

Behavioral Economics

Tutorial 4

Conspiracy Theories and the COVID-19 Pandemic

Today's Tutorial

- Applies material on cognitive processes and ways of thinking from Chapter 4 of *Principles of Behavioral Economics*
- How can we use this material to make sense of how some people come to believe 'conspiracy theories' and remain loyal Trump supporters?
- Delays in taking COVID tests and failures to isolate pending the results of these tests contribute to the spread of the pandemic. How can we make sense of the behavior of people who remained active in the community despite displaying symptoms of having COVID-19, instead of taking a COVID test ASAP and isolating themselves pending the outcome?
- How can we make sense of deep resistance to wearing masks during the pandemic, and of 'vaccination hesitancy'?

Tools to try to apply:

- Hayek's *Sensory Order* theory of cognition
- Kelly's psychology of personal constructs and Lakatos's view of how scientists operate
- Cognitive dissonance theory
- The work of Kahneman and others on commonly used judgemental heuristics
- Don't forget Maslow's hierarchy of needs, covered in earlier weeks

Note: when you come to revise this, you should also be able to apply material from Chapters 5 and 7 of *Principles of Behavioral Economics*

Task 1: Making sense of acceptance of, and adherence to, 'conspiracy theories' and Trumpism

- Note the significance of social networks and media usage in shaping the probability of particular notions 'coming to mind' as ways of making sense of the world (cf. Hayek)
- Consider what kinds of core assumptions about how the world works, and what kinds of 'do' and 'don't' rules will determine the admissibility of particular ideas and 'facts'
- Consider how dissonant ideas and 'facts' are routinely argued out of the way (by those who are both pro- and anti-Trump/conspiracy theories)
- In relation to 'climate change is a conspiracy theory', how do we make sense of denial of what most scientists believe, despite the deniers being happy to use products that science has made possible?
- Does Kelly's view of people as seeking to predict and control events help us understand right-wing resistance to government interventions, even those that others might view as trivial, such as mask-wearing requirements during the pandemic. To those who feel they have little control over their own fortunes, such interventions may seem a threat to what little control they otherwise feel they have, whereas others (who in normal times may not feel their fortunes as being beyond their control) may view the government interventions as means to making their lives easier to predict and control

Task 2: Understanding delays in taking COVID tests despite having some COVID symptoms

1. In small groups, first, compile a list of COVID symptoms based on your group's knowledge, without Googling what the symptoms actually are
2. Now do a Google search to find an official list of the symptoms. Any surprises here compared with what you had originally listed? So, could ignorance be important in limiting attempts to get tested?
3. Work down the official list, assigning symptoms to group members
4. Each group member then writes down what they imagine their thoughts would be, how likely they think they would be to take a COVID test if they had the symptom(s) if nothing about their situation was an impediment to taking a COVID test, and what situational factors might deter them from taking a COVID test: how would they justify not taking the test right away?
5. Share what you have written with other group members in turn and attempt to see whether it is consistent or at odds with what we might expect from the theories we have covered

Some things that the theories might lead us to expect

(Back to large group mode)

- Some symptoms will not 'come to mind' in relation to COVID because of ignorance, but symptoms that are familiar to us in relation to other conditions will have high probabilities of being attributed to those 'normal' kinds of conditions rather than to COVID – a headache is usually caused by something else
- If we don't feel terrible, the idea that we might have COVID is a source of cognitive dissonance, as might be the idea of changing our plans and going for a COVID test, so dissonance removal processes are likely to kick in to generate reasons to doubt that we could have caught COVID
- Those whose 'self-constructs' are that 'I'm the kind of person who always does the right thing' will be unlikely not to heed official advice about taking COVID tests, but this personal principle might clash with the need to meet basic needs if they are poorly paid casual workers whose income streams would be disrupted by having to miss work to queue for a COVID test

What other predictions did your group derive from theories that we've covered?

Task 3: Understanding Vaccination Hesitancy

Some points related to upcoming lectures/chapter to discuss in addition to those that apply from Tasks 1 and 2

- Knowledge limitations in relation to probabilities of getting COVID (and passing it on to others), of seriousness of consequences of getting COVID (including death or 'long COVID') with/without vaccination
- Shortcomings of non-statisticians in being able to think about the implications of statistical probabilities even if these are known
- Lack of knowledge of how probabilities in this area compare with those in other areas (e.g., risks of blood clots from taking contraceptive pills)
- Over-weighting of very small probabilities? (May lead to taking risk of waiting to get Pfizer in a few months' time rather than getting AZ vaccine today with rare bloodclot risk)
- Over-weighting of immediate costs of getting vaccinated (e.g. disruption to work/loss income, especially if one has side effects that last for a couple of days or more) relative to probability-weighted costs of getting a bad dose of COVID
- Perhaps people aren't willing to think in terms of probabilities, anyway, despite population-level statistics: they will either get COVID or not, or get complications from the vaccine, or not. Getting vaccinated carries a risk that they wouldn't have otherwise had and they may still end up with the disease but may still end up not getting it. They might feel they can control their COVID risk by being careful in what they do and where they go (and cognitive dissonance-reducing processes may exaggerated this), but they may not be able to control their risk of complications from a given vaccine.

Policy Implications?

If the incidence of misplaced thinking and dysfunctional hesitancy in relation to responses to the pandemic are to be reduced, what policy measures are implied by behavioral economics in relation to:

- Media regulations (e.g. in requiring pluralistic news media so that the public learn more about different points of view – but could such a policy misfire and lead to more converts to views that expert authorities view as misguided?)
- How (and which types of) COVID tests are promoted and made available, especially for ‘essential workers’ with insecure incomes and greater likelihood of spreading the virus (cramped homes as well as being out in the community)
- Messaging about vaccines and ways of prodding/incentivizing uptake (at revision time, consider ‘nudge’ strategies and other material from Chapter 9 of *Principles of Behavioral Economics* that might be applied in this context)