A year of fear

Dr Gary Sidley analyses the language of fear that has been peddled throughout the pandemic

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The British public's widespread compliance with lockdown restrictions and the subsequent vaccine rollout has been the most remarkable aspect of the coronavirus crisis.

The removal of our basic freedoms — in the form of lockdowns, travel bans and mandatory mask wearing — have been passively accepted by the large majority of people. Furthermore, the proportion of the general public expressing a willingness to accept the Covid-19 vaccines has been greater in the UK than almost anywhere else in the world. But has the government achieved this widespread conformity through the unethical use of covert psychological strategies — "nudges" — in their messaging campaign?

The public were bombarded with fear-inducing information with the help of the mainstream media

A major contributor to the mass obedience of the British people is likely to have been the activities of government-employed psychologists working as part of the "Behavioural Insights Team" (BIT). The BIT was conceived in 2010 as "the world's first government institution dedicated to the application of behavioural science to policy". In collaboration with governments and other stakeholders, the team aspire to use behavioural insights to "improve people's lives and communities". Several members of BIT, together with other psychologists, currently sit on the *Scientific Pandemic Insights Group on Behaviours* (SPI-B), a subgroup of SAGE, which offers advice to the government about how to maximise the impact of its Covid-19 communications.

A comprehensive account of the psychological approaches deployed by BIT is provided by an Institute of Government document titled *MINDSPACE: Influencing behaviour through public policy*, where it is claimed that these strategies can achieve "low cost, low pain ways of 'nudging' citizens … into new ways of acting by going with the grain of how we think and act". Several interventions of this type have been woven into the Covid-19 messaging campaign, including fear (inflating perceived threat levels), shame (conflating compliance with virtue) and peer pressure (portraying non-compliers as a deviant minority) – or "affect", "ego" and "norms", to use the language of behavioural science.

Behavioural scientists know that a frightened population is a compliant one, so this was exploited as a way of compelling us to abide by the coronavirus restrictions. The minutes of the SPI-B meeting on 22 March 2020 stated: "The perceived level of personal threat needs to be increased … using hard-hitting emotional messaging." Aided by the mainstream media, the British public were subsequently bombarded with fear-inducing information, images and mantras: Covid-19 daily death counts reported without context; inflated predictions of future casualties; recurrent footage of dying patients in Intensive Care Units; and scary slogans like,

“If you go out you can spread it”, or “People will die”, often accompanied by images of emergency personnel wearing PPE.

We all strive to maintain a positive view of ourselves. Utilising this human tendency, behavioural scientists have recommended messaging that equates virtue with adherence to the Covid-19 restrictions, so that following the rules preserves the integrity of our egos while any deviation evokes shame. Examples of these nudges in action include: slogans such as, “Stay home, Protect the NHS, Save lives” and “Protect yourselves, Protect your loved ones”; TV advertisements where an actor tells us, “I wear a face covering to protect my mates”; the pre-orchestrated Clap for Carers ritual; ministers telling students not to “kill your gran”; and close-up images of acutely unwell hospital patients with the voice-over, “Can you look them in the eyes and tell them you’re doing all you can to stop the spread of coronavirus?”

Shaming and scapegoating has emboldened some people to harass those unable or unwilling to wear a face covering

And then there’s what the psychologists euphemistically refer to as “normative pressure”: awareness of the prevalent views and behaviour of our fellow citizens — through peer pressure and scapegoating — can prise us into compliance. The simplest example is ministers repeatedly telling us that the vast majority of people are “obeying the rules”. But normative pressure is less effective in changing the behaviour of the deviant minority if there is no *visible* indicator of pro-social conformity rooted in communities. The mandating of masks in summer 2020 — in the absence of strong evidence that they reduce viral transmission in the community — enabled the rule breakers to be instantly distinguished from the followers. Appearing unmasked in public places now felt comparable to failing to display the icon of a dominant religion while being among devout followers; even if no explicit challenge ensues, the implicit demand to conform is palpable.

The same covert strategies are now being used to promote the uptake of the Covid-19 vaccines. The tactic of fear inflation is evident in a recent NHS England document that recommends healthcare staff “leverage anticipated regret” on the over-65s cohort by telling them they are “over three times more likely to die”. The recommended follow-up statement is, “Think about how you will feel if you do not get vaccinated and end up with Covid-19?” For young people — who are at vanishingly small risk of suffering serious illness should they contract Covid-19 — shame is the selected tool from the behavioural-science armoury; the recommendation is that they should be told “normality can only return, for you and others, with your vaccination.” As for the healthcare staff who will administer the jabs, the psychological experts suggest an ego boost from being hailed as the, “latest ‘NHS Heroes’”.

So, what’s wrong with using these covert psychological strategies to improve compliance with public health policy?

In comparison to the government’s traditional tools of persuasion (such as information provision and rational argument) these methods of influence differ in their nature and subconscious mode of action. Consequently, three sources of ethical concern emerge: problems with the *methods* per se; problems with the *goals* to which they are applied; and problems with the lack of *consent*.

It is questionable whether a civilised society should knowingly increase the emotional discomfort of its citizens as a means of gaining their compliance. State scientists deploying

fear, shame and scapegoating to change minds is an ethically dubious practice that in some respects resembles the tactics used by totalitarian regimes such as China, where the state inflicts pain on a subset of its population in an attempt to eliminate beliefs and behaviour they perceive to be deviant.

Fear inflation has led to many people being too scared to attend hospital with non-Covid illness

Another ethical issue associated with the methods of covert nudging used in the Covid-19 communications campaign concerns the unintended consequences. Shaming and scapegoating has emboldened some people to harass those unable or unwilling to wear a face covering. More disturbingly, fear inflation has led to many people being too scared to attend hospital with non-Covid illness, while many old people, rendered housebound by fear, will have died prematurely from loneliness. Collateral damage of this sort is likely to be responsible for many of the tens of thousands of excess non-Covid deaths in private homes. In a civilised society, is it morally acceptable to use psychological strategies that are associated with this level of collateral damage?

The perceived legitimacy of using covert psychological strategies to influence people may also depend upon the behavioural goals that are being pursued. It seems likely that a higher proportion of the general public would be comfortable with the government resorting to subconscious nudges to reduce violent crime – for example, to discourage young men from stabbing each other – as compared to the purpose of imposing unprecedented and non-evidenced public-health restrictions. Would British citizens have agreed to the furtive deployment of fear, shame and peer pressure as a way of levering compliance with lockdowns and mask mandates? Maybe they should be asked before the Government considers any future imposition of these techniques.

In 2010, the authors of the MINDSPACE document — one of whom is Dr David Halpern, a member of SAGE and the SPI-B — recognised the significant ethical dilemmas arising from the use of influencing strategies that impact subconsciously on the country's citizens and emphasised the importance of consent. Indeed, they could not be clearer: "policymakers wishing to use these tools … need the approval of the public to do so". They go on to suggest some practical ways of acquiring this consent, including the facilitation of "deliberative forums" where a representative sample of several hundred people are brought together for a day or more to explore an issue and reach a collective decision. I am unaware of any public consultation of this type being conducted to gain the public's permission to use covert psychological strategies.

At an individual level, obtaining a recipient's permission prior to an intervention is a long-established principle of ethical clinical practice. Informed consent is an essential precursor to any medical procedure, including vaccination. To ensure ethical integrity, healthcare staff should be encouraging each potential recipient to, consciously and rationally, weigh up the pros and cons of accepting the Covid-19 vaccine rather than nudging them towards compliance.

An open, public-wide debate about the ethical integrity of this approach is urgently required

The covert psychological strategies incorporated into the state's coronavirus information campaign have achieved their aims of inducing a majority of the population to obey the

draconian public health restrictions and accept vaccination. The nature of the tactics deployed — with their subconscious modes of action and the emotional discomfort generated — do, however, raise some pressing concerns about the legitimacy of using these kinds of psychological techniques for this purpose. The government, and their expert advisors, are operating in morally murky waters. An open, public-wide debate about the ethical integrity of these approaches — and the extensive collateral damage associated with them — is urgently required.

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