

Should or Should Not? Framing and Moral Values in the Acceptance of COVID-19 Norms

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Abstract

Following the COVID-19 pandemic, new norms known as the “new normal” were developed and moralized worldwide. Adherence to these moralized norms has been studied as a function of individual differences, such as moral values. Moral Foundations Theory identifies five domains of moral judgment. The Care and Fairness foundations are collectively referred to as the individualizing foundation, while the Ingroup, Authority, and Purity foundations are classified as the binding foundation. However, even when the content of the norms is identical, their effectiveness may depend on how they are presented. Message senders should tailor the communication of norms to align with the values of potential receivers, thereby increasing the likelihood that more individuals will adhere to these norms. This study tested the effects of moral values on the acceptance of moralized norms presented in different frames during the COVID-19 pandemic in Japan. Grounded in the theoretical framework of the Model of Moral Motives, Studies 1a and 1b each investigated a single type of framing—prescriptive in 1a and proscriptive in 1b. In Study 2, we employed the same set of norms as in Study 1 but tested both framing types and incorporated additional control variables. The findings examined whether individuals’ focus on individualizing or binding moral foundations selectively predicted norm acceptance as a function of message framing. The findings suggest that individual moral values moderate acceptance of norms in different frames. This has implications for how message senders reach appropriate targets.

Keywords: message framing, moral values, moral foundations, Model of Moral Motives, moralization

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Introduction

“What kind of a world is this ‘mask society’ where parents are scolded if their 1-year-old doesn’t wear a mask ...”

Haruka Udagawa, *The Mainichi*

During the COVID-19 pandemic, governments imposed numerous new norms for citizens to follow. While these norms have become deeply integrated into people’s daily lives, some are considered moral issues. When norms are viewed through a moral lens, people may feel motivated to identify and punish those who violate them. For example, in Japan, individuals referred to online as “mask police” and “self-restraint police” were reported to harass people who failed to follow COVID-19 regulations by insulting those not wearing face masks and disrupting the business operations of restaurants operating during lockdowns (Suzuki & Shimada, 2020; Yamanouchi & Udagawa, 2020). This study examines how different wording frames influence whether people perceive new norms as matters of moral relevance.

The process of implementing new norms so that people regard them as “moral” is known as moralization. Morris and Liu (2015) state that norms initially serve as descriptive regulations; however, moralization begins when people gradually view these norms as “what ought to be,” in addition to “what is.” Moralization refers to the process by which an issue shifts from being a preference to becoming a value (Horberg et al., 2009; Rhee et al., 2019; Rozin, 1999). Through moralization, an issue or behavior that is not covered by morality is categorized as morally relevant. Globally, people have moralized practices aimed at mitigating the COVID-19 pandemic by perceiving themselves through a good–wrong framework (Francis & McNabb, 2021; Marttila & Koivula, 2025; McHugh et al., 2023; Prosser et al., 2020).

Moralized norms encourage or prohibit certain behaviors toward people in a moral sense; therefore, they are addressed by specific framings—prescriptive (should) and proscriptive (should not)—associated with the Model of Moral Motives (MMM) proposed by Janoff-Bulman and Carnes (2013). The MMM argues that while prescriptive morality promotes behavior to achieve a virtuous outcome, proscriptive morality inhibits behavior to avoid a wrong outcome. Differences in framing have been found to influence people’s perceptions. For example, Janoff-Bulman et al. (2009) identify that prescriptive morality (e.g., “to help others”) is likely to be interpreted as an individual preference, while proscriptive morality (e.g., “not to harm others”) is likely to be judged as more obligatory. Moreover, even when the content of health promotion messages is identical, the proscriptive version (“should not”) is perceived as a stronger moral norm compared to the prescriptive version (“should”) (Pavey et al., 2018). Thus, although the importance of moralized norms is recognized as the same, differences in the presentational framing of norms play a role (cf. Kuang & Bicchieri, 2024; Su et al., 2023).

Common factors influencing perceptions of (moralized) norms include personality traits such as narcissism and conspiracy beliefs (Grubbs et al., 2022;

Nawata et al., 2023). There is also some evidence that individual differences, such as moral values, are factors that influence prevention measures against COVID-19 (Díaz & Cova, 2022; Reimer et al., 2022). Individual differences in moral values can be evaluated using the Moral Foundation Theory (MFT; Graham et al., 2011), which argues that people have five innate modules for moral judgment: Care (protecting the vulnerable), Fairness (equal exchange), Ingroup (conformity to the group), Authority (respect for authority and tradition), and Purity (cherishing the clean). The Care and Fairness moral foundations are classified as individualizing foundations, which emphasize individual rights and autonomy. In contrast, the Ingroup, Authority, and Purity foundations are categorized as binding foundations that prioritize collective benefits through roles and obligations.

Previous research indicates that individuals who endorse specific moral foundations may process and respond to messages differently depending on the moral content of the texts (Blankenship et al., 2021; Cornwell & Higgins, 2013; see also Goenka & Thomas, 2024). For example, Borghouts et al. (2023) showed that political ideology, rooted in one's valued moral foundations, is associated with a preference for different moral foundations in tweets about the COVID-19 vaccine; liberals, for instance, frequently mentioned Care- and Fairness-related aspects of the vaccine. According to Stolerman and Lagnado (2020), newspaper articles relevant to human rights contain more individualizing-related words (i.e., Care and Fairness foundations). Regarding the MMM, it would be reasonable for people who value the individualizing moral foundation to be more sensitive to prescriptive morality, perceived as a personal preference, because they strive to uphold each person's rights and seek desirable outcomes. Conversely, those who value the binding foundation would be more sensitive to proscriptive morality, perceived as an obligation, because they care about fulfilling their obligations for collective prosperity and want to avoid undesirable outcomes. Thus, differences in moral values can influence the acceptance of moralized norms.

Therefore, this study aims to investigate the effects of individuals' moral values on the acceptance of moralized norms related to the "new normal" during the COVID-19 pandemic in Japan. This study utilized a social context in which completely new norms were developed and moralized, making the experimental materials realistic. While previous studies have only investigated whether one's moral values influence compliance with COVID-19 moralized norms (Díaz & Cova, 2022; Reimer et al., 2022), this study manipulates the framing of rules in two ways: "should" and "should not." We independently investigate the effects of framing by using only the "should" frame (e.g., handwashing) in Study 1a and only the "should not" frame (e.g., refraining from going out) in Study 1b. Study 2 employed the same set of norms as Study 1a but tested both framing types.

Although the content of the norms was identical, people who endorse the individualizing foundation were expected to show greater acceptance of prescriptive framing (i.e., promotion, "should") than proscriptive framing (i.e., prohibition,

“should not”), as they are motivated to uphold each person’s rights. In contrast, those who emphasize the binding foundation were expected to accept proscriptive framing more readily than prescriptive framing because they are motivated to sacrifice themselves for group benefits. Thus, we hypothesized that endorsement of the individualizing foundation would predict acceptance of prescriptive framing of moralized norms (Study 1a), whereas endorsement of the binding foundation would predict acceptance of proscriptive framing (Study 1b). For Study 2, we predicted an interaction between endorsement of moral foundations and framing type in predicting norm acceptance.

This study contributes to the understanding of the impact of language use (i.e., how norms should be expressed) in a realistic setting, thereby providing valuable insights for public health and policy development to ensure messages are effectively tailored to different audiences. In addition, this study enriches moral psychology by using the MMM and MFT in parallel, which have previously been investigated independently. Furthermore, because researchers have traditionally developed theories and conducted research based on biased samples from Western, educated, industrialized, rich, and democratic (WEIRD) cultures, this study aims to test WEIRD-centered theories in a non-WEIRD Japanese context.

Study 1a

Study 1a aimed to examine the effect of framing by using the prescriptive norms recommended by the Japanese government during the COVID-19 pandemic. The data used in this study were collected in April 2020.

Method

Participants

The sample included 206 Japanese participants (97 men and 109 women; $M_{\text{age}} = 41.53$ years, $SD_{\text{age}} = 12.12$ years) recruited online through Cross Marketing, an online crowdsourcing service. The sample size was determined based on Díaz and Cova (2022). The participants in Study 1a were slightly younger and had an appropriate gender ratio (i.e., slightly more women) compared to the broader Japanese population (Statistics Bureau of Japan, 2021). All procedures in Study 1 (a and b) were approved by the Research Ethics Committee of Tokai Gakuen University.

Materials

Norm descriptions. Two types of norms were presented to participants in the “should” frame (i.e., as prescriptions): wearing a face mask and handwashing. Each norm was promoted by the Ministry of Health, Labour and Welfare of Japan (2022)

and repeatedly communicated through mass media and Social Networking Services (SNS; see also Kusama et al., 2023). The order of presentation was counterbalanced. For each norm, respondents rated how much they thought the violation of each norm was wrong on a seven-point Likert scale ranging from 1 (*not at all wrong*) to 7 (*extremely wrong*). This item measured the extent to which participants accepted the norms. The item was designed to capture moral judgment, as the core aim of this study was to measure the extent to which a norm has become moralized (i.e., internalized as a basis for judging right and wrong), rather than merely accepted or followed in response to governmental directives or prevailing social trends.

Moral values. Moral values were measured using the Moral Foundations Questionnaire (MFQ), a widely used tool for assessing an individual's concern for each of the five moral foundations (Graham et al., 2009). To save time and avoid psychological burden, this study used a 20-item short version of the Japanese MFQ, which has been widely used in morality research involving Japanese participants (Kanai, 2013). The Japanese MFQ used in this study consisted of 20 statements rated on a six-point Likert-type scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). The MFQ includes Parts 1 and 2. Part 1 presented descriptions and asked participants how relevant each was to their standards of moral judgment. In contrast, Part 2 asked the participants how much they agreed with each item. Responses were supposed to be summed to create a score for each foundation, with higher scores indicating a higher level of concern for that foundation.

Procedure

Participants first rated the items corresponding to the two types of norms to minimize the influence of moral value awareness. Following the norm ratings, they completed the MFQ and provided demographic information, including age and gender.

Results and Discussion

Across Studies 1–2, an alpha level of .05 was used for all analyses. Through a series of exploratory factor analyses, we first identified two factors for the short version of the Japanese MFQ, corresponding to Parts 1 and 2. The factor structure of the MFQ is often unstable outside predominantly WEIRD cultures (e.g., Davis et al., 2016; Murayama & Miura, 2019; Sasahara & Matsuo, 2024). Following the approach of Murayama and Miura (2019) and Sugitani and Karasawa (2024), we conducted separate exploratory factor analyses for each part (see also Akhtar et al., 2023). Items with factor loadings greater than .40 were retained (see Appendix 1). Two factors were observed for each part, and because the factors in each part represented similar concepts, items from both parts were combined. The final two factors were labeled the individualizing foundation (Cronbach's $\alpha = .84$; 11 items)

and the binding foundation (Cronbach's $\alpha = .76$; 6 items), with a correlation of $r = .45$ between the subscales. Of the total 20 items, three were excluded: "Justice is the most important requirement for a society" (fairness), "People should be loyal to their family members, even when they have done something wrong" (ingroup), and "I would call some acts wrong on the grounds that they are unnatural" (purity). The distribution of the MFQ scores across Studies 1a, 1b, and 2 is shown in Appendix 2.

A multiple regression analysis was conducted to examine the effects of the individualizing and binding foundations on the acceptance of moralized norms (Table 1). For mask-wearing, the overall model was significant, $F(2, 203) = 5.76$, $p = .004$; $R^2 = .05$. The individualizing foundation was found to be a significant positive predictor ($\beta = .15$, $p = .048$), while the binding foundation was non-significant ($\beta = .12$, $p = .122$). For hand washing, the overall model was significant, $F(2, 203) = 4.12$, $p = .018$; $R^2 = .04$. Similarly, the individualizing foundation was found to be a significant positive predictor ($\beta = .17$, $p = .027$), but the binding foundation remained non-significant ($\beta = .05$, $p = .556$). Thus, the hypothesis was supported.

Table 1

Results of Multiple Regression Analyses on Mask-Wearing and Handwashing Norms

	Mask-wearing			Handwashing		
	β	t	p	β	t	p
Predictor variables						
Individualizing foundation	.15	1.99	.048*	.17	2.23	.027*
Binding foundation	.12	1.55	.122	.05	0.59	.556
R^2	.05			.04		

Outcome variable: Acceptance of the moralized norms.

* $p < .05$.

This study revealed a positive association between one's focus on the individualizing foundation and acceptance of the norms presented in the prescriptive frame. However, only the prescriptive frame was tested; thus, Study 1b was conducted to test the proscriptive frame.

Study 1b

Study 1b was conducted using the two norms in the proscriptive frame.

Method

Participants

The sample consisted of 187 Japanese undergraduates (86 men and 101 women; $M_{\text{age}} = 20.00$ years, $SD_{\text{age}} = 1.16$ years) recruited in a classroom setting. To ensure participants took the survey seriously, we selected a college sample. The data used in this study were collected in May 2020. The sample size was determined based on Diaz and Cova (2022). Although the use of a college sample led to an overrepresentation of younger participants, the gender distribution was approximately proportional to that of the broader Japanese population, with slightly more women than men (Statistics Bureau of Japan, 2021).

Materials

Norm descriptions. Two types of norms were presented to participants in the “should not” frame (i.e., proscription). These norms are typically expressed in the proscriptive frame: not going out as much as possible and not touching the face. As in Study 1a, each norm was promoted by the Ministry of Health, Labour, and Welfare of Japan (2022) and repeatedly communicated through mass media and SNS. The order of presentations was counterbalanced. Respondents answered the same questions using the same rating scale as in Study 1a.

Moral Foundations Questionnaire (MFQ). This was the same as in Study 1a.

Procedure

As in Study 1a, participants first rated items related to the two types of norms. After rating the norms, participants completed the MFQ and other demographic questions.

Results and Discussion

In Study 1b, we applied the same MFQ factor structure from Study 1a to calculate scores for the individualizing (Cronbach's $\alpha = .76$) and binding (Cronbach's $\alpha = .69$) foundations. The correlation coefficient between the subscales was $r = .34$. A multiple regression analysis was conducted to investigate the effects of the individualizing and binding foundations on the acceptance of moralized norms (Table 2). For the norm of not going out unnecessarily, the overall model was significant, $F(2, 182) = 7.68$, $p = .001$; $R^2 = .08$. Both the individualizing ($\beta = .16$, $p = .032$) and binding ($\beta = .18$, $p = .020$) foundations were found to be significant positive predictors. For the norm of not touching one's face, the overall model was significant, $F(2, 182) = 6.49$, $p = .002$; $R^2 = .07$. The individualizing foundation

showed a trend toward significance as a positive predictor ($\beta = .14, p = .066$), and the binding foundation was a significant positive predictor ($\beta = .17, p = .024$). Thus, the hypothesis was partly supported.

Table 2

Results of Multiple Regression Analyses on Norms of not Going out Unnecessarily and not Touching One's Face

	Not going out			Not touching the face		
	β	t	p	β	t	p
Predictor variables						
Individualizing foundation	.16	2.16	.032*	.14	1.85	.066
Binding foundation	.18	2.35	.020*	.17	2.28	.024*
R^2	.08			.07		

Outcome variable: Acceptance of the moralized norms.

* $p < .05$.

Study 1b revealed a positive association between individuals' moral values and acceptance of norms presented in the proscriptive frame, regardless of moral foundations. Across Studies 1a and 1b, we found associations between respondents' moral values and their acceptance of norms under different framing conditions. However, these findings were obtained using either prescriptive or proscriptive frames applied to different norms in each study. Consequently, the qualitative characteristics of prescriptive and proscriptive frames could not be directly compared, and the effects of framing alone could not be isolated.

The characteristics of data collection (online vs. in-person) may have influenced the results. Study 1a used crowdsourcing services (i.e., the general population), whereas Study 1b recruited participants from a student sample (i.e., availability sample) to ensure attentive engagement with the survey. As noted by Matsuo et al. (2025), different sampling approaches can yield divergent results, as observed when comparing online and college student samples. In addition to differences in framing between Studies 1a and 1b, these sampling differences may have limited our ability to detect framing effects.

In addition, participants may have biased their responses toward socially desirable ones because they felt pressured to follow government norms. For example, participants might have been reluctant to rate "not at all wrong" for going outside without a face mask due to official mask-wearing recommendations. To address this potential bias, a measure of social desirability should be included. Furthermore, acceptance of moralized norms (i.e., wrongness of violating the norm) was measured using a single item in Studies 1a and 1b. However, as we originally intended to measure the moral judgment of violating a norm, this can encompass more aspects, such as the degree of the norm's moralization, the rightness and praiseworthiness of the norm, and the allowance of the norm (cf. Matsuo & Tanaka, 2021). To address

these limitations, Study 2 was designed to overcome the issues identified in Studies 1a and 1b. Norm framing was systematically manipulated, a more representative population was recruited (vs. college student sample), social desirability was controlled, and acceptance of moralized norms was measured using multiple items.

Study 2

Method

Participants

A power analysis conducted with G*power indicated that a sample size of 647 was required to detect an effect size of .02 at $\alpha = .05$. This expected effect size was chosen to capture the relatively small effects (.04–.05) reported in Díaz and Cova (2022). Therefore, using 650 participants as the minimum goal and allowing for some loss due to exclusion criteria, we sampled approximately 800 participants. Of the original sample of 804 participants, 23 respondents either failed to pass the satisficer item, did not complete the survey, or had undetectable technical errors and were excluded from the study. Responses from the remaining 781 participants were used for data analysis (324 men, 454 women, and three who did not state their gender; $M_{\text{age}} = 40.07$, $SD_{\text{age}} = 10.47$). As in Study 1a, participants in Study 2 were slightly younger than the general population but exhibited a gender distribution broadly consistent with that of the broader Japanese population, with slightly more women than men (Statistics Bureau of Japan, 2021). All procedures in Study 2 were approved by the Research Ethics Committee of Tama University. The data used in this study were collected in July 2022.

Materials

Norm descriptions. Because the same norms needed to be expressed in both framing forms with minimal language modifications, the following two were selected: wearing a mask and maintaining social distance. As in Study 1a, each norm was promoted by the Ministry of Health, Labour, and Welfare of Japan (2022) and repeatedly communicated through mass media and SNS. These two norms can be expressed in both prescriptive and proscriptive frames in terms of language. The order of presentation was counterbalanced. For each norm in each frame and on a seven-point Likert scale ranging from 1 (*not at all*) to 7 (*very much*), respondents rated (1) how much they think the norm is relevant to a moral issue, (2) how much they think violating the norm is morally wrong, (3) how much they think following the norm is morally right, (4) how much they could allow people to violate the norm, (5) how much they think following the norm should be praised, and (6) how much they think violating the norm should be berated. The average of the scores was calculated for data analysis because the ratings demonstrated adequate reliability (Cronbach's $\alpha = .77$). As mentioned above, moral judgment of norm violations can

involve multiple dimensions, which is why we used multiple items (Sarstedt & Wilczynski, 2009). Following the approach of Díaz and Cova (2022), who asked participants to rate their compliance with official health recommendations using multiple items, we calculated the mean score across our items. This approach was justified by the observed good internal consistency, as indicated by Cronbach's α .

Moral Foundations Questionnaire (MFQ). This was the same as in Study 1.

The Japanese version of the Balanced Inventory of Desirable Responding (BIDR-J). To measure social desirability, we used the BIDR-J, translated and standardized by Tani (2008), which comprises 24 items. The BIDR-J assesses the extent to which respondents bias their responses in a self-favoring manner and controls for such distortions. This scale includes two subscales: self-deception and impression management. Sample items are “I never regret decisions” (Self-deception) and “I sometimes tell lies” (Impression management; reverse-scored). Respondents rated the items on a Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*).

Procedure

Participants were randomly assigned to one of four conditions: (a) face mask behavior-should framing (“you should wear a face mask in areas with many people”); (b) face mask behavior-should not framing (“you should not go to areas with many people without wearing a face mask”); (c) social distancing behavior-should framing (“you should stand with enough space apart from each other”); and (d) social distancing behavior-should not framing (“you should not stand close to each other”) (see Appendix 3 for the original version of the norm presented in Japanese). Similar to Studies 1a and 1b, respondents answered the MFQ after receiving the norm rating, followed by the BIDR-J and other demographic items. The items within the MFQ and BIDR-J scales were randomized.

Results and Discussion

For the MFQ, we used the same factor structure established in Studies 1a and 1b to calculate scores for the individualizing (Cronbach's $\alpha = .81$) and binding (Cronbach's $\alpha = .74$) foundations in Study 2. A confirmatory factor analysis was conducted to validate the two-factor structure of the BIDR-J, which corresponded to the original factor structure, yielding GFI = .839, AGFI = .808, and RMSEA = .081. The model fit indices were consistent with those reported in the original study (GFI = .847, AGFI = .817, RMSEA = .067; Tani, 2008). The Cronbach's α for Self-deception and Impression management were .81 and .78, respectively. The correlations between the scales are presented in Table 3.

Table 3

Correlations of the Measured Variables

	Individualizing foundation	Binding foundation	Self-deception
Binding foundation	.317*	-	
Self-deception	-.092*	.049	-
Impression management	.114*	.022	.306*

* $p < .05$.

As in Studies 1a and 1b, multiple regression analyses were conducted with acceptance ratings as the dependent variable (Table 4). The predictors included individualizing foundation scores, binding foundation scores, norm framing, and the interaction between moral values and framing. Age, gender, and the BIDR-J subscales were included as control variables. Age and gender were controlled variables because they could potentially confound the relationships of interest. For instance, previous research has reported gender differences in MFQ scores and age-related effects in moral dilemma judgments (Atari et al., 2020; McNair et al., 2019). Social desirability was measured using the BIDR-J, and its subscale scores have commonly been included as control variables in prior research to account for the influence of social desirability (Tobari, 2007).

Table 4

Results of Multiple Regression Analyses on Norms of Mask-Wearing and Social Distancing

	Mask-wearing			Social distancing		
	β	t	p	β	t	p
Predictor variables						
Individualizing foundation	.31	6.13	< .001	.24	4.55	< .001
Binding foundation	.19	3.86	< .001	.13	2.50	.013
framing (1 = should, 2 = should not)	-.06	-1.39	.165	-.01	-0.23	.815
Individualizing foundation X Framing	-.11	-2.28	.023	.00	0.02	.988
Control variables						
Self-deception	-.11	-2.06	.040	-.15	-2.80	.005
Impression management	.08	1.58	.116	.10	1.91	.057
Age	.10	2.06	.040	.11	2.30	.022
Sex (1 = male, 0 = others)	.09	1.85	.065	.01	0.21	.835
R^2	.24			.14		

Note. Outcome variable: Acceptance of the moralized norms.

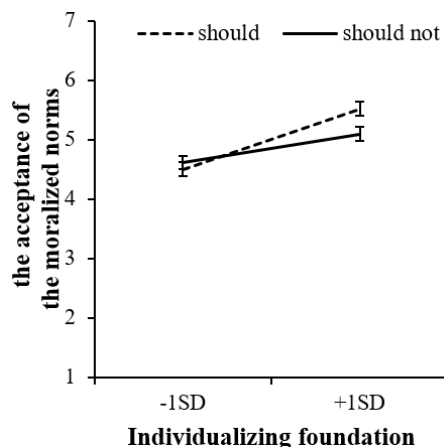
For the mask-wearing norm, the overall model was significant, $F(9, 364) = 12.63, p < .001; R^2 = .24$. Significant main effects were found for the individualizing foundation ($\beta = .31, p < .001$) and the binding foundation ($\beta = .19, p < .001$). A significant interaction between the individualizing foundation and framing also emerged ($\beta = -.11, p = .023$). To examine this interaction, simple slope analyses were conducted (Figure 1). The results indicated that the relationship between the individualizing foundation and norm acceptance was stronger under the prescriptive frame ($\beta = .43, p < 0.01$) than under the proscriptive frame ($\beta = .20, p = .004$). The interaction between the binding foundation and framing showed a trend toward significance ($\beta = .09, p = .066$); therefore, simple slope tests were not conducted for this interaction.

For the social distance norm, the overall model was significant, $F(9, 368) = 6.69, p < .001; R^2 = .14$. Significant main effects of the individualizing foundation ($\beta = .24, p < .001$) and binding foundation ($\beta = .13, p = .013$) were observed. No interaction was observed (Individualizing foundation x Framing: $\beta < .01, p = .988$, Binding foundation x Framing: $\beta = .04, p = .488$). Thus, the hypothesis was partially supported.

Study 2 demonstrates the possibility that participants with different moral values selectively respond to messages depending on the message frame. The results reveal distinct patterns for the two types of norms. This difference may be because many Japanese people were still wearing facemasks when Study 2 was conducted, but the practice of social distancing behavior had decreased over time (Kusama et al., 2023). Thus, participants may have been more responsive to the mask-wearing norm, perceiving it as more salient within their social environment.

Figure 1

Interaction Plots Illustrating Simple Slopes of Acceptance Rating on the Foundation of the Mask-Wearing Norm



General Discussion and Conclusion

This study investigated how individuals' moral values influence their acceptance of moralized norms when those norms are presented in different message frames. It was hypothesized that individuals with stronger endorsement of the individualizing foundation would be more likely to accept prescriptive framing (i.e., promotion, "should") than proscriptive framing (i.e., prohibition, "should not"), whereas individuals with stronger endorsement of the binding foundation would be more likely to accept proscriptive framing than prescriptive framing. This hypothesis was tested using only the prescriptive and proscriptive frames in Studies 1a and 1b, respectively. In Study 2, the frame was manipulated under the same norms, and social desirability was controlled. In Study 1a, the individualizing moral value was a significant positive predictor of acceptance for the prescriptive frame only. Study 1b demonstrated that both individualizing and binding moral foundations predicted acceptance of the proscriptive frame. The results from Study 2 showed that both individualizing and binding moral foundations predicted acceptance of the norms irrespective of framing. In addition, the interaction between the individualizing foundation and framing suggested that endorsement of the individualizing foundation was associated with greater acceptance of the prescriptive frame.

These results indicate that individuals who emphasize the individualizing foundation are more likely to accept wording that reflects personal rights and autonomy (i.e., prescriptive framing) than those who emphasize the binding foundation (Study 1a). However, both groups—those emphasizing individualizing and those emphasizing binding foundations—showed greater acceptance of messages framed around the avoidance of negative outcomes (i.e., proscriptive framing) in Study 1b. The proscriptive frame is theoretically understood as conveying a sense of moral obligation that encourages universal compliance (Janoff-Bulman et al., 2009), which may explain the convergence in acceptance observed in Study 1b.

The findings from Study 2 suggest that moral-related differences may influence how individuals perceive and respond to messages presented in different forms. The inconsistent patterns demonstrated in Studies 1 and 2 may reflect temporal and contextual differences. Study 2 was conducted approximately two years after Studies 1a and 1b, by which time public trends in the moralized norms about COVID-19 had become more firmly established. In contrast, during Studies 1a and 1b, individuals were likely forming their preventive behaviors based on personal moral attitudes.

As the hypotheses were only partially supported, the multiple regression results should be interpreted with caution, given the relatively small to modest R^2 values. Although small R^2 values are common in social science research (e.g., Díaz & Cova, 2022, who examined individual differences in compliance with official health recommendations during the COVID-19 pandemic), the significance of these models should not be overstated. Nevertheless, the findings of this study contribute to

understanding how individual differences in moral values interact with message framing in shaping responses to newly emerging moralized norms.

Theoretical Implications

The findings of this study have several implications. First, they demonstrate that personality differences can have distinct sensitivities to different message expressions, even when the sender communicates the same content. Previous studies have identified the separate effects of personality differences (McMahon et al., 2024; Tu et al., 2021) and message presentation (Hussein & Tormala, 2024; Jacobson et al., 2021; Pavey et al., 2022) on attitudes and behavior. Furthermore, research has shown an interaction between message styles and personality traits (Ceylan & Hayran, 2021; Otterbring et al., 2021). As a personality variable involved in such interactions, the moral values examined in the present research were particularly appropriate candidates because morality is central to human social life in regulating behavior and maintaining groups (Carnes et al., 2022). Evidence showing the associations between morality-related individual differences and adherence to norms during the COVID-19 pandemic has accumulated (Boggio et al., 2024; Chan, 2021; Clarkson & Jasper, 2022; Ekici et al., 2023); however, this study highlights the interaction between message style and personality differences. Although the match between moral values and message tone has been investigated in organizational settings and consumer research (Burris et al., 2022; Sugitani & Karasawa, 2024), it has not yet been investigated in relation to norm compliance.

Second, the present research is a theoretically valuable addition to moral psychology because it bridges the MMM and MFT. Traditionally, researchers have used only one of these frameworks depending on their purpose (e.g., Eren, 2024; Winget & Tindale, 2020). This tendency may cause researchers to view these two theories as mutually exclusive or that one is superior to the other. This research demonstrates that integration is possible by incorporating the motivation factors of the MMM into the appreciation of different aspects of morality in the MFT.

Practical Implications

Regarding the delivery and customization of health recommendations, researchers have shown that individuals with certain attitudes and personalities are susceptible to the specific framing of such recommendations (Churchill et al., 2019; Pavey et al., 2018, 2022). This study addressed real norms that were new to citizens; therefore, it contributes to future practical interventions aimed at changing people's behavior. The effects of tailoring messages observed in this study can be applied not only to traditional health-related issues but also to marketing, which involves sending information to appropriate targets (Johnson et al., 2024; Ramos et al., 2024). In addition, our findings can be applied to understanding today's polarization in society. The use of language in norms influences specific groups; therefore, language use

reflects users' worldviews, allowing social polarization to be detected. For example, liberals and conservatives (Sterling et al., 2020) and pro- and anti-e-cigarette groups (Wang et al., 2022) use different language with varying focuses. Thus, this research may provide valuable insights for addressing contemporary social issues. Because this study was conducted in Japan, where political ideology plays a relatively minor role in shaping cognitive and behavioral differences compared to the United States and other Western cultures (Aoyama, 2019; Murayama & Miura, 2019), the present findings can offer preliminary guidance for developing interventions that align governmental recommendations and policies with moral frameworks (Flusberg et al., 2024). For example, some governmental recommendations may resonate primarily with individuals who prioritize the individualizing moral foundation, depending on the framing used. As a result, such framing could inadvertently contribute to polarization, whereby compliance with recommendations becomes divided along moral lines, and people on each side criticize the other's behavior. If this is the case, message framing can be selectively adjusted—while maintaining consistent content—according to the point that divides people, which is the difference in one's morality. Such communication strategies may promote voluntary engagement in recommended behaviors and foster cooperation in public health and other social domains.

Limitations and Future Directions

Although this study provides valuable evidence of the interaction between moral values and norm framing in a non-WEIRD culture, the effects of culture have not been directly investigated. Regarding the effects of moral values on norm adherence, some studies have suggested the possibility of cultural influences. Specifically, previous studies have repeatedly theorized and demonstrated cultural differences in morality (Bentahila et al., 2021; Matsuo & Brown, 2022, for review). For example, Müller et al. (2025) found differences in how the COVID-19 vaccination was discussed in China and Germany. Using the framework of the MMM as a guide, Müller et al. (2025) analyzed interview data on COVID-19 vaccination intentions and preferences from Chinese and German participants and found that Chinese participants were more likely to argue the vaccination in proscriptive reasoning, while German participants' arguments tended to reflect more prescriptive motives. The results from our study may show a certain cultural pattern if compared to another culture.

Related to the above point, in this study, the associations between personality and people's adherence to new norms during the COVID-19 pandemic have been investigated in a non-WEIRD culture, specifically in Japan (Murakami et al., 2022; Qian & Yahara, 2020). However, it is questionable whether scales developed in WEIRD cultures can measure the same personality traits in non-WEIRD cultures, which have embedded characteristics. The MFQ used in this study was developed to measure valued moral domains in WEIRD cultures; however, the foundations of this

scale are influenced by the religions, customs, and traditions of a culture. Therefore, the cultural differences may be due to the exclusion of some MFQ items in this study. For example, the items for the Purity foundation in the MFQ imply Christianity. The use of such a scale may not be appropriate for capturing the degree of moral value appraisal in Japan, where people are influenced by non-Christian beliefs such as Confucianism (Buchtel et al., 2015; Takamatsu et al., 2024). Kitamura and Matsuo (2021) developed a scale to measure one's appreciation of the purity foundation in Japanese contexts. Future research should be more culturally sensitive to capture subtle nuances.

As mentioned above, the association between individual differences and language use has been demonstrated in previous studies. The present study positioned participants as message receivers; however, the language produced by people with certain personalities and attitudes as message senders should also be examined in relation to moral values. Message senders send messages that align with their moral values, and people with similar moral values “like” those messages; this sender-receiver relationship can cause polarization. For instance, liberals are more likely to moralize political opponents (Casey et al., 2025). In addition, differences in political ideology lead to differences in emphasized moral foundations (Reiter-Haas et al., 2021; Wang & Inbar, 2021). Thus, matching moral values between message senders and receivers can result in group polarization (D'Amore et al., 2024; Overgaard, 2024).

According to the MMM, prescriptive morality orients people toward rewards and positive outcomes, leading to good behavior (Janoff-Bulman et al., 2009; Janoff-Bulman & Carnes, 2013). In contrast, proscriptive morality orients people toward punishment and negative outcomes, leading to the omission of bad behavior. Performing good behavior depends on opportunities, which results in prescriptive morality being just “encouragement.” However, avoiding bad behavior can be applied more broadly than prescriptive morality, making proscriptive morality “mandatory.” Thus, proscriptive morality (i.e., “should not”) may become more strongly moralized than prescriptive morality (i.e., “should”). Therefore, future studies should consider the degree of moralization.

In summary, this study provides evidence that individual differences in moral values change sensitivity to moralized norms under different framings. In other words, adherence to these norms can be influenced not only by their content but also by how they are described. The results suggest a promising approach for tailoring morally related messages to different populations, which is necessary for disseminating important information to society during emergencies (e.g., the COVID-19 pandemic).

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Data curation, Formal analysis, Investigation, Methodology, Visualization, Writing
– Original draft, Writing – Review & Editing.

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Treba li ili ne bi trebalo? Uokvirivanje i moralne vrijednosti u prihvaćanju normi tijekom pandemije bolesti COVID-19

Sažetak

Nakon pandemije uzrokovane bolešću COVID-19 diljem svijeta oblikovale su se i moralno prosuđivale nove društvene norme poznate kao „novo normalno”. Pridržavanje tih moraliziranih normi proučavalo se u odnosu na individualne razlike među ljudima kao što su moralne vrijednosti. Teorija moralnih temelja (engl. Moral Foundations Theory) razlikuje pet područja moralnoga prosuđivanja. Temelji briga i pravednost zajednički se nazivaju individualizirajućim temeljima, dok se temelji pripadnosti skupini, autoriteta i čistoće klasificiraju kao povezujući temelji. Međutim, čak i kada je sadržaj normi identičan, njihova učinkovitost može ovisiti o načinu na koji su predstavljene. Prilagođavanjem komunikacije normi vrijednostima potencijalnih primatelja pošiljatelji poruka

povećavaju vjerojatnost da će ih veći broj ljudi i prihvatiti. Ovo je istraživanje ispitivalo učinke moralnih vrijednosti na prihvatanje moraliziranih normi predstavljenih u različitim okvirima (engl. framing) tijekom pandemije uzrokovane bolešću COVID-19 u Japanu. Polazeći od teorijskoga okvira modela moralnih motiva (engl. Model of Moral Motives), istraživanja 1a i 1b ispitala su po jednu vrstu uokvirivanja poruka: preskriptivno u istraživanju 1a te proskriptivno u istraživanju 1b. U istraživanju 2 upotrijebljen je isti skup normi kao u istraživanju 1, no ispitane su obje vrste uokvirivanja te su uključene dodatne kontrolne varijable. Analizirano je predviđa li usmjerenost pojedinaca na individualizirajuće ili povezujuće moralne temelje prihvatanje normi ovisno o načinu na koji je poruka uokvirena. Nalazi upućuju na to da individualne moralne vrijednosti utječu na to kako različito uokvirivanje poruka oblikuje prihvatanje normi. Ti rezultati nude važne smjernice za to kako pošiljatelji poruka mogu uspješno doprijeti do željenih ciljnih skupina.

Ključne riječi: uokvirivanje poruka, moralne vrijednosti, moralni temelji, model moralnih motiva, moralizacija

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Appendix 1

Results of the Exploratory Factor Analysis of the MFQ Items in Study 1a

Part 1: Relevance

	Item	Factor 1	Factor 2	Communality
Individualizing Foundation (Part 1)				
harm1	Whether or not someone suffered emotionally	.86	-.15	.65
purity2	Whether or not someone did something disgusting	.78	-.01	.60
fairness2	Whether or not someone acted unfairly	.73	-.08	.49
purity1	Whether or not someone violated standards of purity and decency	.65	.11	.50
harm2	Whether or not someone cared for someone weak or vulnerable	.58	-.01	.33
fairness1	Whether or not some people were treated differently than others	.57	.07	.36
ingroup2	Whether or not someone did something to betray his or her group	.55	.15	.40
Binding Foundation (Part 1)				
ingroup1	Whether or not someone's actions showed love for his or her country	-.17	.93	.76
authority2	Whether or not someone conformed to the traditions of society	.11	.62	.46
authority1	Whether or not someone showed a lack of respect for authority	.40	.43	.49
Inter-factor correlation				
	Factor 1	-	.44	
	Factor 2		-	

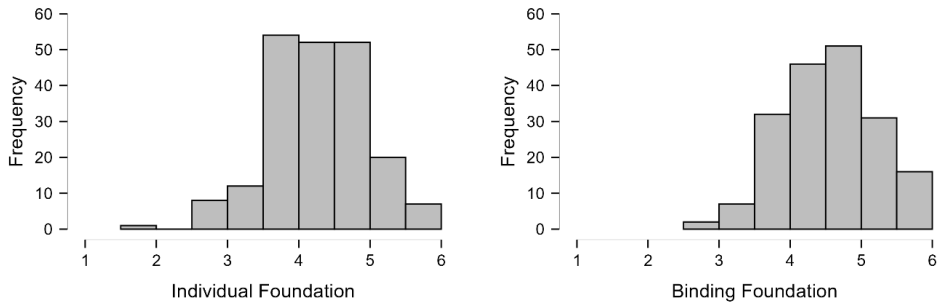
Part 2: Judgments

	Item	Factor 1	Factor 2	Communality
Individualizing Foundation (Part 2)				
purity3	People should not do things that are disgusting, even if no one is harmed.	.67	-.05	.41
harm4	One of the worst things a person could do is hurt a defenseless animal.	.58	-.03	.32
harm3	Compassion for those who are suffering is the most crucial virtue.	.58	.05	.37
fairness3	When the government makes laws, the number one principle should be ensuring that everyone is treated fairly.	.54	.06	.33
Binding Foundation (Part 2)				
ingroup3	I am proud of my country's history.	-.02	.68	.45
authority4	Men and women each have different roles to play in society.	-.04	.55	.29
authority3	Respect for authority is something all children need to learn.	.08	.52	.32
Inter-factor correlation				
	Factor 1	-	.53	
	Factor 2		-	

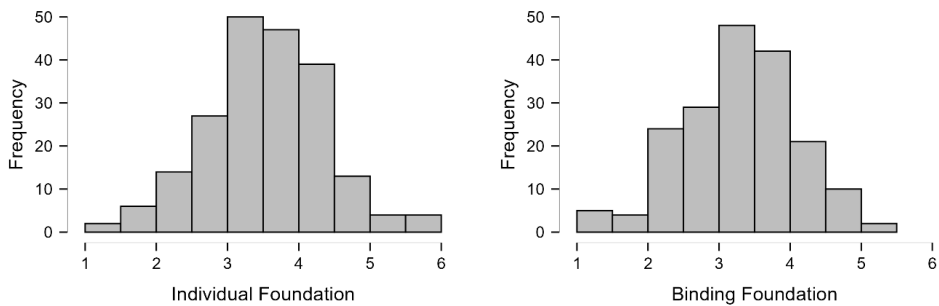
Appendix 2

The Distribution of Scores on the Two MFQ Factors Observed in Each Study

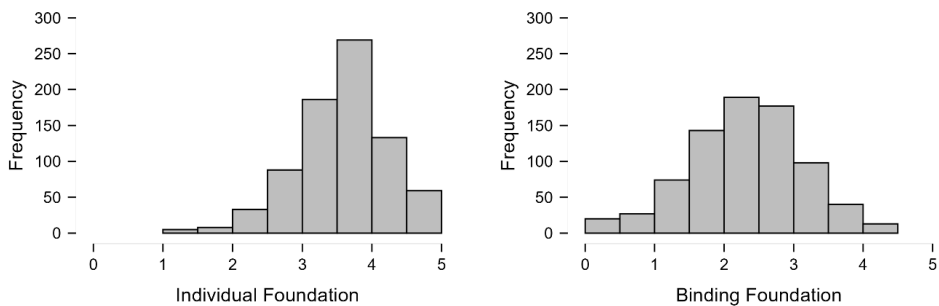
Study 1a



Study 1b



Study 2



Appendix 3

The Original Wording of the Norms Presented in Study 2 in Japanese

Prescriptive norms

Mask: 人が多い場所ではマスクを着用しなければならない。

Social distance: 前の人と十分な間隔をあけて列に並ばなければならない。

Proscriptive norms

Mask: マスクをせずに人が多い場所に行ってはならない。

Social distance: 前の人に接近して列に並んではならない。