

What We Don't See: Hidden Power of Behavioral Engineering

(notes on nudging and why we may not see
what is right in front of us)

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WCH Connection Room

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Who am I (to talk about this)?

- o MD (USA, retired from medicine 2019)
- o Masters Theological Studies
- o MA Spiritual Care and Psychotherapy 2021
- o SoulWise Listener (*Lev Shomea* Spiritual Direction)
- o An enneagram 5/4
- o A fellow human being committed to bringing all of who I am to fully engage this shared life journey

(Many factors inform my thinking. These are my perspectives and even the sources I quote or reference – including the brochure at the end – are filtered through my own lenses. My hope is that most of what I share you already know and can independently verify. Once you start “seeing,” you really can’t “un-see.” Please discern what, if any of this, may be helpful to you – and discard the rest...)

Physical sight differs from awareness

- o Different states of stress or relaxation impact blood flow in the brain
 - o Stress – tunnel vision, increased emotional memory
 - o Relaxation – increased sensory intake, improved ability to connect thoughts, emotions, and sensory input
- o Notice effects of one short, sharp breath vs 2-4 slow deep breaths
- o Ever been so stressed out you couldn't think straight?

Other impacts on awareness

Have you ever been...

- o ...“hangry”?
- o ... so tired you couldn’t see straight?
- o ... so infatuated you didn’t see important things about another person?
- o ...so pre-occupied or lost in thought, that you missed an opportunity to connect with a loved one?
- o ...so focused you didn’t notice x, y, or z?
- o ...distracted (purposely or not)?

Also consider

- o Temperament
- o “T” or “t” trauma history
- o Lifetime of habits

- o Please note:
 - o We hate to be wrong
 - o And we **really** hate being manipulated
 - o Risk of moral injury can keep us blind

Human needs

- o Maslow's hierarchy of needs – physiological needs, safety, **love & belonging**, esteem, self-actualization
- o Social determinants of health – food & shelter security, **human connection and community**, **meaningful** work, access to quality healthcare and education
- o Blue zone (centenarian zones) characteristics <https://www.bluezones.com/2016/11/power-9/> – move naturally, **purpose**, downshift [pause, prayer, nap], 80% rule [eat only 'til 80% full], plant slant, wine@5, **belong**, loved ones first [prioritize/ commitment], right tribe [**community**]

*Psychospiritual needs

- o Connection ← →Autonomy
- o A sense of belonging
- o Healthy boundaries
- o A sense that we are uniquely valued and somehow matter in the grand scheme of things
- o A sense of being real/ genuine – a sense of being more than a dispensable data point in a dystopian narrative

(*my take on things)

Human vulnerabilities

(In general...)

- Altruistic by nature, we care, we want to do the right thing, we want to do our part
- Safety in numbers, so follow group and group norms
- Need to belong
- Exclusion is painful (lights up same area of brain as physical injury)
- Isolation is deadly

Unsettling history

History is full of atrocities carried out by human beings who are set against other human beings often fueled by ruling elites who twist altruistic values into exploitative ideologies in the guise of greater good

- o The Inquisition

- o * Religious wars

- o Rwanda

- o * 1920s Germany (use of science, hygiene, public health, and health passes)

* Personal sensitivity to these issues – I have been unable to fathom how/ why people can turn on family, friends, and neighbors believing it's right thing to do

How such things could happen

- o De-humanization, de-individualization, and socially accepted dominance roles [“just following orders”] were among the factors allowing atrocities (1973 Stanford Prison Experiment <https://www.simplypsychology.org/zimbardo.html#Findings> -- similarities Abu Ghraib prison in 2003/2004)
- o Control measures that that segregate, stigmatize, shame, isolate, and disadvantage one group of people
- o Suspend human rights and bypass ethics in the name of “greater good”

(Any of these used in the past four years?)

Known health harms and concerns (pre 2020)

- o Poverty in early childhood is associated with poor health (1)
- o Adverse Childhood Events (ACEs), in any socioeconomic group, is associated with shorter lifespans, more disease (2)
- o Environmental toxins from lead, arsenic, and industrial waste, to pesticides on/ in food, to the pollutants in the air we breathe cause allergies, cancers, dropping IQs and developmental delays(3), and deaths globally from direct effects of pollution(4)
- o As of 2010, 54% of children in America under the age of 18 have at least one chronic disease (5)
- o Screens (TV and now digital devices) are harmful to developing brains (5) and that our children are being targeted (7,8)
- o We have known since at least the 1940s (Rene Spitz' orphanage experiments) that even with plenty of food and shelter, babies don't thrive and might not survive without seeing responsive faces and human connection and interaction (9)
- o In 2010 the healthcare burden of Vitamin D deficiency in Canada was an estimated \$14 Billion/ year (10)

References for previous slide

1. W. Thomas Boyce, "A Biology of Misfortune - Irp.wisc.edu," Institute for Research on Poverty, 2012, <https://www.ird.wisc.edu/publications/focus/pdfs/foc291e.pdf>.
2. Karen Hughes et al., "The Effect of Multiple Adverse Childhood Experiences on ... - the Lancet," *The Lancet*, August 2017, [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30118-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext).
3. John Moody, "What's Making Our Children Sick? by Michelle Perro and Vincanne Adams," The Weston A. Price Foundation, November 12, 2019, <https://www.westonaprice.org/book-reviews/whats-making-our-children-sick-by-michelle-perro-and-vincanne-adams/> .
4. Vermeulin, et al, "The Exposome and Health: Where Chemistry meets Biology", 24 January 2020, *Science* 367(6476), 392–396. doi: 10.1126/science.aay3164
5. Christina D. Bethell, Michael D. Kogan, Bonnie B. Strickland, Edward L. Schor, Julie Robertson, Paul W. Newacheck, "A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations," *Academic Pediatrics*, Volume 11, Issue 3, Supplement, 2011, Pages S22-S33, ISSN 1876-2859, <https://doi.org/10.1016/j.acap.2010.08.011>.
6. Nicholas Kardaras, *Glow Kids: How Screen Addiction Is Hijacking Our Kids - and How to Break the Trance* (New York, NY: St. Martin's Griffin, 2017).
7. Geoffrey A. Fowler, "Your Kids' Apps Are Spying on Them," *The Washington Post* (WP Company, June 6, 2022), <https://www.washingtonpost.com/technology/2022/06/09/apps-kids-privacy/>.
8. Picalate analytics Copyright © 2022 Picalate Europe Limited, "Ad Fraud Protection, Privacy, and Compliance Platform (CTV)," Picalate, 2022, <https://www.picalate.com/>.
9. Rowold, Katharina. "What Do Babies Need to Thrive? Changing Interpretations of 'Hospitalism' in an International Context, 1900-1945." *Social history of medicine : the Journal of the Society for the Social History of Medicine* vol. 32,4 (2019): 799-818. doi:10.1093/shm/hkx114
10. Grant, William B et al. "An estimate of the economic burden and premature deaths due to vitamin D deficiency in Canada." *Molecular nutrition & food research* vol. 54,8 (2010): 1172-81. doi:10.1002/mnfr.200900420 <https://pubmed.ncbi.nlm.nih.gov/20352622/>

Response to 2020 crisis

- Undermined every fundamental determinant of health with resultant harms <https://brownstone.org/articles/a-big-picture-look-at-the-disastrous-public-health-response-to-covid-19/>
 - Homelessness, shelter insecurity, food insecurity, substance use disorder, mental and physical health concerns, dystopia, divisiveness and contention in families and communities
- Better responses were censored or ridiculed
 - In Canada emergency response strategies in place since 2014 were essentially ignored. Emergency Response expert, Lt. Col. David Redman, Ret: <https://c2cjournal.ca/2020/12/every-store-and-school-should-be-open-confronting-the-pandemic-with-confidence/>
 - Great Barrington Declaration – protect the vulnerable, lift restrictions for the healthy for a robust response to the crisis Oct. 2020 Drs Kulldorff, Bhattacharya, Gupta <https://gbdeclaration.org/>
 - Ongoing censorship and vilification of healthcare professionals providing early treatment and/or other approaches to covid

Have you noticed?

- o Political and regulatory responses to covid used (the captured) media and public messaging to:
 - o To promote and maintain states of fear, confusion, powerlessness, and alienation
 - o To subvert the norms of personal responsibility, bodily autonomy, and human dignity
 - o To disguise the ways in which medical ethics have been corrupted to promote compliance with a single allowable narrative
- o The abnormal has been normalized
 - o We are vilifying fevers, colds, coughs, and sniffles -- but normalizing pediatric strokes and myocarditis
 - o Depression and dystopia are now normal (and medicalized)
 - o Neurological damage is an expected part of life (or “just anxiety”)
 - o Children are less healthy, and less resilient than they were 30 or 40 years ago
 - o Life has been pathologized and medicalized
 - o Values have been demonized

Behavioral engineering – observation and manipulation of our thoughts and feelings

- o Control the narrative – ignore, censor, or vilify any content that doesn't support the narrative
- o Use sounds, images, and language to arouse emotions and shape feelings
- o Appeal to altruism “to protect grandma” or “for the public good” – use shame or guilt
- o Normalize the abnormal, shift the social sense/ public opinion of priorities and reality
- o Boil the frog – gradually introduce changes and restrictions so they go unnoticed
- o Prime – plant the seeds of an idea so that it is easily accepted when it shows up
- o Use “trusted” messengers, community leaders, [and influencers] to get people to comply

Nudging

- o Cass Sunstein “Nudging: A Very Short Guide” (22 Sept 2014):
“**Any official nudging should be transparent and open**.... A principal advantage of nudges, as opposed to mandates and bans, is that they avoid coercion. Even so, **they should never take the form of manipulation or trickery**. The public should be able to review and scrutinize nudges no less than government actions of any other kind.”
(Emphasis added) https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2499658
- o “1. Ethical principles of health care do not change in times of armed conflict and other emergencies” – they are the same as the ethical principles of health care in times of peace.” World Medical Association (June 2015) ETHICAL PRINCIPLES OF HEALTH CARE IN TIMES OF ARMED CONFLICT AND OTHER EMERGENCIES https://www.wma.net/wp-content/uploads/2017/02/4245_002_Ethical_principles_web.pdf

Nudging – not secret, but outside awareness

- o Behavioral Insights Team <https://www.bi.team/> known as “Nudge Unit”; founded 2010 UK, now with global influence, **Please note** as of Dec 2021 it’s an independent innovation “charity” [to whom or what are they beholden?!?]
- o Dr. Gary Sidley: “The nudge: ethically dubious and ineffective,” (1 Mar 2022) <https://brownstone.org/articles/the-nudge-ethically-dubious-and-ineffective/>
- o “Open Letter to the UK Prime Minister Condemning the Use of Unethical Psychological Techniques from the Chairman of the UK Council for Psychotherapy” (28 Apr 2023) https://nakedemperor.substack.com/p/open-letter-to-the-uk-prime-minister?utm_source=substack&utm_medium=email&utm_content=share “I unreservedly condemn the UK Government's use of unethical psychological techniques intended to elicit feelings of fear, shame and guilt, under the guise of behavioural science / insights which were designed to change the public's behaviour without their knowledge and conscious participation.” ~ Dr. Christian Buckland

Nudge -- in Canada

- o Quotes from IMPACT Canada (2020) – (emphasis added)
<https://impact.canada.ca/en/challenges/covid-communications/key-insights>
- o “**Emphasizing** Collective Action, **Altruism/Moral Responsibility and Civic Duty...**”
- o Crisis communication “emphasizing that self- isolating and physical distancing **are altruistic choices** in that they help keep each other safe can drive compliance
- o “Communicate **gratitude for supporting greater social good.**”
- o “Ads should build strong norms around protective behaviours, **making them seem normal**”

Also in the US...

- o The US Cybersecurity & Infrastructure Security Agency and attempts to control thoughts, speech, and life... <https://brownstone.org/articles/cisa-behind-attempt-to-control-thoughts-speech-life/>
- o Report (26 June 2023) from the Select Subcommittee on Weaponization of the Federal Government https://judiciary.house.gov/sites/evo-subsites/republicans-judiciary.house.gov/files/evo-media-document/cisa-staff-report6-26-23.pdf?utm_source=substack&utm_medium=email
- o Inability of vested leaders to deviate from the narrative – observations from the 23rd World Vaccine Congress, 10 April 2023 “From the Belly of the Beast...” https://madhavasetty.substack.com/p/from-the-belly-of-the-beast?utm_source=cross-post&publication_id=1279410&post_id=113964810&isFreemail=true&utm_campaign=516896

Brochure and other references available from <https://www.canadiancovidcarealliance.org/all/youve-been-nudged/>

YOU ARE NOT IMAGINING THINGS!

Governments around the world are using advanced behavioural science techniques and people's attitudes and behaviours.

Nudge

All over the world officials are using an advanced behavioural science model called NUDGE (Thaler & Sunstein, 2019) to warn and modify our behaviours.

You've Been "NUDGED"

WONDERING

why some people have been behaving strange since 2020...

What happened to common sense?
 Something feels off. Nothing makes sense.
 Are we being misled?

In Canada, that program is called **Impact Canada** and has been used to:

- increase compliance with public health measures
- discourage questions and alternative viewpoints
- normalize and justify censorship

LEARN MORE:

www.canadiancovidcarealliance.org



HOW DO THEY DO IT? THEY USED:

IMAGES

- houses as safe zones
- arrows
- people with masks
- people drawn without faces
- people in lines
- selfies of smiles after shots

SOUNDS

- silence = fear
- banging pots = jubilation
- clapping hands = euphoria

LANGUAGE

(specific words to shape how we feel)

- "pandemic"
- "cases", "deaths" to flatten the curve"
- "two weeks"
- "essential"
- "social distancing"
- "social responsibility"
- "vaccine"
- "safe & effective"
- "anti-masker", "anti-vaxxer"
- "misinformation", "anti-science"
- "keep your community safe"

Pressure on professionals to coerce others.

COMPLY or BE EXCLUDED

Have we been fooled into giving up our health autonomy and freedom?



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- Pressure, silencing, THREATS**
- Foot in the door** Grab our attention
- Prime** Plant the seeds of an idea so we will easily accept it when its presented
- Boiling the Frog** Gradually integrate changes and restrictions that we would normally not accept
- Messenger Effect** Use people who are seen as trusted to deliver a message that might otherwise be questioned
- Social Distancing** Rob us of our basic need for human interaction
- Twisting Information** Withhold, omit, or provide erroneous info and describe any other info as "misinformation"
- Triggering Emotions** Trigger our thinking brain feelings of confusion, shame, embarrassment, loneliness, exclusion, trust, hope, belonging, euphoria

