

Demoralization: Do Perceptions of Low Harm Reduce Moral Conviction?

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Abstract

The field of moral psychology has an extensive amount of literature regarding moral attitudes and moralization, or the process of a formerly neutral attitude becoming morally charged. However, we know less about the process of demoralization, or reducing the strength of a moral conviction. This is despite the presence of many demoralization events in history and the idea that one needs to demoralize an attitude before people who are opposed on an issue can come to a compromise. The current research investigated whether perceptions of harm, based in the Theory of Dyadic Morality, reduce moral conviction by showing participants that a given behavior does not result in the harm of an individual. Participants were randomly assigned to three conditions. Participants in the low harm condition read a fabricated story about a man who was healthy despite smoking marijuana, then responded open-endedly about the passage and their own beliefs about the lack of harm of marijuana, and finally read information from the CDC about the benefits of marijuana. Participants in the high harm condition read a similar fabricated story about a man who was having negative health symptoms due to smoking marijuana, then responded open-endedly about the passage and their own beliefs about the harms of marijuana, and finally read information from the CDC about the risks of marijuana. Participants in the control group did not read any passages nor responded open-endedly. All participants reported their position on marijuana, their degree of moral conviction about marijuana, their perceptions of harm, and demographic variables. Results partially supported the hypotheses, as the low harm group had the highest support for marijuana and the lowest perceptions of harm and moral conviction, but the differences from the control group were not statistically significant for the support and perceptions of harm variables. However, moral

conviction, the main study variable, was found to be significantly lower for the low harm group than the control group, or, in other words, the topic was demoralized. Implications for the idea of demoralization, in the context of past events and current political activism, are discussed, and recommendations for future research in the topic of demoralization are offered.

Demoralization: Do Perceptions of Low Harm Reduce Moral Conviction?

In a 2020 documentary titled *Francesco*, Pope Francis of the Catholic Church endorsed same-sex civil unions. This is the first time that a pope has done so, as the Catholic Church has held the belief for thousands of years that homosexuality is wrong and should be condemned. While many still hold that belief, there are now large portions of different Christian sects that have shifted that belief, now including Pope Francis himself. While Francis has not declared that homosexuality is not a sin from the perspective of the Catholic Church, this statement is a significant shift away from condemnation of the LGBT community in the Catholic Church, endorsing legal parameters for LGBT families. This is an example of the way that people's moral beliefs can shift over time.

People hold a variety of attitudes relevant to societal issues, some of which are imbued with moral conviction. Moral conviction refers to a person's perception that an attitude they hold is rooted in a sense of right and wrong (Skitka, 2014). Moral conviction is not simply black and white; as described below, the strength of a moral conviction can range depending on a variety of factors. A person may see some issues as weakly tied to right and wrong, and other issues as intrinsically tied to right and wrong. Furthermore, moral convictions are not stagnant, and studies have shown that moral convictions can shift over time (Feinberg, Kovacheff, Teper, & Inbar, 2019). For example, for a majority of western countries, the topic of same-sex marriage has lost much of its vigorous opposition, so much so that legal barriers have been dropping every year. Studies show that, in the U.S., opposition towards same-sex marriage has dropped significantly since 1996, from 68% to less than 31% (McCarthy, 2020). To go along with this shift in attitudes, since the 1990s, the U.S. Supreme Court has ruled many anti-LGBT laws unconstitutional,

paving the way for many lawmakers to then begin creating laws attempting to protect members of the LGBT community. The shift in attitudes about same-sex marriage is only one of countless examples of the ways that people's moral beliefs have shifted over time. How do these shifts away from moralized support or opposition come about? How does a topic lose its moral charge, in other words, become "demoralized"?

Moral Convictions

The Domain Theory of Attitudes (Skitka, 2014) explains that there are three types of attitudes a person may hold. The first is a personal preference - personal preferences are people's subjective opinions that reflect each person's individual tastes, for example, liking chocolate ice cream more than vanilla. The second type of attitude is normative conventions - normative conventions are attitudes that a person believes should govern the groups they belong to (such as a community, religion, or ethnicity). For example, a normative convention would be that in the United States, people should drive on the right side of the road. People perceive these attitudes as applicable to their own groups, but not as universal. The third type of attitude is moral convictions - moral convictions are attitudes that a person defines in moral terms, that is, in terms of right versus wrong (Skitka, 2014).

Qualities of moral convictions. People view moral convictions as absolute and universal in nature (Morgan & Skitka, 2020). A person believes that their moral belief applies to everyone in the world, and that anyone who does not act in accordance with that belief is acting immorally. People also view moral convictions as objective and fundamentally true, similar to how one would view scientific knowledge and facts (Morgan & Skitka, 2020). The more the person

perceives an attitude as moral, the more they believe in the universalism and objectiveness of that attitude (Morgan & Skitka, 2020).

Moral beliefs have also been shown to be resistant to both authority (Skitka, Bauman, & Mullen, 2008) and peer influence (Skitka, Bauman, & Sargis, 2005). For example, a person's government or peers do not readily induce them to change their moral convictions. As such, a person's moral convictions will also cause them to reject decisions and actions of authorities or peers that go against their moral convictions (Skitka et al., 2008; Skitka et al., 2005).

Moral convictions have also been shown to be strongly tied to a person's emotions (Skitka & Wisneski, 2011). When people perceive harms and norm violations, they experience negative affect, which is associated with perceptions of immorality (Gray, Schein, & Cameron, 2017)

Impacts of moral convictions. Moral convictions do not stop at simply shaping how one views the world around them, but also how they react to it. One's moral convictions are strong predictors of a person's intentions and, subsequently, their actions (Skitka & Bauman, 2008; Skitka, Morgan, & Wisneski, 2015). The stronger the moral conviction, the more likely the person is to act on that belief (Skitka, 2014).

One important example of moral convictions affecting behavior is politics. Political engagement and activism have both been shown to be strongly correlated with one's moral convictions and their respective strength (Skitka et al., 2015; Skitka & Morgan, 2014). They influence for whom and how (as well as if) one votes, how they react to government decisions, amount of trust placed in officials, and more intense actions taken in support of one's political beliefs when moral convictions are stronger (Skitka & Bauman, 2008; Skitka & Morgan, 2014).

Moral convictions have a “dark” and a “light side”. The dark side of moral convictions is support for more extreme and/or violent actions in line with those convictions, significant decreases in cooperation with people who do not share the conviction, and intolerance of those who go against their moral beliefs (Skitka & Morgan, 2014). The light side, however, is that moral conviction pushes people to stand up for their belief, instilling “moral courage” in them (Skitka & Morgan, 2014). Another example of moral conviction affecting decision making is in the context of laws and justice. The more moral wrongness perceived for a legal offense, the harsher people expect the offender to be punished (Durrant, Fisher, and Thun, 2011). The effect of moral conviction on punishment was stronger and more robust than the effects of other variables studied (such as perceptions of societal threat, harm, and emotional warmth toward offenders). This is consistent with the notion that moral convictions have one of, if not, the strongest influence on people’s decision making concerning how to treat others and problems in our society.

To summarize, moral convictions are perceived as objectively and universally true, are resilient to authority and peer influence, and are emotion-laden. If an attitude is morally charged for a person, that attitude is important to their worldview, and calling upon it will evoke an intense response. Moral convictions are highly motivating, predicting people’s actions, decisions, and judgements of others and situations. The stronger the moral conviction is, the stronger its effects on thinking, feeling, and behaving.

Moralization

Although we know a lot about the characteristics of moral convictions, we know less about the processes that increase and decrease moral conviction. Most research on these topics

have focused on the process of moralization (increasing moral conviction). Moralization refers to the process by which an attitude shifts from non-moral to morally convicted (along with all of the other characteristics that come along with moral convictions). This process can occur through a variety of avenues. One finding is that simply labeling an attitude as having a moral basis strengthens it to the point of becoming a moral conviction (Luttrell, Petty, Briñol, & Wagner, 2016). In addition, because the attitude becomes moral, a person's behavior regarding that attitude becomes more predictable and resistant to persuasion (Luttrell et al., 2016).

There are a number of variables that may turn neutral topics to moral ones (Feinberg et al., 2019). The first is negative emotions. When participants were induced to feel negative emotions such as guilt, shame, disgust, and anger while thinking about eating meat, the person was far more likely to become moralized about it (Feinberg et al., 2019). The second is feelings of sympathy. The more sympathetic and compassionate a person felt toward the animals that humans eat, the more likely they were to moralize their meat-eating attitude (Feinberg et al., 2019). A third predictor of moralization is based in the idea of moral piggybacking. Moral piggybacking is a cognitive process in which a person responds to a perceived inconsistency in their attitudes when they connect a moral belief with a previously unrelated neutral attitude - people respond to this inconsistency by feeling a need to become moralized about the initially neutral attitude (Feinberg et al., 2019; Skitka, Hanson, Morgan, & Wisneski, in press). The important consideration with these findings is not that these cause moralization, but rather that these concepts increase the likelihood that a person will moralize a topic when presented with a certain trigger or stimulus, such as the ones described in the next section.

Moralization Theories

There are a few different concepts that have been the focus of trying to explain the inner workings of moralization - harm, victims, and domains - and there have been a few theories proposed that encapsulate the relationship between these concepts.

Harm. Perceptions of harm are at the core of the theory of dyadic morality. The theory of dyadic morality explains how harm and morality are intertwined - as perceptions of harm of an action increase, so does moral conviction, and vice versa (Schein & Grey, 2016; Schein & Gray, 2018). The theory focuses on the image of a loop to show how harm and morality feed into each other. The reason it is called *dyadic* morality because “harm itself stems from three ingredients: 1) an intentional agent, 2) causing damage to 3) a vulnerable patient”, and two people are involved in this perceived harm: a perpetrator and a victim (Gray et al., 2017, p. 43). More intention to perpetrate, perceived harm to the victim, and causal relationship between the two all increase perceived immorality (Gray et al., 2017). It is important to note that when the word “harm” is used, the meaning of it is not metaphorical or theoretical. Perceptions of harm are based on actual perceptions of suffering for the victim, not on other negative feelings toward the situation (Gray, Schein, & Ward, 2014). For some topics, it is easy to see how harm and morality exist in dyadic loop, such as murder, rape, and racism. Other topics are more ambiguous in how people perceive harm, such as gay marriage, pornography, and masturbation (Schein & Gray, 2016). What we do know, however, is that once harm is perceived, moralization increases, spiraling and growing in strength.

In keeping with the idea that harm is a broad spectrum, “concept creep” states that, over time, the concept of harm has expanded, meaning that the list of behaviors, activities, beliefs, and

objects that are perceived as harmful has increased (and sometimes partially decreased) (McGrath, Randall-Dziedz, Wheeler, Murphy, & Haslam, 2019). Some examples include smoking tobacco, segregation, and corporal punishment. Not every person will perceive harm in the same way, though (for example, there are generational differences in the perceptions of harm), and so harm is fairly subjective in that regard (McGrath et al., 2019). The results showed that the concept of harm one holds will affect moralization. More inclusive concepts of harm were associated with certain personal characteristics, such as liberalism, feelings of being more personally vulnerable, and feelings of entitlement to positive outcomes. As such, inclusive concepts of harm were also associated with variables that directly affect moralization, such as increased empathy, increased focus on harm and care in moral judgements, increased sensitivity to injustice (McGrath et al., 2019).

Corroborating the strong relationship between harm and moralization, when compared to cognitive variables such as consideration of the amount of damage done and negative emotions such as sadness, harm is far stronger in increasing moral conviction (Bloom, 2014). While we will see later that some emotions do have a connection to moralization, harm has been shown to be a pivotal trigger for a neutral attitude becoming a moral conviction.

Victims. Another concept that has been found to relate to moralization is the perception of a victim. It was found that people do not believe that there are harmless wrongs (consciously or unconsciously (Gray et al., 2014). Multiple experiments found that even impure but objectively victimless actions were perceived as having a victim, and that perceptions of wrongness were positively correlated with perceptions of pain (Gray et al., 2014). So even if

there may not be any actual harm done to a person, moral wrongs are still perceived as having a victim and causing suffering.

Domains. One final concept that impacts moralization is the notion of domains, as discussed above, and the specific steps needed to moralize according to the Domain Theory of Attitudes. The Domain Model of Attitude Moralization states that moralization depends on the initial domain of the attitude, wherein personal preference attitudes will need a moral recognition stage which then leads to amplification, and normative conventions and weak moral convictions will only require an amplification stage (Skitka et al., in press). Moral recognition is the act of acknowledging a topic as having moral implications, which is needed for largely neutral topics in society such as meat consumption (Skitka et al., in press). Moral amplification is moralization that occurs due to already understanding that a topic has moral implications to certain groups, such as abortion, but not yet having a moral conviction on this issue (Skitka et al., in press). Different topics will have to go through different stages when becoming moralized for people. Conventions/weak moral convictions only require an amplification stage as those who hold them either are aware of the moral implications for other people, have less hedonic attachment than personal preferences, hold those attitudes as a convention because of conformity or group loyalty (i.e., the person may know about moral implications but choose to follow the group above else), and/or have greater potential to “counter-moralize” (moralize in the opposite direction to one’s attempts to change their attitude) in reactance (Skitka et al., in press).

Summary of theories. The theories discussed above complement each other and can be summarized for our purposes in the following statement: the presence of higher perceptions of

harm and the perception of a victim increases the likelihood that a personal preference or a normative convention becomes recognized/amplified and moralized.

Demoralization

The research on moral convictions, moralization, and associated concepts is extensive. We know much concerning the functions of moral topics, and our knowledge is continuing to expand. However, a significant next step that has yet to be studied in depth is the opposite of moralization: demoralization. Demoralization refers to the process of reducing the strength of a moral conviction to the point that it becomes either a normative convention or personal preference. So, how can this process be initiated?

The answer is: we do not know. The closest supported idea we have so far is that there are deterrents that can prevent moralization in the first place, but not necessarily reverse it (Feinberg et al., 2019). There have been theories that suggest possibilities, such as the Theory of Dyadic Morality suggesting an avenue in that reducing perceptions of harm may be able to reduce moral convictions. In addition, the idea that there is a perception of a victim when a moral violation is committed, even if there is objectively none, may help to increase the chances of reducing perceptions of harm by explicitly showing there is none, since people do not believe in victimless wrongs (Gray et al., 2014).

So, if reducing perceptions of harm may be able to demoralize topics, how do we show that a topic is harmless? There are two avenues: learning about lack of harm and internalizing the belief that there is lack of harm. A person might demoralize a topic by learning that there is no/minimal harm associated with the behavior and really adopting that view into their attitude, thereby reducing the charge of the attitude. Overall, the end goal is to reduce perceptions of

wrongness for a certain topic. If this can be done, the next question is will reduced levels of wrongness also reduce one's moral conviction?

Hypotheses

I proposed three hypotheses. I propose that – compared to baseline and compared to those who read/write about harms associated with a behavior – participants who read and write about the lack of harm associated with a behavior will (a) perceive that behavior as less harmful, (b) perceive that behavior as more acceptable, and (c) will express lower levels of moral conviction.

Method

Participants

Participants ($N = 225$) completed the study for \$1. They were recruited through an Amazon Mechanical Turk post asking for volunteers to participate in a study concerning their beliefs about marijuana. The target number of participants was 250, and while a total of 311 people began the study, 60 were excluded for not completing the study, 23 were excluded for failing attention checks included in the study, and 3 were excluded for nonsensical answers to open-ended questions.

The age range of the participants was 19 to 80 years old, and the mean age was 39.95. Participants included 114 males, 108 females, 2 participants who identified as non-binary, and 1 participant who preferred not to report their gender. When it came to political party, 59 participants identified as Republican, 6 identified as leaning Republican, 30 identified as neither Republican nor Democrat, 18 identified as leaning Democrat, and 111 identified as Democrat. The mean religiosity of the sample was 2.12 on a scale of 1 to 5.

Procedure

Once recruited, participants received a link to a Qualtrics questionnaire. Participants were randomly assigned to a low harm condition, a control condition, or a high harm condition. For analysis, the conditions were coded as -1 for low harm, 0 for control, and 1 for high harm. In the final sample, 71 participants were randomly assigned to the low harm condition, 66 were randomly assigned to the high harm condition, and 88 were randomly assigned to the control condition.

Each of the experimental groups was presented with written testimony with the following prompt: “Please read this statement about an individual who was identified as having regularly used marijuana”. The participants were presented with one of two different passages that described either the harmful effects of using marijuana (high harm) or the lack of harmful effects associated with marijuana (low harm).

Participants in the high harm group were presented with the following passage for the first testimony:

Connor, age 28, visited his doctor for his routine check-up. When asked about any unusual symptoms, he explained how, in the past couple months, he felt fatigued, had trouble breathing, and had some minor lapses in memory. In the course of discussing these symptoms with his doctor, Connor informed his doctor that he regularly smoked marijuana. The doctor let Connor know that these and other symptoms – such as reduced motor functions and increases of anxiety—may accompany marijuana usage. The doctor recommended stopping usage. At a following check-up, Connor reported that his symptoms had resolved.

Participants in the low harm group were presented with the following passage for the first testimony:

Connor, age 28, visited his doctor for his routine check-up. When asked about any unusual symptoms, Connor explained that he felt well. In the course of discussing his overall health with his doctor, Connor informed his doctor that he regularly smoked marijuana. When the doctor asked if he had any adverse symptoms, though, Connor reported that he did not. At a following check-up, Connor reported continued good health.

After reading the passage, the experimental groups were asked to complete an open-ended question with the following prompt: “Please summarize the passage you just read. Furthermore, please reflect on your own knowledge and experiences. What reasons do you know of to believe that marijuana [in the high harm condition: can be harmful/in the low harm condition: is not harmful]. Please elaborate as much as you see fit”.

Once finished writing, the experimental groups were presented with a second testimony with the following prompt: “Please read the following information, taken from the Centers for Disease Control website”.

Participants in the high harm group were presented with the following passage for the second testimony:

The CDC webpage described the potential consequences of marijuana use. The CDC reports that there is meaningful risk of addiction - 1 in 10 adults who use marijuana become addicted (and 1 in 6 people under the age of 18 who use marijuana become addicted). Furthermore, marijuana has been associated with numerous health problems,

including problems with attention, memory, and learning, and increased risk of stroke, heart disease, bronchitis, and cough. Some of these symptoms tend to improve when stopping use of marijuana.

Participants in the low harm group were presented with the following passage for the second testimony:

The CDC webpage described the potential consequences of marijuana use. The CDC reports that there is low risk of addiction – only 1 in 10 adults who use marijuana become addicted. Furthermore, in some people with illnesses, marijuana has even been associated with health benefits, including reducing pain and inflammation, managing side effects in cancer patients, and treating neuropathic pain.

The control group did not read any passages and proceeded to the measures of dependent variables and demographics.

All participants reported their opposition or support for the legalization of marijuana, their moral conviction concerning marijuana, and their perceptions of harm concerning the usage of marijuana. After reporting demographic information, participants were thanked for their time and debriefed.

Measures

Support/opposition. Participants reported their support or opposition to marijuana with the following items: Please report your agreement or disagreement with the following statements: “Marijuana usage is acceptable.” and “Marijuana usage should be legalized.”.

Participants responded to these items on a 7-point bipolar Likert scale from very much disagree

to very much agree. The items were significantly correlated ($r = .90, p < 0.05$) and were therefore averaged to create a single support/opposition score.

Moral conviction and attitude importance. Participants reported their moral conviction about marijuana by responding to the following items: “To what extent are your feelings about marijuana connected to your core moral beliefs or convictions?”, “To what extent are your feelings about marijuana based on fundamental questions of right and wrong?”, “To what extent are your feelings about marijuana based on moral principle?”. Participants responded on a 5-point Likert scale from not at all to very much. The items formed a reliable scale (Cronbach’s $\alpha = .89, p < 0.05$) and were therefore averaged to create a single moral conviction scale.^{1*}

Perceptions of harm. Participants reported their perceptions of harm by responding to the following items: “To what extent do you believe that marijuana usage results in the harm of an individual?”, “To what extent do you believe that a person who uses marijuana is harming themselves?”, “To what extent do you believe that a person who uses marijuana is harming others?”. Participants responded on a 5-point Likert scale from not at all to very much. This measure was used as a manipulation check for the analysis. The items formed a reliable scale (Cronbach’s $\alpha = .92, p < 0.05$) and were therefore averaged to create a single perceived harm scale.^{2**}

Political party. In addition to the study variables, participants reported their political party affiliation. They were prompted with the item “What best describes your political

^{1*}Two other items (“To what extent is your position on marijuana important to you?” and “To what extent is your position on marijuana important compared to other issues that you are dealing with?”) were averaged to create a single attitude importance scale ($r = .80, p < 0.05$). Because it was not the focus of hypotheses, it was not included from subsequent analyses.

^{2**}One other item (“To what extent do you believe marijuana can be beneficial?”) was used as a single item to measure perceived benefit. Because it was not the focus of hypotheses, it was excluded from primary analyses.

affiliation?”, and reported either Democrat, Republican, or neither. Those who indicated Democrat or Republican were presented with the item “How strongly do you identify as [Democrat/Republican]?”, reporting either slightly, moderately, or very much. Those who indicated neither were presented with the item “Are you closer to being a Democrat or Republican?”, reporting either closer to Democrat, close to being neither Democrat nor Republican, or closer to Republican. The responses were then coded into a single continuous political party scale (-4 = very much Republican, 0 = neither, 4 = very much Democrat).

Religiosity. In addition to the study variables, participants reported their religiosity by reporting their level of agreement with the following items: “My religious faith is extremely important to me.”, “I pray daily.”, “I look to my faith as a source of inspiration.”, “I look to my faith as providing meaning and purpose in my life.”, “I consider myself active in my faith or congregation.”, “My faith is an important part of who I am as a person.”, “My relationship with God is extremely important to me.”, “I enjoy being around others who share my faith.”, “I look to my faith as a source of comfort.”, “My faith impacts many of my decisions.”. Participants responded on a 5-point Likert scale from not at all to very much. The items were averaged to create a single religiosity scale (Cronbach’s alpha = .98, $p < 0.05$).

Results

Descriptive Statistics

See Table 1 for descriptive statistics for all study variables and intercorrelations among study variables.

When it comes to the support/oppose variable, it is important to note the frequencies of the responses. A total of 29 participants reported that they at least somewhat oppose marijuana

usage, 8 participants were neutral, and 188 participants reported that they at least somewhat support marijuana usage.

Table 1
Descriptive Statistics of Study Variables

Descriptive Statistics					
	<i>N</i>	Minimum	Maximum	<i>M</i>	<i>SD</i>
Age	225	19	80	39.95	12.21
Political Party	224	-4.00	4.00	0.88	2.77
Religiosity	224	1.00	5.00	2.12	1.38
Condition	225	-1.00	1.00	-0.02	.78
Support/Opposition	225	1.00	7.00	5.74	1.71
Moral Conviction	224	1.00	5.00	2.71	1.26
Attitude Importance	224	1.00	5.00	3.17	1.19
Perceived Harm	224	1.00	5.00	1.84	1.01
Perceived Benefit	224	1.00	5.00	3.71	1.16

Perceived Harm as a Function of Condition

I predicted that perceptions of harm would be lower for the low harm condition than both the control group and high harm condition and higher for the high harm condition than both the control group and low harm condition. I therefore conducted a between-subjects analysis of variance to test whether perceptions of harm differed for the three conditions. Analyses indicated that condition did have an effect on perceptions of harm, $F(2, 221) = 3.20, p = .04$. However, while there is a trend in the direction I predicted, only the low harm condition ($M = 1.66, SD =$

.85) and high harm condition ($M = 2.09$, $SD = 1.02$) significantly differed from each other ($p = .04$), and neither experimental condition differed significantly from the control condition ($M = 1.80$, $SD = 1.10$; low harm $p = .66$ and high harm $p = .19$). See Figure 1.

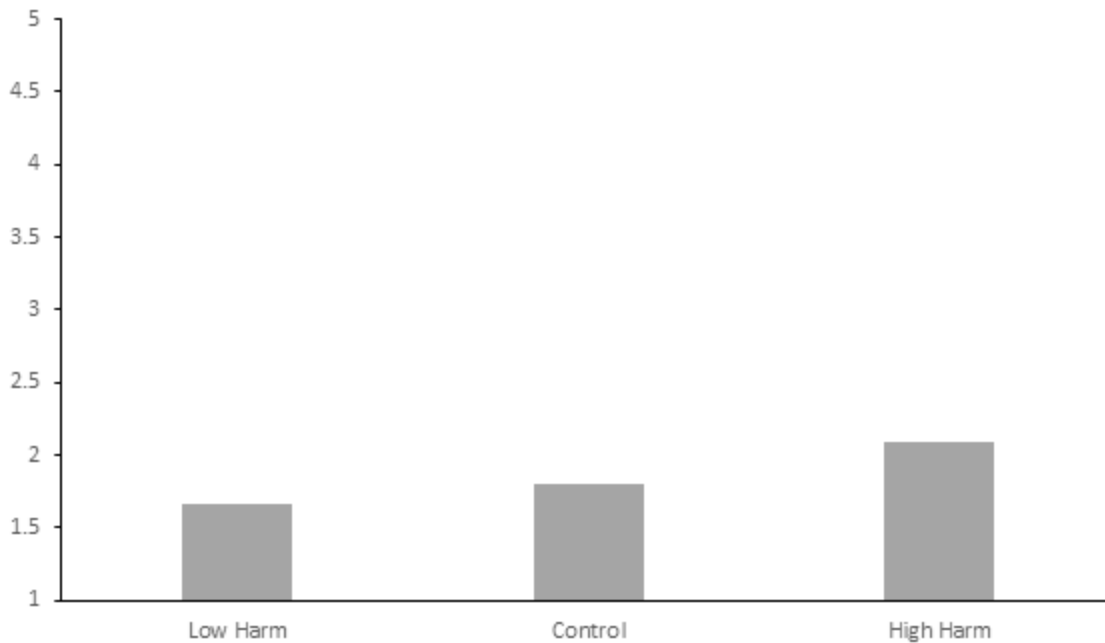


Figure 1. Perceived harm as a function of condition.

Support and Opposition as a Function of Condition

I predicted that support of marijuana usage would be stronger for the low harm condition than both the control group and high harm condition and lower for the high harm condition than both the control group and low harm condition. I therefore conducted a between-subjects analysis of variance to test whether support and opposition differed for the three conditions. Analyses indicated that condition did have an effect on support and opposition, $F(2, 222) = 4.03$, $p = .02$. However, similar to perceptions of harm, while there was a trend in the direction I

predicted, only the low harm condition ($M = 6.11$, $SD = 1.07$) and the high harm condition ($M = 5.30$, $SD = 1.94$) significantly differed from each other ($p = .01$), and neither experimental condition significantly differed from the control condition ($M = 5.78$, $SD = 1.89$; low harm $p = .43$ and high harm $p = .19$). See Figure 2.

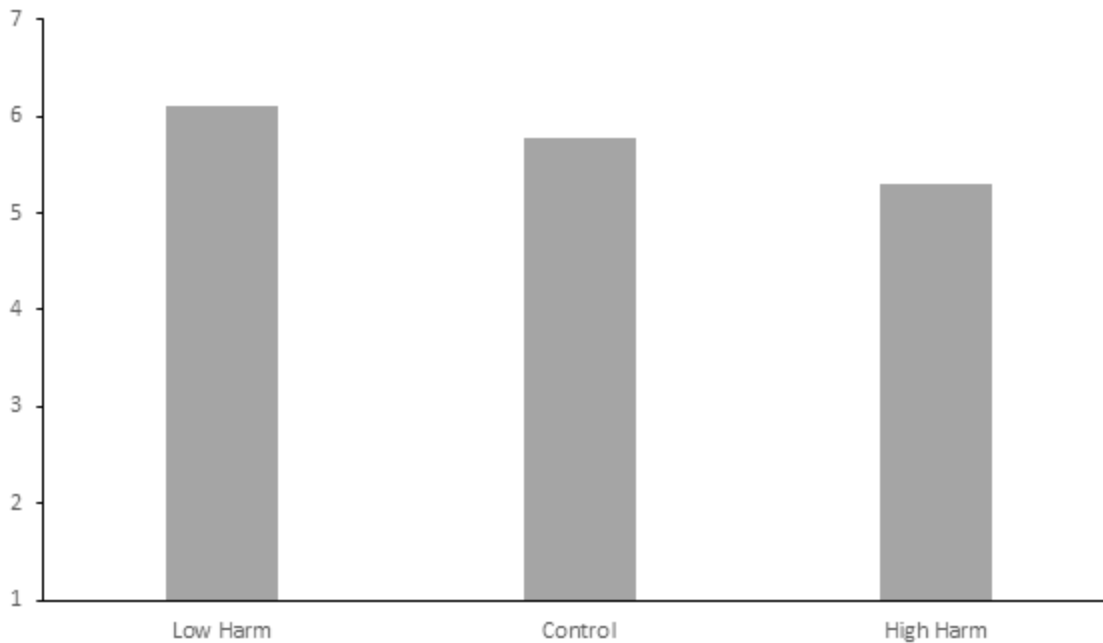


Figure 2. Support and opposition as a function of condition.

Moral Conviction as a Function of Condition

I predicted that moral conviction would be lower for the low harm condition than both the control group and high harm condition and higher for the high harm condition than both the control group and low harm condition. I therefore conducted a between-subjects analysis of variance to test whether moral conviction differed for the three conditions. Analyses indicated that condition did have an effect on moral conviction, $F(2, 221) = 3.85$, $p = .02$. However, this

time, while the low harm condition ($M = 2.90$, $SD = 1.14$) was significantly lower than the control condition ($M = 3.42$, $SD = 1.16$; $p = .02$), it was not significantly lower than the high harm condition ($M = 3.13$, $SD = 1.23$; $p = .50$). Interestingly, the high harm condition was also lower than the control condition, but not significantly ($p = .29$). See Figure 3.

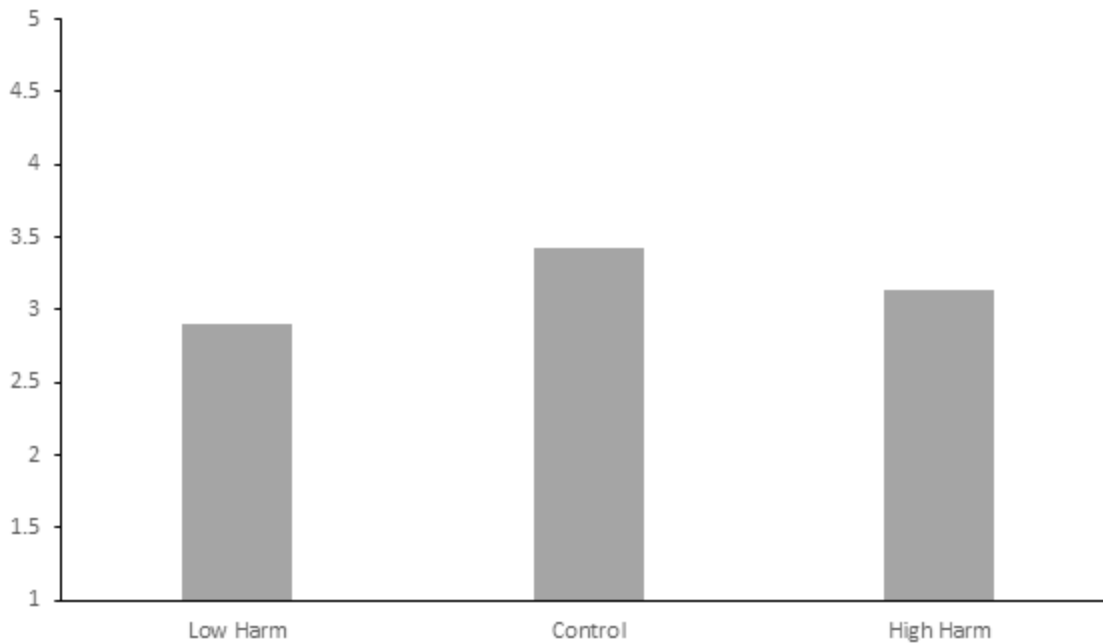


Figure 3. Moral conviction as a function of condition.

In sum, the low harm condition was lowest in perceptions of harm, highest in support for marijuana, and lowest in moral conviction, but not always significantly different from both other conditions.

Table 2
Correlations Among Study Variables

	1	2	3	4	5	6	7	8
1. Age	1							
2. Political Party	-.11	1						
3. Religiosity	.21**	-.38**	1					
4. Condition	-.02	-.06	.03	1				
5. Support/ Opposition	-.07	.26**	-.32**	-.19**	1			
6. Perceived Harm	.02	-.31**	.27**	.16*	-.74**	1		
7. Perceived Benefit	.04	.11	-.09	-.03	.70**	-.62**	1	
8. Moral Conviction	-.02	.02	.15*	.08	.06	-.00	.22**	1

Discussion

I tested whether perceptions of low harm would reduce moral conviction compared to baseline and compared to perceptions of high harm. In other words, I tested whether perceptions of low harm demoralize. Overall, my hypotheses were partially supported. Participants in the low harm group had lower perceptions of harm than participants in both the control group and the high harm group, though only significantly from the high harm group. Participants in the low harm group expressed the highest support for marijuana use of all three groups, though, again only significantly higher than the high harm group. Finally, participants in the low harm group

reported the lowest moral conviction of all three groups, this time only significantly different than the control group. Surprisingly, for moral conviction, the high harm group was also lower than the control group, though not significantly. Simply put, the pattern of results were largely consistent with the trends that I predicted, while not as strong as I thought they would be.

These findings provide additional support for harm as an avenue for demoralization. The low harm group was found to be consistently lower than the high harm group and, more importantly, the control group in all three measures. Though the differences between outcomes were not significant for two of the variables (support and perceptions of harm), the difference between the low harm group and the control group was significant for moral conviction, the main variable in question for this study. Therefore, this study provides reasons to believe that perceptions of low harm may reduce moral conviction, or demoralize. While this is an early step in the study of demoralization, these results suggest two real-world implications. The first is that these results help illuminate our understanding of past demoralizations. Whether one considers same-sex marriage, marijuana usage, or countless other issues, our society has let go of moral oppositions to topics possibly in part due to no longer seeing the harm. The second implication is that these results may help illuminate our understanding of active demoralization. Our contemporary society is seeing shifts and constant battles over many problems that we face, much of which is due to conflicts and clashes in moral beliefs. This research can provide advocates for social, economic, and environmental justice with methods that could bring people together to work toward compromises and solutions.

There were some limitations to this study that should be noted. The first is with the high amount of Democrats that participated. Democrats far outnumbered both Republicans and those

who identified as unaffiliated; the results may have been skewed due to the liberal tendency of the sample and the Democrats' already established support for the legalization of marijuana. In a related vein, there are reasons to believe that the vast majority of the sample initially supported the legalization of marijuana. When one examines the support/oppose variable measured after the manipulation, 188 participants at least somewhat supported marijuana usage while only 29 opposed it. This result, similarly to the political party distribution, could have significantly affected the results of the other two study variables, already setting up the sample to be less morally convicted and perceive less harm. The combination of these two limitations may explain the lack of statistical significance between the groups as well as the unpredicted finding that the high harm group reported moral conviction scores lower than the control group. A third limitation was that I did not measure emotion, another important mechanism behind moralization. As emotion and moral conviction are intertwined, measuring emotion would be a valuable addition to future studies, and could potentially add to our understanding of the differences between the three conditions, and could help explain some of the unpredicted results that I did receive. Finally, another consideration for future research is the choice of topic. In 2021, marijuana may be a fairly demoralized topic (relative to other current topics), and so the general populace may already be fairly low in moral conviction and perceptions of harm, and may be high in support of usage. This may explain why there was not a statistically significant difference between the control group and the low harm group for two out of three variables. Confirming or strengthening my results would require the same procedure but with a topic in which levels of moral conviction is more evenly distributed. In the future, I recommend not only different topics to use in the manipulation of perceptions of harm and measuring emotions, but

also using within-subjects designs for experiments and comparing pre- and post-study moral conviction. This study provides support for the notion that perceptions of low harm influences moral conviction, but the next step is testing whether there is a possibility of changing a person's moral convictions with reducing their perceptions of harm.

The results of this study are promising and are the beginnings of a deeper understanding of demoralization. Morality is a significant force in our society, and so it is only fitting to understand the processes of both becoming morally charged and becoming less morally charged to get a better picture of how society changes when it does. As is evident in the example of Pope Francis and same-sex marriage, changes in policy – and shifts away from moral condemnation – illustrate the ways that morality can shift when it comes to various topics. What was once a moral outrage can become a normal part of society, and looking at the results of this study, it may indeed be due to people coming to believe that there is no harm done.

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