

Majority world successes and European and American failure to contain COVID-19: Cultural collectivism and global leadership

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United Nations and World Health Organization data show a positive correlation, $r = .53$, $p < .0001$, $N = 189$, between COVID-19 infection rates and the human development index (HDI). Less wealthy, less educated countries with lower life spans were also more successful in maintaining lower fatality rates, $r = .46$, $p < .0001$, $N = 189$ whereas 9 of the top-10 countries in the world in per capita fatalities due to COVID-19 were Western societies high in HDI. Similar positive correlations were found between COVID-19 infection and fatality rates and a smaller sample of 76 countries measured on Schwartz intellectual autonomy (or individualism), and negative correlations of similar magnitude were found for embeddedness (or collectivism). East Asia was a global leader in preventing the spread of COVID-19 because of a vigilant public concerned for public safety and compliant with public safety measures. African Union leaders coordinated their responses, and bought into a continent-wide African Medical Supplies Platform that prevented panicked competition for scarce supplies. Western global media and scholars have not paid attention to the successes of East Asia, Africa, and the South Pacific in fighting the pandemic. It is worth asking why this should be the case; understand the weaknesses of extreme individualism in fighting a pandemic requiring coordinated and unified public response, and consider the lessons for global scholars from the pandemic for doing research in the future.

Keywords: collectivism, COVID-19, East Asia, HDI, individualism, pandemics.

A map of COVID-19 infections around the world at the close of 2020 shows that there is a moderately strong positive correlation, $r = .53$, $p < .0001$, $N = 189$,¹ between infection rates and the country-level human development index (HDI). Less wealthy, less educated countries with lower average life spans (the three components of the HDI) have been more successful in maintaining lower infection and lower fatality rates, $r = .46$, $p < .0001$, $N = 189$, than wealthier, more educated countries where people normally live longer. Particularly striking is the relatively low levels of infection and fatality in African countries ($M = 2,633$ cases and 38 deaths per million averaged across 48 countries), that tend to be less developed (vs. $M = 33,368$ cases and 590 deaths per

million averaged across 53 countries in Europe). Africa is doing an order of magnitude better than Europe!

Furthermore, across very high (e.g., Singapore), high (Taiwan), and medium (China, Laos, Thailand, Vietnam) levels of human development, East and West Asian countries have been among the most effective in the world at containing the spread of the virus.² They and the tiny South Pacific island nations (that are functionally further from major infection outbreaks) have been two orders of magnitude better performing than Europe and the Americas.

It is startling that Sweden, by all previous measures one of the most developed countries in the world, has had a high infection ($M = 39,215$) and fatality ($M = 820$ per million) rate, in part due to its containment strategy, where the government offered rules in an advisory manner and trusted people to voluntarily maintain social distancing (Yan et al., 2020) rather than strictly enforcing public safety rules. European and North American countries have been consistently overrepresented among the world leaders in absolute rates of infection, per capita rates of infection, and deaths per capita due to infection.

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¹Data were retrieved from <https://COVID-19.who.int/table> and <http://hdr.undp.org/en/data> on December 30, 2020. This correlation remained the same, $r = .54$, when using the natural logarithm of COVID-19 cases per million to create more of a normal distribution (as raw COVID-19 infection counts ranged from 0 to over 100,000 per million across 189 different countries; with $\ln(0)$ either arbitrarily set to 1 (slightly lower than the lowest nonzero rate of infection in a country), or treated as missing data.

²The United Nations conflates West Asian and Pacific countries together in its HDI classification system, so an exact mean is a bit difficult to compute exactly (e.g., Russia is listed as a “European” country). Computing an average for Asia is therefore uncertain. Suffice to say that the Western Pacific region had the lowest infection and death rates in the world ($M = 1,001$ cases and nine deaths per million).

This is a striking reversal of legions of findings that have saturated global belief systems and analysis since the onset of the colonisation of the world by Western civilisation from the 16th century (Diener & Suh, 2003). Western societies are always among the most advanced societies, on measures such as per capita Gross Domestic Product, life span, and educational outcomes, and this is associated with other measures of beneficial societal outcomes, such as good governance (e.g., rule of law, lack of corruption), provision of healthcare and social security, guaranteeing human rights, and other measures of quality of life for societies (Haxhi & Van Ees, 2010).

However, in the case of the global pandemic, there has been a moderately strong correlation between human development at the societal level, and the spread of COVID-19, and fatalities in society due to the virus. How and why has this come to pass? And what are the implications for global psychology?

Factors Influencing Success in Containing COVID-19

First, while the correlation between HDI and COVID-19 infections and fatalities has been moderately positive, this correlation is inflated by the fact that Western countries have living conditions supporting more old people. Of the 30 oldest countries in the world (defined as percentage of the population over 65 years old), only Japan is non-Western. Therefore, Western countries (especially those in Europe) are demographically more vulnerable to the COVID-19, which disproportionately strikes down older people (Levin et al., 2020).

Second, there is geography. Because of their distance and limited travel options from big global centers, the island nations of the South Pacific have been protected from pandemic outbursts in other parts of the world. This has resulted in a disproportionate number of countries with low COVID-19 counts being in the South Pacific, even though these countries are middling in HDI.

But geography does not explain the massive differences in outcome between Asia and Europe, both highly populated, and both having experienced major outbreaks. In terms of psychology, Western societies have been famously associated with individualism and autonomy, and the rest of the world with collectivism and embeddedness (see Hofstede, 1984; Schwartz, 1992). Note that both the Hofstede (1984) and the Schwartz (1992) data sets have far fewer countries than the United Nations (U.N.) data sets previously mentioned, and they are non-representative samples. So the country-level data on which the psychology of COVID-19 prevention is based is weaker than the epidemiological data provided by the

World Health Organization (WHO) and HDI numbers from the U.N. Nevertheless, they are instructive. I present correlations between the WHO data and Schwartz's (2004)³ cultural dimension scores (using 80 samples and 76 countries) for illustrative purposes. Because of the disparity between psychological and U.N. data sets, I analyse these separately, and do not employ regression analysis to tease out variance accounted for between the two data sets.

Intellectual Autonomy and COVID-19 Spread

There is a very similar level of correlation between Schwartz's (2004)⁴ measure of intellectual autonomy as was previously reported for HDI and COVID-19 spread: $r = .52$ for total cases per million, $r = .47$ for fatalities per million, $p < .0001$, $N = 80$; correlations were slightly lower, $r = -.48$ and $r = -.42$ for embeddedness and infections and deaths per million, respectively; and $r = .42$ and $r = .28$ for affective autonomy, the lowest correlations of the three Schwartz measures mapping onto individualism and collectivism. Given that there is an overrepresentation of European societies in Schwartz's (2004) data (30 of the 76 countries are from Europe), these data tell us a lot about how Europeans differ from others (more than providing fine-grained data on differences between non-Western societies). "European" (or more broadly, Western) values of being broad-minded, curious, and valuing creativity and freedom (especially the latter) may have contributed to these societies' failures to stop the spread of the COVID-19. Too much emphasis on individual freedom may result in less stringency (see Chen et al., 2021) in adherence to behavioural rules for pandemic containment.

By contrast, non-European societies valuing embeddedness (as indexed by the items *clean, devout, forgiving, honoring parents and elders, moderate, national security, obedient, politeness, protecting my public image, reciprocation of favors, respect for tradition, self-discipline, social order, wisdom*) may have assisted majority world countries in resisting COVID-19 spread. Conforming to public concerns for the safety of others, over inconvenience for the self, likely contributed to high mask usage in East Asia, even before it became widely accepted globally (Cheng et al., 2020).

As of the writing of this article, 9 of the top-10 countries in the world in per capita fatalities due to COVID-

³Retrieved from https://www.researchgate.net/publication/304715744_The_7_Schwartz_cultural_value_orientation_scores_for_80_countries

⁴I use these for illustrative purposes because they are a bit more up to date than the Hofstede data on individualism-collectivism, which were for the most part collected between 1967 and 1973.

19 were Western (mostly European, with Belgium having the highest fatality rate, and the United States coming in 10th). The highest non-Western countries (and territories) on HDI in the world in 2019 were Hong Kong (4th), Singapore (11th), Japan (19th), and South Korea (23rd). They are the only non-Western countries⁵ in the top 30 in terms of HDI, and all have been in general more successful in containing the spread of COVID-19 as compared to Western countries. While all East Asian societies can be labelled as “collectivist,” not all collectivistic societies in the world have been successful in preventing the spread of COVID-19 (India, for example, has struggled, and so has Latin America.) Future research needs to unpack different forms of collectivist societies and compare them with one another, rather than focusing comparisons with individualistic societies as the gold standard of human development.

East Asian Successes

In an article where they analysed the success of the East Asian societies of Hong Kong, Singapore, Japan, South Korea, plus China and Taiwan, in preventing the spread of COVID-19, Liu et al. (2020) concluded that “the common element was a strong sense of vigilance in civil society. Collectivist norms contributed to the widespread practice of *wearing masks and compliance with social distancing regulations to ensure the safety of others*. These may have been East Asia’s secret weapon in preventing the spread of COVID-19” (pp. 30-31). Some East Asian countries such as Japan were relatively weak in their messaging from central government. Some, such as China, had to use harsh lockdown measures to stop the spread of the virus. Others, such as Taiwan and Korea, had experience from the earlier SARS epidemic and excellent early country-wide coordination of responses. Time series analyses by Chen et al. (2021) showed that in East Asia, confirmed COVID-19 cases usually resulted in quick implementation of increased stringency measures by the central government that then reduced further cases (the exception being Singapore, which had a major second outbreak after imposition of stringency measures). What was common across all cases was a collectivist ethos of unified response to the virus that included compliance with advice from health authorities and the use of masks and social distancing. The initial vigilance was in part attributable to previous experience with SARS in the region, but mask use in crowded public spaces has become part of collectivist norms in East Asia as a consequence of these epidemics. These are enforced through normative behaviour, such

as vocal criticism of deviance from safe behaviour in public settings. This will be a cultural asset in the future.

American and European Failures

The behaviour of East Asians and East Asian societies provides a sharp contrast with the behaviour of Americans in the United States; their response to COVID-19 was highly individualistic (or intellectually and affectively autonomous) and highly politicised (Allcott et al., 2020). Large numbers of individuals voiced their opposition to public health measures (e.g., social distancing, travel restrictions, and mask wearing) as infringements to their constitutionally inscribed freedoms (Evans & Hargittai, 2020). There was no consistency in public health measures across different states. Then-President Donald Trump led a cacophony of voices distrusting expert advice on pandemic control from the WHO (Dyer, 2020); these same voices then undermined expertise from the leading scientist in the White House Coronavirus Task Force, Anthony Fauci (long-time director of the National Institute of Allergy and Infectious Diseases). Some of them spread conspiracy theories about the virus (with disastrous implications for individuals’ compliance with public health directives; see Allington, Duffy, Wessely, Dhavan, & Rubin, 2020; Plohl & Musil, 2020). Thus, it is not individualism, per se, but individualism directed by politicians to distrust public health regulations; individualism in not laying down a coordinated central response to the pandemic; and individual disregard for scientific advice as being inconsequential compared to one’s own values and beliefs that have been responsible for the poor performance of the United States vis-à-vis the pandemic. This poor performance, while exceptionally well-publicised and analysed, was by no means unique. Per capita pandemic statistics for the United States, while poor compared to the majority of the world, are similar to those of other leading Western democracies such as Switzerland and Sweden. Given these results, it would be naïve for globally oriented scholars to take results from American undergraduates and American online samples as evidence of human psychology, or best practice regarding psychologically based interventions versus pandemics in the future. They should rather be interpreted as culture-specific responses of a hyperindividualistic and politically polarised society.

Lack of centralised coordination has been characteristic of ineffective responses in Belgium (the seat of the European Union), Italy, and the United Kingdom. Indeed, lack of data sharing and lack of centralised coordination have been characteristic of the European Union’s inability to protect its citizens during the pandemic (Jordana & Triviño-Salazar, 2020). Patchwork measures bred

⁵Israel is tied with Japan at 19th, I am not sure whether to classify it as a “Western” country.

confusion in the European Union. This is not completely attributable to a culture of individualism because an also-individualistic New Zealand was successful in implementing a clear and concise set of regulations for the entire country (Baker et al., 2020). Rather, this might be characteristic of Europe, with its highly interconnected network of small states economically and communicatively connected to one another, but with no centralised authority sovereign above them to effectively impose and coordinate action. The European Union has been and continues to be a cumbersome institution, a bureaucracy layered on top of many sovereign and independent states (see Sakki et al., in press). Thus, a virtue of Europe—its economic interconnectedness loosely tethering together sovereign states—becomes a vice when faced with a pandemic requiring quick, clear, and coordinated action from above by a decisive centralised government. Such federalism also hurt the United States and India.

African Successes

Too little attention has been paid to the success of sub-Saharan Africa in dealing with the COVID-19. Death rates in Africa have been, for the most part, remarkably low, far lower than that in Europe or the Americas. Mormina and Nsofor (2020) noted that dealing with epidemics is embedded in the institutional memories of many African countries: SARS, MERS, and Ebola preceded COVID-19, and yellow fever and cholera are being managed alongside COVID-19 today. They argued that

This expertise makes these countries more alert and willing to deploy scarce resources to stop outbreaks before they become widespread. Their mantra might best be summarised as: act decisively, act together and act now. When resources are limited, containment and prevention are the best strategies.

They gave examples of quick decisive action, such as Mauritius screening arrivals and quarantining visitors from high-risk countries before their first case was detected, and Nigeria forming a task force to lead the country's response as early as February 28, 2020. African Union leaders have provided coordinated responses across countries, whose most notable success has been the continent-wide African Medical Supplies Platform. According to Mormina and Nsofor, "It lets member states buy certified medical equipment – such as diagnostic kits and personal protective equipment – with increased cost effectiveness, through bulk purchasing and improved logistics. This also increases transparency and equity between members, lowering competition for crucial supplies". A highly effective platform was established, bringing vendors and member states together,

thanks to the expertise of a leading private-sector entrepreneur who set up the system.

South African Failures

There have also been failures in Africa, notably South Africa, which was initially praised for being "ruthlessly effective" by the British Broadcasting Corporation, but now has the highest death rate due to COVID-19⁶ in Africa. Muller (2020) argued that the early lockdown in South Africa was based on "performative science" or "scientism;" that is, undue deference to scientific authority, without actual scientific transparency on what methods and what numbers were being used to produce supposedly scientific projections of catastrophic infection and death rates. According to 2020, the premature and excessive early lockdown in South Africa without corresponding economic relief packages caused enormous socioeconomic damage to people already struggling. He showed that lockdown failed to prevent virus spread, and further, that even without lockdown, fatalities were few. This is probably due to a young population, unknown genetic factors, and natural selection: African children are probably tougher against disease because of higher infant mortality rates; weak ones die early in life. So, it was a disproportionate response, not tailored to local circumstances, and there was no other long-term plan in place after lockdown was relaxed (based on economic, rather than epidemiological, factors). The basis for less draconian forms of social distancing, such as reducing contacts by restricting numbers, cleaning surfaces after contacts, wearing masks, and so on, had not been effectively thought out and communicated as nuanced measures of a long-term plan to prevent infection. Avoiding both "scientism" and science scepticism are important for implementing public policy during health crises in the future.

Conclusion

In conclusion, the right sort of collectivism (or embeddedness) appeared to be the most effective cultural basis for reducing infection and fatality rates due to COVID-19. This collectivism is based on a strong centralised authority leading a vigilant population that is concerned with the public safety of others as well as effective planning, communication, and enforcement of public safety measures. To date, mass media reports have suggested that "leading" Western democracies have learned little from the superior performance of developing countries about what works to prevent the spread of a pandemic like the COVID-19. Rather, Western media has

⁶That is rapidly rising.

celebrated the few successes that predominantly White countries have had (e.g., New Zealand), and given short shrift to much more sustained and widespread successes in Asia, the South Pacific, and Africa. Most Western societies were unable to present a unified front against COVID-19, and many individuals have appeared to learn exactly the wrong lesson from this failure (e.g., the pandemic was a hoax, medical scientists are untrustworthy; see Allington et al., 2020; Dyer, 2020). Psychologically, it is very important that scholars consider the reasons for both the outcomes we have seen, and for the mass media reports of this from Western media and academia. This world is changing, and globally oriented scholars need to adjust their vision according to the facts, and not according to habits of mind ingrained during 500 years of colonisation. Just who should be leading whom next time? What lessons should globally oriented scholars derive from these observations?

Lessons for Globally Oriented Scholars

First, globally oriented scholars need to be very careful about generalising results from Europe and the United States involving collective coordination of behaviour to other societies, or to their own societies in earlier time periods. It would be foolish to generalise the literature on collective action, for example, which is almost entirely derived from American and European populations, to majority world societies without very careful examination. Those in positions of power in terms of academic gatekeeping need to pay more attention to ideas and evidence from majority world contexts, and give these suitable opportunities for voice in journals.

Second, globally oriented scholars need to look past the usual suspects (e.g., America and Europe) for solutions to social problems requiring collective coordination of behaviour. Majority world scholars should consider how their societies might act as natural laboratories in which collectivist orientations produce normative belief systems and collective actions that offer lessons not just for local people but for people facing similar situations in other countries. They should be theorising about how collectivism works in practice in situations (e.g., dealing with epidemics) that are well-practiced (e.g., African medical specialists often deal with damping down the spread of highly infectious diseases). They should not adopt a habitually critical stance toward leaders in their own societies but be open to the possibility that these leaders may offer solutions to social problems that the academy (dominated by ideas of Western liberalism and individualism) has not thought through. Indigenous psychologists such as Yang (2000) have long advocated that academics in the majority world need to think like locals in formulating psychological theory and in making

observations. The pandemic's outcomes suggest that in addition to thinking like locals, they should consider whether what they are doing is simply a culture-specific indigenous psychology or whether it reflects deeper normative considerations that are characteristic of how collective action is realised in the majority world. If it is the latter, they should theorise, write about, and organise around these reflections more broadly, rather than restricting themselves to the theoretical straitjacket of thinking only locally. Some ideas on how to do this, centred around group norms and group-based selection, are articulated in Liu (in press).

Third, and finally, globally oriented scholars need to come to the realisation that no one form of subjective culture holds the best “symbolic reserve” (Liu & Páez, 2019) of cultural traditions effective in dealing with different kinds of crises. The United States has failed to effectively lead the world while attempting to meet its first two great challenges of the 21st century, 9/11 (see Holtzi, 2009; Scott, 2007) and the COVID-19 pandemic. The vision of a planetary culture converging on liberal democracy, articulated most vividly in Fukuyama's (1992) *End of History* thesis, has proven to be a pipe dream—vandalised in the symbolic invasion of Washington, DC by a host of disaffected individuals following a call to arms from their narcissistic leader in the wake of his electoral defeat. A culture of individualism has reached its limits, and if it cannot correct its rampant excesses, will continue to decline (Yamashiro & Roediger, 2019). Deglobalisation caused by populism and dissatisfaction with liberalism in the West (Bello, 2008) is paralleled by a new form of globalisation emerging from the nationalistic Belt and Road Initiative of Communist China (Huang, 2016). The future is uncertain, except in one respect: It will be multipolar, with power and influence radiating from the Global South as well as the Global North, manifesting the influence of different systems of cultural values coming into contact and fraying against one another, as global culture bends and sways between the poles of liberalism and authoritarianism. It will be difficult for people, especially those living in Belt and Road societies, to find balance, but for them (us) it is most crucial. To be a good scholar in this coming era will require a form of “human-heartedness” (or benevolence) that can alternate between culture-specific (Liu, 2017) and cosmopolitan (Leung et al., 2015) forms. The interconnectedness of humanity will be trialled by crises throughout the 21st century (the greatest among which will be environmental), and through this, a more mature form of global consciousness may emerge (Liu & Macdonald, 2016). If the parochialism of cultural vandals truly (and not just symbolically) sacks government of, by, and for the people, then it should not be able to do so without a fight: from

scholars engaged with civil society (and in collaboration with one another; see Liu, in press) to produce research that makes a difference (Carr et al., 2014), whatever the political system they inhabit.

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Conflict of Interest

The author declares no conflict of interest.

Data Availability Statement

Data are available on request from the author.

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