

The Unprecedented Lockdowns: Why the Widespread Compliance?

Description

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Excerpt



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?

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?”

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’”.