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MORAL CHALLENGES IN A PANDEMIC AGE

Edited by
Evandro Barbosa

Moral Challenges in a Pandemic Age

The COVID-19 pandemic, whose consequences will be felt in the long term, can be interpreted as a signal that we have been living in a pandemic age. A pandemic is humanity's common ground, so the moral problems inherent in it are of interest to everyone from now on. It brought a set of moral challenges that cannot be ignored.

This book – which emerged amid the novel coronavirus crisis – is designed to fill the gap in the current literature on the topic, offering an original approach to its moral implications. It can be taken as a guide in the face of these pandemic-age challenges for human relations.

The pandemic is a multifaceted phenomenon, and its debate involves a wide variety of practical philosophical concerns. All the chapters of this book, divided into four sections, aim to clarify its central aspects, while each chapter provides an original approach to the debate's leading issues and relies on each most significant collaborator's expertise. Also, they reflect their unique pandemic experiences under the scrutiny of philosophical unrest.

Since the pandemic is an ongoing event, *Moral Challenges in a Pandemic Age* will be of interest to professors, students, and researchers engaged in understanding the ethical dimension of the age we are experiencing. The problems addressed in this collection transcend the boundaries of the philosophical field, offering an innovative approach to individuals keen on discussing the pandemic from a moral point of view. Such a discussion encompasses the philosophical inquiry but is not restricted to it. Those interested in related areas such as psychology, sociology, biology, public health, education, anthropology, and cultural studies – to name a few – will find connections with parallel themes in this book. In addition, the collection brings a theoretically supported approach to several related debates in a language accessible to anyone who wants to know more about the topic.

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Foreword

Maxwell J. Smith

In many ways, the world's response to the COVID-19 pandemic represents a triumph of science but a failure of humanity. Safe and effective vaccines were developed, manufactured, and distributed at astonishing speed, saving millions of lives,[1] yet their global rollout was – and continues to be – profoundly inequitable. The same can be said for diagnostics (e.g., tests), prophylactics (e.g., personal protective equipment), and therapeutics (e.g., monoclonal antibodies). Even when we had the tools, we often chose not to use them, especially when society's most privileged no longer felt COVID-19 posed a significant threat. Nonpharmaceutical interventions (e.g., isolation, quarantine) were effectively introduced to interrupt the spread of disease, yet insufficient attention was paid to mitigating their unintended impacts on people's livelihoods and well-being.[2] Decision-makers claimed they understood that collective threats require collective action, yet often eschewed collective responsibility in favor of personal responsibility. We said, "We're all in this together," but didn't act like it. These reflect *moral* failures, not failures of innovation or ingenuity.[3] Consequently, progress in pandemic preparedness and response is predicated on recognizing our *moral*, not just technical or scientific, shortcomings, committing to making decisions that are *ethics-informed* in addition to being evidenced-informed, and appreciating the inextricably moral dimensions of the ways in which we stand in relation to one another.[4]

The ethics of how we stand in relation to one another animates concerns central to solidarity and justice.[5, 6] It's therefore unsurprising that solidarity and justice figured prominently in the rhetoric of political leaders in response to COVID-19.[7] And yet, this infrequently translated into more ethical actions, policies, or outcomes; the COVID-19 pandemic continues to be marked by stark injustice and a conspicuous absence of solidarity. Hence, important questions remain regarding the *desiderata* and requirements of solidarity and justice during public health emergencies – for individuals, for private, public, and nongovernmental organizations, and for states – and how these can be effectively translated into policy and realized in practice.

The COVID-19 pandemic has resulted in an increased scholarly and lay interest in these questions. Indeed, the COVID-19 pandemic has served as the first occasion for many to meaningfully reflect upon the relationship between one's behaviors and the health of others, and, conversely, the relationship between the behaviors of others and one's health. It raised new questions for some, including about one's responsibilities toward one's neighbors, co-workers, and even those living on the other side of the world. It highlighted questions about the sacrifices one can reasonably be expected to make in the name of protecting the health of the public, and more specifically, the health of those most at risk and least advantaged. It also provided the first occasion for many to reflect upon the appropriate relationship between the state and the public *vis-à-vis* the pursuit of public health objectives. Some ended up forming very firm views about what these relationships ought to look like. At the same time, some who had given serious thought to these relationships prior to COVID-19 no doubt shifted their views after witnessing the behaviors and actions taken, or not taken, in response to the pandemic. Hence, we're at a key inflection point where societal norms, values, and virtues related to the management of infectious diseases are being scrutinized and shaped for the future.

An important opportunity, therefore, exists to contribute to and shape this exercise. But care must be taken when doing so. Pandemic preparedness and response are key functions of *public health*. Accordingly, if the key features of public health – an emphasis on populations and communities rather than individuals, prevention rather than treatment, and collective action rather than individual intervention – are overlooked, ethical analyses are more likely to be inept and lead to specious conclusions. As Angus Dawson observes, if one were to approach questions in public health from the perspective of, say, medicine and contemporary medical ethics, "many public health policies and activities are likely to be viewed as ethically dubious."[8] This point is worth emphasizing given the increased attention pandemic ethics is enjoying as a result of COVID-19, where some may be keen to proffer ethical judgments without first appreciating the contours, features, functions, activities, limitations, histories, concepts, and values that inform and constitute the practice of public health.

This brings me to the importance of *public health ethics*, an established field of scholarship and practice that has long interrogated ethical questions in relation to the activities of public health,[9] including in relation to epidemics and pandemics like HIV/AIDS, SARS, H1N1 influenza, MERS-CoV, Zika, tuberculosis, Ebola, and now COVID-19.[10] Since the turn of the millennium, public health ethics guidance has been promulgated to inform pandemic preparedness and response, including via seminal publications by health authorities like the World Health Organization.[11] Much thought has gone into, for example, the fair allocation of scarce resources during pandemics, vaccination mandates, challenge trials, the

use of restrictive measures like quarantine and isolation, and other issues. Significant scholarship, particularly in feminist public health ethics, has interrogated the relational dimensions of key issues and concepts in public health, like autonomy, justice, and solidarity.[12] With an explosion of interest in pandemic ethics and public health ethics as a result of the COVID-19 pandemic, it will be important that future work recognize, engage with, and build upon the extant scholarship, experiences, and lessons in these areas. Much work remains, particularly in ensuring issues in pandemic ethics are understood and that resulting knowledge is effectively integrated into policy and practice, and this volume helps significantly to advance these aims.

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This compendium appears in an unexpected way, somewhat like the COVID-19 pandemic. My wife and I were working as visiting scholars at the University of North Carolina (UNC) – Chapel Hill in 2020 when the pandemic hit. At that time, I was studying Hume's theory of moral sentiments. Among the themes, the problem of justice intrigued me during a Jennifer Morton seminar to the point that I decided to write about the pandemic, justice, and conditions of scarcity. This was the spark I needed to get interested in the subject.

I thank Geoffrey Sayre-Mccord for receiving me at UNC and encouraging a project like this, even though I was moving away from the research subject that took me to Chapel Hill. This project would only go ahead with his support.

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A project like this has the price of absence many times, so my most significant debt is to my family. First, I thank my wife, Thaís Alves Costa, for her editorial and academic help. You have been so patient and caring with me in treating this project as "ours" – it is, indeed! The pandemic has locked us at home, and this companion portrays our pandemic life in so many different ways: you, me, our adorable cat, and our son, who is arriving in a defiant world. Finally, I would like to acknowledge my family – Keti, Ignes, and Paulo – by encouraging my musings about the pandemic and patiently enduring my absences from my hometown.

1 The pandemic age
An overview

Evandro Barbosa

What is not good for the hive
cannot be good for the bee.

Marcus Aurelius

1.1 Between pandemics and morality

We are in a pandemic age. One way to explain this statement involves briefly telling the story of this project. When we began this work in 2020, one of the questions we asked to understand the impact of the novel coronavirus on people was the following: When was your "pandemic day"[1] – the day you realized that COVID had finally arrived in your own life and would change the course of human history? This question invited people to focus on the pandemic's beginning more than its effects. Each response we received was unique, but all agreed that COVID would have a lasting impact on humanity.

At that time, we expected to be asking another question at the end of the project: When was your "post-pandemic day" – the day you realized the pandemic was behind you and life would soon get back on track? Soon we recognized, however, that the closing question would remain unanswered. We couldn't talk about post-pandemic life because, as of this writing, COVID has not ended and humanity has into a pandemic age.

An age can be understood as a chronological period beginning with a specific fact or event whose characteristics or events shape a subsequent stretch of time. We have had the information age and the age of globalization. Now we have embarked upon an age of pandemics, and there are some reasons to believe this.

First, take the novel coronavirus as a pandemic sample. The COVID-19 pandemic officially started in March 2020, and three years later, several sanitary control measures are in place to prevent a new outbreak. Second, data indicates the high probability of a pandemic occurring in the near future. A recent study of novel disease outbreaks coordinated by Marani, Katul, Pan, and Parolari (2021) indicates that the risk of a new

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pandemic similar to COVID-19 could be three times greater in the coming decades and the chance of facing a COVID-19-like pandemic is 2% per year or 38% over our lifetime. The third element is the expression of our concern with this scenario. The increased risk of a new pandemic has raised awareness and prompted efforts on avoiding or reducing such risks. For that, there is a global effort to track and prevent or mitigate the effects of the next pandemic. These initiatives require worldwide mobilization and involve the engagement of several international agents (World Health Organization – WHO, United Nations, States, and relevant global social agents). Some attempts to coordinate efforts are present in the projects such as those coordinated by the WHO,[2] the *Pandemic Preparedness and Response* (*PANDEM* and *PANDEM 2*) of the European Commission,[3] the *Pandemic Prevention Initiative*,[4] or the *Global Epidemic Response and Mobilization Team* – to monitor the pandemic scenario.[5]

We also need to explain the moral meaning of the term pandemic, as the objective of this book is not limited to interpreting it as a global public health emergency. Instead, we seek to read the pandemic as a moral phenomenon. A pandemic is not an individual problem but a collective one, as the quote attributed to Marcus Aurelius illustrates; this is true even though its consequences may affect each person distinctively. And yet moral inquiry into pandemics is still at an early stage. When we consider a pandemic as simply a fact of human life, we have little to say about it from the point of view of morality. Instead, we view it primarily through the lens of science, and our discussions take place as if within a scientific echo chamber in which moral considerations cannot penetrate with any force or intensity.

However, when we view the COVID pandemic through the lens of morality, we find features that moral theorists can scrutinize. A wide range of ethical discussions is embedded in it, which allows us to study the ethical roles agents play in preparing for, combating, and eradicating pandemics. A Pandemics needs to be understood as nonpure moral phenomena, as they involve several areas of discussion – health, economics, science, and politics, to name a few. Moral philosophers have primarily addressed questions of bioethics related to the pandemic, such as assigning priority for ICU beds or respirators or the ethics of testing vaccines. While the focus on bioethics is valuable, it can lead us to overlook some relevant moral features.

Consider, by analogy, the ethical controversies surrounding war. Some critics question how justifiable it is to wage a war, evaluating the morality of war itself – what they call *jus ad bellum*. Others ask what methods of waging war are acceptable, considering issues like the tactics of targeting civilians or breaking an armistice – an area well-known as *jus in bello*. When we set up criteria for assessing the moral features of war, we are taking it as a phenomenon worthy of moral discussion.

The same happens with the pandemic when we recognize how it is shaping our moral landscape. It interests us as an object of scrutiny in itself, and the attempt to systematize the discussion by some theorists has laid the foundations for this way of thinking about it. Terms like pandethics (Selgelid, 2009), pandemic ethics (Araujo, 2021), or similar indicate that moral considerations are inherent in the pandemic phenomenon.

But pandemics also function to generate phenomena worthy of moral consideration, as in the discussion of *jus in bello*. Many concrete aspects of the pandemic may require our ethical gaze, including our priorities in assigning limited ICU beds, lockdowns, vaccine queues, and using masks and other protective devices. These issues can serve as a gateway to the broader moral discussion. Whether we focus on the pandemic itself or the pandemic as a generator of moral phenomena, there is room for discussing its moral challenges.

As philosophers, we are interested in the moral challenges that the pandemic has posed for discussions in ethics. The works in this compendium aim to do the work of the moral anatomist – following Hume's suggestion – to lay bare the truths hidden within the depths of human moral relationships during the pandemic. Our initial assumption is that the pandemic has altered our human relationships on many levels.

Literature enthusiasts may recall how Camus, in his work *The Plague*, portrays the impact of a pandemic through a dialogue between a night watchman and Jean Tarrou, one of the major characters, as they discuss the pandemic's effects on the population.

> Ah, if only it had been an earthquake! A good bad shock, and there you are! You count the dead and living, and that's an end of it. But this here damned disease – even them who haven't got it can't think of anything else.
>
> (Camus, 1974, 94)

This passage provides a clue by clarifying that the pandemic has forced its way into current discussions. Our question about the post-pandemic day may never be answered, but the debates presented here will echo through time. The insights offered by the contributors in this book – each playing the role of the anatomist – throw light on pivotal moral issues that seem more relevant and more likely to be perennial than ever before. After all, we all are in a pandemic age.

1.2 Book summary

Our compendium's guiding question is this: *Could the COVID-19 pandemic be (re)forging new kinds of moral bonds among humans?* Living in pandemic times is like having the sword of Damocles hanging over our

necks each day. A host of significant changes have shaped and strained our family, work, and social relationships. Although a wide range of philosophical discussions have mapped out some of the ethical issues related to the pandemic, one crucial aspect that seems to have been overlooked is that these human relationships should be an object of study for ethicists. Our intention in this companion is to bring into focus novel questions about how relations during pandemic times shape and are shaped by our moral behavior, attitudes, and judgments. The contributors have all been experiencing this global crisis in widely varying contexts across the planet. Their explorations of the moral content at the heart of our relationships can help us all to unfold and to understand in depth the implications of this new (provisional or not) social dynamic for morality.

The book is organized into four main parts: I – Rationality and Moral Emotions, II – Virtues and Traits of Character, III – Social Arrangements and Moral Conflicts, and IV – After COVID-19 Life: Some Moral Issues. Although there are intersections between the points covered, each contributor to this volume offers an original approach to the initial question raised.

Part I could be seen as examining two sides of the same coin. The first relevant question concerns the level of rationality of agents in threatening contexts. Would they be in the best position (rationally and epistemically speaking) to make a moral decision? To answer this question, Anneli Jefferson and Lisa Bortolotti offer their considerations on the moral psychology of the pandemic agent. Since this agent could not be in the best position to make a decision, the sole responsibility of citizens must be questioned. Recent surveys have offered a view of how extreme conditions, such as those found during a pandemic, act as triggers for certain emotions. For instance, the emotion of loneliness is often present in contexts that overwhelm individuals. Flavio Williges advocates that loneliness can offer a transforming epistemic experience. Other feelings, however, are less generous to individuals and may undermine their thought structure and agency. This is the case with the emotions of fear and anger analyzed by Matheus de Mesquita Silveira, which can interfere with choices and lead to biased attitudes. Similarly, the rationality conditions of agents are also affected by strenuous situations, especially regarding risks. Indeed, the novel coronavirus has tested people's resilience at a more acute level. In response, Martina Orlandi suggests questioning the limits of an individualist conception of resilience while offering a relational proposal for its interpretation.

Part II considers the role that virtues and character traits play in shaping the moral quality of our relationships during pandemic times. The context of a pandemic complicates the use of core virtues and challenges us to transcend our own secluded point of view – to step out of our safety zone and put ourselves in each other's shoes. For instance, consider this question: in harsh settings, do we need to develop new habits and ways

of assessing the correctness of our actions? In such conditions, we may find those essential virtues like honesty, prudence, and self-control take second place. Denis Coitinho inquires whether we should maintain our moral integrity in this particular setting and whether we should lower or raise the moral standards to which we hold other members of society. Of course, even a pandemic cannot wholly undermine the moral relevance of key virtues, but it is clear that hostile environments make these virtues more challenging to apply.

Scenarios like these are also an opportunity to apply different ethical approaches. Jana S. Rošker put forward for consideration Confucian relationism as a relevant alternative to understand the aspects of solidarity and cooperation between different cultures worldwide facing struggling times such as the coronavirus outbreak. It is also relevant to explore the discussion presented by Simone Gubler on the idea behind onlooker morality to understand how we should behave in the face of other people's tragedies under these circumstances. And despite many of the shifts in relationships that the pandemic has produced being negative, genuine values related to the well-being of others can emerge in social interactions, even in the presence of suffering and anguish. Based on the happiness theory of well-being, Mauro Rossi shows how the pandemic brought up happiness and certain pleasures relevant to developing certain moral values and virtues.

Part III points out the ethical challenges of the pandemic in social dynamics. Leonardo de Mello Ribeiro explores in detail the case of the COVID "denier," a figure who emerges amid the chaos and best represents the difficulty of assessing risks rationally. A quick glance at the news is enough to realize that deniers' existence is not mere fiction. They are everywhere, engaged in the anti-vaccine movement or even rejecting the very existence of the virus. Deniers usually underestimate situations and generate doubts about what should be done. While we may be tempted to label such people irrational, Ribeiro will say that it is not so simple.

The COVID-19 pandemic was also a terrain of endless debate about individual rights in the face of health measures, namely a lockdown. As a result, advocates of an alleged inalienable right to my freedom as opposed to the right not to be exposed to unnecessary risk came face-to-face in the debate. Peter R. Anstey examines three specific types of this group in detail through the lens of the social contract: the conspiracy theorist, the so-called generic dissenter (who rises up against the state), and a well-known philosophical character, the sensible knave.

During the harshest phase of the pandemic, individuals were at a crossroads. Some people became very concerned with the possible loss of enshrined rights. Others began to question the legitimacy of the moral and political authority of prominent groups or persons on crucial pandemic issues, confirming that our social fabric was at risk of falling apart. Ryan Doody presents elements to explain why there is no legitimacy in

breaking through a block such as a lockdown without violating certain relevant rights. Finally, the relationship between the scarcity of medical resources and high patient demand in the new coronavirus pandemic left uncertainties regarding the criteria for determining priority in ICU beds and the use of ventilators. After examining how the age criteria must be taken into account in these cases, Alcino Eduardo Bonella argues that some arguments count in favor of using this criterion without incurring any ageism.

Part IV increases the book's scope by addressing relevant issues after the coronavirus pandemic. Evandro Barbosa and Thaís Alves Costa present the big picture of duties and types of agents in a pandemic. Beyond outlining the parameters of the discussion, they discuss the degree of responsibility individual agents have concerning pandemic duties. In another relevant approach, Joshua Preiss identifies the pandemic as a catalyst that accelerated changes in the world of work. Because such changes are challenging for workers to enjoy certain relational goods, namely community, care, and social recognition, the author analyzes these transformations, presenting arguments to mitigate their adverse effects in a fairer post-COVID world. Finally, Marcelo de Araújo captures the discussions by proposing pandemic ethics as an emerging field in which moral theorists and the like should be interested. As mentioned earlier, we are in a pandemic age, and its morally relevant issues open the floor for this new field of debate.

The set of issues presented here focuses on the moral implications of the relationships established during the 21st century's first devastating pandemic. Humanity will almost certainly be subject to similar situations in the future. We hope this book will shed light on issues of lasting relevance while also proving valuable to those who are, as we write, still confronting the challenges of the ongoing pandemic. Before we can (re)create our disrupted social bonds, we must pause to understand how they have been altered. The coronavirus viral spread has inspired us to think back to what life was like before it began, reflect on what happened during its most acute phase, and consider what future pandemics may bring. While the authors wrote the pieces in this book during the COVID-19 outbreak and draw examples from our recent experiences, we aim to articulate more general questions and principles that will remain relevant as humans might confront new pandemics. Any remarks about "the pandemic" can be taken as referring to the coronavirus crisis, but we hope future readers will consider how our thoughts might apply to their own circumstances.

Notes

1 You may find testimonials worldwide answering this question at www.pandemiclives.com.
2 See https://www.who.int.

3 See https://cordis.europa.eu/project/id/883285.
4 See https://www.rockefellerfoundation.org/pandemicpreventioninitiative/.
5 See https://www.gatesnotes.com/Health/Meet-the-GERM-team.

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Part I

Rationality and moral emotions

2 On the moral psychology of the pandemic agent

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2.1 Introduction

Extreme events such as pandemics bring out the best and the worst in people. During the COVID-19 pandemic, there have been outpourings of help, as well as mad scrambles to secure the last roll of toilet paper for oneself. In the early stages of the pandemic, we realised how challenging it is for individual agents and governments to make good decisions under extreme uncertainty. Individual agents had to decide what risks were acceptable for them to take, and governments had to decide whether and when to lock down. In this context, we witnessed risk-taking behaviour by political leaders and citizens alike, which was subsequently justified as being acceptable under the circumstances.

Due to some facets of human psychology, it is particularly difficult for agents to make good decisions in situations of uncertainty. These facets include the mere unpredictability of the events, difficulties in assessing unexpected threats, knowledge gaps among laypeople and experts, challenges in regulating emotions (particularly in managing anxiety and stress), and time pressures. In this chapter, we consider some of the challenges for good decision-making in an uncertain world, using the COVID-19 pandemic as our test case. In particular, we discuss psychological and epistemic factors affecting decision-making. We examine the tendency to avoid uncertainty by confidently adopting an explanation of the events before all the relevant evidence is available, letting that explanation guide choice and action. We also consider the tendency to believe that one's future will be either better than it is likely to be or better than that of one's peers, behaving as if potentially threatening events are more likely to affect others than oneself.

Here, we focus on how individual agents' decisions and policy decisions are influenced by a number of cognitive biases and motivational factors. Whilst there are no easy answers to the question of how rational agents should behave in a pandemic, we close by making some recommendations that might help mitigate the threats and uncertainties affecting human psychology at a time of crisis.

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2.2 Decision-making in an uncertain world

At the start of the COVID-19 pandemic and for large parts of 2020 and 2021, many countries found themselves in various stages of lockdown. Both at the government policy level and at that of personal conduct, people disagreed, sometimes quite radically, about the severity of the threat and the best course of action to contain the effects of the pandemic. Western countries reduced COVID restrictions significantly earlier than some Eastern countries, where a zero COVID strategy was pursued for far longer. Not just at the policy level, but at the personal level, too, people's appetite for risk, their perception of risk, and their view of what constituted morally acceptable behaviour in the face of significant health risks varied significantly. In the face of so much disagreement, we consider two questions: (1) What factors influence decision-making in a period of uncertainty and anxiety such as during a pandemic? (2) In the light of those factors, how should individual agents and political leaders decide what the rational and moral course of action is at the time of a major crisis?

The early stages of the pandemic were marked by extreme uncertainty about the risks countries and individual citizens were facing. How lethal was the virus? How was it transmitted? Would face coverings be effective in reducing infection? How quickly would the virus spread? Who was most at risk from it? Would it be possible to achieve herd immunity? When (if ever) would there be a vaccine, and how effective would it be? Were there any long-term health effects to worry about? Different answers led to different decisions being made, and sometimes decisions were diametrically opposed.

Some people stopped all unnecessary social interactions, working from home and refraining from seeing even family and friends. When it was necessary to go out, they used face masks and gloves, frequently washing their hands and keeping their distance from others. They were also cautious in what they considered acceptable risk imposition on others, self-isolating for long periods of time and wearing face coverings even when it was no longer required. Other people denied the devastating effects of the virus and acted in ways that were almost indistinguishable from how they had acted prior to the pandemic. They refused to comply with safety recommendations and even actively protested against such measures. One common attitude was to claim that the restrictions imposed by governments undermined their personal freedom (Murphy-Hollies and Bortolotti 2021). Some citizens broke COVID regulations, for example by socialising with others when it was not allowed or by going to work as usual, or travelling after having tested positive for COVID. One prominent case was that of the UK Prime Minister at the time, Boris Johnson, who participated in a birthday party for himself in Downing Street (BBC News January 24, 2022b). Another notorious case is that of Scottish MP

Margaret Ferrier, who took the train from London to Glasgow after learning that she had tested positive for COVID because she did not want to self-isolate for two weeks in London (BBC News August 18, 2022a). Similar disagreements applied to attitudes towards vaccination. People disagreed not only about whether it was in their own interest to get vaccinated and receive boosters of the COVID vaccine to avoid infection but also about whether they had a duty to be up to date with COVID vaccination as a way of helping to reduce the spread of COVID through the community.

At the level of national policy, a range of responses was witnessed, with leaders in countries such as the UK, the US, and Brazil openly prioritising personal freedom – at least in early 2020 – and expressing a more optimistic outlook towards the possible outcomes of the pandemic than their colleagues in other countries. Policies in countries such as China, Korea, New Zealand, and Italy were more heavily influenced by a desire to reduce the risk of death for the elderly population and less inclined to prioritise the values of personal freedom and freedom of the markets. Other countries were unique in their responses, generating curiosity and a lively debate about the likely success of their policies. For instance, in 2020, Sweden pursued a policy that has been defined by commentators as "light-touch" or "anti-lockdown" and was at least partially motivated by the hope that herd immunity could be achieved (Rice 2022). So, in Sweden, very few restrictions on public life were imposed compared to other countries, in line with the emphasis on safeguarding citizens' autonomy and on trusting citizens to adopt safety behaviours without the need for mandates. Over time, it emerged that, with new variants and reinfections, herd immunity wasn't really a viable strategy, even if one was prepared to bear the cost of lost lives. Indeed, as of August 2022, the number of lives lost to COVID-19 in Sweden has greatly exceeded the number of lives lost in other Scandinavian countries (Stewart 2022).

The uncertainty surrounding an event like the pandemic is in some respects different from other situations where the outcome of agents' decisions and actions is difficult to predict. As Nicholas Shackel (2022) argues, events like the COVID-19 pandemic involve uncertainty which is *irresolvable* in the short term because it can only be resolved once we have a considerable amount of data to feed into models and predictions. Ioannidis and colleagues (2022) list some of the failed predictions in the early stages of modelling the pandemic; one of their examples is the Massachusetts General Hospital News predicting far more deaths on reopening than in fact occurred. Similarly, reopening in the summer of 2021 in the UK was often predicted to lead to 100,000 cases in the short term, but case numbers peaked at around 50,000 in the summer and only rose steeply with the omicron wave. Of course, estimates didn't always err on the side of being overly pessimistic, there were many predictions that were rosier than actual events turned out to be.

These mismatches between predictions and outcomes do not suggest that modelling was bad or even that predictions were faulty. Predictions can only ever give a probabilistic estimate of a range of outcomes, and it is the most spectacular, worst-case scenario ones which will be picked up in the media but also in contingency planning and decision-making. Rather, the important lesson here is that the early pandemic was a point in time when *it was impossible to tell* what the probabilities of each possible outcome were. All decisions had to be made based on insufficient evidence, but nevertheless, decisions needed to be made. Furthermore, these decisions were morally important and had significant implications because they could make a huge difference in terms of lives saved or lost.

In the following two sections, we consider agents' epistemic and psychological needs in the context of an uncertain event that is likely to cause distress and anxiety. When people form beliefs about the future and have to make decisions based on such beliefs in scenarios fraught with uncertainty, their thinking and decision-making are especially vulnerable to a host of biases and motivational factors. We focus on two main factors. First, people have *a need for certainty*. People need to come to certain expectations about what is going to happen so that their decisions can be grounded in their perceived knowledge of reality, and they have a psychological need to think of themselves as having an equally good or better idea of what is going on as their peers to restore their sense of control in a volatile situation. Second, and relatedly, people have *a need to feel good about themselves and their prospects*. This often manifests in a sense of being unique and superior to others, which gives rise to forms of exceptionalism in a crisis and is not just manifested in people's claim to have knowledge about a critical situation but also in their tendency to see themselves as better than average at avoiding threats. Similarly, people see their own future as rosier than that of other people, predicting that the weeks, months, and years to come will not hold major crises and failures.

2.3 Filling gaps and resolving uncertainty

Human agents are notoriously bad at tolerating uncertainty, as shown by the copious evidence that people need to resolve uncertain situations to feel less anxious. Shackel (2022) diagnoses something he calls *uncertainty phobia* when people make predictions in situations characterised by uncertainty that is irresolvable at the time. This results in people treating a given prediction as having a certainty that is not evidentially warranted. When people are confident without good reason, this may be costly to them in terms of rushing to the wrong course of action prematurely. It also typically means that people are irresponsive to changes in the evidence that should undermine their conviction in a given belief.

As Shackel concedes, there are situations where it is good to be more certain than the evidence warrants:

> [I]magine that you must leap over a yawning chasm to save your life, and we know that you are more likely to succeed if you act with certainty that you will succeed. In such a case, it may be practically wise to become (however temporarily) uncertainty phobic so that you can acquire the certainty you need to succeed, despite this being theoretically irrational. That people have this ability may even be an evolved tendency. That being said, a lot of the time uncertainty phobia is badly irrational.
>
> (Shackel 2022, 286)

Although Shackel may be right about the theoretical irrationality of being more certain than the evidence warrants, the case of the pandemic, like the case where we need to leap over a chasm to save our lives, is one where making a decision before all the relevant evidence is available may be a necessity and even the rational course of action. Furthermore, when policymakers are trying to persuade others to abide by their decisions, as was the case when leaders had to adjust COVID regulations on the hoof, the appearance of certainty in the knowledge underlying their decisions might have helped justify these decisions. Interestingly, in science communication, a recent study found that disclosing uncertainty did not affect the credibility of the news, the trustworthiness of the experts, or the objectivity of the scientists' information (Ratcliff and Wicke 2022). However, in a political context where a crisis is unfolding, acknowledging uncertainty can undermine trust and authoritativeness.

Decision-makers were caught in a bind. They needed to be prepared to change their minds and be responsive to evidence in order to make decisions that were well justified. But they also needed to convince themselves and others of the rationality of the decisions they were making and to sustain their and other people's motivation for acting accordingly. Underplaying uncertainty is particularly tempting when decisions require significant sacrifices and may be difficult for other people to accept. But to consider the decision sufficiently grounded in the current evidence means that the decision-maker becomes less sensitive to potentially conflicting evidence that may emerge at a later stage. In recent studies on risk taking in financial investments, researchers found that "high rather than low need for cognitive closure can lead to a lack of openness to new information": people are less likely to update the beliefs they feel they have already established as true (Disatnik and Steinhart 2015).

2.3.1 Need for cognitive closure

The need for cognitive closure (NFCC) is described as "a desire for a quick and unambiguous answer to a question and an aversion to uncertainty" that "may indeed act as a motivational factor that determines

successful coping with uncertainty" (see Czernatowicz-Kukuczka et al. 2014, based on the classic work by Kruglanski 1989). The effect of NFCC is that agents exit critical situations faster and thus better manage their anxiety: taking a stance about the situation in order to remove the uncertainty reduces people's sense of risk and increases their estimation of the correctness of their predictions. NFCC is tightly linked to the uncertainty phobia we described earlier.

The NFCC can be both a stable personal characteristic and a situational phenomenon that depends on the circumstances (for instance, it manifests more strongly when there is a time pressure on decision-making). There is empirical support for the view that people who are more prone to stress and anxiety exhibit NFCC to a higher degree: in a recent study on college students during the pandemic (White 2022), those who manifested a greater NFCC were also those who suffered greater distress as a result of unpredictable situations.

What are the consequences of NFCC?

> [H]eightened levels of this need foster cognitive activities aimed at the attainment of certainty. This need promotes "seizing" on information that promises closure quickly and "freezing" one's own judgment once it has been formed. By contrast, lower levels of this need promote thorough information processing in order to arrive at accurate judgments.
>
> (Pica et al. 2021, 691)

The NFCC has an important connection with doxastic conservatism, that is, with the common tendency not to revise or give up a belief that has already been adopted, even when the belief seems to be disconfirmed by new evidence. What does this mean? If agents arrive at some conclusion about a problem without waiting for all the relevant evidence to become available, they will be less open to questioning that conclusion on the basis of new information (see Pica et al. 2021).

2.3.2 Need for uniqueness

The need for uniqueness (NFU) is defined by Snyder and Fromkin (1977) as "a positive striving for abnormality relative to other people." Agents have contrasting needs. They need an affiliation, so they want to belong to a group and feel like they resemble their peers (leading to a sense of conformity), but they also need to stand out and reaffirm their identity (leading to the sense that they are special and unique). Just like the NFCC, the NFU, too, is a personality trait that some people exhibit more than others and a trait that becomes more accentuated when the environmental circumstances change. One situation that increases the NFU is the presence of a threat characterised by uncertainty (Tilner et al. 2022).

When nobody really knows what is going to happen and what the best course of action is (often not even the experts), one way to restore control and reduce anxiety is to claim superior knowledge or a privileged access to the truth. This explains why conspiracy theories emerge in moments of crisis: such theories are often used to justify agents' failure to accept official explanations for the threatening events and their failure to follow the rules imposed by the authorities. It is not a coincidence that the NFU is associated not only with conspiratorial thinking but also with violent forms of non-conformity such as extremism (Rottweiler and Gill 2022).

In general terms, people with a high NFU value independence, anti-conformity, and present themselves as inventive and high achieving. Usually, the NFU is manifested in consumer choices: people who need to feel unique are more likely to choose unusual items that set them apart from others and express their identity – brands exploit this tendency in advertising. But the same need can be manifested in other ways too – for instance, by having unusual beliefs. While beliefs are not strictly speaking things that people consume and (materially) possess, they do express identity. In its cognitive dimension, the NFU is manifested as a unique way of understanding the world and has been correlated with the adoption of non-official explanations for significant events (Lantian et al. 2017; Imhoff and Lamberty 2017). Especially when the information available is scarce, people with a higher NFU are more likely to endorse conspiracy theories. As Lantian et al. (2017, 161) put it, "people who cultivate original views about the world convey to others the special nature of their personality."

When we examined the need for closure, we saw that believing that one's decisions are well supported by relevant evidence helps justify those decisions to others. Another way for decisions to look well-grounded is for the agent to appear confident about their decision-making process, even when the choice made differs significantly from choices made by other agents dealing with similar circumstances. People like the idea that their ideas and decisions are different from other people's: they often convey this by saying that they are less gullible and better informed than their peers. The NFU is problematic when the person who acts on it is not in the superior epistemic position they claim for themselves, and thus their sense of superiority is illusory – as when someone with no formal qualifications and limited experience in the knowledge domain claims that they know better than epistemically authoritative sources such as government advisors and other experts. Illusory or not, claims to epistemic superiority can influence risk perception.

A problem for national policy at a time of a crisis is that, when NFU and NFCC are combined, the decision-maker is less likely to listen to advice that diverges from their own view, something researchers have called *egocentric advice discounting* (Yaniv and Kleinberger 2000). In general, agents are more likely to value their own view than a conflicting

view held by other agents because they are better acquainted with the justification for their view than with the justification for other agents' views. But in addition to that understandable asymmetry, when making decisions, people tend to discount advice from others if the advice conflicts with the course of action they want to take. This seems to be influenced by two factors: how confident they are that they are right, and how trustworthy they judge the advisors to be (Wang and Du 2018). Even people who are convinced of their own uniqueness and act accordingly maintain some level of trust in some individuals, groups, and institutions. As Neil Levy (2019) aptly observes, endorsing something like a conspiracy theory requires a low-trust condition (low trust towards authorities who promote the official theory) and a high-trust condition (high trust towards oneself and members of the non-mainstream group responsible for spreading the alternative theory).

Conservatism with respect to one's beliefs and theories also applies to collective decision-making (Larson et al. 2020): when a group has discussed different possible courses of action and settled on a consensus, it is extremely resistant to external advice that conflicts with the achieved consensus. Governments at the time of the pandemic were facing similar challenges: they had to make decisions that appeared to be justified by the available evidence, and they needed such decisions to be accepted by the majority of the population to be effective at changing collective behaviour. Once an initial course of action had been agreed on, changing that in the light of new information or medical advice proved extremely hard.

2.4 Unrealistic optimism

Aversion to uncertainty at a time of crisis is not the only factor that affects belief formation in situations where people lack sufficient evidence to be sure of an outcome. It interacts with numerous other biases and affective influences on cognition. For example, confirmation bias may interact with NFCC to amplify irrational certainty. Another factor that affects our predictions of risk is unrealistic optimism.

2.4.1 What is unrealistic optimism?

A *Guardian* article from 2020 cites Johnson's optimistic assessment of the likely trajectory of the pandemic:

> The next 12 weeks could "turn the tide of this disease", Johnson told the daily Downing Street press conference on the pandemic, saying it was possible to "send coronavirus packing in this country, but only if we all take the steps we have outlined."
>
> (Walker 2020)