

Faculty & Research Working Paper

Social Contract Theory and the Ethics of Deception in Consumer Research

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by
N. Craig Smith*
Allan J. Kimmel**
and
Jill Gabrielle Klein***

The authors wish to thank George Brenkert, Daniel Goldstein, Kent Grayson, Gita Johar, John Lynch, David Ronnegard, Ralph Rosnow, Nader Tavassoli, and the Behavioral Reading Group at London Business School for helpful comments on earlier drafts of this article. The research assistance of Michael Brown, Andrea Scott and Brian Rutherford is also gratefully acknowledged.

- * Chaired Professor of Ethics and Social Responsibility at INSEAD, Boulevard de Constance, 77305 Fontainebleau Cedex, France, Tel: 33 (0)1 60 72 41 45, Fax: 33 (0)1 60 74 55 00, e-mail: Craig.Smith@insead.edu
- ** 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
- *** Associate Professor of Marketing at INSEAD, Department of Marketing, Boulevard de Constance, 77305 Fontainebleau Cedex, France; e-mail: Jill.Klein@insead.edu

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Social Contract Theory and the Ethics of Deception in Consumer Research

Deception of research participants is a pervasive ethical issue in experimental consumer research. Content analyses find as many as three-quarters of published human participant studies in our field involved some form of deception and almost all of these deceptive studies employed experimental methodologies. However, researchers have little guidance on the acceptability of this use of deception, notwithstanding the codes of root disciplines. We turn to the theories of moral philosophy and use social contract theory to identify conditions under which deception may be justified as morally permissible. Seven principles to guide research practice are formulated and their implications for consumer researchers and others are identified, together with practical recommendations for decision making on deception studies.

Deceit is the intentional effort to mislead people. As Bok (1992) observes, 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 (also see Darke and Ritchie 2007). Lying, which involves falsehoods that are intended to deceive, is considered morally problematic by virtually all major philosophical traditions and religions (Bok 1978, 1992). Yet the use of deception in experimental consumer research is a pervasive practice that appears to have reached a 'taken-forgranted' status. 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 (deception by commission or "active deception"), or to omit pertinent information (deception by omission or "passive deception"), 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. One consequence of this position is that it would likely preclude research on certain topics, such as placebo effects (Shiv, Carmon and Ariely 2005).

This paper examines the ethics of deception in consumer research and offers guidance on its use. Considerable attention has been given to deceptive marketing practices, especially deceptive advertising claims and, to a lesser extent, deception in marketing research (Aditya 2001). Darke and Ritchie (2007), for example, demonstrate negative consequences of deception by showing how deceptive advertising engenders consumer defensiveness and distrust of advertising. More than thirty years ago, Tybout and Zaltman (1974) suggested that marketing researchers give insufficient attention to research participants' rights to choose, to safety and to be informed. While this literature has investigated the psychological processes associated with deception and its legal implications,

and urged better treatment of research participants, few prior studies use moral philosophy to present a formal ethical analysis of deception in marketing or in research, more specifically.

Codes of the root disciplines, such as the American Psychological Association (APA), generally are not grounded in theories of moral philosophy and have other shortcomings as sources of guidance on deception studies (Kimmel 2007; Pittenger 2002). A few studies have applied normative theories of ethics to deception in research (notably Atwell 1981; Baumrind 1985; Kimmel and Smith 2001; Pittenger 2002; Reynolds 1982; and Toy, Wright and Olson 2001). They demonstrate the merits of applying ethical theory but do not develop sufficiently detailed analysis and prescriptions to offer specific guidance for experimental consumer research. In contrast, while building on these studies, we apply from first principles social contract theory (SCT), a prominent theory of normative ethics increasingly found in business ethics (e.g., Bailey and Spicer 2007; Dunfee, Smith and Ross 1999, Dunfee 2006), to identify guidelines to govern the use of deception and to provide specific, well-grounded and practical recommendations for consumer researchers.

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, grounding our analysis in the theories of moral philosophy as the source of the best-justified standards for ethical evaluation. Our premise is that deception in research is morally permissible to the extent that it is consistent with certain principles. In some respects, this 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. Relatively severe deceptions in recent consumer research include undisclosed mood manipulations that leave participants depressed, the creation of false firms for the purposes of experimental manipulation, and procedures intended to influence participants' perceptions of their susceptibility to health risks. While assisting researchers in fulfilling Institutional Review Board (IRB) requirements, our paper also addresses a fundamental individual responsibility of researchers, not least given the potential adverse consequences of severe deceptions.

We start by examining evidence of the use of deception in consumer research, establishing the relevance of our inquiry to most experimental 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 propose specific principles governing its use that go beyond the extant codes and studies that have applied other ethical theories. Finally, we discuss the implications of these principles, including recommendations for the development of studies that might call for deception.

EVIDENCE OF DECEPTION IN CONSUMER RESEARCH

The use of deception in consumer research is widespread and increasing (Kimmel 2001, 2004; Toy, Olson & Wright 1989). Kimmel (2001) examined empirical articles appearing in the *Journal of Consumer Research* (JCR) and the *Journal of Marketing Research* (JMR) 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, most commonly the misrepresentation of the

research purpose and incorrect information about research procedures, equipment, and measuring instruments. In an 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. Not surprisingly, the modest rise in the number of deception studies coincided with an observed increase in experimental research investigations (from 41% in 1975-1976 to 68% in 1996-1997 and 78.7% in 2001-2002) and laboratory studies (from 29% in 1975-1976 to 48% in 1996-1997 and 63.8% in 2001-2002). Opportunities for deceptive manipulations increase significantly when experimental methods are utilized, and laboratory settings tend to be more conducive to the implementation of deceptive manipulations involving staged situations. 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. While these data support Toy et al.'s (1989) hypothesis that behavioral researchers in marketing may avoid debriefing, this absence of reporting in published papers may be due instead to established expectations about treatment of respondents or journal space constraints (JCP authors must state when they submit their manuscripts that they have complied with APA ethical standards in their treatment of respondents).

As a partial replication of Kimmel (2004), we conducted a content analysis of all 123 human participant studies appearing in JCR and JMR during 2006-2007 (N = 176 published articles). We utilized the same coding instrument, which yielded similar intercoder reliabilities as reported in Kimmel's (2001) original analysis (i.e., above .85 interrater agreement within each judgment category across a random sample of eight articles selected from the overall pool of articles). The results revealed a continuation of the trends in methodology and ethical procedures reported by Kimmel and others. This included an increase in experimental laboratory research, with 77.2% of

the coded studies utilizing the laboratory setting and 88.6% involving an experimental manipulation. A corresponding increase (17% since 2001-2002) in deception research also was observed, with 77.2% of human studies including the use of at least one type of deception.

With regard to specific types of deceptions, we found that 42.1% of all deception studies (N=95) employed both active deceptions (i.e., procedures that actively mislead participants regarding some critical aspect of the study, such as misrepresentation of the study's purpose or the researcher's identity) and passive deceptions (i.e., procedures that involve the omission or withholding of critical information about the study, such as failure to disclose its true purpose). Active deception alone was utilized in 16.3% of all coded human studies. Although a majority (68.3%) of all coded human studies employed mild forms of deception (e.g., attributing the research to a bogus sponsor), severe deceptions were observed in 11 of the 123 coded investigations (8.9%). Examples of severe deception included the use of mood induction manipulations, procedures intended to influence participants' perceptions of their susceptibility to health risks, the provision of false feedback regarding participant empathy levels, and anxiety-arousing manipulations.

Overall, our content analysis revealed a clear link between methodology and ethics; that is, as consumer researchers have steadily moved toward experimental laboratory procedures, the use of both active and passive forms of deception also has risen. Of the 109 experimental studies coded, fully 84.4% utilized some form of deception, and 96.8% of the 95 deceptive studies coded involved experimental methodologies. Similarly, of the 95 coded studies conducted in the laboratory, 84.2% included some form of active or passive deception.

Consistent with content analyses of published research, we also found deception studies to be commonplace in a survey of a convenience sample of consumer researchers. 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. The most prevalent types of deception involved misrepresentation of the study purpose (used "frequently" by 38% of respondents) and making false statements unrelated to the participant's character or identity (25%), but all types of deception queried were used, including not providing details that might affect willingness to participate (used "occasionally" by 20% of the sample).¹

Research deceptions vary in severity. Mild deceptions "create false beliefs about relatively unimportant issues that are peripheral to the subjects' self-concept," whereas as severe deceptions "create false beliefs about central, important issues concerning the subject's self-concept and personal behavior" (Toy et al. 1989, p. 71). 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.

Another example 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 web site 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

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¹ To test some of our initial suppositions on this topic, 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 163 ACR attendees who conduct consumer research (69% response rate); 81% conducted experimental research.

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. An example from our content analysis of papers published in 2006-2007 is a study in which emotions are manipulated through a magazine "quiz" in order to affect perceptions of vulnerability to disease. Participants were then exposed to disease information, some of which was manipulated for study purposes (though it does not appear that any incorrect information was delivered). In this study the authors make it clear that participants were debriefed.

A formal ethical analysis of such use of deception in consumer research could include attention to the various moral duties that may be applicable, such as a duty to tell the truth (Kimmel and Smith 2001). However, in contrast to this *nonconsequentialist* philosophical perspective, previous studies have generally focused on the adverse consequences of deception (e.g., Toy et al. 2001). Given the documented prevalence and increased use of deception in consumer research, as well as the potential for harm with more severe deceptions, it is important to consider its implications, including both its harmful and beneficial (methodological) consequences.

ETHICAL AND METHODOLOGICAL IMPLICATIONS OF DECEPTION

Deception in consumer research can have manifestly 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 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. In the study in which emotions were manipulated and perceptions of vulnerability to a disease were examined, it is possible that anxieties remained even after debriefing and that respondents felt "tricked" regarding a personal issue. However, it must also be said that this example doesn't approach the severity of some of the extreme deceptions identified over the years in psychology (see Adair, et al. 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 2003, 2007). Moreover, the reliance many researchers place upon debriefing and forewarning as remedies to deception may be misplaced (Misra 1992; Toy, et al. 2001).

Table 1 provides an overview of studies that have examined these concerns. Given the lack of attention to ethical issues in consumer research (Andreasen 1992; Holbrook 1994; Lynch 1997), 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 (Adair, et al. 1985), it also has been found that deception may exacerbate some of the very methodological problems it is intended to allay. For example, critics of deception have argued that 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 evidence suggests that 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).

Clearly, 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. 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; Singer 1984). Bok (1978, p. 196) suggested that "each deceptive study comes to contribute to a breakdown in trust." While Pittenger (2002) contends that such fears have not been borne out despite increases in the use of deception, this does not rule out their possibility in the future, especially with new communication technologies that could facilitate rapid and widespread dissemination of information about ethically controversial research.

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 yet 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). Nonetheless, consumer researchers can seek guidance on ethical research conduct from codes of the professional associations of the

fields from which they draw. They will also be guided by the norms of their own research community and their institution's IRB. We explore next these various sources of potential guidance on deception.

TREATMENT OF DECEPTION BY IRBS AND IN ETHICS CODES

Institutional Review Boards and Deception

IRBs have a major potential influence over the use of deception in consumer research, at least in the United States. Host organizations increasingly now require committee review prior to allowing research to be carried out with human participants. This is required of institutions in the U.S. that receive Federal research funds and now extends beyond psychology, sociology and anthropology to social science fields less typically associated with IRB approval, such as history (Shea 2000). There are problems, however, in relying on IRBs for guidance: IRBs can maintain inconsistent standards across time and institutions and researchers may not always seek IRB approval. Typically, little specific guidance on deception is offered in practice by IRBs a priori (feedback on rejected studies may refer to problematic use of deception) and researchers are dependent upon preferences of the individual IRB members at any given time. Thus researchers will often be guided primarily by departmental norms (including those of other departments where they have worked or trained). While codes of the relevant professional associations often refer to an important role for IRBs, typically it would be necessary to make recourse to these codes themselves to obtain a priori guidance on the use of deception.

A further limitation of IRBs is that they are an American institution. The growing globalization of consumer research means that an increasing proportion of consumer behavior researchers do not have access to IRB's and must make decisions regarding deception on their own.

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² Our exploratory survey of ACR researchers found inconsistent use of IRBs within and across institutions: only 47% of the respondents at schools with IRBs (85% of the sample) indicated that researchers in their department always submit studies involving human subjects to the IRB.

In addition, IRB guidelines (and the codes reviewed below) are American in origin and do not take into account varying cultural sensitivities (e.g., Mealy, Stephan and Urrutia 2007).

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, such as 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 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 IRB prior to conducting research.

These 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 of the code 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

Although less directly applicable to experimental consumer research, the general guidance on deception provided by the ASA (and AAA, below) also is important to consider. The criteria for the use of deception in research in the current code of the ASA (1999) 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 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). Like psychology, the field has abundant examples of controversial deception studies (Allen 1997; Reynolds 1982).

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). Similar inconsistencies are apparent in the ethics codes governing therapeutic and organizational research, and within international contexts (cf. Kimmel 2007; NCEHR 2005).

Returning to the consumer research examples discussed above, we find that the codes provide little practical guidance. The cost-benefit (consequentialist) 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, especially given the asserted managerial bias (Gundlach 2007). 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 manipulate emotions to make a participant more responsive to health related information, 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 experimental consumer research. We turn to moral philosophy for a better understanding of the ethics of deception and when it may be morally permissible.

ETHICAL THEORIES AND DECEPTION

As in other areas of professional endeavor, researchers may not give much thought to the morality of their conduct; recognition of an ethical issue requires "ethical sensitivity" (Sparks and Hunt 1998). Assuming this recognition takes place, we would expect that a researcher's deliberations about the use of deception would be informed by his or her moral standards as well as community and IRB norms. 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 inadequate for the task. The major theories of normative ethics from moral philosophy provide more objective and ostensibly the best-justified standards for evaluating the ethics of human conduct (Beauchamp 2001; Shaw 1999).

A growing body of research in moral psychology suggests that moral judgment in practice is intuitive—the result of quick, automatic evaluations rather than the outcome of moral reasoning that rationalist models predict (Haidt 2001). Studies suggest that moral judgments not only stem from intuition—albeit often with supporting analysis to rationalize the judgment made—but draw from a universal and innate moral domain that includes consideration of harm, fairness, loyalty, respect and obedience, and purity (Haidt 2007). Both the potential inadequacy of our own individual standards and our tendency in practice to rely on intuitions highlight the importance of moral reasoning.

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.

Within moral philosophy, these reasons constitute the theories of normative ethics and are generally

evaluated by criteria such as impartiality and whether they are logical and consistent with other principles and our considered beliefs or commonsense morality (arguably extending to universal moral intuitions) (Beauchamp 2001; Shaw 1999). 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 (Derry and Green 1989). 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 (Beauchamp 2001). 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 (Beauchamp 2001). One such duty might be to tell the truth. Consequentialist analysis is akin to the familiar idea of the costbenefit 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. Pittenger (2002) draws a similar conclusion.

In marketing, the major theories of normative ethics have been proposed to guide marketing decision-making (Dunfee et al. 1999; Laczniak and Murphy 1993). In an ethical analysis of deception in advertising, Spence and Van Heekeren (2005) relied primarily on a consequentialist

analysis, while Carson, Wokutch and Cox (1985) applied utilitarianism (the leading consequentialist theory) and the duty-based (nonconsequentialist) theories of Immanuel Kant (1724-1804) and William D. Ross (1877-1971). However, Robin and Reidenbach (1993) have questioned whether these "grand narratives" of moral philosophy could ever provide adequate guidance on the complex problems of marketing ethics. Dunfee et al. (1999), in response, turned to social contract theory.

A small number of studies have explicitly applied theories of normative ethics to the issue of deception in research. Baumrind (1964; 1985: 165) was one of the first to question the ethics of the Milgram experiments and in a series of seven articles argued that deception in research was "unethical, imprudent and unwarranted scientifically." Baumrind (1985) provided a formal ethical analysis drawing primarily on utilitarianism in response to perceived inadequacies of the APA code, as well as the continued use of severe deception. She cited a study conducted with IRB approval that included manipulating physiological arousal via a drug falsely described as a vitamin injection.

Utilitarianism, first developed by Jeremy Bentham (1748-1832) and John Stuart Mill (1806-1873), takes two major forms (Shaw 1999). Act utilitarianism looks to the consequences of a given act in a particular situation. Rule utilitarianism holds that the welfare maximization criterion should not be applied to individual actions but to moral codes as a whole. Baumrind (1985: 166) questioned the implicit act utilitarianism of the APA code (and assumed IRB deliberations), under which it might be concluded that "the long-range benefits of a clever bit of deceptive manipulation outweigh the short-range costs to participants of being deceived." Consistent with the standard critique (Frey 2000; Shaw 1999), she rejected act utilitarianism because it fails adequately to consider the substantive rights of the minority (participants) and ignores long-range costs (to society as well as participants). Under her preferred rule utilitarian approach, Baumrind (1985) relied on three

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³ There are considerable objections to act utilitarianism, many of which reflect a perceived inconsistency between commonsense morality and an act utilitarian analysis. Among the more significant criticisms are problems associated

"ethical rules" generally accepted in Western society: the right of self-determination within the law (informed consent), the obligation of a fiduciary (the researcher) to protect the welfare of a beneficiary (the participant), and the fiduciary's obligation to be trustworthy for social stability reasons. She concluded that deception in research is morally wrong and recommended research strategies in lieu of deception. However, her analysis does not appear to consider a wider set of possible rules or plausible obligations (e.g., a researcher's responsibility to create knowledge).⁴

Toy et al. (2001) also applied utilitarianism to deception and identified a list of prototypical benefits and costs for the various affected parties (stakeholders), though it is likely that in practice there would be many more potential effects than this list suggests, not all of which could be identified a priori or their impact accurately forecast. Reynolds (1982) proposed a pluralistic framework that draws on rights, "personal morality" (essentially, virtue ethics, another nonconsequentialist theory), and the role expectations of social scientists, as well as utilitarianism. This approach recognized the potential for the weaknesses of one theory to be offset by the strengths of another. It poses the problem, however, of how to weigh conflicting conclusions of different theories. Thus Atwell (1981) rejected utilitarianism not only because of the problem of fully identifying the consequences of deception, but also because it is inconsistent with Kantian ethics (arguably the leading duty-based, nonconsequentialist theory) and the belief that it is wrong

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with act-utilitarianism's aggregative, maximizing, and impartial characteristics. Determination of the rightness of an act is made on the basis of whether it would provide the greatest total welfare and without regard to how utilities or disutilities are distributed. Under act utilitarianism any means can be justified by a good enough end. Indeed, a researcher likely would be obligated to conduct studies harmful to participants if this maximized total welfare. Act utilitarianism's impartiality ignores existing relationships where we might ordinarily believe special obligations should be upheld (e.g., a researcher's perceived obligations to student research participants). More problematic from a practical standpoint are the difficulties inherent in forecasting utility as well as making interpersonal comparisons (Frey 2000).

⁴ Proponents of rule utilitarianism believe that compliance with a limited set of simple rules is likely to be more conducive to welfare promotion overall, less likely to be inconsistent with commonsense morality (than act utilitarianism), and more in keeping with widespread understanding of morality as a social code. It is criticized, however, because it is ultimately unclear which social rules would maximize human welfare and, more fundamentally, because it eventually collapses into act utilitarianism, as rule utilitarianism surely would favor one simple rule that one must always do what will maximize the good (Hooker 2000; Lyons 1992).

to "use" people by manipulating, exploiting or deceiving them. Taking a rights approach (Dworkin 1977), Atwell proposed the criteria of informed consent and nonrisk to participants, and consistency with the ideals of human dignity, respect for persons, self-determination and sense of personal worth. Toy et al., Reynolds and Atwell see deception studies as potentially morally justifiable, but the specificity of the guidance provided is unlikely to be sufficient for decision-making on specific deception study designs, aside from the well-recognized limitations of their chosen theories.

Pittenger (2002: 120) examined deception from a utilitarian perspective because it is a "ubiquitous feature" of the APA guidelines and "the standard" used by IRBs. He draws on Rawls' perspective on (rule) utilitarianism in an attempt to overcome the complaint that it favors the majority at the expense of individual rights. However, while he makes some interesting procedural suggestions for deception studies that we later discuss, his ethical analysis leaves unaddressed many of the standard criticisms of utilitarianism (noted above). Kimmel and Smith (2001) examined how both utilitarianism and Kantian ethics 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, consistent with Pittenger (2002) (and Toy et al. 2001). However, Kimmel and Smith (2001) ultimately rejected utilitarianism on both theoretical and practical grounds, concluding that a duty-based analysis offers the possibility of a more clear-cut determination of the ethics of deception. We conclude that while consequentialist theories shed light on the ethics of deception and clearly inform IRB deliberations and codes, they provide an uncertain analysis (non-utilitarian forms of consequentialism notwithstanding), not least given the likely underweighting of effects on participants, and are an inadequate guide for consumer research.

A traditional interpretation of Kantian ethics would likely reject deception studies as impermissible. However, Kimmel and Smith (2001) suggested deception in research might be permissible under Kantian ethics in a limited set of circumstances (notably, the participant's understanding of and acquiescence to a fiction created by the researcher). Building on the prior applications of ethical theory to deception, including Kimmel and Smith's use of participant consent to deception, we apply social contract theory, a nonconsequentialist theory not as yet used to our knowledge in relation to deception studies. We suggest it is superior to utilitarianism and the other theories applied to date in at least five key respects: (1) it presents a more plausible basis than utilitarianism for examining the moral justification for deception studies, both theoretically and practically, not least given its use of participant consent; (2) it is more intuitively appealing (and thus more accessible) than making recourse to (uncertain) rights, if obligations to participants are to be given due consideration; (3) it provides scope for identifying principles to govern researchers' use of deception; (4) this, in turn, allows for more specific guidance to researchers; and, finally, (5) SCT's merits are recognized in its recent rise to prominence in business ethics (Dunfee 2006).

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, though it assumed the character of an ethical as well as a political theory (Wempe 2005; Sayre-McCord 2000). As dissatisfaction within philosophy has grown with utilitarianism and other competing theories, moral contractarianism has seen a revival (Sayre-McCord 2000) and not least in business ethics (Dunfee 2006; Wempe 2005). Noting that "business ethics scholars have searched

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⁵ Under the first formulation of Kant's Categorical Imperative (Formula of Universal Law) to lie when it is convenient to do so could not be universally adopted as a maxim for action. Kant also viewed lying as a violation of a duty to oneself and deception studies may be viewed as using participants as means rather than ends, both of which are inconsistent with his Formula of Humanity (another formulation of his Categorical Imperative) (Hill 2000).

several decades for a comprehensive moral theory capable of guiding and constraining everyday business conduct," Van Oosterhout, Heugens and Kaptein (2006: 521) claim that "social contract theory in general... and integrative social contracts theory (ISCT) in particular... appear to be best able to provide the basic conceptual structure of the much sought after theory."

Dunfee's (2006) review identifies a long list of papers on ISCT following its introduction to the field ten years previous (Donaldson and Dunfee 1994). In marketing, it has been offered as a promising theory for marketing ethics (Dunfee et al. 1999) and has been used as a basis for analyzing the effects of monitoring on interfirm relationships (Heide, Wathne and Rokkan 2007). While both these examples use ISCT, we adopt the classic form of SCT found in Donaldson (1982) or Sacconi (2006). This serves our purposes while avoiding some of the complexities and perceived limitations of ISCT (Dunfee 2006; Wempe 2005) (we later discuss how our approach might be developed to incorporate ISCT and provide additional insight on cross-cultural research). Although critical of ISCT specifically, Wempe (2005: 114) writes that "the social contract model still is one of the most promising approaches for normative theories, including theories of business ethics."

The classic contractarian approach is to specify a suboptimal set of circumstances (or preagreement 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.⁶ Its prime exponent is John Rawls (1971). A key feature of Rawls'

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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

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.

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. In contrast to utilitarianism, there is less likelihood of unfair distributions of utilities or of moral judgments inconsistent with commonsense morality, and this approach does not require difficult forecasting and interpersonal comparisons of utility, with all the effort and potential for bias that this would entail. Neither does it necessitate the demanding absolutism of traditional Kantian ethics. In sum, Kantian contractarianism addresses many of the perceived failings of other major normative theories of ethics (Sayre-McCord 2000).

There are two fundamental criticisms of SCT. 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 (Sayre-McCord 2000). 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), Donaldson (1982), Donaldson and Dunfee (1994; 1999), and others show how social contract theory can contribute to ethical decision-making in non-trivial ways.

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.

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 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 to 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: 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.⁷ This is at the core

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⁷ 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*

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).

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" where life in a world without state government would be "a war of man against man" and "solitary, poor, nasty, brutish and short" (Hampton 1992: 544) 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 experimental 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 preagreement 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; Epley and Huff 1998; Smith and Richardson 1983). Moreover,

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.

we incorporate in this pre-agreement condition a quasi-Rawlsian original position, 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 proposed 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.

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 code of the root discipline of experimental consumer research, not least because it is based on research with APA members (APA 2002). Thus, we would expect agreement on the following minimum conditions found in our first principle:

1. Consumer researchers abide by the constraints on deception established in the extant code (APA 2002): a) Fundamental to any research study is respect for human dignity and a commitment to voluntary participation and informed consent; b) 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); c)Deception is only used where remedial measures are employed, including forewarning and debriefing, as appropriate; d) Harmful deceptions are never permissible.⁸

As well as reflecting the key provisions of the APA code, 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,

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⁸ 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.

more broadly, is well established in philosophy and commonsense morality as fundamental to any worthwhile human endeavor. Thus, in regard to parts a) and b), we would expect our contractors (hypothetically) to agree to act 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 (Schuler 1982). 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. In regard to parts c) and d), harmful deceptions would be ruled out on multiple counts, not least of which is the widely-identified duty of professionals to do no harm (also see principle 4). Avoiding causing harm to others is also said to be a universal moral intuition (Haidt 2001). Remedial measures are required as a consequence of the do no harm duty, because any potential for harm would need to be minimized or any harm caused redressed.

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

2. Deception is a last resort. It is used only where researchers have established 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 (Baumrind 1985; 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, as some researchers have found with prospective research participants (Pittenger 2002). 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 could do something they would otherwise not choose to do. Asserting that deception is a *last resort* is far less ambiguous than the APA guidelines. It obliges researchers to *first* evaluate alternative non-deceptive methodologies with the potential to adequately test the relevant hypotheses or otherwise achieve research objectives. Deception is only ultimately adopted given serious methodological shortcomings identified in non-deceptive designs.

Further, we would expect our contractors to agree that researchers should not merely conclude that deception is necessary; they have an obligation to consider whether there are valid alternatives to the use of deception in any given study. This could come from consideration of non-deceptive designs used in previous published studies, but it might extend to empirical analysis, such as running pilot studies where the results from deception and alternative conditions are compared (see Rosenthal and Rosnow 2007). 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. These pilot studies could 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 thus 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. Evidently objectionable procedures should be dropped. The researcher may not be a good judge of whether a procedure is sufficiently problematic but this again can be addressed empirically through, for example, the use of role-playing and quasi-control techniques (see Greenberg 1967; Rosenthal and Rosnow 1991). Clearly, it would be costly to test every new

research procedure. However, a further safeguard lies in stressing that participants can withdraw from the study, especially as researchers can never fully anticipate individual participant responses to research situations.

3. 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 quasi-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 many philosophical traditions (Shaw 1999), as well as codes of medical ethics. 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 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.

4. Researchers never expose participants to the risks of potential lasting harm.

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). An appropriate standard for researchers 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. Thus we expect our contractors to agree—because of putative scientific benefits—that mild deceptions that do not result in lasting harm would be permissible if they are unavoidable (and consistent with the other principles).

5. 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. In contrast to the extant codes, our contractors, given the veil of ignorance, would presumably favor a more extensive role for forewarning.

Thus, as an appropriate 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 the specific 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.

6. 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 research participants and would wish to protect those who are vulnerable, not least because vulnerability can be situational and affect anybody, including themselves (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 pretests and related steps to test the vulnerabilities of target populations.

7. 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. 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 5.

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 identified 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. The first step is to determine 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 as 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 3).

Step 2. The next step is to assess the availability of effective non-deceptive alternatives, as required by Principle 2 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 recent study in JMR 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 2, could 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 may be required. Researchers could 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 could provide evidence that it was necessary. Thus, we suggest a recalibration of the trade-offs made in academic publishing: authors could be encouraged to provide data on whether deception was necessary, and there could be less of a fixation on demand effects (which have been shown to affect results less than is commonly believed; Shimp et al, 1991). In the long run, this approach could allow the field to develop its own knowledge base and norms about when deception is, or is not, necessary.

Steps 3, 3a and 3b. 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 (Misra 1992; Toy et al. 2001).

The determination of whether or not a planned procedure is potentially harmful can be difficult. For guidance regarding these judgments, Principle 3 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.

For example, in a pilot test for the restaurant field study earlier described, 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 and the researcher's institution 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 such claims.

Returning to the trust violation study, 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 need to decide whether to run the study at all, and might find other approaches to investigating the topic.

The decision tree suggests that deciding not to carry out the study can follow from an assessment of harm resulting 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 if not all participants and it would not be possible for such participants to be screened out (see steps 3a and 3b). Principle 4 asserts that exposure of participants to potentially lasting harm is not permissible, while acknowledging different levels of harm. Principle 6 reminds us that the diagnosis of potential harm is notably 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).

Step 4. In cases where it is apparent that deception is unlikely to result in harm, the final decision step requires the researcher to consider whether the deception threatens participants' dignity. Beyond ensuring that participants are not harmed, the terms of the social contract also require that participants are treated with dignity and 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 prebriefing session that we suggest in Principle 5, 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.

Final checks. If the foregoing steps have been followed conscientiously and, despite the researcher's good faith efforts, the deception is unavoidable, the study would be consistent with the principles identified in our social contract analysis of deception and could be asserted as morally justifiable and undertaken on that basis. However, this recourse is taken with the following caveats: (1) participants are aware of procedures (including the potential use of deception); (2) they understand their 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.

CONCLUDING REMARKS

Content analysis as well as more anecdotal data suggest the use of deception in consumer research is widespread and possibly without use of adequate remedial measures. This use of deception poses a dilemma for many consumer researchers. Admittedly, our proposed solution is not without potential costs: 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 could also develop a better understanding of when deceptive practices are absolutely necessary to preserve research validity and 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 seven principles, identified using SCT, provide the basis for well-grounded and practical recommendations on decisions about studies that might still call for deception. It has been noted that SCT, while having many strengths relative to alternative theories of normative ethics and increasingly prominent of late, does have certain limitations. Not least of which is the use of hypothetical consent and, quite conceivably, some of the proposed principles or their justificatory edifice might be questioned. The onus then would be on the questioner to proffer countermanding principles with appropriate support. A further limitation stems from potential cultural differences influencing application of the principles (e.g., understanding vulnerability in a different culture consistent with principle 6). One approach would be to extend our analysis to incorporate ISCT (Donaldson and Dunfee 1999) to better account for local norms.

Nonetheless, we offer experimental consumer researchers at least an initial solution to the dilemma of deception and a basis for justifying its use to themselves and others, such as IRBs.

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 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 using different methodologies in consumer research and, perhaps, in other fields.

Table 1: Studies of Methodological and Disciplinary Consequences of Deception

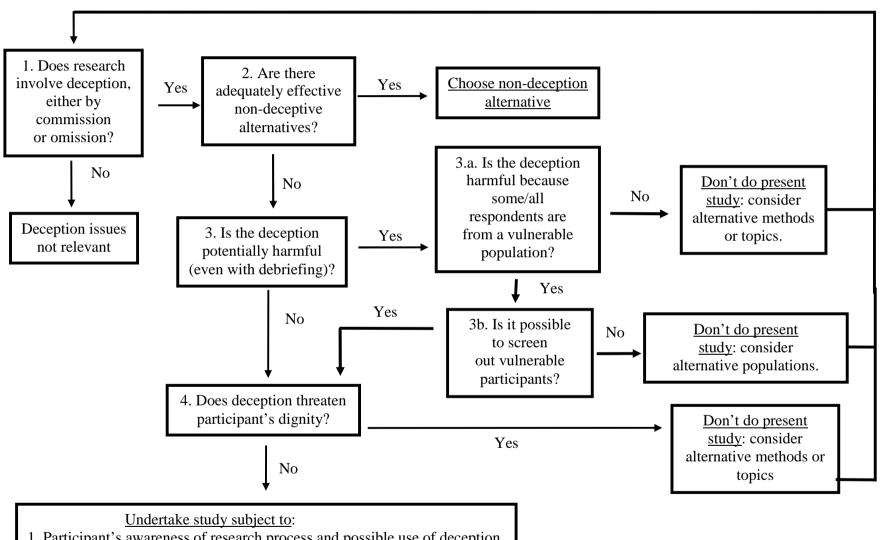
Issues Linked to Deception	Degree of Effects ^a	Research Evidence
Methodological 1. Participant suspiciousness (use of deception leads to an increase in suspiciousness among research subject pools)	Medium to high (>25%) levels of Suspicions Low (0-25%) levels ^b	Stricker et al. (1967); Gallo et al. (1973); Glinski et al. (1970) Adair et al. (1985); Kimmel (2001); Stricker (1967)
2. Effects of subject suspicions (suspicions linked to the use of deception influence current or future research performance)	Significant effects (between naive and aware participants) No effects	Golding & Lichtenstein (1970); Newberry (1973); Silverman et al. (1970) Brock & Becker (1966); Fillenbaum (1966)
3. Leakage (participants divulge crucial information into the subject pool)	Extensive Low	Glinski et al. (1970); Lichtenstein (1970) Walsh & Stillman (1974)
4. Forewarning (participants' pre-knowledge of deception alters experimental performance)	Little effect on performance Significant effects (between forewarned Ss and uninformed controls)	Allen (1983); Gallo et al. (1973); Wiener & Erker (1986) Finney (1987); Golding & Lichtenstein (1970); Turner & Simons (1974)
5. Effectiveness of debriefing on the mitigation of negative deception effects (false beliefs, negative affect, inflicted insight)	Effective (conventional debrief) Ineffective (conventional debrief) Effective (explicit debrief)	Holmes (1973); Holmes & 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)
Disciplinary 1. Effects of deception on perceptions of the discipline (deception reflects poorly)	Mixed effects	Sharpe et al. (1992)
2. General population reactions to deception (objections to the use of deception for research purposes among the general public)	No objections Objections	Collins et al. (1979); Epstein et al. (1973); Rugg (1975); Sullivan & Deiker (1973) Singer (1984)

^a 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.

b 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. 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)

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Europe Campus
Boulevard de Constance
77305 Fontainebleau Cedex, France

Tel: +33 (0)1 60 72 40 00 Fax: +33 (0)1 60 74 55 00/01

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