

The ethics of using covert strategies - a letter to the British Psychological Society

January 6th, 2021

Re: Ethical issues arising from the role of psychologists in the development of the Government's communication campaign in regards to coronavirus

We are writing to you as a group of psychological specialists to raise ethical concerns about the activities of the government-employed psychologists working in the 'Behavioural Insights Team' (BIT) (1) in their mission to gain the public's mass compliance with the ongoing coronavirus restrictions. Our view is that the use of covert psychological strategies - that operate below the level of people's awareness - to 'nudge' citizens to conform to a contentious and unprecedented public health policy raises profound ethical questions. As the professional body overseeing the work of psychologists in the UK, we would welcome your perspective on this important issue.

Background

The British public's widespread compliance with the Government's restrictions has arguably been the most remarkable aspect of the coronavirus crisis. The unprecedented limits imposed on our basic freedoms - in the form of lockdowns, travel bans and mandatory mask wearing - have been passively accepted by the large majority of people, despite the lack of evidence for the efficacy of these measures. A major contributor to the mass obedience of British citizens is likely to have been the activities of government-employed psychologists working as part of the BIT.

The BIT was conceived in the Prime Minister's office in 2010 as 'the world's first government institution dedicated to the application of behavioural science to policy' (2). According to the BIT website (3), their team has rapidly expanded from a seven person unit working with the UK government to a 'social purpose company' operating in many countries around the world. It may seem beneficial to use any method, even techniques impacting subconsciously on behaviour, to attempt to preserve life and the publicised aims of the BIT are clearly altruistic; for example, 'to improve people's lives and communities'. However, the use of these techniques during the coronavirus crisis raises key ethical concerns. Arguably, health decisions should take place consciously, based on transparent information, including fully informed consent. Additionally, the moral integrity of the use of these techniques within current contexts is even more questionable given the major disagreement amongst specialists about whether the measures are, overall, helpful or harmful.

The strategies used by BIT psychologists

A comprehensive account of the psychological approaches deployed by the BIT is provided in the document, MINDSPACE: Influencing behaviour through public policy (Dolan et al., 2010) (4). The authors of MINDSPACE describe how their behavioural strategies provide ‘low cost, low pain ways of **“nudging” citizens into new ways of acting by going with the grain of how we think and act**’ (p7) (Our emphasis). By expressing the process of change in this way, this statement reveals a key difference between the BIT interventions and traditional government efforts to shape our behaviour: their reliance on tools that often impact on us subconsciously, below our awareness.

Historically, Governments have used information provision and rational argument in their efforts to alter the behaviour of their citizens, thereby encouraging people to logically (and consciously) weigh up the pros and cons of each of their options and consider changing their behaviour accordingly. By contrast, many of the nudges developed and put forward by the BIT psychologists are, to various degrees, acting upon us automatically, below the level of conscious thought and reason. Although we accept there may be legitimate ways of utilising covert psychological strategies within our communities – perhaps as a marketing tool to shape opinion about a consumer product or as part of, for example, Government campaigns to discourage vandalism or to prevent young men stabbing each other – in the sphere of individual health decisions we believe transparency is required.

To inform and direct the Government’s communication strategy aimed at achieving the public’s compliance with coronavirus restrictions, it is apparent that the BIT psychologists have promoted a range of covert psychological interventions (see blogpost (5) by Dr Sidley for further details). For example, our inherent need to preserve a positive self-image has been exploited as revealed by the incessant slogans and mantras insisting that compliance with the Government’s coronavirus diktats is akin to the altruism of helping others – a focus on ‘ego’, to use the MINDSPACE terminology. Another example has been the use of peer pressure (‘norms’) on the non-compliers by casting these supposed miscreants in the uncomfortable bracket of a deviant minority. But the most potent, and most ethically dubious, strategy has been the inflation of fear (‘affect’) as a means of coercing people into obedience.

Fear elevation

The decision to inflate the fear levels of the British public was a strategic one, as indicated by the minutes of the meeting of the Government’s expert advisors (SAGE) on the 22nd March 2020 (6). Clearly, the BIT psychologists recommended scaring people as an effective way of maximising compliance with the coronavirus restrictions, as indicated by the following statements in the minutes:

‘A substantial number of people still do not feel sufficiently personally threatened’.

‘The perceived level of personal threat needs to be increased among those who are complacent using hard-hitting emotional messaging’.

‘Use media to increase sense of personal threat’.

Consequently, the general population has had to endure a media onslaught primarily aimed at inflating perceived threat levels that has included: the daily announcement of coronavirus-death statistics, displayed without context (such as the fact that 1600 people die in the UK each day under ordinary circumstances); repeated footage of people dying in Intensive Care Units; scary slogans, such as ‘IF YOU GO OUT, YOU CAN SPREAD IT. PEOPLE WILL DIE’; and the promotion of face coverings – a potent symbol of danger – despite there being little evidence for their effectiveness in reducing viral spread.

The strategic decision to inflate fear levels has had unintended consequences, resulting in many people being too scared to leave their houses or to let anybody in, thereby exacerbating loneliness and isolation which – in turn – have detrimental impacts on physical and mental health. Persistent fear compromises the immune system and works against the objective of keeping us safe and healthy. Eight months on, the population remain in a state of heightened anxiety; surveys show (7) that, by July, UK citizens believed that coronavirus had killed 7% of the population, a total – if true – of 4,500,000 people (the official figure at the time was around 45,000). Tragically, there is accumulating evidence that inflated fear levels will be responsible for the ‘collateral’ deaths of many thousands of people with non-COVID illnesses who, too frightened to attend hospital, are dying in their own homes (8) at a rate of around 100 each day (9). There is also evidence that parents have been too scared to take their ill children to Accident & Emergency departments (10). Furthermore, the damage inflicted on the mental health of the nation, particularly on our young people (11) is as yet difficult to quantify but is likely to be substantial.

Ethical questions

Back in 2010, the authors of the MINDSPACE document recognised the significant ethical dilemmas arising from the use of influencing strategies that impact subconsciously on the country’s citizens. They acknowledged that the deployment of covert methods to change behaviour ‘has implications for consent and freedom of choice’ and offers people ‘little opportunity to opt out’ (p66 – 67). Furthermore, it is conceded that ‘policymakers wishing to use these tools ... need the approval of the public to do so’ (p74). So have the British people been consulted about whether they agree to Government using covert psychological techniques to promote compliance with contentious public health policies? We suspect not. It

seems the BIT psychologists are operating in ethically-murky waters in implementing their nudges, without our consent, to promote mass acceptance of infringements on basic human freedoms.

In the British Psychological Society Code of Ethics & Conduct (2018) (12), one of the 'Statement of Values' is:

*3.1 'Psychologists value the dignity and worth of all persons, with sensitivity to the dynamics of perceived authority or influence over persons and peoples and **with particular regard to people's rights.***

In applying these values, Psychologists should consider: ... consent ... self-determination.

*3.3 'Psychologists value their responsibilities ... to the general public ... including the avoidance of harm and the **prevention of misuse or abuse of their contribution to society.**'* [Our emphasis].

We believe that the BIT psychologists - in their deployment of covert strategies to achieve compliance with unprecedented lockdowns, travel restrictions and mask mandates – have blatantly failed to practice in a way that is consistent with your stated ethical values.

Based on the above concerns, we respectfully request that the British Psychological Society (BPS) respond to the following questions:

1. Does the BPS believe that the use of covert behavioural strategies, without explicit public consent, to 'nudge' people to comply with Government policies is a legitimate use of psychological skills and knowledge?
2. Is it ethically acceptable to use covert psychological strategies to increase compliance with contentious public health policies, such as the Government's coronavirus responses?
3. Does the BPS agree that BIT psychologists who recommended that the Government's coronavirus campaign use covert strategies, that purposefully increase fear and encourage the scapegoating of the non-compliant minority, are practising in a way that infringes the BPS Code of Ethics?

4. Assuming that the BPS recognises that there are some ethical issues arising from the use of covert psychological techniques in the ways described, what does the BPS propose to do to address these issues?

5. To minimise the likelihood of psychologists acting in an unethical way in the future, and to thereby prevent a repeat of the widespread ‘collateral damage’ associated with applying covert psychological strategies to win compliance with contentious public health policies, would the BPS publicly condemn the use of psychological skills and knowledge for this purpose?

Thank you in advance for your time in considering these important issues. We look forward to a prompt response.

References:

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6. SAGE Minutes of 22nd March 2020. Options for increasing adherence to social distancing measures. <https://bit.ly/3h3Kted>
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10. Open Democracy UK website (2020). <https://bit.ly/39UtUiA>
11. Townsend, E. (2020). The impact of lockdown on self-harm in young people. <https://bit.ly/3jSAcmB>
12. British Psychological Society (2018). Code of Ethics & Conduct <https://bit.ly/35ngMRc>

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