aps ASSOCIATION FOR PSYCHOLOGICAL SCIENCE

Psychological Science in the Public Interest
2024, Vol. 25(2) 92–94

DOI: 10.1177/15291006241279527
www.psychologicalscience.org/PSPI
Sage

Cultural Psychology in the Interest of Public Health

Hazel Rose Markus[1], Jeanne L. Tsai[1], Yukiko Uchida[2], Angela Yang[3], and Amrita Maitreyi[1]
[1]Department of Psychology, Stanford University; [2]Institute for the Future of Human Society, Kyoto University; and [3]Lynch School of Education and Human Development, Boston College

The goal of "Cultural Defaults in the Time of COVID: Lessons for the Future" (Markus, Tsai, Uchida, Yang, & Maitreyi, 2024) is to bring a cultural lens to the complex question of why the East Asian countries of Japan, Taiwan, and South Korea outperformed the United States in responding to and controlling the outbreak of COVID. To do so, we have paired the announcements and speeches of high level government officials and organizational leaders during the pandemic with some of the voluminous empirical literature in cultural and cross-cultural psychology. We suggest that this analysis can expand the understanding of national disparities in life and death during COVID and, at the same time, highlight how the knowledge of cultural defaults in these contexts, and many other contexts still to be described, can be useful for decision and policy makers as they take account of cultural variation in the face of current and future novel and complex threats, including pandemics, emerging technologies, and climate change. We are pleased that two leading public health experts, Sara H. Cody (2024) and Ichiro Kawachi (2024), concur with the importance and practical value of this cultural analysis.

In our analysis, we introduce the concept of *cultural defaults*—widely shared habits of thought, feeling, and action—that are often important drivers of human behavior. They reflect the "common sense" of a given cultural context. They orient attention, lend meaning, shape feelings, generate expectations, instigate action, and organize memory. Although cultural defaults are not biases to be rooted out, they can get us into trouble, especially during crises that require rapid, flexible, and sometimes innovative responses—such as a global pandemic. For this reason, we argue that decision makers and policymakers can benefit from recognizing their own cultural defaults, examining whether these defaults are influencing their decisions, and considering the cultural defaults of others to enhance their own decisions.

Cody's frontline account vividly illustrates how U.S. cultural defaults both helped and hindered her ability to protect the residents of Santa Clara County, California. The U.S. defaults of *optimism and uniqueness*, *high arousal*, and *influence and control* helped motivate and mobilize Cody and her team. She knew she had to "take action" quickly, and her team "convened with great enthusiasm and energy . . . to track the virus, mobilize resources, and keep people safe." They were largely successful in getting people to wear masks and stay at home early in the pandemic, making the Bay Area "quiet" relative to other parts of the country. Yet they soon encountered challenges: When all businesses except "essential" ones (e.g., hospitals and grocery stores) were required to close, some (e.g., members of sport teams and owners of gun shops) thought that their businesses were special and should be exempt from these rules. Cody writes about feeling completely "independent," alone, and on her own in part because the state and federal governments failed to issue consistent policies in the interest of protecting its citizens' personal freedoms over their health. Even hospitals that wanted more extensive and longer indoor masking policies did not issue them because they feared the backlash. Cody ends by raising questions about how we might best leverage cultural defaults in the future.

Ichiro Kawachi's insightful commentary provides a broader context for cultural defaults in public-health research and social epidemiology. He states that culture, although often mentioned in popular models of public health, is "seldom analyzed in depth." Cultural defaults are so common sense that we "fail to appreciate their pervasive influence, yet they have profound implications for how different societies respond during times of crises." For instance, there was never a need to issue an official mask mandate in Japan because "compliance was near universal," consistent with the cultural default of *social choice and social regulation*. People chose to

do what others wanted: They wore masks, socially distanced, and ultimately were vaccinated to fulfill their obligations to others. Kawachi reiterates the importance of cultural defaults and raises a host of significant questions for future research, including how the cultural defaults we describe relate to other cultural factors in the literature; whether cultural defaults matter more for observable versus unobservable behaviors; how much of the variance in mortality can be attributed to cultural defaults; and how they relate to or interact with other important societal factors such as political polarization, societal inequity, and active interference by vested interests (commercial or international). Like Cody, Kawachi asks how we might mobilize cultural defaults for effective public action.

These thoughtful commentaries highlight many significant issues that require further theoretical consideration and empirical analysis. They also highlight two points from our article that we think require additional emphasis.

First, cultural defaults are likely related to many other important COVID determinants and can be productively analyzed in conjunction with them. As Kawachi highlights, major candidates for the explanation of national disparities in lives lost to COVID between the United States and East Asian nations include the quality, financing, and integration of public-health systems; the amount of distrust among people and between people and government; the degree of political polarization; and the level of income and racial inequality. The cultural defaults we identified here are not independent of these other potential drivers of national differences in COVID, and neither are these factors independent of historically and culturally derived, morally infused habits of thought, feeling, and action. Cultural defaults about how to think, feel, and act reside in our heads and hearts and are also built into the design and workings of the policies, regulations, and laws of all of our institutions, including governmental, legal, financial, educational, and health-related ones, and into the practices and unspoken rules and norms of our social networks and interactions.

For instance, the American default of *personal choice and self-regulation* that encompasses a resistance to regulation by others is manifest and continually fueled by a decentralized U.S. government and by the fact that the protection of public health is left to the states. Similarly, interpersonal trust and the desire to cooperate with others erodes when people are not in close contact and can more easily act independently. The phenomenon of political polarization is also fueled by the default of *personal choices and self-regulation* in combination with *high arousal*. The emphasis on expressing one's personal opinions and preferences enthusiastically and confidently, the proliferation of online platforms on which to share them, and the hours per day Americans commit to doing so provides the soft and hard infrastructure not only for free speech but also for intense disagreement and division. The persistence of increasing racial and economic inequality in the United States is encouraged by a combination of the strength of cultural defaults that emphasize personal achievement and glorify individual wealth and power and by the relative weakness of defaults that encourage responsibility for ensuring greater economic security for all.

Second, cultural defaults can be translated into effective public action. Our analysis of the role of cultural defaults in the response to and control of the pandemic was motivated by our belief that research in cultural psychology has a great deal to add to the analysis of important societal issues and by the belief that collective behavior change is possible. At the end of our article we propose six lessons from the pandemic that can be applied to future crises: recognizing the role of cultural defaults, considering alternate cultural defaults, framing recommended actions in terms of existing cultural defaults, ensuring that recommended behaviors are enacted at multiple levels of culture, preparing for resistance to counter-default recommendations, and preparing for revisionist thinking related to cultural defaults.

The foundational defaults of American individualism that prioritize "I" and "me" and independence are unlikely to give way or drift toward a more collectivist concern for "we." Yet in some domains such as health and the environment, a greater concern with interdependence and the public good has become inescapable, and it is obvious that coordinated, large-scale behavioral change is essential. Cody assures us that another pandemic is on the way, and Kawachi warns that whatever form the next crisis takes, the United States will again be ill prepared to weather it. Spurred by the cultural defaults of *optimism* and *promotion* common in U.S. contexts, we think it is possible going forward for social and behavioral scientists and practitioners to forge partnerships and projects with scientists and practitioners in public health. Together we may be able to communicate and inscribe the understanding that in some domains, the protection and well-being for the "we" is perhaps the only way to ensure the same for the "me." This level of culture change will require activism and political action to redistribute resources, yet a recognition of cultural defaults and their consequences may be a useful frame for initiating such partnerships.

Transparency

Action Editor: Nora Newcombe
Editor: Nora Newcombe

Declaration of Conflicting Interests

The author(s) declared that there were no conflicts of interest with respect to the authorship or the publication of this article.

References

Cody, S. H. (2024). COVID and cultural defaults: A public health officer's personal perspective. *Psychological Science in the Public Interest, 25*(2), 31–35. https://doi.org/10.1177/152910062412809

Kawachi, I. (2024). Culture as a social determinant of health. *Psychological Science in the Public Interest, 25*(2), 36–40. https://doi.org/10.1177/15291006241279145

Markus, H. R., Tsai, J. L., Uchida, Y., Yang, A. M., & Maitreyi, A. (2024). Cultural defaults in the time of COVID: Lessons for the future. *Psychological Science in the Public Interest, 25*(2), 41–91. https://doi.org/10.1177/15291006241277810