CHAPITRE III

LA DEONTOLOGIE ABSTRAITE

Les deux premiers chapitres ont été consacrés à l'ouverture d'esprit en matière existentielle. Cette ouverture s'exprime par une recherche de sens accompagnée de doute et d'une ouverture au changement quant à la vision du monde et aux buts personnels. Au niveau des rapports interpersonnels, nous avons notamment observé que l'ouverture existentielle est liée à des capacités d'empathie.

Les deux chapitres qui suivent reprennent cette notion de souci d'autrui, dans une opposition au rigorisme moral. Nous postulons que l'ouverture d'esprit en matière morale correspond à l'opposé d'une déontologie abstraite. Cette dernière posture accorde moins d'importance aux règles relatives au souci d'autrui qu'aux règles plus générales. La déontologie abstraite est une préférence pour des principes abstraits au détriment d'émotions. Selon nous, l'ouverture d'esprit dans le domaine moral équivaut donc à enfreindre les règles et principes si cela peut permettre d'éviter de la souffrance à autrui. A travers une série d'études, nous mesurerons cette inclination à la déontologie abstraite à l'aide d'un ensemble de dilemmes moraux[3]. Nous investiguerons notamment sur les caractéristiques émotionnelles et les comportements interpersonnels associés à la déontologie abstraite[4].

[3] Ces dilemmes sont présentés dans l'annexe 10.
[4] Les questionnaires utilisés dans cette série d'études sont présentés dans les annexes 1 à 4 et 10 à 13.

ABSTRACT DEONTOLOGY: THE DARK SIDE OF NON-INTERPERSONAL MORALITY

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Abstract

Refusing to lie even to protect somebody's life, or showing loyalty to authority even if it means betraying a good friend are examples of moral conflict between (a) abstract principles at the group- or intra-individual-level and (b) interpersonal care for a specific other's welfare. This is one among several versions of the deontology versus consequentialism conflict. In four studies, we investigated through a set of moral dilemmas cognitive, emotional, social, and moral determinants of deontological versus care-oriented choices. These choices reflected need for closure and conservative and submissive ideology, including authoritarian religion; low hedonism and low self-perception of negative emotions; and, under conditions, low prosociality. In its extreme form, this conflict may be at the heart of ideological terrorism.

Introduction

Across many theoretical models in moral psychology, there is a key distinction between (a) interpersonal care directed to specific others and (b) a series of other moral concerns having to do with the respect of societal or personal norms, presumably important for society's functioning or personal moral integrity: loyalty, social responsibility, justice (equity in treatment), honesty, or integrity. Across models, there may be some variability on what exactly constitutes the second pole and whether that pole is, strictly speaking, part of morality. But these models are consistent in distinguishing interpersonal care – often perceived as being at the heart of morality and as being rather universal – from other moral concerns, not having to do with – at least directly or primarily – the welfare of specific others.

For instance, in the moral development and moral reasoning tradition, one typically distinguishes between care (Gilligan, 1982) and justice (Kohlberg, 1981). In the socio-moral domains tradition (Turiel, 1983), one distinguishes between strictly moral issues (no harm, equality, rights) and conventional societal norms and personal preferences. In the recent work on five moral foundations, Haidt and Graham (2007) distinguish care from justice/reciprocity and certainly from authority, loyalty, and purity. In the moral ideologies tradition, a similar distinction exists between humanistic orientation and normative orientation (Tomkins, 1963, 1978; see also de St. Aubin, 1996).

These two broad sources and domains of morality can easily be in conflict with each other. Take the following examples: Would you tell the truth, for the sake of being honest, by revealing to persecutors that, yes, you're hiding an (innocent) friend they are looking for to kill (a classic example provided by Kant)? Would you lie to an old, terminally ill man at the hospital, who asks you how his son is doing with the company he inherited from his father, when you know that the son is doing very badly? Would you accept the request of a foreign

student, a good friend of yours, who at the end of her fellowship asks for help in order to stay in your country although the fellowship stipulated that the beneficiary has the moral obligation to return to and help the country of origin?

In these moral dilemmas, many people would likely make the interpersonal care-oriented decision. However, several others would choose the opposite option. Why does such a difference exist? The objective of the present work is to focus on individual differences in dealing with moral conflicts between (a) interpersonal care and concern for the welfare and interests of specific others, and (b) respect of abstract (i.e. not primarily and directly interpersonal) principles and norms that may be of some importance and possibly moral value for society and the individual: honesty, integrity, social responsibility, and loyalty.

This is a classic, trans-situational, moral dilemma in human history. In its less extreme forms, it reminds us of situations where no exceptions are possible even to help somebody in need. In its extreme forms, it points out political and ideological terrorism where, in dealing with the moral conflict between defending the group or moral order and not killing innocent "real" people, some people make the option for the former.

In order to make the conflict under study as clear and strong as possible, we focus on one hand, on the care of specific others who are part of our network of acquaintances and with whom one has an interpersonal interaction, and, on the other hand, on respect of abstract principles and norms whose violation, when caring and helpful, does not have detrimental consequences for others' welfare and interests. Moreover, in order to avoid a non-interpersonal, ego-centered interpretation of the other person's needs by those who chose the respect of non-interpersonal principles ("the request of the person does not really contribute to his/her welfare"; "I have a better idea of what would be in his/her interest"), we focus on situations where the application of the principle of care will unambiguously be perceived as beneficial to the individual.

A way to conceptualize the studied moral conflict is to think of it as a reflection of the broad conflict in morality between deontology and consequentialism. *Deontology* is an approach to ethics that judges the morality of an action on the basis of the action's adherence to moral rules. Actions thus are inherently right or wrong independently of their consequences. *Consequentalism* holds that the rightness of an action is determined by its consequences. If we keep these definitions broad enough, then our work could be seen as dealing with, if not exemplifying, this conflict – at least the conflict between deontology and an ethically altruistic consequentialism. In order to emphasize the non-interpersonal character of principles that are followed by those who, in the moral conflict under study, will not make the consequentialist choice, we called this moral tendency *abstract deontology*.

However, the present work is distinct from the strict framework of several recent psychological studies on deontology versus consequentialism (e.g., Bartels, 2008; Greene, Sommerville, Nystrom, Darley, & Cohen, 2001; Tanner, Medin, & Iliev, 2008) in three respects. First, those studies adopt a narrow definition of consequentalism as utilitarianism and operationalized it in terms of quantity sensitivity ("Is it preferable to kill one person if it is to save ten?"), which is not the case in our work. Second, studies from that line of research adopt dilemmas exemplifying a conflict between two situations, both of the same interpersonal character (e.g., killing, directly or indirectly, one versus ten people: Greene et al., 2001), or of the same impersonal character (breaking, directly or indirectly, one versus ten cups; Nichols & Mallon, 2006). On the contrary, the conflict under study in our work is that between interpersonal and non-interpersonal, abstract morality. Third, those previous studies come from a social psychological perspective, whereas the present work is integrated into an individual differences perspective. The latter was recently acknowledged to importantly contribute to explain, in terms of interaction with context variation, consequentialist decisions (Greene, Morelli, Lowenberg, Nystrom, & Cohen, 2008). Our perspective is also less

dependent on the strict content of one or two dilemmas (as is often the case in the above-mentioned research tradition), since we studied decisions in this kind of moral conflict as expressing a broad tendency that can be manifest across a variety of contexts (e.g., friendship, neighborhood, work environment).

Also, the moral conflict studied in the present work would not be considered as a conflcit between principles and empathy. The care-oriented choices are not necessarily or exclusively motivated by empathy; they could also be motivated by prosocial principles (Eisenberg, Fabes, & Spinrad, 2006; Hoffman, 1987, 2000). And similarly, the abstract deontological choices may also imply specific emotions (or lack of them) and not only the defense of principles.

Finally, one could integrate the moral conflict under study into a more general framework of the possible negative consequences of moralism (Lovett & Jordan, 2005) and strong moral conviction (Skitka & Mullen, 2002). This may be true if one keeps in mind that the conflict presented here is between two different kinds of value contents, i.e. interpersonal care versus intrapersonal- and group-level moral rules. However, let us clarify first that, although the consequences here are bad from the victim's perspective, this does not imply that choices in favor of abstract deontology should necessarily be qualified as immoral. It depends on how one defines morality: does one act in favor of others' welfare; in favor of society's interests; in conformity to one's own moral principles? Second, recent research on moral conviction (belief that something, never mind what, is fundamentally right or wrong; Skitka, 2010, for review; see also sacred values that normally cannot be trade-off; Tetlock, Kristel, Elson, Green, & Lerner, 2000) is interesting here as it suggests undesirable consequences of moralism for society, such as the delegitimation of authority decisions or the undertaking of extreme actions to achieve morally convicted ends. However, this is not directly relevant for our work. These studies focused on the strength of moral beliefs and attitudes and its

consequences, never mind the content of these beliefs and attitudes, whereas our work focuses on the conflict between two kinds of morality, one of which may have harmful consequences for specific others.

Hypotheses

In the present series of fours studies, the general question, from an individual differences perspective, is: Why are some people ready to help – or to act in order to avoid the harm of – persons with whom they interact, even if it breaks some other moral rules, whereas others prefer to maintain a respect for those moral rules even if the consequences may be detrimental for the welfare of those acquaintances?

A series of hypotheses were made regarding the cognitive, social, moral, and emotional characteristics or determinants of people's tendency to make abstract deontology-oriented (hereafter, for brevity, deontological) choices instead of care-oriented (hereafter, for brevity, caring) choices in these kinds of moral dilemmas. We will present and justify below these hypotheses.

A first series of hypotheses aimed to validate the moral dilemmas we created. Haidt and Graham (2007) recently developed the five moral foundations theory according to which the basic psychological systems on which human morality is based are (a) *harm/care*, (b) *fairness/reciprocity*, (c) *ingroup/loyalty*, (d) *authority/respect*, and (e) *purity/sanctity*. In our understanding, the first clearly taps a direct interpersonal morality; the second, a more abstract, at the societal level, other-oriented morality; and the other three tap group-level and impersonal moralities (duties to society, oneself, or God). We hypothesized that the preference of deontological over care-oriented responses is motivated by a low emphasis given to the moral principle of *care* and a high emphasis on the group-level principle of *authority* and possibly *loyalty*. Since we did not include violations of sacred rules in the dilemmas, *purity* was not expected to be relevant. *Fairness/reciprocity* could possibly relate

to deontology since, in several dilemmas, acting in favor of other's needs implied transgression as an exception in rules supposed to apply to all. In several kinds of moral judgments, justice/equity can be in opposition with care and empathy (Batson, Klein, Highberger, & Shaw, 1995; Skoe, Eisenberg, & Cumberland, 2002).

Furthermore, getting at the heart of the moral conflict under study, we expected that preference for a strict respect of social norms at the detriment of care-oriented concerns would indeed reflect a self-perception as being high in *moral integrity* (by indeed reporting few behaviors that are transgressive of societal norms) whereas, at the same time, it would also reflect low *prosocial tendencies,* for instance low tendency to share one's own belongings with others. This was a key prediction. Indeed, traditionally, high moral standards, endorsement of moral values, and moral integrity are thought and effectively found to be related to prosocial tendencies. For instance, (self-perceived) moral integrity predicts both normative social behavior such as not cheating, lying, and stealing, and prosocial behaviors such as volunteering and helping (e.g., Schlenker, 2008). However, the focus of the present work was on situations where the two dimensions are in conflict.

Examining *value priorities*, using Schwartz's (1992) model of values would further our understanding of the specific important goals that may underlie moral deontologists' normative thinking, feeling, and behavior. This model distinguishes between two, almost orthogonal axes of values, the first contrasting conservation with openness to change values, and the second contrasting self-enhancement versus self-transcendence values. We hypothesized that harmful of others deontology is supported by values of conservation of social and personal order (tradition, conformity, and security) and not by values that reflect autonomy and pleasure (self-direction, stimulation, and hedonism). There was no reason to expect positive or negative associations of abstract deontology with values that reflect self-expansion (power and achievement). Additionally, we investigated whether abstract

deontology may involve low attachment to self-transcendence values that translate concern for the well-fare of people with whom interacts (benevolence) or all people and the world (universalism).

We also investigated cognitive needs that could characterize, if not explain, strict attachment to norms and rules even when this proves to be harmful to others. We hypothesized that such a moral tendency reflects high epistemic needs for *order, structure*, and *closure* (Kruglanski, 2004). Such needs might explain the inability of deontologists to think relatively about the applicability of abstract moral norms as a function of the specific context (they hold them in an absolute, non negotiable way) and to think relatively about the importance of these norms with respect to other moral, i.e. care-oriented, imperatives. People who are high in need for closure are uneasy with opinions diverging from their own, experience difficulties in information treatment and seem to prefer homogenous and self-resembling groups (Kruglanski, 2004, for review). Moreover, strong attachment to moral deontology may reflect not only a general epistemic need for knowledge and some answers in any kind of topic (closure) but, more specifically, low flexibility of existential beliefs and worldviews that have a central role in a person's life. We thus hypothesized that abstract deontologists are low in *existential quest* (Van Pachterbeke, Saroglou, & Keller, 2009), i.e. are not prone to doubt, criticize, and consider the possibility of changing their existential beliefs and worldviews.

The strong attachment of deontologists to abstract, general, social norms could also be understood by the submissive and conformist way they think and behave as members of both organized groups and the society in general, and with respect to hierarchical structures. *Authoritarianism* and *religion* should be two relevant candidates as underlying ideologies. The former, by definition, includes submission to authority, conventionalism, and authoritarian aggression (Altemeyer, 1996). Similarly, religion, and more clearly religious

orthodoxy/fundamentalism, has been found to relate to high moralization (Nucci & Turiel, 1993) and high dualistic thinking (Desimpelaere, Sulas, Duriez, & Hutsebaut, 1999). Implicit activation of religious words was found to increase accessibility of submission-related concepts and vindictive behavior upon request, at least among people with dispositional submissiveness (Saroglou, Corneille, & Van Cappellen, 2009).

Moreover, we hypothesized that moral decisions taken in favor of abstract norms instead of interpersonal care may be typical of people who more generally do not dispose a *prosocial personality*. This should be observed with measures of reported altruistic behaviors (various contexts, various targets), and the willingness to help a confederate in need.

Finally, it is of interest to explore which *emotions* abstract deontologists experience when obligated to make decisions where impersonal principles and rules are in conflict with care-oriented concerns. One could suspect, for instance, some difficulty in feeling other-related emotions such as empathy (given the empathy-altruism link; Batson, Ahmad, Lishner, & Tsang, 2002) or even emotions in general, since the abstract principlistic, ideology-like, thinking may reflect a disconnection from senses-based knowledge and reality (e.g., Arendt, 1951, 1953). One could also suspect the presence of some negative emotions resulting from the disturbance provoked when such conflicting decisions need to be made. Alternatively, it may be that deontologists, as conservatives, report low negative affects (Choma, Busseri, & Sadava, 2009).

Overview of the studies

Study 1 provided initial validation of the set of the moral dilemmas we created. We examined the associations of deontological versus care-oriented choices with Haidt's five moral foundations, behavioral self-reported integrity, and a projective measure of prosocial tendencies (sharing one's own belongings). Study 2 investigated theoretically relevant links of the decisions made in these moral dilemmas with Schwartz's model of values, need for

closure, and reported altruistic behavior. Study 3 did the same with right-wing authoritarianism, religiosity, need for closure, existential quest, empathy, and positive and negative emotions. Finally, in Study 4, we clarified the link between deontology and prosociality by experimentally testing the hypothesis that moral deontologists are less willing to help when other principles are involved in the situation.

Study 1

Method

Participants. Sixty-four Economy students at a French-speaking Belgian university (mean age = 19.8; *SD* = 1.2; 44 women and 20 men) took part in the study in exchange for 5 Euros. They completed the protocol in collective sessions of two to four participants.

Measures.

Deontology versus care dilemmas. We constructed nine hypothetical situations. Each situation implied a conflict between (a) attachment to some rather impersonal principles and rules (strict fairness and equity in treatment, honesty and not lying, professional and civil loyalty) and (b) willingness to help or not hurt persons who, in most cases, were in need and with whom there was an established interpersonal relationship. These moral dilemmas were constructed in a way that forced respondents to take either a caring (i.e. in favor of the other person's expressed needs) or an abstract deontological (i.e. respect of impersonal principles and rules) decision (see Appendix). In order to increase ecological validity, we selected moral dilemmas that are neither too extreme, nor too trivial. In each situation, participants had to chose, for instance, between lying or telling the truth and, by doing, so hurting an ill elderly person; or between loyalty to colleagues or transgressing this loyalty in order to help someone in need; and between responding to a police request or supporting a friend. For each of the nine dilemmas, participants were asked to choose between two proposed reactions. A

deontology score was computed by adding the number of deontological choices (coded as 1; care-oriented choices were scored as 0).

Five moral foundations. After having provided their answers to all moral dilemmas, participants were invited to revisit their responses. For each of the nine moral dilemmas they were provided the five moral principles suggested by Haidt and Graham (2007): (a) *care* (exemplified by the words "kindness" and "compassion"), (b) *reciprocity/fairness* (we used the words "reciprocity" and "honesty"), (c) *loyalty* ("loyalty" and "courage"), (d) *authority* ("respect of authority" and "obedience"), and (e) *purity* ("spirituality" and "temperance"). The participants were asked to provide on a 7-point Likert scale (1: *not at all*; 7: *entirely*) their estimation of "How much each of the following moral dimensions was taken into account to make a decision". For each participant, a total score for each of the five moral justifications was computed by averaging the answers for the nine moral dilemmas.

Social integrity. We measured integrity as the self-reported (low) frequency of transgression of rules that do not concern direct interpersonal relations but morality, in more impersonal terms. These transgressions had to do with social responsibility and respect of fairness in the functioning of the society: cheating, lying without consequences, and fraud. Participants were asked to provide, via a 4-point Likert scale (1: *never*; 4: *more than five times*), the frequency with which they had committed each of the following four behaviors: (1) using public transportations without having paid the fare; (2) cheating on an exam in secondary school; (3) lying on an unimportant issue; and (4) not telling a cashier that she had given too much change (α = .60).

Willingness to share. Participants were asked to indicate what they would do with the money if they were to hypothetically win 100,000 Euros from the national lottery. They were asked what percentage of the amount they would allocate to each kind of expense. A judge blind to the purposes of the study coded the different kinds of expenses by classifying them

into two categories: expenses for others (family, friends, donations to charity) and for oneself. The variable included in the analyses was the percentage of the amount participants allocated to expenses for others.

Results and discussion

Total scores on abstract deontology covered the entire range from 0 to 9. The mean score was 3.33, slightly under the mid-point of 4.5 (overall, participants made more caring than deontological choices). However, the dilemmas allowed for inter-individual variability in selecting deontological or caring answers. Indeed, with the exception of one dilemma (number 4 in the Appendix) that elicited caring answers to an important degree (84%), the dilemmas elicited deontological versus caring answers either by an almost half-half ratio (dilemmas 1, 6, 8, and 9) or by a one vs. two-thirds proportion (dilemmas 2, 3, 5, and 7).

The coefficients of the correlations between deontological choices and the other measures are presented in Table 1 (controlling for gender did not change the results).

Table 1

Descriptive statistics and coefficients of correlations with preference for deontology (Study 1)

	M	*SD*	*r*
Deontology	3.33	1.64	-
Five moral principles [a]			
Care	4.71	0.88	-.43**
Reciprocity	4.46	0.90	.07
Loyalty	4.43	0.82	-.05
Authority	3.38	1.06	.57**
Purity	3.43	1.47	.10
Transgressive behaviors			-.35**
Willingness to share	29.22	28.70	-.27*

* $p < .05$. ** $p < .01$.

As expected, deontology was positively correlated with justifications based on the moral dimension of authority and negatively to the ones based on the moral dimension of care. These correlations were important in size and, as found in distinct by dilemma correlations, systematic across the nine dilemmas. Fairness/reciprocity was overall unrelated to deontology, but distinct by dilemma analyses revealed that it was significantly positively related to deontology in five dilemmas (rs varying from .24, $p < .05$ to .78, $p < .001$). Purity and loyalty were unrelated to deontology; the first reasonably because our dilemmas did not imply violation of religious rules or sacred social taboos having to do with moral disgust; and the second probably because different conceptions of loyalty may underline the attachment to both abstract deontology (e.g., loyalty in social institutions) and closeness to others (e.g., loyalty in friendship).

As also presented in Table 1, individuals' tendency for making deontological over caring choices in the moral dilemmas was, as predicted, associated with both a lower frequency of reported behaviors that reflect transgression of moral integrity in the social sphere (cheating, lying) and a higher tendency to keep hypothetical gains for oneself rather than sharing them with family and friends or giving them to charities.

Study 1 thus provided initial evidence on the individual variability in dealing with moral dilemmas constructed to tap adherence to abstract deontology at the detriment of interpersonal care. Participants who made deontological choices indeed tended to invoke in their decisions low importance of care, high importance of authority and, to some extent, high importance of fairness/reciprocity, i.e. strict equity in applying the same rules to all. Moreover, when examining related behavioral tendencies, deontologists turned out not to be indiscriminately moral, by combining, for instance, integrity- and prosociality-related behaviors: they reported few transgressive behaviors in issues involving societal responsibility, but at the same time they seemed unwilling to share hypothetical gains.

Study 2

Method

Participants. One hundred sixty participants (57 men, 103 women) living in Belgium and France (took part in the present study as a part of a larger study on eating behaviors. They were recruited by an undergraduate student on a voluntary basis. Their mean age was 29.2 (*SD* = 10.5; minimum and maximum age: 15 and 65). They fulfilled the protocol either in a hard copy or through the web. Two thirds of participants were of higher education (41,5% of Academic education, 26% of non-Academic higher education and 32,5% of secondary education).

Measures.

Deontology versus care dilemmas. We administered the nine dilemmas in the same format of questions and answers as in Study 1.

Values. Participants completed a short version of the Portrait Values Questionnaire (PVQ: Schwartz, Melech, Lehmann, Burgess, Harris, & Owens, 2001). Schwartz's (1992) model of values distinguishes between ten values: tradition, conformity, security, power, achievement, hedonism, stimulation, self-direction, universalism, and benevolence. These ten values can be represented in a circumflex model and reflect mainly two almost orthogonal axes, i.e. one contrasting conservation versus openness to change values, and the other contrasting self-enhancement versus self-transcendence values. The short version of the PVQ, developed for the European Social Survey, consists of 21 items (we used a 6-point Likert scale), i.e. two items for each value, except for universalism, which is measured by three items. Following Schwartz (2003), in order to control for the mean importance attributed to all value items, the total importance in all value items was subtracted from the score of each of the ten values.

Need for closure scale (Webster & Kruglanski, 1994). This scale measures the desire for definite knowledge or a conclusive answer regarding relevant issues, and an aversion to confusion and ambiguity. It comprises five subscales (42 items): preference for order, preference for predictability, intolerance of ambiguity, decisiveness, and closed-mindedness. In order to reduce the length and time of the administration, we used the subscales Preference for order (10 items) and Preference for predictability (8 items), which reflect the inclination to maintain closure for as long as possible ("freezing" tendency), and computed an aggregate score of answers (7-point Likert format) on these 18 items (Cronbach's alpha = .82).

Altruism scale (Rushton, Chrisjohn, & Fekken, 1981). This scale contains 20 items measuring the frequency (from 1: *never*, to 5: *very often*) with which the participant has acted in a prosocial way through a variety of life situations (mainly helping actions). In order to reduce the length and time of the administration, we used 8 out of the 20 items. A total average score of altruism (more exactly, prosocial acts, since the motivation is not taken into account) was computed. Examples of the scale items are: "I have, before being asked, voluntarily looked after a neighbor's pets or children without being paid for it"; "I have offered to help a handicapped or elderly stranger across the street."

Results and discussion

Minimum, maximum, and mean scores on abstract deontology were respectively 0, 8, and 3.20 (SD = 1.63). Deontology was positively related to age (r = .22, $p < .01$) and was unrelated to the level of education (-.10, n.s.). Men were higher (M = 3.58, SD = 1.68) than women (M = 2.56, SD = 1.55) on giving deontological rather than care-oriented responses, $t(159) = 2.34$, $p < .05$.

Table 2
Descriptive statistics and coefficients of correlations with preference for deontology (Study 2)

	M	*SD*	*r*
Deontology	3.20	1.64	
Need for closure	63.92	12.16	.24**
Altruism			-.04
Values			
Tradition	-0.52	0.90	.17*
Conformity	-1.15	1.07	.32***
Security	-0.52	0.96	.03
Power	-1.22	0.98	.09
Achievement	-0.21	1.09	-.01
Hedonism	0.53	0.91	-.16*
Stimulation	-0.05	1.07	-.25***
Self-Direction	0.79	0.72	-.08
Universalism	0.93	0.73	-.11
Benevolence	0.93	0.67	.01
Age	29.72	11.12	.22**

* $p < .05$. ** $p < .01$. *** $p < .001$.

As detailed in Table 2, preference for deontology was positively related to need for closure. It was, additionally, positively related to the two conservation values of tradition and conformity, and negatively related to the two hedonistic values (hedonism and stimulation). Controlling for gender or age in partial correlations did not have an impact on the significance of the above results (with only one exception: the negative association of deontology with hedonism decreased to -.11 and became non significant). Finally, deontology was unrelated to altruism. However, we tested the idea that deontologists are non-altruist conservatives. Indeed, the relation of conformity with deontology was moderated by altruism. A regression of deontology on conformism (centered), altruism (centered), and their product showed a marginally significant interaction, $\beta = -.037$, $p < .087$ (two participants were excluded from

the analysis because of relatively high Cook's distances). We computed simple slopes by centering at high (+1 SD) and low (−1 SD) levels of altruism and examined the effect of the conformity value on deontology. Greater conformity predicted significantly greater deontology among persons low in altruism, $\beta = .43$, $p < .001$, but conformity value was not significantly related to deontology among persons high in altruism ($\beta = .15$, n.s.).

Study 2 confirms the hypothesis that strictness in deontology is in part motivated by the epistemic need for maintaining order and structure in one's own internal and external world. This may explain the unwillingness of our deontologists to make exceptions from, see the relativity of, and contextualize, general principles. Preference for deontology was also characterized by concern for societal order and maintenance of established rules and traditions (values of tradition and conformity), which may suggest the prevalence of (vertical) collectivistic thinking in deontologists' moral judgments (Oishi, Schimmack, Diener, & Suh, 1998). Moreover, the low emphasis given to the two hedonistic values (hedonism and stimulation) adds a tonality of "cold" rigidity to the harmful of others deontology. This is in line with the general idea of a joyless dimension of moral strictness in general (e.g., Weber, 1976), including in the more specific domain of food preferences (Lindeman & Sirelius, 2001). Finally, non-caring of others deontologists did not seem to be non-altruistic or to devalue benevolence in general. They may thus not necessarily be low in prosociality when the target behavior is not in conflict with other principles, rules, and norms. Nevertheless, those who combine low altruism with conformity indeed tended to be more prone to make abstract deontological decisions.

Study 3

Method

Participants. Adults of various ages were contacted by an undergraduate student who asked her acquaintances and neighbors to participate. A snowball method of collecting data was adopted. In total, 206 French-speaking Belgian adults (87 men and 119 women) from different urban areas agreed to take part in this study (without receiving a special compensation). Mean age was 45.5 years (*SD* = 16.8, range = 18-87). Participants received a booklet containing a set of different questionnaires.

Measures.

Deontology versus care dilemmas. We administered the nine dilemmas in the same format of questions and answers as in Studies 1 and 2.

Need for closure scale (Webster & Kruglanski, 1994). We administered the two main subscales of preference for order and predictability as in Study 2, but using a 6-point Likert format scale (Cronbach's alpha = .87, for the total scale, .78 for order, and .80 for predictability).

Right-wing authoritarianism scale. Funke's (2005) version of Altemeyer's (1996) Right-Wing Authoritarianism scale was translated into French and adapted to the Belgian context. This scale borrows many items from the initial RWA and comprises items that cover the three RWA facets: conventionalism, authoritarian submission, and authoritarian aggression. Three items were split in two (more than one idea was included in the original version) and two items were replaced. A global score was computed by adding the response scores for all 15 items (α = .75).

Existential Quest scale (Van Pachterbeke et al., 2009). This 9-item 7-point Likert scale measures flexibility in holding existential beliefs and worldviews, i.e. valuing doubt on and being ready to question and even change them. The scale has been validated in samples of

students and adults from two different countries and has good psychometric qualities, construct validity, and discriminant and incremental validity with regard to constructs such as (low) need for closure, (low) dogmatism, religious quest, or search for meaning in life (Van Pachterbeke et al., 2009). The reliability has been found to be around .74-.75, which was confirmed also in the present study.

Religiosity. A 5-item measure of religiosity was used (7-point Likert format scale) measuring the importance of God in one's personal life, the importance of religion in personal life, the need to hold religious beliefs for the person, the degree of help religion brings in the search for the truth, and the possibility to live without faith (reversed item) (α = .88).

Empathy (Interpersonal Reactivity Index; Davis, 1983). This measure of dispositional empathy consists of four subscales (28 items): empathetic concern, perspective taking, personal distress, and fantasy. In order to keep the questionnaire within a reasonable length, we dropped the fantasy subscale. Participants indicated their agreement with each of the 21 items on a 5-point Likert scale. A global score of empathy was computed by summing the scores on the 21 items (α = .71).

Emotions. The brief form of the Positive and Negative Affect Scale (PANAS; Watson, Clark, & Tellegen, 1988) was used. Participants had to indicate on a 5-point Likert scale the extent to which they felt each of 20 emotions (10 positive and 10 negative) at that moment.

Results and discussion

The mean number of deontological responses selected was 4.10 (*SD* = 1.6). Only three participants made caring options in all dilemmas (score: 0) and only one selected the deontological responses in all dilemmas (score: 9). As detailed in Table 3, the number of deontological responses was, as expected, positively correlated with right-wing authoritarianism and both facets of need for closure, i.e. need for order and need for

predictability. Existential quest was also negatively related to abstract deontology in a marginally significant way.

Table 3
Descriptive statistics and coefficients of correlations with preference for deontology (Study 3)

	M	*SD*	*r*
Deontology	4.10	1.59	
Authoritarianism	66.37	12.96	.30***
Need for closure	70.68	15.69	.28***
Need for order	40.73	9.07	.25***
Need for predictability	29.95	8.47	.25***
Existential Quest	38.37	9.81	-.12+
Empathy	19.91	4.89	-.08
Perspective-taking	17.95	4.11	.04
Personal distress	11.20	5.61	-.05
Positive emotions	29.79	7.76	-.02
Negative emotions	15.24	5.33	-.19**
Religiosity	14.32	9.01	.08
Age	45.46	16.79	.29***

+ $p < .10$. ** $p < .01$. *** $p < .001$.

Moreover, people who made deontological over care-oriented choices tended to score low in negative emotions. Inspection of by-item correlations suggested that this finding was due to the emotions being guilty, hostile, jittery, afraid, and upset. This suggests a possible general lack of emotional disturbance among deontologists. Deontologists may resemble political conservatives, or people with strong ideology, known to report happiness (Napier & Jost, 2008) and low negative affect (Choma et al., 2009). The same result can also be read from another perspective: participants who made care-oriented rather than deontological

decisions may have been emotionally disturbed when trying to make a caring choice that was somehow in conflict with other moral principles and rules.

Religiosity was unrelated to abstract deontology. However, when focusing on people who were religious (having scored from 5 to 7 on the importance of God item; $n = 46$), the association between authoritarianism of religious participants (what is equivalent to religious fundamentalism: Altemeyer & Hunsberger, 2005) and non-caring of others deontology turned out to be considerable ($r = .46$, $p < .001$); and double in size compared to the association between authoritarianism and deontology among the non-religious participants who had scored from 1 to 3 in God's importance ($n = 139$; $r = .21$, $p < .05$), $z = 1.8$, $p < .05$.

Moreover, the hypothesized (negative) relation between deontology and empathy (all three facets) was not confirmed. Finally, although age was positively correlated with deontology, when partialized, the above mentioned correlations between deontology and the other constructs remained significant (gender had no impact on deontology). Interestingly also, the cognitive, emotional, and social dimensions had unique and additive effects on predicting abstract deontology in a multiple regression analysis: deontology was predicted by high need for closure ($B = .17$, $t = 2.17$, $p < .05$), high authoritarianism ($B = .18$, $t = 2.28$, $p < .05$), and low negative emotions ($B = -.16$, $t = -2.43$, $p < .05$) (adj. $R^2 = .12$).

In sum, Study 3 nicely replicated the findings of Study 2 regarding the association between abstract deontology and high need for closure. More importantly, Study 3 extended our understanding of the preference for deontological over caring choices. Beyond epistemic needs, such moral tendency reflects disposition for submission to authority and adherence to conservative ideologies, i.e. authoritarianism in general, and particularly in the context of high religiosity. (Note that the blend of religiosity with authoritarianism typically constitutes religious fundamentalism: Altemeyer & Hunsberger, 2005). It also points to some underlying emotional process, with low negative emotions being reported, especially those that could

have suggested some emotional disturbance. Finally, the multiple regression analysis confirmed the unique and additive role of cognitive, emotional, and social-ideological determinants in predicting strict attachment to deontology.

Study 4

The three previous studies provided, among others (i.e. cognitive, ideological, moral, and emotional dimensions), suggestive but still unclear information on the way abstract deontology relates to specific prosocial traits, feelings, values, and behaviors. Non-caring of others deontologists were less willing to share hypothetical gains and were indifferent to care as a moral foundation in their choices (Study 1). However, there was not an overall link of these deontological choices with prosocial values and self-reported altruism and empathy (Studies 2 and 3). Nevertheless, low altruism accentuated the link between the value of conformity and deontology (Study 2). One integrative interpretation of these results could be that strict deontology does not necessarily imply low prosociality *in general*, but does so in situations where other conditions relevant to deontological thinking (e.g., principles in our dilemmas; the right to keep the gains for oneself) counter the disposition for prosocial behavior. Study 4 aimed thus to specifically investigate this hypothesis. We hypothesized that deontologists are not necessarily less willing to help a person in need, but that their willingness to help tends to be lower when the person in need has a problematic character, possibly responsible for the difficulties s/he faces (e.g., is disorganized).

Method

Participants were 60 second-year psychology students at a Belgian University, mostly (55) females (withdrawing the male participants did not change the results). They participated to the study in order to receive credit to fulfill course requirement. Once arrived individually at the laboratory, they were randomly assigned to one of the two conditions, i.e. personal fault and non-personal fault (control) conditions. All participants first fulfilled the protocol with the nine moral dilemmas as in the previous studies.

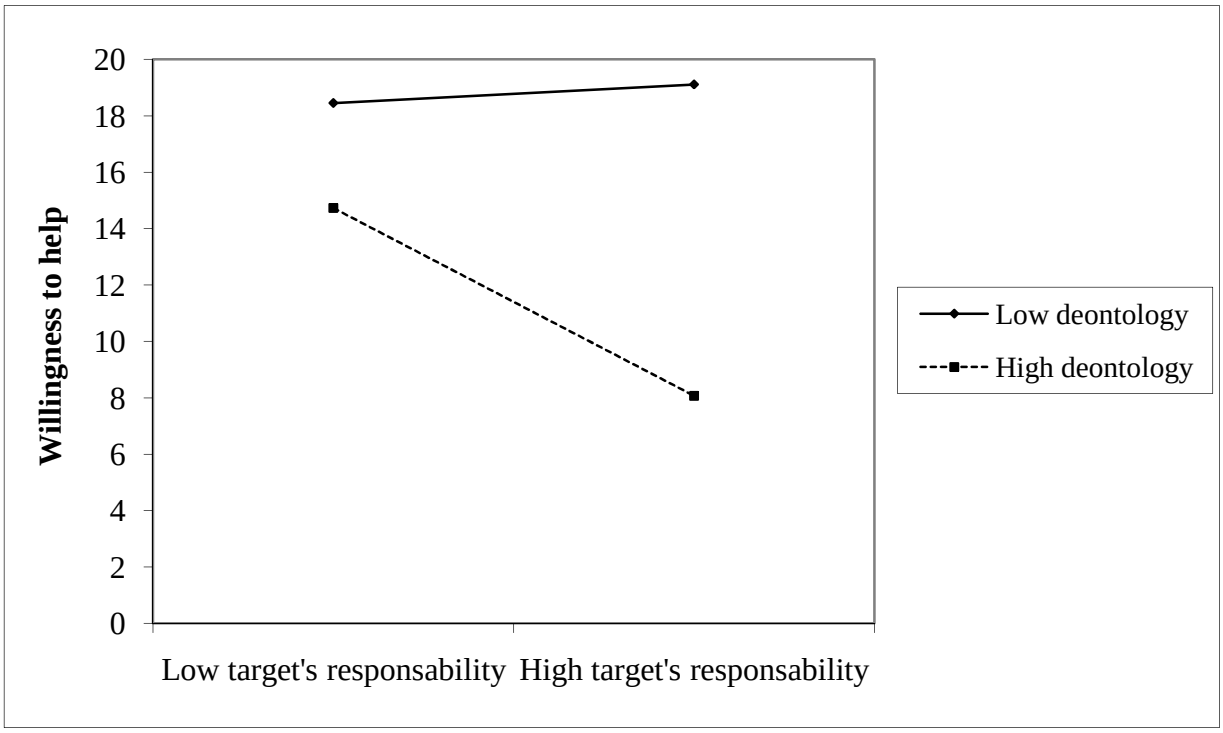
Afterwards, in both conditions, the experimenter faked having to go to his office to find a document, returning two minutes later. Then, in the control condition, he told to the participant: “In the corridor, I just saw a student doing an experiment to finish her graduate thesis. She asked me if I could ask my own student to help her because she needs subjects for her experiment. She told me it was complicated for her to find students because she can’t give course credit in exchange for participation. She was panicked and desperate. Imagine you’re in the same situation, it’s difficult. I agreed to help her by asking you if you are available to do the experiment. She is doing a face recognition task, if I’ve understood well, there are different blocks of faces of 5 minutes for 30 minutes. So, you can help her for 5, 10, 15, 20, 25 or 30 minutes. For me it doesn’t change anything, it’s fine whether you accept or not. How much time are you available to help her?” In the personal fault condition, the experimenter told the same story except that the sentence “She told me it was complicated for her to find students because she can’t give course credit in exchange of the participation” was replaced by “She told me it was complicated for her to find students because she is late and disorganized, moreover she can’t give course credit in exchange of the participation”. The dependant variable was the number of minutes people accepted to dedicate in order to help (0 minutes was also included as a value for those who did not accept to help).

Results and discussion

In order to test our main hypothesis, we regressed willingness to help on deontology (centered), experimental condition (contrast coded with -1: no responsibility of the target in need; and +1: responsibility of the target in need), and the product of their interaction. The manipulation of the target's responsibility was efficient: participants were less willing to help the target when it was described as lacking discipline, β = -.38, p < .01. Across conditions, deontology was overall unrelated to willingness to help. However, as hypothesized, the interaction between condition and deontology in predicting willingness to help was significant, β = - .33, p < .05 (two participants were excluded from the analysis because of relatively high Cook's distances). A simple slope analysis (see also Figure 1) revealed that deontology was negatively related to willingness to help in the target's responsibility condition, β = -.48, p = .02, but not in the no-responsibility condition, β = .05, ns.

Figure 1

Willingness to help as a function of deontology and target's responsibility



Study 4 thus clarified the abstract deontology-prosociality link: strict deontologists do not seem to be *generally* low in prosocial traits (altruism: Study 2), values (benevolence: Study 2), feelings (empathy: Study 3), and behavioral intentions (control condition of Study 4). However, given the priority attributed to principles and authority over care (Study 1), abstract deontologists are less willing to act prosocially when other abstract, conflicting principles or rules are involved in the situation (e.g., personal responsibility of the target in need in Study 4; having the right to keep one's own gains in Study 1) or when low altruism is combined with conformism (Study 2).

General discussion

Is it possible to act badly by trying to be moral? More specifically, how can acts which are non-caring and even harmful for others result from an attachment to moral principles? Across four studies, we used a set of hypothetical dilemmas which put into conflict (a) abstract, rather impersonal principles and norms and (b) care for a close person's welfare. We provided evidence that there is a non-negligible inter-individual variability in the choices made in these dilemmas. Several individuals tended to privilege deontological choices that were harmful to the close person whereas many others privileged choices that were helpful of others at the detriment of such abstract and impersonal principles. People who were high in this abstract deontology reported high moral integrity (few behaviors transgressing the morality of social responsibility) and tended to justify their decisions in the proposed moral dilemmas by highly endorsing the moral foundation of authority, and to some extent fairness/reciprocity, and by systematically de-considering the moral foundation of care. In addition, contrary to research suggesting some correspondence between conservatism and prosocial traits and values, both converging on a concern for social cohesion (Roccas, Sagiv,

Schwartz, & Knafo, 2002; Saroglou & Muñoz-García, 2008), abstract deontologists combined conservatism in values and authoritarian ideology with low prosocial behavioral tendencies when their own rights or other principles were involved (unwillingness to share hypothetical gains and to help people whose needs stem partially from a character flaw). Moreover, both cognitive and emotional factors seemed to underline such non-caring of others deontology: an epistemic need for closure and low flexibility in existential beliefs and worldviews, together with reported low negative emotionality, were meaningful components of abstract deontology. Finally, being strict in principles to the point that close persons may be hurt included an additional component, i.e. seriousness and lack of joy and pleasure, if we judge by the low importance attributed on the values of hedonism and stimulation.

Giving priority to abstract, group-level or intra-individual principles (in our dilemmas: respect of authority, fairness, social responsibility, honesty; which could be extended to purity and personal integrity), whose violation in the specific situations involved in our dilemmas would hurt nobody, may thus result in moral decisions which are harmful to others in interpersonal relations. This moral disposition reflects a large number of unique cognitive, emotional, social, and moral characteristics. The generalizibility across contexts of such non-consequentialist functioning and the variety of the impersonal principles not to be transgressed in our nine dilemmas favor the idea that such abstract deontology may constitute an individual characteristic that is more or less stable across situations. This is of importance for personality, social, and moral psychology. This kind of abstract deontology may apply to contexts varying from non-painful everyday situations (e.g., a teacher who refuses a favor to a student even if it is for good reasons) to extreme contexts such as ideologically-motivated terrorist attacks. With regard to the latter, note our finding of a positive association between abstract deontology and authoritarian religion (i.e. fundamentalism). The results of the

experimental study 4 also suggest the importance of the context: for instance, the perception of the target's responsibility accentuate abstract deontologists' antisocial behavior.

The lack of a clear positive relationship between non-caring deontology and religiosity could be explained by the fact that both empathy/care and moralization – which are antagonists in the moral conflicts studied here – are known to be induced by religion. Interestingly, the more religiosity takes an orthodox or fundamentalist, so authoritarian form, the more moralization, but also prejudice, becomes stronger (Hunsberger & Jackson, 2005; Nucci & Turiel, 1993), whereas the more we move from traditional religion to modern spirituality the more we find empathy, extended altruism, and universal prosocial values (Saroglou, 2010; Saroglou & Muñoz-García, 2008). In a subsequent experiment to the present studies, we found that supraliminal religious priming increases deontological rather than caring choices in our moral dilemmas among people high in authoritarianism (Van Pachterbeke & Saroglou, 2010).

The set of studies presented here possesses some limitations and raises several new questions. An area worthy of future investigation is that of the emotional determinants of abstract deontology. As recently argued for the role of emotions in moral judgment in general, the effect of emotion could occur (a) in the interpretation of the scenario, (b) in the interpretation of the question, (c) in the production of the moral judgment, or (d) in reporting the judgment as a measurable response (Huebner, Dwyer, & Hauser, 2008). Given the impressive findings from a series of recent studies suggesting that emotional intuitions play an important, if not predominant, role in moral judgment (Haidt & Kesebir, 2010), it is of great interest to investigate the emotional reactions that lead some people to take deontological rather than care-oriented, empathy-based, decisions in these kinds of moral dilemmas.

Most of the evidence provided in the present studies was correlational; and all studies were carried out in the same country and linguistic community with convenient samples.

More experimental investigations and studies with samples from known groups (e.g., radical ideologically groups) should provide further knowledge on the causal directions between the constructs studied here, and will increase the generalizibility of the present findings. Also, across dilemmas, there was some variability with respect to the specific impersonal principles that were in conflict with interpersonal care. Future research should investigate how care-oriented concerns may entertain specific conflicts with specific non-interpersonal principles. Moreover, it would be interesting to investigate whether the conflict we studied here only concerns the content of moral principles (impersonal versus interpersonal ones) or reflects differences in moral "intensity". It could be that those who make deontological over caring choices, compared to those who do the opposite, have a stronger consideration of their principles as sacred and any trade-off as taboo (Tetlock et al., 2000) and are more morally convinced about what is right and wrong (Skitka, 2010).

Since both groups may act in accordance to their (different) principles and moral foundations, they may not differ in self-perceived moral integrity, if the latter is defined as acting in accordance to moral principles (Schlenker, 2008). Nevertheless, from a psychological perspective, the question remains as to whether abstract deontologists' motivation is to (a) respect principles because of their intrinsic value, (b) respect principles by conforming to what society and traditional authorities consider to be the norm, or (c) maintain a self-image of being pure and irreproachable, which suggests an egoistic motivation. This is also an intriguing question for future research. It has been argued that the abstract character of principles increases the propensity for moral hypocrisy, possibly facilitating a pro-moral interpretation of anti-moral acts (Batson, 2008). Tsang (2002) also argued that people, even when acting immorally, tend to use rationalization strategies to preserve their self-perceptions as moral. Among these strategies one can find moral justification and a disregard for the consequences of an action.

Note that, as mentioned in the introduction, we do not argue here that the deontological, harmful of others, decisions are immoral and that the caring decisions are necessarily moral ones. This depends on how extensively one defines morality and/or whether good actions are morally motivated (see, e.g., Batson et al., 1995, for a distinction between altruism and morality). There are situations where interpersonal empathy and altruism may be a threat to the common group's good (for instance, when this brings favoritism: Batson et al., 1999). Note that, in our opinion, qualification of acts and attitudes as "moral" in nature is beyond psychology's scope.

Nevertheless, doing the *right* thing is not necessarily doing the *good* thing. Both may be qualified as moral by some or others, according to different ideologies. But we hope to have provided initial evidence showing that for us, humans, who have friends, partners, relatives, and colleagues, it makes a difference whether people with whom we interact will privilege in some conflicting situations (a) what *they* believe to be the right thing to do or (b) what *we* know is the good thing for our welfare. We can also take another, related view. From the moral foundations theory perspective, conservatives' principles of authority, loyalty, and purity have some moral pertinence, and both liberals' and conservatives' principle of harm/care has universal moral value (Graham, Haidt, & Nosek, 2009). However, the present work suggests that when the latter is in conflict with the three former, some conservatives may privilege the impersonal moral principles even at obvious costs for the welfare if not the life of beloved others.

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Appendix

Moral dilemmas used to measure abstract deontology

1. Imagine a friend of yours has caused a car accident on his way home from work. He was scared and fled the scene of the accident. He told you everything about this the crash. Later, on the basis of imprecise testimonies, he becomes a suspect of investigation. The police are questioning his friends. It's up to you. Do you lie to the police officers? (Choices: I tell them I don't know anything about it; I tell them everything I know).

2. Several weeks ago, you met, and befriended, an illegal resident. He asks you to help him by providing housing for him. Your house is large enough to accommodate him but the law forbids the helping of illegal residents. Do you help? (Choices: I provide housing for him; I don't provide housing for him).

3. 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 workers in a familial atmosphere. The person handed the management of this firm over 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, aiming gains, his son sold the firm to a multinational that restructured it. Do you tell the patient or do you lie? (Choices: I tell him; I don't tell him).

4. A family has been living in the country for 15 years. A firm just bought the piece of ground adjacent to theirs to build a warehouse on it. The family is sad because a lot of lorries will be running around their house, producing noise and pollution. Legal conditions to build are met. The family lodged an appeal against the building license and the local authorities consult the inhabitants. You are one of the inhabitants, but you will not be disturbed by the warehouse. Do you answer that the warehouse must be built because it is legal or that the

warehouse must not be built to avoid disturbing the family? (Choices: I answer that it must be built; I answer that it must not be built).

5. Your neighbor has just ended his studies. You have been neighbors for five years and you get along well. As he comes from another country and has finished his studies, his permission to reside in Belgium is coming to an end. He will have to go back to his country, which paid for the studies on the condition that he goes back afterwards to contribute to the development of his country. Now, however, he would like to stay in Belgium. You know a person who works at the foreign office and knows a means to extend the permission to reside. Your neighbor asks you to help him via that person. Do you accept his demand or do you remind him of his responsibilities towards his country? (Choices: I accede to his demand; I don't accede to his demand).

6. You work for the national weapon factory which has just signed a contract of powerful weapon furniture with a foreign nation. An association was created by people who think that the foreign government is going to use the weapons to subdue its population. One of your colleagues discreetly tells you that he joined the association. He is sabotaging the weapons. He asks you to join the association. Do you accept, and so violate your obligations towards your employer, or do you refuse? (Choices: I accept; I decline).

7. 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? (Choices: I let her enter; I do not let her enter).

8. You live in a large building. You get along well with your neighbor and you have visited each other several times. However, he sometimes listens to loud music. Other neighbors have complained to the owners about the noise. You neighbor's lease is ending but

he would like to stay three more years. The owner questions you about the noise. He is hesitating to extend the lease. Do you confirm the noise or say that you don't hear anything? (Choices: I confirm the noise; I tell that I don't hear anything).

9. You work as a personnel manager in a firm. One evening, one of the workers leaves without respecting the security instructions. An accident could have happened. This worker was hired more than 20 years ago and has always worked well. However, he made the same mistake once several months ago and had already received a warning. The firm's rules state that two mistakes are grounds for firing. Do you fire the worker or keep him? (Choices: I fire him; I keep him).