

Covid and morality

(Chapter from a book 'Institutions, morality and Covid-19')

On 7 April 2020, Qian and Yahara (2020) conducted a survey of about 2000 respondents in Japan on the effects of personality, morality and ideology, testing 5 predictions for personality and 3 for ideology. In their study they looked at effects of morality, with the following indicators: avoiding harm to others, providing care and protection, fairness, in-group loyalty, respect for authority and purity.

Avoiding harm to others was found to have a negative effect in reinforcing stress, anxiety, underestimation of the pandemic and a positive effect on preventive behaviour, material sufficiency, likelihood of infection, concerns regarding family and children, and influence on life

Fairness had a positive effect on depression and a negative effect on material sufficiency, and information sufficiency.

In-group loyalty was positive on epidemic consciousness, and negative on concern for family.

Respect for authority was negative on preventive behaviour and positive on medical sufficiency.

Purity was negative on concern about family.

Blagov (2020) investigated effects of 'adaptive' and 'dark' personality on health behaviour and the appeal of public health messages. Dark traits are those of psychopathy, meanness and disinhibition. Psychopathy is characterised as unemphatic callousness, egocentricity, grandiosity, glibness, remorselessness, deceptiveness, manipulativeness, recklessness, unreliability and anti-sociality.

On the 'adaptive' side, he considered conscientiousness and agreeableness, and found that those predicted endorsement of social distancing and hygiene. Dark traits predicted low endorsement, and the intent to knowingly expose others to risk. It overlaps with the 'dark triad traits' of narcissism and 'machiavellianism'. Blagov found that most participants preferred a message appealing to compassion, but dark traits predicted a lower appeal.

In a survey of 368 healthy citizens in China, Xiang et al. (2020) found a positive effect of perception of the pandemic on the willingness to go into quarantine, mediated by government credibility and public morality. The sample consists of people already in quarantine, which does introduce a bias. Perception reflects the need to have sufficient knowledge of the virus and the threat it poses. The study used demographic controls and found significant effects of gender. Age, education and place of residence (urban or rural). Morality was measured as felt social responsibility.

On the basis of a sample of 1032 people, Everett et al. (2020) investigated which types of morality, in messages about Covid, had more positive effect on protective actions. Those actions were: washing hands, avoiding gatherings, self-isolation, sharing health messages, positive beliefs about others' intentions, beliefs about personal control and responsibility, cancelling travel plans. They hypothesised and confirmed that messages based on deontology and virtues would have a larger effect than utilitarian messages, counter to what most participants believed. They surmised however that 'this may be weakened or even reversed if the message comes from a person in authority, who is supposed to act more impartially and make cost/benefit decisions for the greater good'. In other words, they expect people to have a technocratic view of officials. They studied messages from a leader or a citizen, providing

either no moral justification or a moral justification (deontological or virtue-based). They measured the effect of morality over non-moral messages, taking into account moral stand. The effect of deontology was larger than that of virtues. They measured moral stand along two dimensions: it is OK to cause instrumental harm (IH) in service of the greater good (recall the earlier discussion of the 'trolley problem'), vs. impartial concern for the wellbeing of all: 'Impartial Beneficence' (IB). Across most actions there was a positive effect of IB, not of IH. They found that mistrust in utilitarian (relative to deontological) agents is lower for people with utilitarian views themselves. They admitted that the effects found for the effects of deontology and ethics were 'modest', and for virtue-based messages no significant effect. Except intentions to share messages and beliefs on the stand of others. The effects of demographics were larger. Older and more religious people had stronger positive intentions, and black people more than whites. They could reject the hypothesis that utilitarian messages would be more effective. Anvari (2020) objected that the effects of morality were not significant. Everett et al. concluded that messages focused on duties and responsibilities toward family, friends and fellow citizens is to be recommended.

Everett et al. (2020) found, similarly to what others found, that political conservatives believed people had more control of preventing spread of the virus, while attributing more responsibility to both themselves and others.

On the basis of 15,000 respondents across 10 South-American nations with dissimilar Covid effects, Navajas et al. (2020), studied the effect of moral preferences on moral decisions concerning Covid-related actions, and how this effect was influenced by contextual factors and the five personality types. The moral preferences were oriented at two utilitarian principles:

1. Permissiveness of instrumental harm: harming some people for the good of the whole.
2. Impartial beneficence, with more empathetic concern.

Instrumental harm concerns the question how many people you would sacrifice for the benefit of the whole. The classic case is the 'trolley problem', discussed before.

There were four indicators for instrumental harm: causing harm, acceptance of temporary political oppression, torture, acceptance of collateral damage and prioritising in the allocation of scarce resources, in this case ventilators. There were three indicators for impartial beneficence: sacrifice a leg to save someone, give a kidney, orientation to wellbeing of all human beings, no favours, finding it wrong to keep money one does not really need rather than donating it.

They conducted an analysis of effects of these dimensions of utilitarian morality and other variables on responses to five morally loaded questions:

Three questions were on the tension between public health and other values of wellbeing, such as: surrendering sensitive personal data to trace the path of the virus, imposing physical distance by forbidding public gatherings and business operations, and notifying a covid protocol breach of a friend vs. protecting him/her from facing prison. Number four was whether all patients should be treated equally or if younger people should be prioritised, and assignment of ventilators in case of limited supply, whether all patients should be treated equally or whether young people should be prioritised, and whether animal rights could be suspended to some extent to further the development of a vaccine.

The responses were condensed by projecting them on two 'principal components' (PC's). These were labeled as follows:

1. Concern about human life, correlating with permissiveness concerning instrumental harm
2. Focus on public health, correlating with impersonal beneficence

The table below indicates which responses loaded positively (+) or highly so (++), and which loaded negatively (-) or highly so (--) on the PC's

	PC1	PC2
saving younger patients	++	--
vaccine development	++	--
animal rights	--	++
data protection	--	-
virus tracing	++	+
informing protocol breach	+	++
protecting a friend	-	--
wanting economic activity	-	--
physical distance	+	++
all patients equal	--	++

Effects on these PC's were studied of: the two moral stands, contextual factors, the five personality traits and demographic variables, with a total of 15 explanatory variables. The contextual factors were: per capita number of deaths, per capita number of confirmed Covid cases and personal proximity to Covid. The demographic variables were gender and age.

The two utilitarian stands agreed on prioritising public health over non-health concerns. Impartial beneficence had a negative effect on prioritising ventilator use and on lowering thresholds on animal rights, and instrumental harm had the opposite effect.

Per capita number of deaths, and per capita number of confirmed Covid cases had a positive effect on both principal components of responses. The effect of personal proximity had no effect on the PC's, indicating that societal impact was considered more important,

In contrast with the rationality of institutional rules, morality is accompanied with emotions. When policies and messages go against one's morals, this can produce negative emotional reactions and polarisation, as we now observe across different countries. Their thesis was that conflicts between public health messages and moral values evoke emotions. Trevors and Duffy (2020) tested their thesis that conflicts between public health messages and moral values evoke emotions. They investigated the self-reported emotional responses of 518 people in the US to public messages with purported refutations of common Covid-19 misconceptions (e.g. that the flu is just as bad if not worse than Covid). from 12 states. The sample was not representative for the whole country, but 'purposeful', from communities known to be strongly opposed to social distancing identified in previous research as among the highest to favour immediate return to normal economic activity.

Respondents completed five prior knowledge items, a modified version of the 'Moral foundations Questionnaire (MFQ)' and read 5 short messages that refuted misconceptions, and then reported their emotional response, whether the content of the message conflicted with their personal views and/or views of their community, and the extent to which they believed the refutation and skimmed it quickly.

Factor analyses were conducted, separately on the MFQ and the emotion response items. Three factors were found from the MFQ that explained 39% of variance: *Binding*, with eight items, indicating an ethic of group cohesion and social order; *Individualising*, with six items, indicating a preference for individuals. In liberal ideology. *Libertarian*, with four items, indicating a preference for autonomous exercise of liberties.

On emotion response, three factors explained 55% of variance: *Anxious*, with variables anxious, scared, hopeless, and threatened; *Hopeful*, with variables hopeful, relieved, happy, curious, surprised; *Doubtful*, with variables doubtful, bored, angry, confused.

Concerning the results, there were complicated interactions between the variables, for which I refer to the publication. Salient results were the following:

Overall refutations did increase factual knowledge, and this accounted for 60% of posttest score variance.

Conflict of the messages with beliefs, hopefulness, doubtfulness and skimming had a negative effect on learning, and belief and prior knowledge had a positive effect.

Binding and libertarianism had a negative effect on learning when the corrections conflicted with views, and individualising had a positive effect.

Overall the study showed that indeed the effectiveness of refutations depends on moral values. Strong moral concerns for individual well-being are more likely to let people update their Covid beliefs, while 'morally valued group cohesion or individual freedoms are more likely to affectively or cognitively reject corrective information', and 'Public health actions undermined valued social ties or personal autonomy'.

The conclusion of the authors is that 'Corrections should be adapted to connect with the morality of recipients, ... link to concerns for fairness and suffering for the individualising stand, obeying authority, defending purity, and patriotism for the binding stance, and self-protection for the libertarian stand.

On 7 April 2020, Qian and Yahara (2020) conducted a survey of about 2000 respondents in Japan on the effects of personality, morality and ideology, testing 5 predictions for personality and 3 for ideology. They looked at the effects of ideology with as indicators preference for equality and resistance to change. Similarly to other studies, mentioned before, they found that conservative ideology has a negative effect on stress and anxiety, underestimation of self-rated health status, and a positive effect on feeling that information was sufficient, and confidence in doctors.

I would like to see a study that investigates whether there are personality differences between conservatives and liberals.

Concerning demographic factors, Qian and Yahara found the following:

Age had a negative effect on stress, anxiety, depression, preventive behaviour, medical sufficiency, likelihood of infection, survival and concern about family, and positive on epidemic consciousness, material sufficiency and confidence in doctors.

Males had a higher score than females on epidemic consciousness, evaluation of others, medical sufficiency, confidence in doctors and underestimation of the risk. Females had a higher score on preventive behaviour, health status, likelihood of infection and concern for family.

Concerning marital status, unmarried and divorced or widowed people had more stress, anxiety and depression, and married people had a higher score on epidemic consciousness, preventive behavior, material sufficiency, health status, concern for family, and influence on life.

Fairness was positive on depression and negative on material and information sufficiency. High education yielded more epidemic consciousness, evaluation of others, material sufficiency, confidence in doctors and likelihood of survival.

All the effects mentioned were statistically significant, but the authors indicate that their study is preliminary

Hadjisolomou and Simone (2020) recount the predicament of a middle manager in a supermarket, where for a time profit was given precedence over people. Staying home for quarantine jeopardised the job. A colleague coming from abroad was supposed to go into quarantine, but the middle manager was forced to let her work and keep silent about her coming from abroad. A higher manager was infected, but this was kept secret while he interacted much with staff. After a while, the firm arranged testing of personnel, but the result was not divulged to anyone in and outside the firm

Earlier, in a discussion of trust, I discussed the role of hierarchy as a basis of the trustworthiness of employees, but how about the effect of power distance on the moral trustworthiness of managers? In the case described, power of authority clearly

Discussion

A shared limitation of the studies is that they were necessarily all concerned the early stage of Covid, and outcomes would likely be different in a later stage, about which we can only speculate at the time that this book was written, end 2020. It has often been shown that in crises loyalty and obedience to authorities is high, and is likely to erode when habituation sets in. People also get increasingly impatient for the resumption of customary economic and social activities. The personality traits of extraversion and neuroticism are likely to become more pronounced, as are the moral stances of binding and libertarianism. This would indicate that public messages might have to be aimed more at the self-interest of safety, and assuaging anxiety, than at morality. All this is hypothetical and requires empirical study.

One would also like to see research of the link of these moral stands and personal traits with the familiar ethics of instrumentalism, deontology and virtues. One would expect the cardinal virtue of reason to correspond with the moral stand of individualism and the personal trait of openness, the virtue of courage with the stand of libertarianism and the trait of extraversion, the virtue of justice with the stand of individualism and with the trait of conscientiousness and perhaps with the stand of binding and the trait of agreeableness, the virtue of moderation with the stand of individualisation, perhaps binding, and the traits of conscientiousness and agreeableness. But again, all this needs to be tested.

One might also compare the relations before Covid with those during and after Covid.

Concerning the emotional responses clustered around anxiousness, one would expect a connection with the trait of neuroticism, of hopefulness a connection with conscientiousness and agreeability, and for doubtfulness a connection with extraversion.

As discussed by Trevors and Duffy, it is important for public messages to direct them to different moral stands, such as those of individualism, binding and libertarianism.

More in general, apart from Covid, the emotionality of morality confirms the need for morality as complementary to more rational instrumental rules.

Apart from the effect of morality on Covid, there also is, the other way around, effects of Covid on morality, in the sense that Covid can produce moral dilemmas. I discussed the moral issues facing medical personnel: the problem of possible moral harm in having to make choices concerning treatment, the allocation of scarce resources, the conduct of activities outside one's customary practice, and the risk of infecting family or colleagues, the justification of staying home while the health system is under pressure.

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