



# **Social Representation of Organ Donation**

Applications of a Structural Approach

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## **4. Organ donation – moral underpinnings**

- 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)
- The SR approach allows the extraction of opposing frameworks of meaning and the understanding of the nature of such dialecticism

- Organ donation – **moral contradictions**
- Saving lives, helping other, manifesting social solidarity
- Harming the donor, violating religious norms and the purity / wholeness of the body (the body as a collection of separate parts), negative emotions stemming from the confrontation with mortality



- First aim: to study the ways in which organ donation is represented (its central core) by people differing in their Moral Foundations
- Moral Foundations Theory (Haidt & Joseph 2004) – 5 psycho-moral foundations (care/harm, fairness, loyalty, authority, purity)
- Psychological preparedness to notice and to approve or disapprove of particular aspects of situations or issues

- Second, organ donation tends to be publically portrayed in positive term
- *The normative* positive response to organ donation is positive: noble idea, worthwhile altruistic act – defined in terms of values and societal outcomes
- Those refusing donation should find ways to rationalize their decision in order to avoid the costs in social identity



- *Moral disengagement* - Bandura, 1991
- 8 strategies in which a negative act can be rationalized (in which the individual morally disengages from his act)

- Empathy – contradictory results in what regards its influence
  - O.d. generates multiple emotions



# Research Strategy

- **Study 1: Preliminary interviews**
    - Objective: Identifying candidates for the central core of the SR of organ donation
  - **Study 2: Core elements in relation to with other psycho-moral variables**
    - Objective: Investigating bridge connections between the structural approach and other theoretical perspectives: moral foundations, cognitive disengagement strategies, empathy.
  - **Study 3: Organizing principles of the SR of organ donation**
    - Objective: Revealing the organizing principles and their relationship with other psycho-moral variables; Construction and validation of a questionnaire with regard to posthumous organ donation.
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# Participants

- **Study 1:** 20 adults, 14 women and 6 men, aged between 23 and 77 years old, urban and rural settings (Iasi and Bacau area, Romania).
  - **Study 2:** 141 psychology students, aged between 19 and 38, 122 women and 19 men, Iasi, Romania.
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# Instruments

- **Semi-structured interview guide** (comprised of seven questions derived from a recent meta-synthesis of qualitative studies - Newton, 2011);
  - **Sample questions:**
    1. *What is your personal opinion about organ donation? What are the 'pros and cons', the advantages, on one hand, but also the risks, disadvantages on the other?*
    2. *Do you think there is a connection between religion and organ donation?*
    3. *What is your representation of the body in general? Is the human body special, in any way? Do you think organ donation violates certain rules about the body?*
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# Instruments

- **Moral Foundations Questionnaire** (Graham, Haidt & Nosek, 2008) with 5 subscales:
    1. **Care/harm:** Related to our attachment systems and the ability to feel (and dislike) the pain of others.
    2. **Fairness/cheating:** Related to the evolutionary process of reciprocal altruism.
    3. **Loyalty/betrayal:** Related to the ability to form shifting coalitions.
    4. **Authority/subversion:** It underlies virtues of leadership and followership, including deference to legitimate authority and respect for traditions.
    5. **Purity/degradation:** It underlies religious notions of striving to live in an elevated, less carnal, more noble way. It underlies the widespread idea that the body is a temple which can be desecrated by immoral activities and contaminants.
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# Instruments

- **Civic Moral Disengagement Scale** (Caprara et al., 2009):
    1. **Moral Justification** is used to justify reprehensible actions in order to protect the representation of self and not contradict the guiding principles of the individual redefining the meaning of the harmful action;
    2. **Euphemistic Labeling** tends to reduce the severity of the actions using terms or expressions that minimize the cruelty of committed action;
    3. **Advantageous Comparison** is to refer to behaviors considered more severe in order to divert attention from the negative effects of own actions;
    4. **Displacement of Responsibility** allows the individual to shift responsibility to a superior level represented by a recognized authority or even by society in general;
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# Instruments

- **Civic Moral Disengagement Scale** (Caprara et al., 2009):
    - 5. Diffusion of Responsibility** allows the person to share the responsibility for detrimental actions with the group in order to reduce the severity of the action produced by the single individual;
    - 6. Distortion of the Consequences** is used for altering the effects of a harmful behavior in order to reduce personal misconduct and to consider as lawful an unlawful action;
    - 7. Attribution of Blame** motivates the individual to interpret own behavior as caused by the victim and to exempt the individual from the severity of the consequences of the action;
    - 8. Dehumanization** allows the individual to deprive the victim of human characteristics, reducing the victim to an object or anima.
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# Instruments

- From the **Interpersonal Reactivity Index** (Davis, 1983) we used only 2 subscales:
    - **Empathic Concern** – assesses "other-oriented" feelings of sympathy and concern for unfortunate others.
    - **Personal Distress** – measures "self-oriented" feelings of personal anxiety and unease in tense interpersonal settings .
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# Method

- Respondents were asked to list at least seven ideas, words or concepts that came to mind when thinking about posthumous organ donation.
  - Afterwards, participants were asked to complete a set of 80 items:
    - 2 regarding their willingness to donate (WTD) their own organs or the ones of a close relative
    - 32 for civic moral disengagement;
    - 32 for moral foundations;
    - 14 for empathy concern and personal distress;
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# Results

- **Comparisons between participants accepting donation and those refusing**
- Significant differences only on the **Distorting Consequences** subscale.
  - unwillingness to consent does not attract serious consequences.
- No other significant differences - a deeper approach was needed.
- We compared different groups with regard to their choice of words on the free-association task, therefore contrasting the content of the central core of each specific category of participants.

# WTD: Yes vs. No

- People who would consent to donation, are more inclined to think of it as an act of kindness, help, that brings happiness/relief to others and also believe that the human body is just an equipment, a machinery for life, that has no use after brain death.
  - Those who would not consent have a wider spectrum of reasons and justifications, and think about religion, destiny, energetic theories or mutilation of the body.
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# Moral foundations: Care/Harm

- high scores: ‘gift of life’ mentioned by Moloney and Walker, 2000

- This moral foundation relies on the ability to feel pain, to understand and take into account the suffering of others,
  - comprehending the pressing need of patients in critical condition and which weights heavily into the decision of whether to consent or not to donating organs.
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# Moral foundations: Fairness

- ‘gift of life’ + the idea of the body being an equipment, a machinery that has no other purpose than to host life and becomes useless after brain death.
  - This content - closer to the opposite concept mentioned by Moloney and Walker (2000), that of “medical removal and replacement of body parts”,
  - but associated with fairness, along with help, life-saving and happiness to others.
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# Moral foundations: Purity

- In this case, participants scoring high on purity reported fear along with disgust concerning donation
- Also, concerns regarding the medical system, doctors involved and other systemic dangers that could harm or mistreat the donor.
- The representations of the body as machinery or equipment were found on the degradation pole.

# **Civic Moral Disengagement**

## **Moral justification**

- themes used in moral justification to contradict the positive value of o.d..
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# Civic Moral Disengagement

## Displacement of Responsibility

- People tend to transfer the responsibility onto God, the Universe, Fate or the medical system in order to explain their choice.
  - Also, picturing the Body as a sacred entity is another kind of displacement, using reasoning based on the importance and integrity of the body.
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# Civic Moral Disengagement

## Diffusion of Responsibility

- the responsibility of the decision can be easily diffused onto other contexts or situations.
  - People who would not consent to d. o. would often ask themselves “Who are we to decide this?”
  - In this case, the possible ‘blame’ would be shared with the context, emotions felt, spiritual beliefs, making the person more at ease with their decision.
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# Civic Moral Disengagement

## Distorting consequences

- This mechanism is based on the wrongful evaluation of consequences, probably when comparing the two choices.
  - One of the arguments, and a crucial repercussion (as it is considered by those who are against d. o.), is the belief that brain death can be reversed.
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# Empathy Concern and Personal Distress

- high scores on empathy and personal distress - set of contradicting words and ideas, associated to both willingness and unwillingness to donate.
  - The low scores were associated with the idea that the body is just a machinery.
- These results are consistent with the fact that in the representation of organ donation there are contradicting ideas expressing both the desire to help others, to save lives, rooted in empathy and the anxiety felt when faced with others' suffering but, on the other hand, the fear of being wrong.
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# Discussions

- organ donation decision is anchored in multiple facets of the social representation: functional, moral, emotional, cognitive etc.
  - The SR theory is the only one that can accommodate the paradox between the general positive attitude and the concrete behavior of not consenting to organ donation.
  - When thinking about organ donation as a moral issue, the results indicate that people have mixed responses. On one hand they value the idea of helping and caring for others, but on the other hand, they tend to use different cognitive strategies to call into question beliefs that could justify the avoidance of taking stance in the matter
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# Discussions

- The determinants of physical disgust were investigated by Rozin, Haidt and McCauley (2000) and transferred in the context of morality by Haidt in 2003, who talked about purity, moral disgust, and the opposite moral emotion called “elevation”.
  - Respondents who value purity as a moral foundation had negative representations about organ donation – that it is against God’s will, that it mutilates or dehumanizes the body, and that it causes disgust.
  - Surprisingly though, the words and ideas associated with low purity (or degradation), such as the fact that the body is just a machine, an equipment or a “host for life” were seen as positive, also associated with the willing to donate, fairness along with help, bringing happiness to others and giving life.
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# Discussions

- Moreover, the “machinery” theme was never associated with cognitive strategies of disengagement, but was present in the groups with low levels of personal distress facing others’ suffering.
  - These somewhat contradicting results confirm the paradoxical nature of the SR of organ donation and the coexistence of the ‘gift of life’ perspective at the same time with an idea of ‘the body as an equipment for life’.
  - The present results could indicate that the mechanistic perspective of organ donation could lead to a behavior of rejecting organ donation only when associated with a series of strong spiritual beliefs rather than on its own or in association with disgust or fear emotions.
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# Research perspectives

- Given the existence of overlapping concepts in the same representational field, we aim to further investigate this matter through another approach, that could shed more light over some of the still unanswered questions.
  - We believe that the sociodynamic perspective in the area of Social Representation of organ donation could help identifying the organizing principles of this specific SR.
  - In order to determine future respondents to take a stance regarding the matter in question, we intend to comprise a set of items based on the results gathered so far and to statistically link the principles of the SR of organ donation with the psycho-moral variables.
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