

Personalizing Moral Reframing in Interpersonal Conversation: A Field Experiment

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Organizations in the contemporary United States face substantial challenges with persuading citizens and moving them to take action. Prior research finds that citizens' views can be changed and strengthened using frames consistent with their moral values. However, it can be difficult for organizations to tailor their appeals to individuals' moral values given the difficulty in predicting which moral values matter to which citizens. We present a preregistered field experiment in which canvassers for Planned Parenthood of Northern New England ($n = 52$) sought to overcome this challenge by listening for individual voters' ($n = 1,034$) moral values and then tailoring their appeals to those moral values. In contrast to an earlier study finding no impact of long-form canvassing on abortion attitudes, we find these conversations had large effects on interest in taking action and some evidence of changes in policy attitudes. This experiment provides a template for practitioners and researchers to build on.

Persuading citizens to reconsider their views or to take meaningful political action to stand up for them are two core goals of many politically active organizations. However, organizations face substantial challenges with both tasks in the contemporary United States (Han 2014). Indeed, many organizations appear to have largely given up on pursuing these goals, focusing instead on simply turning out voters who already support their cause in elections (Panagopoulos 2016).

Psychology research suggests a strategy organizations could use to successfully persuade citizens and motivate them to action: framing their cause as consistent with voters' own moral values. Research has found that individuals' views and decisions about whether to take action are often rooted in their moral values (e.g., Clifford et al. 2015; Graham, Haidt, and

Nosek 2009; Hetherington and Weiler 2018; Ryan 2014).¹ Further, research on *moral reframing* has demonstrated that individuals' views can be effectively strengthened or changed by framing a position as consistent with individuals' moral values (e.g., Barker 2002; Feinberg and Willer 2015). For example, framing environmental conservation as about cleaning the environment may be more persuasive to those who value "purity/sanctity" (Feinberg and Willer 2013). Such moral reframing has been found to operate by "increas[ing] the apparent agreement between the political position and targeted individuals' moral values" (Feinberg and Willer 2015, 1665).

However, organizations seeking to change citizens' minds or move them to action face barriers to deploying these insights in practice. Moral reframing is based on tailoring political messages to individual citizens' moral values (Barker

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1. A related literature has explored the consequences of attitude moralization (e.g., Ryan 2019).

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2005; Feinberg and Willer 2015). However, there is enormous heterogeneity in citizens' values, and it is difficult to predict individual citizens' characteristics from data readily available to organizations (Hersh 2015).

In this article, we argue that organizations can persuade citizens and increase their interest in taking political action with *personalized moral reframing*: listening for which moral values a citizen holds during an interpersonal conversation and then personalizing a persuasive or mobilizing appeal to match them. Interpersonal conversations—such as phone calls, workplace discussions, or door-to-door canvassing conversations—may be amenable to this strategy because they allow for persuaders to listen first for citizens' own moral values and then tailor their response to the moral values mentioned.

A FIELD EXPERIMENT

To support this argument, we present a field experiment conducted in collaboration with Planned Parenthood of Northern New England (PPNNE). Its contributions are twofold: moral reframing of any sort has never been tested in a field context to our knowledge, nor has our extension of personalized moral reframing in interpersonal conversation.

Our study took place during the summer of 2018, when abortion access advocates feared that a new conservative majority on the US Supreme Court might overturn *Roe v. Wade*. In the study, PPNNE deployed volunteer canvassers door to door in Maine, seeking to increase citizens' support for abortion access and increase their interest in taking political action to support it.

Abortion should be a hard test of our argument, as we expect especially strong resistance to persuasive arguments on this issue. Partisan disagreement on abortion has been high for decades (Arceneaux 2002), and abortion attitudes are so deeply held that they have also been found to precipitate changes in vote choice and partisan identification (Arceneaux and Kolodny 2009; Carsey and Layman 2006). Past work also finds that most citizens see their existing position on abortion as tied to a moral value they hold (Luker 1985; Munson 2018).

Consistent with this pessimism, a prior study seeking to change abortion attitudes with long-form door-to-door canvassing found precise null results (Broockman, Kalla, and Sekhon 2017, 458–59). In this article, we test whether canvass conversations otherwise similar to those Broockman et al. (2017) studied but that include personalized moral reframing about abortion have effects. We examine two potential effects: *persuading* people to be more supportive and/or *increasing interest in pro-abortion action taking*, as individuals should be more interested in taking actions to support policies they see as connected to their moral values (Rokeach 1973).

Experimental design

We measured the effects of these conversations with a field experiment with survey outcomes. The procedure followed that outlined in Broockman et al. (2017). First, we recruited registered voters in three counties selected by PPNNE via mail ($n = 112,010$) to take an ostensibly unrelated online survey. We collected respondents' e-mail addresses in this survey, so we could invite them to follow-up surveys. Next, we randomly assigned baseline survey respondents ($n = 3,348$) to either the treatment group ($n = 1,679$) that would receive the personalized moral reframing conversation (described below) or a placebo group ($n = 1,669$). The placebo forms a comparison group of individuals who could have received the treatment but did not because of the random assignment. Canvassers knocked on all individuals' doors and identified the voter before revealing the purpose of the conversation. If in the placebo group, voters then received a brief conversation about a different issue (Medicaid expansion in the state of Maine); if in the treatment group, the intervention then took place. Treatment conversations lasted 11.8 minutes on average. Finally, we recruited individuals who identified themselves at their doors in either condition ($n = 1,034$) to complete follow-up surveys for a small monetary incentive. Note that individuals were recruited to follow-up surveys if they identified themselves at the door initially, before the treatment and placebo scripts diverged, regardless of whether they had the full conversation. These follow-up surveys took place one week, one month, and three months after the canvass.

It is important to note there is no treatment condition that does not use personalized moral reframing, meaning we cannot definitively attribute any effects observed to it. The precise null results Broockman et al. (2017) observed from a similar canvass without personalized moral reframing supports our preferred interpretation of any effects, but future research should further test this mechanism as our evidence does not definitively establish it.

The appendix contains additional details on the survey recruitment procedures, experimental design, and tests of design assumptions, including sample representativeness (table OA1), covariate balance between the treatment and placebo groups including on their baseline views (tables OA2–OA6), and attrition (tables OA7–OA8; tables OA1–OA24 are available online). In order to minimize the possibility of demand effects in which subjects connect the survey with the canvassing, we presented it as a broad university survey with questions on a variety of political, economic, and cultural issues pertinent to Maine. The null effects observed in Broockman et al. (2017) suggest this design suppresses demand and does not always find effects.

Our preanalysis plan specified which survey questions we would combine into each of three outcome indexes:

action-taking attitudes, policy attitudes, and stigma.² To measure interest in pro-abortion action taking, we computed a scale from five questions that asked respondents how they would respond if, in the next month, someone asked them to take several actions. Three of the actions were positively valenced toward abortion (e.g., accompany someone to an abortion clinic), and two were against (e.g., protest outside an abortion clinic).

Another primary aim of the canvass was to increase support for policies that facilitate abortion access. Our scale for policy attitudes included six questions about when during a pregnancy abortion should be banned or allowed, as well as five questions regarding Maine law on abortion procedures and whether insurance should cover abortions.

PPNNE was also interested in whether the canvass might decrease stigma toward women who have abortions. The scale measuring stigma included five questions about the morality of abortion itself as well as a feeling thermometer toward women who have had abortions. (We also asked a Planned Parenthood feeling thermometer, not included in the scales.)

The appendix gives the question wording. The outcome measures and scales were composed in consultation with PPNNE. For each index, we combined the items using factor analysis and standardized them to have mean 0 and standard deviation 1. All indexes are signed such that positive values indicate greater support for abortion.

Intervention

In the canvassing intervention we study, canvassers first knocked on subjects' doors unannounced and asked to speak with the subject on their list. Once this person's identity was verified, canvassers introduced themselves as PPNNE volunteers and asked questions about voters' views on abortion and what had shaped them. For example, they asked whether subjects knew someone who had an abortion, considered having one, or had an unplanned pregnancy and discussed these experiences. This section was similar to the script tested in Broockman et al.'s (2017) abortion study that had null results.

However, canvassers in our study also engaged in personalized moral reframing. First, canvassers received prec canvass training on moral foundations theory (Graham et al. 2009) and how to apply it. At the beginning of the conversations, canvassers asked voters to tell stories about the experiences that shaped their views on abortion. As voters told these stories, canvassers were instructed to "consider the value(s) the voter [was] expressing." Canvassers were trained to listen for one of

the "moral foundations" in moral foundations theory.³ (After the study was over, canvassers noted that voters most often alluded to the loyalty foundation [e.g., standing by family members] or care foundation, although we unfortunately do not have data on to which moral values each voter alluded.)

To help establish that the canvasser could credibly speak on behalf of this moral value, the script then instructed canvassers to share their own views on abortion and the experiences that shaped it. When doing so, canvassers explicitly named the moral values they shared in common with the voter (e.g., "Just like you I value loyalty to my family. I saw firsthand what it was like when a friend of mine who wanted to end a pregnancy was immediately judged harshly by her closest family"). Canvassers often prepared multiple stories they could tell about abortion, choosing which to tell depending on which moral value appeared most salient to each voter.

Next, canvassers would shift the conversation toward the topic of what the experience should be like for a woman who has decided to end a pregnancy. They would first ask voters to reflect on that question. Afterward, the canvasser would argue that safe, legal abortion should be available for all women and that women should be supported in their decisions and not be judged. To do so, the canvasser would make arguments based in moral values the voter named, attempting to increase "apparent agreement between" abortion access and voters' moral values (Feinberg and Willer 2015). This was personalized moral reframing at work. For example, if the voter had alluded to fairness as a moral value, a canvasser might say, "Women who decide to end their pregnancies should be treated fairly; we should not prejudge their decisions, just like with any other medical decisions." Afterward the canvasser would ask the voter to reflect on what was said.

Finally, the script ended with the canvasser asking individuals who voiced support to contact their elected officials. Full scripts are available in the appendix.

RESULTS

Figure 1 shows the estimated effects of the canvass on each index. These estimates are computed using our preregistered procedure, comparing responses from individuals assigned to the treatment and placebo groups and using regression to increase precision by conditioning on pretreatment baseline survey responses. All estimates compare all individuals in the treatment and placebo who initially identified themselves at their doors.

3. They are care/harm, fairness/cheating, loyalty/betrayal, authority/subversion, and sanctity/degradation (see Feinberg and Willer 2013, 2015; Graham et al. 2009).

2. The preanalysis plan is available at <https://osf.io/rft8w/>.

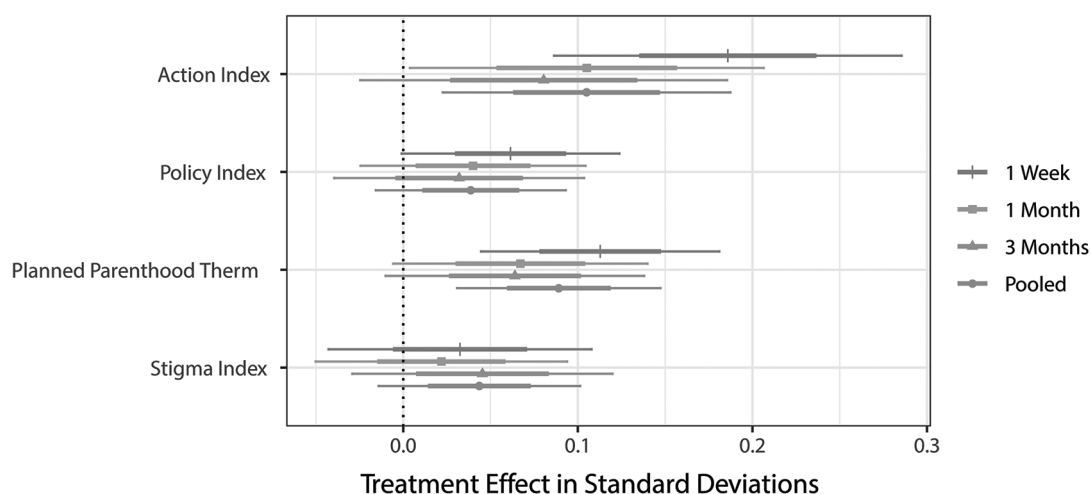


Figure 1. Effect of canvassing on abortion attitudes. Average treatment effects with 1 standard error (*thick*) and 95% confidence intervals (*thin*). To form the pooled index, we average the prespecified outcome across survey waves. See the appendix for estimation procedures. Color version available as an online enhancement.

Results indicate that the intervention successfully changed several types of abortion-related attitudes. The strongest results are on the action-taking scale, strongly supporting the conclusion that the conversations successfully increased interest in pro-abortion action taking. These results are statistically significant in the surveys both one week ($d = 0.19, p < .001$; all p -values are two-tailed) and one month ($d = 0.11, p = .04$) after the intervention, and they appear to decay to escape statistical significance in the survey three months after the intervention ($d = 0.08, p = .13$). In tables OA22 and OA23 we show that these effects are consistent across items but strongest in increasing interest in accompanying individuals to abortion clinics and writing to Congress to support abortion access. Table OA15 shows that these results are similar regardless of whether the canvasser had an abortion and may even be larger for canvassers who had not.

The effects on policy attitudes are encouraging in the first follow-up survey at one week, although they meet statistical significance at the .10 level only ($d = 0.061, p = .054$). The effects appear to decay somewhat in the follow-up waves ($d = 0.04$ in the one-month postintervention survey, and $d = 0.032$ in the three-month survey). These results provide some evidence that the strategy can change policy attitudes and stand in contrast to the null findings from Broockman et al.'s (2017) effort to change abortion attitudes. Perhaps unsurprisingly, these effects are slightly smaller than those Kalla and Broockman (2020) found on other issues (although not using personalized moral reframing).

We also find increases in favorability toward Planned Parenthood as measured by a feeling thermometer ($d = 0.11, p = .001$), although this appears to decay. Last, we observed effects indistinguishable from zero, albeit with positive point

estimates, on stigma toward women who have abortions (see point estimates and standard errors in table OA9).

Tables OA9–OA23 report robustness checks, results by individual items, and heterogeneity tests. Table OA24 shows that the results when survey weights are applied are generally stronger.

DISCUSSION

In this article we outlined a strategy intended to reap the benefits of tailoring messages to individuals' moral values, personalized moral reframing. We tested this strategy as part of a door-to-door canvassing campaign in collaboration with PPNNE, which was seeking to change individuals' abortion attitudes and increase interest in pro-abortion action taking.

What this experiment would find was by no means obvious. Moral reframing of any sort has never been tested in a field context to our knowledge. It was also not obvious that canvassers could feasibly implement personalized moral reframing, much less whether it would have any success. For example, individuals seeking to persuade others might be expected to have difficulty implementing this strategy in practice because they may not recognize others' moral values (Feinberg and Willer 2015). The results of our study lend support to the promise of this strategy, especially when it comes to motivating individuals to take action and burnishing their views of organizations (e.g., Planned Parenthood) that take action. We also found some evidence that this strategy shifted policy attitudes, although this result barely escaped statistical significance at the .05 level. However, we did not find clear evidence that this strategy reduced stigma.

With this said, there are caveats to these results. First, the comparison of our results with Broockman et al.'s (2017) null

results is encouraging for our interpretation that personalized moral reframing was important for generating the effects we observed. The appendix also reports that weighting the sample from Broockman et al. (2017) to match our sample on observable demographics does not produce a positive estimate in Broockman et al.'s (2017) data, suggesting differences in the samples are not responsible for the differences in results. However, our data cannot definitively establish moral reframing as the causal mechanism. Adding experimental conditions that would help us do so would have undermined our statistical power, but future research should do so and verify to what extent the message matters. Another limitation is that Maine's population is 95% non-Hispanic white, meaning we cannot consider how race may interact with this highly gendered issue in ways that may affect people's attitudes about it, its stigma, and their willingness to take action to address it (Strolovitch 2006). The apparent decay of these effects after three months, perhaps as the salience of these values for subjects' abortion attitudes receded, also bears note. These limitations should be addressed in future research.

That said, this is the first investigation we are aware of to test moral reframing in the field and of personalized moral reframing at all. We provide strong support for the ability of door-to-door canvassing to change people's stated willingness to take action using this technique and some promising evidence that it can change policy views as well. Future work should replicate this approach on an issue other than abortion, which many Americans already see in moral terms and on which persuasion may be especially difficult to achieve (but which was PPNNE's focus). It should also try to collect behavioral outcomes and collect information on the moral frames voters articulated. From a practical perspective, our results suggest a template for practitioners to follow. We look forward to seeing future research build on these results.

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