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Bioethical Ideals, Actual Practice, and the Double Life of Norms

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Normative ideals are a subject of interest to theorists from a wide range of disciplines. Philosophers and bioethicists often participate in a venerable tradition of doing “ideal theory,” explicitly formulating candidate principles, comparing them with possible alternatives, and arguing which might be better justified. This project often leaves to others the problem of implementing normative ideals into actual practice. More recently moral psychologists and cultural evolutionists have focused attention on aspects of this latter issue, investigating how norms are cognized, enforced, and transmitted between individuals. This, in turn, sheds light on normative change, and on how likely different kinds of norms are to become prevalent and remain entrenched in different kinds of groups and institutional settings. These theorists also seek to identify the factors that influence the broader dynamics of social change, on one hand, and those factors that contribute to stability and resistance to changes to the status quo, on the other.

Sisk and colleagues (2020) provide an important diagnosis of the challenges that bioethicists face in bridging what they call the “ought-is” gap. They also argue convincingly that bridging that gap is a different kind of problem than the sorts typically addressed by philosophers and bioethicists, and that solving it will require a substantially enriched toolkit. Their recommendation to bring the resources of implementation science into bioethics is a promising one. We suggest that those should be supplemented with resources drawn from the cognitive-evolutionary approach to norms that is emerging from the behavioral sciences. Our goal here is to direct attention to this approach, highlight some of its core ideas, and briefly point to

ways it can help those interested in translating considered bioethical values and normative views into policy, and more importantly into common practice. We focus on the significance of what we call the double life of norms, the idea that norms are both individual and social, and have both psychological- and group-level properties. We flesh out this idea, and then offer a few suggestions about how the associated picture of norm psychology might be leveraged to help implement ideal bioethical principles into norms that guide actual practice.

A PSYCHOLOGICAL CAPACITY DEDICATED TO NORMS

The core idea of what we are calling the cognitive-evolutionary approach is that human minds contain a norm system, a psychological capacity dedicated to processing information and guiding behaviors relevant to norms. Norms in the relevant sense are rules, common standards that specify what is forbidden or required, appropriate or permissible, correct or incorrect. Norms govern an enormous range of human activity, from seemingly arbitrary table etiquette to proper pronunciation and from acceptable forms of dress for different people to deeply ethical matters having to do with the fair allotment of resources, legitimate instances of paternalism and the scope of individual choice, and circumstances in which a person might justifiably cause harm to another. So ubiquitous and important are such rules to human life that our minds have evolved a specialized set of processes that allow us to naturally acquire, comply with, and enforce those norms that structure the various

communities in which we participate (Chudek and Henrich 2011; Gelfand and Jackson 2016; Henrich 2015; Sripada and Stich 2007).

Here we emphasize two clusters of features revealed by this research, each of which is relevant to the challenges of bridging the “ought-is” gap. The first cluster has to do with *automaticity*. Like other components of human minds (Kahneman 2011), the norm system performs many of its proprietary functions implicitly and automatically, without requiring the help of careful attention, conscious control, or cognitive effort. The main functions performed by the norm system are identifying and internalizing the norms prevalent in a person’s social environment, and motivating the person to obey and enforce those norms she has internalized. Once a person has internalized a norm, her norm system sensitizes her to cues in her social environment indicating that the norm applies, and when it detects one, it generates intrinsic motivation for her to conform to the norm and to punish others who violate it (Kelly and Davis 2018).

Automaticity also implies the norm system functions with a degree of *independence*, and that its operations are distinct from other psychological processes. A person can acquire the norms of her community, and her behavior can continue to be shaped by those norms, even if they are at odds with her more considered views and avowed ideals (Kelly forthcoming). Thus, internalized norms are an important internal source of influence on her behavior, and one that is distinct from, and can be in conflict with, other sources like volitional control, conscious deliberation, and propositional reasoning. Similarly, a person’s norm system can exert influence independently of her explicit knowledge of formal institutional policies or her more instrumental motivations to comply with them.

The second cluster of features is what we call the *double life* of norms. From one perspective, norms can be internalized by an *individual*, and via her norm system exert influence on her conduct from within. But from another perspective norms are *social* and *shared*; they are patterns of behavior that are common in a community of people, group level-regularities stabilized by practices of communal enforcement. Norms are represented in people’s heads, and they are also distributed across communities. An important upshot of this is that while the operation of individuals’ norm systems might be unexpectedly recalcitrant in the face of other internal psychological processes like direct volitional control or verbal deliberation, it is more sensitive to another set factors. These are social factors; the norm system is

keenly attuned to other people, to what they do, to what they think about each other, to what kinds of actions they sanction versus what they allow or praise. Research has focused on the specific patterns of attention that result from this attunement, shedding light on the heuristics that give rise to those attentional patterns and investigating how they shape the way norms are transmitted, and are susceptible to change.

The general picture, however, is that norms lead a double life, bearing both socially shared group-level properties as well as internal psychological individual-level properties, with these latter features of norm systems functioning to keep individuals automatically and acutely sensitive to important patterns in their social world. It is in virtue of this double life that norms can serve as effective *social structures*, acting as the fibers of a connective tissue that runs between and through individual people, weaving them together into cohesive communities (Davidson and Kelly 2018).

IMPROVING THE “IS” OF ACTUAL PRACTICE: HOW TO CHANGE SOFT SOCIAL STRUCTURES

Automaticity and the double life of norms both have implications for which kinds of efforts to change the norms that govern actual practice—to eradicate entrenched norms and to introduce new ones—are likely to be effective and which are not. Many of these implications flow from how the cognitive-evolutionary approach is equipped to accommodate, indeed can synthesize, the kinds of individualist and structuralist approaches to social change that are too often seen as oppositional. Norms are social structures, albeit structures that are “soft” or informal, at least in comparison to the harder, more explicit formal institutions and official policies that they sit alongside. And so changing norms, and the actual behaviors and practices that they govern, requires strategies that are not just aimed at changing individual minds. It also requires strategies that go beyond merely changing a formal institution’s official policies.

How might this cognitive-evolutionary approach be used to influence, for example, the conversation concerning informed consent, and more importantly the relevant actions taken by medical practitioners themselves? Two attentional heuristics might be leveraged to help expedite the spread of new norms. The first has to do with the pivotal role of those with high status. *Prestige biases* make especially salient those individuals who are in high regard, and induce other community members to adopt norms that are successfully demonstrated by those prestigious individuals

(Henrich and Gil-White 2001). This suggests that one way to begin nudging a community of medical practitioners to change their practices and implement new informed consent norms would be to first target behavioral changes in those who enjoy high status, both nationally prestigious as well as locally influential individuals. A second heuristic is *conformity bias*. When faced with variation within their community, individuals tend to conform to whichever behaviors are most common, and to adopt those norms that are the most prevalent among their actual or aspirational peers. Indeed, these two heuristics can work in tandem to produce spillover effects (Peysakhovich and Rand 2015) and cascades of change, perhaps when a prestigious individual successfully imports an informed consent norm and applies it in a novel setting, and then gains enough converts so as to trigger the conformity heuristics of everyone in the community, setting off a social tipping point.

These two heuristics can play a systematic role in promulgating or eradicating norms, and they are very much attuned to social factors: “messengers matter, and these heuristics exert an influence on the spread of norms based solely on who performs them” (Kelly and Davis 2018, 67, our italics). Rather than—or more likely together with—amendments to official policy or explicit arguments over ideals, leveraging these kinds of psychological factors is another strategy that can be explored to help induce changes to actual medical practices.

An initially plausible objection to our proposal is that while the influence of these types of soft structures and psychological effects might be significant “in the wild,” the practices of concern to bioethicists are outliers, largely because the institutional settings in which medical communities move are so closely monitored and heavily regulated by policy. We think there is good reason to be skeptical of this kind of exceptionalism (Grendar et al 2018; also see, Morar and Washington 2016), and continue to hold that the cognitive-evolutionary approach to norms has much to offer to the important project of bridging the bioethics ought-is gap.

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