**Results**

We tested our first hypothesis with a ANCOCVA model comparing support for our highly polarized issues both before and after our moral conviction manipulation. We predicted that support for our highly polarized issues would be positively correlated with all four of our moral conviction manipulations, as compared to the control condition. We planned on testing our second hypothesis with a series of pre-planned pairwise comparisons, using the Bonferroni post-hoc procedure. We predicted that the moral piggybacking and moral responsibility interventions would increase moral conviction relative to a control, and that the pragmatic and hedonic interventions would decrease moral conviction relative to a control. The alpha level for these analyses was .05.

***Social Consensus Manipulation***

In support of H1, our social consensus manipulation resulted in 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. 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***

In support of H2a, greater deontological orientation resulted in a significant increase in support for Universal Health Care (ß = 3.504, *p* < .05). However, there were no significant effects of deontological orientation on support for Capital Punishment (ß = 1.28, *p* = *NS*) and Climate Change (ß = 1.03, *p* = *NS*). Furthermore, there were no significant effects in support of H2b; greater utilitarian orientation didn’t 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.

***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.