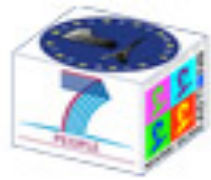




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**Mapping the impact and dissemination of the social
representation theory across different geo-cultural contexts
around the world: from Europe towards other continents**

**at the European/International Joint PhD in Social Representations & Communication
Research Center and Multimedia LAB**

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SAPIENZA
UNIVERSITÀ DI ROMA

Bioethics and Social Representations

- the case of organ donation -

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- Organ donation – total social phenomenon (Mauss, 1987) – encompasses medical, social, psychological, political, juridical, philosophical dimensions
- The SR of organ donation and transplantation is a polemical SR – 2 reasons:

1. Organ donation as a behavior – anchored in several SRs: organ donation and transplantation, body, death, medicine

2. Organ donation is an ethical issue:
- is it right or wrong to consent to the donation of your organs / a relative's organs?
 - is the benefit of saving another person's life higher than the cost of organ removal / body disfigurement?
 - does the body belong to you after death?
 - should we presume that people intend to donate their organs (the opt-out system)?

The morality of the body

Cosmetic surgery – moral frames:

- vanity versus virtue (Delinsky, 2005)
- becoming “worthy” of cosmetic surgery (Gimlin, 2000)
 - legitimate help for those genetically misfortunate (Brooks, 2004)

- the moral norm of controlling one's body (Crossley, 2006) - cultural construction of obesity
- Obesity - associated with lack of self-control, self-discipline and generally, an inferior moral status
- in the 20th century – people's responsibility for the appearance of their bodies

- the moral appraisal of the body is deeply encoded in our cognitive system
- Hovort & Sibley (2007): people implicitly evaluate obesity and physical inactivity as immoral (“sinful”)
 - origin: the Christian moral discourse on the body

Organ donation behavior

What behavior?

- Signing organ donor cards
- Consenting to the donation of one's deceased next of kin's organs
- Communicating one's intention to donate organs after death
 - “Donate Life America” – family discussions

Factors of organ donation intentions

- **Knowledge**
 - brain death, massive need for organs
- Public campaigns – increasing public knowledge on this topic
- Danger: false (irrational beliefs)
 - public campaign: “The Worksite Organ Donation Promotion Project”

You're **never** too old to give the gift of

Life

Donate

I'm too old
to donate.



Attitudes

- positive or negative evaluations
- Public campaign in Southern California in 2001-2003: save a life through the donation of one's organ after death, “when you no longer need it”
 - Emotional appeal

**THANKS FOR FIXING MY
BROKEN HEART**



HAVE A  BECOME AN ORGAN DONOR.

Hadley
Hansen

But:

- high public awareness can coexist with low intentions to donate (Morgan & Miller, 2002)
- several studies reveal very low or even null effects of attitudes on donation intentions (e.g. Feeley & Servoss, 2005)
- positive attitudes toward organ donation are already prevailing, in spite of low organ donation rates

This paradox can not be accommodated within the dominant theoretical framework – reasoned action theory (Fishbein & Ajzen, 1975) and its further developments (theory of planned behavior, integrative model of behavioral prediction etc.)

- behavior as a function of attitude and perceived norms

- The SR approach – a more subtle tool
- it allows the extraction of opposing frameworks of meaning and the understanding of the nature of such dialecticism
- Any SR can accommodate contradiction

- such a contradiction can stem from the opposition between the *normative* and *functional* dimensions of the SR (Guimelli, 1998)
- The *normative* dimension - linked to the values, norms or stereotypes of the group to which the representation pertains, and allows evaluative judgments to be made about the social object
- The *functional* dimension - the instrumental relations that individuals maintain with the social object

- In the organ donation arena, the contradiction is inherent: life / death (organ donor – organ receiver)
- Each pertains to a different dimension of the SR of organ donation

- *Normative* positive response to organ donation: noble idea, worthwhile altruistic act – defined in terms of values and societal outcomes
- *Functional* response - qualifiers of the normative response – anchoring it in the individual: negative emotions and implicit moral judgments
 - This functional response reflects the personal relation of the individual (organ donation is completely positive until it becomes a personal matter)

- The SR approach can assist in the understanding of two deeper, moral based psychological phenomena that generate oppositions toward organ donation

1. Moral disgust

- this opposition might also have a moral structure – between:
 - the declarative layer (organ donation as life saving) - positive
 - a deeper negative moral association, also anchored in the SR of organ transplantation

- “the ick factor” (Morgan et al., 2008) – physical disgust generated by the idea of organ retrieval and transplantation
 - Disgust sensitivity predicts low organ donation intentions (Sherman et al., 2001)
- another side of this emotional reaction – “moralization” of organ donation

- Moralization (Rozin, 1997): negative moral valences attached to non-moral issues
 - smoking, gay marriage, meat eating
- negative moral emotions (moral disgust, moral anger), due to their anchoring in moral frames – changing SRs with effects at the emotional level
- Organ donation – moral values of avoiding harm & (bodily) purity

Contradiction between the 2 moral frames:

- the positive declarative moral association
- the negative implicit and emotional moral association
- this contradiction parallels the opposition between reason and intuition in moral judgment (Haidt, 2001)

- moral judgments are frequently determined by the automatic emotionally-charged intuitions
- reason only provides post-hoc justifications for one's moral decisions

- *personal* moral judgments are more driven by intuitions
 - explains the low frequency of organ donation behaviors:
 - in actual organ donation situations – driven by moral disgust
 - in responding to attitude surveys – by the declarative positive moral frame

Public campaigns should take an active role in this ethical conflict

- should not perpetuate the SR components (images) that amplify physical disgust towards organ donation
 - the mechanistic vision of the body

- Moloney & Walker (2000, 2002, 2005):
“mechanistic removal and replacement
of body parts” + “gift of life”
 - The two can coexist



organ donation



**WE NEED
SOMETHING
FROM YOU**



organdoughnation



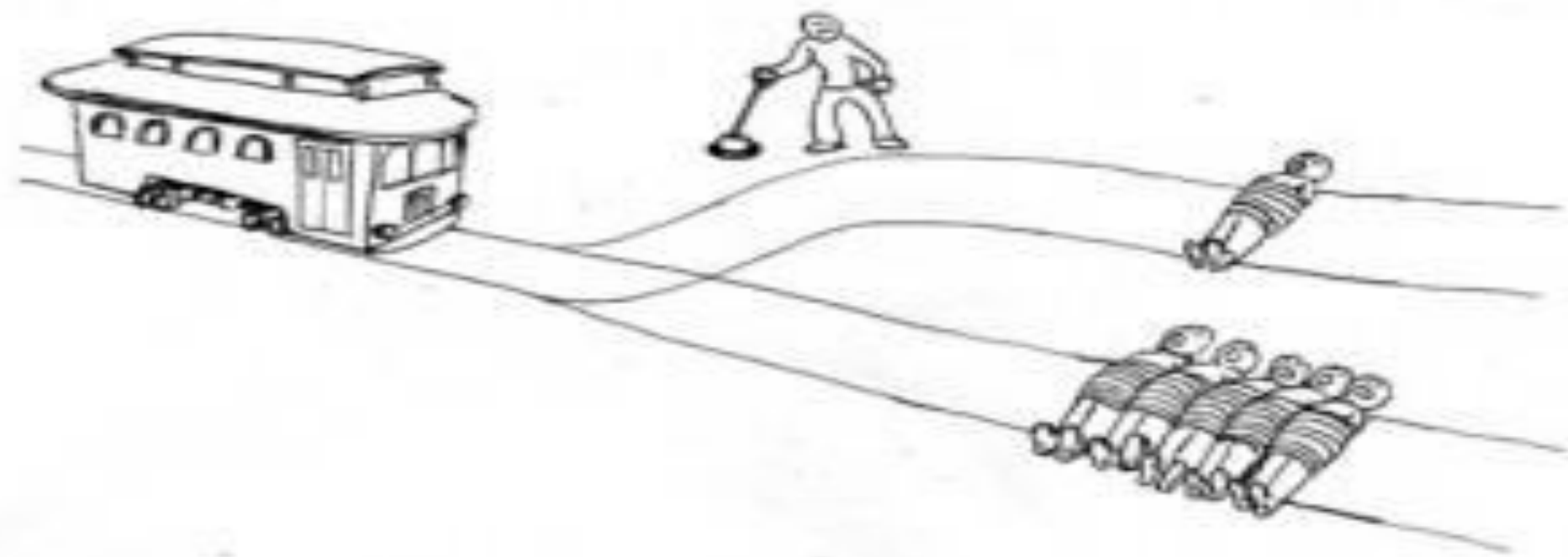
just follow your



- should not perpetuate the SR components (images) that amplify negative moral emotions towards organ donation
 - emphasizing the harm to the donor's body, framing organ retrieval as a violation of purity

- should contradict the SR components that contest the ethical value of o.d. (black market for organs, religious reluctances)
- should assert the ethical value of o.d.
 - life saving, but also other values – e.g. solidarity, reciprocity

2. another important problem of o.d.:
involves people's **confrontation with their own mortality**
- thinking about death makes people less utilitarian and promotes moral decisions based on self-focused negative emotions (in the harm-to-save moral dilemmas) (Holman & Guzu, in preparation)



- So far – campaigns aimed at highlighting the utilitarian value of organ donation



1 ORGAN DONOR CAN SAVE 10 PEOPLE



- acceptance of mortality (refusal to think about mortality) influences attitudes toward organ donation (Lopez et al., 2012)
 - Negative mortality–related emotions block utilitarian concerns

- public campaigns should avoid framing o.d. as a “personal sacrifice”, or even as involving “harm” altogether
 - thus avoiding moral judgments in terms of *harming the donor* in order to save the organ receivers

- it would entail contradicting the status of the donor as a *human being* (the “victim” in the moral dilemmas)
 - the SR of death as the complete cease of this status
 - essential: contradicting beliefs in the reversibility of brain death
 - contradicting the idea of one’s responsibility for his/her body even after death

- Example: organs as disposable parts after death

ONE OF THESE TWO WILL
GET YOUR ORGANS.
YOU DECIDE.



- but such framing of the donor would easily conflict with the prescription of avoiding the mechanistic view on the body

Conclusions

- O.d. public campaigns walk on quicksand
- several dimensions of the organ donation - related SRs that fuel negative moral-based concerns towards organ donation
 - Public campaigns should also address related and important SRs (death, medical profession, body & religion, etc.)

- these concerns – less explicit than those captured by instruments addressing people's attitudes or beliefs
- it's hard to conceive messages effective on all these layers at the same time

Thank you!