

Covid-19 and the free-rider problem

Editorial

It seems as if every day brings with it a new assault on truth. Whether it is public health experts advocating the use of face masks or social distancing, leading government officials advocate just the opposite. The President falsely contrasts “opening up” the economy with any demonstrable respect for the safety of U.S. citizens. No less a figure than Rand Paul tweets that, since “below 25 years old the fatality rate of Covid-19 is 0.00008 percent,” we should reopen our schools, summer camps and virtually all other endeavors engaged in by this age group. Who will speak for the unfortunates thousands of individuals sacrificed in Paul’s calculus? Each will pay with 100 percent of what is most precious to them. The math is simple: if social distancing/facemaskwearing has lowered but not eradicated the virus, the rate of infection will only rise when these practices are relaxed, even if widespread testing and contact tracing were adequate, which it is not.

While the administration’s distortion of the truth speaks for itself, the deeper question for mental health professionals is why misinformation is seriously entertained. Is one to conclude that people are unformed, unable to distinguish truth from fantasy, or simply incapable of critical thinking? I think not. A more useful approach is to consider the *free-rider problem*, a theory about human behavior prominent in the social sciences. In the present context, the problem can be formulated in the following way: As a nation, all citizens benefit from general compliance with social distancing and other public health practices, yet there are large swaths of the country in which citizens refuse to follow these practices. Refusal brings about circumstances in which a subset of citizens enjoys the benefits of communal safety practices without respecting them. That some members of the nation benefit unfairly is only part of the problem. The real problem is that continued noncompliance eventually will degrade any benefit associated with these practices, causing a spike in the reinfection rate disastrous for our healthcare system and economy.

We know from decades of research in social psychology that anonymity and group size play an important role in noncompliance. Individuals tend to feel less responsible about actions that in which they cannot easily be identified when transgressions are supported by a group. It is especially easy to feel less responsibility at a personal level when one feels others are taking action that create a zone of safety for one’s noncompliance; in this case, the fact that other citizens generally follow the recommended safety practices, making it “unnecessary for me to do so”.¹ As identity and individual accountability are diffused, so is moral responsibility.

At a deeper level, self-interest also plays an important role. While one might say that it is in everyone’s self-interest to comply with CDC

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practices, free-riders essentially put their narrow self-interests before others, wanting to enjoy the freedoms and lack of restrictions that others’ sacrifices make possible. Whether hiding anonymously and unseen in the shadows or brazenly cloaking noncompliance in the cloth of liberty, they do nothing less than ask others to sacrifice so that they may continue to reap the rewards unjustly.

Research suggests that the free-rider problem is overcome only when those who refuse to comply no longer are permitted to enjoy the same benefits as those who contribute their fair share. Of course, punishment is a questionable strategy in the context of a pandemic. Public policy, with federal mandates as well as education and clear, unambiguous messaging on the part of our national leadership, plays a vital role. Good behavior must be incentivized, reinforced, and valued. It is unfortunate that the current administration has completely failed in this regard, but it is not too late to take these necessary steps.

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References

1. Bandura Albert. Moral disengagement in the perpetration of inhumanities. *Personality and Social Psychology Review*. 1999;3(3):193–209.