

INTRODUCTION

The covid-19 pandemic has caused drastic changes to the way we live and, regrettably, loss of life and livelihoods. Warnings of the threat from such a global pandemic, notably by Bill Gates in 2015, went unheeded, and governments have had to be reactive to the arrival of the virus in their country. This article looks at some factors that have contributed to the unfolding story of the pandemic.

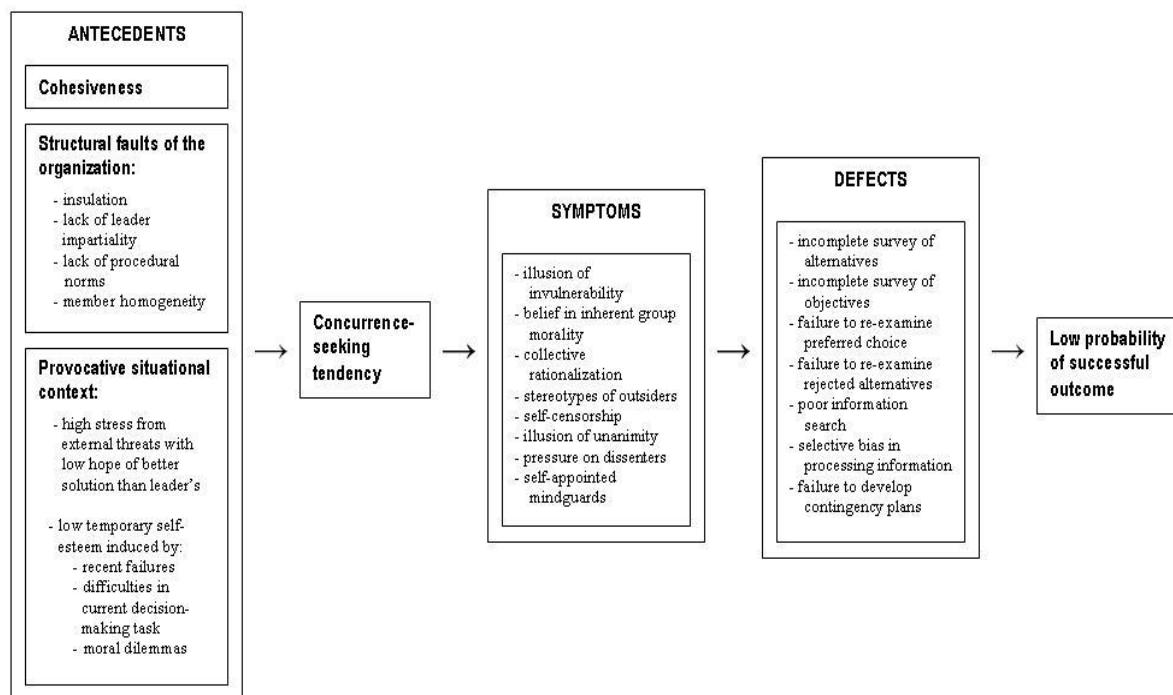
GROUPTHINK

The UK Government and devolved authorities quickly set up advisory bodies and enacted legislation to respond to the arrival of covid-19, anticipating the havoc it could cause to NHS services. However, there has been growing questioning of the strategies employed and their timing, and various decisions have been criticised as being 'too little' or 'too late'.

In 1971 Irving Janis introduced '**groupthink**' as a model for analysing the effectiveness, or otherwise, of decision-making within groups at times of stress. This moved away from decision-making as an individual process, and instead focused on the social dynamics involved when making decisions as a group.

Based on study of ill-fated historical interventions, such as the 1961 Bay of Pigs invasion, which went ahead despite contrary evidence or opinions, the groupthink model gave a number of **antecedents** relating to the group as well as **symptoms** of this flawed process, leading to the characteristic ways that the decisions were arrived at (see diagram below).

SCHEMATIC OF THE GROUPTHINK MODEL



Thus, instead of engaging in an objective and evidence-based appraisal of the information available, decision-makers were influenced by the interactions within the group, prominent among these being the need to maintain and convey a sense of consensus. Other factors included the way the group was kept insulated from other influences and the type of leadership, as well as the degree of cohesiveness among group members. As a result, members of the group tended to overestimate the value of the group's processes and decisions, and effectively avoided or downplayed any contradictory or challenging opinions or information.

Packer and Ungson (2017) provide a thorough critique of the model. This includes the nature of cohesion among group members, comparing identification with the group with other possibilities, such as the desire to reduce uncertainty (as with informational social influence) and the wish to reduce any discomfort and social fall-out caused by disagreement between group members (which can be related to normative social influence).

One important point is that what may appear as a poor decision in one sphere may be due to having made a rational, informed decision in another. Thus, a decision cannot be evaluated in isolation, but instead it requires fuller appreciation of the wider context; this need to balance and negotiate conflicting demands ultimately defines the role played by

politicians and their advisers. One example is the continued support for the economy while implementing a 'lockdown' strategy on health grounds.

It is not fair to suggest that the various forums for guiding the UK through the crisis have been victim to groupthink. However, there are a number of strategies, such as the early suggestion that facilitating 'herd immunity' was desirable, that appear to have been rushed and limited in scope (Anderson et al, 2020).

RELIANCE ON 'THE SCIENCE'

A key theme in the way information was presented to the public was the reassurance that decisions were based on 'the Science'. This stressed the credibility of the advice and reflects the high value given to 'scientific' information within Society.

However, this idea of what is 'scientific' is open to discussion. For example, the overuse of the word 'unprecedented' in the early stages of the crisis reinforced the fact that this was a novel situation and so it became apparent that there was, of necessity, a 'try it and see' approach to some of the strategies. This also led to comparisons with the strategies implemented abroad and the criticism that maybe some measures, such as stricter lockdown conditions, could have been implemented sooner.

Another aspect is the assumption that Science can provide 'The Answer', and anything that is decided in the name of Science has the necessary justification. However, the scientific advice still had to be viewed through the political 'lens' in order to fit within the wider context and this required some degree of pragmatism. Nevertheless, the tone of the messages, with their doomsday scenarios, has been criticised for being unduly damaging to the public's perception (Parris, 2020).

Significantly, a group of illustrious scientists and medics set up an alternative to the Government's own Scientific Advisory Group for Emergencies (SAGE) in order to provide a different interpretation, and contingent advice, for the data that was available on the spread and consequences of infection with covid-19 (see Independent SAGE website).

The credibility of the Government's messages was damaged by news stories that high-profile individuals had chosen to act in ways that contravened the advice given to the population; further criticism followed when the Government was seen to condone at least one of these breaches of its advice. These individuals had broken the consistency of the messages and punctured the image of social cohesion – 'we're all in this together' - which the Government relied on for compliance. This was further compounded by the differences in approach and advice given within the different countries of the UK.

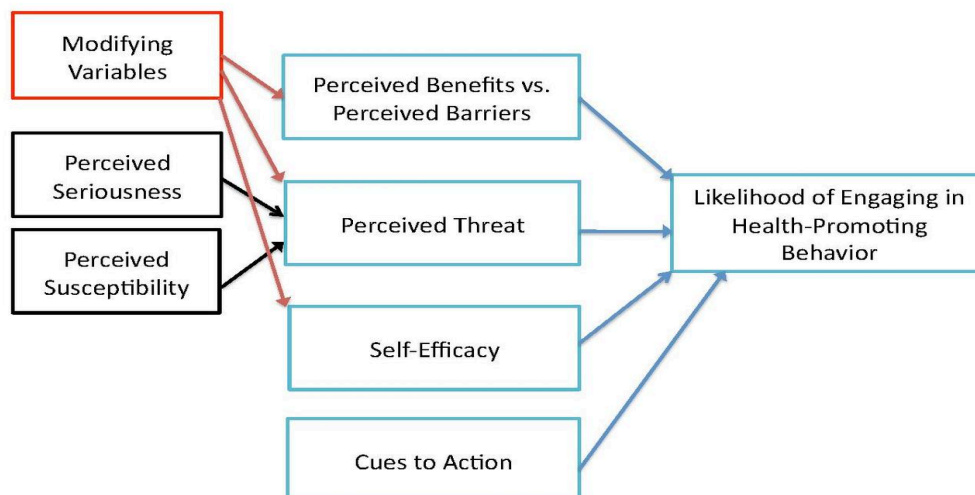
On Newsnight, Professor Reicher explained how such transgressions could have both a positive effect (in that people who did not identify with these individuals would want to be seen to be doing the 'right' thing and follow advice) and a negative effect (by undermining the Government's message, this created an 'us' and 'them' mentality). He also considered the influence of the media, commenting on how the biased reporting of incidents, such as the large crowds at beaches, could give the impression that more people were doing this than actually were and how this could impact on social norms.

INDIVIDUAL DECISION-MAKING

We all make decisions on a daily basis as to how we follow Government advice, from how many people from other households we meet with to the wearing of face coverings. The Health Belief Model (HBM) was developed by Becker (1974) to understand why individuals did not use available health services, and has been applied to a wide range of health-related issues.

The HBM suggests that the likelihood of an individual engaging in a particular health behaviour will depend on their perception of the threat posed by the current situation and their evaluation of the effectiveness of the recommended course of action (Rodham, 2010). It identifies a number of factors that together determine the individual's engagement with the desired behaviour and these are relevant to the current situation (see diagram below).

The Health Belief Model



One factor is the **perceived susceptibility** to the condition and much of the focus has been on vulnerability at certain ages. Thus, it was quickly established that people over the age of 70 should practice social isolation, as well as younger people with other risk factors, but the corollary to this is that young people, in particular, were deemed to be less at risk and this may have lowered their perception of susceptibility. Media reports drew attention to the increased number of raves taking place in some parts of the country.

Another issue linked to susceptibility is ethnicity, with members of the Black, Asian and Minority Ethnic (BAME) community at increased risk of serious infection with covid-19; there is ongoing debate as to the reasons for these differences along ethnic lines.

Another factor is the **perceived severity** of the condition, and there was dissonance created between the reporting of rapidly increasing number of deaths related to infection with covid-19, as well as the risks of NHS services being overwhelmed and the need to provide Nightingale hospitals, and the reassurances that, for most people, contracting the infection would not be life-threatening and similar to having 'flu.

The other factor is an evaluation of the **perceived costs and benefits** of adopting the health behaviour, where 'costs' does not only refer to financial impact, but can include the effects of social isolation and

decreased contact, and concern has been expressed about the risks to mental well-being. Thus, in the initial lockdown, people were encouraged to exercise even if this meant leaving the home; similarly, with wearing face coverings, people are encouraged to practise this for the benefit of those around them and not just for their own safety.

The Government quickly saw the value in establishing frequent contact with the public in order to reinforce their message, and their daily bulletin provided an opportunity to keep presenting the '**cues to action**' to reinforce engagement.

CONCLUSION

The covid-19 pandemic has brought about deep and far-reaching effects across society. The Government has had to call on experts in psychology and behavioural science in order to 'sell' the advice and ensure that social constraints were adhered to. This requires a fine trade-off between personal liberty and public safety and more draconian measures (as employed in other countries) might have met more resistance, and therefore proved unproductive. However, what is evident is the need for transparency and clarity when informing the public and encouraging them to adopt new behaviours for their safety and that of those around them.

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