Social Contract Theory and the Ethics of Deception in Consumer Research

N. CRAIG SMITH
JILL GABRIELLE KLEIN
ALLAN J. KIMMEL*

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*N. Craig Smith is Associate Professor of Marketing and Ethics at London Business School, Regent’s Park, London NW1 4SA, United Kingdom; e-mail:ncsmith@london.edu.

Jill Gabrielle Klein is Associate Professor of Marketing at INSEAD, Department of Marketing, Boulevard de Constance, 77305 Fontainebleau Cedex, France; e-mail:Jill.Klein@insead.edu.

Allan J. Kimmel is Professor of Marketing at ESCP-EAP, European School of Management, Marketing Department, 79, avenue de la République, 75543 Paris Cedex 11, France; e-mail:kimmel@escp-eap.net.

London Business School, Regent's Park, London NW1 4SA, U.K.
Tel: +44 (0)20 7262-5050  Fax: +44 (0)20 7724-1145
http://www.london.edu/Marketing

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Social Contract Theory and the Ethics of Deception in Consumer Research

Deception of research participants is arguably the most pervasive ethical issue in consumer research. However, researchers have little guidance on its acceptability, notwithstanding the codes of root disciplines. We use social contract theory to identify the conditions under which deception may or may not be morally permissible. Principles guiding research practice are formulated and their implications for consumer researchers and others are identified, together with practical recommendations for decision making on deception studies.
Morality is a key element of human behavior, yet social scientists often appear to give it little consideration, not least in relation to the conduct of their own research activities (Cassell and Jacobs 2000; Schuler 1982). In consumer research, Holbrook (1994, p. 568) has decried the lack of “a scholarly tradition of work” on ethics and there have been various other calls for more attention to ethics (e.g., Andreasen 1992; Lynch 1997). There are several possible explanations for the lack of attention to ethical issues, including deference to moral relativism and defensiveness related to the possibility of ethical regulations serving as impediments to research. We accept that ethics may constrain human behavior, but argue that this should be no less true of researchers. A pervasive ethical issue in consumer research concerns the use of deception, a practice that appears to have reached a ‘taken-for-granted’ status. We believe, nonetheless, that many consumer researchers would value advice on methodologies that employ deception. Hence, in this paper, we examine the ethics of deception in consumer research and offer guidance on its use.

Deceit is the intentional effort to mislead people. Whether it is morally justifiable is a question of crucial importance because it is a way of making people act against their will and is the most common reason for distrust (Bok 1992). Lying, which involves falsehoods that are intended to deceive, is considered morally problematic by virtually all major philosophical traditions and religions. Consumer researchers often deem it necessary to disguise their investigations in order to minimize demand characteristics and hypothesis guessing (Shimp, Hyatt and Snyder 1993), and thus can find themselves in the position of having to decide whether or not to lie to their participants, or to omit pertinent information, as a necessary condition of fulfilling research objectives. While some consumer researchers use deception almost as a matter of course, the argument can be made that deception in research—whether by omission or commission—is never morally justifiable. However,
one consequence of this position, is that it would likely preclude research on certain topics, such as placebo effects (as featured in a series of articles in JMR, November 2005).

We argue that deception in research is morally permissible to the extent that it is consistent with certain principles. In some respects, our position is analogous to how lying is treated in everyday life. Although lying is generally considered to be wrong, most people prefer to live in a world where some lying is permissible, such as white lies, lies to certain kinds of people (children, the dying), and lies to avoid greater harms. In these situations, it is important for the persons telling the lies to be able to justify their actions, if only to themselves. There is at least as great a need for researchers to reflect on the use of deception and to be able to justify it if it is used, whether these are mild deceptions (e.g., misrepresenting study purpose) or potentially more severe deceptions (e.g., undisclosed mood manipulations that leave participants depressed). Note that we are not calling for the prohibition of deception (as is the case in economics research, for example), but for careful evaluation of the circumstances under which it is acceptable.

We start by examining the use of deception in consumer research, establishing the relevance of our inquiry to most consumer researchers. Given the paucity of attention to the topic within consumer research, we examine how deception has been treated in its root disciplines and, because we find inherent weaknesses in the relevant ethical codes, conclude that a more fundamental examination of the ethics of deception is required. We employ social contract theory to identify the conditions under which deception in research may or may not be morally justifiable and derive specific principles governing its use that go beyond the extant codes. Finally, we discuss the implications of these principles, including recommendations for the development of studies that might call for deception.
DECEPTION IN CONSUMER RESEARCH

Deceptions in consumer research vary from the mild to the relatively severe (i.e., where there is the possibility of substantially greater adverse consequences for participants). For example, mild deceptions are commonly used in studies measuring reaction time and memory, where participants are not forewarned that they will be faced with a recall test after exposure to stimuli or that their reaction time is being measured. An example of a stronger deception is a procedure used to increase prior commitment, whereby participants are asked to sign a release form so that a company can use their photograph and taped thoughts about a brand for a marketing campaign. In reality, there is no such firm or campaign. Having participants believe that a firm will use their opinions is thought to create an attachment to the brand, resulting in increased commitment.

An example of a rather severe deception is found in a recent study of trust in consumer-brand relations, in which participants were told that photos they had submitted to a photo album website had been lost (only to learn three days later that they had been found). This was part of a broader deception where participants were recruited for the study under the guise of a prelaunch beta test for a new online film processing and digitizing company. Thus, participants were led to believe that they were interacting with a real firm (the photo album website) when, in fact, the site had been created by researchers. This procedure allowed the researchers to manipulate key factors related to brand personality and observe responses to a ‘real-life’ transgression (a violation of trust). Presumably, participants were debriefed (though this is not stated in the published study), yet before this they spent two months interacting with the firm and three days believing that their photos had been lost.

These examples are not atypical and are indicative of the ongoing use of deception in consumer research, which is both widespread and continuing to increase (Kimmel 2001; Toy, Olson
Kimmel (2001) examined empirical articles appearing in the *Journal of Consumer Research* and the *Journal of Marketing Research* during three time periods, 1975-76, 1989-90, and 1996-97. His findings revealed a rise in deceptive procedures in human participant studies over time, from 43% in 1975-1976 to 56% in 1996-1997, an increase attributed to the greater use of active deception (i.e., deception by commission), most commonly the misrepresentation of the research purpose and incorrect information about research procedures, equipment, and measuring instruments. In a recent update, Kimmel (2004) observed a continuation of these trends, with fully 66% of 108 studies appearing in JCR and JMR in 2001-2002 having employed some form of deception. Overall, there was little reporting of ethical practices (e.g., informed consent, freedom to withdraw, promises of anonymity, protection of confidentiality) in the deception studies and although the reported use of debriefing increased to 21% by 1996-1997, this rate had fallen to 16% in 2001-2002. In a survey of a convenience sample of consumer researchers, we found that the use of deception was reported by 86% of respondents; 59% always use deception or use it frequently (in more than half of their studies), and only 42% claimed to always debrief deceived participants.

Developments in the field also point to an increasing likelihood of the use of deceptions that may cause inadvertent harm, including attention to new substantive domains, such as research on vulnerable populations, on health-related consumption and on the ‘dark side’ of consumer behavior. Greater use of qualitative methodologies such as ethnography has also brought researchers closer to their participants, in terms of physical proximity and intimacy, increasing the salience of various ethical considerations, including deception (Sojka and Spangenberg 1994). Given the documented

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1 We conducted a nonrandom survey of consumer researchers (N = 112) at the Association for Consumer Research 2002 annual conference. A research assistant solicited participation from ACR attendees who conduct consumer research.
prevalence and increase in the use of deception in consumer research, as well as the potential for
greater harm in the future, it is crucial to consider the consequences of the use of deception.²

Implications of the Use of Deception

Deception in consumer research can have negative consequences, not least where studies are
cavalierly or carelessly conducted. For example, in a study of vendor response to consumer
complaints, a Columbia Business School professor sent letters on Columbia letterhead stationery to
240 New York City restaurants falsely claiming he had suffered food poisoning after dining at the
restaurant in celebration of his wedding anniversary (Kifner 2001). An editorial in The New York
Times (“Spoiling the Broth,” September 11th, 2001) claimed that the resulting review of hygiene
procedures “caused a reign of terror in the city’s top restaurants.” Reactions to the study resulted in
a formal apology from the School’s Dean and the researcher and prompted the introduction of new
procedures governing researchers at Columbia.

In our earlier examples, it seems quite conceivable that participants were also likely to have
experienced adverse consequences. Even the relatively mild deception of failing to tell participants
about reaction time measures or recall tests could lead them to feel that they were not fully informed
before the study about all that would take place. In studies where commitment is manipulated by
having participants sign a release for a firm to use their pictures and thoughts, one can imagine that
the deception can lead to ill feelings, even if participants are thoroughly debriefed. The point of the
manipulation was to engender attachment through feelings of importance (“the company wants to
know about my opinions”) and upon learning about the deception participants’ sense of importance
was likely to be deflated (“no one actually cares about my opinion”). For the study in which
participants were told that their photos were lost, it is easy to envisage that participants felt a certain

² Various moral duties may be violated by deception in research (Kimmel and Smith 2001). However, in contrast to this
nonconsequentialist philosophical perspective, most critics focus on the adverse consequences of deception.
degree of loss, anger, and frustration at the disappearance of their photos, and possibly also upon learning that they had been interacting with a fictitious firm for two months. However, it must also be said that this example doesn’t approach the severity of the more problematic deceptions identified in psychology (see Adair, Dushenko and Lindsay 1985).

Deception has methodological as well as ethical implications for consumer research, and is often viewed as justifiable in light of the necessity of conducting unbiased, valid research. But undue concern about the potential biases, such as demand effects, arising from being completely open with respondents, may mean that researchers use deception when it is not methodologically required. Shimp et al. (1993) found that experimental demand effects are much less likely to result in systematic support for a hypothesis than is commonly believed. Moreover, even deceptive methodologies are not immune from potential bias, given that some participants are likely to be suspicious of the cover story and will try to guess the true purpose regardless of the deceptions used.

Further, criticisms have been directed to the core methodological assumptions upon which the use of deception procedures depend, including that: (a) the naiveté among research participants is high; (b) the procedure does not produce cues suggesting to participants that deception is taking place; and (c) participant suspiciousness of deception does not alter the experimental effect (Kimmel 1996, 2003). Moreover, the reliance many researchers place upon debriefing and forewarning as remedies to deception may be misplaced (Toy, Wright & Olsen 2001).

Table 1 provides an overview of studies that have examined these concerns. Given the lack of attention to ethical issues in consumer research, it is not surprising that most of the research on the methodological implications of deception has been conducted in the field of psychology. The research results are not clear-cut. Although there is evidence showing that deception offsets some of the undesirable methodological consequences associated with experimenter-participant artifacts
(e.g., Adair, et al. 1985), it also has been found that deception actually may exacerbate some of the very methodological problems it is intended to allay. For example, the continued employment of deception has the capacity to reduce the pool of naive research participants (as apparent from research indicating high leakage rates; e.g., Page 1973; Stang 1976) and experimental findings can be significantly altered by subject suspiciousness due to prior participation in deception research (e.g., Finney 1987; Silverman, Shulman, and Wiesenthal 1970).

(Table 1 about here)

Further, the findings are mixed as to the effectiveness of debriefing in eliminating negative consequences of deception, particularly when a conventional debriefing is used (i.e., involving only a cursory explanation of the deception). Moreover, although designed to resolve ethical problems and provide a methodological check on research methods, debriefing can have unintended adverse effects on research participants, including a loss of self-esteem and embarrassment associated with the realization that one has been deceived. In addition, there is the possibility that persons already deceived once may question the validity of information provided in the debriefing (Holmes 1973; Ross, Lepper and Hubbard 1975).

Deception is less ethically justifiable to the extent that it does not provide the methodological gains that are claimed and when its potential harm is not effectively mitigated through debriefing. Simply put, it is more clearly wrong if it does not work or if participants are not ‘made whole’. Deceptive research practices also have potentially negative implications for the field, as they may reduce trust within the academic community and diminish public trust in research (Kimmel and Smith 2001). Bok (1978, p. 196) suggested that “each deceptive study comes to contribute to a breakdown in trust.”
The lower likelihood of consumer researchers employing severe deceptions relative to investigators in related fields (such as social psychology) perhaps partly explains why deception has been neglected as a central issue in consumer research. Among the small number of articles on ethics in academic consumer research, only a handful has focused on deception (Kimmel and Smith 2001; Misra 1992; Singer 1984; Toy et al. 1989, 2001). ACR members have been directed to seek guidance on ethical research conduct from codes of the professional associations of the fields from which they draw (though it seems quite possible that many consumer researchers do not do this). Thus, we explore next the adequacy of the guidance on deception provided in these codes.

**Treatment of Deception in Ethics Codes**

*American Psychological Association Code of Conduct.* The current code (APA 2002) is the result of a 50-year history of development and revision, including substantial strengthening of its research guidelines in the wake of debate about the use of deception in controversial studies, including Milgram’s obedience research. It emphasizes voluntary participation and informed consent as fundamental prerequisites for research with human participants. These two ethical principles date back to the 1947 Nuremberg Code, a general set of standards formulated in order to prevent atrocities like those perpetrated by Nazi researchers, and the forerunner to all subsequent guidelines governing experimentation with human participants (Schuler 1982). The standards pertaining to deception in the APA (2002) code dictate that deception should be used only if effective, non-deceptive procedures are not feasible; the research is not likely to cause physical pain or severe emotional distress; deceptions that are integral features of the study’s design are explained to participants as early as possible as part of a debriefing; and a study’s results are likely to be

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3 Until revised in mid-2004, the ACR website specifically directed its members to the associations referred to below (the website currently refers members to unspecified codes of other organizations to which they belong). Our exploratory survey of ACR researchers found low familiarity with the American Psychological Association (APA) ethics code (50% indicating less than 4 on a 7-point scale), the primary code of conduct for the most common research methods in the field; only 14% of those not familiar with the APA code were familiar with at least one other research code.
sufficiently important (because of “the study’s significant prospective scientific, educational, or applied value”). The code also acknowledges that investigators may be required to obtain institutional approval through their Institutional Review Board (IRB) prior to conducting research. The criteria have fueled extensive debate regarding interpretation of the principles and their implementation (Kimmel 1996; Schuler 1982) and, despite attempts to obtain feedback from researchers prior to the adoption of new versions of the code, there has never been a consensus among APA members as to the specific wording of the standards for research or how to apply them. In particular, the cost-benefit approach of the code (e.g., weighing the benefits of study findings against the potential harm of deception) remains a key area of contention and a fundamental weakness, as we illustrate below. Further, some critics have argued against any use of deception, because it is inconsistent with a requirement for informed consent (e.g., Baumrind 1985).

American Sociological Association (ASA) Code of Conduct. The criteria for the use of deception in research in the current code of the ASA (1997) are almost identical to those of the APA (2002). The ASA utilizes the same cost-benefit approach, though it does allow a broader interpretation of harm and requires IRB (or equivalent) approval. Because sociologists commonly use non-experimental methodologies, the code acknowledges that informed consent may not always be possible or appropriate and suggests that it should not be an absolute requirement for all sociological research. When “sociologists may need to conceal their identity in order to undertake research that could not practicably be carried out were they to be known as researchers,” researchers...

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4 Host organizations increasingly now require committee review prior to allowing any research—whatever the nature—to be carried out with human participants. This is required of institutions in the U.S. that receive Federal research funds. There are problems, however, in relying on IRBs as a substitute for clear ethical codes: IRBs can maintain inconsistent standards across time and institutions, and business school researchers may not utilize the IRB process to the same extent as their colleagues in psychology. Further, researchers outside the U.S. are unlikely to have access to IRBs. (Our exploratory survey of ACR researchers found inconsistent use of IRBs within and across institutions.)
can proceed if the deception poses no more than minimal risk for participants and if they have obtained approval to conduct the research from an IRB (or an equivalent body).

*American Anthropological Association (AAA) Code of Conduct.* The AAA has a set of general statements on ethics and a detailed code (AAA 1998). The AAA ethical statements acknowledge that conflicts between the various responsibilities of anthropologists are inevitable and that choices between conflicting values will have to be made. Toward assisting researchers in resolving these conflicts, it recommends that priority be placed on the well-being of research participants and the integrity of the discipline, and that when these conditions cannot be followed, it is best that the research not be carried out (at least as originally proposed). On deception, the AAA’s position is rather blunt in its assertion that “constraint, deception, and secrecy have no place in science.” Further, the code states that, “Anthropological researchers have primary ethical obligations to the people, species, and materials they study and to the people with whom they work. These obligations can supersede the goal of seeking new knowledge, and can lead to decisions not to undertake or to discontinue a research project.”

Thus, the extant codes are inconsistent with each other and are ultimately ambivalent about the use of deception. The APA and ASA codes take a cost-benefit approach, and while the AAA appears to forbid deception, there is ambiguity in the general wording of its code (e.g., that ethical obligations *can* supersede the goal of seeking new knowledge).

Returning to the consumer research examples discussed above, we find that the codes provide little practical guidance. The cost-benefit orientation of the codes requires an analysis of the anticipated benefits of the research (assuming nondeceptive procedures are unavailable). This is a difficult endeavor in the fields of medicine and psychology, let alone consumer behavior and marketing. As researchers of consumer behavior, we tend to see value in our work, but it is not
straightforward to weigh the potential benefits of our research to society or to the scientific enterprise, particularly when most studies never see the light of day in publication. The existing codes do not help us to decide whether it is acceptable to withhold the information that a recall test will be conducted, or whether it is correct to tell a participant that a real firm cares about their opinions when the firm is fictitious. The codes suggest that the researcher ask whether these actions are justified by the value of the research, but how is such a judgment to be made?

In light of the inherent limitations of the extant codes, we argue that there is a need for closer scrutiny of the use of deception in consumer research. We turn to moral philosophy for a better understanding of the ethics of deception and the circumstances under which it may be morally permissible. Little attempt has been made to explicitly apply theories of normative ethics to the issue of deception in research.5

**ETHICAL THEORIES AND DECEPTION**

We would expect that a researcher’s deliberations about the use of deception would be informed by his or her moral standards. These standards or principles can stem from multiple possible sources, including one’s early upbringing, social and cultural norms, religion, and professional codes of conduct. However, these standards may be wrong or inadequate for the task. The major theories of normative ethics from moral philosophy provide more objective and the best-justified standards for evaluating the ethics of human conduct (Beauchamp 1982; Shaw 1999).

To be defensible, the researcher’s moral judgment about the use of deception must be based on *sound* moral principles, the validity of which depends on the reasons advanced in their support. These reasons are generally evaluated within moral philosophy by criteria such as impartiality and whether they are logical and consistent with other principles and our considered beliefs (or

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5 Atwell (1981), Baumrind (1985) and Reynolds (1982) are notable exceptions, but their usefulness here is limited by their different purposes, insufficient depth of analysis and the approaches adopted (see Kimmel and Smith 2001).
commonsense morality). Given the possible methodological benefits of the use of deception, the applied principles also must be sufficiently compelling to counter possible self-interested arguments to act contrary to principle. This provides further reason for researchers to reflect on the merits and limitations of the principles that inform their use of deception.

Over its long history, moral philosophy has produced many ethical theories from which we might derive principles to guide consumer researchers. These theories are predominantly either consequentialist or nonconsequentialist. Under consequentialist theories, the morally right research study would be the one that produces at least as good a ratio of good to bad consequences (e.g., in terms of welfare or utility) as any other course of action, including not conducting the study at all. Under nonconsequentialist theories, the ethical evaluation of a research study would generally reflect an assessment of its consistency with binding moral rules or duties and consequences are not of primary importance. One such duty might be to tell the truth. The consequentialist analysis is akin to the familiar idea of the cost-benefit assessment found in the APA and ASA codes, while the obligations identified by the AAA are more consistent with duty-based nonconsequentialist reasoning. Although many provisions in the codes are in keeping with ethical theory, they are not directly informed by moral philosophy and their guidelines on the use of deception in research often seem ambiguous, inconsistent, and lacking impartiality from the perspective of normative ethics.

Kimmel and Smith (2001) examined how utilitarianism, the leading consequentialist theory, and Kantian ethics, a leading duty-based (nonconsequentialist) theory, might inform ethical evaluations of deception studies. Their analysis suggested that deception is more likely to be judged permissible from a utilitarian perspective than a duty-based perspective (see also Toy et al. 2001). However, Kimmel and Smith (2001) ultimately rejected utilitarianism on both theoretical and practical grounds, and concluded that a duty-based analysis offers the possibility of a more clear-cut
determination of the ethics of deception. They advanced the argument that deception in research might be permissible under Kantian ethics in a limited set of circumstances, but this would be inconsistent with a traditional interpretation of Kantian ethics that would likely reject deception studies as impermissible. We build on Kimmel and Smith’s (2001) preliminary analysis by exploring in detail a different nonconsequentialist theory, social contract theory, and suggest it is superior to utilitarianism and traditional Kantian ethics in at least three key respects: (1) it presents a more plausible basis for examining the moral justification for deception in research, (2) it is more intuitively appealing (and thus more accessible), and (3) it provides scope for identifying specific principles to guide researchers in the use of deception.

A SOCIAL CONTRACT APPROACH TO DECEPTION

Social contract theory developed in response to a need to provide a justification for the legitimacy of government at the time of the social upheavals in seventeenth- and eighteenth-century Europe (Dunfee, Smith and Ross 1999; Sayre-McCord 2000). As dissatisfaction within philosophy has grown with utilitarianism and other competing theories, moral contractarianism has seen a revival (Sayre-McCord 2000). This is reflected by the attention that has been given recently to social contract theory in business ethics (Donaldson and Dunfee 1999; Dunfee et al. 1999).

The classic contractarian approach is to specify a suboptimal set of circumstances (or pre-agreement condition) that provides the impetus for an actual or hypothetical agreement among the people affected and their consent to a “contract” that creates a more optimal situation (Becker 1992; Donaldson 1982; Sayre-McCord 2000). The normative authority of this contract rests on the assumption of consent by rational persons to its terms (Becker 1992; Donaldson & Dunfee 1999).

Kantian contractarianism, more specifically, reflects Kant’s insistence that acting from moral duty is at the core of the human condition, with the social contract approach used to identify what
such a morality might consist of. Its prime exponent is John Rawls (1971). A key feature of Rawls’ pre-agreement condition (which he calls the ‘original position’) is the ‘veil of ignorance’, according to which he asks what principles governing behavior we might agree on were we to be ignorant of our individual circumstances and how we might benefit or suffer as a result of the principles specified. The impartiality required by this approach gives the agreed principles moral legitimacy. (It is worth adding that this approach does not require the difficult forecasting and interpersonal comparisons of utility required by utilitarianism, with all the effort and potential for bias that this might entail, or necessitate the demanding absolutism of traditional Kantian ethics.)

The mutual agreement of the contractarian approach means that morality’s demands can claim the allegiance of all and, by governing oneself through principles others could endorse, there is equal concern and respect for the self and others. As a result, there is less likelihood of unfair distributions of utilities or moral judgments inconsistent with commonsense morality. In sum, Kantian contractarianism addresses many of the perceived failings of other major normative theories of ethics (see Sayre-McCord 2000).

Social contract theory is based on the idea that the authority of moral principles can come from the agreement of those affected. Thus, as a normative theory of ethics, contractarianism claims that binding moral obligations may be identified through the agreement (hypothetical or actual) and consent of moral agents. Extending this idea to deceptive research practices suggests that normative

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6 Sayre-McCord (2000) identified two main approaches to contractarianism today: what may broadly be characterized as Kantian contractarianism and Hobbesian contractarianism. The Hobbesian approach uses a contractarian framework to show that there are non-moral (self-interested) reasons to justify human concern for morality’s content and demands. In many respects, the two approaches are complementary and will be treated as such in our use of contractarianism to identify moral principles guiding the use of deception in research.

7 There are two fundamental criticisms of social contract theory. The first pertains to the problem of absence of actual consent. In contemporary moral contractarianism, reliance generally is placed on hypothetical consent—what people might rationally be assumed to consent to under given circumstances. This changes the basis for claiming normative authority of obligations established via social contracts. Normative authority rests on the reasons advanced for giving consent, rather than consent per se—though arguably this is preferable to the possible bad reasons or coercion that might exist with actual consent (Rawls 1971). The second fundamental criticism is that social contract theory in the end falls back on other normative theories and does little real work itself. The contributions of Rawls (1971) and Donaldson and Dunfee (1999) show how social contract theory can contribute to ethical decision-making in non-trivial ways.
justification for deception could rest on an agreement between researchers, research participants, and other affected parties, within an appropriately crafted social contract.

The literature contains references to social contracts in research (e.g., Lawson 1995, Rosnow 1997), but only Schuler (1982) appears to have applied the idea in any depth. He suggested that there is a social contract within which the research partners exchange elements of cost (e.g., the participant’s time, psychological stress, and the researcher’s investment of effort) and benefit (e.g., the participant’s increased understanding of science and the researcher’s satisfaction of scientific interest and scientific success). However, Schuler’s purpose in identifying a social contract was primarily descriptive: “to help us understand the experimental situation in such a way that we can develop criteria for evaluating the behavior of social scientists” (1982, p. 64). His largely implicit (utilitarian) criterion for evaluating the ethics of a study appears to be whether there is a balanced exchange of costs and benefits by researchers and participants. In contrast, we advance a normative social contract that identifies conditions under which deception is or is not morally permissible.

**Developing a Normative Social Contract for Deception in Consumer Research**

Our task in following a contractarian approach to deception is to specify a pre-agreement condition that one could imagine would provide sufficient reason for consumer researchers and their participants to agree on how research might be conducted. The terms of this hypothetical agreement or ‘contract’ must then be shown as likely to be acceptable to all affected parties.\(^8\) This is at the core of contractarianism for it is on this basis that we might presume consent and thus the normative authority of the moral principles identified (Sayre-McCord 2000).

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\(^8\) Aside from hypothetical formulations being the standard approach to social contract theory today, we believe that a contractarian approach whereby individual researchers and their research participants would develop an actual agreement governing their interaction and the research procedures and methods used would be unworkable on multiple counts. Reasons include the differences in power and of familiarity with research that generally exist between researcher and participant and the possibility that participants might consent to costs that they are uncertain of or are willing to accept in order to obtain an attractive incentive.
In keeping with the classical approach to contractarianism, our starting point is to identify an undesirable state in the same way that Hobbes’ *Leviathan* (1651) used a ‘state of nature’ (Sayre-McCord 2000) and Donaldson (1982), in developing a social contract for business, postulated a state of individual production, a world without the benefits of large organizations. A plausible pre-agreement condition that would serve here is a situation where no deception in consumer research is permitted. In this (as yet) hypothetical world, much current consumer research would not be permissible and while many research topics might be examined using non-deceptive procedures, some research topics likely would be inadequately investigated or not addressed at all (e.g., placebo effects, automaticity, memory). This pre-agreement condition is not as outlandish as it might appear (though whether this could actually happen is not essential to developing the social contract). IRBs are becoming increasingly restrictive (Azar 2002) and fully informed consent cannot readily coexist with deception (Baumrind 1985).

The no-deception starting point would clearly provide an incentive to most consumer researchers to seek an agreement where some use of deception is permissible. Arguably, given the potential benefits of the knowledge emanating from consumer research and the more direct possible benefits of research participation (Schuler 1982), there would be an incentive for participants also to seek such an agreement (and studies have shown that participants are accepting of some forms of deception, e.g., Christensen 1988; Smith and Richardson 1983). Moreover, we incorporate in this pre-agreement condition a Rawlsian original position (Rawls 1971), whereby researchers and participants are unaware of their respective roles in research. Thus, not knowing whether they are to be researchers or research participants, we ask, what principles governing deception in research would the parties (our ‘contractors’) agree to? What follows are principles to govern the use of
deception in research that emerge from a prototypical social contract analysis—what our (hypothetical) contractors, subject to a “veil of ignorance”, would agree to, and why.

**PRINCIPLES TO GOVERN THE USE OF DECEPTION IN CONSUMER RESEARCH**

First, it is reasonable to assume that our rational contractors would, at minimum, be consistent in their principles with the constraints on deception agreed by researchers within the root disciplines of consumer research (especially the APA code, as it is based in part on research with APA members). Thus, we would expect agreement on the following:

- **Fundamental to any research study is respect for human dignity and a commitment to voluntary participation and informed consent;**
- **Participants are reminded that their participation is voluntary and that they can and should withdraw from a study at any time if they have concerns about procedures used (and receive full promised compensation, including course credit);**
- **Deception is only used where remedial measures are employed, including forewarning and debriefing, as appropriate;**
- **Harmful deceptions are never permissible.**

As well as reflecting the key provisions of extant codes, it is possible to show that the above constraints would likely also emerge from a first principles social contract analysis. For example, respect for human dignity would likely serve as the basic starting point for our social contract between researchers and participants. It is a central feature of Kantian contractarianism and, more broadly, is well established in philosophy and commonsense morality as fundamental to any worthwhile human endeavor. We would thus expect our contractors (hypothetically) to agree to act

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9 Note that we make no mention of deception only being justified by the prospect of significant scientific benefit and we also refer only to a commitment to voluntary participation and informed consent rather than asserting that they are categorical imperatives (i.e., unconditional). This is because scientific benefit, voluntary participation and informed consent are fundamentally problematic to establish in practice, as earlier discussed.
to preserve human dignity at all times. Voluntary participation and informed consent are derivative of respect for human dignity (and fundamental principles found in the Nuremberg Code). Human dignity presumes autonomy, which therefore would be valued by our contractors and exercised in a research context by informed participants freely choosing to participate in research.

However, as well as the restrictions evident in the codes, our social contract approach also suggests five principles that go substantially beyond the codes. Whereas some researchers might see further principles as adding additional constraints, they clearly can be demonstrated as grounded in our contractarian formulation and worthy of consideration not least because, in contrast to the codes, they reflect a less biased approach through explicit incorporation of the participant’s perspective.

1. **Deception is a last resort. It is only used where researchers have used their research skills to establish that alternative and valid research procedures are unavailable.**

   As we have discussed, deception is problematic as a social practice and should be minimized if not avoided altogether (Bok 1978). Nonetheless, we claim that our contractors, unaware of whether they are researchers or research participants, are coming to an agreement because they believe some scope for deception is desirable due to the potential benefits that deception studies might bring. However, they would surely wish any such deception to be avoided if at all possible. After all, they might be participants who could be lied to and potentially do something they would otherwise not choose to do. Asserting that deception is a *last resort* is far less ambiguous than the APA and ASA guidelines. It obliges researchers to *first* evaluate alternative non-deceptive methodologies with the potential to adequately test the relevant hypotheses or otherwise achieve the research objectives. Thus, deception is only ultimately adopted to address methodological shortcomings clearly identified in non-deceptive designs.

   Further, we would expect our contractors to agree that researchers should not simply conclude that deception is necessary; they should examine this through empirical analysis if needs
be. Thus, it is the obligation of the researcher to try to determine whether there are valid alternatives to the use of deception in any given study. This can be accomplished through the running of small pilot studies where the results from deception and alternative conditions are compared. While this does mean that a small number of subjects are exposed to deception (contingent on the deception being consistent with the other principles identified here), this is preferable to the unnecessary exposure of a larger number of participants. Further, we would suggest that these pilot studies be reported so that consumer researchers can accumulate knowledge of which types of deception are unnecessary and which alternative practices are valid.

Given that deception may be used (and absent fully informed consent), our contractors would likely assert that researchers have an obligation to identify and eliminate research procedures that might have caused a participant not to participate, were he or she to have known in advance of the procedure. This might also require application of research skills, such as the use of role-playing and quasi-control techniques (see Greenberg 1967; Rosenthal and Rosnow 1991). However, researchers can never fully anticipate individual participant responses to research situations, hence the importance of stressing that participants can withdraw from the study.

2. **Researchers never expose participants to procedures or risks that they themselves would be unwilling to accept if similarly situated.**

   Because we envisage our researcher and participant contractors in a Rawlsian original position, they are unaware of their respective roles in research. It follows, therefore, as a minimum condition, that they must agree that researchers would not be willing to impose procedures or risks on participants that they themselves would be unwilling to accept. This principle also finds support in the Golden Rule—do unto others as you would have them do unto you—evident in every major religion and philosophical tradition. People vary in their willingness to assume risks (Atwell 1981) and researchers, given their vested interests, might be more willing to accept risks. But we believe it
is reasonable to assume that our contractors would not permit “kamikaze” participants willing to expose themselves to the risk of long-term harm in the name of science or in order to receive attractive incentives.

The cost-benefit approach utilized in existing codes opens the door for deceptions that could bring lasting (albeit unanticipated) harm to participants. Indeed, the APA (1990, p. 395) has stated: “Research procedures likely to cause serious or lasting harm to a participant are not used… unless the research has great potential benefit and fully informed and voluntary consent is obtained from each participant.” However, we expect that our contractors, wishing to avoid harm to themselves and others, knowing that fully informed consent is not possible when there is deception, and suitably skeptical of the claims of great benefits of any individual consumer research study, would agree that researchers should not knowingly expose participants to significant risks of harm, such as physical harm, psychological stress, physical stress, anxiety, loss of trust, and disappointment.

In some consumer research, the risk of a low level of harm can be quite great. Yet the benefits of these studies could be impossible to achieve without deception. It is quite possible that our putative participants would agree to these studies taking place subject to adequate debriefing (as well as the other principles identified here). However, they are also likely to require no lasting harm. Thus, going beyond the extant codes, we stress an obligation not only to identify the risks of harm, but also to differentiate between risks of permanent harm, which would be impermissible, and risks of temporary, low levels of harm that participants might agree to and would be permissible (if given the opportunity to opt out). Our contractors likely would define risks of low levels of harm as being comparable to what might be experienced in everyday life (e.g., mild embarrassment, shocking event in news reports), and not likely to create false beliefs about central, important issues related to the self-concept or personal behavior.
3. **Researchers explicitly forewarn participants that deception is often used in consumer research studies.**

This principle reflects our contractors’ presumed desire to meet the commitment to informed consent and voluntary participation by reducing the information asymmetry that typically exists between researcher and participant. Our contractors would likely insist on the use of forewarning and debriefing to the fullest extent possible, but—because they also value research—without fundamentally compromising the study undertaken. However, in contrast to the extant codes, our contractors would presumably favor a more extensive role for forewarning.

As a starting point, participants should know what to expect from participation in research studies. This could consist of a ‘pre-brief’ overview of the research process at the start of the experimental session (before consent forms are signed). During this session participants can be notified of the possible use of deception (unless it is never used), and the methodological rationale for the use of deception can be discussed. Conceivably, researchers might refer to the use of ‘misinformation’ (Schuler 1982) where mild deceptions are employed. More generally, participants should receive an overview of research procedures, particularly those that might influence their decision to participate, but without overburdening them (e.g., participants need not be informed that the laboratory is at room temperature, but would need to know if it is maintained at just above freezing). For student subject pools, some of this briefing could be contained in the induction session at the start of the academic year (e.g., methodological rationale for deception).

This principle goes beyond conventional forewarning procedures by making the acknowledgement of the use of deception explicit. Arguably, participants are no longer lied to if they agree to the idea that misinformation is a ‘rule of the game’ and the particular nature of the social interaction in a research study is explained.
4. Researchers plan for participant vulnerability. They anticipate and make allowances for possible vulnerabilities of participants in developing studies that use deception and in seeking informed consent.

We expect that our contractors will be cognizant of the many variations in the characteristics of potential consumer research participants and would wish to protect those who are vulnerable, not least because vulnerability can be situational and affect anybody (e.g., recently bereaved). Thus, researchers would consider the possible vulnerabilities of their research participants that might affect their experience of the deception or the limitations these vulnerabilities might impose on understanding deception or its consequences. This is relatively straightforward with children (and research codes often acknowledge special obligations of researchers towards children). It is more difficult with vulnerable adults (e.g., disadvantaged consumers or the mentally ill) or participants from different cultural backgrounds. Thus, this principle may well require pre-tests and related steps to test the vulnerabilities of target populations.

5. Research participants cooperate fully and in good faith in a research study they have agreed to participate in.

Finally, our contractors are also likely to identify obligations of research participants to the researcher. We would expect our contractors to agree that research participants should carry out the researcher’s instructions as directed and to avoid practices that might reduce the study’s effectiveness (e.g., ‘leakage’). This could be communicated as part of the pre-briefing envisaged under Principle 3.

**IMPLICATIONS & RECOMMENDATIONS FOR PRACTICE**

Investigators often are compelled to weigh methodological and ethical requirements in order to choose whether and how to pursue particular research questions. The ethical principles relative to the use of deception that we have derived from a social contract analysis suggest a series of
recommended practical steps. These steps are structured within a decision tree (see Figure 1) that serves to inform choices about the possible use of deception in consumer research.

(Figure 1 About Here)

Step 1 requires a determination as to whether a planned study involves some form of deception, whether active (by commission) or passive (by omission). Deception by omission can be difficult to identify, especially because researchers typically cannot be expected to convey every aspect of an investigation’s procedures. A key test for researchers is whether they would want to be provided with certain omitted details of the study if similarly situated (Principle 2).

Step 2 pertains to an assessment of the availability of effective non-deceptive alternatives, as required by Principle 1 when deception is identified. Let us return to the example of the high commitment manipulation discussed above, where participants were told that their photo and a recording of their thoughts would be passed on to an interested company. As an alternative to this deception, the experimenter could have asked participants to imagine a scenario where their thoughts were going to be sent to a company, and photos and recordings could have been made to increase the realism of this scenario. Given the ease with which involvement and commitment can be manipulated by asking participants to imagine a scenario (Andrews and Shimp 1990) it seems likely that a scenario-based procedure would have results similar to those obtained through deception. Similarly in a study on buying decisions, realism and interest were increased by telling participants that a new store would soon open on campus, and that their judgments would help in decisions about products to stock. Again, it seems likely that similar results would have been produced by simply asking participants to imagine that their judgments would be used in the stocking decisions of a campus store. This is, of course, an empirical question, and consistent with Principle 1, should be examined through pilot testing.
If ethical concerns about deception are to be truly addressed, a shift in the perspective and priorities of journal editors and reviewers will be required. Researchers can be encouraged to provide evidence from pilot studies that deception was not necessary (e.g., a scenario approach was as valid as deception), or, if deception has been used, researchers can provide evidence that it was necessary. Thus, we suggest a recalibration of the trade-offs made in academic publishing: authors should be encouraged to provide data on whether deception was necessary, and we should be a little less obsessed about demand effects (which have been shown to affect results less than is commonly believed; Shimp et al., 1991). In the long run, this approach will allow the field of consumer research to develop its own knowledge base and norms about when deception is, or is not, necessary.

Whereas the selection of an alternative non-deceptive methodology would bring the decision making to an end, the inability to find an alternative to the original deception would next require the researcher to carefully evaluate the potential harmfulness of the deception, even presupposing the use of such remedial measures as forewarning, debriefing, and desensitization (Steps 3, 3a and 3b).

The determination of whether or not a planned procedure is potentially harmful can be difficult. For guidance regarding these judgments, Principle 2 indicates that assessments of harm must take into account an understanding that participants should be treated as the researcher would wish to be treated. At a minimum, this standard can be used as a measure of the risk of harm. However, when it comes to the study in question, researchers are not participants and they may need to test their perceptions of the risks of harm. One approach is to provide a scenario of the study’s procedure to respondents representative of those who would participate. After reading the scenario, respondents can rate how they would feel about participating in such a study and researchers can probe with questions, such as, “If something were to upset you about this study, what would it be?” In this way, researchers could identify possible harmful aspects of the research.
and modify procedures accordingly (or drop the study). This approach to assessing harm is akin to the employment of quasi-control participants for identifying an investigation’s demand characteristics (Rosenthal and Rosnow 1991). Representative participants are asked to reflect “clinically” on what is happening during a study and to describe how they think they might be affected by the research context and the experimental events.

In a pilot test for the restaurant field study, participants could have been asked to assume the role of a restaurant owner who has received a bogus letter describing a severe case of food poisoning. A variety of possible harms might be foreseen, such as the resulting anxiety experienced by the owner, the loss of time devoted to an investigation of the claim, a rupture in vendor-supplier relationships, and a loss of self-esteem at having been duped. The participants might be in a better position to perceive additional harms that the researcher neglected to consider because they do not have a vested interest in the study, such as a loss of trust in the research process that could result from unfavorable publicity about the study. By contrast, the role-playing restaurateurs might point out that food poisoning claims are not uncommon, that they would not be likely to cause undue duress, and that restaurants would likely have a formal procedure for processing the claims.

Returning to the trust violation study discussed above, alternative procedures could first be identified and tested (e.g., telling participants that the photo service website was created for the study). If alternatives proved not to be valid, participants could respond to a description of the original (deception) study. Through this process the researchers could assess the potential harm of the deceptions. For example, they might find that having photos lost would be extremely upsetting to participants. Thus, an alternative transgression that is less upsetting could be developed. It is also possible that there is no transgression that would generate the anger that is required for the study
that is not also viewed by participants as too harmful. In this case, researchers would decide not to run the study, and might find other approaches to investigating the topic.

Continuing with our decision tree, we see that the decision not to carry out the study follows from an assessment of harm that results from two possibilities: (1) the deception is apt to cause potentially harmful outcomes, even with the use of remedial measures, or (2) the deception is likely to be harmful because of the vulnerabilities of some or all participants and it would not be possible for such participants to be screened out (see steps 3a and 3b). Principle 4 reminds us that the diagnosis of potential harm is particularly relevant when investigating vulnerable populations whose members may be particularly susceptible to the consequences of deception. Further, any population sampled in research can include vulnerable members. For example, a study on the marketing of health prevention that induces anxiety about cancer may not be harmful to most participants, but might pose risks to already anxious individuals or someone who has recently lost a family member due to cancer.

We recommend that researchers consider the potential effects of deception on the most vulnerable members of the participant population. This can be done by imagining the reactions of vulnerable participants (the shyest student, the least secure friend, etc.) or conducting the scenario-based research described above. Further, participants who say they would not feel harmed by the research process could be asked to describe the type of person they think might be harmed. This information can be used to alter procedures or identify potential participants who should be excluded from the study (Step 3b).

In cases where it is apparent that deception is unlikely to result in harm, a final decision (Step 4) requires the researcher to consider whether the deception threatens participants’ dignity. Beyond ensuring that participants are not harmed, researchers also must ensure that participants are
treated with dignity and are viewed as important stakeholders in the research process. One approach is to compensate the participant either monetarily or otherwise. For unpaid participants, particularly, an effort can be made to create a learning experience from research participation. Students can learn about theories relevant to the study and to their coursework. In the view of Rosenthal and Rosnow (1991), by treating participants as though they were another granting agency, giving researchers their time instead of money, the research relationship can become more reciprocal, research procedures more humane, and the investigations more meaningful for all parties involved.

One can argue that deception itself undermines the dignity of research participants in the sense that to be lied to is to be told that one is unworthy of the truth. Indeed, research suggests that researchers may denigrate their participants as a result of deceiving them (Toy et al. 2001). The pre-briefing session that we suggest in Principle 3, which would include the forewarning that deception will be used, helps to preserve dignity, because forewarning allows the participant to choose to “opt-in” to the deceptive situation. For example, the University of Michigan allows students in introductory psychology courses to choose between participating in non-deception studies only, participating in either deception or non-deception studies, or completing an alternative assignment (which takes less time and effort than participating in research). Through this procedure respondents retain the freedom to choose to participate in a deceptive study.

If the foregoing steps have been followed conscientiously and, despite the researcher’s best efforts, the deception is unavoidable, the study would be consistent with the principles identified in our social contract analysis of deception and on that basis may be asserted as morally justifiable and can be undertaken. However, this recourse is taken with the following caveats: (1) participants are aware of procedures (including the potential use of deception); (2) they understand the right and obligation to withdraw; (3) remedial measures, such as pre-briefing, debriefing and, if required,
desensitizing (Toy et al. 1989; 2001) are employed; and, (4) participants are compensated, in some form, for their participation.

CONCLUSION

Content analysis as well as more anecdotal data suggest there is widespread use of deception in consumer research, often without remedial measures. This use of deception poses a dilemma for many consumer researchers. Admittedly, our proposed solution is not without cost: it requires researchers to expend some additional effort and resources, it induces reviewers and editors to adjust perceptions of what constitutes good research, and it requires that some topics will not be investigated as easily or as thoroughly as is ideal. On the other hand, as consumer researchers we are not without the skills and creativity necessary to conduct research that is both ethical and valid; through a modest increase in pilot tests we can develop a better understanding of when deceptive practices are absolutely necessary to preserve research validity, and we can take a more informed approach to designing deceptions that do not cause severe or lasting harm.

Having stressed that deception should be a last resort, our proposed principles, derived from social contract theory, provide the basis for well-grounded and practical recommendations on decisions about studies that might call for deception. Thus, we offer consumer researchers a solution to the dilemma of deception and a basis for justifying its use to themselves and others, such as review boards. Potentially, this also may lessen the prospect of the consumer research field eventually having to deal with its own controversial studies akin to those that aroused such painful and contentious debate in the root disciplines. Finally, we hope our principles and recommendations may be useful to other relevant parties in the research process, including reviewers, journal editors and review board members, as well as to researchers in other fields.
Table 1: Studies of Methodological and Disciplinary Consequences of Deception

<table>
<thead>
<tr>
<th>Issues Linked to Deception</th>
<th>Degree of Effects&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Research Evidence</th>
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<tbody>
<tr>
<td><strong>Methodological</strong></td>
<td></td>
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<tr>
<td>1. Participant suspiciousness (use of deception leads to an increase in suspiciousness among research subject pools)</td>
<td>Medium to high (&gt;25%) levels of suspicions</td>
<td>Stricker et al. (1967); Gallo et al. (1973); Glinski et al. (1970)</td>
</tr>
<tr>
<td>2. Effects of subject suspicions (suspicions linked to the use of deception influence current or future research performance)</td>
<td>Significant effects (between naive and aware participants)</td>
<td>Golding &amp; Lichtenstein (1970); Newberry (1973); Silverman et al. (1970); Brock &amp; Becker (1966); Fillenbaum (1966)</td>
</tr>
<tr>
<td>3. Leakage (participants divulge crucial information into the subject pool)</td>
<td>Extensive</td>
<td>Glinski et al. (1970); Lichtenstein (1970)</td>
</tr>
<tr>
<td>4. Forewarning (participants’ pre-knowledge of deception alters experimental performance)</td>
<td>Little effect on performance Significant effects (between forewarned Ss and uninformed controls)</td>
<td>Allen (1983); Gallo et al. (1973); Wiener &amp; Erker (1986); Finney (1987); Golding &amp; Lichtenstein (1970); Turner &amp; Simons (1974)</td>
</tr>
<tr>
<td>5. Effectiveness of debriefing on the mitigation of negative deception effects (false beliefs, negative affect, inflicted insight)</td>
<td>Effective (conventional debrief) Ineffective (conventional debrief) Effective (explicit debrief)</td>
<td>Holmes (1973); Holmes &amp; Bennett (1974); Ross et al. (1975); Valins (1974); Walster et al. (1967); Wegner et al. (1985); Misra (1992); Ring et al. (1970); Toy et al. (1989)</td>
</tr>
<tr>
<td><strong>Disciplinary</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Effects of deception on perceptions of the discipline (deception reflects poorly)</td>
<td>Mixed effects</td>
<td>Sharpe et al. (1992)</td>
</tr>
<tr>
<td>2. General population reactions to deception (objections to the use of deception for research purposes among the general public)</td>
<td>No objections</td>
<td>Collins et al. (1979); Epstein et al. (1973); Rugg (1975); Sullivan &amp; Deiker (1973); Singer (1984)</td>
</tr>
</tbody>
</table>

<sup>a</sup>This column represents the extent to which the anticipated adverse consequences of deception noted in the first column were apparent. For the issues linked to debriefing, this column reflects the extent of debriefing in reducing adverse deception effects or leading to favorable evaluations of the debriefing procedure.

<sup>b</sup>While estimates of the extent of suspiciousness may be low (e.g., Adair et al. 1985; Kimmel 2001), these results may be somewhat suspect given that participants cannot be counted on to be totally forthcoming in revealing their suspicions or knowledge about research procedures and hypotheses.
Figure 1: Decision Making on Deception Studies in Consumer Research

1. Does research involve deception, either by commission or omission?
   - Yes → 2. Are there adequately effective non-deceptive alternatives?
   - No → Deception issues not relevant

2. Are there adequately effective non-deceptive alternatives?
   - Yes → Choose non-deception alternative
   - No → 3. Is the deception potentially harmful (even with debriefing)?

3. Is the deception potentially harmful (even with debriefing)?
   - Yes → 3a. Is the deception harmful because some/all respondents are from a vulnerable population?
     - Yes → Undertake study subject to:
       1. Participant’s awareness of research process and possible use of deception.
       2. Participant’s knowledge of the right and obligation to withdraw.
       3. Use of remedial measures (forewarning, debriefing, desensitising).
       4. Compensation for participation (e.g., education, money)
     - No → Don’t do present study: consider alternative populations.
   - No → 4. Does deception threaten participant’s dignity?

4. Does deception threaten participant’s dignity?
   - Yes → Undertake study subject to:
     1. Participant’s awareness of research process and possible use of deception.
     2. Participant’s knowledge of the right and obligation to withdraw.
     3. Use of remedial measures (forewarning, debriefing, desensitising).
     4. Compensation for participation (e.g., education, money)
   - No → Don’t do present study: consider alternative methods or topics.
REFERENCES


