The Role of Disgust and Moral Concerns in Support for Bathroom Bills
Bathroom bills, or any policy restricting access to bathrooms to one’s birth sex, are highly divisive, and have bee proposed in some form in over 24 US states (“Understanding transgender access laws,” 2017).
These policies have wide-sweeping consequences economically and legally (Berman, 2017; Levin, 2019).

Also a public safety concern: Transgender people are subject to greater risk of assault when they cannot choose their own bathroom (Herman, 2013).

Transgender: defined here as anyone whose gender identity or presentation does not match either their sex at birth or current biological sex.
Which Subtypes of Disgust Predict Bathroom Support?

- There is some support that trait disgust, or one’s tendency to feel disgust in response to a wide variety of stimuli, may be associated with support for bathroom bills (Miller, 2017).

- Here, we examine three subtypes of disgust:
  - Pathogen disgust, or disgust toward contaminating stimuli or disease threats (Tybur, Lieberman, & Griskevicius, 2009).
  - Sexual disgust, or disgust toward behaviors considered counterproductive toward procreation (Tyber et al., 2009).
  - Injury disgust, or disgust toward gore, blood, and other painful changes to the body. Injury disgust is theorized to be a form of vicarious empathy (Kupfer, 2019).
Which Subtypes of Disgust Predict Bathroom Support?

- Americans tend to draw several lay associations with transgender identity, which might in turn elicit disgust.

- Each subtype could be differentially related to bathroom bill support, which may be seen as:
  - Decreasing exposure to disease threat, as some Americans associate transgender people with AIDS/HIV (Waters, 2017).
  - Avoid the (unpleasant) exposure to sexual disgust, as some Americans associate transgender identity with modification of sex organs, which may be seen as a risk to reproduction (Tadlock, 2015).
  - Avoid the cause injury disgust, since some American’s association between transgender people and modification of sex organs might cause vicarious pain.
Do Moral Concerns about Harm or Purity Predict Bathroom Bill Support?

- Harm, or concerns about physical and emotional welfare, might be important:
- Supporters of bathroom bills also stress fear about harm to cisgender people (e.g. women and girls) if bathroom access is not restricted (Fernandez & Blinder, 2015; though evidence suggests this does not result in harm to women and girls, Grinberg & Stewart, 2017).
- Those against bathroom bills stress fear about harm to transgender people (Herman, 2013).
Do Moral Concerns about Harm or Purity Predict Bathroom Bill Support?

- **Purity**, moral values concerning body and soul, sex, food, and maintaining the natural and “God’s plan”, may also be important.

- Activists have described transgender people as “perverted” and express worry that open bathroom policies would “(make) our city... godless” (“How a Local Religious-Right Faction Launched Anti-Trans Bathroom Debate,” 2018).

- Harm does not predict judgments of other prominent culture war issues, such as abortion, euthanasia, or suicide (Koleva et al., 2012; Tilburt et al., 2014; Rottman, Kelemen, & Young, 2014).
IVs: Trait Disgust

- Pathogen disgust: “You find moldy leftovers in your refrigerator”.
- Sexual disgust: “Having anal sex with a member of the opposite sex”.
- Injury disgust: “You see a person impaled through the neck by a branch”.
IVs: Concerns about Harm and Purity

Imagine someone who was born into a male body, but feels they are a woman, uses the women’s bathroom.

▶ Harm Non-Transgender: “That would make bathrooms more dangerous for women and girls who are not transgender”

▶ Impurity: “That would be perverted.”

Imagine a policy that would require someone who was born into a male body to use the men’s bathroom, even if that person feels they are a woman.

▶ Harm Transgender: “That would make bathrooms more dangerous for people who are transgender.”
DVs: Support for Bathroom Bills

- Policy: “When it comes to public bathrooms, someone who was born into a female body should be required to use the women’s bathroom, even if they feel that they are a man.”
  - Strongly disagree - Strongly agree
Results: Disgust and Support for Bathroom Bills

Multivariable linear regression with robust standard errors (HC3 covariance matrix) showed that pathogen disgust was the strongest supporter of bathroom bills. Neuroticism and Conservatism were included as a covariates to control for general negative affectivity and political affiliations that might influence support for party-based issue positions, respectively.
Results: Disgust and Support for Bathroom Bills

Table 1: *Bathroom Bill Support Predicted by Disgust Subtypes, Neuroticism, and Conservatism.*

<table>
<thead>
<tr>
<th>Predictor</th>
<th>$b$</th>
<th>$SE$</th>
<th>Part $r^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>1.41***</td>
<td>0.39</td>
<td>-</td>
</tr>
<tr>
<td>Pathogen Disgust</td>
<td>0.32***</td>
<td>0.08</td>
<td>0.024</td>
</tr>
<tr>
<td>Sexual Disgust</td>
<td>0.08</td>
<td>0.05</td>
<td>0.004</td>
</tr>
<tr>
<td>Injury Disgust</td>
<td>-0.03</td>
<td>0.07</td>
<td>0.000</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>-0.03*</td>
<td>0.01</td>
<td>0.007</td>
</tr>
<tr>
<td>Conservatism</td>
<td>0.43***</td>
<td>0.04</td>
<td>0.148</td>
</tr>
</tbody>
</table>

*Note.* $SE = $ Standard Error (robust); Part $r^2 =$ squared semi-partial correlation.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$
Results: Disgust and Support for Bathroom Bills

- Pathogen Disgust vs. Bathroom Bill Support
- Sexual Disgust vs. Bathroom Bill Support
- Injury Disgust vs. Bathroom Bill Support
Results: Moral Concerns

We conducted multivariable linear regression with robust standard errors (HC3 covariance matrix) with cisgender harm, transgender harm, purity predicting support for bathroom bill policies. Conservatism was included as a covariate.

Table 2: Bathroom Bill Support Predicted By Issue-Specific Moral Concerns.

<table>
<thead>
<tr>
<th>Predictor</th>
<th>$b$</th>
<th>$SE$</th>
<th>Part $r^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>1.44***</td>
<td>0.28</td>
<td>-</td>
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<tr>
<td>Cisgender Harm</td>
<td>0.33***</td>
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<td>0.039</td>
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<td>Transgender Harm</td>
<td>-0.22***</td>
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<td>0.026</td>
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<tr>
<td>Purity</td>
<td>0.45***</td>
<td>0.06</td>
<td>0.066</td>
</tr>
<tr>
<td>Conservatism</td>
<td>0.13**</td>
<td>0.04</td>
<td>0.011</td>
</tr>
</tbody>
</table>

*Note. SE = Standard Error (robust); Part $r^2 =$ squared semi-partial correlation. 
* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$
Results: Moral Concerns

- Purity
- Cisgender Harm
- Transgender Harm

Scatter plots showing the relationship between Bathroom Bill Support and Purity, Cisgender Harm, and Transgender Harm.
Moral Foundations Theory proposes that concerns about purity are driven by pathogen disgust. It may also be the case that people support bathroom bills as a means of limiting perceived impurity. In these are true, then we would see that the effect of pathogen disgust on bathroom bill support should be at least somewhat mediated by purity. We used Hayes’ PROCESS mediation with bias-corrected and accelerated bootstrapped standard errors (10,000 replicates).
Results: Exploratory Mediation

Figure 1: Pathogen disgust and bathroom bill support mediated by issue-specific purity.
Discussion:

Take-home findings:

▶ Bathroom support is not driven by sexual or injury disgust, but pathogen disgust.
▶ Purity is the most important moral issue driving bathroom support, but concerns about harm are relevant also (even concerns about harm to cisgender women and girls, which is not supported by evidence).
▶ Purity partially mediates the relationship between pathogen disgust and bathroom bill support.
▶ Applied researchers who want to influence policy attitudes should consider focusing less on harm. Because disgust and disgust-related concerns are difficult for people to reappraise, research should focus on identifying ways to decrease disgust responses within specific contexts like bathroom bill policy.