**Results**

We tested our two hypotheses with a series of within-subjects analysis of variance (ANOVA) models comparing support for our highly polarized issues both before and after our social consensus manipulation. We predicted strong social consensus would lead to more positive support for highly polarized issues (H1). Additionally, our second hypothesis is that the ethical standards of judgement questionnaire (ESJQ) would be a significant predictor of support for these polarized issues. (e.g., our hypothesis had no *a-priori­* directional effect). The alpha level for these analyses was .05.

***Social Consensus Manipulation***

To test H1, we conducted mixed ANOVA where …. [mixed b/c time is within and condition is between] … would be revealed using a time x condition interaction (additionally, make clear what is the tool we used to provide this evidence?, be very specific as to what exact regression I ran to find this. E.g., this is my regression, with my predictors, this is my IV and DV and what the mechanism is to get there) our social consensus manipulation resulted in [a significant time x condition interaction, s.t. in the high social consensus condition, there is a greater pre-post difference in a for the high vs the low group] significant pre-post differences for our primary outcome in all of our experimentally manipulated ‘highly polarized issues’. Our planned analyses revealed that participants in our high social consensus condition were more supportive of: 1) Universal Health Care, M(SD)pre = 68.90 (25.24), M(SD)post = 72.96 (24.30); *F* (6, 498) = 7.09, *p* < .001; 2) Capital Punishment, M(SD)pre = 40.94 (30.14), M(SD)post = 45.40 (32.12); *F* (6, 498) = 4.89, *p* < .001; and 3) Climate Change, M(SD)pre = 76.01 (22.82), M(SD)post = 78.65 (21.45); *F* (6, 498) = 3.93, *p* < .001. ( Directly test the interaction for condition and time here instead of looking at pre/post… our paragraph is missing clear information indicating statistical significance in the decrease condition as well, we can show a box, the info above has ONE column [the high condition] and we need a second column, the column for the [low condition] – we need to find that the pre-post pattern is different for one group [e.g., the high soc. Consensus] and the other group [low social consensus].) This indicates that participants exhibited significantly greater support for UHC, capital punishment, and climate change action after the social consensus manipulation than before.

***Deontological and Utilitarian Orientation***

There was mixed support of H2a. Deontological orientation was a significant predictor of support for Universal Health Care (ß = 3.504, *p* < .05), where greater deontological orientation was associated with greater support for UHC but not for Capital Punishment (ß = 1.28, *p* = *NS*) or Climate Change (ß = 1.03, *p* = *NS*). Furthermore, there was no support of H2b; greater utilitarian orientation did not affect support for Universal Health Care (ß = -0.470, *p* = *NS*), Capital Punishment (ß = -1.00, *p* = *NS*), or Climate Change (ß = 1.256, *p* = *NS*). These results indicate that participants with stronger deontological orientation exhibited significantly greater support for UHC and that utilitarian orientation was not associated with our primary outcomes.

“There was mixed support for H2a. Deontological orientation was a significant predictor of for Universal Health Care (ß = 3.504, *p* < .05), where greater deontological orientation was associated with more support for UHC but not for Capital Punishment (ß = 1.28, *p* = *NS*) or Climate Change (ß = 1.03, *p* = *NS*). Furthermore, there were no support of H2b;  utilitarian orientation was not a significant predictor of Universal Health Care (ß = 0.470, *p* = *NS*),  Capital Punishment (ß = -1.00, *p* = *NS*), or Climate Change (ß = 1.256, *p* = *NS)*.”

***Exploratory Analyses***

In addition to our planned analyses, we conducted additional exploratory analyses on the effects of the individual differences on our main outcome measure of support for a given highly polarized belief. Individual differences in objective numeracy had no significant effects on support for: 1) Universal Health Care, (ß = -0.103, *p* = *NS*); 2) Capital Punishment, (ß = 0.390, *p* = *NS*); or 3) Climate Change, (ß = 0.335, *p* = *NS*). Additionally, individual difference in subjective numeracy had no significant effects on support for: 1) Universal Health Care, (ß = 0.558, *p* = *NS*); 2) Capital Punishment, (ß = 0.431, *p* = *NS*); or 3) Climate Change, (ß = -0.339, *p* = *NS*). Likewise, individual differences in health literacy had no significant effects on support for: 1) Universal Health Care, (ß = 0.313, *p* = *NS*); 2) Capital Punishment, (ß = -0.620, *p* = *NS*); and 3) Climate Change, (ß = -0.147, *p* = *NS*). These results indicate that individual differences in objective/subjective numeracy and health literacy were not associated with our primary outcomes.

MAKE SURE TO ADD A STUDY 1 DISCUSSION SECTION, THAT CLEARLY SEGUE’S WHY I WANT TO PIVOT FROM IDEA 1 TO IDEA 2 – Both of these topics are addressed in the introduction, as ways to impact beliefs towards highly polarized issues. Study 1 showed X, so the second method is Y, which we hope to explore in study 2. It’s necessary to ensure a bridge exists for a coherent story.