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The Macropsychology of COVID-19: Psychological Governance as Pandemic Response

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Controlling the pandemic has necessitated governments across the world to implement behavior change agenda, through new policies, laws, and public communication strategies. The concept of "psychological governance" has therefore been crucial to curtailing the pandemic. Psychological governance is the application of insights from behavioral and psychological sciences to public policy for the purpose of influencing behavior at the individual, group, and population levels. Similarly, a macropsychology perspective aims to understand and shape behavior at the population level, through the application of psychology to factors that influence the settings and conditions of our lives, such as policies, institutions, systems, and structures. Psychological governance and a macropsychology perspective are key to effectively supporting pandemic preparedness, coping, and recovery at the population level. In this paper, the role of psychological governance in responding to COVID-19 is considered. This paper also examines the role of several macropsychological factors in the pandemic, including heroism, trust in government, culture, and equitable access and human rights.

Public Significance Statement
COVID-19 is spread mainly through human behavior. The scale of COVID-19 renders it a population health challenge, which requires a response that is coordinated by government, using insights from behavioral science. Psychological science is uniquely positioned to provide insight into behavior change to control the spread of the virus and to support an equitable response to the pandemic. To do so, however, psychology will need to focus beyond the individual level, to policies, institutions, and systems at the population level.

Keywords: COVID-19, pandemic, psychological governance, behavior change, policy

The COVID-19 global pandemic, being a virus, is mediated primarily through human behavior (Arden & Chilcot, 2020). How we behave in the context of the pandemic influences both the spread of the virus and also our own psychological well-being and mental health. The scale of COVID-19 renders it a population health challenge, requiring a societal response that is strongly informed and coordinated by government using behavioral science. As emphasized by Betsch et al. (2020; p. 1255), "behavioral insights for COVID-19 are, therefore, of critical importance. This includes knowledge about what drives behavior and awareness of changes in these drivers." The response may involve addressing very specific behaviors associated with spreading the virus (for instance, coughing etiquette, physical distancing, and face-mask wearing), and these have been the focus of attention elsewhere (e.g., Cheng et al., 2020; Di Sebastiano et al., 2020; Nakayachi et al., 2020). In this paper, we consider the role of psychological governance in responding to COVID-19. We also examine broader macropsychological factors within which such governance must take effect, whereby macropsychology is defined as "the application of psychology to factors that influence the settings and

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conditions of our lives" (MacLachlan, 2014; p. 851). A macropsychology perspective can facilitate psychological governance in the response to COVID-19.

Psychological governance may be defined as "forms of largely state-orchestrated public policy activity (though 'nonstate' actors are widely involved) that aim to shape the behavior of individuals, social groups or whole populations through the deployment of the insights of behavioral and psychological sciences" (Pykett et al., 2017; p. 2). While we are only beginning to systematically integrate psychology into policy-making, psychological science can be utilized to address critical policy concerns and social goals (Sunstein, 2015). Psychology can greatly contribute to understanding and addressing societal challenges (McGrath et al., 2016) and facilitate the development of effective and evidence-based policies (Perriard-Abdoh, 2019). Behavioral science has been increasingly used in policies throughout the past number of years (Foster, 2018), with policymakers globally availing of behavioral insights to provide insight into how human behavior impacts on the outcomes of policies (Organisation for Economic Co-operation & Development [OECD], 2020).

In relation to COVID-19, it is recognized that "because the crisis requires large-scale behavior change and places significant psychological burdens on individuals, insights from the social and behavioral sciences can be used to help align human behavior with the recommendations of epidemiologists and public health experts" (Van Bavel et al., 2020; p. 460). Indeed, Taylor (2019) has highlighted how psychological factors are of importance across a range of pandemic behaviors and responses, such as adherence to physical distancing, willingness to be vaccinated, defensive responses to fear such as stigma and xenophobia, and anxiety and distress caused by fear of illness, job loss, and lack of finances. In effect, global viral pandemics also become psychological pandemics (Davich, 2020). Key to controlling the pandemic, therefore, is the concept of "psychological governance" (Bajwa, 2020; Jones & Whitehead, 2018). Curtailing the pandemic has necessitated governments across the world to implement behavior change agenda, through new policies, laws and public communication strategies, which rely on collective agreement and public compliance (McVeigh & MacLachlan, 2021a). However, behavioral analyses were not necessarily systematically integrated into response efforts to control the pandemic (Singh Bais, 2020).

Shaping collective behavior through psychological governance can be facilitated by a macropsychology perspective. A macropsychology perspective has been usefully applied to a broad range of areas, including personality (Furnham, 2021), food systems (McVeigh, 2021), and disability rights (Wescott et al., 2021). Macropsychology aims to strengthen psychology's focus on broader factors that may impact psychological well-being, including policies, institutions, systems, and structures (Carr & MacLachlan, 2014; MacLachlan, 2017; MacLachlan et al., 2019; MacLachlan & McVeigh, 2021). Many psychologists undoubtedly already do this, including those working in the fields of *political psychology* (Huddy et al., 2013; Singer & Hudson, 2019), *policy* (MacLachlan et al., 2016; Ruggeri, 2017), *international psychology* (Leach, et al., 2012; Stevens & Wedding, 2004), *climate psychology* (Clayton & Manning, 2018; Hoggett, 2019), *peace psychology* (Christie, 2012; Thompson, 2020), and *socioecological psychology* (Oishi, 2014; Trawalter et al., 2020). However, this macro focus is largely neglected in psychology, relative to individualist and reductionist approaches that have traditionally dominated the field. As we have argued elsewhere (MacLachlan & McVeigh, 2021), a macropsychology perspective "would enable psychology to more effectively implement its findings, embrace big data more instrumentally, and facilitate greater involvement with concerns about organizational and social justice, inequality, inequity, and human rights."

Psychological governance is key to effectively supporting pandemic preparedness, coping, and recovery at the population level. The field of psychology will therefore need to adopt a macropsychology perspective, incorporating policies, institutions, systems, and structures into its purview. This paper examines the role in the pandemic of several macropsychological factors, including heroism, trust in government, culture, and equitable access and human rights.

Heroism

In 2007, a commuter, Wesley Autrey, saved the life of a teenager who had experienced a seizure and fallen onto subway tracks in Manhattan. Although the teenager was a stranger to Autrey, he jumped onto the tracks, pulled the teenager to the center of the tracks and laid on top of him, sheltering him beneath an oncoming train (CBS News, 2007). What causes people to risk, and even give, their lives for others in this way? Among psychologists, the meaning and purpose of heroism has been a subject of inquiry (Peabody & Jenkins, 2017). As described by psychologist Frank Farley, past president of the APA, heroism is the giving of the "most precious possession in a brief moment of profound decision, undoubtedly the most profound and least understood act in the human repertoire" (Farley, 2012). During the COVID-19 crisis, the concept of heroism has been ubiquitous (Sims, 2020), particularly in relation to health care workers.

Heroism is a mental construction or schema (Allison & Goethals, 2013), which fulfils basic human needs (Franco et al., 2018). Heroes serve a purpose at intrapersonal, interpersonal, and cultural levels, for example by influencing people to act in prosocial ways and by exhibiting exemplary moral behavior (Van Tongeren et al., 2018). In a study of lay

perceptions of the social and psychological role of heroes, Kinsella et al. (2015) found that heroes fulfil three primary functions of "enhancing", "moral modeling", and "protecting." According to the study's participants: (1) heroes functioned to enhance others' lives by inspiring, increasing positive affect, and strengthening positive perceptions of humanity; (2) heroes symbolize morality, including by fighting for social justice for those who experience injustice; and (3) heroes protect, lead, and save against danger (Kinsella et al., 2015). Heroism can be distinguished from altruism by the significant personal sacrifice and risk endured by those who are considered heroes (Burnell et al., 2019).

The important role of heroism in society may be particularly pronounced during crises (Kitchen, 2019). As suggested by Kitchen (2019; p. 33): "[In] times of crisis, the State may experience a crisis of unity or legitimacy as it seeks new heroes who can fix social values and maintain the status quo, or help the society adapt to a new experience." Heroism is therefore grounded in social values and prosocial behavior, which have been central to mitigating the spread of COVID-19. For example, prosocial behavior has been advocated by health professionals, through slogans such as "we stay here for you, please stay home for us", encouraging people to socially distance and appealing to a public sense of reciprocity. Similarly, mask-wearing, as a mechanism that may provide only moderate protection for individuals but significant protection for populations at large, "shifts the focus from self-protection to altruism, actively involves every citizen, and is a symbol of social solidarity in the global response to the pandemic" (Cheng, et al., 2020; p. 2).

During the pandemic, the concept of heroism has been prevalent. Health care workers have reportedly been confronted with greater workloads, fear of contracting and spreading coronavirus to their families, performing medical duties using personal protective equipment, and providing health care for patients and colleagues who were extremely ill (Walton et al., 2020). While it is certainly reasonable to classify health care personnel as "heroes", doing so may however have adverse consequences for the welfare of health workers. For example, Cox (2020; p. 1) suggests that the assigning of heroism to health care personnel during the pandemic

> stifles meaningful discussion about what the limits of this duty to treat are. It fails to acknowledge the importance of reciprocity, and through its implication that all health care workers have to be heroic, it can have negative psychological effects on workers themselves.

Cox further advises that "rather than invoking the language of heroism to praise health care workers, we should examine, as a society, what duties health care workers have to work in this pandemic, and how we can support them in fulfilling these" (p. 1). Furthermore, a focus on the heroism of health care workers may divert attention from government policies and pandemic preparedness at the macro level, such as inadequate supply of personal protection equipment, which may result in the need for health care workers to be "heroic" (Mathers & Kitchen, 2020). The efficacy of government policies and pandemic preparedness also relates to another crucial macropsychology factor—trust in government.

Trust in Government

It is critical to examine if and how the COVID-19 pandemic impacted on public trust in governments (Eichengreen et al., 2021). For example, an online survey with more than 13,200 respondents across 11 countries (including Canada, China, France, Germany, India, Japan, Mexico, Saudi Arabia, South Korea, the U.S., and U.K.) found that trust in government rose substantially during the pandemic between January and May 2020 (Edelman, 2020). Contrastingly, however, an online survey examining the effects of COVID-19 for people living in Europe, with more than 85,000 respondents, reported a considerable decrease in trust in national governments and the EU and low levels of trust across numerous countries (Eurofound, 2020). This may reflect the European response to COVID-19 in the early stages of the pandemic, which arguably lacked cohesion and coordination (McKee, 2020). Similarly, a large-scale (n = 2,006) online survey administered across the U.K., U.S., Germany and Italy, exploring attitudes on measures implemented by governments to mitigate COVID-19, reported that respondents would have preferred their governments to act faster in the U.K. and U.S.; respondents in these two countries were also less trusting of their governments than those in Germany and Italy (Strandberg, 2020).

Trust is closely related to the concept of the social contract. The social contract refers to a contractual relationship between a government and population, whereby governments provide services and protection for citizens, in exchange for compliance by the public with policies and laws including payment of taxes (Huemer, 2013). Social contracts are greatly contingent on trust (Skyrms, 2008). For example, the social contract broken by the death of George Floyd in Minneapolis led to civil unrest and the global momentum of the "Black Lives Matter" movement. As contended by Bledsoe et al. (1996; p. 211), "no right is more fundamental to the social contract than that of safety and security in one's home and neighbourhood."

A lack of trust in government by citizens can have considerable social consequences, such as civil conflict and lack of compliance with government regulations (Hamm et al., 2019). Trust impacts on the relationship between the public and government and therefore the outcomes of

national policies (OECD, 2017). As proposed by the OECD (2017, p. 68):

> When citizens have experiences with government that leave them feeling unfairly treated, they emerge from those experiences less willing to comply with regulations and with less trust in government. These negative attitudes in turn make enforcement of regulations more difficult and can make the entire regulatory process less effective.

Importantly, racial inequality and economic well-being are associated with levels of trust in social institutions such as health care systems (Van Bavel et al., 2020). Relatedly, social exclusion is associated with beliefs in conspiracy theories (Graeupner & Coman, 2016; McVeigh & MacLachlan, 2021b). A key lesson learned from the pandemic is the importance of trust, and such trust is dependent on societies that are equitable and socially inclusive. As suggested by former WHO Director-General Margaret Chan (Chan Fung, 2021; p. 363):

> This pandemic has demonstrated the importance of the compact between political leaders and the people they govern, between technical experts and the public—a compact based on trust, respect and cooperation, founded on responsibility, honesty, transparency and accountability. Building trust involves responsible leadership, empowering communities, engaging with civil society and encouraging health literacy.

Citizens' trust in government has therefore been key to ensuring compliance with public health measures such as physical distancing during the pandemic. During the pandemic, public health has been dependent on trust —on policymakers' trust in scientific evidence and on the public's trust in the choices of government (Resnick, 2020).

Culture

Crucially, culture may have influenced coping strategies, appraisal, and behavior during the pandemic. Culture is a key determinant of health, as it influences perceptions of and resources for health and disease, and may act as a protective or risk factor for disease by influencing physical and social interactions (Winkelman, 2008). Culture may therefore have acted as a facilitator or barrier to health during the pandemic. Individuals in a cultural group share cultural meanings such as collective values and thinking styles, which likely influenced their appraisals of stressors and coping strategies during the COVID-19 pandemic (Guan, et al., 2020).

One theoretical lens through which cultural aspects of the pandemic may be examined is Terror Management Theory. According to Terror Management Theory, individuals invest in their own positive self-image and beliefs in cultural world-views, as these constructs protect against anxiety concerning mortality (Pyszczynski et al., 1999). The mortality-salience hypothesis of Terror Management Theory postulates that exposure to mortality cues (reminders of death) increases people's need for psychologically-protective cultural worldviews and self-esteem (Wolf et al., 2020). Frequent mortality cues in the pandemic may therefore have increased people's efforts to protect against physical death, for example, through physical distancing; but may also have increased efforts to protect against symbolic immortality, for example, through strengthening cultural views and confronting others who threaten such views (Menzies & Menzies, 2020). More specifically, the Dual-Process Theory of Proximal and Distal Defense posits that people adopt proximal defences, such as denial, to defend against conscious thoughts of mortality; while distal defences protect individuals against unconscious thoughts of mortality, through a perception of one's life as important and meaningful (Pyszczynski et al., 1999). Courtney et al. (2020) argue that proximal defences adopted by people in the COVID-19 pandemic included denial, such as denial by numerous political leaders of the threat imposed by the pandemic, and adaptive health behaviors such as frequent hand-washing. Examples of distal defences include protests against physical distancing, which may defend worldviews on individual liberty, or wearing of a face-mask to indicate commitment to preventing the spread of COVID-19, which may strengthen self-worth (Courtney et al., 2020).

Another cultural aspect with relevance to the pandemic is Hofstede's dimension of collectivism-individualism, whereby a society's norms, institutions, and psychological programming are focused more at the collective or individual levels (Hofstede, 2001). As noted by Maaravi et al. (2021; p. 2):

> The individualism-collectivism continuum describes the degree to which individuals in a given culture see themselves as independent—versus interdependent—of the society they live in. It translates to individuals' self-concept of 'I' or 'we', which in turn, dictates how much they care for themselves and their immediate families only, as opposed to the entire community they live in, or the larger whole.

For example, the Chinese population are generally deemed to have a cultural tradition of collectivism, whereby the Han culture places a higher importance on the interests and goals of the family and lineage above those of the individual (Gong et al., 2021). In the United States, several studies have indicated that American culture has become increasingly individualistic over time (see Ogihara, 2017). As asserted by Hook and Markus (2020; p. 646):

> In individualistic cultures such as the United States, people are understood as autonomous, distinct from others, independent, and free from collective control; behavior is understood as primarily driven by personal preferences, goals, attitudes, and knowledge rather than being driven by social norms or other 'external' influences.

Airhihenbuwa et al. (2020) argue that the cultural dimension of collectivism-individualism may impact on countries' approaches and responses to prevention during the pandemic, for example by influencing the extent to which a prevention strategy is considered to be appropriate or excessively strict. Culture may therefore impact on norms and national responses throughout the pandemic (Guan et al., 2020), including public communications to prevent the spread of COVID-19. For example, the Hong Kong COVID-19 slogan of "Together, we fight the virus" may be reflective of its more collectivist culture, while the U.K. slogan of "Hands, face, space, fresh air" may represent its more individualist cultural orientation.

Research indicates that higher collectivism in a country is associated with higher pathogen prevalence (Fincher & Thornhill, 2012). In a study of individualism-collectivism and pathogen burden in 66 countries, Moran and Walther (2018) found that collectivism was stronger in countries with a historically high pathogen burden, and identified significant positive correlations between individualism and number of outbreaks of infectious disease and zoonotic disease. As proposed by Fincher et al. (2008; p. 1283), "the behaviors that define collectivism may function in the service of antipathogen defense, and thus be especially adaptive under conditions of high pathogen prevalence." This hypothesis was tested in a study on cultural factors associated with intentions to decrease the spread of COVID-19 (n = 704), which found that collectivism predicted higher intentions for physical distancing (Biddlestone et al., 2020). Correspondingly, in a study of individualism-collectivism and COVID-19 among a sample of 1,011 Italians, Germani et al. (2020) found that collectivist orientation was associated with higher perceived risk of infection and also predicted lower psychological maladjustment. Similarly, Maaravi et al. (2021) analyzed data from 69 countries, in addition to conducting two studies to validate their findings. They reported that the more individualistic a country was, the more cases of COVID-19 and mortalities were identified in the country. They further reported that the more individualistic participants were, the higher the chances they would fail to comply with epidemic prevention measures. As asserted by Kim et al. (2016; p. 942): "The sense of belongingness and social connection that collectivism provides—along with the rituals and practices that have evolved to protect against infectious diseases. . .may serve as a buffer against risks people often face and provide a foundation for resilience."

From the above examples, it is evident that cultural aspects are key to understanding and responding to the pandemic. Culture must therefore be interwoven into psychological research on the pandemic. Regrettably, however, much psychological research is both culture-blind by frequently overlooking the impact of culture on behavior, and culture-bound, with origins, concepts and research developed mostly in Europe and the U.S. (Berry, 2013). As argued by Henrich et al. (2010), while psychological research is predominantly conducted with Western, educated, industrialized, rich and democratic (WEIRD) participants, this does not reflect human psychology and behavior globally. A study on the generalizability of psychological research reported that only 11% of the global population is represented in top psychology journals (Thalmayer et al., 2020), an increase in representativeness from 5% of the global population in 2008 (Arnett, 2008). It has been argued that reconstituting, restating, refuting, and realizing the applicability of "Western psychology" can extend the reach and relevance of psychology to low- and middle-income countries (Carr et al., 1995; MacLachlan & Carr, 1994). A global psychology must therefore be developed, which encompasses concepts and research from cultures across the globe (Berry, 2013), one that necessarily embraces a macropsychology perspective.

Equitable Access and Human Rights

The term syndemic describes "the biosocial complex, which consists of interacting, copresent, or sequential diseases and the social and environmental factors that promote and enhance the negative effects of disease interaction" (Singer et al., 2017; p. 941). This recognition of the construction of disease through the interaction of biological and environmental factors at the population level is critical (Hart & Horton, 2017). Horton (2020; p. 874) cautions against defining and addressing COVID-19 simply as a pandemic, asserting that "approaching COVID-19 as a syndemic will invite a larger vision, one encompassing education, employment, housing, food, and environment. Viewing COVID-19 only as a pandemic excludes such a broader but necessary prospectus." The fulfilment of human rights across the economic, social, cultural, civil and political spheres is therefore crucial to an effective response and recovery from the pandemic (Irish Human Rights & Equality Commission [IHREC], 2020; United Nations Office of the High Commissioner for Human Rights [OHCHR], 2020). However, this broader conceptualization of a syndemic needs to be more strongly infused with psychological thinking—at all levels—especially at the macropsychology level of the population.

Equitable access to testing, vaccines, and health care have been crucial to curtailing the pandemic. The Access to COVID-19 Tools (ACT) Accelerator is a global alliance, including governments, scientists, businesses, civil society, philanthropists and global health organizations, which aims to support development, production, and equitable access to testing, health care, and vaccines for COVID-19 (World Health Organisation [WHO], 2020b).

The ACT Accelerator comprises four pillars: a diagnostics pillar, therapeutics pillar, vaccine pillar, and health systems connector pillar (WHO, 2020a). A multilateral response such as the ACT is crucial, as there are significant inequalities between countries regarding the health and socioeconomic impact of COVID-19 and disparities in the capacity of governments to respond effectively (United Nations Committee for Development Policy [UN CDP], 2020). Moreover, as "a health threat anywhere is a health threat everywhere" (WHO, 2018), a multilateral response is critical. The pandemic has illustrated that the impact of scientific development is weakened by a lack of international cooperation between countries (Nature Medicine Editorial, 2021). As suggested by Chan Fung (2021; p. 363):

> [T]hose involved in maintaining good public health must broaden their view of health security beyond infectious diseases. Health security must be based on the principle of universal health coverage and must include noncommunicable diseases … It must acknowledge that 'none are safe until all are safe', which requires a firm commitment to solidarity and equity. Nowhere is this more clearly apparent than in the tragic consequences of 'vaccine nationalism'.

Relatedly, the importance of education for building back stronger public health security systems is a key lesson learned from the pandemic, so that the next generation of policymakers, researchers, and health workers are well-versed on the importance of public health security and global health cooperation (Chan Fung, 2021).

Many people are unable to effectively protect themselves from COVID-19 (Guterres, 2020). As emphasized by Singh Bais (2020): "Social distancing is a privilege, as it implies you have room to do so, as is access to water for hand sanitation." When marginalized groups do contract COVID-19, they are often unable to access health care (Guterres, 2020). There is therefore a disproportionate risk and burden of COVID-19 among marginalized groups. For example, health and socioeconomic inequities experienced by racial and ethnic minority groups have resulted in their increased risk of morbidity and mortality from COVID-19 (Centers for Disease Control & Prevention [CDC], 2021). As proposed by Airhihenbuwa et al. (2020): "Vulnerability to the COVID-19 pandemic cannot be fully explained by individual risks alone, but rather by broader social and structural determinants of health that result in inequities in communities where vulnerable populations live." Preventing people from being "left behind" during the pandemic necessitates addressing preexisting barriers to health care experienced by marginalized groups, such as discrimination and stigma on the grounds of disability, age, gender, poverty, and sexual orientation (OHCHR, 2020). As underlying health conditions including diabetes, obesity and hypertension have exacerbated the number of fatalities from COVID-19, it is evident that strengthening health systems through universal health care policies could decrease the number of deaths in future outbreaks and pandemics (Nature Medicine Editorial, 2021).

The UN has called for fairer societies in the wake of the pandemic, for countries to "recover better" by establishing nations that are more sustainable, resilient, and socially inclusive (United Nations [UN], 2020; United Nations Department of Economic & Social Affairs [UN DESA], 2020). The pandemic may therefore provide a window of opportunity to establish more equitable and inclusive societies. As the social contract necessitates the continuous renegotiation of political and legal systems (Pribán, 2019), this too can be a time of reexamination and renegotiation of the social contract, a contract that is implicitly psychological and at national level should be macropsychological.

Psychology is a field that is pivotal to the realization of rights and respect for human dignity (Rubin & Flores, 2020). As suggested by Fox and Prilleltensky (1996), psychological science can be wielded to support wellbeing and social justice. Importantly, however, there has been relatively little research conducted on the interface between psychology and human rights (Gezgin, 2018), and education in human rights is frequently overlooked in the training of psychologists (Hagenaars et al., 2020). In response to this neglected perspective, Marsella (2012) has called for psychologists and psychological organizations to take into consideration the Universal Declaration of Human Rights, to increase their awareness of global issues and to engage in research with more global reach. Similarly, Hagenaars (2016) has argued for a rights-based psychology—one that incorporates the broader context and history of the people it addresses. Researchers are now, however, beginning to explicitly examine the interface between psychology and human rights (Velez, 2016), such as the emerging field of human rights psychology (APA, 2016). There is also growing interest among psychologists in supporting the fulfilment of the rights embedded in the Sustainable Development Goals (MacLachlan & McVeigh, 2021). As suggested by Shullman and Evans (2020), psychologists face "an urgent challenge – as an association, discipline and profession, and individual psychologists—to bring our expertise to bear", for issues including "the disproportionate spread of the coronavirus among black and brown people, to the soaring unemployment rates among communities of colour." Psychologists have therefore an onus and opportunity to facilitate a rights-based and equitable response and recovery to the pandemic.

How to Operationalize a Macropsychology Perspective

Table 1 provides examples of how psychologists can operationalize a macropsychology perspective to strengthen psychological science and address macro societal issues.

Table 1
Examples of How to Operationalize a Macropsychology Perspective

Issues	Macropsychology perspective	Actions
1. Inequities and inequalities.	Identify experiences of and evidence of differential disadvantage. Recognize that social structures (such as professions, institutions, and norms) that may need to change are simply a group of people behaving, often habitually, in particular patterns.	Write a policy brief identifying psychological consequences and ways of addressing the causal factors of inequities. Meet with local political representatives to offer them support in addressing these issues. In the context of COVID-19, identifying reasons for different levels of access to or desire for vaccination may contribute to evidence-based advocacy.
2. Power, hierarchies, dominance, and compliance.	Question why things are the way they are. Who benefits from these social arrangements and how are they justified? Question the rationale and evidence for the value of existing power asymmetries.	Provide evidence of the benefits of other approaches to decision-making. Work with Government Ministries to initiate change and convince them that the pain of change is worth the longer-term gain. For example, in healthcare, trial new approaches to clinical decision-making, such as coleadership, distributed leadership, or collective leadership. Build in indicators that can present outcomes within the election cycle of politicians. In the context of COVID-19, in some countries, it may be necessary to question the rationale for vaccination prioritisation.
3. The universality of psychological laws and the need for boundary spanning.	Consider interdisciplinary perspectives that may modify the centrality of psychological thinking. How might other disciplinary perspectives, such as sociology, anthropology, economics, or law, advance psychological thinking and where can psychology add to them? Why do disciplinary boundaries exist – is it a good way to compartmentalize related behaviors?	Challenge the legitimacy of claims that psychological science, to be universally relevant, must assume basic commonalities at the social or experiential level. Explore the extent to which people adapt to geographical, economic, and cultural variations.
4. Reflect on your own actions and the actions of others.	Are you as a psychologist focusing on the individual rather than the context, failing to recognize the Fundamental Attribution Error?	Challenge yourself and other psychologists to zoom out—to consider the context and settings that you or they are working in that encourage a narrow focus and the incentives to maintain that focus. In the context of COVID-19, this may involve focusing on the environmental incentives that support low-risk behaviours, rather than individualising reasons for noncompliance.
5. Laws as prescribed and proscribed behaviors.	Question the sort of behaviors that laws encourage and discourage.	Engage with legislators and judges to support them in thinking through the downstream consequences of encouraging or discouraging certain behaviors and the extent to which the desired positive behaviors are encouraged by social and structural supports, incentives, and norms.
6. Systems thinking.	Psychology sometimes tries to simplify, control, and reduce complexity and to establish linear relationships. However, causes and effects may not be single events or unidirectional. Instead, they may loop around and involve multiple factors.	Work with public servants who are working with complex social problems—such as homelessness, addiction, and prejudice—to support them in identifying patterns of interacting behaviors including facilitators and barriers. See "contribution" to problems and solutions and "attribution" as equally legitimate.
7. Policy.	Policy, at its most rudimentary level, is decision-making about what to do. Consider evidence that might be useful to inform policy. Recognize how policies relate to each other—for instance, are there contradictions between the sorts of behaviors and values supported by UN Declarations, the Sustainable Development Goals, and national policies?	Don't wait for policy-makers to discover you or your work. Ask policy-makers what they need to know to make better-informed decisions, to justify their particular approaches. Make opportunities to present to government and UN bodies. In the context of COVID-19, this could include undertaking survey work on how stakeholders feel COVID-19 has affected the implementation of existing UN policies or what learning there might be for policy revision.
8. Multiple levels.	Try to 'understand up' by examining how an individual's behavior is a product of the setting and context in which they are behaving. Think upstream—where did this originate? Psychologists often address the downstream	In an organizational context, in addition to supporting the coping skills of individual workers, also work with senior management to identify organizational and industry factors that adversely impact on employees' wellbeing. Do not problematize the individual's response –

(*table continues*)

Table 1 (*continued*)

Issues	Macropsychology perspective	Actions
	consequences of upstream problems. What situations, norms, and expectations are at play?	instead problematize the situations that created it. Otherwise, you may implicitly perpetuate the stressful situation and undermine the individual's ability to cope.
9. Human rights.	While psychologists acknowledge human rights, we have not asserted the settings and conditions that might constitute what is right for populations psychologically.	Work with activist organizations in civil society to help them navigate individuals, groups, systems, and power asymmetries. The claiming of rights is empowering and the realization of them is ultimately a matter of changing the opinions and behaviors of groups of individuals—and sometimes just one individual in a key position.
10. Disruption.	Unless you believe that the status quo is optimal, consider what you can, should, and want to change. See disruption as a constructive social duty, not as disobeying those who are in charge.	Seek out people in politics, industry, service occupations, and civil society who seem to be uncomfortable in complying with an unsatisfactory status quo. Meet with them, get a toe hold, ascertain what it would take for them to change their behaviors, and instigate change in other people's behavior. Changing policies, laws, and norms often hinges on engaging a well-positioned individual through their personal experience of unfairness, perhaps experienced by a family member. In the context of COVID-19, the bounce in digital literacy opens many new channels in health, education, and welfare services—all of which will disrupt. Psychologists can research but also instigate such disruption in their work.

Conclusion

Human behavior is the primary vector for COVID-19 infection across populations. As a population health challenge, it requires a population-wide response, coordinated by government and constructed and implemented through behavioral science. While psychology can contribute much to supporting individual and group behaviors to control the spread of COVID-19, it can also contribute more explicitly in new ways to national narratives and psychological governance. In this paper, we have illustrated only some of the issues where taking a macropsychological approach to COVID-19 can inform its psychological governance. The narrative that we construct around individual heroism has population-wide implications; the national sense of trust in government primes the propensity of individuals to comply with health advice; cultures can be conduits to positive collective action; and how information, resources, and health is distributed across the population are matters both of what is right for populations psychologically and what human rights are recognized, claimed, and enacted in terms of social justice.

The social sciences can facilitate an effective response by governments and nongovernmental organizations to the socioeconomic impact of the pandemic ((London School of Economics & Political Science [LSE], 2020) and can contribute to a rights-based and equitable pandemic response and recovery. Silver (2020) argues that: "Successfully managing COVID-19 and its aftermath will require that behavioral scientists provide a roadmap for public officials to ensure the public's cooperation, trust in, and implementation of what is learned from biomedical science." While this is certainly true, we argue that behavioral sciences must provide much more than this. The UN appeals for us to create fairer societies—for us to "recover better" through nations that are more sustainable, more resilient, and more socially inclusive (UN DESA, 2020). The social contract necessitates the continuous renegotiation of political and legal systems (Pribán, 2019). Now is the time to create the momentum for a population-wide psychosocial contract. This would combine the ideas imbued within the social contract with those of the psychological contract—the sense of beliefs, perceptions, and obligations existing, often implicitly, between an employee and employer (Rousseau, 1989). A psychosocial contract will require psychological science to reach more deliberately into realms that it has often eschewed, but which are deeply psychological concerns, such as power-relations, the distribution of resources, and the optimal psychological settings and conditions for people to realize their rights. To do so, however, psychology will need to focus beyond the individual level, to policies, institutions, and systems at the population level.

In the context of COVID-19, first, a macro perspective should be applied to a greater extent within psychology to more effectively support pandemic preparedness, coping, and recovery at the population level (McVeigh & MacLachlan, 2021a). Second, the APA and cognate psychology organizations around the world–inviting civil society and government–should establish a succession of "Recover Better" events that will propel insights from the behavioral sciences into a new psychosocial contract, relevant to COVID-19 and future population health challenges but reaching far beyond this. Third, we should infuse

training in psychology with the necessary skills and expectations so that population-level change is a necessary, legitimate, and achievable goal for future psychologists.

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