

What Cultural Theory Tells Us About Health and Safety Myths and How to Change Them

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Introduction

We use cultural theory and action research to explore a curious phenomenon in UK health and safety regulation – the regulatory myth. Despite having one of the lowest levels of workplace deaths in the world, and a health and safety regulator that commands the respect of its regulatees and duty holders, health and safety in Britain has become a by-word for over-regulation and triviality. Indeed, in the last decade, public scepticism is such that the expression ‘health and safety gone mad’ has entered common parlance to express exasperation about almost any rule – real or fictitious – that citizens think an unnecessary intrusion. This mirrors what citizens encounter on a regular basis; it is almost accepted practice by businesses and local authorities to refuse goods and services accompanied by the excuse that a non-existent health and safety regulation prevents the transaction or assistance.

Examples of health and safety myths abound. In one of the best known instances, a local authority banned hanging baskets due to health and safety concerns (see a fuller account from Almond, 2009, HSE, [case 7](#)). There is also the infamous example is the school than outlawed the wearing of socks with lace frills on the grounds that they may constitute a trip hazard (HSE, [case 180](#)). Or, take, the headteacher who called-off school sports day due to concerns that dew on the grass may result in slips ([HSE, case 197](#)). We could go on.

How can we explain the exercise of such regulatory imagination by individual service providers? The use of health and safety myths is commonly dismissed as, at best, driven by a compensation culture and media hype surrounding accidents and, at worst, simply dissembling and cynical behaviour on the part of individuals. But, such accounts may obscure more than they illuminate. Empirical evidence suggests the citation of fictitious health and safety rules is widespread and certainly not limited to situations where compensation could be extracted as the result of a hazardous event or media-friendly issues (Dunlop, 2015b). So, while we accept the fear of civil

litigation and media amplification as important parts of the wider backdrop for businesses and the public sector, we still need to explain the diverse nature of regulatory myths and why particular health and safety myths recur in different settings. Moreover, perhaps we simply do not buy the presumption that sentient individuals are motivated simply to behave cynically by choice.

We explore an alternative analytical strategy that combines Douglas and Wildavsky's cultural theory of risk (1982, Swedlow, 2011) with Argyris and Schön's action approach to individual interactions (1974) to explain the UK phenomenon of health and safety myths. The analysis is guided by the need to understand how the macro context conditions and is re-made at the micro-level by everyday interactions of service providers with citizens. Section one uses cultural theory to uncover the origins of health and safety myths. We demonstrate that the plausibility of myths is secured by pervasive negativity around regulatory tools in general and the non-prescriptive and everyday nature of health and safety as an idea in particular. In section two, we come down to the micro-level. We are interested here individuals' behaviour on the ground, what leads a headteacher to ban frilly socks on health and safety grounds? Action theory illuminates the (re-)production of myths as a function of the 'theories-in-use' we use to maintain control of potentially hostile or uncomfortable social situations. In section three we enter the empirics. Using examples from the government database of health and safety myths, we see that citing non-existent health and safety rules offers a simple and effective way to help people avoid blame, loss of profits or being shown up as ignorant or unskilled. Gaps in human and organisational capacity – administrative, analytical and communicative – condition our responses. We finish by exploring how and if myths can ever be busted for good.

1. The Origins and Plausibility of Health and Safety Myths

Following Douglas and Wildavsky (1982: 36), any idea has both technical and nontechnical versions. Taking our case, we speak of health and safety rules in the technical sense where a formal regulation exists to guide or prohibit certain behaviour. This technical definition captures something which is knowable and commonly finds its origins in accident data. A line can be drawn between compliance and rule breaking; when it is crossed it is visible and the transgression acted upon according to a legal framework. While the rule may have its detractors, its primary purpose is to set boundaries of appropriate behaviour that are not open to debate. By contrast, the nontechnical idea of health and safety concerns imagined or embellished rules, created by an over-bearing government and whose details are unknown. Such fictitious regulations are, of course, absent from the statute books yet their existence is very real in public minds and discourse. This nontechnical version is the idea of health and safety which is lived and reinforced in everyday encounters in the UK, and is the

phenomenon that concerns us. Before exploring where they come from and their purposes, let us spend a few moments describing these myths and their implications a more detail.

These cases do more than offer colour (and humour) to the study of public administration. They pose significant analytical challenges for both practitioners and scholars. For the former, the threat of the health and safety's gone mad meme is formidable simply because it is very difficult to challenge. In social interactions, health and safety myths can be thought of as clinching statements whose power is to shut down any possibility of argument or discussion; working in much the same way as the 'keep-out notice' of Douglas and Wildavsky's nontechnical idea of pollution (1982: 37). Why can service providers, involved in everyday encounters, cite non-existent health and safety rules to offer a quick reason for their behaviour which places accountability or blame elsewhere? There are three main reasons.

First, health and safety's technical dimension makes it difficult for the non-specialist to argue against. Second, authority and accountability for the myth is being shifted to a powerful third party: government is responsible for the (fictitious) rule. Even if a service user or customer suspects they are being fobbed-off, the authority of the state is being invoked making it difficult and perhaps pointless to challenge the person citing the rule. So, we have a readily accessible shorthand that shuts down a conversation without either party involved bearing responsibility for the outcome. Finally, myths also have potential to conjure up a spirit of camaraderie binding together messenger and recipient in common cause. With these rules created by faceless bureaucrats or remote political elites invoked as the reason for a service being limited or denied, both sides are victims of a single Goliath bearing down on them. The impression given is that health and safety rules are not simply hampering the citizen or consumer, they are tying the hands of the small business owner or Headteacher who cites them.

Despite stellar results in the reduction of the risk of workplace death and injuries (Ball-King and Ball, 2016: 143-144; HSE, 2014), in recent years the HSE has come under sustained political pressure to reduce the burdens it imposes. Much of this pressure is drive by the prevailing myths discourse that the UK has a 'health and safety monster' (David Cameron in *The Guardian*, 5 January 2012). In an effort to rebuild the public image of health and safety regulation, and the reputation of the agency itself, the HSE established the Myth-Busters Challenge Panel (MBCP) (Löfstedt, 2011). The MBCP aims to connect with citizens, businesses, the media and local authorities by inviting them to submit examples – like those of hanging baskets or dew on the grass – where health and safety has been used to justify action or inaction which they view unreasonable or suspect. These cases are then used as part of its wider communications strategy generating 'corrective' media stories that challenge myths. The ultimate goal of this initiative is to enhance the health and safety policy regime, and defend

the agency, by building a social consensus around what protective, desirable and high public value health and safety looks like.

The challenges these myths pose for public administration scholars are those of explication and explanation. Where do they come from? When are they used and why? The major task is to select analytical tools that take us beyond understandings which treat these myths as social smoothers either cynically chosen to mask poor service or the result of risk illiteracy and technical misunderstanding. Though superficially seductive, explanations that assume risk ignorance or narrow self-interest, tell us nothing about what makes health and safety myths socially plausible in the first place, and obscures their deeper purposes. If these myths are created by rational agents – *homo economicus* – or risk illiterates – *homo ignoramus* – we would expect to see them replicated across all policy sectors and jurisdictions. But, we do not. These myths are confined to health and safety in the UK. As such, our analytical heavy-lifting must be done by accounts that treat humans as risk definers – *homo discriminus*, if you will – whose actions are underpinned by socially (not economically) selected understandings of risk which are culturally contingent. With this in mind, we turn to cultural theory (CT).

Douglas and Wildavsky's (1982) cultural approach treats risks as socially selected by us. The regulatory imagination about what is, or can be, plausibly ruled as risky and so worthy of regulation is not simply the product of everyday encounters; it starts at a higher level. Risk myths are made possible by the prevailing cultural norms, values paradigms and discourses established and accepted at the macro level – in our institutions and collective memories. These values and understandings are then reinforced, and re-made, at the micro-level in our everyday actions and interactions, and in the momentary judgements we make about risks with each other.

Thus, to grasp the origins of health and safety myths we need to dig into the macro-level in more depth. Identifying some exact start date for these regulatory myths is not our aim, and indeed is not possible. While some risk discourses are triggered by a definitive event – an accident, most obviously – many are part of wider cultural shifts that have happened over time. The plausibility of the health and safety gone mad meme in the UK rests on wider social discourses that have developed around regulation as, at best, a necessary burden and, at worst, out of control and pointless red tape (for a reviews see Lunt, Livingstone and Malik et al 2008; Bussu, 2015). This widespread social questioning of regulation, and critically its association with burden, started under the Thatcher administrations of the 1980s. However, it is the advent of New Public Management (NPM) in the 1990s that entrenched this scepticism for all things regulation. The cultural account of NPM is important to our understanding.

By re-purposing Douglas's grid group analysis (GGA), to explore the significant changes in public administration in the 1990s, Hood captures the paradox that lies at the heart of the NPM governing paradigm taking hold in the UK. With its dualism of service delivery through the market and accountability through bureaucracy, NPM embodies an 'uneasy combination of individualism and hierarchism' (1996: 269). The promised freedom from state service provision heralded by privatisation can never be fully met in a system which demands regulatory oversight as a counter-balance. The role of the state in balancing individual freedoms and social protection is an age-old dilemma of human existence, of course. However, the tensions created by the re-emergence of hierarchy that accompanied apparent deregulation have resulted in a highly politicised regulatory environment in the UK. Here, the dilemmas raised by the opposing forces of individualism and hierarchy, and inconsistencies they give rise to, are laid bare not simply to public administrators but to service providers and citizens. This governance paradox has resulted in a society in seemingly permanent campaign against the idea of regulation (not rarely individual regulations themselves – Bussu, 2015).

This campaign has been at its most acute on health and safety. The growth in a 'risk industry' (Hood, 2002: 20) – media, regulators, experts, risk management consultants and claims lawyers – has helped ramp up the impression that regulation of workplace risks is out of control. Since 2010, the HSE's rules and core functions have been the subject of three reviews (O'Neill, 2013; for the reviews see Löfstedt, 2011; Temple, 2014; Young, 2010). Yet, each has found the agency and its legal basis, the Health and Safety at Work Act (HSWA) of 1974, fit for purpose and not the author of any intrusive health and safety culture. Rather, the problem is mainly one of how the HSWA has been interpreted and applied (Löfstedt, 2011).

So, the idea of regulation having gone mad is entirely plausible. But, why has this idea become attached to health and safety? As we noted already, health and safety is an incredibly elastic subject and one which we can all define into most of the mundane activities in our daily lives. This essential definitional agility and intuitive appeal gives it the potential for wide coverage. In the UK, this malleability is reinforced by its legal character which is 'principle-based'. Health and safety is dealt with by both criminal and civil law. On the former, HSWA is the principal piece of statute law for UK workplaces. The Act is general in coverage and flexible in implementation. HSWA is goal-setting rather than prescriptive legislation. Duty-holders work with local authority and HSE inspectors to balance risk with cost in delivering the health and safety of their employees 'as far as is reasonably practicable' (HSWA, 1974: Section 2 (1), see Ball-King and Ball, 2016 for a wider discussion). Alongside this criminal framework is civil law which is concerned with the measures an individual can take to recover compensation if injured in a work-related accident.

UK health and safety has a strong nontechnical, or 'eye of the beholder', quality. The fuzzy demarcation between the technical and nontechnical ensures a definitional openness which in turn creates unpredictability. Even though we may judge the danger of frilly socks or hanging baskets to be far-fetched, in a wider context where regulation is widely accepted to be out of control, and health and safety open to broad definition and damages claims, the idea of health and safety rules extending into every part of life is a believable theory.

The value of the cultural account pioneered in *Culture and Risk* (1982) is to show us that ideas about risk are driven by plausibility rather than belief or calculation. To paraphrase another modern classic, it does not matter if the Greeks believed their myths (Veyne, 1983, 1988), rather what matters is that there are 'enough people *wanting* to believe in the theory, and this depends on enough people being committed to whatever ... it protects' (Douglas and Wildavsky, 1982: 38, emphasis added). We now turn to this question of purpose.

2. Why are health and safety myths mobilised? And, who do they protect?

Many theories have prima facie plausibility, but not all will capture popular imagination. We need to understand why a theory takes hold and re-enforced at the micro-level. Recall the basic assumption of cultural theory 'what matters most to people is how they would like to relate to other people and how they would like others to relate to them' (Thompson et al, 1990: 97). Why would we want to believe and promote the idea of health and safety as over-bearing? Cultural theory tells us, humans' construction of risk and engagement of regulatory imagination (and so potential embellishment) is motivated by the search for social order and mitigation of social unpredictability and avoidance of blame. To build a vision of regulatory myths as instruments of control, we need to get a firmer grip on the courses of action being justified when myths are cited. This requires empirics, but first we need a theory of action in which to frame our evidence. To this end, we turn to the action research and behavioural theory of learning pioneered by organisational theorists Chris Argyris and Donald Schön.

In the same vein as cultural theories, action research treats human behaviour as socially mediated where we are made by, and in turn re-make, our world in our everyday interactions. By focussing on the micro-foundations of human action, action scholars demonstrate the impact of unspoken, socially learned 'theories-in-use' on daily practice in professional worlds. Echoing the work of Herbert Simon (1947), human practice is dominated by 'satisficing' behaviour. Faced with pervasive

uncertainty, and bound by limited processing capacity, we seek to achieve outcomes by using routines and cognitive shortcuts (Kahneman, 2011).

Theories-in-use are contrasted with the theories we espouse guide our lives and work. For example, in his study of professionals working with the blind, Scott (1969) illustrates the gap between the espoused theory – blind people are potentially independent and it is the job of the practitioner is to foster this – and the everyday theory-in-use of service provision that assumes dependence on the agency and requires that the blind client adapt to the organisational demands of that agency (cited in Argyris and Schön, 1974: 8). While our espoused theories contain our idealised image of ourselves and so our self-esteem, theories-in-use are our daily workhorses and underpin what we actually do and not what we say we (would) do.

Our espoused theories and theories-in-use may be consistent or inconsistent, and we may or may not be aware of any gaps between the two (Argyris, Putnam and Smith, 1985: 83). While we will always know what we espouse, we may not have ever fully articulated our theory-in-use to ourselves. Yet, this theory is a functional and deliberate choice. Theories-in-use are not dogmas but rather are entirely practical tools. Uncertain situations and challenges of life, where humans need to act and react, come before any theory. And, if the approach we take – our theory-in-use – is found wanting and does not deliver on the variables that matter most to us then modification of those theories follows (Argyris and Schön, 1974: 28). Where they go unquestioned, theories-in-use are associated with ‘single-loop learning’ – a defensive form of reasoning that inhibits innovation. This is contrasted by the idealised ‘double-loop learning’ where tactics designed to accept the status quo and ‘get by’ are cast off in favour of deeper professional engagement that aims to resolve underlying issues (Argyris and Schön, 1978).

All this may sound like common sense, indeed it is. But, alongwith its intuitive appeal, conceptually this approach is also doing some hard work for us. At the simplest level, theories of action illuminate aspects of social behaviour and professional practice often ignored in social science. Even the shortest, and apparently innocuous, human exchange is treated as governed by sets of complexly-related propositions. Viewing health and safety myths as an instance of theories-in-use illuminates two key dimensions – their purpose is to satisfy fundamental human needs and, though their use may not be consistent, it is always deliberate. Taking human needs first, action research demonstrates that theories-in-use express the informal and tacit knowledge of everyday life (Argyris and Schön, 1974: 8); knowledge that becomes explicit in practitioners’ individual interactions with their clients. They can operate at a variety of complex levels and may be layered. Thus, in a given situation, justifying action or inaction on the grounds of fictitious health and safety rules is the manifestation of an array

of theories-in-use. Most obviously, these theories are intensely personal and concern the agent's judgement of their own position and competence, and their clients' likely reactions if an alternative course of action goes wrong. In this view, mobilising health and safety rules is intimately associated with the human need to manage situations in ways that satisfy our basic 'governing variables' – most frequently, reduction of anxiety, embarrassment and fear of blame. Of course, these are ubiquitous concerns in life, and are arguably at stake in everything we do. They only become foregrounded, and so non-trivial, and theories-in-use directed toward them in situations where they have moved beyond their acceptable range (Argyris and Schön, 1974: 16).

Examining the micro-foundations of everyday situations demonstrates that, while mundane, these interactions are anything but simple. On the contrary '... the recognition of a particular situation as one in which another person may become defensive requires the co-ordinated performance of complicated perceptual routines and higher-order judgments about human defensiveness' (Argyris et al, 1985: 83). While human behaviour is as individual as people themselves, the theories-in-use that underpin action are the same. For example, '... individuals 'save face' in many different ways, still displaying the same theory-in-use; bypass embarrassment or threat and act as if you were not doing so' (Argyris and Schön, 1974: xxii).

Consistency in the application of theories-in-use application varies by person and situation. In some cases, the theories we use may be routinized – we may have a favourite that we use in situations that we find ourselves in regularly (Argyris and Schön, 1974: 8). Yet our micro-theories may not always be planned or applied consistently. Human interactions are unique to the individuals and their context in that moment. But we should be clear, such spontaneity *does not* mean the theories-in-use application is not deliberate. On the contrary, these are purposive means for getting what we want (Argyris and Schön, 1974: 15; Argyris et al, 1985: 82). Theories-in-use offer strategies to satisfy any intended outcome. Going back to our case, the citation of non-existent health and safety regulations may be used to avoid conflict, reduce workload or increase financial takings. The practitioner's evaluation that a situation could become confrontational or result in an increase in workload, or be a money-making opportunity, may be the result of a combination of intuitions operating at a sub-conscious or conscious level. Either way – whether spontaneous or planned – the logic governing micro theories is the same; a deliberate attempt to achieve control.

Uncovering theories-in-use serves two analytical functions – explanatory and prescriptive. First, explication enables deeper critical analysis. In terms of health and safety myths, it helps move us beyond analysis that assumes cynicism and deliberate ineffectiveness, and opens-up the possibility that a social logic underpins this curious phenomenon. Second, it offers the possibility of change.

Theories-in-use are the source of stability and, in our case, the idea of regulation having gone mad has resulted in an impasse in how health and safety is understood. By identifying the sources of anxiety in everyday exchanges we stand a better chance of developing strategies that reduce these to an acceptable range as opposed to solutions that address incentive structures or risk literacy.

3. Analysing health and safety myths

This section presents what is known about the health and safety myths in the UK. We draw on data gathered by the regulator through its 'Myth-Busters Challenge Panel (MBCP) initiative. Launched in 2012, the MBCP is the centrepiece of the HSE's communications campaign to engage citizens in a dialogue about the negative images attached to health and safety regulation. The majority of the MBCP cases are submitted by members of the public who complete an online questionnaire on the HSE's website¹. Once the MBCP secretariat has confirmed there is a prima facie case that a myth exists, further details are gathered about the case from the parties involved. Case notes are then passed on to sector specialists in the agency who assess the possible risks involved and any legislation that may be applicable. The case is then sent to the panel who decide whether it is a myth or a 'sensible decision'.

Our analysis deals with the first two years of the panel's cases. Between April 2012 – March 2014, 920 submissions were made to the MBCP; our discussion concerns the 272 that were taken forward as panel cases. In 2014, the HSE granted the author access to their qualitative case data which were then coded for 48 items². A comprehensive analysis of the cases can be found in Dunlop (2015a). Here, we offer summary of where the myths come from in terms of how they are categorised by the panel, the policy sectors they dominate and the subject of the risk. We then outline the empirical evidence regarding the weaknesses in organisations' capacity that form the backdrop for individuals' use of myths.

Nearly half the myth cases are classified by the HSE as an excuse / poor customer service (45%), with poor communication or explanation (22%) and an over-interpretation of health and safety (20%) following close behind. The rest of the cases are either for other regulators (7%) or treated as sensible uses of health and safety (6%).

The geographical spread of myths is broadly in line with UK population density by region. Though myths are found in a wide variety of sectors – sixteen in total – they are concentrated in seven

¹ <http://www.hse.gov.uk/contact/myth-busting.htm>

² Please contact the report author for access to the codebook.

main areas: leisure (24% of cases); workplace health and safety (16%); retail (15%); education (13%); food safety (8 %); transport (8%); and housing (6%). Some sectors show up in particular types of myths more than others. As might be expected, the workplace accounts for nearly one third of over-interpretation cases (31%) and nearly a quarter of over-interpretation cases come from educational establishments (24%). The leisure sector – mainly gyms and amateur sports clubs – shows up strongly in poor customer service and poor communication cases (28% and 31%, respectively).

Who is affected by these myths? Health and safety myths affect fourteen groups of citizens in all. Four groups bear the brunt: consumers (32%); children (20%); employees (13%) and citizens accessing public services (12%). The impact of health and safety myths on children is important; children are frequently prevented from engaging in activities in educational and leisure settings on the grounds of health and safety that are found to be baseless.

The largest category of cases involve everyday objects (32%) – for example, spills from hot or cold drinks, play-related concerns and ladders. Beyond the mundane, over a fifth of the cases concern objects related to what we term ‘purity’ issues – these are risks affecting children or dealing with hygiene, animals or taboo issues such as drugs (see Douglas, 1966). The well-known conkers case is a typical example of a purity case ([case 92](#)). Consider also the case of a council banning dog training classes on its premises on health and safety grounds ([case 152](#)).

These myths cannot be attributed to a single cause or combination of causes (Dunlop, 2015a). Moreover, given the individual and social nature of the situations, capturing the motivation of each individual involved in the 272 cases is impossible. Yet, our qualitative data reveals not only the theories-in-use of the individuals in each case but also the presence of recurring themes which relate to the context in which our mythologists operate. Specifically, we pinpoint weaknesses that exist in three aspects of capacity: administrative, analytical and communicative.

First, problems relating to administrative pressures experienced by individuals are commonplace in myth cases. Specifically, we focus on five resource management and the operational challenges that affect how decisions are negotiated in the moment (table 1). Particularly important is evidence of deficiencies in staff training (39% of cases), fear of legal action (28%) and avoidance of economic costs (25%). Analysis suggests a link between fear of legal action and over-interpretation of health and safety – the classic case of a council banning hanging baskets falls into this category ([case 7](#)). Cost avoidance and poor customer service are also frequently linked. Take for example the hairdresser who refuses their customer a drink on health and safety grounds ([case 132](#)). In these two examples, administrative capacity issues – legal uncertainty and financial considerations – set the context for defensive practice. To be clear, the context does not cause the behaviour. But rather, it

offers a backdrop in which different individuals may feel pushed beyond their comfort zone. Health and safety myths offer a way to wrestle back control in these situations.

Table 1: Administrative Capacity Challenges

Administrative Capacity Challenges	Frequency (number of cases)	% of total cases (N=272)
Evidence that the case is linked to training deficiencies	107	39.3
Evidence that the case is linked to fear of legal action	76	27.9
Evidence that the case is linked to economic cost avoidance	68	25.0
Evidence that the case is linked to resource constraints	25	9.2
Evidence that the case is linked to income generation	23	8.5

Second, problems relating to analytical capacity recur. We code the cases for five pieces of evidence that may suggest a lack of understanding about regulations in place, or comprehension of the nature of the risk at hand (table 2). Specifically, a generic ‘better safe than sorry’ risk averse mindset shows up in over half the cases (60%) and this defensive practice is especially strong in instances of poor customer service. One typical example is that of a cyclist being told to remove their chained-up bicycle from a pedestrian area ([case 27](#)). An incorrect assumption that regulations exist in an area is found in nearly one third of cases (32%) and is linked in particular to myths that demonstrate an over-interpretation of health and safety. Take for example the assertion that standing on an office chair to put up bunting for the Queen’s Golden Jubilee celebrations constituted a breach of health and safety regulations ([case 35](#)). This issue of regulatory complexity is important in the cases. Where people have a sense that a regulation may exist, norms and defensiveness become a substitute for knowledge and the basis for action (Argyris and Schön, 1974: 28).

Table 2: Analytical Capacity Challenges

Analytical Capacity Challenges	Frequency (number of cases)	% of total cases (N=272)
Evidence that the case is linked to a ‘better safe than sorry’ risk averse attitude	161	59.2

Evidence that the case is linked to an incorrect assumption that regulations exist	86	31.6
Evidence that the case is linked to complexity	27	9.9
Evidence that the case is the result of confusion about what the HSE regulates	26	9.6
Evidence that the case is result of an incident that resulted in injury	22	8.1

Finally, the cases reveal problems relating to the capacity to communicate effectively. Here we find that three particular communication barriers play a part in the generation of myths (table 3). Over a third of the cases involve an individual who could be blamed for an alternative decision (37%) and appear to be using health and safety to avoid awkward or aggressive confrontations. The other intriguing communication issue is found in cases where there are concerns about aesthetics (30%). For example, the use of health and safety to enforce school uniform policy and ban frilly socks ([case 180](#)) or prevent the use of decorations or Blu Tack® in offices and schools ([case 104](#) and [case 26](#)). Here, the authority of health and safety regulation is used to secure compliance and avoid a wider disagreement about the legitimacy of private rules on taste and etiquette.

Table 3: Communicative Capacity Challenges

Communicative Capacity Challenges	Frequency (number of cases)	% of total cases (N=272)
Evidence of an identifiable person involved who could be blamed for an alternative decision	101	37.1
Evidence that the case is linked to aesthetic concerns	80	29.4
Evidence that the aim is to establish an informal norm or rule	17	6.3

This summary of the risk objects and capacity deficits that form the subjects and contexts of health and safety myths demonstrates the everyday character of our regulatory imagination. Everyday things and situations are the risk objects. The potential hazards they hold within them are not physical or existential but are psychological and social – for example the fear of: blame, additional work, debt, social censure and arguments. The precarious world does not only exist ‘out there’ on the high tech frontier, but in the day-to-day world of service providers. Myths are used to claim power and control. Recall Douglas and Wildavsky’s advice on this – when we analyse myths we must ask ‘who is being kept out and in’ by their use (1982: 37). In health and safety, the groups most affected by our myths

– consumers, children, employees and citizens – are not being protected. Rather, it is our inward-looking mythologists who are following theories in use to protect themselves from pervasive uncertainty.

4. (How) Can health and safety myths be slain?

Before tackling this question, we should address its two premises. First, should health and safety myths be re-engineered at all? Certainly, a turn toward prescription may be where we depart from Douglas and Wildavsky. While cultural theory tells us that meaning constructs are not socially viable indefinitely, it says little about the norms of provoking the conditions of constructs replacement. Yet, surely one of the core challenges for scholars of public policy and administration is to create research agendas conducive to changing the world as well as understanding it? (Lasswell, 2010).

We have a second premise to address. Even assuming we believe we should explore whether these myths can change, given what we know about their culturally constitutive nature, is change possible? The theories-in-use that deliver health and safety myths have a political impact on the world. The continued confidence in fictitious health and safety rules as an effective weapon against everyday risks of blame or confrontation suppresses alternative courses of action and information coming to the fore. In this way, the theory-in-use becomes self-sustaining – creating the conditions by which it makes itself true (Argyris and Schön, 1974: 18, 27). Where a theory creates its own world, the possibility of learning a new theory and so slaying a myth may be remote.

Yet recall, Argyris and Schön engage in action research. Without denying the potentially self-fulfilling character of theories-in-use, they understand that they map out possible ways through this impasse. To survive, myths rely in the continued compatibility between the macro world of cultural bias – regulation as burden – and micro world of daily human relations – we lack the capacity to satisfy our governing variables without the use of myths. Sustained challenge at even one of these two levels changes the fortunes of the meanings being constructed and used around health and safety. Regulatory myths around health and safety are manifestations of NPM tension, a tension which is deeply ingrained at the macro level in the UK. Thankfully, Argyris and Schön focus attention on generating change at the micro-level where building new theories will help humans learn not simply about their everyday interactions but challenge the wider macro paradigms that have hitherto underpinned those interactions. The logic runs thus. Theories of use and governing variables (our desire to reduce uncertainty, fear, blame, negative emotions and so on) are in a responsive relationship. Where our micro-theories fail to regulate our governing variables at a comfortable level,

we change them (Argyris and Schön, 1974: 17). The norms and values that make up macro-level cultural biases are directly influenced by our actions and are artefacts of our theories-in-use. As our actions test and apply new theories-in-use, we may challenge the wider context in which these theories seek to function.

Failure of existing theories-in-use relies on the presence of dilemmas which carry conflicts and contradictions (1974: 30-32). If these accumulate, and theories-in-use begin to constrain rather than free us, a learning process will be triggered that generates change. Three particular dilemmas are of interest to us.

First, there are *dilemmas of incongruity*. These are the conflicts that may arise from a mismatch between espoused theories and those theories-in-use that guide our daily actions. For example, a shop assistant who sees herself as customer-focussed and willing to go the extra mile may become uncomfortable by the lazy practices and corner-cutting she uses sometimes to mask a lack of training in some areas. Yet, most of us live with some level of incongruity between our idealised values and lived practice. For these conflicts to become dilemmas that we address ourselves, either we must hold the espoused value very dearly or be the subject of an intervention that helps expose the dissonance between our theories. In this case, this means action that addresses capacity gaps – for example, sector specific guidance on the frequent capacity problems associated with the use of myths in their area. The idea that health and safety's gone mad becomes far less potent with an increase in staff's ability to communicate effectively or understand the technical rulebook that governs their sector.

Second, there are *dilemmas of inconsistency* which capture the conflicts that arise when theories-in-use no longer satisfy our governing variables. For example, a housing association official may find it difficult, in the world they have created where petty health and safety 'rules' are applied, to hold her position – on, for example, no plants in the communal areas – in the non-confrontational way she desires. She may achieve clean and empty hallways but the price of that is provocation of the tenants – something that the citation of health and safety rules was meant to stop in the first place.

This dilemma reminds us that the mobilisation of health and safety as an excuse is done in the context of an *exchange*. And, in conversations, the other party may answer back. One possible intervention is to engineer an environment where people create this inconsistency by challenging suspect use of health and safety. Information campaigns that educate citizens on health and safety myths and encourage them to call them out is a key part of the HSE's myth-busting initiative. Yet, this falls a way short of being any mass mobilisation against myths, and learning may be confined to the individuals involved in each case.

Cultural theory offers an alternative way to fashion a challenge strategy through the identification of how people's individual beliefs mediate their willingness to challenge or accept myths and if agencies like HSE can alter their communication strategy to nudge people toward challenging more. The evidence base to underpin such approaches is currently being built using narrative experiments and grid-group categories (Author, 2016).

Finally, we have *dilemmas of value* where we become increasingly resentful of the world our theories-in-use have created. This concerns the constitutive nature of myths and what happens when our theories-in-use inadvertently create a world that we find it difficult to value. Think of the headteacher convinced that she can only allay her fears of liability claims, or difficult parental complaints, by cancelling sports day when the grass is wet with dew. Though her governing variable – anxiety – has been satisfied by using health and safety as a clincher, she may also come to resent the behavioural world of her school or sector – in which those in leadership positions are ridiculed as preventing the very learning they value. Creating continuing professional development cultures and communities of practice in which self-reflection is rewarded and socialised seems key if we are to unlock the disruptive potential of evaluating old theories-in-use and learning new ones.

Conclusions

The paper combines Douglas and Wildavsky's cultural theory of risk with an action account of individual interaction to explore and explain the UK phenomenon of health and safety myths. The analysis is guided by the need to understand how the macro context conditions and is re-made at the micro-level by everyday interactions of service providers with citizens. Cultural theory demonstrates that regulatory ideas about health and safety in the UK, and specifically regulatory myths, are not sufficiently explained by what is on the statute books in terms of laws or by any rational model of human behaviour. Rather, the plausibility of myths is secured by pervasive negativity around regulatory tools in general and the non-prescriptive and everyday nature of health and safety as an idea in particular.

Action theory allows us to connect this phenomena to the micro-level. Specifically, the reproduction of myths is viewed as a function of the theories-in-use we use to maintain control of potentially hostile or uncomfortable social situations. Using examples from the HSE's myths database, we see that citing non-existent health and safety rules offers a simple and effective way to help us avoid blame, loss of profits or being shown up as ignorant or unskilled. That the requests being shut

down are accepted by all sides as entirely reasonable is beside the point. Gaps in human and organisational capacity – administrative, analytical and communicative – condition our responses.

In exploring the prospects for change, we underline the need for any reconstruction of theories-in-use to attend to the micro levels. The challenges are huge; micro-level reflection and challenge is notoriously difficult to encourage, and the challenges increase given that theories-in-use are not always self-conscious but are always meant. But developing strategies that alter everyday interactions appears a more realistic path to change than tackling the macro context directly where the discourse of regulatory burden is one to which government itself is a key contributor. The success of micro-level interventions depends on the extent to which reflection and capacity building activities can take place in the current macro-level environment in the first place.

But, let us end on a positive note. While not under-estimating the task, meeting these challenges requires the championing of a learning approach to policy design that treats regulation as a good to be social negotiated and co-produced with stakeholders and citizens (Sørensen and Torfing, 2011). Such co-production may hold the key to deeper, double loop change over the long-term.

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