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Systemic Cognitive Dissonance

When Institutions Resolve Contradictions by Redefining Reality

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There is a special kind of contradiction that only large systems can pull off with a straight face.

Not the small, human kind — where you say, “I’m fine,” while actively dissolving into soup.

I mean the institutional kind.

The kind where the organisation can simultaneously say:

- “We’ve learned from past harms,” and
- “We’re rolling out a new model that recreates the same risk profile,”
- while feeling morally refreshed and statistically moisturised.

This is **Systemic Cognitive Dissonance**:
A structural pattern where contradictions are not corrected — they are **managed**, **rebranded**, and **exported** into someone else’s life.

What Cognitive Dissonance Actually Is

Cognitive dissonance is the discomfort people feel when they hold two conflicting beliefs — and the mental gymnastics used to make the conflict disappear.

Classic example:

> “I’m a fair person.”
> “I treated someone unfairly.”
> “Therefore… I will invent a reason why it was actually fair.”

That’s the human version.

The systemic version is more elegant, because institutions don't "feel" discomfort the way individuals do. They **proceduralise** it.

They don't sweat.
They publish.

The Institutional Upgrade: From Feeling Bad to Filing It

When a system encounters evidence that contradicts its self-image — "we are fair," "we are evidence-based," "we are participant-centred," "we are transparent" — it has two options:

1. Change the model.
2. Change the meaning of the words.

Option 2 is cheaper, faster, and comes with a new framework name.

So the contradiction is resolved not through insight, but through **administrative reframing**.

The system remains good.

Reality does the adapting.

The Pattern: How Dissonance Becomes Policy

Systemic cognitive dissonance tends to follow a recognisable cycle:

1. **A large-scale decision model** is introduced (often "standardised," "streamlined," "consistent").
2. Complexity is reduced into **categories, scores, or thresholds**.
3. Outliers become "exceptions," then "risks," then "non-standard presentations."
4. Harm occurs — often quietly, unevenly, and hardest on those with the least capacity to contest it.
5. Public concern appears.
6. Reviews are commissioned.
7. Lessons are "embedded."
8. A new model arrives… that preserves the same structural assumptions, but with better branding.

If you squint, it looks like reform.

If you zoom in, it's the same logic wearing a fresh lanyard.

The Mirage of Objectivity

Standardisation is often marketed as fairness:

- “Consistent decisions”
- “Transparent planning”
- “Reduced burden of evidence”
- “A better experience”

All good goals.

But here’s the question the system rarely asks out loud:

Consistent with what?

Because consistency can just as easily mean:

- consistent underestimation
- consistent exclusion of complex needs
- consistent downgrading of lived expertise
- consistent prioritisation of what the tool can measure

A tool can be consistent and still be wrong.

In fact, wrongness scales beautifully.

The Quiet Shift: From Evidence to Output

The most important change in modern administrative planning isn’t always the headline announcement.

It’s the subtle shift from:

Evidence informs decisions
to
Outputs determine reality

Once the output becomes the “truth,” the burden flips:

- The person must disprove the tool.
- The family must out-document the framework.
- The clinician must translate complexity into whatever the system currently recognises as legitimate.

And anything that can’t be captured cleanly becomes… conveniently intangible.

Not untrue.
Just “unverified.”

The Outlier Problem (Also Known as: People)

Systems love averages. Averages are calm. Averages are soothing. Averages do not send 40-page reports or cry in the car after an “assessment conversation.”

But disability support is not an average experience.

A large proportion of participants are *defined* by variability:

- fluctuating medical states
- rare presentations
- multi-factor support needs
- sensory and autonomic instability
- intersecting psychosocial risk
- profound functional impacts that don’t show up neatly in tick-box land

When this variability is treated as an inconvenience to the model, the model becomes an engine of dissonance:

> “We are individualised.”
> “We use standard outputs.”
> “Therefore standard outputs must be individualised.”

It’s not logic.
It’s self-protection.

Dissonance-Reduction Tactics (System Edition)

When contradictions appear, systems tend to resolve them using familiar methods:

1) Redefinition

“Evidence-based” becomes “tool-informed.”

2) Reframing

Harm becomes “transition issues” or “implementation challenges.”

3) Thresholding

Need is real only if it passes a line.

4) Delegation

If the system output is wrong, the person must appeal, chase, escalate, and prove.

5) Normalising error

When enough people are harmed, the harm becomes “how it works.”

The system remains coherent.

People become the noise.

So What Would Real Reform Look Like?

Here’s the part where I stop being purely observational and become irritatingly practical.

If we want a transparent, ethical, thriving ecosystem — one where participants, providers, and workers can actually function — then “fairness” can’t just be a vibe. It needs engineering.

Real reform asks things like:

- Has the assessment framework been **independently validated** in live decision environments?
- What are the **error rates**, and where do they cluster?
- How does it perform on **edge cases** — the high-variability, high-risk cohort?
- Is there a published methodology for **weighting expert evidence** vs tool outputs?
- Is there genuine **procedural fairness**, including clear reasons, accessible review pathways, and timely correction?
- Are participants and lived-experience experts involved in **co-design**, not just consulted after the fact?

If we can’t answer these transparently, the model isn’t evidence-based.

It’s evidence-adjacent.

Conclusion: Coherence Is Not The Same as Truth

Systemic cognitive dissonance is not a moral failing.

It’s an operating style.

It’s what happens when a system prioritises internal coherence over external accuracy.

And it’s why “reform” can sometimes feel like:

> The same contradiction,
> with a new logo,
> and a fresh email signature.

A sustainable disability ecosystem doesn't require perfection.

But it does require one radical, highly controversial principle:

When evidence contradicts the framework, we update the framework — not the meaning of evidence.

Editor's Note (Very Small, Very Polite):
If your system is "participant-centred," the participant should not need a law degree, a trauma therapist, and a printer to survive it.