

The three Rs of Fear Messaging in a Global Pandemic: Recommendations, Ramifications, and Remediation.

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Abstract

Introduction: We consider the UK Independent Scientific Pandemic Insights Group on Behaviours' (SPI-B) support for fear messaging during the global COVID-19 pandemic, evaluate the consequences, and make recommendations for the future.

Analysis: Using evidence from published documents we show that SPI-B supported the use of fear messaging during the COVID-19 pandemic. This is inconsistent with the extant psychological literature and contrary to the disaster planning literature. The recommendations regarding fear messaging may have had harmful ramifications and impacts, especially for young people.

Conclusion: We recommend that wider multidisciplinary expertise is employed to deal effectively, ethically, and holistically with future crises. Plans for future pandemics must include meaningful engagement with the public, particularly children and young people.

Introduction

As the sociologist PM Strong (1990) pointed out, all novel bacterial and viral pandemics are accompanied by societal pandemics of fear and action. These societal pandemics normally subside as people assess the actual risk for themselves. The Covid-19 pandemic was unusual in that fear was amplified as a tool of public policy. The potential negative impacts of this strategy were not fully considered. While the UK government justified their strategy on public health grounds, they gave little or no consideration to its impact on the public's health beyond Covid. Established principles for ethical public health interventions appear to have been largely ignored (Townsend et al., 2020; Pykett et al., 2022; Miller & Moss, 2023; Wilson et al., 2023), with implications for mental health (Owens et al, 2022; Cooper et al, 2021, Panchel et al, 2023) and child development (Anand et al 2024, Byrne et al, 2023).

Recommendations and Ramifications of Fear Messaging

In its response to the COVID-19 infection and disease, the United Kingdom government turned its back on existing pandemic plans and planners, promoting a myth that this was an unprecedented crisis. Based on previous infectious disease outbreaks, plans of how to communicate complex and uncertain science in an emergency had been developed. These plans balanced the costs and benefits of actions, specifically encouraged voluntary measures and stated that fear was to be avoided in favour of charity and neighbourliness (UK Health Departments, 1997, pp. 53–54). Interestingly, these elements of public engagement disappear in the 2005 revision of this document (UK Health Departments, 2005). There is a long-standing

1 awareness in both emergency management and public health that any use of fear in
2 messaging negatively affects recovery from the harm itself: the former Chief Medical
3 Officer, Donald Acheson, explicitly rejected the use of fear messaging in the 1980s
4 response to the HIV/AIDS pandemic, for example (Burgess, 2017). This was a key
5 tenet of advice to the United Kingdom government at pandemic response exercises
6 prior to 2019 (Easthope, 2022). Indeed, the evidence for potential harms from fear
7 messaging relating to COVID-19 was highlighted academics in 2020 (Stowlow et al,
8 2020).

9
10 Yet, in March 2020, SPI-B (2020, pp. 1–2) concluded, in a widely-quoted passage
11 from a paper submitted to the Scientific Advisory Group for Emergencies (SAGE),
12 dated 22 March 2020, that:

13
14 the perceived level of personal threat needs to be increased among those
15 who are complacent, using hard-hitting emotional messaging. To be effective
16 this must also empower people by making clear the actions they can take to
17 reduce the threat.

18
19 Yet the authors continue in a way that reveals their intentions more explicitly:

20 A substantial number of people still do not feel sufficiently personally
21 threatened; it could be that they are reassured by the low death rate in their
22 demographic group (citation omitted), although levels of concern may be
23 rising (citation omitted).

24
25 In fairness, it should be acknowledged that the evidence of James Rubin (2023),
26 SPI-B Chair, to the UK Covid-19 Inquiry concedes that the wording is unfortunate
27 and points to a range of other SPI-B documents that place more emphasis on
28 education rather than threat. Nevertheless, his statement also shows that
29 enthusiasm for fear-based messaging was widespread among policy actors and that
30 SPI-B's efforts to counter this had limited impact.

31
32 COVID-19 is a serious disease for the elderly and frail, and small groups of younger
33 people with compromised immune systems, who were, consequently, most at risk.
34 These were not, however, the targets SPI-B identify who needed to increase their
35 sense of threat: the complacent. The personal characteristics of the people deemed
36 to be 'complacent' are not specified nor is it clear how they could be identified. These
37 individuals may well have correctly ascertained that they were at low risk from
38 COVID-19, given the stratification of risk according to age and co-morbidity. This was
39 established even before the March 2020 national United Kingdom lockdown (World
40 Health Organisation, 2020). Arguably, the 'complacents' were actually doing a
41 reasonable job of risk perception (Covid Opinion Tracker, 2020) so that increasing
42 their personal threat was unnecessary, inappropriate and unethical. Across domains
43 it has long been known that increased fear leads to increased estimates of risk that
44 do not reflect actual risk (Chanel et al 2009, Sunstein et al, 2011).

45
46
47 Systematic reviews of psychological research prior to the pandemic concluded that
48 fear-based messaging at scale should be avoided (Peters et al., 2013, p. 26).

1
2 When restricted to mass media, it will probably be wisest to resort to a
3 behaviour change method that does not involve emphasising negative
4 consequences of a behaviour, and if that cannot be avoided, at least make
5 sure the communication is not threatening, emotional or confronting.
6

7 The Peters et al review is cited in the SPI-B paper (SPI-B, 2020) but its conclusion
8 was ignored: in the APPEASE evaluation grid (Appendix B) SPI-B rate the use of the
9 media to increase the sense of personal threat as highly acceptable and practicable.
10 The SPI-B paper (p. 4) includes an interesting disclaimer:

11
12 Much of the evidence that has been drawn on is very recent and has not been
13 subject to peer review. In some cases, the source is a SPI-B paper that
14 involves expert opinion. This report has been put together rapidly and been
15 subject to limited scrutiny and review.
16

17 Nevertheless, Reicher and colleagues (2023, p. 652) state:

18
19 ...if threat communications are necessary to produce protective behaviours,
20 they are not sufficient. Just telling people they face danger—just like not
21 telling them—leaves them helpless to deal with it. It is only if you ensure that
22 they also know what to do in order to stay safe, and also that they have the
23 resources to do it, that you empower them to overcome the dangers they
24 face. Such a combined approach has been repeatedly shown to be effective.
25

26 Crucially, the sources they relied upon to substantiate this claim refer to situations
27 where humans need to stop a behaviour completely, and have much more control
28 over their own risk exposure (e.g. texting while driving), than is the case in a
29 pandemic. While there is some evidence to support using strong, fear messaging for
30 *total* behavioural change (Soames Job, 1988; Simpson, 2017), emergency planners
31 had been warning for years prior to the COVID-19 pandemic that the use of fear was
32 a blunt instrument (Easthope, 2022). Moreover, a meta-analysis by de Hoog et al
33 (2007) - which was included in the Peters et al review concluded (p. 280) “... that
34 extremely ‘fear-arousing’ messages are no more effective than messages that simply
35 state the negative consequences of a certain behavior.”
36

37 Instead of targeting the ‘complacent’, as recommended by Reicher et al. (2023), the
38 government adopted a whole population approach. A number of highly contentious
39 campaigns were directly voiced by Health Secretary Matt Hancock. One campaign
40 which ran in Preston, United Kingdom, utilised ‘hard hitting emotional messaging’
41 through fear amplification and guilt induction, with slogans such as ‘Don’t kill
42 Granny’. This was a particularly inappropriate message to convey to children, some
43 of whom would inevitably lose their grandparents through no fault of their own.
44

45 Even if lives were potentially saved by calibrating instances of under-estimated risk,
46 there are wide-ranging harms to mental and physical health by inducing fear through
47 mass campaigns. Fear is a key facet of anxiety disorders (APA, 2013) and is closely
48 associated with anxiety and depression (e.g. Kessler et al, 2005), which increased
49 during the pandemic, especially among young people (Lifestyles Team, NHS Digital,

2020; Owens et al., 2022). We have also seen the emergence of COVID-19 Anxiety Syndrome (Nikčević & Spada, 2020) in which sufferers' well-being is impaired through unhelpful coping in relation to COVID-19 threat (excessive avoidance of social situations and people, continuous worry and checking of own and loved ones' symptoms of COVID-19 infection).

Furthermore, it is well established in the psychological literature that amplification of emotion (ie. of fear and anxiety) leads to people's narrowing of attention on emotional stimuli at the cost of learning and remembering health relevant information (Coman, 2022; Strange et al., 2010; Rozin & Royzman, 2001). Therefore, excessive use of fear leads to a less, rather than well-informed public during a time of crisis, and consequently such use of excessive emotion should be avoided during a pandemic.

Covert nudges used at scale on a whole population do not have public consent or respect individual rights to autonomy and self-determination. The government recognised this; the document MINDSPACE which the Cabinet Office and Institute for Government co-authored (Dolan et al., 2010, p.66) observes: 'A lack of conscious control also has implications for consent and freedom of choice'. It goes on to warn (p.67) that 'if government is seen as using powerful, pre-conscious effects to subtly change behaviour, people may feel the relationship has changed: now the state is affecting "them" – their very personality'.

One of the founders of the government's Behavioural Insights Team has expressed concern about the overreach of behavioural psychology and nudging during the pandemic (Ruda, 2022). Its current Director went to some lengths in a podcast to rebut suggestions that they, rather than SPI-B, were responsible for fear-based messaging, which he accepted was ineffective (Halpern, n.d.).

On 6 January 2021 several psychologists, from a range of backgrounds, wrote to the British Psychological Society (BPS) about the use of strategies to gain mass compliance, including fear, scapegoating and covert nudging, which contravened the Society's ethical guidelines (Sidley, 2021). The Society has a robust code of ethical conduct (BPS, 2021) yet it initially declined to investigate whether its own ethical standards had been breached and subsequently dismissed the complaint. In his witness statement, Professor Rubin (2023, p. 87) argues that it was not for SPI-B to consider questions of ethics and they had expected the Moral and Ethical Advisory Group (MEAG) to cover those issues. It is, however, clear that MEAG had little input to pandemic management (Pykett et al., 2022; Wilson et al., 2023). Rubin's argument is that SPI-B had no jurisdiction to comment on the ethical implications of its reports under its terms of reference or professional obligation under the division of responsibility between scientists and ministers. We think that view should be more widely debated.

Remediation

Providing advice to governments at times of crisis can be perilous (Easthope, 2022). Emergency planners were concerned that when a pandemic arrived, and the most serious national risk was actualized (HM Government, 2020), the government would

1 behave in exactly the way that it did, fuelling the societal pandemics of fear and
2 action.

3
4 Stripped of fear and coercion, what would real empowerment look like? We contend
5 that a clear explanation of harms, a well-crafted set of actions describing what
6 behavioural changes are needed, and a list of places to get useful help, would have
7 sufficed, without recourse to emotive messages invoking the death or murder of
8 close relatives. The health department's response to HIV/AIDS in the 1980s points
9 the way on this.

10
11 A significant step forward in making holistic and compassionate policy decisions in
12 future health crises would be to embed meaningful Public, Patient Involvement and
13 Engagement (PPIE) into policy development. PPIE (work that is co-created 'with' or
14 'by' the **public**, not done 'to', 'for' or 'about' them) (Health Research Authority, 2024).
15 PPIE is now standard in both research and practice related to health in the UK
16 (Townsend et al., 2020), helping to ensure that policies are appropriate and
17 facilitating public acceptance. It is especially important to include children and young
18 people in these discussions. Given the disproportionate impact the COVID-19
19 pandemic and associated restrictions have had on their lives (Lifestyles Team, NHS
20 Digital, 2020; Owens et al., 2022; Park & Walsh, 2022), we owe them this. It is
21 possible to do this even in a pandemic, rapidly and at scale (Seedhouse, 2020), but
22 should be done now to avoid repeating the mistakes made in the COVID-19
23 pandemic.

24
25 The way that scientific advice in emergencies is provided in the United Kingdom is
26 fatally flawed and a fundamental overhaul is needed. We note an important
27 conclusion from the Chief Medical Officer's report on the Covid-19 pandemic
28 (Department of Health and Social Care, 2023) stating (Chapter 11):

29
30 Sometimes independent scientists had strong views on policy choices.
31 Informed debate is important, but the blurring of science advice and policy
32 opinion could cause confusion.

33
34 In future, expertise must be recruited from a broader range of disciplines, particularly
35 the social sciences, and networks that connect with the real living conditions of
36 marginal and socially excluded groups. SPI-B was originally drawn from a much
37 wider pool of advisers but became narrowly focused on behaviour change, to the
38 exclusion of other psychological expertise on mental health, child and adolescent
39 development and effective communication.

40
41 We write during a period of inquiry, when no one should be immune from self-
42 reflection. We are pleased to see that work is already being funded to support this
43 important process (<https://shameandmedicine.org/>). The British Psychological
44 Society should reconsider its decision not to review and debate the ethical standards
45 of its members involved in advice to government and its enactment in messaging.
46 Indeed, all those involved in scientific advice to government should consider their
47 own ethics, biases and cognitive dissonance (especially in relation to justifying
48 advice given during the pandemic). The deliberate effort to amplify fear should never
49 have been put forward in the first place. Advisors did not object on public record to
50 the mass evocation of fear and the resultant harms. This must never happen again.

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Author contributions

LD and ET conceived the study and drafted the manuscript. RD and EJT revised the manuscript in response to reviewer comments. All authors contributed to analysis, wrote sections of the manuscript, edited it, and reviewed it.

Conflicts of interest

LD is the author of 'A State of Fear: How the UK government weaponised fear during the Covid-19 pandemic' (Pinter & Martin, May 2021). She received travel reimbursement for delivering a talk about 'A State of Fear' to the Iceland free speech society.

1 RD has been a member of the Committee on Ethical Aspects of Pandemic Influenza (CEAPI),
2 the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG), the Joint
3 Committee on Vaccination and Immunisation (JCVI) and the DHSC Moral and Ethical
4 Advisory Group (MEAG). Through his personal services company, Dingwall Enterprises Ltd,
5 he has also undertaken paid consultancy for AstraZeneca on general issues relating to
6 vaccine hesitancy, and received fees from a number of magazines and newspapers for
7 articles commenting on aspects of the COVID-19 pandemic.

8
9 ET is a past trustee of the charity Collateral Global.

10