THE ROLE OF DECEPTION IN RESEARCH

Workshop Leader: Stanley Milgram, Ph.D.

Dr. Milgram began the workshop with a twenty-minute statement describing his position on the issue of deception in research. Dr. Milgram initially objected to the use of the subjective term "deception" because it immediately conveys a fundamentally negative moral impression to the listener. Objective terms such as "technical illusion" or "masking" would be more appropriate.

Dr. Milgram then began his defense of the use of deception in social science research. Drawing on the work of Dr. Herbert Kelman, a workshop participant, Dr. Milgram delineated two reasons why social scientists have found it necessary to deceive their subjects: 1) Motivational reasons -- the subject might refuse to participate if he knew the true nature of the experiment; and 2) Once the subject knows the true nature of the experiment, he may no longer be qualified to participate in it. As an example, Dr. Milgram described a classic social psychology experiment developed by Solomon Asch wherein a subject is asked to choose one of three lines that is closest in length to a fourth standard line while the subject is in the presence of others who are intentionally giving the wrong answer. The experiment was designed to ascertain how many subjects ignore their own perceptions and give in to peer pressure, although the subject is told that he is taking part in an experiment designed to test perception. It seems clear that such an experiment will not
work if deception is not allowed.

Regrettably, this necessary deception subverts the possibility of obtaining straightforward informed consent from each subject. If we want to preserve the right of social scientists to do this very important research, we must seek solutions to this problem. Dr. Milgram suggested two possibilities: 1) The consent of a reasonable person might be presumed; 2) Willingness to take part in a variety of experiments which might admittedly involve some stress, deception, etc., could be ascertained from a previously polled subject pool. Although a straightforward relationship between researcher and subject may be preferred, it is not always feasible.

Dr. Milgram asserted that society tolerates deception in certain areas, e.g. Santa Clause and surprise parties. Society has accepted certain exemptions from general moral rules in a number of situations, e.g., if an attorney learns confidentially from his or her client that he has committed a murder, that information is privileged and the attorney can not be compelled to reveal what he or she has learned. As another example, medical doctors are exempt from the general rule that it is immoral or improper for an individual to inspect a strange woman's body. Dr. Milgram wondered whether social scientists should be exempt from the general rule that individuals ought not deceive one another when the deception is an integral part of research done for the benefit of society.

Dr. Milgram analogized deception in research to what occurs on a theatrical stage. He pointed out that no moral opprobrium is attached to the use of illusion in the theater, perhaps because the
audience assumes that it will be deceived. Crimping the social scientist by disallowing deception in research would have the same deadening effect that disallowing illusion on stage would have.

Dr. Milgram pointed out that how a subject reacts to deception in research depends on 1) the experiment itself; and 2) that particular subject. An experiment may be exciting to a subject though objectionable to a third party or vice-versa, unobjectionable to a third party yet demeaning to a subject. It is the reaction of the subject that is important in conducting an ethical evaluation of an experiment -- not the reaction of an external IRB which may be called upon to review a social scientist's protocol. The evaluation might be best conducted by giving a subject a monitoring card on which he describes his actual experience and reaction and which he then returns to the IRB. Dr. Milgram stated that prior review of the research by the IRB strikes the tone of guilty. Furthermore, the regulatory superstructure has been created without documenting substantial past abuse. This superstructure is bound to have a chilling effect on continued research. Dr. Milgram lamented that the research impulse in its rarest form is a commodity that has been taken for granted. This impulse is a fragile phenomenon which must be nurtured carefully in an atmosphere of community support, or, it will simply cease to be as creative or innovative as it has been in the past. We will all be losers in that case.

Dr. Milgram then opened up the workshop for discussion. The first participant pointed out that a lawyer who protects his
or her client's confidence and the gynecologist who examines his or her patient are both protecting their client/patient's best interests whereas the social scientist usually works for the benefit of society as a whole, but not necessarily the individual subject. This distinction may justify the lattitude accorded the lawyer or medical doctor but denied the social scientist. Another participant pointed out that the lawyer and doctor who necessarily invade the privacy of individuals are subject to administrative and judicial scrutiny to see that they do not abuse their privileges. The participant wondered whether social scientists would want to be subject to such scrutiny in exchange for exemption from the general social rules here under discussion. Dr. Milgram warned that social scientists are already becoming involved in such procedures.

Another participant objected to Dr. Milgram's idea that asking the subject to submit a monitoring card describing his experience is the best way to determine whether the experiment is ethically sound. The participant stressed that such cards simply serve to document abuse rather than prevent it. In rebuttal, Dr. Milgram stated that this is the normal course in most other professions. A medical doctor pursues his or her profession without prior scrutiny or interference until he or she commits an act of malpractice. It is only at this point that a doctor may be disallowed from practicing.

Other participants found fault with Dr. Milgram's analogy of deception in research to deception in the theater. Research and the theater present two different contexts, and should not
be confused. The theater audience "suspends disbelief" although its members may respond to a play as if events occurring were occurring in the real world. A research subject is not able to remove himself from reality in the same way.

Dr. Milgram and workshop participants then attempted to link the concept of deception in research with the IRB's task of determining whether or not a proposed experiment places a subject at risk. Dr. Milgram pointed out that risk seems inherently greater when you move from purely social science experimentation to situations involving some biological intervention. In the history of social science experimentation, there are few if any documented cases of resulting trauma. However, in reality, such trauma would be harder to uncover in the social science area.

Debate then ensued about whether or not the public is truly benefited by much of the deception research that is conducted. A participant stated that the fact that individuals are obedient to authority was clearly demonstrated by the Nazi Germany experience, and inquired of Dr. Milgram what, if anything, his research added to this. Dr. Milgram preferring not to discuss his own experiments, returned to those of Asch. We as individuals see ourselves and others as independent of peer pressure. Asch's experiments proved us wrong. The results of Asch's experiments increased our intellectual sophistication, and that in itself is a benefit. But what is it that follows from these experiments? countered the participant. What good is it to know that people are subject to peer pressure? Another participant sup-
ported Dr. Milgram stating that Dr. Milgram's research and deception research of others had been revelatory to him.

A participant asked whether there is any way of stating a general principle which would declare some forms of deception permissible and others impermissible, or whether each case must be decided on its own merits. Dr. Milgram mentioned that the momentary character of laboratory deception would be considered as one factor in developing such a general principle, although he acknowledged that the fact that deception is of brief duration does not mean that it is necessarily acceptable.

The effect that deception has on society as a whole was then considered. A participant expressed doubt that Asch's experiments would be successful today because so many potential subjects have become sophisticated enough to be suspicious of their experimenters and thus may not be able to respond honestly in an experimental situation. This increasing sophistication which has occurred partly in reaction to deception research and subsequent debriefing procedures has led to a general erosion in trust. People have become hypersensitive, even paranoid. Dr. Milgram acknowledged that the use of deception has been somewhat self-defeating for this reason. However, this is not in itself an intractable problem in that it is mainly true for university populations. In connection with this topic, Dr. Kelman asserted that in so far as a subject comes to realize that the experiment he is involved in may contain elements of deception, that the experimenter may be intentionally deceiving him, the moral issues involved in deception research become less
troublesome. He wondered if this increased sophistication as to the ways of researchers might vitiate one of the two reasons that social scientists have given for using deception in research -- namely, that if people know what is really happening to them they won't respond naturally.

Discussion then returned to the role of the IRB in this area as a participant described a monitoring procedure employed by his Board. His IRB reviews all proposed experiments. As a prerequisite to approval the Board requires that the researcher agree to give each subject a monitoring card which is to be returned to the IRB. The card contains such questions as "Were you unduly coerced?" and "Should this type of research be allowed to continue?" IRB members are interested in this sort of feedback because it aids them in determining what is or is not objectionable to subjects -- in other words, what does and what does not put them "at risk". Dr. Kelman stated that he is not convinced about the usefulness of such monitoring cards because subjects will generally feel strong pressures to say that they weren't coerced, or that they didn't mind what the experimenter did. Dr. Milgram disagreed asserting that a person who is genuinely abused will come forward and say so. He felt that as long as monitoring cards are used under conditions that encourage honesty, they are potentially useful.

A participant expressed doubt about the efficacy of monitoring cards because they reflect only the immediate response of subjects and not any long-range pain or humiliation the subject may suffer. Another participant stated that long-range follow-
up should be provided for in all research protocols and made a condition for IRB approval. Dr. Milgram raised two questions about this: 1) Should this follow-up be required only where risk or stress are potential side effects of the research? and 2) Should the follow-up be done by the researcher or the IRB? He stated that follow-up of his experiments includes subject interviews with him and with an independent psychiatrist some time after the experiment. He has found a notable lack of interest in the whole procedure on the part of the subject and cautioned those present about the potential for excess in this area.

Debate ensued over the need or advisability of debriefing subjects under certain circumstances. Debriefing seems not to be necessary or even possible when field or survey research is involved. Furthermore, it seems inadvisable where it is the debriefing which may harm the subject psychologically. As a case in point, a conference participant who is currently pursuing research on the elderly through interviews with old women conducted while she is dressed as another old woman, described her experience. The interviews themselves may have no psychologically damaging effect on the old women, however, telling them that they have been deceived into revealing themselves and their innermost thoughts to a researcher may have devastating effects. In this case, most participants agreed that debriefing should not be required -- in fact, it should be discouraged.

The nature of this experiment returned workshop participants to a central ethical issue involved in deception research --
whether or not individuals have the right to refuse to be subjects of research. To exercise this right individuals must be aware that they are potential subjects. Once aware that they are subjects, they may no longer be suitable as such. As a result, some social science researchers have resorted to deception. Resorting to deception vitiates the individual's right to refuse to be a subject. Those who believe that individuals should have the right to refuse to be subjects, to retain the right of self-autonomy and self-determination, see no role for deception in social science research. People have their own reasons for not telling certain people certain things and these reasons should be respected.

Dr. Milgram responded that it seems easier to formulate abstract notions of what is desirable and what is undesirable than to make judgments in concrete cases, where ambiguities are bound to emerge. In the social science field, the ability to be innovative is paramount. Government regulation of any kind will always be a problem. Social scientists and individual IRBs must be able to retain discretion in dealing with the difficult cases.