

The Origins of the Moral Motives Conference: Public Health Behavior

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Background

Informal learning institutions--museums, libraries, news organizations, and others--figure prominently in the ecosystem of lifelong learning ([Gupta et al. 2020](#)). These institutions work to inform their audiences about the rapidly emerging scientific consensus on various topics. Often this information invites action, such as avoiding single-use plastic, watering lawns and gardens at dawn or dusk to conserve water, or social distancing during a pandemic. What motivates people to act upon that information (or not)?

Knology partners with informal learning institutions to provide theory-driven answers to such questions.

One such partnership is the PBS NewsHour/Knology Participatory Action Research Lab, where researchers and journalists collaborate on (a) designing research on how news use affects reasoning and decision-making and (b) applying research to news production.

In 2020, we received NSF funding to increase reporting on the rapidly emerging scientific consensus about the COVID-19 pandemic. The grant also funded research on how to best report that scientific consensus to support the decision-making of news users.

To that end, we collected data on people's news preferences and habits, their compliance with behavioral recommendations from the Centers for Disease Control and Prevention (CDC), and their judgments about whose wellbeing (from self to society) those recommended behaviors protect or promote (for further details see the online report: [Voiklis et al., 2021](#)).

Why 'morality'? *The Model of Moral Motives*

In previous research, we found that people considered others' needs when judging the personal relevance of science news (e.g., [Barchas-Lichtenstein et al., 2021](#)). Such social considerations make relevance a moral judgement. By moral, we do not refer to any particular "rule" in any particular normative system. Rather, we refer to the general principle across normative systems that the needs of others matter. This social-moral relevance judgement is the first step in taking action on the news ([Voiklis & Barchas-Lichtenstein, 2019](#)).

Our decision to query judgements about protecting and/or promoting wellbeing was motivated by the Model of Moral Motives (MMM; [Janoff-Bulman & Carnes, 2013](#); 2016; Janoff-Bulman, Sheikh, & Baldacci, 2008). In line with the general principle above, MMM is a "pluralistic" theory, in that it does not assume what specific behaviors are im/moral and can be applied to a number of situations and cultural contexts. MMM offers a way to organize morality--behaviors and the motives and norms regulating those behaviors--and make predictions about the consequences for societal structures and activities.

MMM starts from the most basic motivation--feelings of attraction and aversion. In philosophy and psychology this is often described as the desire to (a) approach pleasure or promote positive outcomes and (b) avoid pain or prevent negative outcomes (the hedonic principle; for a wide-ranging review see Cornwell et al., 2014). As above, when those outcomes involve other people, then those motives become moral. Figure 1 shows how the two basic motives organize morality at three social scales: the self (personal), others (interpersonal), and groups of people (collective).



Figure 1. Model of Moral Motives, based on Janoff-Bulman & Carnes (2013).

At the **personal scale**, avoiding harms to oneself and providing for oneself alleviates the burden on those others who might feel responsible for one's wellbeing. The inclusion of the personal scale in MMM is an innovation in current moral psychology (e.g., Moral Foundations Theory; Graham et al., 2009) but harkens back to the virtue ethics of Aristotle and Confucius, among others.

The **interpersonal scale** dominates the conversations of caregivers and children about how to treat members of one's household, friends, and classmates--don't hit, don't lie, don't cheat, as well as be gentle, be helpful, and share--and continues throughout one's lifespan with a widening range of interpersonal interactions.

The **collective scale** is the stuff of religious ritual and political discourse, which aim to motivate people to promote social justice and responsibility and prevent threats to social order and solidarity. The inclusion of social justice at the collective scale in MMM is another innovation in current moral psychology and corrects for very selective readings of history and the archeological record (cf. Graeber & Wengrow, 2021). MMM predicts that the

political spectrum divides on motives related to order and justice (for more details see [Janoff-Bulman & Carnes, 2013](#)).

Here we explore the extent to which moral motives might compel people to act upon the information reported in the news. Specifically, we used the data collected through the NewsHour/Knology Participatory Action Research Lab to test for reliable relationships between reported compliance with CDC recommendations and judgements about protecting and/or promoting wellbeing at each social scale. Figure 2. shows the potential relationships (dotted arrows) between each moral motive and a motivated or goal directed behavior (represented by the icon in the center).

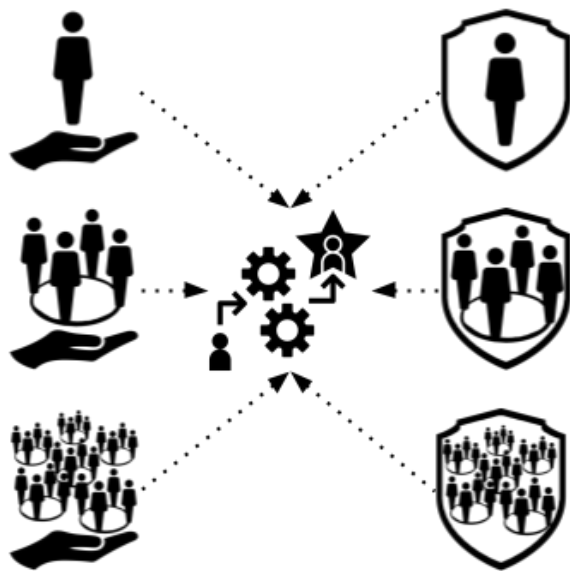


Figure 2. Hypothetical model of moral motives contributing to goal directed behavior.

How We Did It

We asked people about seven recommended behaviors that appeared on the CDC's COVID-19 How to Protect Yourself & Others page ([CDC, 2020](#)) and were often mentioned by news outlets (the two hand washing behaviors are redundant, but we retained both to check that respondents agreed):

- Staying home as much as possible
- Wearing a mask outside one's home
- Staying 6 feet away from people
- Not touching one's face
- Washing one's hands frequently
- Washing one's hands for 20 seconds with soap
- Cleaning surfaces in one's home

We asked respondents to "Think about your activities during the last seven days and tell us how your activities compare to those reported by a number of people." As shown in Figure 3., respondents moved a slider between two endpoint statements that indicated full compliance and noncompliance.

Akira says: I have not left my home
even once since I learned
about the pandemic.

Zain says: I have left my home
every day since I learned
about the pandemic.



Figure 3. Example of response format for questions about compliance with CDC recommendations.

We then asked respondents to report their judgments about whose wellbeing (me, those around me, society as a whole) the recommended behaviors protect or promote. While the CDC presented all the behaviors as ways to "Protect" wellbeing, we decided to ask about promoting wellbeing to capture those who might view compliance as a nurturing act (i.e., improving the lives of the moral target). To avoid overwhelming respondents with six follow-up judgements for each of seven behaviors, we randomly selected three behaviors for each respondent to judge.

For each of the randomly selected behaviors, we asked respondents to move a slider to indicate how strongly they agreed ("Strongly Disagree" [-1.00] and "Strongly Agree" [1.00]) with the following statements:

- [BEHAVIOR] protects me.
- [BEHAVIOR] protects those around me.
- [BEHAVIOR] protects society as a whole.
- [BEHAVIOR] improves my life.
- [BEHAVIOR] improves the lives of those around me.
- [BEHAVIOR] improves society as a whole.

For the sake of conserving space here, we ask interested participants to access the online report ([Voiklis et al., 2021](#)) for summaries of the overall compliance ratings and judgement ratings. Here we offer an overview of the relationships between moral motives and compliance.

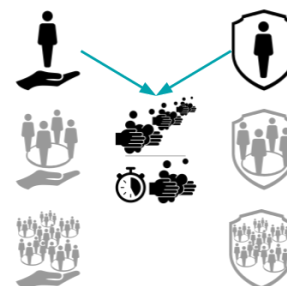
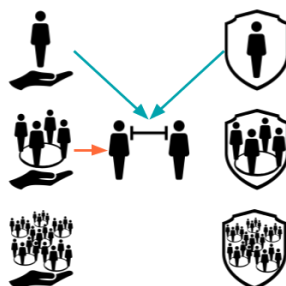
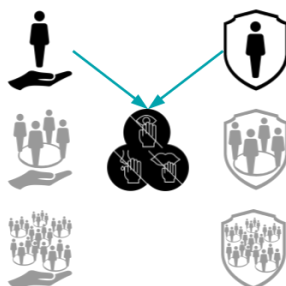
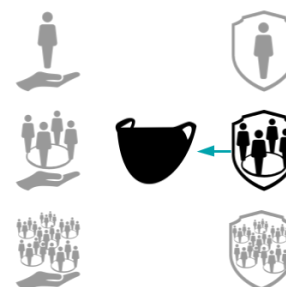
What We Saw

On the next page we summarize the results. For each recommended behavior, we reuse the hypothetical model shown in Figure 2. We retain the arrows where the relationship between the ratings for the motives and the ratings for compliance could not be attributed to chance occurrence. Blue arrows mean a positive relationship--as the motive rating **increases**, the compliance rating also **increases**. Orange arrows mean a negative relationship--as the motive rating **increases**, the compliance rating **decreases**.

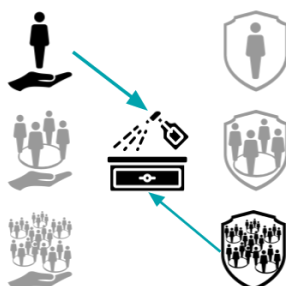


Staying home as much as possible: Whether people stayed home was not related to their judgments on any of these dimensions. This result is unsurprising: we conducted the survey in September 2020, when staying home was as much a matter of policy as of individual choice.

Wearing a mask outside one's home, on the other hand, was motivated by a desire to protect others. Participants who said that wearing a mask protects others were also more likely to wear one regularly.



Not touching one's face, staying 6 feet away from others, and (frequent & thorough) **hand-washing** all patterned similarly. People who thought these behaviors were self-protective and self-beneficial were more likely to do them. (We also saw that people who thought physical distancing improved others' lives were *less* likely to do so. Whether this is due to resentment or a quirk of our data remains an open question.)



Finally, people who **cleaned surfaces in their homes** did so for both personal and societal reasons. People who thought cleaning surfaces benefited themselves, protected society, or both were more likely to do so than people who did not.

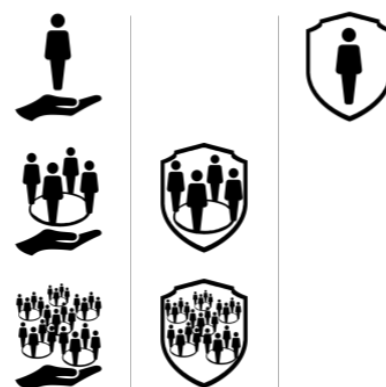
Caveats

The figures above do not show any of the **covariates** that we included in the analysis, such as the data on news habits and political affinities (i.e. whether respondents reported feeling closer to Democrats or Republicans).

We tried several approaches to **segmenting** the sample based on their news habits and demographic data; all aligned to a surprising degree with political affinity. Simply put: respondents who felt closer to the Democratic party were more adherent to public health measures.

Our proof of concept analysis did not account for the **relationships between moral motives**. Largely because all the recommended behaviors were widely framed as ways to “Protect Yourself & Others,” we saw only 3 independent clusters of motives, rather than 6:

- benefit (left),
- protect others (center), and
- protect oneself (right).



Implications & Open Questions

The differences we saw largely aligned with U.S. **public health discourse** at the time: masking was presented as primarily a way of protecting others, in contrast with most other measures, which were presented as self-protective. Staying home was framed as a collective responsibility -- but this message was murkier, and few were talking beyond the interpersonal level of protections (or benefits). Also, staying home was not always a matter of choice. For some people in our sample there was possibly **economic coercion**, or at least participants who had jobs that required their physical presence (for further details see the online report: [Voiklis et al., 2021](#)).

This conference is about exploring how moral motives move people from STEM information learning to STEM-informed action. Public health behavior is one sliver of STEM-informed action and the recommendations we examined represent only a narrow sliver of that sliver. We presented our preliminary findings to start a conversation. The work shared by conference participants should broaden the basis of that conversation, and help us get a sense of the motives (moral or non-moral) for STEM-informed action in a range of STEM topic areas.



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