

# Valuing Care Protects Religiosity from the Antisocial Consequences of Impersonal Deontology

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## Abstract

Morality typically includes prosociality but often also extends to impersonal deontology. Religion, theoretically and empirically, is concerned with both moral domains. What happens when the two domains are in conflict? Do religious people prefer impersonal deontology at the detriment of prosociality? Or do their prosocial inclinations allow them to transgress conflicting moral principles, for instance through white lies? Participants (177 Belgian adults) made a choice in several hypothetical moral dilemmas and were afterwards evaluated on Haidt's moral foundations (care, fairness, authority, loyalty, and purity) and religiosity. When the conflict implied minor consequences for the target, religiosity predicted impersonal deontology at the detriment of prosociality, because of a high endorsement of purity. However, when the consequences were severe, religiosity was unrelated to impersonal deontology due to a suppressor effect of care. The findings indicate that prosocial dispositions shape religiosity into a 'compassionate moral rigorism', thus protecting it from excessive moralism.

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## Keywords

care – purity – deontology – consequentialism – morality – religiosity

## Introduction

Historical (Schweiker, 2005), theoretical (Graham & Haidt, 2010), and empirical (McCullough & Carter, 2013; Malka, 2014) evidence favours the idea that religion (beliefs, norms, and rituals) and individual religiosity value an extended morality. This includes both (1) interpersonal, prosocial morality (i.e. obligations with respect to others) and (2) impersonal, collectivistic deontological morality (i.e. obligations with respect to the self, the society, and the natural and sacred order of things). Furthermore, there is evidence that the affinity of religion with impersonal deontology is stronger than religion's affinity with interpersonal morality (e.g., Weeden, Cohen, & Kenrick, 2008), with the former also limiting the extent and consistency of religious prosociality (Saroglou, 2013).

What happens when the two turn out to be in conflict? What if following impersonal deontology clearly results in antisocial consequences for others, in particular, people to whom one is close, even if these consequences are severe, like being imprisoned or experiencing death (see Van Pachterbeke, Freyer, & Saroglou, 2011)? Extending previous research, the present study uses moral dilemmas to investigate first whether religiosity predicts (abstract) impersonal deontology to the detriment of (concrete) antisocial consequences, severe or not; or whether it predicts prosocial choices at the detriment of impersonal deontology. Second, using the moral foundations model (Haidt & Graham, 2007) that distinguishes between (universal) interpersonal values; care and justice; and collectivistic values; authority, loyalty, and purity — that are typical of impersonal deontology, the study tests whether the endorsement of prosocial interpersonal versus impersonal collectivistic values may explain religious people's moral choices.

### *Religion and Extended Morality: Interpersonal Prosociality and Impersonal Deontology*

Traditionally, religion has been concerned with both prosocial values (altruism, compassion, justice, forgiveness) and other, non-interpersonal, moral concerns. The latter cover a variety of domains and may be related to the self (e.g., prohibition of masturbation and suicide, food- and dress-related norms), to society, in more abstract and collectivistic terms (e.g., integrity, loyalty, respect of engagements), and to the natural and sacred order of things

(e.g., respect of the 'natural' and divine laws, no transgression of purity-related taboos) (Graham & Haidt, 2010; Saroglou, 2014; Weeden et al., 2008).

There has been considerable debate over whether or not some areas often qualified as 'moral' but not referring to interpersonal relations clearly belong to the moral sphere. These debated concerns have been considered as extending morality from (universal) prosocial issues to other ones such as loyalty or purity (Haidt & Graham, 2007); or as being part of the conventional and personal judgmental domains (for instance, respect of traditions or following one's own professional vocation) which differ from universal morality with its emphasis on equity, justice, and no harm (Turiel, 1983). These other 'moral' concerns are typical of conservative, collectivistic, and authoritarian contexts. They potentially conflict with and handicap the proliferation of prosocial interpersonal values, which put the emphasis on individual well-being (Kugler, Jost, & Noorbaloochi, 2014; Van Pachterbeke et al., 2011).

Independent of this debate, it remains that religion is presumed to be concerned with both 'individualizing' (care and justice) and socially 'binding' (loyalty, authority, and purity) values, to use the terminology of moral foundations theory (Graham & Haidt, 2010). Indeed, empirical research attests first that religiosity, across religions and cultures, is positively related to prosocial attitudes, values, emotions, and behavior, at least to some extent, under some conditions, and mostly with regard to targets that are ingroup members or known persons (see, for reviews, Preston, Salomon, & Ritter, 2014; Saroglou, 2013; Tsang, Rowatt, & Shariff, 2015). Second, religiosity is positively related to some extent to several other attitudes and behaviors that are also considered to be moral, reflect self-control, and concern various domains like sexuality, no cheating, life-long engagements, work ethic, and food, alcohol and other substance restrictions (McCullough & Carter, 2013; Malka, 2014). Similarly, religious priming has been found to implicitly enhance prosocial attitudes and behaviors, but also attitudes and behaviors related to self-control, honesty, and purity (Shariff, Willard, Andersen, & Norenzayan, 2016).

### *Religion and Preferred Morality: Impersonal Deontology over Prosociality*

Religion not only implies an *extended* morality, but possibly also a *preference* of one of the two kinds of morality. Recent research suggests that religiosity, not only orthodox/fundamentalist religiosity, but also common or intrinsic religiosity, is characterized by stronger links with self- and collectivistic values-oriented impersonal deontology rather than with other-oriented prosociality. For instance, Weeden et al. (2008; see also Weeden & Kurzban, 2013) found that the moral views of U.S. college students regarding sexual behavior are more strongly linked to religious attendance than other moral issues (in particular,

forgiving, helping, and sharing). Similarly, Malka (2014) analyzed large international data as well as U.S. data and concluded that the association of religion with conservative, collectivistic moral issues related to sexuality and family is much stronger and consistent across religious and cultural contexts than other moral concerns like social justice and economic equality.

In another study, Deak and Saroglou (2015) found that religious Belgian adults morally oppose the legal tolerance of abortion, euthanasia, gay adoption, and suicide because of their high endorsement of the collectivistic moral foundations and not because of their high endorsement of the interpersonal moral foundations, i.e. care and fairness (see also Deak & Saroglou, in press). As these authors comment, these findings do not seem to confirm contemporary explicit religious justifications of such moral opposition as aiming to 'protect the weak'. Furthermore, in reviewing the empirical literature on religious prosociality, Saroglou (2013; see also Saroglou, 2010) concluded that religious prosociality (and agreeableness-related inclinations) is often limited by personal and social order-related concerns (and conscientiousness-related inclinations). For instance, religious helping does not extend to targets who threaten religious/moral values; religious forgiveness is often conditional to the acceptance of fault by the transgressor; and religious propensity for blood donation does not extend to organ donation.

### *Clarifying the Deontology-Prosociality Conflict with Regard to Previous Frameworks*

It is also important to consider that impersonal deontology does not simply *extend* prosocial morality, nor is it merely *preferred* over the latter, but the two moralities may, in some cases, clearly be *in conflict*.

To avoid any misunderstanding, it is important to reiterate here that the moral conflict of interest in the present work is that occurring between *impersonal* (mostly abstract) *deontology* and *interpersonal* (mostly concrete) *prosociality*. Therefore, the present work departs from previous research that distinguished between the so-called *deontology* and *consequentialism/utilitarianism* (Greene, Sommerville, Nystrom, Darley, & Cohen, 2001; see also Conway & Gawronski, 2013). In that research tradition, the latter conflict has typically been operationalized in *quantitative* terms by asking whether limited antisocial harm (e.g., torturing or killing *one* person) is conceivable to avoid greater, quantitatively, antisocial acts (e.g., the death of *many* persons). Evidence from studies in the U.S. suggests that religiosity positively relates to this kind of the so-called deontological thinking (absolute defense of harming another person or of performing other kinds of immoral acts) to the detriment of the so-called utilitarian/consequentialist thinking (harming more people: Antonenko

Young, Willer, & Keltner, 2013; Conway & Gawronski, 2013, Study 1; producing 'greater good than bad' or preventing more of the same transgression: Piazza & Landy, 2013, Study 1; Piazza & Sousa, 2014). Similar evidence was provided from students in Romania (Szekely, Opre, & Miu, 2015).

Thus, in a significant departure from that perspective, the focus here is on *impersonal deontology* (based on abstract principles, like integrity/not lying, loyalty, purity, not making exceptions) in conflict with *prosocial morality* in the context of interpersonal relationships (helping a target in need, preserving the target's well-being, preventing the target's death). Importantly, with regard to the conflict of interest here, the good or bad consequences of the moral choice concern the *same number of* (one or more) *targets*; and transgression of impersonal deontology has no negative consequences on the well-being of any persons other than the target(s) of the prosocial choice. In its most severe form, this conflict is: what to do if respecting this deontology (e.g., 'I should not lie') leads to the death of an actual, even familiar, person? Note that to better study this conflict and avoid additional 'noise' coming from the target's differential status (ingroup member, unknown person, or outgroup target), the focus, in most of the dilemmas used, is on familiar targets.

The conflict under study here can also be considered a departure from the classic 'Heinz dilemma' in moral developmental psychology, in which one must choose between saving the wife's life and stealing medicine from a drugstore (Kohlberg, 1981). In the Heinz dilemma, the conflict is between an ethical goal and an unethical means, in which obtaining the goal implicates hurting somebody else, the person from whom the goods are stolen. On the contrary, our focus here is on the subtler conflict between, on the one hand, *principles whose transgression will harm nobody else*, at least directly, and, on the other hand, concerns for the well-being and even the life of a known person. White lies or moral rigorism (absolutely no exception of rules) are prototypical examples of the conflict in consideration in the present work.

### Religion and *Conflicting* Moralities: The Study's Questions

The aim of the present study is thus to investigate whether, in these kinds of moral dilemmas, religiosity, due to its underlying prosocial inclinations (valuing the moral foundation of care) will lead to prosocial choices; or, on the contrary, will lead to impersonal deontological choices, due to its endorsement of collectivistic values (loyalty, authority, purity). Either pathway is possible. Alternatively, if both hypothesized links are valid, that is if religiosity predicts both high collectivistic values and high interpersonal values, then religiousness

may show a weak or null association with impersonal deontology due to the conflicting pathways. In other words, valuing care should 'protect' religiosity from the antisocial consequences of deontological choices.

We believe this research question is at the heart of our understanding of the religiosity-morality link. Indeed, at an extreme point, people animated by specific ideologies, including religious ones, are sometimes capable of undertaking abhorrent actions for deontological reasons, i.e. to defend abstract and impersonal values and principles. They do it by fully neglecting the well-being and even the life of others, including their close relatives. Crusades, suicide bombing, or ostracism of family members are just a few cases exemplifying, to an extreme degree, the deontology versus prosociality conflict in the context of religion.

The study was carried out in Belgium and was focused on general religiosity. In principle, from the theoretical and empirical evidence reviewed in this introduction, both hypothesized links are legitimate, at least as far as general religiosity is concerned. Of course, the more conservative the religiosity is, the more clearly it should relate to deontology over prosociality. Previous research, as mentioned above, from other than our framework, i.e. religion's affinity with the so-called deontological instead of the so-called consequentialist orientation (Piazza, 2012), should favour here the hypothesis that, with regard to (our) deontology vs. prosociality conflict, religiosity would lead to deontological instead of prosocial choices. However, the large majority of the studies reviewed above come from the U.S., where mean religiosity is higher and its association with conservative/authoritarian values is stronger than is the case in very secularized cultural contexts, like Belgium. On the contrary, as found by Stavrova and Siegers (2014) who analysed data from 70 countries, in countries with no social pressure to follow a religion, the links between religiosity and charity, but also moral integrity, are stronger. Therefore, religiosity in secular countries, which typically reflects individual differences between believers and non-believers, should be more 'in the middle', between impersonal deontology and other-oriented prosociality.

Two previous studies, also conducted in Belgium (Saroglou et al., 2010; Van Pachterbeke et al., 2011), examined the role of religiosity with regard to the moral conflict between impersonal deontology and interpersonal morality by using the same moral dilemmas that are used in the present work. Overall, in both studies, religiosity was unrelated to impersonal deontology (vs. interpersonal prosociality). However, impersonal deontology was high among people who were high in both religiosity and authoritarianism (Saroglou et al., 2010) and among authoritarians who were supraliminally primed with religious concepts (Van Pachterbeke et al., 2011).

The current study thus focuses on the following main question: What is the role of religion if the two moral domains do not simply co-exist but are in

direct conflict with each other? First it is expected religiosity to be more 'tolerant' of the antisocial consequences of the deontological choices if these consequences were mild (i.e. less comfort, non-satisfaction of legitimate yet not important requests). In other words, in these cases there should be no strong need to mobilize the value of care to counter the deontological tendencies. On the contrary, religiosity should be more 'hesitant' toward the deontological choices if their consequences imply severe harm for others (e.g., death). In other words, in these cases care should counter the deontological tendencies. Thus, we distinguished between moral dilemmas implying mild versus severe consequences for the wellbeing of the target. Second, we also measured participants' endorsement of the five moral foundations (care, fairness, authority, loyalty, and purity), which allowed us to test the two hypothesized mediational links. We expected the collectivistic moral foundations (authority, loyalty, and purity) to mediate the religiosity-*high* deontology relation, in particular where the antisocial consequences were mild. In addition, we expected the interpersonal values, in particular care, to mediate the religiosity-*low* deontology link, in particular when the antisocial consequences were severe, or at least to be a suppressor of the religiosity-*high* deontology link.

## Method

### *Participants*

Participants were recruited by the first author via social media or via emailed invitations to first year psychology classes. The study was advertised as a study about 'the decisions we make in everyday life and the emotions we feel'. In exchange for participation each participant was included in a lottery to win 50 euros. One hundred and ninety-one people responded to an internet survey questionnaire. Fourteen participants were removed from the analyses because, based on the 'catch-items' of the Moral Foundation Questionnaire (Graham et al., 2011; see below), we concluded that they had responded without paying attention to the questions. The final sample contained 177 adults (145 women) aged from 17 to 77 ( $M = 21.81$ ,  $SD = 7.43$ ). The majority already had, or were working toward acquiring, a university degree ( $n = 127$ ), were Belgians ( $n = 150$ ), and were native French speakers ( $n = 158$ ).

### *Measures*

Participants responded to a series of measures presented below following the order of the protocol. Data collected with these measures were part of a larger study (which has also included various measures of emotional intelligence; Deak & Saroglou, 2012).



### Impersonal Deontology Versus Prosociality

Participants were presented a set of nine hypothetical moral dilemmas (Van Pachterbeke et al., 2011). Each of the dilemmas described a hypothetical situation in which a conflict is present between (1) impersonal principles and rules (loyalty, honesty/not lying, strict equity in treatment) and (2) interpersonal prosocial inclinations (willingness to help, or protect, an acquaintance or friend in need). The dilemmas are constructed in a way that participants have to choose one of two options, i.e. to either take a prosocial decision, in favor of the other person's expressed needs (coded as 0) or an abstract deontological decision, respecting impersonal principles and norms (coded as 1). A mean impersonal deontology score of the nine choices was computed ('total deontology', scores ranging from 0 to 9).

For the purposes of the present study, we also classified these dilemmas into two groups, labeled as 'soft conflict' and 'strong conflict' dilemmas. The soft conflict dilemmas implied that the deontological choices had mild consequences for the target (a more uncomfortable life), whereas in the strong conflict dilemmas the consequences of the deontological choices for the target were severe (e.g., imprisonment, risk of death). Two mean sub-scores were respectively computed (scores ranging each time from 0 to 4). One item was removed; the ninth dilemma (forgiving, as a manager, a 20-year employee who made the same security fault twice versus dismissing him out of respect for the firm's rules) was not clearly attributable to one of the two sets and was thus included only in the total deontology score.

Here is an example of a soft conflict moral dilemma: *'You are an active member of an association. During a strike, you are blocking access to a supermarket. A woman comes and would like to enter the supermarket. She asks you to let her pass. She would like to go shopping for food for her children. It is late and all the other supermarkets are closed. Do you allow her to enter discretely or do you block her entry?'* The other soft conflict dilemmas included the following situations: (1) helping an acquaintance who is a foreign student stay in the host country versus refusing to do so because his origin country's fellowship stipulated the moral obligation to return to help his country; (2) being helpful to a good neighbour whose lease is at risk of not being renewed because he is noisy, by telling the apartment owner that the neighbor does not make much noise; and (3) supporting a legally unfounded petition in order to help a family to stay on its 15-yr property versus accepting the legal fact that a company has the right to build a noisy warehouse in the ground adjacent to this family's home.

Here is a sample moral dilemma denoting a strong conflict: *'You visit a friend who has been hospitalized for one year due to late-stage cancer. He spent his life running a small industry. He is very proud of it, having started it from*



*nothing and expanding it to having, one year ago, 60 employees working in a family-like atmosphere. The person handed the management of this firm on to his son just after his cancer diagnosis, hoping that his son would carry on his work. The patient asks you for news about the firm. You know that, to make a profit, his son sold the firm to a multinational company that restructured it. Do you tell the patient or do you lie?*' The other strong conflict dilemmas included the following situations: (1) denouncing a friend to the police, who are looking for him, because he is responsible for a car accident, versus lying by saying you know nothing about it; (2) as a worker in a factory producing weapons that will be used by a foreign regime against the population, accepting to sabotage the production versus refusing to do so out of professional loyalty; and (3) giving hospitality to an illegal immigrant versus refusing to do it because the law prohibits it.

The set of these nine dilemmas has been successfully used in previous research. Impersonal deontological, instead of prosocial, choices were found to reflect a need for closure, authoritarianism, conservative and low hedonistic values (as in Schwartz's model), valuing authority, and not valuing care (as in Haidt's model). In addition, they were associated with a low behavioral inclination to spontaneously share hypothetical gains with others, as well as a low willingness to help a student who was responsible, due to a lack of discipline, for a delay in completing her thesis (Saroglou et al., 2010, Studies 1-4; see also Van Pachterbeke et al., 2011, for an experimental manipulation).

#### Five Moral Foundations

The 30-item Moral Foundations Questionnaire (Graham et al., 2011; our French translation) was administered. This questionnaire measures the endorsement of the five moral foundations, i.e. care, fairness (interpersonal morality), loyalty, authority, and purity (impersonal societal collectivistic values). The first set of 15 items are introduced with the following question: *'When you decide whether something is right or wrong, to what extent are the following considerations relevant to your thinking?'* For the answers, 6-point Likert-type scales are used going from 1 (*not at all relevant*) to 6 (*extremely relevant*). The second set of 15 items is introduced with the following question: *'Please read the following sentences and indicate your agreement or disagreement'*. Participants rated their agreement varying from 1 (*strongly disagree*) to 6 (*strongly agree*). For the foundations of care, fairness, authority, and loyalty, but not purity, one item was deleted to increase reliability in our data (reliabilities varying from .45 to .63 — note that reliabilities of the Five Moral Foundations Questionnaire are typically low). The French translation has been successfully used in previous research (Deak & Saroglou, 2015).

### Religiosity and Spirituality

Participants were administered an index of general religiosity (reflecting intrinsic religiosity: Saroglou & Mathijsen, 2007) composed of three questions, i.e. the importance of God in life, the importance of religion in life, and the frequency of prayer, as well as a one-item index of the importance of spirituality in life. Given that the importance of religiosity and spirituality were highly intercorrelated, we integrated the spirituality item into a more global four-item index of religiosity ( $\alpha = .89$ ).

### Results

Means and standard deviations of all measures are detailed in Table 1. Scores on total impersonal deontology ranged from 0 to 8. The mean score was 3.26 ( $SD = 1.51$ ), slightly under the mid-point of 4. Thus, overall, participants had the tendency to make more prosocial rather than impersonal deontological choices, but there was also non-negligible inter-individual variability. In fact, with the exception of one dilemma that elicited prosocial choices in the large majority of participants (88%), the dilemmas elicited impersonal abstract deontological versus concrete prosocial choices by either a ratio close to 50/50 or by a one-third versus two-thirds proportion.

TABLE 1 *Means and Standard Deviations of All Measures*

Measures	<i>M</i>	<i>SD</i>
Impersonal deontology (total)	3.26	1.51
Soft conflict	1.12	0.89
Strong conflict	1.77	1.02
Moral foundations		
Care	4.42	0.71
Fairness	4.60	0.64
Loyalty	3.74	0.67
Authority	3.73	0.68
Purity	3.25	0.80
Religiosity	2.68	1.51

The correlations coefficients between all measures are presented in Table 2. Controlling for gender and age did not change the main results. Total impersonal deontology correlated negatively with the moral foundations of care and fairness and positively with authority and purity. When focusing on deontology as expressed specifically in soft and strong conflict dilemmas, a more nuanced pattern between the two was observed. Deontology in both soft and strong dilemmas was negatively related to care (in a marginally significant way for soft dilemmas) and positively related to authority. However, deontology in soft conflict dilemmas was also positively related to purity, whereas deontology in strong conflict dilemmas was additionally negatively related to fairness and loyalty.

TABLE 2 *Coefficients of Correlations between Impersonal Deontology, Moral Foundations, and Religiosity*

	Impersonal deontology			Religiosity
	Total	Soft conflict	Strong conflict	Religiosity
Moral foundations				
Care	-.32**	-.15†	-.29**	.20**
Fairness	-.19*	-.10	-.18*	-.09
Loyalty	-.12	-.05	-.18*	.06
Authority	.30**	.23**	.25**	.05
Purity	.16*	.27**	.04	.45**
Religiosity	.13†	.16*	.07	—

†  $p < .10$ . \*  $p < .05$ . \*\*  $p < .01$ .

Religiosity was positively related to impersonal deontology in soft moral dilemmas but not in dilemmas with strong conflict. Finally, religiosity was positively related to both care and purity. In sum, religiosity is strongly related to purity, a moral foundation underlying impersonal deontological choices, but also to care, a moral foundation underlying, on the contrary, low deontological (i.e., high prosocial) choices.

Given the above mentioned associations, we statistically tested the role played by the moral foundations of care and purity in the relationship between religiosity and impersonal deontological moral choices. Given the differential

role of the two moral foundations, with purity positively relating only to deontology on soft conflict dilemmas and care negatively relating more strongly to deontology on strong conflict dilemmas, two distinct mediational models were tested.

In the first model, we tested the mediating role of purity in the relationship between religiosity and deontology in soft conflict dilemmas. In the second model, we tested the suppressor role of care in the relationship between religiosity and deontology in strong conflict dilemmas (given the absence of a negative association between religiosity and deontology, care cannot play a mediating role of this link, but only a suppressor role). Testing the suppressor role of care is important as it may indicate a significant indirect effect between a predictor (here religiosity) and an outcome (deontology) in the absence of a total or direct effect. Suppression is attested when the magnitude of the relationship between an independent variable and a dependent variable becomes larger when a third variable is included (McKinnon, Krull, & Lockwood, 2000).

To test these hypothesized links, we used the simple mediation model in the SPSS macro (MEDIATE) designed by Hayes and Preacher (2014). This macro facilitates the implementation of the recommended bootstrapping methods (5000 re-sampling) and provides a means for probing the significance of conditional indirect effects thanks to the mediating variable. The mediating role of purity in the relationship between religiosity and impersonal deontology in soft conflict dilemmas (see Figure 1) turned out to be significant:  $IE = .11$ ,  $SE = .04$ , 95%  $CI = [.04, .20]$ . Similarly, the suppressing role of care in the relationship between religiosity and impersonal deontology in strong conflict dilemmas (see Figure 1) was also significant:  $IE = -.06$ ,  $SE = .04$ , 95%  $CI = [-.15, -.01]$ .

## Discussion

Using a set of moral dilemmas exemplifying the direct conflict between impersonal deontology and interpersonal, prosocial morality (e.g., 'should I lie to save the life of a friend?'), we found first that impersonal deontological preferences are indeed typical of people who value the respect for authority and place little value on the moral foundation of care (and, to some extent, fairness). Thus, the deontological orientation under study here does not simply denote moral strictness and rigorism, but more importantly, points to antisocial moral deontology. In other words, it clearly illustrates how people may act antisocially in the name of good.

Moreover, with regard to this conflict, there was evidence in favor of the religiosity-impersonal deontology link rather than in favor of the religiosity-low

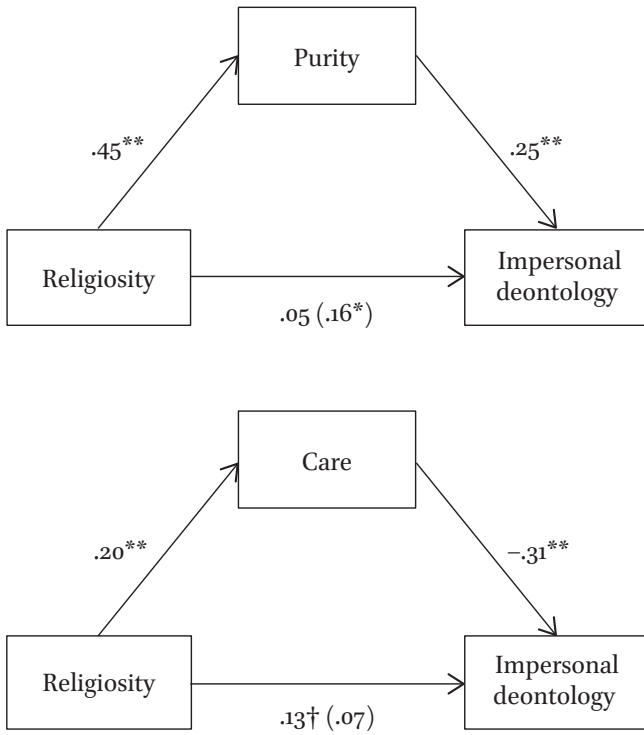


FIGURE 1 *Purity and care as, respectively, mediating and suppressing the association between religiosity and impersonal deontological (versus prosocial) choices, respectively in soft (top) and strong (bottom) dilemmas.*

Note. Numbers on paths represent standardized regression coefficients.

†  $p < .10$ . \*  $p < .05$ . \*\*  $p < .01$ .

deontology (high prosociality) link. This was particularly clear when the antisocial consequences of deontology were not severe. Personal religiosity showed an overall positive relationship with impersonal deontology that opposes prosocial choices if those prosocial choices transgress some other norms and principles. This is in line with, and extends to a much more secularized cultural context, previous research. The latter was carried out in more traditionally religious contexts and showed associations of religiosity (1) with more general deontological versus consequentialist/utilitarian thinking like ‘not killing one even if it will save more people’ (Antonenko Young et al., 2013; Conway & Gawronski, 2013; Piazza, 2012; Piazza & Landy, 2013; Piazza & Sousa, 2014; Szekely et al., 2015) and (2) with non-interpersonal morality more importantly than with interpersonal morality (e.g., Malka, 2014; Weeden

et al., 2010). However, the present study goes further than previous research. By distinguishing between dilemmas where impersonal deontological choices have mild versus severe consequences for the target, the study demonstrates the internal paradox and conflicts in religious morality. On the one hand, collectivistic morality (in particular valuing authority and purity) makes religious people prefer not to transgress strict impersonal deontology, but only as long as the antisocial consequences are mild. On the other hand, prosocial morality (in particular, valuing care) suppresses, to some extent, the antisocial consequences of deontology as a function of religiosity. Indeed, when the antisocial outcomes of the deontological choices are severe for the person with whom one is interacting, then valuing care counters and inhibits the strong impersonal deontological tendencies. Nevertheless, the suppressing role of care is not strong enough, comparatively to the strength of deontology, to cause religious people to go further and opt for prosocial choices by transgressing other deontological rules.

The distinction between moral dilemmas describing soft versus strong conflict, leading thus to divergent outcomes as a function of religiosity (deontological choices are made when consequences are mild, but not when they are severe), may explain why two previous studies in Belgium that used the same dilemmas found religiosity to be globally unrelated to impersonal deontology (Saroglou et al., 2010, Study 1; Van Pachetrebekke et al., 2011). Those previous studies had adopted the whole set of moral dilemmas without distinguishing between those implying severe and those implying mild consequences for the hypothetical target. This distinction in the severity of antisocial consequences and the corresponding findings consolidate, through another theoretical framework and methodology, previous research indicating that there are limits to religious conservatism and authoritarianism. For instance, religiosity, though typically related to authoritarianism to some extent (e.g., Wink, Dillon, & Prettyman, 2007), is often unrelated, if not negatively related to the endorsement of the death penalty and torture (Blogowska & Saroglou, 2011; Malka, Lelkes, Srivastava, Cohen, & Miller, 2012; Malka & Soto, 2011). Moreover, religious fundamentalism, despite its inherent association with authoritarianism and need for closure, may predict helping and other prosocial outcomes after people are confronted with biblical texts praising compassionate values (Blogowska & Saroglou, 2013; Rothschild, Abdollahi, & Pyszczynski, 2009). Finally, religion seems to 'protect' religious European voters, who are often rather right-wing-oriented, from voting for 'too' right-wing parties, i.e. radical extremist parties that typically value violence (Arzheimer & Carter, 2009).

The negative associations of impersonal deontology with the interpersonal moral foundations (care in all dilemmas, and justice in strong conflict

dilemmas), and its positive associations with the collectivistic moral foundations of authority (all dilemmas) and purity (soft conflict dilemmas), are in line with and extend the results of a previous study in the same country (Saroglou et al., 2010). In that study, impersonal deontology of Belgian students showed a negative association with care and a positive association with authority. These negative associations of deontology with the interpersonal moral foundations point to the specificity of the moral conflict studied here (impersonal versus interpersonal morality) that departs from previous work on the moral conflict between the so-called 'deontology' (small good/wrong acts) and 'utilitarianism' (big good/wrong consequences). In that conflict, 'deontology' (i.e. refusing to kill one person to save five) has been found to relate only to the collectivistic values (loyalty, authority, purity; Piazza & Landy, 2013). In our work, deontology, defined as strict obedience to some values other than prosocial ones, goes further and clearly reflects low prosocial dispositions.

The present findings also clarify a conclusion that was perhaps too hastily drawn from that previous study (Piazza & Landy, 2013). In that study, the authors concluded that the positive association between the religiosity of U.S. adults and their deontological (low utilitarian) orientation was explained by the belief that morality is founded on divine authority and not by collectivistic moral foundations. However, first, in that study this specific belief was almost a proxy for religiosity ( $r = .80$ ) and sanctity/purity ( $r = .72$ ), thus making the dismissal of moral foundations as mediators problematic. Second, the conflicts described in that study's dilemmas did not vary systematically between abstract/impersonal deontology and *prosociality*; thus care was unrelated to the deontological, non-utilitarian orientation and consequently was unable to show any mediating or suppressing effect. In other words, the current study more directly shows how deontology, as a function of religiosity, not only co-exists or competes with interpersonal morality, but can be inherently antisocial when applied to the sphere of interpersonal relationships.

The limitations of the present study are inherent to the methodology used. Moral dilemmas depicted in vignettes are excellent heuristic tools, but remain hypothetical and paper-and-pencil, rather than behavioral, measures. Yet, the dilemmas used here may reasonably be considered more realistic than, for instance, the 'Heinz dilemma' or the 'trolley dilemma', used in previous research in moral psychology. In addition, though general personal religiosity is a pertinent construct that can be reliably measured and provides meaningful and comparable results, subtler information can actually be obtained if religious morality is investigated by distinguishing between different aspects and forms of religiosity. Moreover, the study's sample was very low on mean religiosity, indicating that further research is needed in order to guarantee



the generalizability of the findings to populations varying in mean religiosity. Finally, more systematic work studying religious morality through the use of moral dilemmas is needed in order to distinguish between different types and intensities of transgressions, different types and intensities of consequences for the participant (hypothetical protagonist in the moral dilemmas), and different types and intensities of consequences for the target (hypothetical target in interaction).

The current work has some interesting implications. First, as mentioned above, this work shows that the two kinds of moralities (the interpersonal one and the impersonal, i.e. self- and society-oriented, morality) not only co-exist and compete with each other, but the preference for impersonal deontology can be inherently non-prosocial, even antisocial. Thus, religiosity not only implies an extended morality (i.e., an emphasis on compassion, but also on self-control, respect for authority, and purity-based norms); but also, in some cases, a fight between the two moralities. Fortunately, the religious prosocial concerns seem to limit the antisocial consequences of deontology. This may explain, for instance, why religious opposition to moral issues like abortion, euthanasia, and gay marriage and adoption, that is found to be explained by collectivistic and not prosocial values (Deak & Saroglou, 2015), most often does not translate into antisocial or violent acts against the persons involved (aborted women, married homosexuals). Second, whereas the current work is focused on general religiosity, it seems reasonable to expect that, in fundamentalist religiosity, care may be insufficient to counter the antisocial consequences of deontology; deontology thus may turn out to be extremely antisocial, as can be seen in terrible contemporary (Muslim suicide attacks) or past (Christian Crusades) events involving religious norms.

To conclude, even if religion is not, strictly speaking, *the* source of morality, it differentially colors various moral orientations and significantly guides choices between competing moral values and norms. Most often, in people's lives, difficulty lies in choosing not only between good and evil, but also between different versions of good, or at least of what appears to be good.

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