

Special Section

THE PROCESS OF MORALIZATION

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Abstract—*Moralization is the process through which preferences are converted into values, both in individual lives and at the level of culture. Moralization is often linked to health concerns, including addiction. It is significant because moralized entities are more likely to receive attention from governments and institutions, to encourage supportive scientific research, to license censure, to become internalized, to show enhanced parent-to-child transmission of attitudes, to motivate the search by individuals for supporting reasons, and, in at least some cases, to recruit the emotion of disgust. Moralization seems to be promoted in predominantly Protestant cultures and if the entity is associated with stigmatized groups or harmful to children. The recent history and current status of cigarette smoking in the United States are used to illustrate moralization.*

A disposition to prefer one alternative over another in a domain of general cultural indifference, a mere preference, can come through the process of moralization to have serious moral and self-relevant implications (Rozin, 1997). Fifty years ago, whether one smoked or not was a mere preference in American society; it is now a morally laden act. Moralization frequently occurs in the health domain, because of a deep and pervasive link between health and moral status, a link that extends throughout history and across cultures (Brandt & Rozin, 1997; see particularly Kleinman & Kleinman, 1997; Shweder, Much, Mahapatra, & Park, 1997; Thomas, 1997). Humans seem to have a strong disposition to impose meaning on the often uncontrollable events in their lives. They abhor randomness (e.g., Rosenberg, 1997), and invoke magical, religious, and interpersonal forces to explain misfortune (Nemeroff & Rozin, in press; Shweder et al., 1997; Tambiah, 1990). Immorality, in many contexts, becomes an account for misfortune.

Nineteenth- and 20-century American history is replete with health-moralization movements that vigorously promoted the immorality of practices that were believed to be harmful to health (Gusfield, 1997; Levenstein, 1993; Whorton, 1982). A recent edited volume, *Morality and Health* (Brandt & Rozin, 1997), documents this history, in the United States and elsewhere.

The process of moralization is reversible; something in the moral domain can gradually cease to be so, and be identified as a mere preference. In the United States, there has been movement in this direction (though hardly complete) in attitudes to marijuana and homosexuality.

THE SIGNIFICANCE OF MORALIZATION

Moralization is important because as an entity acquires (usually negative) moral status, it influences society and individual lives in dif-

ferent and more powerful ways. Following are some results of moralization:

- Governments may take action, as through taxation or establishment of prohibitions.
- Other institutions, such as foundations and schools, become inclined to provide support for the requisite changes in society and individual preferences.
- The scientific enterprise, through both funding channels and individual choices, promotes the discovery of relationships and processes that confirm the new moral entity.
- Individual moral censure is licensed. In the United States, one can now approach a smoker in many situations and express irritation or outrage.
- Moral entities generally become more central to the self. Morality promotes overjustification (Frey, 1986). Moral vegetarians (people who reject meat primarily because of moral and ecological issues) have more nonmoral reasons for avoiding meat than health vegetarians (people who reject meat primarily because of health issues) have nonhealth reasons (Rozin, Markwith, & Stoess, 1997).
- Because of self-relevance, morally laden entities are likely to become internalized. Preferences that become internalized are more durable, require less attention to maintain, and are more resistant to temptation. A moral vegetarian generally finds it easier to resist meat than does a health vegetarian (Rozin et al., 1997).
- Parent-to-child transmission becomes more robust. There are surprisingly low correlations between parents' and children's preferences (e.g., for food, music) and much more substantial parent-child correlations for values (e.g., political preferences, attitudes to abortion) (Cavalli-Sforza, Feldman, Chen, & Dornbusch, 1982; Rozin, 1991).
- Many moral prohibitions relate to disgust, a powerful emotion of negative socialization (Rozin, Haidt, & McCauley, 1993). When disgust becomes linked to an entity or activity, rejection or avoidance of that activity becomes highly motivated and internalized. Moral vegetarians find meat more disgusting than do health vegetarians (Rozin et al., 1997).

DISGUST, MORALITY, AND MORALIZATION

To find something disgusting is to desire no commerce with it; it is beyond temptation. Disgust is a moral amplifier and an indication of moral feelings. Richard Shweder and his colleagues (Shweder et al., 1997) noted that there are three moral codes around the world. The code of autonomy emphasizes harm to others as the basis for moral

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judgment, and is the predominant code in the Western world. The two other codes are community (hierarchy, respect) and divinity (purity). We (Rozin, Lowery, Imada, & Haidt, in press) claim that the emotion of disgust is elicited by violations of the divinity code. In Hindu India, where divinity is a salient moral code, disgust occupies the place of a specifically moral emotion. Among educated Americans, what is disgusting is interpreted as unsavory but not immoral, so long as impurity is limited to the self and does not harm others. But less educated Americans and people from more traditional cultures interpret disgust as an indicator of immorality (Haidt, Koller, & Dias, 1992).

Thus, although cigarette smoke may be disgusting to many Americans, this fact alone, in the moral system of educated Americans, does not license a moral response. It is the evidence for the harmful effects of sidestream smoke—harming others—that plays a special and critical role in American moral discourse on smoking.

THE MORALIZATION OF CIGARETTE SMOKING IN AMERICA

Cigarette smoking has changed from a preference to a moral violation in the past half-century in America. This change is signaled by outrage at smokers. Nonsmokers, who tolerated and seemed not terribly irritated by smoke-filled rooms 50 years ago, now refuse to occupy a hotel room that has previously been occupied by a smoker!

This progression has been evaluated in a study of three generations of Americans: college students, their parents, and their grandparents (Rozin & Singh, in press). The grandparents, in retrospective judgments, acknowledged that cigarette smoking engendered less disgust, less dislike, and a lower incidence of moral judgments 40 years ago than today. Yet despite having spent their earlier lives in a cigarette-tolerant culture, the grandparents were as negative as their grandchildren in their contemporary judgments of smoking. So powerful is the contemporary moralization that it seems to have erased decades of a totally different attitude and experience.

Evaluated against the eight consequences of moralization listed earlier, cigarette smoking in America qualifies on all counts. Both government and institutions have taken major steps toward prohibitions, limitations, and taxation in recent decades (Gostin, 1997). There has clearly been a concerted effort, in the scientific community, to establish the critical presence of harmful effects of sidestream smoke. Censure of smokers is widespread. Overjustification of nonsmoking abounds, bringing in arguments about cancer, heart disease, bad breath, wrinkled skin, stained teeth, and environmental pollution. There is an internalization of aversion to cigarettes, often manifested as disgust in reaction to cigarettes, cigarette ashes, and smoke. There is some evidence that moral attitudes toward smoking are transmitted from parent to child more effectively than health-related attitudes (Rozin & Singh, in press).

Evidence of a link between disgust reactions to smoking and moral beliefs about smoking is robust (Rozin & Singh, in press). Factor analysis of results from this study placed disgust and moral reactions in the same factor, opposed to factors centering on health concerns and liking. Disgust measures correlated more highly with moral judgments of smoking than did health-risk measures. Similarly, liking for cigarettes and irritation at cigarette smoke correlated more highly with moral than with health concerns. In short, the American cigarette story is a quintessential example of moralization.

THE MORALIZATION OF DRUGS AND FAT IN AMERICA

A full cycle of moralization of many potentially abusable drugs has occurred in the course of the 20th century in the United States. For opiates, the best documented case, widespread casual use, especially in the form of patent medicines at the turn of the century, evolved over a few decades into full criminalization (Courtwright, 1997; Siegel, 1986). This was accompanied by a shift in principal users from middle-class females to lower class males. Some 100 years ago, a respectable medical treatment for alcohol addiction was treatment with morphine, to replace a more harmful with a less harmful addiction (Siegel, 1986)! For the case of alcohol, 20th-century America has seen one full cycle and its partial reversal. A short period of Prohibition in the early 20th century represents an island of legal and moral condemnation of alcohol.

The latest candidate for moralization in American society may be fat. Stein and Nemeroff (1995) compared impressions of people described as regularly eating either "fruit (especially oranges), salad, homemade wholewheat bread, chicken and potatoes" or "steak, hamburgers, French fries, doughnuts, and double-fudge ice cream sundaes." The fatty-food-eater was rated as substantially less "moral," on a morality score made up of ratings along dimensions such as considerate-inconsiderate, ethical-unethical, and kindhearted-cruel.

THE PROCESS OF MORALIZATION

The main purpose of this article is to call attention to the process of moralization, lay out some of its major features, and encourage further research. Because moralization occurs in individual lives and also becomes institutionalized, the discussion is divided into two parts.

The Individual (Psychological) Level

A given activity or object may attain moral status for an individual by one (or both) of two mechanisms. Some experience may cause a person to adopt a new moral principle; activities that fall under the scope of this principle then have moral value. This process of moral expansion (Rozin, 1997) is illustrated by a case in which a person, on reading Singer's (1975) book *Animal Liberation*, decides that killing animals is immoral. Hence, meat eating becomes moralized for this person. Alternatively, by a process of moral piggybacking (Rozin, 1997), new experiences or knowledge may cause a previously neutral activity or object to fall under an already functioning moral principle. For example, a person who subscribes to the moral principle that one should not harm others may come to believe in the harmful effects of sidestream smoke, so that smoking becomes a moralized activity.

Moral expansion can result from cognitive-rational considerations, as in the *Animal Liberation* example, or from a powerful affective experience or set of experiences, such as viewing a film on animal slaughterhouses (Rozin, 1997). A similar distinction between cognitive-rational and more affective-associative routes holds as well for moral piggybacking. Thus, a person already morally committed to not killing animals may discover that gelatin is an animal product, and hence a morally laden one. This cognitive-rational discovery contrasts with an experience such as seeing fish in a storage box on a fishing boat gasping for air. The salience and affective content of the scene

Process of Moralization

and the recurrent image it stimulates serve to graphically bring fish under the already existing "no killing of animals" rule.

As suggested by the examples, the process of becoming a moral vegetarian illustrates both the distinction between moral expansion and moral piggybacking and the distinction between cognitive and affective routes to moralization (Amato & Partridge, 1989; Rozin, 1997).

The Historico-Cultural Level

Moralization occurs rather often as a process at the level of societies. Given its frequency in American history over the past century or two, this may be fertile ground in which to dig in order to find predisposing factors. Moral-health interactions in the past century or so, primarily in American culture, are presented in a recent edited book titled *Morality and Health* (Brandt & Rozin, 1997). The historical accounts in this book suggest a number of promising promoters of moralization (Rozin, 1997). A few of the best documented factors are reviewed here.

Protestantism, manifested as evangelical self-discipline and control, is associated with moralization, probably because of the Protestant presumption that "the human body had been given to man by God, and that it was therefore a religious duty to take all reasonable steps to preserve it" (Thomas, 1997, p. 18). This characterization is especially clear with the focus on self-discipline and control in American Evangelical Protestantism (Courtwright, 1997). Protestantism and Puritanism figure prominently in American attitudes to and discourse on alcohol (Gusfield, 1997) and drugs (Courtwright, 1997). There is a striking contrast in attitudes to abuse and addiction between the Catholic countries of Southern Europe and the primarily Protestant countries of Northern Europe and North America. It is only in the latter that successful prohibition movements were mounted.

Within the context of virtually any moral system, unwarranted harm to others is a moral violation. This violation seems, in many cultural contexts, to be especially serious if the target of the harm is children. The salience of children is clear in the contemporary discourse on sidestream smoke, and played and plays a prominent role in American debates about alcohol (e.g., fetal alcohol syndrome, children killed by drunk drivers; Gusfield, 1997) and drugs (e.g., crack babies; Courtwright, 1997). Natural sympathies for children are amplified by their innocence, their vulnerability, and the larger magnitude of the potential amount of life lost; these factors all contribute to the special role of harm to children in moralization.

Individuals and groups often either espouse establishing a new type of moral violation (moral expansion) or argue for the unappreciated relevance of a common activity to an existing moral principle (moral piggybacking). Surely, most such claims fade away without producing much of a ripple. One factor that seems to encourage "success" is the association of a stigmatized or marginal group with the activity in question. For many historically moralized diseases, including cholera, leprosy, syphilis, drug abuse, and plague, the target groups were the already stigmatized lower classes (e.g., Courtwright, 1997; Rosenberg, 1997; Thomas, 1997). The widespread popularity of smoking, and its prevalence in the upper classes, no doubt delayed the moralization of smoking for decades in the United States.

A few other predisposing factors are worthy of mention. There may be sociohistorical contexts that create vulnerable periods, perhaps times of chaos, that encourage self-control, and hence moralization

(Rozin, 1997). Furthermore, insofar as behavior is a potential causal factor, as in sexually transmitted diseases, the potential for invocation of the morality of self-control is greatly enhanced. Finally, moralization may be facilitated if the activity in question has the potential for accretion of multiple reasons supporting prohibition. Thus, smoking has a presumed role in a number of diseases, causes fires, pollutes air, causes wrinkles, and irritates the eyes. Meat eating involves killing animals, wastes resources, is believed by many people to predispose to cardiovascular disease, and can be home to frightening, lurking viruses, bacteria, and prions.

CONCLUSIONS

The focus of this article has been on the conversion of an object or activity preference into something with negative moral status. Within the potential domain of morality and morally neutral preferences, there are actually four types of outcomes, of which this negative moralization is only one. There is also positive moralization, in which a previously neutral activity becomes morally virtuous. There are relatively few examples of this process, perhaps because the most salient events in the moral world are moral violations. Furthermore, there are two types of unmoralization (negative to neutral and positive to neutral). Although there are surely inverse overlaps in causation between these two opposite processes, each is likely to have unique properties as well.

Perhaps the decline of both magic and religion (Nemeroff & Rozin, in press; Tambiah, 1990; Thomas, 1971) in the modern Western world, coupled with the human need for meaningful accounts, particularly of misfortunes, has led to modern Western hypersensitivities to the principal moral doctrine of doing no harm to others. With the expansion of epidemiological research and the identification of risk factors, there are opportunities for exquisite subtleties. Risk factors become a form of disease, so that increasing other persons' risk factors (e.g., by smoking near them, urging them to spend a day in the sun on the beach, feeding them meat) becomes a moral violation. What Katz (1997) calls a scientifically based secular morality, often centered on the health domain, provides a new moral compass. Opportunities for self-control are abundant, and promise a fertile field for moralization and moralization research.

Acknowledgments—Preparation of this article was assisted by a grant from the National Institute on Drug Abuse (R21-DA10858).

REFERENCES

- Amato, P.R., & Partridge, S.A. (1989). *The new vegetarians*. New York: Plenum Press.
- Brandt, A.M., & Rozin, P. (Eds.). (1997). *Morality and health*. New York: Routledge.
- Cavalli-Sforza, L.L., Feldman, M.W., Chen, K.H., & Dornbusch, S.M. (1982). Theory and observation in cultural transmission. *Science*, 218, 19–27.
- Courtwright, D.T. (1997). Morality, religion, and drug use. In A.M. Brandt & P. Rozin (Eds.), *Morality and health* (pp. 231–250). New York: Routledge.
- Frey, D. (1986). Recent research on selective exposure to information. In L. Berkowitz (Ed.), *Advances in experimental social psychology: Vol. 19* (pp. 41–80). New York: Academic Press.
- Gostin, L. (1997). The legal regulation of smoking (and smokers): Public health or secular morality? In A.M. Brandt & P. Rozin (Eds.), *Morality and health* (pp. 331–358). New York: Routledge.
- Gusfield, J.R. (1997). The culture of public problems: Drinking-driving and the symbolic order. In A.M. Brandt & P. Rozin (Eds.), *Morality and health* (pp. 201–230). New York: Routledge.

- Haidt, J., Koller, S.H., & Dias, M.G. (1992). Disgust, disrespect and moral judgment in the U.S. and Brazil (Or, is it wrong to eat your dog?). *Journal of Personality and Social Psychology*, 65, 613–628.
- Katz, S. (1997). Secular morality. In A.M. Brandt & P. Rozin (Eds.), *Morality and health* (pp. 297–330). New York: Routledge.
- Kleinman, A., & Kleinman, J. (1997). Moral transformations of health and suffering in Chinese society. In A.M. Brandt & P. Rozin (Eds.), *Morality and health* (pp. 101–118). New York: Routledge.
- Levenstein, H. (1993). *Paradox of plenty: A social history of eating in modern America*. New York: Oxford University Press.
- Nemeroff, C., & Rozin, P. (in press). The makings of the magical mind. In K. Rosengren, C. Johnson, & P. Harris (Eds.), *Imagining the impossible: Magical, scientific, and religious thinking in children*. New York: Cambridge University Press.
- Rosenberg, C. (1997). Banishing risk: Continuity and change in the moral management of disease. In A.M. Brandt & P. Rozin (Eds.), *Morality and health* (pp. 35–51). New York: Routledge.
- Rozin, P. (1991). Family resemblance in food and other domains: The family paradox and the role of parental congruence. *Appetite*, 16, 93–102.
- Rozin, P. (1997). Moralization. In A.M. Brandt & P. Rozin (Eds.), *Morality and health* (pp. 379–401). New York: Routledge.
- Rozin, P., Haidt, J., & McCauley, C.R. (1993). Disgust. In M. Lewis & J. Haviland (Eds.), *Handbook of emotions* (pp. 575–594). New York: Guilford Press.
- Rozin, P., Lowery, L., Imada, S., & Haidt, J. (in press). The CAD triad hypothesis: A mapping between the other-directed moral emotions, disgust, contempt, and anger, and Shweder's three universal moral codes. *Journal of Personality and Social Psychology*.
- Rozin, P., Markwith, M., & Stoess, C. (1997). Moralization and becoming a vegetarian: The transformation of preferences into values and the recruitment of disgust. *Psychological Science*, 8, 67–73.
- Rozin, P., & Singh, L. (in press). The moralization of cigarette smoking in America. *Journal of Consumer Behavior*.
- Shweder, R.A., Much, N.C., Mahapatra, M., & Park, L. (1997). The “big three” of morality (autonomy, community, divinity), and the “big three” explanations of suffering. In A.M. Brandt & P. Rozin (Eds.), *Morality and health* (pp. 119–169). New York: Routledge.
- Siegel, S. (1986). Alcohol and opiate dependence: Re-evaluation of the Victorian perspective. In H.D. Cappell, F.B. Glaser, Y. Israel, H. Kalant, W. Schmidt, E.M. Sellers, & R.C. Smart (Eds.), *Research advances in alcohol and drug problems: Vol. 9* (pp. 279–314). New York: Plenum Press.
- Singer, P. (1975). *Animal liberation*. New York: New York Review of Books.
- Stein, R.I., & Nemeroff, C.J. (1995). Moral overtones of food: Judgments of others based on what they eat. *Personality & Social Psychology Bulletin*, 21, 480–490.
- Tambiah, S.J. (1990). *Magic, science, religion, and the scope of rationality*. Cambridge, England: Cambridge University Press.
- Thomas, K. (1971). *Religion and the decline of magic: Studies in popular beliefs in sixteenth- and seventeenth-century England*. London: Weidenfeld & Nicolson.
- Thomas, K. (1997). Health and morality in early modern England. In A.M. Brandt & P. Rozin (Eds.), *Morality and health* (pp. 15–34). New York: Routledge.
- Whorton, J.C. (1982). *Crusaders for fitness: The history of American health reformers*. Princeton, NJ: Princeton University Press.