makes them feel like they have some influence over the force that is affecting them. It is more soothing to feel that there is a human agent responsible for the problem, because this means human effort might be effective in response. It's much more frightening to imagine that the plague originates from a vengeful, implacable god or from an uncaring and remorseless natural world.

Christakis has made an important point here that takes us back to the matter of where resides the locus of control when we confront the CVOVID virus. Do we have some control over the virus—or must we leave our fate and the fate of the virus to external forces over which we have no control? Christakis is suggesting that we can retain at least the semblance of control if we can place the blame on other people rather than a god or nature. We can always find someone to blame and punish as a way of retaining an internal locus of control. Supposedly it is not hurting us when we grab control and beat on someone else—though Menakem (2017) suggests that both the victim and victimizer are traumatized by the abuse (as are the people who are seeking to prevent or moderate the abuse).

Christakis (2020, p. 144) offers a partial remedy for this dark side of the human psyche:

This desire for a sense of control can be destructive, especially since the objects of people's blame are often minority groups or those seen as outsiders. To mitigate this, an important challenge for public health authorities and leaders during a pandemic is to acknowledge widespread negative emotions and feelings of powerlessness and to help people effectively respond to them in constructive ways of offering outlets for their emotions.

As we have already noted, this is a first step in not only the addressing of this broader source of societal dysfunction and pain, but also in addressing the personal stress and pain associated with the virus. It is in the acknowledge of the pain and the “real” source of the pain (and the virus) that we can arrive at what Menachem calls “clean pain” – whether it be at a personal or societal level.

I propose that this seeking of clean pain is particularly important for Americans to engage, for Christakis’s analysis—and any reflection on American history reveals something about a much more sinister and destructive aspect of the American culture and character. This is the often violent (or at least abusive) relationship between the general American public and members of this public who are identified in some way as being “others” – people who are not “really” Americans. They are members of ethnic and racial groups who come to the United States from non-Anglo (British) countries. They are also those who are physically and mentally challenged, those who live outside the boundaries of traditional bigender identification (members of the LGBTQ+ community) and those who have chosen to live in some other manner in “violation” of traditional societal standards.

It seems that while American culture is in many ways disengaged, there is a fair amount of enmeshment when it comes to binding social norms. While Americans have moved beyond the definition of psychopathy as social deviance (Bergquist, 2020c), it has not moved beyond the stigmatization of social deviance—and has found a way to focus on the “other” as either a source of the virus or as a cause for its spread, governmental dysfunction in responding to the virus, or economic disruption related to COVID-19.

Christakis rightfully notes repeatedly that the identification of the “other” upon whom one can direct their wrath about the virus is not unique to the United States. This is a social psychological dynamic that has been operating in many societies over many centuries (Christakis (2020, p. 172):

The impulse to blame others for causing infections or for being infected is powerful and the historical record brims with devastating examples. Some Christians were also put to death in similar blood-baths in other cities, as described in the testimony of one witness:

You should know that all the Jews living in Villeneuve have been burnt by due legal process, and at August three Christians were flayed for their involvement in the poisoning. I was myself present on that occasion. Many Christians have been similarly arrested for this crime in many other places, notably in Evian, Geneva, La Croisette and Hauteville, who at the very last, on the point of death, confirm that they distributed poison given them by the Jews. Some of these Christians have been quartered, others flayed and hanged. Certain commissioners have been appointed by the Count to punish the Jews, and I believe that none remains alive.

There is still something unique about this dynamic as it operates in the United States. I would suggest that it is unique in two ways. First, it is particularly tempting to attribute the virus and its effects to some “other” in the United States, for there are many “others” in America. It is truly a melting pot of diverse cultures and lifestyles. It is a county which will soon have no majority population—so pick among many people for your bias, contempt and anger. It might even be suggested that one of the many sources of societal stress in the United States is its diversity. While there are many potential targets for one’s scorn,

it might very well be that there is an even greater incentive for finding this target given the amplifying effect of diversity on the stress associated specifically with the pandemic outbreak.

The second reason is much less “understandable”—at least at the surface. It has to do with a characteristic of American culture that was forged at the time of its European-based founding, with arrival of the puritans.

American Hysteria

It did not take many years for the early American settlers from Europe to find a way in which to identify and abuse the “other.” As one would suspect, it began with the identification of the indigenous population as the “other”—resulting in the abuse and execution of many “Indians” who were unfortunate enough to live on the East coast of North America when the Europeans arrived. The “other” however was soon no longer confined to the Native population. The early immigrants to New England began to identify the “other” among members of their own community.

Specifically, I am referencing the notorious Salem witch trials. Christakis points specifically to these trials as exemplars of the ways in which rampant fear can lead to the false identification of those people who are “responsible” for the fear. Typically, they are the “source” in some way of a psychologically based (“psychogenic”) illness. Here is his description and analysis (Christakis (2020, p. 149):

In the most fascinating epidemics of fear, referred to as mass psychogenic illness or mass sociogenic illness, otherwise healthy people fall ill in a psychological epidemic. These terms are nowadays preferred to the erstwhile epidemic hysteria. In such outbreaks, people can develop physical symptoms that have no physiological basis, driven by anxiety and fear. In the “pure anxiety” type, people report a variety of symptoms, including abdominal pain, headache, fainting, dizziness, shortness of breath, nausea, and so on. In the “motor” type, people may engage in hysterical dancing or manifest pseudoseizures.

The seventeenth-century Salem witch trials were triggered by a bout of mass psychogenic illness when a group of Puritan girls fell ill with “fits” and laid the blame for their apparent possession on a number of local women. Historical records of such phenomena date back to at least 1374, when, in close succession to the Black Death, “dancing manias” broke out, initially in Aachen, Germany.

As Christakis notes, the psychogenic illnesses are often referred to as “hysteria.” The history of “hysteria”, in turn, goes back many centuries and has been of great importance in the creation of modern mental health practices (Zilboorg, 1967)—as well as being the precipitator for many witch hunts in many countries over the years. What is perhaps most important to note about hysteria (psychogenic illness) is that it is quite elusive regarding both diagnosis and treatment. The source of this malady is not easily identified, and many strange treatments have been engaged over the years – with a few of them, like Sigmund Freud’s “talking cure” being somewhat successful. Given its elusive nature, hysteria is often the source of major fear and creator of many superstitious and wildly inaccurate medical diagnoses (beginning with the assumption that “hysteria” is caused by the wandering of a woman’s womb).

It seems that COVID-19 is equally elusive, scary and a source of many distorted and wildly inaccurate diagnoses. As in the case of many “spooky” diseases, COVID-19 has often been ascribed to bats (it is not just Dracula who is a bad actor). As Christakis (2020, p. 21) notes, bats “have haunted our species . . . for a very long time as objects of mythology associated with death.” It is all about bats, demons, potions and even conspiracy theories. We regress under conditions of stress and are amenable to a variety of fanciful (and often destructive) images and action. There is an important unconscious dynamic associated with any pandemic that leads to the regressive ways in which we think about the pandemic and the regressive (often authoritarian) way in which societies over the centuries have confronted a pandemic (be it the plague or COVID-19).

While he is not a psychologist, Christakis (2020, p. 103) does probe the inner working of the human psyche and its irrational reactions to “scary” (fear-inducing) threats. He writes about the epidemic of fear:

In addition to grief, epidemics also bring fear. Fear can itself be contagious, forming a kind of parallel epidemic. Contagions of germs, emotions, and behaviors can act independently or they can intersect. And fear has an advantage over even the most contagious pathogens—people can contract a disease only through contact other infected individuals, but they can contract fear through contact with either infected individuals or fearful ones.

America has often been the home of this epidemic of fear and the hysteria that often undergirds the spread of this epidemic. There have been many stories and analyses of mass hysterical events as the home of hysteria. There is the mad gasser of Mattoon (Illinois Library, 2021) and the noteworthy hysteria associated with the *War of the World* broadcasts of Orson Wells (Schwartz, 2015). A wonderful (and often disturbing) account of the hysterical dynamic and the impact of silo-based, self-confirming thought patterns can be found in the account by Leon Festinger and his colleague of a prophetic group that thought the world was coming to an end and they would be rescued by a flying saucer (Festinger, Riecken and Schachter (1956).

While every country can no doubt offer similar fanciful tales, there is something unique about the American culture and character that seems to be particularly amenable to hysteria and epidemics of fear. I wish to speculate regarding a couple of reasons for the higher levels of hysteria in the United States. Both reasons are related to deep, often unconscious processes that were to be found in the Puritan history and heritage. I begin with the repressive environment to be found in Puritan society. As was the case in the repressive environment of Freud’s Vienna (Rieff, 1979), there was a profound sense in the Puritan society that many natural human desires (such as sexuality) are sinful and that a strict code of conduct must be imposed on society if these natural desires (the temptation of sin) are to be controlled and hopefully conquered.

Freud and his followers proposed that this pushing down of thoughts and emotions associated with natural desires would lead to the destructive re-emergence of the energy embedded in these emotions through various physical and, in particular, psychogenic ailments. Hysteria headed the list. While Freud was focusing on Vienna, his analysis would certainly also apply to the Puritan culture of New England. While today we use different terms and different descriptions when addressing the nature and dynamics

of psychogenic illness, there is still the sense that our physical wellbeing is often wrapped up with our mental wellbeing—and that our vulnerability to COVID-19 is influenced by what is happening in our head and heart as well as other physical domains. Furthermore, our collective head and heart are also influenced by and often distracted by the collective forces and sources of energy that we wish to deny or repress.

The second potential reason for the inception of abundant American hysteria centers on the trauma experienced by the Puritans in the ostracism and abuse they suffered in Europe—traumatic experiences that led them to escape to North America with all the potential trouble and travail to be enduring in sailing across the Atlantic Ocean and settling into a challenging North American environment. Other attempts by Europeans to settle in North America had failed, so it must have been quite a strong compelling reason for the Puritans to make this decision. There is a contemporary theory regarding the role played by something called the “social unconscious” that might be relevant in explaining why the traumatic experiences of the Puritans could have led to mass hysteria—and to the fear of those who are different (the “other”).

My colleague, Richard Lim (2018) has written about the role played by the “social unconscious” in his own country (Singapore). The history of ostracism and abuse among the Chinese immigrants living in Malaysia led to migration of many of these Chinese/Malaysians to Singapore and to establishment of the current independent city-state of Singapore. Lim speculates that the deep concern in Singapore culture regarding perfection, order and protection might be motivated by this sense of being unwanted. Lim notes in his own work as a therapist and organizational consultant that there is a lingering and deeply felt fear of not really being good enough and being vulnerable to outside forces that wished them ill-fortune. We find similar dynamics operating in other societies, such as Israel and South Africa. The history of ostracism and profound abuse can be found among the Jews in Israel (traumatic memories of the Holocaust and Spanish Inquisition) and those of the Afrikaans heritage in South Africa (traumatic memories of the Boer treks imposed by Europeans).

Something similar may have been operating for the Puritans as they established their social structure and culture in New England. Were they also influenced by trauma embedded in their social unconscious? Having been ostracized in Europe, were the Puritans particularly suspicious of the “other?” Were they fearing that that these other people (or perhaps even natural forces) could inflict harm? Given the history of being considered “unclean” and unwanted in a previous society, was there, also (as in Singapore), a need to be perfect, orderly and protected? At an even deeper level, was there an enduring sense that in some way, they were “unclean” and not worthy of being wanted.

The resulting sense of shame could have been isolated and projected outward to a few people (such as “witches”) who held all the filth (sinful) and unwantedness (demonic possession). Exacerbating this psychodynamic isolation and projection would have been the accompanying fear of natural forces that led to many of the “witches” being assigned the ability to transform into wild beasts and to concoct magical herbal potions. The fear of nature (and desire to “conquer” nature) would have fit nicely with the identification and eradication of evil and powerful people (mostly women) in the midst of an orderly and protective Puritan society.

A “perfect storm” would have existed within this newly arrived and isolated immigrant population: repressive ethics, a trauma-based social unconscious and a wilderness to tame. Perhaps a similar storm hit the American shore during the COVID-a9 era, with a powerful and evil force arriving from some “other” society (China) (though actually many of the early sources of infection came from Europe). There was “filth” in the virus and an initial desire to deny its existence as a powerful enemy that was indifferent to human welfare. The virus became America’s new “witch” and was the source of many unconscious processes that made rational decision-making and action difficult at both the personal and collective level.

Hope

In the midst of our realistic and quite pessimistic appraisal of the major lessons to be learned from the way COVID-19 was addressed throughout the world, and particularly in the United States, it is important that I (like Varda Silberberg) offer a few perspectives of hope regarding what we can derive from the era of COVID-19. I suggest that there are three major areas of hope. They relate to individual differences in the way people (and particularly Americans) have responded to the virus, and to the way in which locus of control can lead away from helplessness and hopelessness to a sense of empowerment and personal agency. Third, I suggest that COVID-19 has taught us some of the important lessons about not only how to respond more effectively to future pandemics, but also how better to prioritize our own decisions and actions in life. I turn first to individual differences.

We Are Not All the Same

Dr. Silberberg (2020, p. 20) brings up the issue of individual differences as related to the effect of COVID-19 on both the therapist and client. I would suggest that her analysis can be extended even further—beyond the therapy office. We will find significant differences in the ways people in all societies react to and address the challenges of a pandemic. These differences are likely to be even greater in a society of disengagement, when there are few enveloping demands regarding how one should think and feel about that which is impacting their life. It should come as no surprise to anyone living in a society of disengagement that there are some major differences in the way each member of the society has responded to the current virus.

Those members who are Introverts seemed to have done much better with the personal isolation of the current virus than did those who are more extraverted and are energized by direct interaction with other people. At the level of family, some members of any society live in families that are heavily enmeshed in a way that provides us with ample support (both tangible assistance and emotional support). Even in a disengaged society, there are many families that have created an enmeshed subculture of their own. Other members live in a family that are more disengaged and, as a result, leave us in a place to pretty much “go it on our own.” There are also those who don’t mind governmental interventions and those who do mind. While I can identify many other individual differences, these three examples point to important levels of differentiation.

Personality: At the first level, we have what are often called differences in personality (or in the old days something called “temperament”). Carl Jung (1971) was one of the first to write about these personality

differences—and introduced the concept of introversion and extraversion. He also introduced us to the distinctions to be made between a focus on the external world (“sensation”) and the internal world (“intuition”), as well as the primary engagement of rational thought in the processing of both internal and external information (“thinking”) versus the primary engagement of emotional and values-based processing of this information (“feeling”).

I suggest that those with a bent toward Sensation will have been deeply involved in listening to the reports about COVID-19 and will have tried to be as “realistic” as possible about the virus and the ways in which it operated in the world (and especially in their own community). By contrast, those with a proclivity toward Intuition would have been more interested in the way in which the media portrayed the virus and images that the virus evoked (such as bats, evil spirits and conspiracies) in both themselves and other people. Those with a strong Thinking function would have been more inclined to prepare plans for social distancing, getting the inoculation, and determining when to meet with family members without a mask. Those with a strong Feeling function would have focused on the injustice done in their community or nation regarding the way in which the virus was handled and would have been primarily concerned with how social distancing, wearing of masks, etc. was impacting on their own emotional health and that of people about whom they most care.

Some Jungians have combined Sensing and Intuition to derive a category called Perception and have combined Thinking and Judging to derive a category called Judging. I propose that those who are inclined toward Perception are likely to have spent a considerable amount of time pondering and reading about the virus—perhaps writing essays (like this one) about COVID-19. Conversely, those inclined toward Judging would have gotten out in the world (or at least spent time contemplating getting out in the world) to do something about the virus (perhaps advocating for specific public policies or assisting those who were infected).

Finally, I return to the distinction between Introversion and Extraversion. It is not only a matter of whether one does or does not find energy in being with other people. There is another important difference that Jung identifies which is often overlooked by those describing these personality types. Jung suggested that Extraverts are likely to look outward in the world and not only find energy there (in nature as well as interpersonal relationships) but also important information to guide them in their life. If they are also Sensing types, then the external information is easily acquired and analyzed. If they are Intuitive types, then they can clearly differentiate between the external information and their own internal sources of ideas and images. While the Extraverted Intuitive people might prefer their internal life to that of the external world, they can do a good job of seeing how these two sources relate and can often do a good job of integrating these two sources.

By contrast, those who are Introverted tend to project their own image of the world out to the world and simultaneously provide a psychic mirror that enables them to see this image bouncing back at them. The Introverts then come to believe that this mirrored image is actually the real world. An Introvert, for instance, will be confident that they have conveyed a specific message to their spouse, only to discover that they only thought about delivering this message. They rehearsed it, but never sent it out.

I have spent time on this important distinction because I believe it might be playing a critical role in how people process information about COVID-19 in quite different ways. Those who are Extraverted will actively pursue and take in information they are receiving about the virus. If they are oriented toward the Sensing function, then they are likely to be influenced by this information. If they are oriented toward the Intuition function, then they are likely to be selective in what information they take in (looking for information that supports their own assumptions).

By contrast, those who are Introverted will be inclined to ignore the external information—but believe that they are being “realistic.” What they are seeing is their own projections outward about the virus that is bouncing back to them as “reality.” While on the surface, this Introverted projection might seem to be a bad thing that should be corrected, it can be quite important in the formulation of public policy. It is the vision of the Introverts that can be of great value regarding what the world might look like and how it might operate after the virus has been controlled or even eliminated. We must “lean into the future” (Bergquist and Mura, 2011) and “learn into the future” (Scharmer, 2009), while also learning from the past when moving forward in addressing future pandemics. This perspective regarding the future resides at the heart of Hope.

Families: we find major differences in not only the way in which individual people in the United States have reacted to and addressed the challenges of COVID-19, but also the way in which families have differed in their own perspectives and practices regarding this virus. In societies that are heavily emmeshed, abundant with strong *sociopetal* settings (including rituals, celebrations, myths, philosophies, theologies), the differences among families are likely to be minimal. Most families will “obey” the norms and expectations of the culture in which they dwell. As in the Broadway musical (and movie), *Fiddler on the Roof*, the families are deeply influenced by the “traditions!” of their community. At the heart of this musical is the story of what happens when the traditions are upended—the fiddler is finding it hard to find balance standing on the top of the roof. It is interesting to note that *Fiddler on the Roof* has been positively received in many enmeshed societies (other than just the mythic shtetl of Russia where this story unfolds).

It is a quite different story in a society such as is found in the United States. There are many subcultures operating – the large number of “others” that I have already identified. The disengagement of American societies allows for the existence (if not always the tolerance) of multiple family patterns. With the dissolution of the normative nuclear family (one husband, one wife and several children), the diversity of family structures has become that much greater. As a result, some families operate in a disengaged manner, while others are heavily enmeshed. I propose that those who come from heavily enmeshed families are likely to find more support during the COVID-19—though their sense of loneliness might be greater given that they are unable to be with some of the people who are tightly interwoven in their life. While the members of enmeshed families might find great comfort in spending extensive in-person time with their immediate family, they are likely to miss the in-person time with the more extended family that is commonly found in enmeshed family systems. Uncles, aunts, cousins, nephews – and especially grandparents—are often sorely missed.

For those living in disengaged families, the absence of frequent in-person meetings with other family members might not be missed during the COVID era—because they weren’t meeting very often with

other family members anyway. While this means that there often was little change in the activities of their extended family, the COVID era often brought with it a major change in the way members of a disengaged family relate to one another. Suddenly, everyone was no longer heading out in opposite directions to work, school or hobbies. Everyone was now living together 24 hours a day. Meals were being cooked, education was being delivered by parents, family members were taking care of (or at least trying to take care of) one another. There was much to learn—new recipes, new ways to use the Internet as a teaching tool and new ways of being together with people you “love” (whatever that might mean for someone in a disengaged family).

Thus, there are trade-offs, changes, and new learning for all the families, whether or not these are enmeshed or disengaged. In many cases, these new challenges were not chosen by any members of the family but were “foisted” on the family by outside forces. As I shall note, shortly, the virus often became a teacher or at least a goad to new learning—whether or not someone wanted to learn at this moment in their life.

Locus of control: I have already described in some detail the helplessness and hopelessness that attended the life of many Americans during the COVID era. Varda Silberberg (2020, p. 9) similarly describes the unpleasant feelings associated with loss of control. In borrowing from the contributions made by one of her authors (Sheerie Lotan Mesika), Varda describes the loss of control as being similar to how one feels when “swept away by ocean waves.” I am similarly reminded of Carl Jung’s (1938) description of the “numinous” (Rudolph Otto’s identification of the “awe-fill” experiences associated with large, powerful and controlling forces).

No one would wish the challenges of this era on any society. However, there were moments of courage, compassion and commitment that arose in response to the virus. These moments elicited the hope associated with an internal locus of control, as I have mentioned that is “leaning” and “learning” into the future. As Christakis repeatedly noted, there are many options other than prejudice and violence when addressing the challenges of COVID-19. In my own writings (Bergquist, 2020e) I have borrowed from the work of Camara Phyllis Jones, in identifying four tiers of intervention on behalf of health. Each of these tiers can be engaged in seeking in a proactive way to engage the challenges of any virus.

The first tier is concerned with *Treatment*. We can be active ourselves in making sure that adequate medical facilities are available for those who are infected and adequate protection and support is available to those providing medical services.

Amelioration resides at the heart of the second tier. This tier concerns ways to reduce the long-term effects of COVID on those who have been infected and are now in recovery. In many ways, this is now the frontline of medical services in meeting the COVID challenge. We are beginning to discover long-term effects in such areas as cognitive functioning, vulnerability to other diseases, and potential for re-infection in the future. We need not sit back waiting for others to make the case for attention to and the funding of these ameliorative measures. Advocacy in this area will be critical, for we know all too well, in many societies (including the United States) that there tends to be short attention spans once a crisis has passed us by or been resolved (over the short term).

The third tier is focused on *Prevention*. We can commend the exceptional success of the pharmaceutical industry in rapidly produced successful vaccines but can also do our part in exerting our internal locus of control to ensure that inoculations are available to everyone—including people elsewhere in the world. Just as concern for the long-term effectiveness of COVID-19 must be sustained (tier two advocacy), so too must global-based concern for both pharmacological and non-pharmacological interventions be sustained (tier three). Ultimately, a multi-strategy approach to prevention must be engaged—and many of these strategies move us beyond the confines of hospitals, clinics and inoculation sites.

This leads us to the fourth tier: *Empowerment*. In essence, both Varda Silberberg's essay and this essay (and in fact Varda's entire book) is about empowerment—somehow finding the insights required to be effective in addressing future pandemic challenges. The multiple perspectives offered by Dr. Silberberg provide a valuable guidebook for all societies to follow in ensuring that future viruses have less extensive and less intrusive an impact on the health and welfare of all citizens. Ironically, it is COVID-19 that has been an insistent teacher in helping us learn the lessons of pandemic intrusions. It is to this one final, "hopeful" aspects of COVID-19 that I now turn.

Virus as a Teacher

A documentary movie was recently released and awarded many prizes, that concerns the way in which an octopus became the teacher for a South African snorkeler. As was the case with the protagonist in *My Octopus Teacher*, we can choose to learn from the virus that has entered our life (unannounced and unwelcomed) during the past two years. At a fundamental level, it is important to acknowledge that COVID-19 needs us and has become intimately acquainted with our behavior, our preferences, our ways of being in the world. While the octopus could remain in the sea and teach the diver in its own environment, COVID-19 has been required to enter the human world and to learn rapidly from (and adapt itself many times over) to this world of human behavior.

Much has changed in American society and many other societies as a result of COVID-19. Varda Silberberg (2020, p. 28) suggests that "the effects of the current Covid-19 crisis differ from what we already know about coping with crises, and the research on its psychological outcomes is in its infancy and focuses mainly on fear and anxiety." COVID-19 does provide the motivation to learn about these changes and expand our analysis beyond just the role played by basic psychological emotions. The virus also provides some of the answers to the questions being asked about pandemic invasions. Nicholas Christakis has devoted an entire chapter (Seven) of his book to the identification of changes that are likely to remain permanent in American society (and other societies in the world). A set of important lessons are attendant to these changes.

At the domestic level, the virus is teaching us about cooking, self-entertaining, sanitizing (hand washing)—and, more generally, the value of home. At the interpersonal level, we are learning about appropriate disclosures regarding health and about how to relate to other people in new ways via a computer screen or hand-held device—and at a distance when interacting in person.

There is another important interpersonal lesson to be learned that is being motivated by COVID-19. As we find that the virus has a global impact, and as we come to realize that we must work with people all

over the world to address the pandemic challenge, we are learning how to relate better to these “other” people. We find that our shared concern about the virus is leading to an appreciation of what we have in common, as well as what distinguishes us from one another. This essay is an example, itself, of the encouragement offered by the virus for cross-cultural learning.

There are even some philosophical and theological lessons to be learned from the virus. We might have learned more about God as both a giver and taker. We have often been forced to reflect on mortality, in general, and our own mortality, in particular. As Atul Gawande (2017) advocated before the virus hit, we might have discovered how important it is to share details about our health and end-of-life preferences with our children. The virus has motivated this sharing of important mortality-based issues.

We can move beyond our own personal lives to discover important societal lessons. Many of us now increasingly recognize the importance of those who are providing care to other people, as well as those who clean our homes and our streets, take care of our garbage, and supply our food. The virus has taught us that these are all “essential workers” who secure the societal foundation of our daily lives.

The virus has also moved even further out to another domain of our life that we tend to take for granted. This is the domain that we identify as the natural world in which we live. It is the domain in which other animals live, along with the forests, oceans and climate with which we must live and interact. There have been changes in the environment resulting from reduction in miles traveled by car, reduction in the activity of certain manufacturing facilities, and reduced need for the heating of many office buildings (to name but a few of the temporary or perhaps permanent changes that have been made). The virus has taught us that the natural world in which we live is immediately and profoundly impacted by our imprint. However, COVID-19 has also offered a more hopeful lesson: the environment can recover quickly with reduction in human intrusions. The virus (like the octopus) is “teaching us” about our relationship with the environment in which we live. This might ultimately be the most important lesson for us to learn and the most important changes for us to make on our world, given this lesson.

Finally, I turn to the lessons that the virus has taught us about how governments should be run—especially in preparation for the next pandemic. It is to these lessons that Christakis attends in particular—for his book is ultimately concerned with public policy. I offer several quotes from Christakis that conclude his assessment of what is needed to change (and be learned) by governments in the United States (and probably elsewhere in the world). Christakis (2020, p. 294) begins by providing a bit of historical context:

Plagues can . . . lead to long-term shifts in how we think about government and leaders. In medieval times, the manifest inability of rulers, priests, doctors, and others in positions of authority to control the course of plague led to a wholesale loss of faith in the corresponding institutions and a strong desire for new sources of authority. Some scholars have speculated that this set the stage for the rise of capitalism and even of the Reformation, since it became very clear that the priests had no way of stopping mortality from the plague. This may have spurred developments in empirical medicine too, since the doctors also were ineffective at stemming the tide of death.

Christakis now shifts to the present time in the United States:

It is possible that the inability of our political institutions to fight the virus will have similar implications. We saw earlier that interest in collective state action will likely rise in the immediate and intermediate pandemic periods, but if the actions are incompetent, confidence in political institutions will fall. The incompetence of our government in confronting the pandemic (especially when compared to the responses of other countries) coupled with the essential necessity of strong collective action to combat epidemic disease may result in a shift in political preferences aimed at undoing the existing order.

I suggest that this potential undoing of the existing order could be progressive in nature, enabling the United States to operate in a more thoughtful and inclusive manner. Alternatively, as I have already noted, the stress and diffuse anxiety associated with COVID-19 could produce a regression of government to an authoritarian status. There is reason to be concerned about such a regressive act when considering the attack on the American capital in January of 2021. This regressive act would lead the American society toward a more enmeshed culture and centralizing, *sociopetal* setting—but this would certainly be a quite destructive way in which to balance the scale between individualism and collectivism. We would lose the best of individualism and acquire the worse of collectivism.

In his final comments in this chapter, Christakis seems to be anticipating that the American culture will become more *sociopetal* (with greater interdependence) regardless of the direction in which the government of the United States moves:

Given the strong, coordinated state action that is required to achieve control of the virus, it is likely that the role of government itself will increase from the immediate pandemic period into the post-pandemic period. The worse the pandemic gets, the more people will expect from themselves, from others, and from the state.

Apparently, if nothing else, the virus has taught us that we need one another and that living alone and in isolation is not the “natural” way in which human beings are intended to live. Perhaps, part of what COVID-19 has taught us about mother nature includes the need for human beings to bond with one another—especially “when the going gets rough.”

Conclusions

As I bring this essay to a close, I want to focus on two obvious questions. First, what do we do collectively and individually about the virus at this point? Second, what can we anticipate as the long-term outcomes of this pandemic? I will consider answers that might be directed toward all citizens of our world as well as those that might be directed specifically to Americans. I rely heavily (as I have done throughout this essay) on the analysis offered by Nicholas Christakis. I turn first to actions that might be taken.

What We Have to Do Collectively

Christakis (2020, p. 320) provides us with important guidance regarding actions we can take (and must take) together. These recommendations are relevant to any society (though I think they are particularly

relevant to the American culture with its rampant individualism and proliferation of silos). He begins by pointing once again to the initial invisibility of the virus.

Another reason that the commitment to addressing the pandemic waned over the summer of 2020 was that the serious illnesses and deaths were still mostly happening offstage. While over one hundred thirty thousand people had died by the end of June, nearly half of them were in nursing homes, already isolated from the broader society, and most other people who died early on did so in hospitals that were overrun, so they often died alone. This meant that few people had personal experience with the impact of the virus. People sheltered separately, and those who died were not numerous enough or visible enough—except to their families—to highlight the threat, as we saw. Yet, as the pandemic continues to unfold in late 2020 and 2021, there will be more deaths, and as more people become personally familiar with the disease because they know someone who has died, attitudes will change.

With this increased awareness (and I would suggest collective efforts to ensure this awareness) comes the critical implementation of nonpharmaceutical interventions (including testing)

Over the immediate pandemic period, in order to return to any semblance of normalcy, the United States will require much more widespread use of masks (and laws and policies mandating their use) and much more widespread testing (on the order of twenty thirty million tests per day nationwide—as of July 2020, the country was performing only roughly eight hundred thousand per day. Basically, every worker who is in contact with other workers need to be regularly tested. If the tests cost ten dollars each, the national expense would be about one and a half billion dollars per week, but that is still much cheaper than another massive economic shutdown. The virus is far too prevalent in most states in the United States to use contact tracing as an effective tool, though other sorts of electronic tools could help facilitate voluntary self-isolation.

While his recommendations now seem a bit dated (though less than a year old!), they point to an even broader issue. The actions that Christakis believes we must take involve important psychological processes. It is not just a matter of either economics or politics. Persuasion must accompany any efforts at compliance. The psychological perspectives offered in this essay and those offered by Dr. Silberberg can be valuable in helping to engage Christakis's recommendations in a successful manner—especially when Varda Silberberg's template is used as a systemic guidebook.

Personal Coping with Covid

At the personal level, there are several recommendations embedded in the analysis I have just offered. First, as I have repeatedly noted, the virus has driven people apart and at the same time has pulled them together during this COVID-19 era. It is critical that we embrace the latter (*sociopetal*) forces. Even as Introverts, we must acknowledge that the challenges associated with any VUCA-Plus saturated event requires that we reach out to other people. We need them to provide support for anxiety associated with the turbulence of COVID-19. We also need other people to help us make sense of the

contradictions inherent in the dynamic nature of the virus and in the public policies being enacted to reduce or eliminate the virus' impact.

Given the volatility, uncertainty, complexity and ambiguity of the virus, we need the steadying hand of those people in our life whom we trust with regarding to their intentions (Bergquist, Between and Meuhl, 1995). While those around us might not be the most competent people in the world (at least with regard to the virus), they can offer a collective competence when we bring them together to share perspectives, test out assumptions, and enter into constructive dialogue. "Reality" in a VUCA-Plus world is to be found not in the knowledge or expertise of one person, but instead in the constructive and sustained dialogue among peers holding diverse perspectives (Gergen and Gergen, 2004; Miller and Page, 2007).

We also cope by being thoughtful and caring about our own health. This is not a time to be "brave" and stubborn. This is a time to be tender and generous with our own body. A good night of sleep, some exercise, healthy foods and a dose of recreation ("re-creation") are key ingredients. We know this from the many studies being conducted in the emerging field of health psychology (Teurman, 2019).

Finally, this is an important time to cast off our "character armor" and allow ourselves to be open to assistance from professional human service providers. Whether we set up an appointment with a psychologist or social worker or seek support and guidance from a pastoral counsellor or our family physician, it is important that we acknowledge the importance of this type of assistance. As I have mentioned in this essay, this seems to be one of the few advantages of living in the American society. There is a greater openness to these services than in many other societies.

Since this essay is likely to be read by those working in human service fields, I realize that I am "speaking to the choir." This being the case, my recommendation might better be framed as acknowledgement that the services being provided by human service providers is even more important today. Furthermore, the VUCA-Plus challenges inherent in the virus-related problems being brought into the therapy office are in many ways new and in other ways quite old. There have always been moments of confusion, contradiction and turbulence in the lives of those seeking therapy; however, the levels of confusion, contradiction and turbulence might be even greater today. The levels of anxiety might even be higher—especially given the epidemic nature of collective anxiety as it begins to invade our silos and our souls.

Finally, I wish to acknowledge that effective personal coping is important not just for our own physical and mental wellbeing, but also for the wellbeing of our society. I have spent considerable time in this essay addressing the issue of the "other" as it spins out in American society (and in many other societies in somewhat different ways). Without effective attention to our own fears and stress, we will direct our attention to those people in our society (or other societies) who are in some way different from ourselves. We begin to fear them rather than the virus. We shift our stress to these other undeserving men, women and children. We encourage our representatives in government to direct their attention (and our money) to combating the "other" rather than our real enemies: the virus, our ignorance about the virus, our collective anxiety and resultant regression to a more primitive way of thinking, feelings

and acting. We must care for ourselves, so that we might effectively care for those people who are often most vulnerable to the VUCA-Plus challenges of COVID-19 (and other pandemics in the future).

Humans Versus the Virus

We can now turn to the second question. What is likely to be the future status of the virus as it impacts on our personal and collective lives? What is the current score card and what do we think the score card will be two or three years from now? Who is likely to win: human beings or the virus? I turn again to the insights offered by Christakis (2020, p. 297-298). His initial appraisal is not very favorable regarding the human team:

. . . it was not clear why human beings should be favored to win against microbes in an evolutionary arms race. Microbes have been around a lot longer than humans, are more numerous, do not mind dying, and can mutate rapidly, evading our defenses. How could we truly bring about their end? As molecular biologist Joshua Lederberg observed, "Pitted against microbial genes, we have mainly our wits." And often, as we have seen, these wits are deployed not so much in the development of sophisticated pharmaceutical armaments but rather in the very basic implementation of the simples of tools to fight our enemy—namely, staying six feet apart. While we can use our wits to win, perhaps, against a pathogen causing a particular outbreak, and while we can occasionally eliminate a pathogen like smallpox altogether, it is extremely doubtful we can win against all pathogens. Infectious disease care and control seem more realistic objectives than eradication.

Christakis (2020, p. 307) offers his own 2020 predictions about what will happen over the short term. He makes an important point. It is not just about the potency of the virus. It is also about its capacity to move from one human being to another (transmissibility):

It is still too early to know how SARS-2 might mutate and over what time frame. Over the short term, it's possible that the virus could change to be either better or worse for us (in terms of its transmissibility, lethality, or both)-even though any long-term changes are likely to be positive for us, the unfortunate hosts. Many thousands of mutations in SARS-2 have already emerged naturally, but most of those mutations do not affect the action of the virus. As of the summer of 2020, there is not much evidence that the virus has mutated to be less severe, and there is some possible suggestion that one circulating variant might have become more transmissible . . .

From the perspective of mid-2021, Christakis's concerns seem to be justified. Both potency and transmissibility are fully present. Mutations seem to be at the heart of the matter. The adaptive capacity of viruses gives them a decided edge regarding the health of human beings.

It seems that there is no long-term solution. While medicine and social knowledge (NPR) might give people the short-term edge, it seems that the battle will drag on for many years, with only short-term victories for human beings. While short-term solutions reside partly in pharmaceutical initiatives and partly in social psychological modifications, there is no long-term solution to be offered either by the medical researchers or the psychologists. We might win our battle with COVID-19, but there are many other viruses waiting to enter the fray.

Furthermore, it seems that the advantage for the viruses of the future resides not just in their extraordinary ability to change and adapt, but also to a specific human factor. As Thomas Friedman (2005) has noted, our world has become much flatter over the past couple of decades. Globalization gives the virus the edge. Christakis (2020, p. 298-299) frames it this way:

Globalization, mass migrations, rapid airline links, the ever rising size of the human population, and humanity's increasing localization in huge and densely packed metropolises . . . contribute to the persistence of deadly infectious diseases. Outbreaks of novel pathogens reflect, among other things, changes in the way humans come into contact with animals. In fact, two of the biggest global challenges humans face—extreme weather events (like hurricanes and droughts) and periodic outbreaks of serious diseases—may be linked to climate change.

It is also worth noting that distinctions I have been drawing between different societies might soon be outdated (or at least more nuanced). While there is now greater diversity regarding the prominent narratives in the world, there is also a slowly emerging collective agreement on the way our world operates and how power and privilege are attained. Our world is becoming flat (Friedman, 2005) This collective narrative might, unfortunately, be now leaning toward authoritarianism as the regressive pressure associated with collective anxiety mounts—for our world is also becoming curved and dangerous (Smick, 2008) with COVID-19 contributing to the often destructive and escalating conditions of VUCA-Plus.

What then can we conclude? There could be a standoff between humans and the virus. It seems that viruses are coming to live with us. At best, viruses in the future will be like the common cold. We can reach a truce, but probably never declare a victory. Given that viruses in the future will be members of our personal and collective households, we must learn how to relate to them and must be open to learning important lessons from viruses of the future. They know us well—our fears, hopes, strengths, weaknesses and ways of being in the world and with other people. We must continue to inquire. Varda Silberberg's wonderful analysis certainly exemplifies the nature of insightful and constructive inquiry that is needed as we learn to live with our new housemate. Hopefully, this companion essay and others in this book are of similar quality and value.

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