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Cultural Defaults in the Time of COVID: Lessons for the Future

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Abstract
Five years after the beginning of the COVID pandemic, one thing is clear: The East Asian countries of Japan, Taiwan, and South Korea outperformed the United States in responding to and controlling the outbreak of the deadly virus. Although multiple factors likely contributed to this disparity, we propose that the culturally linked psychological defaults ("cultural defaults") that pervade these contexts also played a role. Cultural defaults are commonsense, rational, taken-for-granted ways of thinking, feeling, and acting. In the United States, these cultural defaults include optimism and uniqueness, single cause, high arousal, influence and control, personal choice and self-regulation, and promotion. In Japan, Taiwan, and South Korea, these defaults include realism and similarity, multiple causes, low arousal, waiting and adjusting, social choice and social regulation, and prevention. In this article, we (a) synthesize decades of empirical research supporting these unmarked defaults; (b) illustrate how they were evident in the announcements and speeches of high-level government and organizational decision makers as they addressed the existential questions posed by the pandemic, including "Will it happen to me/us?" "What is happening?" "What should I/we do?" and "How should I/we live now?"; and (c) show the similarities between these cultural defaults and different national responses to the pandemic. The goal is to integrate some of the voluminous literature in psychology on cultural variation between the United States and East Asia particularly relevant to the pandemic and to emphasize the crucial and practical significance of meaning-making in behavior during this crisis. We provide guidelines for how decision makers might take cultural defaults into account as they design policies to address current and future novel and complex threats, including pandemics, emerging technologies, and climate change.

Keywords
culture, COVID, self, emotion, default

> Citizens are asked to remain calm, maintain their normal daily lives, stay tuned for outbreak information provided by the government, and strengthen their personal hygiene routines.
>
> —Former President of Taiwan, Tsai Ing-wen, January 22, 2020 (Office of the President, Republic of China [Taiwan], 2020, para. 5)

> It's going to disappear. One day—it's like a miracle—it will disappear.
>
> —Former U.S. President Donald Trump, February 27, 2020

> I do think we need to understand better how – in the current climate – people make decisions. . . . To have now 60 million people still holding off of taking advantage of lifesaving vaccines is pretty unexpected. It does make me, at least, realize, "Boy, there are things about human behavior that I don't think we had invested enough into understanding."
>
> —Francis Collins, former Director of the National Institutes of Health (Simmons-Duffin, 2021, paras. 7–8)

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No other event since World War II has had such profound effects on so many people across the globe. As the COVID pandemic unfolded, many aspects of human behavior were in high relief—our tendencies to justify and explain, to blame and shame, but most of all our shared and individual needs to make sense. The pandemic was uncharted territory for people and organizations everywhere trying to maintain their usual activities and a unique challenge for psychological scientists as well as for policymakers working to explain, motivate, predict, and influence behavior. What would happen as people were encouraged or scared into doing things they didn't normally do, didn't want to do, on account of something that was new and that they had good reason to fear?

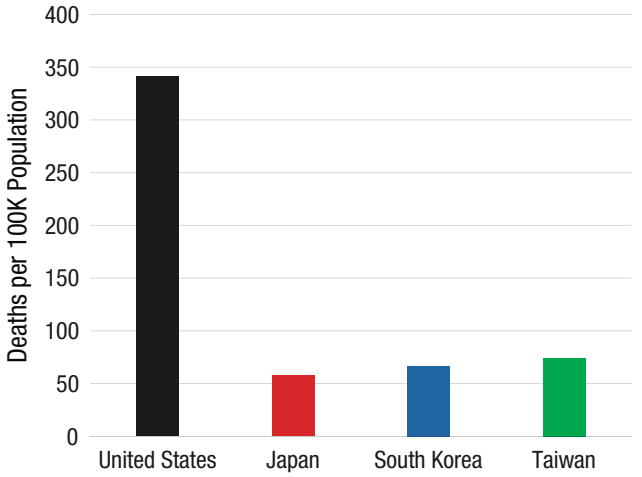

Fig. 1. Confirmed deaths from COVID per 100,000 people by March 2023. Data from the Johns Hopkins Coronavirus Resource Center (2023).

National Disparities in Mortality Rates

Around the world, the unfolding events of the pandemic were similar in many respects. Once people and their leaders understood that COVID was a clear and present danger, governments and public-health systems scrambled to respond. People were encouraged to wear a mask, minimize social contact, test, sanitize, and, later, vaccinate. And yet the ostensibly "same" pandemic advice and activities seemed to carry different—maybe even opposite—meanings in different cultures, which likely led to different actions and outcomes. For example, and as we focus on here, East Asian countries such as Japan, Taiwan, and South Korea outperformed the United States in responding to and controlling the COVID pandemic. As Figure 1 shows, by March 2023, more than 3 years after the beginning of the pandemic, the number of COVID deaths per 100,000 people in the United States was 5.9 times higher than that of Japan, 5.1 times higher than that of South Korea, and 4.6 times higher than that of Taiwan (Johns Hopkins Coronavirus Resource Center, 2023). This translates into approximately 1.1 million deaths in the United States, 73,000 in Japan, 17,700 in Taiwan, and 34,100 in South Korea.

Could these different outcomes be related to different response styles during the pandemic? Early in January 2020, almost immediately after learning about the existence of a new virus in Wuhan, China, the Taiwanese and South Korean governments started screening travelers for symptoms at national airports. The Taiwanese government launched a nationwide campaign of mask-wearing, quarantining, testing, and contact tracing and restricted large gatherings. The South Korean government rapidly worked to implement an extensive testing and contact-tracing program and partnered with the private sector to develop and distribute diagnostic tests (H. Kim, 2020; Su & Han, 2020; C. J. Wang et al., 2020). On the basis of analyses by a government task force, Japan launched the *sanmitsu* regulation (三密; the "three Cs"), which urged citizens to avoid situations that included closed spaces with poor ventilation, crowded places with groups of people, and close-contact settings (The Government of Japan, 2020). Notably, none of these governments imposed a nationwide lockdown or stay-at-home orders.

Now consider the United States: In late January 2020, the federal government announced temporary restrictions on some visitors from mainland China, and soon after, travelers coming from Wuhan and other areas were directed to a small number of major airports where they were screened and isolated if needed (Congressional Research Service, 2020). However, most airports did not conduct screenings; nationwide campaigns of mask-wearing, quarantining, or testing among the American public were not launched until many months later; and compliance was largely left to individual choice. Mandates were implemented by state and local governments that involved closing "non-essential" businesses and encouraging people to stay at home except for "essential" needs such as buying groceries and seeking medical care (Mervosh et al., 2020). Although many Americans complied with these mandates, many did not, and many initial mask wearers quickly grew weary of them. Most distinctively, the U.S. government, in collaboration with the pharmaceutical industry, launched "Operation Warp Speed" to develop a vaccine and accomplished this feat in record time (Pappas, 2023).

How do we explain these stunning differences in response and outcome? There are, of course, major differences between the United States and Japan, South Korea, and Taiwan.[1] Compared with these East Asian countries, the United States is bigger in size and has a

different ecology, a more diverse and younger population, no universal system of health care, a fragmented public-health system, more people with a higher prevalence of comorbidities, greater income and racial inequality, a growing distrust between people and government, and less experience with face masks or with highly transmissible diseases. Moreover, at the start of the pandemic, the United States was more politically divided than these East Asian countries, and it had a particularly polarizing national leader. All of these factors were likely crucial and played a role at different points in the crisis (e.g., The Covid Crisis Group, 2023). Yet we suggest here that none of these factors, alone or even in combination, can tell the full story about life during COVID without appreciating the influence of culturally linked psychological defaults ("cultural defaults") on how individuals and organizations understood, responded to, and now remember the pandemic. As Francis Collins, quoted above, said when he stepped down as director of the National Institutes of Health, much more attention needs to be paid to understanding human behavior and decision-making. On the basis of decades of research in cultural and cross-cultural psychology, we argue here that cultural defaults are central to this understanding of human behavior and decision-making.

In the U.S. American context, the constellation of cultural defaults particularly relevant to the pandemic includes (a) abundant optimism and a sense of uniqueness, (b) a sharp focus on a single factor—an individual or a group—as the causal force, (c) a valuation of higher arousal, (d) an orientation for influencing and taking control, (e) an emphasis on personal choice and self-regulation, and (f) a focus on promotion and the future.[2] In contrast, while acknowledging that each East Asian country has its own unique characteristics and cultural differences, in many East Asian contexts, the constellation of cultural defaults relevant to the pandemic includes (a) realism and an awareness of similarity to others, (b) a holistic focus on multiple factors as causal forces, (c) a valuation of lower arousal, (d) an orientation toward waiting and adjusting, (e) an emphasis on social choice and social regulation, and (f) a focus on prevention and preserving the link between the past and the future. These two default constellations form the basis of common sense and what is rational in their respective contexts, and as we illustrate here, were likely foundational for meaning-making during the pandemic and its aftermath.

Background and related work

Analyses by social and cultural psychologists as well as many other social scientists have already begun to reveal the influential role of various dimensions and facets of national culture on the course and outcomes of the pandemic (e.g., Adams et al., 2023; Bayeh et al., 2021; Cheek et al., 2022; Y. Chen & Biswas, 2023; Conway et al., 2022; Gelfand et al., 2021; Götz et al., 2021; L. Huang et al., 2022; J. H. Liu, 2021; Kitayama, Camp, et al., 2022; Van Bavel et al., 2020; Webster et al., 2021). For example, the death rates in individualist countries were generally higher than in collectivist countries in part because people in more individualist countries were less likely to follow social-distancing rules (Feng et al., 2022), to wear masks (Helliwell et al., 2021; Lu et al., 2021), and to adhere overall to epidemic-prevention measures (Maaravi et al., 2021). A recent synthesis of evidence relevant for policymaking collected during the pandemic found strong correlational evidence that nations in which individual freedom is prioritized over security (Adams & Estrada-Villalta, 2017) had relatively greater difficulty coordinating people in the face of a pandemic (Ruggeri et al., 2024). In addition to the individualism–collectivism dimension, people in cultures with a higher level of uncertainty avoidance showed higher vaccine hesitancy, partly as a function of concerns over vaccine side effects (Lu, 2023). Nations classified as "tighter" (e.g., Japan, South Korea, Taiwan, Singapore, and Vietnam) on a scale that assesses the strength of strict social norms and punishments were more likely to endorse and adhere to COVID-related norms and had more success in limiting the numbers of cases and deaths than did nations categorized as "looser" (e.g., the United States, Spain, Italy, Brazil; Gelfand et al., 2021, 2023; M. Liu et al., 2023). In addition to tighter norms, cultural contexts with fewer material resources, lower economic standing, less mobile social relationships (Berkessel et al., 2022; Kitayama, Camp, et al., 2022), more familism (Marinthe et al., 2021; Volpert-Esmond et al., 2023), and greater participation in traditional rice-farming practices (Talhelm et al., 2022) were also associated with better control of COVID, especially at the beginning of the pandemic.

These studies importantly demonstrate the links between specific cultural dimensions and COVID-related behaviors, but here we address in detail *how* these national differences in individualism–collectivism, independence–interdependence, and other sociocultural dimensions were experienced psychologically during the same threatening real-life event. How did these dimensions and constructs (e.g., Hofstede, 1980; Markus & Kitayama, 1991; Triandis, 1989, 1995) translate into experience-near (L. M. Brady et al., 2018; Geertz, 1974), culture-specific ways of thinking, feeling, and acting?[3] To answer this question, we define a constellation of cultural defaults that was particularly evident in the United States and a different constellation of defaults

that was apparent across a number of East Asian contexts during the pandemic. In the process we unpack how these cultural defaults were realized in behavior in U.S. and East Asian contexts during the pandemic. Knowledge of these cultural defaults (and many others still to be identified) can guide decision makers and policymakers across domains as they formulate recommendations, design programs, craft narratives for interventions in their own contexts, and facilitate understanding of sometimes mystifying behavior in contexts outside their own.

Goals and outline

The goals motivating this three-part article are simultaneously theoretical and practical (Berkman & Wilson, 2021). In the first part, we introduce the concept of "cultural defaults" and distinguish them from other related concepts. We then explain how these cultural defaults reflected and reinforced independent models of agency in the United States and interdependent models of agency in East Asia. The cultural defaults (see Fig. 2) are grounded in an abundant empirical literature in cultural psychology that examines European American and East Asian psychological tendencies. In the second part, we synthesize this literature and demonstrate how these specific cultural defaults were evident in the public responses of officials and organizations in the United States and in the East Asian countries of Japan, Taiwan, and South Korea during the pandemic. We draw from mainstream media observations, reports, and quotes from high-level public figures as well as analyses by journalists, academics, and other observers and commentators in the United States and parts of East Asia from the early days of the pandemic through December 2023. We demonstrate why particular pandemic behaviors were rational and made more sense in one cultural context but less sense in another. Our argument is that these cultural defaults, especially when considered together, could have forecast many of the striking differences in pandemic responses and outcomes between the United States and the East Asian countries that are the focus here. In the third part, we discuss how decision makers and policymakers, as they become aware of the cultural defaults that comprise common sense in a given context, can take account of them when planning for the next pandemic and when addressing other demanding and urgent global crises such as emerging technologies and climate change.

What Are Cultural Defaults?

We call culturally shaped psychological tendencies "defaults" because they reflect commonsense, rational, conventional, and well-practiced ways of being—habits of thinking, feeling, acting—that appear to operate automatically. They are accepted psychological "go-tos" that feel right and guide much of everyday individual and collective behavior. They take form as interpretive structures or powerful generalized schemas that orient attention, contour feelings, lend meaning and cognitive structure, generate expectations, motivate and regulate action, guide inferences, organize memory, and scaffold many features of everyday behavior. They are essential for meaning-making and social coordination. Our definition of cultural defaults builds on earlier theoretical work conceptualizing masculine defaults and their unseen influence in education and in the workplace (Cheryan & Markus, 2020). For other research using the term "default" and related ideas, see, e.g., Hamedani et al., 2024; Heine, in press; Higgins, 2008; Johnson & Goldstein, 2003; Kashima et al., 2013; H. S. Kim & Lawrie, 2019; Markus & Kitayama, 1991; D. T. Miller et al., 1991; Oyserman & Yan, 2019; Shimizu et al., 2017; Thaler & Sunstein, 2008; Thomas & Markus, 2023; Tsai, 2007).

As shown in Figure 2, these defaults are cultural because they are more commonly observed in some cultural contexts than others, widely shared in these contexts, and infused with the ideas, narratives, and images common in these contexts. They are regarded as standard and normal (Cheryan & Markus, 2020) and are reflected and reinforced in the social infrastructure of formal institutional practices and policies and everyday interactions, artifacts, and many (although not all) individual psyches. Individuals within a particular cultural context may vary in their awareness and expression of these defaults, but to some degree, most people respond to or contend with them in some way. Moreover, as people participate in their cultural contexts, their behavior as individuals and in concert reflects and reinforces these contexts, referred to as a process of "mutual constitution" (Shweder, 1990) and "the culture cycle" (Hamedani et al., 2024; Markus & Conner, 2014; Markus & Kitayama, 2010).

"Culture," or a "cultural context," as we use the terms here, can be broadly defined as a socially meaningful system of shared ideas and practices that structure and organize individual, interpersonal, and institutional behavior at multiple, reinforcing levels (for detailed discussions, see Adams & Markus, 2004; C. Y. Chiu & Hong, 2013; Cohen, 2013; Cohen & Kitayama, 2019; A. P. Fiske et al., 1998; Gelfand & Kashima, 2016; Heine, 2020; Kroeber & Kluckholn, 1952; Leung et al., 2011; Luhrmann, 2020; Morris et al., 2015; Shore, 1998).

Cultural defaults then are not inherent traits or fixed human tendencies. They do not arise because of human cognitive limitations and are not best characterized as cognitive shortcuts or biases (e.g., Kahneman, 2011; Kunda, 1990) to be mitigated. They are not deviations

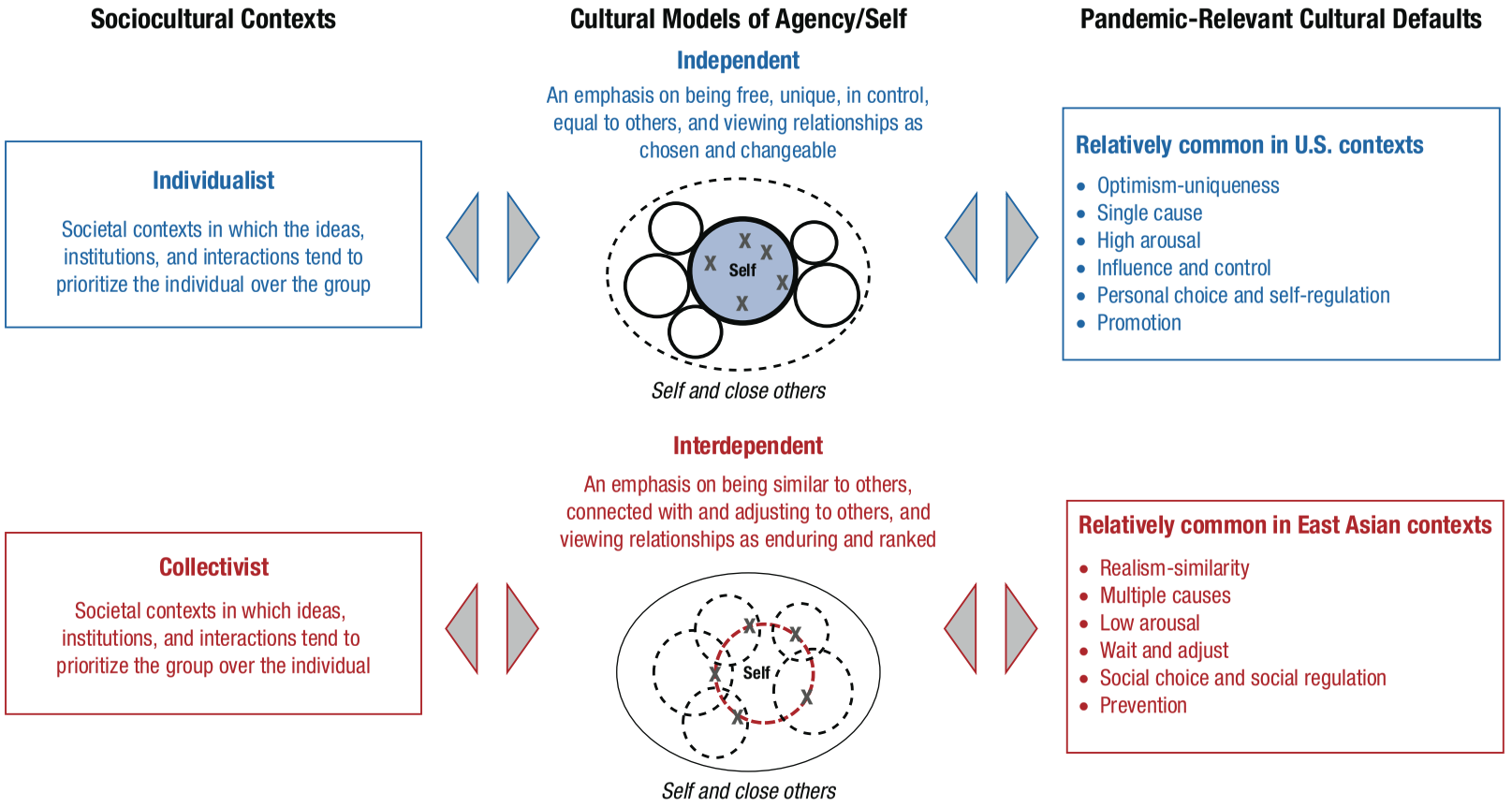

Fig. 2. Conceptual model relating sociocultural context to cultural models of agency and cultural defaults most relevant to the pandemic. *Sociocultural context* includes the socially meaningful systems of shared ideas and histories (e.g., religious ideas, values, practices), laws and policies of associated institutions (e.g., governments; economic, legal, and educational systems; media), and the patterns of everyday interactions with people, groups, and products (e.g., family, workplace, community, social media) common in these contexts. *Cultural models of agency/self* are the different ways of acting in the world based on different understandings of how to be an agent or a self and how to relate to others that develop and are reinforced in different social contexts. The Xs depicted in the models of agency refer to particularly salient components of agency/self. These tend to be understood as preferences, beliefs, and goals inside the person for independent agency and as relationships with close others, roles, and shared goals for interdependent agency. Overlapping circles indicate the psychological inclusion of close others in one's self-construal. Dotted lines suggest more permeable boundaries; solid lines suggest less permeable ones. Although depicted here as separate, many sociocultural contexts reveal a blend of individualist and collectivist ideas and independent and interdependent understandings of agency. *Cultural defaults* are culture-specific, taken-for-granted, well-practiced ways of thinking, feeling, and behaving that both reflect and promote the ideas and practices of individualist contexts and collectivist contexts and their often associated independent and interdependent models of agency/self. Figure builds on work in Markus and Kitayama (1991) and Markus and Conner (2014).

from a consensual standard of neutral, logical, or rational behavior. Instead, they are historically derived, psychological and behavioral tendencies that stem from the ideas and practices of particular cultural contexts and that encode socially inherited distal values and moral commitments about how to be and how to live. Cultural defaults are elements of culture; they share many functions with foundational beliefs, worldviews, attitudes, mindsets, construals, models, behavioral scripts, implicit theories, and norms. However, as we characterize them here, they are generalized behavioral tendencies, in many cases tacit and embodied and often without clear referents or specific guidelines for behavior. Although people are aware of cultural diversity in food, dress, customs, and in the content of attitudes and beliefs, they are often less aware of systematic variation in certain general habitual ways of thinking, feeling, and acting and their consequences for lived experience. This has been the domain of psychological anthropology and cultural psychology (e.g., Cole, 1996; Heine, 2020; Luhrmann, 2001; Markus & Kitayama, 1991; Mesquita, 2022; Miller, 1999; Shweder, 1990, 2003; Shweder & Levine, 1984; Triandis, 1995; Tsai, Miao, Seppala, Fung, et al., 2007). Individuals and organizations tend to be completely unaware of the psychological defaults common to their own cultural contexts, or those of others, until they run into different ones, or until an event such as a pandemic universally disrupts everyday life and results in strikingly different outcomes across the globe. As a result, in contrast to the role of cognitive biases that are widely known by decision makers in multiple domains (e.g., for a recent review, see Harvard Business Review, 2023), the behavioral significance of specific cultural defaults is only recently being examined in depth and applied to decision-making and policymaking (Gelfand, 2018; Kitayama, Camp, et al., 2022).

In this comparison of pandemic-related behavior, we focus on cultural defaults associated with national-level cultural contexts as the unit of analysis. Of course, these national cultural contexts intersect with other significant cultural contexts, including ethnicity, race, social class, gender, religion, political orientation, generation, and region of the country (many of which are associated with defaults of their own), as well as with individual differences to influence behavior.

Although the variation in the number of COVID-19 deaths indicates that some nations were indeed better equipped to respond to this particular crisis than others, we do not suggest that one set of cultural defaults is generally "better" or "worse" than another. Both default profiles outlined here carry historically derived cultural wisdom and have been adaptive and useful across a wide range of situations in the past. In the process they have been valued and rewarded and become the basis of common sense. Yet the consequences of behaving in line with these defaults will depend on when and how they are applied and the nature of the problem or crisis to be addressed.

Where Do Cultural Defaults Come From?

The pandemic-relevant psychological defaults we identify here can be linked to the underlying cultural models of agency that pervade these contexts, as shown in Figure 2. Cultural models of agency are enduring and philosophically rooted foundational meaning systems that provide the right, valued, moral, and/or normal answers to the existential questions "Who am I/are we?" and "What should I/we be doing?" and that lend structure and form to institutional, organizational, and individual behavior (e.g., Bruner, 1990; D'Andrade & Strauss, 1992; Greenfield, 1994, 1997; Kashima, 2019; J. Li, 2024; Markus & Kitayama, 1991; Markus et al., 1997; J. G. Miller, 1999; Shore, 1998; Shweder, 1990; Shweder & LeVine, 1984; Stigler et al., 1990). Agency refers to acting in the world, and these understandings of how to "be agentic" (or how to be a person or self and how to relate to others and the social context) vary with cultural context.

The cultural defaults common in the United States are afforded by the prevalent ideas and practices of models of *independent* agency, whereas those common in East Asia are afforded by the prevalent ideas and practices of models of *interdependent* agency. Although the tasks of independence and interdependence are likely universal, cultural contexts vary in how they interpret and accomplish these tasks, how they weigh their relative significance, and how they balance them with many other cultural affordances and requirements. Models of agency are cultural in that they derive from a confluence of different ecologies, histories, philosophies, and religions and are reflected in and reinforced at the macro level by the common narratives that people and nations tell about themselves; in the practices and policies of organizations and institutions; in many public symbols, artwork, music, books, movies, and social media; in the structures of labor and social networks; in many patterns of everyday social interaction and daily practices; and, at a more micro level, in the psychological tendencies of individuals (e.g., Cohen & Kitayama, 2019; Greenfield, 1994; Greenfield & Cocking, 1994; Kroeber & Kluckhohn, 1952; Lebra, 2004; C. C. Lewis, 1995; J. Li, 2012, 2024; Markus & Conner, 2014; Markus & Hamedani, 2019; Markus & Kitayama, 1994; Rogoff et al., 1993; Shweder et al., 2007; Q. Wang, 2004).[4]

Independent models of agency

In contexts such as the United States that are individualistic and often prioritize the individual over the group

(e.g., Cohen & Kitayama, 2019; Hamamura et al., 2018; Henrich et al., 2010; Hofstede, 1980; Minkov & Hofstede, 2011; Triandis, 1995), a person is widely understood as a separate, independent, and "free" agent or being who makes their own choices about how to behave (Krys et al., 2022; Markus & Kitayama, 1991; Vignoles et al., 2016). Thus, being agentic in the United States means expressing personal preferences, goals, and values and exercising rights to control one's own behavior and outcomes. Behaving independently by asserting one's beliefs and acting on them is a signal of authenticity. It is the natural, valued, healthy, and moral way to be in the United States and often takes precedence over concerns for the impact of one's actions on others. Other people matter, as do situations and groups, of course, but an ever-present ideal and current concern is that they should not interfere with or disempower the individual (Adams, et al., 2019; A. P. Fiske et al., 1998; Hamedani et al., 2013; Kitayama et al., 2007; Kitayama & Uchida, 2005; Markus et al., 2006; Markus & Kitayama, 2003; Tsai & Clobert, 2019).

Independent models of agency in the United States have multiple and deeply intertwined roots, starting from Protestantism, a branch of Christianity that believed that the individual could form a personal relationship with God without the church as an intermediary; social and political thinkers who idealized individual freedom and self-reliance; the notion of the American Dream; and a capitalist economic system. Indeed, the Declaration of Independence is a public expression of the independent model of agency. This foundational text asserts an ideal that "all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness." The "new" American government was created to secure these individual rights: After laying out the three branches of government in the Constitution, the nation's founders immediately ratified the Bill of Rights out of concern that the Constitution did not do enough to protect individuals from potential government overreach. Independent agency is maintained and fostered through governmental and legal systems that protect individual rights and educational and family systems that promote autonomy, personal choice, and self-expression (for detailed analyses of the many interrelated historical, political, and social sources of U.S. American tendencies toward independence, see Bellah et al., 1985; Friedman, 1990; Henrich, 2020; Kitayama et al., 2010; Markus & Kitayama, 1994; Marsella et al., 1985; Sanchez-Burks, 2002; Shweder et al., 2007; Shweder & LeVine, 1984; Triandis, 1989; Weber, 1904/2002). A U.S. independent model of agency is manifest in behavior through specific and commonsense ways of thinking, feeling, and acting. Here we focus on the six defaults particularly relevant to the pandemic (see Fig. 2). *Together these defaults reflect and reinforce a way of being as relatively separate and distinct from others.*

Interdependent models of agency

In contexts that are more collectivistic and tend to prioritize the group over the individual such as many parts of East Asia (e.g., Hamamura et al., 2018; Henrich et al., 2010; Hofstede, 1980; Krys et al., 2022; Markus & Kitayama, 1991; Vignoles et al., 2016), a person is widely understood as a connected, interdependent being whose actions, as well as thoughts and feelings, are very often constructed in relation to important others. Thus, being agentic in many East Asian societies means adjusting to these encompassing social relationships, networks, and situations and fulfilling one's roles, responsibilities, and obligations. People tend to be concerned with the demands of the situation and with avoiding the disapproval of others, including their families, friends, and coworkers. Independence matters, of course, but restraining the self to fit with and be part of the encompassing whole or social order is an unspoken but valued, natural, healthy, and moral way to be and thus often takes precedence over personal freedom, personal choice, and personal control (for further descriptions and analyses of interdependent agency, see, e.g., Bond, 2010; English et al., 2023; A. P. Fiske et al., 1998; Gobel & Miyamoto, 2023; Hamamura et al., 2018; Hashimoto & Yamagishi, 2016; Hsu, 1953; Kitayama et al., 2007; Lebra, 1992; Markus, 2016; Markus et al., 2006; Markus & Kitayama, 1991, 2003; Stamkou et al., 2019; Thomas & Markus, 2023; Tsai, Miao, Seppala, Fung, et al., 2007; Uchida & Rappleye, 2024).

Interdependent models of agency in East Asia have intertwined roots in Confucianism, Taoism, and Buddhism, which in different ways view individuals as parts of larger, encompassing social wholes rather than as free individual agents. From the perspective of Buddhism, everything is socially dependent. Nishida Kitarō, widely considered Japan's most influential philosopher, noted, "Although I am myself, I do not determine myself alone." Nishida stressed that the self cannot be determined without relations to the outside (Uchida & Rappleye, 2024). In Confucian thought, the individual must be trained to behave morally within one's place in the social system (e.g., as a child, as a parent), and one's virtue depends on meeting the demands of one's roles and responsibilities in that system. Being an interdependent participant in these social systems is essential for well-being (Tu, 1993). In East Asia, many educational and family systems orient individuals toward collective norms, obligations, and expectations (Buchtel et al., 2018; Tobin et al., 1989, 2009). Legal systems focus not only on individual rights but also on

preserving relations among disputing parties and enforcing norms that prescribe high levels of public cooperation (e.g., Baradel, 2021; Hahn, 1983; for detailed analyses of the multiple sources of East Asian tendencies toward interdependence, see Doi, 1973; A. P. Fiske et al., 1998; Lebra, 2004; J. Li, 2024; Marsella et al., 1985; Nisbett, 2003; Triandis, 1995). East Asian ideas of interdependence are realized through specific patterns of thinking, feeling, and acting. Here we focus on six defaults that were particularly relevant during the pandemic (see Fig. 2). *These defaults reflect and reinforce a way of being as relatively similar and in relation to important others.*

How Did Cultural Defaults Shape Meaning-Making in Response to COVID?

Table 1 links U.S. and East Asian (with an emphasis on Japanese) responses to the pandemic to different cultural defaults associated with independent and interdependent models of agency. These links are organized by six major common existential questions prompted by the pandemic as it unfolded over time: "Will it happen to me/us?" "Why is this happening?" "How should I/we feel about it?" "What should I/we do?" "How should I/we respond to government guidelines?" and "How should I/we live now?" Not all of the defaults were salient at each time point in the pandemic, and therefore, for each question, we describe the relevant defaults in the United States and East Asia that it invoked, provide examples of these defaults drawn from the rhetoric of high-level officials during the pandemic, and then review supporting empirical literature (for more detailed reviews of empirical evidence, see Cohen & Kitayama, 2019; Gelfand & Kashima, 2016; Hamamura et al., 2018; Heine, 2020; Henrich, 2020; Kitayama, Salvador, et al., 2022; Krys et al., 2022; Nisbett, 2003; Thomas & Markus, 2023; Tsai & Clobert, 2019; Uskul et al., 2023; Vignoles et al., 2016).

"Will it happen to me/us?"

At the end of 2019 and beginning of 2020, different reactions to news of a virus in China that could be highly transmissible and fatal were evident almost immediately, reflecting an *optimism-uniqueness* default in the United States and a *realism-similarity* default in Japan, Taiwan, and South Korea. Whereas optimism-uniqueness promotes distinction from others (in line with an independent model of self), realism-similarity promotes connection with others (in line with an interdependent model of self).

Optimism-uniqueness default: "It won't happen here, and if it does, we will be fine."

> Obviously, you need to take it seriously and do the kind of things the (Centers for Disease Control and Prevention) and the Department of Homeland Security is doing. But this is not a major threat to the people of the United States and this is not something that the citizens of the United States right now should be worried about. (Anthony Fauci, former Director of the National Institute of Allergy and Infectious Diseases [NIAID], January 21, 2020; W. Fiske, 2020, para. 6)

> We have contained this. I won't say [it's] airtight, but it's pretty close to airtight. (Larry Kudlow, former Director of the National Economic Council, February 25, 2020; Imbert, 2020, para. 2)

As reflected in the comments made by prominent U.S. leaders, including Fauci, Kudlow, and, of course, Trump (see quote at the beginning of the article), Americans were optimistic that COVID-19 would never hit their shores, or, if it did, would have minimal impact on American life. As an artist from Iceland who was visiting New York at the time observed in an interview with Elizabeth Kolbert of *The New Yorker*,

> I'm not a news guy . . . but I knew what was going on here in Iceland, and I knew what was going on in Europe. And I was struck by how New Yorkers were so confident. They didn't believe it was going to happen, or, if it was going to happen, somehow it was going to be O.K. (Kolbert, 2020, para. 38)

Masks were not readily available in the United States in part because Americans have had little history with mask-wearing and in part because strategic government planning was focused more on rapid responses to events of bioterrorism or bombing and less on preparing for an enduring threat such as a pandemic (Khazan, 2020; H. Kim, 2020).

Former President Trump and other U.S. leaders fed this optimism by referring to the coronavirus as the Democrats' "new hoax" (Trump, 2020, as cited in Egan, 2020). Indeed, in March 2020, at the same time the World Health Organization and U.S. Centers for Disease Control and Prevention (CDC) were sounding the alarm (McLaughlin & Almasy, 2020; Smith-Schoenwalder, 2020; Uscinski & Enders, 2020), 29% of American survey respondents believed that the threat of COVID was deliberately exaggerated to damage Trump's reelection

Table 1. U.S. and East Asian Cultural Defaults and Their Responses to COVID.

Defaults common in U.S. contexts	Defaults common in East Asian contexts
"Will it happen to me/us?"	
Optimism-uniqueness: Viewing the self (and the nation) as (a) likely to have more positive and less negative future outcomes and (b) special and unique. Example: "It's not a big deal; it won't happen here; we don't need to worry about it. If it happens we will be fine."	**Realism-similarity:** Viewing the self (and the nation) as (a) likely to experience a balance of both positive and negative future outcomes and (b) similar to others. Example: "This is serious; I might already have it, and I don't want to spread it. We need to prepare now."
"Why is this happening to me/us?"	
Single cause: Attributing the crisis to one cause, usually an individual or one group. Example: "The virus started in China. COVID-19 is their fault."	**Multiple causes:** Attributing the crisis to multiple causes, including individuals, groups, situations and themselves. Example: "There are many factors, including globalization, Japan's economic dependence on China and other countries."
"How should I/we feel about this crisis?"	
Higher arousal: Encouraging higher arousal (e.g., anger, enthusiasm) to assert and motivate self and others. Example: "This isn't fair; I can't do what I want to do; I am frustrated, angry, and scared. We will defeat this!"	**Lower arousal:** Encouraging lower arousal (e.g., calmness, quiet) to attend to others and the situation. Example: "We are scared and worried but will be calm and see what happens next."
"What should I/we do?"	
Influence and control: Exerting influence; acting quickly; taking control over the situation through individual action. Example: "Do something to kill the virus, and fast!"	**Wait and adjust:** Refraining from quick decisions; referencing others and developing consensus before taking action. Example: "Let's wait and see so that we can make a good plan."
"How should I/we respond to government guidelines?"	
Personal choice and self-regulation: "Freely" choosing to do what I want; motivated by personal preferences; resistant to regulation by others. Example: "No one—especially the government—can tell me what to do; I'll do it if I want to do it, but I won't do it just because you told me to."	**Social choice and social-regulation:** Choosing to do what others want; motivated by concern for others and social norms; responsive to regulation by others. Example: "We will cooperate and follow the guidelines because others are doing it, they expect me to do it, and we will all benefit."
"How should I/we live now?"	
Promotion: Reframing the crisis as an opportunity for future positive outcomes and growth rather than a threat. Example: "COVID is over. Now, how can we change and create new and improved ways of working, learning, and connecting?"	**Prevention:** Focusing on mitigating the negative outcomes of the crisis and preventing future crises. Example: "COVID is still here, and we must live with it. How can we maintain current traditions and practices without spreading COVID?"

(Uscinski et al., 2020). Even after Trump acknowledged the existence of COVID, he expressed optimism and confidence that the United States would overcome it quickly, even if other countries did not:

> One day we'll be standing up here and say, "Well, we won." And we're going to say that, as sure as you're sitting there, *we're going to win. And I think we're going to win faster than people think, I hope* [emphasis added]. . . . If we do this right, our country—and the world, frankly—but *our country can be rolling again pretty quickly* [emphasis added]. (Trump, 2020, as cited in Cathey, 2020, para. 2)[5]

Trump was an unusual U.S. president on many counts, yet the deeply rooted American default of optimism (Keller, 2015) allowed the message that Americans were not only going to be okay but also that they would emerge victorious to resonate quickly and widely (Thomas et al., 2024). A year later, this optimism and sense of uniqueness prevailed. In 2021, people in the United States along with other North Atlantic regions were still less afraid of contracting COVID-19 than were people from East Asia (Sachs, 2021, p. 96), even though, for every 100,000 people, about 162 U.S. Americans had already lost their lives compared with about seven in Japan, three in South Korea, and 0.04 in Taiwan (Dong

et al., 2020; National Statistics: Republic of China (Taiwan), 2024; U.S. Census Bureau, 2024). In the summer of 2022, amid COVID surges, 34% of Americans believed that COVID was over (Brenan, 2022), despite its continued prevalence worldwide with, per every 100,000 people, about 301 deaths in the United States, 24 in Japan, 46 in South Korea, and six in Taiwan (Dong et al., 2020; National Statistics: Republic of China (Taiwan), 2024; U.S. Census Bureau, 2024). This optimism may help explain why in some parts of the United States, such as Missouri, Georgia, Arkansas, Alabama, Wyoming, and Indiana, only 50% of Americans were vaccinated (Gerson, 2022).

Realism-similarity default: "This is serious, and we need to prepare now."

> At this stage, it is possible to control the speed at which the outbreak spreads. That is the view expressed by experts this week. To that end, we will be at a critical moment over the coming one to two weeks regarding whether the outbreak spreads rapidly or is controlled. Based on such a view from the experts, I have determined that we must implement all possible measures over the coming two weeks to prevent the outbreak spreading further. . . . Preventing group infection is of extreme importance. In order to avoid the risk of large-scale infections, I call for responses such as canceling, postponing, or downsizing national-scale sports or cultural events where many people gather. . . . There are still many unknowns about this virus. Fighting an enemy hard to see and hard to understand is not easy. Speaking frankly, we cannot win this battle through the capacity of the government alone. As we work towards bringing this situation to its ultimate conclusion, it is indispensable to have the understanding and cooperation of each and every member of the public, including in medical institutions, households, private companies, and local governments. (Former Japanese Prime Minister Shinzo Abe, 2020a, paras. 2–3, 26)

In East Asia, a very different default, one we call here the "realism-similarity default," was prevalent in people's initial responses to the pandemic. From the perspective of this default, there was abundant reason to worry about the consequences of the virus and how easily it was spreading, as reflected in the above quote. In Taiwan, on December 31, 2019, the day after a deputy director of Taiwan's Centers for Disease Control read an online post describing the occurrence of a disease in Wuhan that could be "the second coming of SARS," the government initiated regulations to curb the spread, including border controls, quarantines, production of medical supplies, hospital preparation, enforcement of social distancing, and travel warnings (Borak, 2020; Chien-Jen et al., 2020). As early as the end of January 2020, President Tsai of Taiwan urged people to be calm but also to be alert for outbreak information and to "strengthen their personal hygiene routines" (see quote at beginning of this article). By early March 2020, South Korean President Moon Jae-in ordered all government organizations to switch to a "24-hr emergency-situation-room system," and South Korea began aggressive testing for COVID. Almost immediately, there was a far higher use of masks throughout the Asia Pacific, in part because masking was a more common practice but also because there was a clear recognition that masks were needed to prevent spread (Borak, 2020; H. Kim, 2020; Tu, 2020). Japan closed its borders and issued an alert at the beginning of March 2020, communicating an emerging understanding that COVID could be easily transmitted to others, even if the carriers themselves were asymptomatic. Additionally, an advisory board for COVID-19 countermeasures was formed in Japan, and in May 2020, they released guidelines from the Ministry of Health, Labour and Welfare to reduce contact with others by 80% as part of a new lifestyle. In other words, in many parts of East Asia, instead of the initial U.S. view that things would be OK, there was a clear recognition that COVID was a threat that would have a severe impact on most people and their daily lives. As Abe (2020b) stated:

> In several countries, the death toll from this disease has been increasing at a scale of hundreds per day for several days in a row, and adequate medical care is not being provided to the growing number of severely ill patients. A situation has emerged that can be called a collapse of the medical care system. This is most certainly not someone else's problem. Japan could face the same situation in a short time. I once again ask the Japanese people to maintain the greatest possible vigilance, with that degree of a sense of urgency. . . . Seven times as of yesterday, I have listened directly to the voices of people in various workplaces and local areas. There has been an exceedingly enormous impact across the Japanese economy, arising alongside voluntary restraint regarding various activities and other factors. . . . With uncertainty in their future, micro-, small-, and medium-sized business operators told me heart-rending accounts describing the situation as a matter of life or death. At the same time, some

> have shared their determination with me, that they will grit their teeth and make their very best efforts to survive this ordeal. (paras. 1, 15)

From the time of Alexis de Tocqueville's 19th-century observations about the United States' "lively faith in the perfectibility of man," people in the United States have been known to exhibit greater optimism about their lives and to prefer focusing on positive outcomes over negative ones compared with people from other high-income countries (Alesina et al., 2018; de Tocqueville, 1835–1840/2000; Sims et al., 2015). The U.S.–East Asian differences in optimism and realism described above are supported by decades of empirical research (e.g., Heine & Lehman, 1995). Surveys have repeatedly found that Americans are decidedly more optimistic about their lives than members of other cultures (e.g., Fischer & Chalmers, 2008; Y. T. Lee & Seligman, 1997). In a meta-analysis of 22 nations, the more individualistic nations scored higher on a popular trait measure of optimism, the Life Orientation Test, and Japanese, Korean, and Hong Kong Chinese respondents scored lower than U.S. and Canadian respondents on this measure (Fischer & Chalmers, 2008). Compared with Japanese, U.S. Americans were more optimistic that positive events would happen to them and that negative events would not happen to them (Britton et al., 2019; Chang et al., 2001; Ji et al., 2004). Even among ethnic groups within the United States, European Americans (those whose ancestors came from parts of Western Europe) are more optimistic than their East Asian American peers (H. Lee & Mason, 2013). Conversely, Chinese are more pessimistic than European Americans (Y.-T. Lee & Seligman, 1997).

Intertwined with this American optimism are feelings of being unique and special compared with other individuals. As an example, when offered a gift of a pen from a set of pens, people in the United States are more likely than respondents from East Asia to choose the one pen that is unique, in the minority, or less common (Kim & Markus, 1999; Kim & Sherman, 2007). This tendency is particularly evident when they are reminded of their independence and autonomy (Z. Ma et al., 2014). Not surprisingly, U.S. Americans, especially those with a college education, are more likely to feel unhappy when a good friend chooses to buy the same car as them because it makes them feel less special and different (Stephens et al., 2007). Many organizations and institutions promote the idea that America as a nation is unique and exceptional among nations and should promote its ideas and values around the world (de Tocqueville, 1835–1840/2000; Lipset, 1997).

This sense of uniqueness and optimism combined with the continuing legacy of the Protestant ethic and the value of work and constant effort fuel the American Dream and the "can-do" spirit of U.S. independent agency: "If you work hard enough, good things will happen," and "with grit, people can pull themselves up by their bootstraps" (Uhlmann & Sanchez-Burks, 2014; Weber, 1904/2002). These default ideas likely stem in part from the largely immigrant history of the United States. To decide to leave one's homeland in search of a better life (especially if that better life exists across a vast ocean in undeveloped land), people need to believe that a better future is both available and attainable (Kitayama et al., 2006; de Tocqueville, 1835–1840/2000). The shorter history of the United States compared to nations of East Asia likely also fuels American optimism and uniqueness.

In the same way that optimism is bundled with uniqueness for U.S. Americans, realism is linked to being similar to others in many East Asian contexts (Heine et al., 1999). In Japan, a common response to the question "What is a good life?" is "to live an ordinary life," in which "ordinary" means being like others, part of a larger social whole, and meeting others' expectations (Hitokoto & Uchida, 2015; Mathews, 1996; Uchida & Rappleye, 2024): the diametric opposite of being unique and standing out. East Asians are more likely than Americans to describe themselves as "a living creature" or as a "human being" or as "one of many" (Kanagawa et al., 2001). Their tendencies to hold relatively balanced and more realistic views of themselves that underscore their similarity to others means they often score lower on American-made measures of self-esteem, self-judgments, and well-being (Boucher, 2010; Diener & Diener, 1995; Heine et al., 1999; Rappleye et al., 2020). Although people everywhere are inclined to see themselves as "good," "good" has different referents in different contexts. For European American respondents, it often means being different or better than others, whereas for East Asian respondents, it means being "average": as smart as, but not smarter than, their peers (Zell et al., 2020). Knowing one's place is key to an interdependent model of agency; as a result, East Asian ideas and practices often stress humility and the rewards of being in the middle and like others. Rather than touting the virtues of being the "squeaky wheel," East Asian proverbs warn that "the duck that squawks the loudest gets shot," or that "the nail that stands out gets pounded down."

The American optimism-uniqueness default is beneficial in many situations and in the context of COVID may have been an initial bulwark against widespread depression and despair. Yet it may also have kept many Americans from fully perceiving and accepting the actual threat of COVID. As they held strong to the view that they were somehow special and unique, and that

it couldn't happen to them, they were, as David Leonhardt (2020) wrote in a *New York Times* piece titled "The Unique U.S. Failure to Control the Virus," the "only affluent nation to have suffered a severe, sustained outbreak for more than four months" (para. 3). One consequence of this default was the limited implementation of procedures or practices that could have prevented the spread of the disease. This was particularly problematic because one of the most well-established and effective public-health responses to preventing a pandemic is early detection and action. Although some U.S. public-health officials tried to respond proactively, their primary obstacle was convincing the American public that there was a real threat in the first place, perhaps because of the American optimism-uniqueness default. Indeed, many officials received death threats once they enacted shelter-in-place mandates (Mello et al., 2020). And the fact that 31% of the U.S. population was still not fully vaccinated by January 2023 despite the wide availability of vaccines in the United States suggests that many Americans still did not believe that COVID was a significant enough threat to their health, even though more than 1 million Americans had already lost their lives (Randall et al., 2022).

In contrast to the widespread denial of the infection in the United States, from the beginning of the pandemic in East Asia, people had a wider variety of other-focused worries, reflecting a realism-similarity default. Many people, even those without observable symptoms, were concerned that they might have the virus and spread it to others, not only because they would get sick but also because they did not want to be the cause of others' infections. The worry was that they would damage their own reputations as well as those of their families and even their companies if they were a vector of virus transmission (Borak, 2020; H. Kim, 2020; Tu, 2020). Early detection and action worked in concert with the cultural default of a sense of realism and being vulnerable like others.

"Why is this happening?"

As people sought to understand the causes of COVID and its spread, the question became whom to blame, revealing the *single-cause* default in the United States and the *multiple-causes* default in East Asia. Whereas the single-cause default focuses on one cause of behavior, usually an individual or group (in line with the independent model of agency), the multiple-causes default focuses on individuals, groups, and situational factors as several causes of behavior (in line with the interdependent model of agency).

Single-cause default: "The Chinese are to blame." After U.S. Americans began to fall sick and die of COVID, another cultural default was prominent in public discourse—the tendency to identify a single cause. Headlines and quotes from politicians in the United States that referred to COVID-19 as "the Wuhan Flu" or "the China virus" said it all: China was to blame. In an address to the U.N. General Assembly on September 22, 2020, former U.S. President Trump said "that China must be held accountable for having 'unleashed' this plague unto the world" (Nichols & Holland, 2020, para. 1). Once Americans knew whom to blame, their questions focused on why and how China was to blame. Why did Chinese people catch and spread this disease? Because "they like to consume exotic foods like bats." Why did the Chinese government not report the virus sooner? Because "the virus leaked from a biology lab and the Chinese hid this fact to save face," or because "the Chinese government is secretive and wants to dominate the world." These stigmatizing single cause answers were not only efficient but also capitalized on the preexisting and at the time rapidly escalating distrust and suspicion among superpowers.

For some, this single-cause attribution inspired retributive action. As blame centered on China, Asian Americans became the target of prejudice and discrimination (e.g., Cheah et al., 2020; Darling-Hammond et al., 2020; Y. Li & Nicholson, 2021; Lo et al., 2022; Teng et al., 2022), and the number of anti–Asian American hate crimes increased 77% from 2019 to 2020 (U.S. Department of Justice, 2023). The number of anti-Asian hate incidents reported to Stop AAPI Hate amounted to more than 1,400 within the first month of the pandemic; more than 6,600 by the end of March 2021, a year after the pandemic reached the United States; and more than 11,400 by March 2022 (Jeung & Nham, 2020; Jeung et al., 2021; Yellow Horse & Chen, 2022; Yellow Horse et al., 2021). With a clear and single external cause, U.S. Americans had little need to implicate other causes—themselves or the U.S. government—for their delayed response to COVID. Moreover, the single-cause default may have fueled the growth of the conspiracy theories that became common in the United States during the pandemic. Recent analyses of the features of such theories in the United States have found that they are highly dispositional in content, offering their believers a tangible person or group to blame instead of seemingly more abstract social forces (Goertzel, 2010; Meuer et al., 2022).

Multiple-causes default: "Many factors are to blame." In East Asian contexts, common public responses were different. Although some individuals and organizations

also recognized that the virus appeared to originate in China, they displayed a multiple-causes default, attributing the origin and spread of the pandemic to a range of factors, including individuals, groups, situations, and even systemic factors. For instance, in Japan, many people viewed the pandemic as another one of many inevitable natural disasters (Tokyo Shimbun, 2020), and they thought that if Japan were not so dependent on China there would have been fewer Japanese people in China who were exposed to the virus in the first place. In the Japanese media, reports about causes of the pandemic avoided committing to any particular causal explanation, even warning readers to be cautious about relying only on U.S. reports given its prepandemic tensions with China; for example, "one should know the multiple backgrounds of a particular theory in order not to be drawn into it" (Kubota, 2020, para. 1). Or as Masahiro Kami (2020) stated:

> *No one knows the "right" answer to counter the corona* [emphasis added]. The world is repeating trial and error. We need to learn from overseas and adopt a rational response. We need to change the direction of measures to deal with severe cases of corona. (para. 24)

Furthermore, throughout the pandemic, many Japanese commentators referred to the "multiple reasons" why Japan was unable to get a handle on the pandemic, such as the inability to expand PCR testing, the lack of progress in developing medical systems, and the slowness of vaccine development (Hamada, 2021).

When social psychologists (in the West) first began to empirically examine how people answered "why" questions and explained the events of their lives, they repeatedly found that (Western) people seemed to focus on the stable internal attributes of the person or group directly involved in the event (e.g., Q: "Why did John behave that way?" A: "Because he is incompetent"). People's roles, relationships, and circumstances were often given scant attention. Researchers call this the "fundamental attribution error" (Gilbert & Malone, 1995; Ross, 1977; Ross & Nisbett, 1991). When applied to groups of people, this tendency is called the "ultimate attribution error" (e.g., Q: "Why did China behave this way?" A: "Because it is secretive and untrustworthy"; Pettigrew, 1979). Moreover, if the events are clearly negative, as in the case of a pandemic, people in the United States are likely to focus first on others as the likely source of the problem and only rarely implicate themselves as part of the problem (Jones & Nisbett, 1972). Mistakes were made, but not by us.

When people construct the events of their lives in contexts that foster an interdependent model of agency, however, they tend to perceive individuals as connected with other people and as parts of larger encompassing social groups and systems (e.g., Morris & Peng, 1994; Norenzayan et al., 2002; Norenzayan & Nisbett, 2000). As a result, attention is distributed more broadly and holistically (Bond, 1988; Nisbett, 2003; Nisbett et al., 2001; Nisbett & Miyamoto, 2005). East Asian perceivers also blame individuals and groups for their actions, but they are also more likely to take into account a wider range of factors that include themselves as well the roles and situations in which they and others are embedded (Choi et al., 1999; Markus et al., 2006). If a person behaves aggressively, East Asian perceivers consider the situation, the person's role in that situation, and the state of the person's relationships (Briley & Aaker, 2006; C. Chiu & Hong, 2007; Choi et al., 2003; Markus et al., 2006; Menon et al., 1999; J. G. Miller, 1984; Morris & Peng, 1994; Na & Kitayama, 2011; Nisbett et al., 2001).

For example, a series of studies (Choi et al., 2003) compared how much information Koreans and Americans think is relevant to understanding the causes of deviant behavior (e.g., a graduate student killing his adviser) as well as prosocial behavior (e.g., a person helping the victim of a car accident on the highway). Participants were given lists of potentially relevant information to consider. Koreans considered more potential causes than did Americans, including both "personal" factors (e.g., the graduate student's history of mental disorders, whether the helper was religious) as well as "situational" ones (e.g., whether the graduate student and professor had offices on different floors, whether there were trees around the accident scene) than did Americans in part because they were more holistic thinkers. And because they considered more information, Koreans ended up making more situational attributions than Americans.

An important feature bolstering the single-cause default in the United States is a Western preference for consistency and stability in people and things, a preference that reflects a commitment to principles of Western logic (Nisbett, 2015). In contrast, East Asian contexts often reflect an emphasis on the importance of dialectical reasoning: The universe is unpredictable and in constant flux (Peng & Nisbett, 1999). As reflected in the sign of the Tao that translates to "the way to be with nature and other humans," two black and white swirls join to make a circle; they complete each other but at the same time can contradict and change each other. Nothing is certain. In interdependent contexts infused with these understandings, people learn to assign meaning and understand behavior in terms of shifting, interrelated forces in which a change in one cause can lead to a change in others (Ji et al., 2001). Any given cause, even a primary one, cannot produce an effect

on its own but depends instead on cooperating or facilitating causes that are required before a given result can occur. This default mode of attributing causality to multiple factors is grounded in the premise that relationships, roles, and responsibilities guide behavior. The multiple-causes default, like the realism-similarity default, highlights the significance of context, or the other people and situations around and in which people are always a part. In contrast, the default in the United States of focusing on a single origin of the virus may have slowed the scientific search for understanding multiple causes for the spread of the virus. In East Asia the focus was less on locating the origin and the cause of the virus and instead on the many risk factors for viral transmission and how to prevent them. The broader focus on multiple causes, coupled with a tendency to be more realistic, may have produced more specific and helpful recommendations earlier in the pandemic in Japan and other East Asian countries compared with the United States (The Government of Japan, 2020).

"How should I/we feel about this crisis?"

When the threat of COVID could no longer be denied, and people across the world were scared and anxious, Western and East Asian leaders turned to "war" mode. Chancellor Angela Merkel said, "'Since German unification, no, since the Second World War, there has been no challenge to our nation that has demanded such a degree of common and united action'" (Deutsche Welle, 2020, para. 5). In Japan, Prime Minister Abe warned that the battle would be critical and harsh and would require everyone to do their part to prevail. But despite similarities in their use of war rhetoric, the specific ways in which U.S. vs. East Asian leaders used war metaphors also revealed the different cultural defaults related to encouraging higher arousal and up-regulating one's emotions in the United States (consistent with an independent model of self) versus encouraging lower arousal and calmness and down-regulating one's emotions in East Asian contexts (consistent with an interdependent model of self; Clobert et al., 2022; Hampton et al., 2021; Tsai, 2007; Tsai et al., 2006). Everyone was scared and anxious, but cultural defaults differed in what people were encouraged to do with these feelings.

Higher arousal default: "Let's express our anger (and optimism) so that we can mobilize." In the United States, "the invisible enemy" and the promise of "victory" were used to arouse its citizens, to capture their attention and motivate them to do something, as reflected in the following comments from Donald Trump (Bennett & Berenson, 2020):

> To this day, nobody has seen anything like what they were able to do during World War II. And now it's our time. We must sacrifice together because we are all in this together and we'll come through together. *It's the invisible enemy. That's always the toughest enemy: the invisible enemy. But we're going to defeat the invisible enemy. I think we're going to do it even faster than we thought. And it will be a complete victory* [emphasis added]. It'll be a total victory. (paras. 18 and 19)

During normal times, people in Western contexts want to feel high-arousal positive states (excitement and enthusiasm) more than people in East Asian contexts because these states are instrumental to independent agency and to individual action and influence (Tsai et al., 2006; Tsai, Miao, Seppala, Fung, et al., 2007; Tsai et al., 2024). These positive high-arousal states also fuel optimism. During times of crisis, however, a higher arousal default can also lead people in Western contexts to feel and express anger, hostility, disgust, contempt, and fear. Because Americans value and expect to feel good and be free, being constrained by a mask or a lockdown was experienced as an obstacle to realizing their goals and desires, which generated intense anger and fear. They expressed this anger, frustration, and other high-arousal negative states, which not only reasserted their personal importance but also motivated them to act (Clobert et al., 2022; Mesquita, 2022). Indeed, during unhappy events, U.S. Americans tend to cope by expressing anger and aggression, whereas Japanese tend to cope by reappraising the event and thinking of ways they might improve next time (Uchida & Kitayama, 2009). Similarly, in a study of 2,237 U.K. residents between the ages of 16 and 75 years, 56% said they had felt angry toward another person because of COVID, and 26% said they had confronted or reported someone for not complying with COVID policies (L. E. Smith et al., 2021). In the United States, aggression toward service providers was frequent enough that notices started appearing in health-care and other service settings warning patients that the poor treatment of staff would not be tolerated.

In an interview with *The Harvard Gazette* (Powell, 2020), David H. Rosmarin described the mood in the United States at that time as follows: "Tension is heightened today, and anger is definitely part of that, maybe even an artifact of that. *People are definitely exhibiting more anger* [emphasis added]. Incidents of domestic violence seem to be increasing, which is the most concerning" (para. 4). Rosmarin then went on to describe two instances in which he had been the target of such anger himself:

> Personally, I was on a run the other day and somebody yelled at me for wearing a mask, in Boston . . . so the next day, I think, "Maybe I won't wear my mask today." Then I approached a lady, I'm 20 feet away, and I smiled at her and she angrily yelled, "Don't smile at me. You're not wearing a mask. You're taking a chance with my life!" (para. 4)

Lyall (2022) reported on a similar incident at a store in Michigan:

> In another instance, [the store manager] Mr. O'Brien said, a man who did not want to wear a mask verbally assailed another employee, interspersing personal insults with an impromptu soliloquy about liberty and tyranny until the employee began to cry. He kept shouting, "The governor said we no longer have to wear masks," Mr. O'Brien said. *The woman's response—that they were still required in places with a certain number of workers—only made him angrier* [emphasis added]. (paras. 10 and 11)

The U.S. news media, replete with high-arousal negative affect, both reflect and feed this higher arousal default (Bellovary et al., 2021; Knutson et al., 2024). These states spread easily and capture attention (W. J. Brady et al., 2021; Crockett, 2017). For instance, T. W. Hsu et al. (2021) compared the affective content of social media among Twitter posts in the United States and Japan and found that U.S. Twitter users were more likely to be influenced by others' high-arousal negative affect than Japanese Twitter users. This may explain why U.S. fake news and misinformation are more likely to contain high-arousal negative affect than real news (Vosoughi, 2018) and why more biased U.S. news sources contain more high-arousal negative affect in their social media posts than more balanced news sources (Knutson et al., 2024). Coupled with the narrative of blaming others described above and the fact that conspiracy theories often express high levels of anger, fear, and disgust (Zhang et al., 2021), it should not be surprising that, although rare, physically violent acts against Asians significantly increased during this time as described above (Federal Bureau of Investigation, 2022; Yellow Horse et al., 2021). The more people experience and value high-arousal negative states, the more they view harmful responses to cultural out-groups as appropriate, especially when they feel uncomfortable with cultural out-groups' practices (Clobert et al., 2022). COVID made some U.S. Americans uncomfortable; they wanted to do something, and Asians were a convenient—and single—target.

Lower arousal default: "Let's stay calm so that we can respond appropriately." In comparison, in Japan, although Prime Minister Abe talked about the war against COVID, he also relied on the cultural default of being calm (see De Almeida & Uchida, 2018) to moderate the urgency of the crisis: "I wholeheartedly ask everyone to take level-headed actions based on accurate information" (Abe, 2020c, para. 16). Supporting this idea, the Governor of Tokyo, Yuriko Koike, attributed the situation in Tokyo to the "combined factors" of "the diverse knowledge of the residents regarding health, along with their calm and measured actions" (Koike, 2020, para. 67). In addition, because Japanese news media are less emotional in tone compared with U.S. media, even during times of national crisis, the message of Japanese news media was "not to panic," which is how Japanese have been encouraged to respond to challenges, including the 2011 Tōhoku earthquake and tsunami (Uchida et al., 2014, 2015). As described by Iyer (2020):

> After 3/11—the "triple threat" of earthquake, tsunami, and nuclear meltdown that took more than eighteen thousand lives in Japan in March 2011—foreign observers were shocked at *how orderly and calm* [emphasis added] the Japanese remained, as if loss, and not its absence, is the norm. (p. 169)

Indeed, this calm can be misread by U.S. media as people not caring about or not being affected by the crisis, but it is just the opposite. Low-arousal states such as calm, peace, and tranquility facilitate paying attention to other people and to one's environment, which fosters social engagement (e.g., Kitayama et al., 2000; Schupp et al., 1997; Tsai, Miao, Seppala, Fung, et al., 2007; Uchida & Rappleye, 2024), perhaps especially when circumstances are uncertain and changing quickly. In several studies, European Americans, Asian Americans, and Hong Kong Chinese were more likely to prefer low-arousal states when they wanted to fit in and adjust to the expectations of others (Tsai, Miao, Seppala, Fung, et al., 2007). In the context of COVID, Japanese leaders asked for calm so that they could realistically determine the best and most effective way to manage and cope with COVID.

Although many people across the world during the pandemic wanted to feel calm (Lomas et al., 2023), and European Americans specifically have increased their valuation of low-arousal positive states over the years (Tsai et al., 2024), these states are not generally supported by the dominant philosophies and everyday activities in the United States to the degree they are in Japan. Instead of being the desired end state, calm in the United States appears to be an antidote to anger and anxiety as well as a means to achieving high energy

happiness. In contrast, Buddhism emphasizes and encourages people to be calm (Tsai, Miao, & Seppala, 2007), and Japanese have calm activities built into common daily practices such as taking a bath or *onsen* (Clobert et al., 2020), visiting and praying at Buddhist and Shinto temples, passing Buddhist shrines on the street corners, and explicit norms *to be considerate of others:* to be quiet and not talk too loud in public places such as the subway and train, the bus stops, and street corners. Furthermore, Japanese arts, including the tea ceremony (*sa-doh*), flower arrangements (*ikebana*, *ka-doh*), and calligraphy (*sho-doh*), as well as the martial arts (*ju-doh*, *ken-doh*) and, of course, meditation, also promote and cultivate calmness (Uchida & Rappleye, 2024).

This emphasis on low-arousal states may be one reason why Japanese are better able to suppress their negative emotional responses than European Americans (Kraus & Kitayama, 2019; Murata et al., 2013), as well as why emotional suppression does not have the negative consequences for health and sleep among East Asians that it does for European Americans (Soto et al., 2011; Zhu et al., 2023). Differences in the emotional defaults of high and low arousal may have even played a role in people's willingness to wear masks. For U.S. Americans, expressing one's emotions—especially high-arousal positive emotions such as excitement—is central to expressing oneself, and one of the main ways U.S. Americans do this is with big toothy smiles. Perhaps not surprisingly then, European Americans judge people with toothy smiles as more friendly and trustworthy than East Asians do (Tsai et al., 2019).

In contrast, in Japanese contexts, expressing one's emotions is less important than reading other's emotions, which Japanese primarily do through the eyes (Jack et al., 2009; Yuki et al., 2007). Notably, Hello Kitty, a popular Japanese, red-bowed cartoon cat whose image adorns hundreds of products across the globe, has eyes but no mouth. Hello Kitty doesn't need a mouth because she doesn't need to broadcast her own emotions; reading others' feelings matters more. Cast in this light, the heightened U.S. American resistance to wearing masks makes sense. Masks cover the very part of the face that U.S. Americans use to express their authentic selves and to distinguish friend from foe ("Why do I have to cover my smile?" or "Why should I cover up who I am?"), but Japanese cover the part of the face that can offend or be too expressive and too arousing (Saito et al., 2023). As a result, masks deindividuate, which runs contrary to the cultural default of uniqueness in the United States but is consistent with the cultural default of similarity in many parts of East Asia.

The U.S. default of high arousal is related to U.S. Americans' desire to act and take control of the situation, and the East Asian default of low arousal is related to their desire to wait and adjust to the situation (Morling et al., 2002; Tsai, Miao, Seppala, Fung, et al., 2007), the next set of defaults that guided responses to COVID.

"What should I/we do about it?"

As reports of the pandemic grew, the overarching question across the globe was what to do about it. And here again, common responses in the United States and East Asia to the threatening context of the virus revealed diverging cultural defaults, one focused on rapid influence and control (in line with an independent model of self) and another on careful waiting and adjusting (in line with an interdependent model of self).

Influence-and-control default: "Do something and do it fast!" The U.S. American response to the pandemic revealed perhaps its most easily identifiable behavioral default—an emphasis on doing and acting quickly. Although the American optimism default was associated with some initial downplaying of the seriousness of the virus, the influence-and-control default was powerfully and immediately on display in the launching of Operation Warp Speed, a partnership between the federal government and private companies to accelerate the development and manufacturing of vaccines (T. Lewis, 2021). The name referenced a *Star Trek* term for faster-than-light travel and gives a sense of immediate action and control over a threatening situation (McGinley, 2020). As apparent from Trump's description of Operation Warp Speed on May 15, 2020, the previously described defaults of optimism, single causes, and high arousal are intertwined with the emphasis on influence and control:

> Another essential pillar of our strategy to keep America open is the development of effective treatments and vaccines as quickly as possible. *Want to see if we can do that very quickly* [emphasis added]. We're looking to—when I say "quickly," we're looking to get it by the end of the year, if we can. Maybe before. We're doing tremendously well.
>
> Today I want to update you on the next stage of this momentous medical initiative.
>
> It's called Operation Warp Speed. That means big and it means fast. A massive scientific, industrial, and logistical endeavor unlike anything our country has seen since the Manhattan Project. You really could say that nobody has seen anything like we're doing, whether it's ventilators or testing.

> Nobody has seen anything like we're doing now, within our country, since the Second World War. Incredible. (U.S. Embassy Tbilisi, 2020, paras. 9 and 16)

Operation Warp Speed delivered: In very short order, three companies produced remarkably effective vaccines that at the time gave rise to collective feelings of mastery and control over the pandemic (Corey & Miner, 2022; Guarino et al., 2020; Ho, 2021; Murray, 2020).

This penchant for doing something—anything—has a strong historical precedent in the United States, as summarized succinctly in a quote attributed to Theodore Roosevelt: "In any moment of decision, the best thing you can do is the right thing, the next best thing is the wrong thing, and the worst thing you can do is nothing." Because doing something is a signal of strength in the United States, leaders are expected to take charge and do something overt and observable; leaders who don't do this are deemed weak and ineffective. Former President Obama, for example, was frequently criticized for not being an effective leader because he was too calm, too thoughtful, and not passionate or active enough (Brooks, 2011; Dowd, 2011; Klein, 2008), resulting in Maureen Dowd (2011) calling him the "withholder in chief."

The influence-and-control default also shows up in the old and variously attributed saying "when the going gets tough, the tough get going." Popular American books on habit formation and motivation extol the virtues of taking action and doing something that will immediately influence the situation. Despite the widespread U.S. American appropriation of the British phrase "keep calm and carry on" and the popularity of some American cultural products that stress the value of meditating (e.g., the app Calm) and of taking a pause, reflecting, and thinking again (e.g., Grant, 2021), Nike's slogan "Just Do It" and expressions such as "go for it" still pervade American popular discourse.

The influence-and-control default requires figuring out what you want (your goal or desired outcome), believing you can achieve it, and then devising a plan to change people, circumstances, and/or behavior so you can get what you want (Heckhausen & Schulz, 1995; Oettingen & Gollwitzer, 2015; Rothbaum et al., 1982). This default fosters and reinforces the idea that effective actions emanate primarily from individual goals, consistent with an independent model of agency. Indeed, Bandura (1997) proposed that "beliefs of personal efficacy constitute the key feature of human agency" (p. 3). In the West, a vast theoretical and empirical literature in psychology and education demonstrates that influence and control and proxies for these concepts such as feelings of self-efficacy and mastery are tightly linked with high levels of motivation, achievement, performance, and well-being in multiple domains (Bandura, 1986; Bandura et al., 2003; Carver & Scheier, 1982; Dweck & Leggett, 1988; Oettingen & Gollwitzer, 2015; Rotter, 1966; Ryan & Deci, 2006).

Wait-and-adjust default: "Let's wait and see." In East Asian contexts, people not only were required to wear masks, quarantine, test, and contact trace but also were encouraged to wait and see rather than influence and control. Waiting and adjusting to the circumstances is, of course, doing something, but this something is not as overt or observable, at least to the Western eye. This default involves paying attention to the context, assessing the situation, and being aware of and adapting and adjusting to others' needs and demands (Hashimoto & Yamagishi, 2016; Morling et al., 2002; Kitayama et al., 2018). In contrast to influence and control, it involves refraining from making quick decisions, restraining one's personal needs and goals, and taking time to develop a shared and consensual view. As an example, although many in Japan recognized the signals of the pandemic in early 2020, the government did not release a state-of-emergency declaration until April 2020, not only because the three Cs described earlier were effective in curbing the spread of the virus but also because, before acting, the government wanted to monitor the response of the citizens, the media, and the market. This strategy was one of "adjustment," not only to the changing nature of the pandemic but also to the Japanese people's sentiments about the pandemic. The practice of devoting significant time to gather and reconcile their constituents' opinions before making a decision or taking action (Numagami et al., 2007) was exemplified by this quote from Yasutoshi Nishimura (2020), the minister in charge of Japan's COVID response: "We are taking a cautious approach and *considering all factors* [emphasis added] before deciding on the implementation of stronger measures. We must strike a balance between preventing the spread of the virus and maintaining economic activities" (para. 35).

Undergirding the wait-and-adjust default is an interdependent model of agency in which being agentic means adjusting to encompassing social relationships and situations and attending to roles and obligations. This requires taking into account the preferences and goals of others as well as the constraints of a situation and accommodating them in various ways. The Japanese government explained their considerable delay in vaccination as "necessary to build confidence in the vaccine" (Yamaguchi, 2021, para. 10). From the perspective of independent agency, waiting and adjusting may appear to be "doing nothing," but from the perspective of interdependent agency, waiting and adjusting

requires significant attention and energy (for a nuanced conceptual analysis of an adjusting form of "doing," see Kojima, 1984; Weisz et al., 1984).

An adjusting form of agency is supported through a confluence of ideas and practices in East Asia. For example, multiple formative philosophical propositions, including several noted in the description of the multiple-causes default, promote an appreciation that the first thought or action may not be the best or the only one and that acting without attending to the situation and the larger context may make things worse. In part, this understanding is due to a widespread recognition that "the good and the bad are braided together" and that "reality is a process of change and subject to uncontrollable external forces, so that what is currently true may shortly be false" (see Miyamoto et al., 2017; Nisbett, 2015; Peng, 1997; Spencer-Rodgers et al., 2009). In East Asia, the widely recounted saga of the farmer and his horses distills the wisdom of wait and see. The story, adapted from a version by A. Watts (2006), is as follows:

> Once upon a time there was a farmer who had a horse, but the horse ran away. And all the neighbors came around that evening and said, "That's too bad" and he said "Maybe."
>
> The next day the horse came back and brought seven wild horses with it. And all the neighbors came around and said, "That's great, isn't it?" and the farmer said "Maybe."
>
> The next day his son was attempting to tame one of these horses and was riding it and the horses threw him and he broke his leg. And all the neighbors came around in the evening and said, "That's too bad, isn't it?" and the farmer said "Maybe."
>
> The next day the conscription officers came around looking for people for the army. And they rejected the farmer's son because he had a broken leg.
>
> And the neighbors came around that evening and said, "Isn't that wonderful?" And he said "Maybe."

In the above parable, the farmer understands that what may initially seem bad in one situation may be good in another situation, and that the situation may change; thus, it is important to let the situation stabilize before acting. The value of waiting before reacting or acting and trying to get a sense of the larger situation is promoted by many practices in schools and workplaces. For example, silently observing and paying attention to what others may be thinking before doing anything is called "reading the air" in Japan or "reading the room" in South Korea. It has been labeled a "sixth sense" (Y. E. Hong, 2019) and is widely regarded as a necessary first step for appropriate action (Yamada, 2002). Although this notion exists in the United States as well, it is not normalized and built into everyday decision-making in the same way.

For example, in many Japanese and Korean organizations, a wait-and-see default is encouraged and reinforced by the practices of *nemawashi* (Martinsons & Davison, 2007). The term derives from a gardening technique in which during the transplanting of trees, each part of the root system is attended to and the new soil is prepared before moving them. During business negotiations, *nemawashi* lays the groundwork and explains the situations and circumstances to the parties involved before they make a decision. These predecision discussions, often held one on one, are thought to prepare decision makers for new ideas and procedures, to stem resistance, and to develop a consensus. In the United States, "getting buy-in," "making sure people are on the same page," or building consensus also occurs, yet in East Asia, it is often a more expected, sequential, and systematic process that recognizes the value and challenge of developing a shared view before taking action. In the U.S. literature on business and negotiation, many case studies teach Americans about the importance of *nemawashi* en route to a successful deal in Japan and South Korea and provide suggestions for how to implement these ideas in U.S. contexts (Azran, 2023; Sagi, 2015).

Although studies that provide empirical backing for the influence-and-control default in the United States are a mainstay of the psychological literature, only a few empirical studies have focused on the wait-and-adjust default. In one notable example, U.S. and Japanese participants were queried about times when they influenced or instead adjusted to their situations (Morling et al., 2002). In the United States, people frequently experienced and remembered influencing behaviors (e.g., persuading other people to change their behavior), and these experiences and memories were strongly related to feelings of efficacy. In contrast, in Japan, adjusting behaviors were more frequently experienced and remembered and were strongly related to feelings of interpersonal closeness. Notably, adjusting, fitting in, and following norms are perceived as characteristics of leaders and high-ranking people in East Asia. In contrast, standing out and violating norms is perceived as characteristic of high-ranking, influential people in the United States (Gobel & Miyamoto, 2023; Stamkou et al., 2019). Similarly, Tsai, Miao, Seppala, Fung, et al. (2007) found that European Americans valued influence more and adjustment less than Hong Kong Chinese. Moreover, these cultural differences

were linked to affective defaults: In both the United States and Hong Kong, when people aim to adjust to others, they value low-arousal positive states more, and when they want to influence others, they value high-arousal positive states more. Thus, cultural differences in the valuation of low and high arousal were related at least partly to cultural differences in the valuation of influence and adjustment. More recently, Cachia et al. (2024) demonstrated that the greater value European Americans place on influence compared to Japanese is related to their greater desire for passionate and close romantic relationships.

For decades, researchers have noted that theories of human behavior are often built on a foundation of unexamined universalist assumptions (Klassen, 2004; Markus & Kitayama, 1991; Rothbaum et al., 1982; Triandis, 1997; Weisz et al., 1984). This tendency is especially evident with respect to the influence-and-control versus wait-and-adjust defaults. The field is replete with U.S.-made measures of influence, control, and self-efficacy (e.g., C. Huang, 2016; Schwarzer & Born, 1997; Yip, 2021), with East Asians consistently scoring lower on these measures compared with their U.S. American counterparts (e.g., Gielnik et al., 2020; Salili et al., 2001). Even though stronger performing students, employees, and entrepreneurs tend to post higher self-efficacy scores than weaker ones across cultural contexts, the degree to which self-efficacy scores predict performance varies across cultures. For example, self-efficacy scores are often a stronger predictor of academic performance in independent contexts but a much weaker one in interdependent contexts (e.g., Cho & Lee, 2015; Klassen, 2004; X. Li et al., 2021). Other forms of agency characterized as interdependent, adjusting, social, or collective (e.g., Kizilcec & Cohen, 2017; X. Li et al., 2021; Thomas & Markus, 2023), in which people align themselves with others or with the demands of the situation, are rarely investigated and instead are often assumed to be secondary or lesser forms of agency (Heckhausen & Schulz, 1995). Yet adjusting to prevailing circumstances in the context of COVID-19 was the primary and effective form of agency in many East Asian countries.

"How should I/we respond to government guidelines?"

Although the vast majority of Japanese, Taiwanese, and South Korean citizens complied with government recommendations by wearing masks, sheltering in place, and contact tracing, the response in the United States was decidedly more variable (e.g., Kemmelmeier & Jami, 2021; Mitropoulos, 2022; Yamamoto et al., 2021), as might be expected in an individualist context with generally looser norms (Gelfand, 2018). Although most U.S. Americans initially adhered to government guidelines, eventually about half actively resisted them (Fridman et al., 2020; Park et al., 2020), and this lack of compliance was clearly associated with greater spread of the virus in different regions of the United States. For example, COVID-related death rates in red states were 38% higher than they were in blue states (Mitropoulos, 2022), in which there was significantly greater compliance with recommendations (see also Grossman et al., 2020). The heterogeneity of the U.S. response to pandemic policies and the relative homogeneity of responses in East Asian contexts highlights two other cultural defaults related to independent and interdependent agency, a *personal-choice and self-regulation* default prevalent in the United States and a *social-choice and regulation* default prevalent in many parts of East Asia.

Personal-choice and self-regulation default: "I will do it if I want to do it." In March 2020, as the severity of the pandemic became undeniable in the United States, California's governor, Gavin Newsom, issued the following executive order:

> To protect public health, I as State Public Health Officer and Director of the California Department of Public Health order all individuals living in the State of California to stay home or at their place of residence except as needed to maintain continuity of operations of the federal critical infrastructure sectors. (Exec. Order No. N-33-20, 2020, para. 6)

Similar orders were made in different states across the United States. For many in the United States, these orders, mandates, and lockdowns were shocking and unfamiliar because, outside of the military and the legal system, U.S. citizens have had little experience with being "ordered" to take action by their state or federal governments. As a result, U.S. Americans responded in a variety of ways. Some U.S. Americans saw the health advantages to staying home, practiced social distancing, and worked remotely if they could. Some health-care workers or people deemed "essential workers" could not stay home and continued to work in person. Many others, however, were irritated or upset with the mandates and guidelines that clashed with a culturally inscribed and deeply experienced default of personal choice and self-regulation. From this perspective, people can be asked to do something, but it is their choice whether or not to do it. As Trump declared with reference to wearing a mask: "'You can do it. You don't have to do it. I

am choosing not to do it. It may be good. It is only a recommendation, voluntary'" (Mills, 2020, para. 2).

While the CDC did not recommend that Americans wear face masks until April 2020, in part to save the limited supply of masks for healthcare providers (Netburn, 2021), mask usage remained relatively low among the public even three months later. In July 2020, only about 44% of Americans said that they always wear a face mask outside of their homes. Mask wearing also varied by political party affiliation: 61% of Democrats said that they always wear a mask compared to 41% of Independents and 24% of Republicans (Brenan, 2020). But there were plenty of places where there was minimal if any compliance with mask-wearing and other pandemic recommendations (University of Maryland, 2020). In the United States, images of fights between flight attendants who had to enforce mask mandates and the passengers who refused to comply became a staple of the daily news, and led the Federal Aviation Administration (FAA) to intervene:

> The FAA implemented a "zero tolerance" policy at the beginning of this year with hefty fines that was aimed at curbing unruly passengers after an uptick in incidents, but that [did not stop] travelers from swearing at airline workers, disrupting flights and even knocking two teeth out of one flight attendant's mouth.
>
> "It's out of control," said Paul Hartshorn, spokesman for the Association of Professional Flight Attendants, which represents American Airlines' more than 20,000 cabin crew members. "It's really coming to the point where we have to defend ourselves." (Mendez, 2021, paras. 3 and 4)

Why such anger and resistance to recommendations intended to protect U.S. Americans' health? In virtually all American contexts, people should be "free" to choose for themselves, driven by their own values and preferences in pursuit of their personal goals and plans. This is a central feature of independent agency. People should have the freedom not only to pursue their personal goals but also, in doing so, to exert control and actively resist interruption or influence by others. Indeed, expectations of freedom from a tyrannical government and resistance, revolution, and the importance of civil disobedience are foundational to U.S. culture. The notion that individuals have rights and should not be constrained by other people—especially the government—is readily and regularly invoked by individuals and group leaders in response to almost any kind of U.S. legislation or policy that requires adherence or places limits on individual activities (e.g., gun-control laws currently, seat belts in the 1960s and 1970s). Americans rate the absence of government interference in their choices as an extremely important sign of freedom (T. W. Smith et al., 2018). Resistance to regulation is especially salient in a political era in which narratives of "institutional overreach" are highly elaborated and pervasive, and misinformation and conspiracy theories are rampant.

The self-regulation and personal-choice default also scaffolds the belief that people are responsible for and in control of their own actions and their own lives. Such full-scale autonomous regulation of one's behavior is sanctioned and understood as the basis of optimal behavior, and this extends to one's health. Three quarters of U.S. Americans agree that people are "in control of and responsible for their own health" and that "people's health is in their own hands" (Hook & Markus, 2020). References to free choice and personal responsibility are prominent in health-care policies and practices and are a good example of how self-regulation and free-choice defaults are built into critical American institutions (U.S. Department of Health and Human Services, 1991). As an example of leveraging this default to promote compliance during the pandemic, Mayor London Breed of San Francisco urged the people of San Francisco to wear masks so they would be "free" to travel. Notably, however, during the pandemic some of the most effective messaging in the United States (i.e., messages that spread and stuck) built on independent agency and deeply entrenched defaults of personal choice and self-regulation to rally people *against* masks (e.g., "My body, my choice") and *against* vaccination (e.g., "Let me call my own shots," "No forced vaccines"). These messages directly countered the advice of most scientists and public-health officials and yet were effective, revealing that one route to behavioral change (although in this case not a desired one from the perspective of the public-health community) is to anchor a behavioral recommendation in the foundational model of agency and its associated cultural defaults (see "Lessons for the Future" section).

As with influence and control, the importance and force of personal choice and self-regulation of behavior for performance, motivation, emotion, and psychological health are supported by a strong conceptual and empirical literature. These include studies of self-determination (e.g., Ryan & Deci, 2017), self-regulation (e.g., Higgins, 1997; Vohs & Baumeister, 2016; Waterschoot et al., 2022), and goal implementation (Gollwitzer, 2014). Similarly, beyond its role in verifying one's independence and in individuating the self from others (Nanakdewa et al., 2021; Savani et al., 2017), free choice is seen as integral to identity, life satisfaction, and well-being in the United States (Diener & Diener, 1995; Patall et al., 2008; Schultz & Pomerantz, 1976). When Americans have the opportunity to choose, they are healthier, happier, and more motivated (e.g., Madan

et al., 2020; Markus & Conner, 2014; Markus & Schwartz, 2010; Savani et al., 2010). In one classic experiment on the cultural significance of personal choice, European American and Asian American children were asked to solve as many word-unscrambling puzzles as possible but under different conditions. Children from European American families, already accustomed to personal choice and self-regulation, solved the most puzzles when they had the opportunity to choose the puzzles themselves versus when others chose the puzzles for them. In sharp contrast, children with East Asian backgrounds and more familiar with social choice and regulation excelled on the puzzles their mothers chose for them, even more than the puzzles they chose for themselves. From the perspective of interdependent agency, the advice or even the thought of a close and important other can often be motivating. From the perspective of independent agency, however, the advice or even the thought of an important other can be experienced as stifling and controlling (Iyengar & Lepper, 1999; see also Fu & Markus, 2014; Hoshino-Browne et al., 2005; Kitayama et al., 2004; Markus & Conner, 2014; Tripathi & Cervone, 2008).

Moreover, one of the most influential and assumed-to-be-universal theories in much of psychology, persuasion, and advertising is reactance theory: When people receive messages that threaten their autonomy or that are too assertive and controlling, they become angry and try to reclaim a sense of freedom or independence, often by adopting a position opposite to the one in a given message or persuasive appeal (Brehm & Brehm, 1981; Worchel, 2004). Common reasons for not wearing a mask in the United States included "feeling forced" and the "right as an American not to wear a mask" (Dillard et al., 2021; Rains et al., 2022). There is some evidence that people in independent contexts compared with those in interdependent contexts are more likely to experience reactance (Jonas et al., 2009; Savani et al., 2008; Xu, 2019), and a behavioral tendency toward reactance may be one reason that the resistance to the pandemic recommendations was so intense in the United States, although the links between culture and reactance need more empirical validation.

In addition to determining and regulating one's actions and choosing for oneself, another facet of independent agency is the significance of privacy. My property, my beliefs, my actions, and my whereabouts are *my* business—they belong to me. Others have no claim or right to them. And this penchant for privacy extends to health information. Federal law in the United States sets explicit standards for the protection of identifiable health and medical information and limits who can use or share it, the amount they can share, and under what circumstances, with the goal of protecting individual privacy (U.S. Department of Health and Human Services, 2022). A focus on privacy and personal choice also extends to the institutional level. In the United States, personal health care and public health are considered separate systems (Bourdeaux et al., 2023). Most public health is not controlled by the federal government but instead by a pluralistic assortment of more than 3,000 state and local public-health offices that often have incompatible data systems that do not (and often cannot) communicate with each other perhaps because they are not required to (Panel on Understanding Cross-National Health Differences Among High-Income Countries, 2013). This decentralization is likely related to the fact that monitoring others (and therefore invading people's privacy), especially without their knowledge, is widely considered immoral and is often illegal in the United States, even if used to protect public health. Given this sentiment, it is not surprising that U.S. Americans were slow not only to contact trace but also to set up systems to monitor tourists coming to the United States. In contrast, in Taiwan, South Korea, and Japan, tourists were immediately required to quarantine and to check in regularly with local authorities to show that they were staying inside and complying with government quarantining guidelines.

Social-choice and social-regulation default: "I will do it because others are." In April 2020, Prime Minister Abe and the Japanese government issued an "emergency-declaration" alert:

> We ask you to work at home in principle, except for those jobs needed to sustain societal functions. Even in cases where going to the workplace cannot be avoided, I ask all businesses to implement measures such as reducing the number of workers present in the workplace by at least 70 percent through introducing rotating work schedules or other means; staggering work schedules; and maintaining sufficient distance between people. For the operation of restaurants and the like, I also ask owners to take measures such as thoroughly ventilating indoor spaces and ensuring that customers keep a distance from each other. (Abe, 2020c, para. 7)

Instead of resistance, large-scale public buy-in and cooperation with pandemic precautions and restrictions were evident throughout Japan and other parts of East Asia. This response reflects the cultural default of social choice and social regulation. Although individuals also had to decide whether and how to respond to government guidelines, their choices were less about what they wanted to do individually and more about adjusting to the situation, doing what they were asked and expected to do, and contributing to a shared goal.

Schools and workplaces changed their rules and regulations. Many shops, bars, and restaurants closed because they did not want to be blamed for spreading the disease. Some businesses stated directly that the risk to their reputation was more significant than the commercial and financial consequences of closing.

A high level of compliance with government recommendations was also common in South Korea. As described by Jerome Kim, director general of the International Vaccine Institute in Seoul, people were not without choice in their response, but they largely *chose* to cooperate: "'I think there are a number of choices that people here have made in order to have freedom'" (Gallo, 2021, para. 23). This statement underscores the fact that, while autonomy and choice are increasingly important across cultural contexts (e.g., R. Li et al., 2022), what it means to choose, what goal it serves, the consequence of promoting or denying choice, and even the meaning of freedom will depend on the cultural context. For instance, criticism toward the Japanese government was not that it was overreaching as in the United States, but just the opposite, that it was "too weak" and unclear about its recommendations (Ito, 2022; Mainichi Shimbun, 2020).

In Japan, people were monitoring each other to make sure that they were minimizing travel, wearing masks, and maintaining social distance (Frontline Press, 2020). This "mutual sentry" system worked because during the pandemic one of the biggest concerns of many people was the fear of causing trouble for others and of being regarded negatively by others if they became infected and spread the virus to others. Thus, in addition to regulating their own behavior, Japanese also pay careful attention to the behavior of others, especially that of in-group members. And for the most part, without the defaults of self-regulation and free choice common in the United States, such interpersonal scrutiny is not construed as the intrusive policing of one's movements by friends and neighbors or undue influence or interference by others. Instead, during the pandemic mutual sentry served the dual function of keeping one another safe and free from infection and keeping one's reputation as a responsible and cooperative agent intact (Lu et al., 2022; Nakayachi et al., 2020). Often glossed from a U.S. American perspective as "peer pressure," such concepts of social regulation instead reflect a process that is often mutual and reciprocal. For example, in explaining their lower death rate, South Korean officials claimed that they were ultimately able to rely on what they called a system of "voluntary mutual aid based on community consciousness" (Y.-K. Kim & Howitt, 2020).

Furthermore, in Japan, the slang term "*jishuku-keisatsu*" ("self-restraint police") was commonly invoked by people as they shamed and blamed neighbors and businesses who did not appear to be following government recommendations of self-quarantine or sheltering in place. Although there were no tickets or fines for not following regulations, local police identified "rule violators" (e.g., people who opened stores, attended parties, or traveled outside one's prefectures) and then shamed them by attaching signs to their windows or calling them out on social media (Searcey & Epstein, 2020). Before the Tokyo Olympics in 2021, for example, the Japanese health ministry published the names of people who broke quarantine rules after returning from other countries (Ueno & Bengali, 2021). In another example, a group of Japanese university students who had just returned from Europe attended a party. After the party, many people became infected with COVID, and the police severely criticized the students' university for its "low social regulation." In interdependent contexts, this public callout is worse punishment than a ticket or fine.

These practices of social regulation and social choice were quite effective. Even though Japan started its vaccination program more than 2 months later than the United States, the rate of people receiving at least one dose of the vaccine was already higher than that of the United States only 7 months later (Mathieu et al., 2020). Initially, many Japanese were uncertain about the vaccine and were concerned about side effects (Lu, 2023) and therefore assumed a wait-and-see attitude (Okubo et al., 2021). As the vaccination rate began to approach 50%, however, those who had been waiting and wondering began to fear that they might stand out and become the minority in Japan, which significantly increased the vaccination rate (Tsuchida et al., 2022). A similar phenomenon occurred in South Korea.

Research on variation in perspective-taking (Cohen & Gunz, 2002; Cohen & Hoshino-Browne, 2005; Y. H. Kim et al., 2010) illuminates one important aspect of the cultural logic of social-regulation and social-choice research. In East Asia, people often see themselves through the eyes of others; that is, they assume an outsider or a third-person perspective on themselves that highlights the behavior of others. By contrast, people in U.S. American contexts often see themselves from an insider or first-person perspective on themselves that highlights their own preferences, goals, and choices. For instance, when thinking about one's own performance on a stage, some people are relatively more aware of how they felt and what they saw looking out on the audience, whereas others are relatively more aware of how they may have appeared to the audience (e.g., Balcetis et al, 2008; Heine, 2020; Wu & Keysar, 2007). The habitual tendency to see oneself as others might see you is a powerful factor that contributes to an orientation to social choice and social regulation.

Moreover, Japanese practices of social choice and social regulation are best understood when viewed as part of an overall cultural system that coordinates behavior more than the sum of many individual perspectives (Uchida & Rappleye, 2024; Uchida et al., 2019). Such mutual and social regulation of behavior and the logic and benefits of making social choices that fit with those of the larger group have not been a focus of attention in the Western psychological literature. Instead, these behaviors are most often viewed as "conformity," or as a less developed and weaker form of agency, reflecting a lack of courage or commitment (H. Kim & Markus, 1999; Markus, 2016; Thomas & Markus, 2023). However, in many parts of East Asia, situations, patterns of social interactions, and systems afford and require behavior that promotes good or positive outcomes for most people (Kitayama et al., 1997, 2018; Morling et al., 2002, 2015). This is a major difference between defaults of self-regulation and those of social regulation. In other words, in many East Asian contexts, moral conscience, cooperation, collaboration, and prosociality are understood less as voluntary individual behavioral expressions and more as outcomes of sociocultural systems that foster shared understandings and social consensus. It may be that many people across cultures are willing to individually sacrifice for others or would voluntarily choose to be caring, kind, cooperative, and watchful of others. Yet importantly, many East Asian contexts are notable for systems and social infrastructure that are set up to foster this sense of being in relation to others and that prioritize the common good. As people participate in them, they adjust their own behavioral tendencies accordingly. As former South Korean Prime Minister Chung Sye-kyun said:

> We learned that data really matters and having comprehensive programs really matter. . . . *And it really matters to have a sense of community and interdependence and responsibility* [emphasis added] to beat any pandemic, both today's and, unfortunately, tomorrow's. (de Groot, 2022, para. 26)

The choice not to follow others and to do one's own thing can be experienced as good and right when grounded in a default of personal choice and self-regulation. Similarly, the choice to do what others are doing can be experienced as good and right when grounded in a default of social choice and regulation. The habits of social regulation and being in relation to others in many parts of East Asia are mostly automatic and taken for granted such that personal choice is less practiced and can be burdensome or risky. In Japan, people expect the government to provide guidelines, and many national and private companies such as rail and airline reinforce these recommendations for behavior in public. By the spring of 2023, when the government finally declared that it was no longer necessary to wear masks and that it would be left to the discretion of individuals, 70% of people continued to wear their masks, especially indoors, reporting that "self-judgment" would be difficult, or that it "takes courage to remove it yourself" (Tokyo Shimbun, 2023). In the words of a Japanese high school student at graduation: "It's difficult for me to take off my mask when everyone else might not. I worry about the eyes of those around me" (ANNnewsCH, 2023; Takaku, 2023). Together the defaults of personal choice and self-regulation and of social choice and social regulation may explain some of the stark differences between the United States and parts of East Asia in their responses to government guidelines to curb the spread of COVID.

"How should I/we live now?"

Two years into the pandemic, after the development of vaccines and significant declines in cases, another common existential question arose: "How should I/we live now?" The answer was loud and clear for U.S. Americans, who had had enough: It was time not only to resume life but also to create an even better one than they had before the pandemic. Indeed, by the summer of 2022, much of the Western world seemed back to normal. Travel between the United States and Europe returned with minimal regulations for testing or mask-wearing, even on planes, and within the United States, people were traveling as much as they had before the pandemic (Bureau of Transportation Statistics, 2023). In stark contrast, many parts of East Asia were still banning foreign tourists; limiting international travel for their citizens; and requiring testing, masking, quarantining, social distancing, and contact tracing. These different responses at this stage of the pandemic reflect two defaults: the *promotion* default in the United States and the *prevention* default in parts of East Asia.

Promotion default: "COVID is over; let's get back to living our best lives!" On September 19, 2022, President Biden, following the lead of many Americans, declared:

> The pandemic is over. . . . We still have a problem with COVID. We're still doing a lot of work on it. But the pandemic is over. *If you notice, no one's wearing masks. Everybody seems to be in pretty good shape* [emphasis added], and so I think it's changing, and I think [the Detroit auto show resuming after three years] is a perfect example of it. (Archie, 2022, para. 2)

Americans were largely back in action, working to "promote" themselves by maximizing positive outcomes, focusing on gains, and striving toward their

"best," ideal lives. Indeed, in the United States and Canada, for example, 71% of respondents said that it was a good time to get a job, and 63% of respondents described themselves as thriving, compared with 27% and 34% of respondents from East Asia (Gallup, 2022), an optimism fueled, in part, by the low unemployment and rising wages of this period.

In the psychological literature, a promotion focus describes people who view outcomes in terms of potential gains (vs. losses) and who are motivated to see gains (vs. avoid losses) and the potential for growth (Adams et al., 2019; Cesario et al., 2004; Higgins, 2008; Higgins et al., 2008; Kurman & Hui, 2011; Molden et al., 2008). As an example, Americans view successes as more impactful for their self-esteem than failures (Salvador et al., 2022). A recent growing literature on culture and corporate governance and financial decision-making shows the operation of the promotion default at the institutional level and links it with overconfidence, the self-serving bias, and incentives for risk-taking in individualist contexts (Frijns et al., 2022; Hens et al., 2020; Kurman & Hui, 2011; Lalwani et al., 2009; Zhang & Mittal, 2007).

Biden's declaration that COVID was over was in stark contrast to warnings by public-health officials that the United States was far from where it needed to be to fully eradicate COVID, especially given the likely emergence of variants in the near future. As then NIAID Director Dr. Fauci said:

> How we respond and how we're prepared for the evolution of these variants is going to depend on us and that gets to the other conflicting aspect of this—is the lack of a uniform acceptance of the interventions that are available to us in this country. (Archie, 2022, para. 14)

Notably, some U.S. health officials have warned that the United States remains unprepared for the next pandemic even after 4 years of dealing with COVID. For example, in commenting on the nation's response to bird flu, Zeynep Tufekci (2024) stated:

> A lot of things have to come together to make the response work. It has to come together into one coherent, united, synchronized response. And I think that's what we're missing, which is really frustrating because we're a really wealthy country with large amounts of expertise. But things have clearly been damaged from the COVID pandemic, and we may be seeing the results of that play out. (7:30)

Given the promotion default common in the United States, warnings such as these largely fell on deaf ears. Many U.S. Americans ditched their pandemic measures altogether and were busy making up for the opportunities that they missed during the pandemic. In addition to the optimism-uniqueness default, the promotion default was bolstered by the default tendency to take control and influence what came next.

Indeed, for many U.S. Americans, even those who experienced economic hardship, the pandemic made them rethink their lives (Ducharme, 2020). For some, sheltering in place during the pandemic led them to realize that they were not leading their "best lives." Staying at home initiated a search for better relationship partners, better jobs, better places to live, therapy, new hobbies, and better ways to live (Thomas et al., 2024). Beginning in March 2021, nearly 1 year after the first shelter-in-place order, many Americans began to leave their jobs voluntarily in what became known as the "Great Resignation," a trend that reached a record high in late 2021 (Gittleman, 2022). Many cited low pay, lack of advancement opportunities, and feeling disrespected at work as reasons for quitting their jobs (Parker & Horowitz, 2022). Embracing a "today is the first day of the rest of your life" mentality, some Americans began engaging in "quiet quitting," a phenomenon that went viral on social media that describes people who did not leave their jobs but instead "psychologically detached" and stopped "going above and beyond" (Harter, 2022), "'no longer subscribing to the hustle culture mentality that work has to be your life'" (Rosalsky & Selyukh, 2022, para. 3).

Many Americans came out of the first year of the pandemic and began trying to fashion new, better lives and optimistically believing they could do so. For instance, in the United States, the work-from-home (WFH) or work-from-anywhere movements gained substantial momentum during the pandemic given the ease of Zoom (Barrero et al., 2023; Choudhury, 2020). Company leaders tried to convert a crisis into an opportunity by promoting the value of working at home for 2 to 4 days a week. Currently, businesses occupy office space at 62% of prepandemic levels, and stores and restaurants that depended on the spending of these workers during the day are shuttered (Peck, 2024). The consequences of this WFH movement, however, are evolving. On the one hand, some employers and organizations claim that WFH is efficient and saves time and money, consistent with salutary reports of worker well-being (Berliner, 2020). On the other hand, the number of U.S. employees who are "actively engaged" in their work has been falling since 2020 (Barrero et al., 2023; Harter, 2023; Rattner, 2023).

Prevention default: "COVID isn't over; let's prepare for future crises." Compared with the United States, much of East Asia continued to focus on safety, security, the prevention of harm, and the avoidance of risk—or what we call the "prevention default" (Aaker & Lee, 2001;

Adams et al., 2019; Chuang et al., 2022; Elliot et al., 2001; Hamamura et al., 2009; Higgins, 1997; Hofstede & Minkov, 2010; H. S. Kim & Lawrie, 2019; Riemer et al., 2014; Shavitt et al., 2019). A prevention default is associated with viewing outcomes in terms of losses and being motivated to avoid losses (vs. seek gains; Kurman & Hui, 2011). Not surprisingly, then, in East Asia, COVID was not over by the summer of 2022, and governments were intentionally slow in reopening their countries. Shortly before Biden declared COVID "over," Japanese Prime Minister Fumio Kishida stated:

> We keep analyzing the progress very carefully and will make decisions regarding the transition to a new phase with Corona. (Nippon HōsōKyōkai, 2022, para. 4)

Similarly, Shih-Chung Chen, Minister of Health and Welfare in Taiwan, said:

> This new Taiwan Model seeks to allow people to lead normal lives while active epidemic prevention measures remain in place and the country is steadily opening up. (S. C. Chen, 2022, para. 8)

On October 11, 2022, however, because of intense public concern about Japan's declining economy, its government officially opened its borders to international tourists and simultaneously removed requirements that travelers to Japan have a negative PCR test prior to travel and register with health agencies for contact tracing. That same week, Taiwan also opened to international tourists and removed requirements for testing, quarantining, and contact tracing.

In Japan, despite opening and declaring COVID to be like influenza, by May 2023, life was still not where it was before the pandemic, likely influenced by a pervasive prevention default. Restaurants were still undergoing thorough cleaning in between guests; many had just begun to remove the shields they had placed between customers. Similar caution was prevalent in South Korea, where people were encouraged to attend sports events but were not allowed to yell or shout during the events. This focus on seeking a middle way—balancing a return to the activities of normal life but with some preventive measures—was fueled both by the realism-similarity default as well as by the venerable wisdom of the farmer in the parable to wait and see (see p. 58).

In East Asia, individuals and organizations often focus on preserving tradition and seek patterns in the past as a guide to the future (Gao, 2016; Ji et al., 2009). This may be one reason why, unlike in the United States, many organizations in Japan struggled to adopt remote work. In cultural contexts in which situations organize behavior and their structures embed the practices for particular roles and ways of being, the prevention default is strong. The office—not the home—is the place for work. In Japan, many official documents require a stamp (*hanko*) applied in person for a transaction to be completed, and more importantly, in the words of one telework expert, "many internal rules require face-to-face meetings. They think they can't manage workers who aren't there" (Dooley & Inoue, 2020, para. 9). A similar view was prevalent with respect to education and schooling—school is the place for education, and this view likely led to positive outcomes. Results from the 2022 Organisation for Economic Co-operation and Development (OECD) Programme for International Student Assessment report (OECD, 2023a, 2023b) identified Japan, South Korea, and Taiwan as resilient education systems in terms of mathematics performance, equity, and well-being during the pandemic. These countries managed to maintain or improve these aspects between 2018 and 2022, showing no deterioration during the pandemic. In contrast, many students in the United States fell behind expected levels of achievement. This resilience in education during the COVID pandemic, especially in countries such as Japan, South Korea, and Taiwan, could be attributed to many factors, including more equitable schools, but the fact that schools were closed for shorter periods of time compared with the United States and other countries in Europe was likely one important factor. An emphasis on returning to work and school may, in part, reflect the fact that people rely on and value mutual monitoring and the social regulation and coordination of behavior, which are much less likely when people do not see each other regularly (Domae et al., 2023). These understandings support a prevention default and a tendency to favor what has worked in the past, as well as a tendency to worry that "innovation" might translate into a loss of tradition and stability (Ge et al., 2022).

Some public-health experts attributed the more coordinated pandemic response in Japan, Taiwan, and South Korea to the structure of their health-care systems and the existence of pandemic policies before COVID (Gallo, 2021; Ryoko et al., 2020). It is possible that the influence of these factors was independent of cultural defaults in shaping national responses to the pandemic. On the other hand, these factors may also be the institutional manifestations of various cultural defaults. As an example, the fact that the South Korean government learned from an earlier MERS outbreak and created a specific plan for future pandemics that was highly effective during the COVID pandemic is likely due in some part to the prevention default. As indicated in the above quote from Zeynep Tufekci, many public-health officials believe that the United States has not learned from its mistakes and is not well prepared for the next pandemic. This institutional lag may well be a function of a cultural orientation toward promotion rather than prevention.

Limitations and cultural defaults in other contexts

Our focus here has been on identifying and describing two constellations of cultural defaults as particular expressions of the more general orientations of individualism–independence and collectivism–interdependence, demonstrating how these defaults were manifest in specific pandemic-relevant behavioral tendencies and how they were likely associated with national disparities in cases and deaths from COVID between the United States and parts of East Asia. Drawing on an extensive literature in cultural psychology and the public statements of high-level officials, we have examined how these significant sociocultural dimensions may have been experienced psychologically and realized in culture-specific ways of thinking, feeling, and acting during the "same" threatening event. We have not shown that these defaults were causally related to particular behavioral outcomes, nor have we compared the predictive power of these defaults with other significant factors shaping pandemic responses.

Our analysis has been of culture at the country level, a reasonable choice given our concern with country-level disparities in deaths. As noted earlier, we have given only scant attention to the confounding complexities of within-country or regional variations in living conditions, social class, race, gender, political ideology, birth cohort, age, and so on, and their likely impact on the defaults discussed here. For instance, as expected, country-level collectivism was related to fewer COVID cases and deaths (Rajkumar, 2021; Webster et al., 2021). Yet within the United States, county-level collectivism was related to more COVID deaths (M. Z. Ma & Chen, 2023; Salvador et al., 2020; Webster et al., 2021). This latter association was related to racial and ethnic diversity in the U.S. population and likely resulted from associated inequities in health care and education (Webster et al., 2021). Similarly, in Japan, regional variation in ecological conditions, living conditions, and levels of formal education would also suggest likely important variation in the content and influence of cultural defaults (Kitayama et al., 2006; Miyamoto et al., 2018).

Throughout the article, we have compared responses in the United States with those of Japan, Taiwan, and South Korea, three different nations that we refer to as "East Asian." Compared with the United States, these nations were more effective in their responses to the pandemic. Yet there are obviously differences among these East Asian countries that we have not discussed here. For instance, although the United States values high-arousal positive states more than Japan, Taiwan, and South Korea, among these East Asian contexts, South Koreans value high-arousal positive states the most (Tsai et al., 2024). These findings are consistent with other research suggesting that among these three East Asian countries, South Korea is the most Westernized and places the most value on the expression of individual opinions and emotions (Aubrey, 2009; Beckman-Brito, 2003, Y. J. Lee and Matsumoto, 2011). More comparisons and data are needed within these contexts to examine how the defaults we have labeled "East Asian" are expressed similarly or differently for these three countries and others in the region.

In addition, although much of the cultural psychology literature has included Chinese samples within the East Asian category, we did not discuss Chinese responses to COVID because relatively little information about China was available during most of the pandemic. The Chinese government's "zero COVID" policies were the most restrictive of East Asia (VOA News, 2022) and perhaps were more reflective of authoritarian policies than particular cultural defaults associated with collectivism–interdependence. Yet some reports suggest that people grew weary of these policies, especially when they interfered with cultural practices of filial piety, such as visiting older relatives, leading the Chinese government to relax its restrictions after two and a half years (Davidson, 2023).

Finally, we have not attempted here to characterize the cultural defaults of other nations and regions that likely were related to their patterns of COVID responses and outcomes (e.g., Y. Chen & Biswas, 2023; Kitayama, Salvador, et al., 2022; Krys et al., 2022; Osei-Tutu et al., 2021; Uskul et al., 2023). For instance, although Latin American contexts, like East Asian contexts, are characterized as collectivistic–interdependent in orientation, emerging research suggests that psychological tendencies of high-arousal positivity are more common in these contexts than in East Asian contexts (e.g., Krys et al., 2022; Ruby et al., 2012; Salvador et al., 2024; Senft et al., 2021). Here interdependence may be realized through cultural defaults that encourage the expression of positive feelings rather than through moderation or restraint of these feelings common in East Asia (Kitayama et al., 2022). Indeed, in one study measuring brain activity, European Americans and people of Mexican heritage were both more effective than people of Chinese heritage in amplifying their emotional responses (Hampton et al., 2021). Further, in some Mediterranean contexts, a collectivist–interdependent orientation is accompanied by cultural defaults that encourage self-assertiveness rather than self-effacement (e.g., Greenberg, 2010; San Martin et al., 2018; Uskul et al., 2023). Similarly, an individualist–independent orientation can be realized differently in Western, educated, industrialized, rich, and democratic (or WEIRD) contexts beyond those of North America (Torelli & Shavitt, 2010; Triandis & Gelfand, 1998); for instance,

whereas U.S. Americans are more competitive in their individualism, Dutch are more egalitarian in their individualism, which may be associated with lower arousal (e.g., Boiger et al., 2013; Vignoles et al., 2018). The cultural defaults of other contexts might also be productively analyzed for their role in shaping responses to COVID and future crises.

Lessons for the Future: Cultural Defaults and Crisis Decision-Making

In a guest essay for *The New York Times* in June 2023, Rochelle Walensky, former Director for the CDC, stated:

> I want to remind America: The question is not if there will be another public health threat, but when. (Walensky, 2023, para. 14)

Even before Walensky's dire predictions, major news outlets, including *The New York Times*, *The Boston Globe*, *The Washington Post*, and *Time* magazine warned that the United States was not prepared for the next pandemic (Boston Globe Editorial Board, 2022; LaFraniere & Weiland, 2022; Sirleaf, 2023; Washington Post Editorial Board, 2022). This is still true in 2024. As Walensky left her post at the CDC, she admitted that "'we are responsible for some pretty dramatic, pretty public mistakes, from testing to data to communications'" (LaFraniere & Weiland, 2022, para. 2) and urged that "it's time for the CDC to change" in order to stave off the ravages of the next pandemic (LaFraniere & Weiland, 2022, para. 15).

Other researchers and practitioners in the social sciences, politics, and law have also weighed in on how current conditions and systems must be improved for the United States to be prepared for the next health crisis. Their recommendations include addressing the existing and gaping social inequalities that were exacerbated by the pandemic, integrating fragmented health-care systems, providing universal health care, increasing trust between people and their institutions, improving science communication and knowledge translation, reducing sharp political divides, and subverting coordinated disinformation campaigns (see, e.g., Aragón et al., 2021; Galvani et al., 2022; Omer et al., 2021; Reicher, 2023; Ruggeri et al., 2024; van Thiel & Cheung, 2023; Yoshikawa & Kawachi, 2021).

We contend, however, that none of these recommendations can be successfully implemented without a greater understanding of the specific cultural defaults that undergird these current conditions. For example, addressing severe and growing inequality in the United States will require confronting the fact that the United States is still much more of an "I" culture than a "we" culture, especially in its ideological foundations and in the current policies of its economic, governmental, and legal institutions (J. H. Liu, 2021; Markus, 2017; Markus & Conner, 2014; Uchida & Rappleye, 2024). Given the centrality of the valuation and expression of independent agency, a widespread concern for the circumstances of others and for meaningfully reducing inequality and mitigating poverty has been and will likely continue to be a particularly heavy lift in the United States. Effectively countering opposition to the expansion of the Affordable Care Act or developing another system of universal health care (Galvani et al., 2022) will be challenging for similar reasons.

The list of crises that will require large-scale behavioral coordination and that would benefit from an understanding of cultural defaults is long and growing. It includes the many challenges associated with climate change; income inequality; mental illness; the replacement of human labor with machine labor; the proliferation of AI, social media, and other emerging technologies; migration and immigration; widespread suspicion and distrust within and between nations; and intergroup conflict and violence. Multiple teams of researchers from various fields have proposed specific "lessons" for how to best guide public behavior during a crisis (e.g., see Kappes et al., 2023; Omer et al., 2021; Ruggeri et al., 2024; van Thiel & Cheung, 2023). An awareness of cultural defaults can be easily folded into and will expand the scope of many of these other recommendations. In public health, quality crisis decision-making involves a consideration of the "known knowns," the "known unknowns," the "unknown knowns," and the "unknown unknowns" (see Aragón et al., 2021). The role of cultural factors is rarely implicated and languishes in the "unknown unknowns" category. Yet a consideration of cultural defaults could elevate some aspects of culture to the "known knowns" category in preparation for coming crises.

To facilitate consideration of cultural defaults when responding to any one of the looming crises, we draw six initial "lessons" from our comparative analysis of the United States and parts of East Asia (Table 2). Each lesson includes examples of questions that could be integrated with other aspects of crisis-related decision-making in the United States and East Asia, but they are applicable to other cultural contexts as well. We briefly discuss each lesson below.

Lesson 1: Recognize the role of cultural defaults in commonsense responses

The first lesson is the importance of taking time to recognize the role of cultural defaults in one's past and

Table 2. Using Cultural Defaults to Prepare for and Respond to the Next Crisis: Example Guiding Questions.

1. Recognize the role of cultural defaults in initial, "commonsense" responses to a crisis	
In U.S. contexts: What reasons or evidence justify optimism, a sense of uniqueness or high arousal? Is this response primarily a way to foster a sense of control? What reasons or evidence counter these defaults?	**In East Asian contexts:** What reasons or evidence justify realism and similarity or low arousal? Are we waiting too long? What reasons or evidence counter these defaults?
2. Consider alternate cultural defaults to expand the scope of possibility	
In U.S. contexts: Could we remain calm and wait and see before we act?	**In East Asian contexts:** Could we decide more quickly to control the problem?
3. Frame recommended actions in terms of existing cultural defaults	
In U.S. contexts: Does a given behavioral recommendation allow for self-regulation and personal choice?	**In East Asian contexts:** Does a given behavioral recommendation allow for social regulation and social choice?
4. Ensure that recommended actions are enacted at multiple levels of culture	
In all contexts: Is a recommended behavioral recommendation represented and reinforced by narratives, practices, and policies at the individual, interpersonal, and institutional levels of culture, or are the levels misaligned?	
5. Prepare for resistance to recommended behaviors that counter cultural defaults	
In all contexts: Will common cultural defaults prevent some people from following recommended actions and generate backlash? What are ways to mitigate this resistance?	
6. Prepare for revisionist thinking that reflects and promotes cultural defaults	
In U.S. contexts: When remembering and reflecting on the past crisis, are we understating the threat?	**In East Asian contexts:** When remembering and reflecting on the past crisis, are we overstating the threat?

future actions. Cultural defaults are powerful precisely because they are experienced as the necessary, moral, rational, and "commonsense" ways to behave, but this is exactly why they are often difficult to recognize. As a result, people may be unaware that their responses and behaviors are often driven by cultural defaults.

For example, with respect to the next pandemic, we predict that a substantial proportion of people and organizations in the United States will demonstrate at least some of the U.S. American cultural defaults described here. They will be optimistic that the crisis will not occur (or if it does, that Americans will emerge relatively unscathed); if and when a crisis does occur, they will quickly search for a single cause, likely someone (or some people) to blame; they will express high emotional arousal; they will push to take immediate action to influence the situation; they will resist being told what to do, even, and perhaps especially, if authorities mandate it; and they will see the crisis as an opportunity for growth and innovation.

In contrast, a substantial proportion of people and leaders in organizations in parts of East Asia will demonstrate at least some of the defaults described here. They will be more realistic, assuming that the crisis will affect themselves and others; they will notice the multiple causes that may explain it; they will focus on being calm; they will wait and see what others do before responding; they will adjust their behavior to comply with institutional recommendations while attending to each other's actions; and they will work to ensure that they can preserve traditions and prevent the next crisis. Indeed, one of the best predictions that social scientists made early in the pandemic was that cultural differences in the emphasis on freedom versus security (a difference that applies to U.S. vs. East Asian comparisons) would predict how difficult it would be to coordinate responses to the pandemic (Van Bavel et al., 2020); and they were right (Ruggeri et al., 2024). Given the default of social regulation and social choice, restricting personal rights and freedom for the purpose of collective security and prevention of harm to others makes more immediate and obvious sense in many East Asian contexts than it does in the United States, where the default of personal choice and self-regulation is widely taken for granted and inscribed in many aspects of culture (Faden et al., 2020).

Lesson 2: Consider alternate cultural defaults to expand what is possible

One of the main reasons to recognize certain responses and behaviors as cultural defaults is to expand people's views of the range of responses and behaviors that are possible. Of course, the commonsense cultural defaults

of one's own national context will not be easily swapped out for the defaults of other cultural contexts. And yet, a second lesson in planning for future crisis response is that decision makers might profitably consider how the virtues of one's own set of defaults might be broadened, balanced, or nuanced by deliberately and systematically considering the benefits and the logic of other cultural defaults (e.g., Cheryan & Markus, 2020), particularly in multicultural contexts (S. X. Chen, 2015; Y. Y. Hong et al., 2000). Indeed, scientists' predictions about COVID outcomes were more accurate when they were part of teams that were more interdisciplinary, which presumably represented a broader range of perspectives (The Forecasting Collaborative, 2023).

For instance, Americans' optimism that they will be able to respond effectively to the next pandemic might be beneficially joined with a dose of East Asian realism. Time spent specifically envisioning potential failures and how to prevent them would be a productive use of functional counterfactual thinking, revealing what might have been and what might be (e.g., Roese & Epstude, 2017). As U.S. decision makers call for greater coordination among health systems, such realism might spring from a detailed comparison of the strengths and weaknesses of the health care systems in the United States and different parts of East Asia. This could help provide insight into how U.S. cultural defaults present obstacles to this desired coordination, and how such obstacles might be overcome (Cheung & Van Thiel, 2023).

There is already reason to believe that this balancing of optimism and realism will be useful in the unfolding crisis of climate change. Although a vast majority of Americans report an awareness of the fact that climate change exists, only about 50% to 60% of Americans see it as a strong threat to themselves or their family members. In contrast, in many other countries in South America, Africa, and Europe, over 80% view it as a serious threat (Ballew et al., 2019; T. M. Lee et al., 2015). Some attention to the logic of the realism-similarity default common in East Asia might encourage the development of U.S.-made sustainability narratives conveying the sentiment that the future of Americans on this planet is similar to others, and their fate is a shared fate. Such a strategy has the potential to help people develop a more comprehensive and holistic plan while still satisfying the American influence-and-control default to do something. Further, a recognition that novel and complex events rarely have single causes (or single consequences) could fuel more systemic thinking. In the case of the pandemic, it might have led to plans for easy testing and uniform data collection. In any future crisis (perhaps a restriction on the use of electricity or water in the case of climate change), an intentional effort by government and organizational leaders as well as other public-opinion leaders to communicate detailed and consistent behavioral guidance could help keep U.S. Americans calm in the face of general high arousal and anxiety. This could put some brakes on the predictable frustration, anger, and reactance that can accompany the sense that one's rights have been abridged or one's freedom of choice taken away. Another example is the developing crisis surrounding emerging technologies in the United States. Instead of worrying about being unduly influenced and controlled by artificial agents, a common narrative in current U.S. discourse, U.S. Americans might broaden their view by taking seriously a default more common in East Asian contexts, one that imagines a more interdependent and relational orientation with artificial agents (Ge et al., 2024).

The East Asian default profile we have tracked here might help explain why there were significantly fewer COVID deaths in East Asia compared with the United States. Yet as noted earlier, in the next crisis, this particular set of defaults may not always be linked with better outcomes. In other words, the East Asian defaults identified here that were associated with better pandemic outcomes may not have the behavioral advantage in another crisis. They could also be broadened and balanced. To take a page from the U.S. American motivational playbook, Japanese realism might benefit from an injection of optimism and from some greater emphasis on the possibility for influence, control, and promotion. For instance, with some more emphasis on the virtues of creativity and innovation, Japan might more quickly consider taking on new ventures. In the face of crises such as COVID, this approach might lead to the discovery of solutions comparable to vaccine development, and such an approach might have afforded an earlier opening of Japanese borders to mitigate the economic downturn that occurred during the pandemic.

Lesson 3: Frame behavioral recommendations in terms of cultural defaults

A third lesson highlights the wisdom of considering how to frame recommendations for behavior (social distancing, mask-wearing, vaccines) in terms of culturally resonant defaults once particular defaults have been tagged as playing a probable role in decision-making during a crisis. In articulating their theory of culture change, Hamedani and colleagues (2024) suggested that "culture change can be easier when it leverages existing core values and harder when it challenges deep-seated defaults and biases" (p. 384). Multiple research programs have established the importance of matching a message with recipients' general motivational orientation (e.g., A. Y. Lee & Aaker, 2004;

Stephens, Fryberg, et al., 2012; Uskul et al., 2008; 2009). Health messages tied to independence are often more effective in the United States (particularly in well-resourced and college-educated contexts), whereas messages highlighting interdependence are often more effective in East Asian contexts (Y. Kim et al., 2017; Z. Ma & Nan, 2019). In addition, promotion and gain-approaching frames are more effective for Westerners, whereas prevention and loss-avoiding frames are more effective for East Asians (Chuang et al., 2022; Uskul et al., 2009), and in the United States, especially among European Americans, messages framed with high arousal are more effective than messages framed with low arousal (Sims, Koopmann-Holm et al., 2018).

In proposals for changing the culture of the CDC and preparing for the next pandemic, Walensky (2023) and many others in public-health roles are encountering the challenges of countering the defaults associated with independence. An infectious disease violates the assumption that people are separate and unique and that their health is largely under their own control. Instead of independence, COVID and other pandemics highlight the reality and importance of interdependence (Klein, 2023; Tomori et al., 2022). When it comes to health, a person is not unique or separate from others on the bus, at work, or in the grocery store, and one's health is not just one's personal responsibility (Hook & Markus, 2020; Louis et al., 2024). Similarly, what the people of one U.S. state do in the face of the pandemic matters for the fate of people in other states. Currently, for example, states in the United States are not compelled to report their health data to the CDC; it is their choice. And in the early months of the pandemic, many states did not report their constituents' "private" data, which resulted in an underestimation of the severity and spread of the pandemic in the United States. Thus, changing the culture at the CDC means stoking a "we" and "us" orientation when it comes to the nation's health. This will involve encouraging connection and collaboration among autonomous state public-health systems, establishing uniform standards for data collection, and requiring that all states report data on the health status of their populations (Walensky, 2023), actions that require interdependence. However, messages of interdependence in an independent context are often demotivating (e.g., Hamedani et al., 2013, 2024), just as messages of independence in an interdependent context can be (Kizilcec & Cohen, 2017; Thomas & Markus, 2023).

Fostering a sense of interdependence at both the individual and the organization level in independent contexts such as the United States will require creative messaging and storytelling (Walsh et al., 2022). One large study conducted in the United States early in the pandemic (Pink et al., 2023) tested the effectiveness of 56 persuasive short messages encouraging prevention behaviors. Many of the most convincing messages empowered U.S. Americans by suggesting they had influence and control over their health while adhering to health guidelines, such as "Stay home and protect yourself" and "Take action now," or that implied they could help themselves and others as well, such as "We can do our part" and "You can help people prevent the spread of COVID" (see also Kitayama, Camp, et al., 2022; Schwartz & Cheek, 2017; Vani et al., 2022). One particularly effective intervention during the pandemic included the message "a vaccine has been reserved for you" (Milkman et al., 2021). This frame invoked individuality and uniqueness along with aspects of interdependence such as "others are considering you" and "you belong."

Lesson 4: Address cultural defaults at individual, interpersonal, and institutional levels of culture

This lesson underscores not only the fact that cultural defaults are reflected in peoples' attitudes and mindsets but also that default understandings reflect long-standing values and moral commitments that have been built into the norms, institutional policies, practices, and artifacts of their respective cultural contexts over considerable periods of time. The "culture cycle" is a useful conceptual tool for thinking about how people shape and are shaped by their cultures. This framework depicts four nested and equally important aspects of culture—ideas, institutions, interactions, and individuals—in an ongoing, dynamic, interactive system (Markus & Conner, 2014; Markus & Kitayama, 2010; Hamedani et al., 2024). In any cultural context, many behavioral patterns can be identified, but a cultural default is likely to be reflected at all four levels. Thus, interventions to change behavior are more likely to be effective if they are represented at all four levels of a given culture.

For example, during the first few months of the pandemic, many public figures and elected officials in the United States launched campaigns to invoke a sense of connectedness and unity. New York Governor Andrew Cuomo, in daily reports to the mainstream press, reminded New Yorkers that "*We* [emphasis added] are in this together" and "*We* [emphasis added] are one" (Guterres, 2020; Sobande, 2020). Signs, billboards, videos, and social media posts reinforced and distributed this sentiment in many parts of the United States, tapping into the belief that people need each other and are stronger together, a belief shared by many families, communities, and cities in the United States (Brannon et al., 2015; Marinthe et al., 2021; Markus, 2017; Markus

& Conner, 2014) and across the world during the pandemic (Pick et al., 2022). In some states, these messages were quite effective, and wearing a mask became a civic duty (Kemmelmeier & Jami, 2021). Yet these calls for interdependence in the United States were relatively short-lived and, most notably, not widely and uniformly reinforced in many schools, workplaces, and businesses or in the policies, practices, and norms of most institutions. It is one thing to say "We are in this together," but if the structures that afford togetherness and coordination of intent and expertise do not exist, these appeals are unlikely to take hold for any extended period of time (Hamedani et al., 2024). For similar reasons, attempts to prioritize individual achievement and self-regulation in many East Asian contexts often fail to gain long-term traction (Ogihara, 2017). Encouraging an orientation toward influence and control with messages of "You can do it" and "The power of each individual" are likely to have little impact on behavior in a system rooted in social regulation and practices that foster extensive consultation and consensus prior to a decision.

As researchers in multiple fields increasingly focus on creating, testing, and distributing new mindsets, narratives, stories, messages, practices, norms, and policies in the hope and promise of behavioral change (e.g., Chater & Loewenstein, 2022; Paluck, 2009; Paluck et al., 2021; Schaller & Muthukrishna, 2021; Walsh et al., 2022; Walton & Crum, 2021), it is clear that successful interventions—those that stick and change behavior in desired directions—will require support, positive representation, and structural affordances throughout all four levels of the culture cycle. As noted above, culture change at the CDC will require nothing less. The same is the case for the many sustainability efforts associated with climate change. The transition from gas to electric vehicles, for example, can be modeled and incentivized in schools, workplaces, or churches; reflected in the memes and social media posts of high-status and influential people; and made easier and more appealing through institutional changes such as accessible charging stations and tax breaks. As another example, in East Asia, efforts to use less packaging (or more eco-friendly types of packaging) will require interventions at many levels of culture to address the long-standing importance of wrapping and packaging in conferring respect in practices of gift giving (e.g., Joe, 2022).

Lesson 5: Expect resistance to recommended behaviors that counter cultural defaults

If nothing else, the pandemic response in the United States teaches that it is essential to plan and prepare for resistance to novel practices or policy recommendations designed to change people's usual ways of doing things, even when recommended actions could save lives. For example, in the United States, where free choice is a sacred value and a moral ideal, ordering, requiring, and even asking people to do something for the good of others, or even for oneself, is likely to be received unfavorably by some large proportion of the population, if not immediately, certainly over time. Therefore, in cases in which decision makers and policymakers have no other option but to recommend behavior that counters a cultural default, they may be able to mitigate resistance and backlash through trusted messengers who provide the rationale, consistent instructions, and a timeline for counter-default behavior (Hamedani et al., 2024). Still, policymakers will need to be prepared to provide evidence, reward, and reassure their constituents that recommendations that run contrary to cultural defaults may actually be helpful.

Even in contexts not as foundationally rooted in resistance as the United States, resistance to recommendations that run counter to a default is still a strong possibility. In Japan, this could be seen in the reluctance of citizens to remove their masks even after the government encouraged individuals to decide on their own whether to do so. Given the defaults of prevention and social regulation and social choice, "free" decision-making without social constraints is complex. People can be resistant to take actions that run counter to defaults when their actions are visible to others and have social consequences, especially after habitually engaging in contrasting actions.

Lesson 6: Prepare for revisionist thinking that reflects cultural defaults

Cultural defaults were at work throughout the pandemic—they lent meaning, generated expectations, and motivated and regulated action. The sixth lesson refers to another function, perhaps one even more consequential. During the pandemic and especially in its aftermath, cultural defaults organized memory. As the specific details grow fuzzy (e.g., "How many people died?" "How long were we locked down?" "We got rid of it, didn't we?"), what will Americans individually and collectively remember about COVID? Here a comparison with the 1918 worldwide Spanish flu that took the lives of 50 to 100 million people worldwide, 675,000 of them Americans, is particularly informative. According to many historians, this devastating pandemic has been largely forgotten (e.g., Bristow, 2012; Crosby, 2003). The differences between the two pandemics in terms of science and technology are vast. Yet the similarities are also striking. As outlined in a compelling analysis by

Bristow (2020), the parallels for the American experience include inconsistent guidance at the presidential level (e.g., President Woodrow Wilson never spoke publicly about the pandemic and did not model preventive measures); uncoordinated decisions made at the local level by health officials; massive resistance to certain policy measures, including an anti-mask movement; and racial disparities in cases and deaths. Bristow offered that the most startling feature of the 1918 pandemic was "how quickly it disappeared from American consciousness" and concluded that in the intervening century, U.S. Americans have made almost no significant institutional changes designed to protect the most vulnerable. She chalked up this "public amnesia" and the lack of recognition of the parallels between the 1918 pandemic and the COVID pandemic to the power of the belief in "American exceptionalism"—the long held and widely accepted idea that the United States is distinctive, unique, and perhaps the best of nations (Lipset, 1997).

Epidemiologist Katelyn Jetelina observed a similar developing amnesia about the COVID pandemic and claimed that Americans are entering a new phase of the pandemic she called "revisionism":

> I think there's an attempt to revise 2020 really under the comfort of 2023 vaccines and treatment and immunity. And I think there's a couple of reasons for that. One, there's bad actors. There's also really a lack of nuanced talk around trade offs, but also it's just a normal human response. . . . So I think we're in a really tough spot. The past three and a half years were really tough for the United States, particularly because we thought we were prepared, and we were not. And it really tested our morals, our values, our psychology, and our culture in the States as well. (Klein, 2023, 4:01)

Jetelina is right. Revisionism may be a universal human experience, a normal consequence of remembering that unfolds according to what is salient and important in one's own experience. And just what people remember and forget will depend on their COVID experiences, which will be organized in some important way by their culture-specific defaults. Given their orientation to optimism and a sense of uniqueness, as well as to influence and control, many Americans will likely remember the innovation of a highly effective vaccine in a short period of time but will likely forget that the United States was a leader in excess deaths (Galvani et al., 2022). Given the constant media coverage of the angry clashes and protests by many Americans about masks and vaccines, many are likely to remember the partisanship as the single story of the pandemic. The lack of communication and coordination among independent health-care systems that made it difficult to chart the course of the disease will fade from memory if it was attended to or encoded at all.

A different set of memories may pervade in East Asia. For example, in Japan, the economy struggled during the pandemic, social interactions decreased, and there was frustration with the government's decision-making. Realism and prevention defaults may put the individual and collective spotlight on struggles and challenges and interfere with constructing memories of Japan's strong success in controlling the COVID virus compared with the United States and other countries.

Revisionism can make it more difficult for decision makers to consider the possibility that they could have adjusted their recommendations or could do so in the future. One strategy aimed at guarding against revisionism might be to prepare detailed summaries and narratives of crisis events as observed by those inside and outside of a particular cultural context. Another would be to take the second lesson to heart and consider alternate defaults when reviewing the events of the pandemic and considering what might have been done differently.

Concluding Thoughts

In closing, we join with the many public-health officials urging people not to forget the important lessons that COVID can teach us. This appears to be an admonition that spans historical and cultural contexts. A current U.S. American saying is "never waste a good crisis." Similar advice attributed to Sun Tzu (544–496 B.C.E.) notes that "in the midst of chaos, there is also opportunity" (Koh, Koh, Sheu, & Sakamoto, 2020). High on our evidence-driven list of recommendations of what to take away from COVID is attention to the critical role that culturally linked psychological defaults (i.e., cultural defaults) can play in shaping human behavior.

In 2020, people everywhere faced a novel coronavirus that gave rise to frightening existential questions without obvious answers. The universal reach of COVID brought national differences into high relief. One obvious difference was that the East Asian countries of Japan, Taiwan, and South Korea outperformed the United States in responding to and controlling the resulting pandemic, especially early on. Our contribution to the analysis of this striking disparity is the identification and analysis of cultural defaults. The aim is to highlight the cultural nature of meaning-making. We examined how the broad cultural models of individualism–independence of the United States and collectivism–interdependence of Japan, South Korea, and Taiwan were manifest in peoples' specific everyday experiences and expressed in the words and actions of high-level decision makers throughout the pandemic. The constellations of cultural defaults identified here are elements

of culture, the psychological go-tos, the habitual commonsense ways of being that recruit and reinforce each other yet are typically outside of awareness. They are not biases to be rooted out; instead, they incorporate historically grounded and selected collective wisdom about how to be and why that has been the basis of useful and effective behavior. Yet when the issue is culture change or a novel crisis, these default ways take on new significance. Whether they can be leveraged to ease adoption of recommended behaviors or whether alternate patterns of behavior might be necessary instead depends on the problem or crisis to be addressed (e.g., Uchida & Rappleye, 2024). Recognition of the cultural defaults of one's own contexts and whether there are ways to broaden or balance them by the effective common sense of other contexts is a first step (e.g., Cheryan & Markus, 2020).

In synthesizing research to illustrate cultural defaults relevant to the pandemic, we were struck by just how much research conducted over the last 40 years demonstrates strong and systematic cultural variation in feeling, thinking, and acting. We were also struck by the fact that, although people seem to believe that culture matters, most of these specific findings have yet to be widely applied in understanding or changing behavior. Moreover, very little of this research (most of it still focusing on U.S. vs. East Asian contexts) is invoked by experts or policymakers in public health, economic development, education, management, the sustainability movement, or even in foreign affairs, geopolitics, or international relations to explain or predict behavior (for an elaboration of this point with respect to COVID, see Cody, 2024; Kawachi, 2024). Putting more of this work to effective practical use will require researchers to highlight the applicability of their findings in multiple domain-relevant outlets. Further, researchers may increasingly need to partner with practitioners in various fields to gain a grasp on the problems that require mitigation or solution and then to design research attuned to these problems (Eberhardt et al., 2021). In sum, the need to understand the cultural defaults that shape behavior, especially when preparing for and responding to a crisis, is in the public interest and now more pressing than ever.

Transparency

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Notes

1. An analysis of East Asian defaults might reasonably include mainland China. However, because data regarding COVID cases and deaths as well as press reports from mainland China were largely unavailable during the first 2 years of the pandemic, we did not include China in this analysis.
2. The cultural defaults we characterize here as "U.S. American" are likely to be pervasive in the ideas and practices of mainstream American (i.e., European American or White) contexts and in the behavior of people who have spent most of their lives in these contexts. There are, of course, many other American contexts (e.g., Asian, Black, Hispanic, Native, Middle Eastern American) in which some of these cultural defaults may be less evident because of participation in other racial and ethnic contexts and their intersections with contexts of gender, social class, religion, and so forth (see Brannon et al., 2015; Markus, 2017; Markus & Conner, 2014; Stephens, Townsend, et al., 2012).
3. These questions emerged during our conversations as the pandemic unfolded, beginning in person in January 2020, when Y. Uchida was on a fellowship at the Stanford University Center for Advanced Study in the Behavioral Sciences (CASBS), and continuing on Zoom after the CASBS closed in April 2020 and Y. Uchida returned to Japan. This dialogue continued for the next three and a half years, including the fall of 2022, when J. L. Tsai spent a quarter in Kyoto teaching in the Stanford Bing Overseas Study Program (right before Japan reopened to tourists), and July 2023, when H. R. Markus and Y. Uchida presented this work at the Asian Social Psychology Association in Hong Kong (J. L. Tsai joined on Zoom). In our conversations, we tried to make sense of the pandemic by asking each other the questions that everyone was asking: "What was happening?" "Will it happen here?" "Why was it happening?" and "What should we do?" We were impressed by how different Y. Uchida's answers were from J. L Tsai's and H. R. Markus's, and very quickly, our questions turned comparative: "Why didn't Japanese seem as riled up over the pandemic compared with the United States?" "Why were Americans so focused on trying to find out whose fault it was compared with the Japanese?" and "Why was it so easy for Japanese and other East Asians to wear masks but so difficult for many U.S. Americans?" We were able to use our knowledge of decades of research in cultural and cross-cultural psychology to answer these questions, but we were struck by the fact that policymakers appeared to have little knowledge of this literature. This insight motivated us to write this article, with the hope that policymakers and decision makers could leverage cultural defaults to better prepare for and respond to current and future crises.
4. For characterizations of agency in other national contexts as well as other types of cultural contexts, see Hofstede (1980), Krys et al. (2022), San Martin et al. (2018), Vignoles et al. (2016), Salvador et al. (2024), Adams (2005), Markus (2017), Markus & Conner (2014), Mesquita (2022), Minkov (2013), Thomas & Markus (2023), and Kitayama, Salvador, et al. (2022).
5. Donald Trump was, as Wallace-Wells described, "the kind of gravitational center of COVID policy in 2020" (Klein, 2023, 33:18). Whether or not he or his advisers were aware of it, his words and his actions capitalized on long-standing cultural defaults. As president with a microphone and social media, he was able to activate the defaults of optimism, uniqueness, high arousal, influence and control, personal choice, and promotion

because they were already woven into the sociocultural fabric of America and broadly reflected and reinforced in many cultural ideas, stories, practices, and policies. Trump was effective in mobilizing people, in part, because he presented and re-presented these ideas in simple everyday language. For an analysis of Trump's January 6th speech and how he used long-standing cultural forms, see Ntontis et al. (2023).

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