

Willing to Help, but Lacking Discernment: The Effects of Victim Group Size on Donation Behaviors

Devin Lunt

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Under the Supervision of Dr. Traci Freling

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Abstract

Researchers and practitioners in the nonprofit domain have long lamented the tendency of people to offer greater aid to a smaller number of victims, in essence de-valuing the lives of victims as the number of victims grows. This is often referred to as *Compassion Fade*—a greater responsiveness among potential donors to individuals and small numbers of people in need, and lower sensitivity toward larger groups of victims (Markowitz et al. 2013). This dissertation consists of three essays exploring compassion fade and the specific biases that exemplify this phenomenon.

The first essay provides a qualitative synthesis of the compassion fade domain as a whole, including a review of current findings of *psychophysical numbing*, *proportion dominance bias*, and *scope insensitivity* studies. The mechanisms by which these effects occur (e.g., other-focused affect, anticipated self-focused affect, and deliberative thoughts) are discussed, along with proposed directions for future research.

Demonstrations of the most often studied form of compassion fade bias—known as the “identifiable victim effect” (IVE)—abound in the literature. The IVE is quantitatively synthesized in the first essay. As such, the second essay undertakes a meta-analysis of 40 articles (with 144 effect sizes derived from 225,193 observations) spanning almost 30 years, suggesting that victim identifiability and group size significantly affect potential donors’ helping behaviors, but not their empathetic attitudes. Results also suggest that the IVE is more pronounced for helping behaviors when the victim is vividly depicted, blameless in the situation, and not similar to the potential donor. Nonrecurring issues with severe consequences also result in a stronger IVE. Importantly, sympathy moderates the impact of victim identifiability on empathetic attitudes but not helping behaviors—suggesting that perceived impact or some other mechanism drives the latter.

The third essay explores the role of victim blame and responsibility in the compassion fade domain. Blame and responsibility have typically been treated interchangeably in the literature due to a proposition that while attributions of responsibility may include responsibility for the problem and for finding solutions, individuals typically do not distinguish between these two attributions (Brickman et al., 1982). This study empirically demonstrates that blame and responsibility are indeed independent constructs in two scenarios involving a child victim (who is incapable of providing a solution to his/her problem) and an adult victim (who is capable of providing a solution). Results indicate that responsibility for the solution mediates the relationship between victim blame for the problem and key outcomes, such as willingness to contribute and victim deservingness. Additionally, victim blame for the problem *only* influences willingness to contribute when the victim is perceived as being capable of providing a solution, whereas responsibility for the solution influences willingness to contribute whether the victim is viewed as capable or not.

Essay 1

The Bounds of Scope Insensitivity. A
Qualitative Review of Compassion Fade

Introduction

Compassion fade - a greater responsiveness among potential donors to individuals and small numbers of people in need, and lower sensitivity toward larger groups of victims (Markowitz et al. 2013) - has been recognized both by academic researchers and practitioners as a consistently occurring phenomenon. A single child who has fallen in a well (Jenni & Loewenstein, 1997) inspires individuals to freely open their wallets, while mass suffering does little to move individuals to action (Linnerooth, 1979; Associated Press, 2013). This is extremely troubling because, as Ariely (2008) details, the attention paid to different tragedies around us is not based on their objective level of tragedy but instead on the way in which they invoke emotions in us, sometimes leading to the tragedy of one person overshadowing the tragedy of millions. Markowitz et al. point to three troubling issues that result from compassion fade: (1) it defies normative beliefs about valuing lives in need (MacLean, 1986); (2) it contradicts intuitions about how one would act when asked to aid others (Dunn and Ashton-James 2008); and, it indicates that humanitarian and environmental causes may not only involve overcoming political and economic hurdles, but psychological obstacles as well (Gifford 2011).

Numerous experimental studies have demonstrated compassion fade (Bartels, 2006; Jenni & Loewenstein, 1999; Slovic, 2010). Additionally, “real world” examples abound, including an ongoing humanitarian crisis. Since 2011, the civil war in Syria is estimated to have resulted in over 250,000 casualties and thousands more individuals being forced from their homes to flee as refugees to other nations (British Broadcasting Company, 2015). In the face of such mass suffering, it would seem that individuals would be moved to send aid without hesitation. Yet, the UN’s humanitarian agencies struggle to raise enough support to help in the face of this crisis, with bankruptcy a constant threat (The Guardian, 2015). As of September 2015, only 35% of the

amount needed for the Syrian regional response plan for the year was funded. In addition, as the crisis spread, only 15% of funding appeals for the Central African Republic and the South Sudan have been collected, leading experts to ponder changes that are needed to more appropriately deal with this issue. One proposed solution was shifting appeals from a short-term, one-time approach to one that indicates this is a long-term problem needing constant support. This aligns with research demonstrating that in a constant-state, long-term condition, individuals show increased feelings of deservingness for large groups of victims (Small, 2010), indicating such appeals should be more successful than previous solicitations. However, before the possible fruits of these efforts could be realized, an image of a young Kurdish boy name Aylan washed ashore while attempting to flee from Syria to Greece began to circulate online, effectively “echoing around the world” (Wall Street Journal, 2015). The image appeared in newspapers and social media feeds worldwide, alerting individuals everywhere to the atrocities occurring in this region. More importantly, through tragedy a face was given to the cause; this three-year-old child came to represent the hundreds of thousands of victims, allowing for potential donors to more clearly envision, feel for, and want to help (Dickert et al., 2011; Slovic, 2010). The initial shock and outrage toward the image of Aylan caused an immediate outpouring of relief funds. In the six days that followed the appearance of the picture, over \$17 million was received in donations by the UN High Commissioner for Refugees from individuals and companies such as Google, Goldman Sachs, and Audi (CNN Money, 2015). Unfortunately, as of March 28, 2016, funding necessary to support the Syrian crisis is only at 5% of amount needed for the calendar year (Financial Tracking Service, 2016). It seems that while the image of Aylan caused a short-term, immediate spike in emotional response and subsequent aid, over time these reactions have diminished and the crisis still remains largely underfunded. While there are other political and

economic issues at play, this example clearly illuminates the idea of compassion fade, and provides insight into why it is so important to understand how, when, and why the collapse of compassion occurs. In order to provide sufficient aid to those who desperately need it, this phenomenon needs to be better understood by both academics and practitioners alike. Toward this end, the purpose of this essay is to provide a comprehensive qualitative review of compassion fade studies in the literature to date and detail avenues of future research. Importantly, all studies included in this review focus on human lives, whether it be through saving lives (e.g. Bartels, 2006), mitigating suffering (e.g. Kogut, 2011), or otherwise improving another individual's current condition (e.g. Kogut, Slovic & Vastjfall, 2014). Other studies that demonstrate similar effects that do not involve valuation of human lives – such as valuations of the lives of animals (Hsee & Rottenstreich, 2004), evaluations of products (Urminsky & Kivetz, 2011), environmental amenities (Veisten et al., 2004), or simple gambles (Slovic & Lichtenstein, 1968) – are not included.

Compassion Fade

The preceding examples illuminate what is referred to as the *identifiable victim effect* (IVE) – increased feelings of compassion and greater responsiveness to one identified victim compared to large numbers of victims (Schelling, 1968). However, compassion fade consists of a variety of related yet separate phenomena. In addition to the IVE, compassion fade encompasses *psychophysical numbing* (Fetherstonhaugh et al., 1997) the *proportion dominance bias* (Bartels 2006), and *scope insensitivity* (Dickert et al., 2015). *Psychophysical numbing* (PN) studies investigate diminished sensitivity in valuing lifesaving interventions against a background of increasing numbers of lives at risk (Fetherstonhaugh et al. 1997). Studies examining the *proportion dominance bias* (PD) demonstrate sensitivity to relative savings among potential

donors, even when choosing on that basis undermines absolute savings (Bartels 2006). Finally, experiments exploring *magnitude (scope) insensitivity* (SI) demonstrate changes in magnitude in the valuation of different sized groups of multiple human lives (Dickert et al., 2015). The major differences that exist between the studies are that they vary based on the comparison group size (one or a small group) and whether or not it is a proportion or not. Identifiable victim effect studies feature one victim versus a large group and may or may not have a proportion of victims who can be saved in the experimental manipulation (Jenni & Loewenstein, 1997). Proportion dominance and psychophysical numbing studies can have either one or a small group versus a larger group, but do compare two proportions of individuals that can be saved (Bartels, 2006; Fetherstonhaugh et al., 1997). These two types of studies differ in that proportion dominance studies involve two separate proportions that elicit a preference for relative savings over absolute savings, while psychophysical numbing studies have the same reference group and only change the size of the proportion. Because of this, psychophysical numbing studies only investigate changes in relative savings and the absolute savings remain the same. Finally, scope insensitivity studies involve no proportion of victims who can be saved; rather, simple comparisons are made between a smaller and larger group of victims¹ (see Figure 1).

Insert Figure 1 Here

¹ Some authors investigate multiple effects within the same paper or study. Thus, the same paper/study may appear in multiple sections of the present work.

The present research first presents the extant literature for each form of compassion fade, highlighting future research directions for each. Also included is a review of the mechanisms by which each effect occurs. The review concludes with a discussion of the domain as a whole, with relevant future directions and implications.

Identifiable Victim Effect

The identifiable victim effect (IVE) is a seemingly irrational amount of concern and caring for one individual, especially in the presence of identifying information, when compared to a larger numbers of individuals who are affected by the same plight (Slovic, 2007). This is thought to occur because it is easier for potential donors to form a more concrete mental representation for one victim (versus a group of victims), which evokes a stronger and clearer emotional impression (Dickert & Slovic, 2009; Slovic, 2010; Slovic, Finucane, Peters, & MacGregor, 2002), although an alternate explanation has been proposed that indicates that individuals adopt emotion regulation strategies in order to reduce the negative feelings evoked by large numbers of victims (Cameron & Payne, 2011). Empirical demonstrations of the IVE date back to seminal work by Schelling (1968), with significantly more attention being paid to this effect than to the other manifestations of compassion fade. However, some studies fail to demonstrate the IVE (Dickert, Sagara, & Slovic, 2011), find mixed or conditional results (Jenni & Loewenstein, 1997), or show the opposite effect (Small, Loewenstein, & Slovic, 2007). Additionally, a variety of outcomes are investigated, ranging from emotional responses (e.g. Cameron & Payne, 2011), intentions to give donations of time or money (e.g. Ein-Gar & Levontin, 2013; Kleber, Dickert, Peters, & Florack, 2013), to actual monetary donations (e.g. Smith, Faro & Burson, 2013). While these studies elicit a variety of responses and explore

different issues and victim types, one common element is the comparison of responses to one victim versus a larger group of victims, also known as *Singularity*.

Outcomes of IVE. As mentioned, IVE studies examine a variety of outcomes when demonstrating this phenomenon. The outcomes typically fall into three main categories: (1) emotional responses, such as compassion, sympathy, or empathy; (2) behavioral intentions; and (3) actual behaviors. However, compassion, and other externally-focused emotions (e.g. sympathy, distress, and empathy) are also often treated as a mechanism through which these effects occur (e.g. Dickert, 2008). As such, the mediating role of compassion will be discussed in a later section.

Affect. Compassion, or other-focused feelings about the plight and suffering of victims, is obviously an important outcome of compassion fade, and as such, has received ample attention in studies in the area. However, because other-focused emotions like compassion, sympathy, and empathy typically behave similarly (Goetz, Keltner, & Simon-Thomas, 2010) and often are measured simultaneously, they are discussed together and referred to collectively as *compassion*. Cameron and Payne (2011) assert that compassion decreases, or “collapses”, due to the potentially overwhelming level of emotion triggered by mass suffering. Compassion also seems to decrease with groups of victims compared to a single victim because other victims can serve as distractors (Dickert & Slovic, 2009), although this may be dependent on whether the helper considers whether helping the others is a possibility (Oceja et al., 2010). Providing identifying information further increases feelings of compassion for an individual over a group, even when identifying information is provided for the group (Kogut & Ritov, 2005a). Though typically helpers feel more compassionate towards an individual than a group, this is dependent on a variety of factors as well. For example, when an individual in need is part of what would be

considered an “out-group,” individuals continue to elicit more compassion than groups; however, when the person in need is a member of the helper’s “in-group,” a group tends to elicit more compassionate feelings (Ritov & Kogut, 2011). Similarly, if the condition facing the victim(s) is a long-term, more chronic, and steady-state condition, groups are viewed as more compelling and worthy of compassion (Small, 2010).

Besides compassion (and related other-focused emotions), other emotional ratings have been used to assess the affective impact of the IVE. Neuroimaging studies have demonstrated increased positive arousal when identifying information is presented (Genevsky et al., 2013), while facial analysis shows a similar increase in positive affect for individuals versus a group (Vastfjall et al., 2014). These same effects are also obtained using simple survey measures of positive affect (Vastfjall, Slovic & Mayorga, 2014).

The preceding discussion indicates that single individuals – especially ones with additional identifying information such as pictures, names, and age – tend to evoke stronger emotional responses than groups. An important research question would be to determine when this gap in compassion occurs because of an *increase* in emotional response for a single individual, or a *decrease* in emotional response for a group. As previously discussed, the received wisdom expresses that it is easier for potential helpers to form more concrete mental representations for one victim, which lead to stronger, clearer emotional impressions (Dickert & Slovic, 2009; Slovic, 2010; Slovic, Finucane, Peters, & MacGregor, 2002). However, as Cameron and Payne (2011) demonstrated, individuals may engage in emotion regulation strategies in order to avoid being overwhelmed by the negative feelings associated with mass suffering. In their study, Cameron and Payne use a scenario in Darfur that mirrors the current situation in Syria. However, the IVE is found even in situations where individuals are deciding

how to allocate candy to other individuals (Kogut, Slovic & Vastfjall, 2014b). Due to the wide range of settings in which the IVE has been demonstrated, it is important to understand the conditions that will lead to increases (decreases) in emotional responses for the single victim (group of victims) in order to more effectively solicit help for those in need. Additionally, limited attention has been given to the effects that culture and individual differences factors can have in determining affective responses to individuals versus groups. Collectivism (Kogut, Slovic & Vastfjall, 2014a), *Belief in a Just World* (Kogut, 2011), and *World Change Orientation* (Oceja and Salgado, 2013) have all been demonstrated to affect individual emotional responses to different victim group sizes (1 vs. many). However, risk aversion (Budner, 1962), action identification level (Vallacher & Wegner, 1989), affect intensity (Larsen & Diener, 1987), and social support (Sarason, Sarason & Shearin, 1986), among others, may provide additional insights into the manifestation of different emotional reactions elicited by a single victim compared to a group of victims.

Helping Intentions. In addition to stronger emotional responses, presentations of victims that vary in singularity also tend to lead individuals to be more *willing* to help one individual compared to group (e.g. Dickert, Sagara & Slovic, 2011), although these effects tend to be less pronounced than those for actual behaviors (Lunt, Freling & Butts, 2016). IVE studies assessing intentions to help typically vary on four different dimensions: victim characteristics (e.g. Kogut & Ritov, 2005), issue characteristics (e.g. Kogut, 2011), respondent characteristics (e.g. Oceja & Salgado, 2012), and study characteristics characteristics (e.g. Vastfjall et al., 2014). In the sections that follow, different dimensions of IVE studies and their effects are discussed.

Victim Characteristics. One particularly prevalent victim characteristic manipulated in IVE studies assessing willingness to help is the level of identifying information, as depictions of

a single victim range from stating that there is a victim (c.f., Kogut & Ritov, 2005a) to providing the age, name and picture of a victim (Genevsky et al., 2014). Identifying information is thought to lead to higher willingness to make a contribution to both single victims with less identifying information and groups of victims, regardless of level of identifiability (Kogut & Ritov, 2005). However, simply determining one victim as the recipient of aid, as opposed to providing statistical information, is thought to be enough to increase willingness to help among potential donors (Erlandsson, Bjorklund, & Backstrom, 2015), although contradictory evidence suggests that if the respondents begin to focus on the individuals *not* being helped within the group, intentions to help a determined individual will not necessarily exceed intentions to help a group of victims (Oceja et al., 2010). A second victim characteristic of the victim examined in IVE studies is whether the victim is a child (e.g. Vastfjall et al., 2014) or an adult (e.g. Kogut, 2011). Children are typically viewed as less responsible for their actions (Cauuffman & Steinberg, 2000) and more worthy of compassion (Gabora, Spanos & Joab 1993), and thus can lead to more pronounced demonstrations of the IVE. Indeed, when victims are viewed as being more blameworthy, individuals tend to be more willing to help groups of victims as opposed to single victims (Kogut, 2011). A final victim characteristic that influences the IVE is whether the victim belongs to the potential donor's "in-group" or not (e.g. Ritov & Kogut, 2011). Typically, a helper is more likely to assist a single victim that belongs to the potential donor's "out-group," and more likely to help a large group of victims from the potential donor's "in-group" (Ritov & Kogut, 2011), as long as that potential donor feels connected to his/her own group (see Kogut & Ritov, 2007). These group distinctions can come in the form of culture (Kogut & Ritov, 2007), social class (Deshpande & Spears, 2012), or allegiance to rival sports teams (Ritov & Kogut, 2011).

Issue Characteristics. IVE studies exploring helping intentions examine a variety of issue types in addition to victim types. Issues vary in terms of severity, chronicity, and certainty. Much like the Syrian conflict, victims in IVE studies encounter issues with potentially dire outcomes—like children in Darfur who are suffering from malnutrition, unsanitary living conditions, and exposure to life-threatening diseases (Dickert, Sagara & Slovic, 2011), transmission of AIDS (Kogut, 2011), car wrecks (Ritov & Kogut, 2011), or patients awaiting admission to an Intensive Care Unit (Kohn et al., 2011). In cases such as these, willingness to help tends to increase for one victim when compared to groups of victims. Victims in other experiments face far less severe plights, such as tripping over a can when running in a park, which can lead to much less pronounced willingness to help an individual vs. a group (Perrault et al., 2015)—or no differences at all across conditions. Issues can also vary in levels of chronicity; for example a twisted ankle from tripping over a can (Perrault et al., 2015) is far more acute and short-term than a lingering illness such as cancer (Kohn et al., 2011). Indeed, whether the issue is viewed as having just occurred versus having existed for a long period of time influences willingness to allocate aid to individuals and groups. When the problem is perceived as being more acute or recently occurring, intentions to help are higher for an individual than for a group of victims. Conversely, chronic or steady-state problems lead to increased helping intentions for groups compared to an individual (Small, 2010), although this may be dependent on the victim(s) suffering from the same condition and/or respondent characteristics. Doctors have shown a tendency to abide by the “rule-of-rescue,” through a greater willingness to allocate the last bed available to a cancer patient with a chronic issue in spite of an opportunity to save many lives through organ donation by admitting a patient who is beyond help (Kohn et al., 2011). Finally, victims in IVE studies face conditions that vary on the level of certainty that the issue is going to occur. In most cases,

the plight is already occurring, indicating that the victim is certain to experience the issue. Victims stricken with cancer (Kohn et al., 2011) or AIDS (Kogut, 2011) are far more certain to suffer the consequences of the condition than an individual moving to a new country who *may* need assistance assimilating into the new culture (Ein-Gar & Levontin, 2013) or someone tripping over litter while running in a park (Perrault et al., 2015). When the issue is more certain to occur, potential helpers are more likely to indicate willingness to help to an individual versus a group of victims (e.g. Kohn et al., 2011; Perrault et al., 2015). It is important to note that all of these issues vary on these dimensions simultaneously, leading to possible intercorrelation among the dimensions. In other words, a scenario may be simultaneously perceived as severe, certain to occur, and chronic in nature. Additionally, that scenario may be perceived as severe *because* it is certain and chronic. However, each dimension has a differential effect contributing to an overall tendency to show a higher willingness to help individuals vs. groups (Lunt, Freling & Butts, 2016).

Respondent Characteristics. IVE studies have been conducted across multiple cultures (e.g. Erlandsson, Bjorklund & Backstrom, 2015; Kogut, 2011), which deems cultural level nurturing orientations - such as *culture femininity* (Hofstede, 2001) and *culture humane orientation* (House, 1998) - relevant for consideration. Indeed, each leads to an increased willingness to help an individual victim over groups of victims (Lunt, Freling & Butts, 2016). In addition to the effects of these cultural dimensions, individual level factors have also been shown to affect helping intentions assessed in IVE studies. For example, individuals higher in *numeracy* typically show no preference for one determined victim or a group of determined victims when presented over statistical information (Kleber et al., 2013). Additionally, individuals that exhibit a high level of *World Change Orientation* (Oceja & Salgado, 2013) and *Belief in a Just World*

(Kogut, 2011) tend to show higher willingness to help a group of victims compared to one victim, especially when the victim(s) can be blamed for the condition.

Study Characteristics. Finally, IVE studies assessing helping intentions vary in study characteristics. For example, even when changing the frame of the appeal from a gain (i.e. saving lives) to a loss (i.e. avoiding deaths), helpers are less likely to risk the life of one identified individual over a group of potential victims (Vastfjall et al., 2014). Further, by changing the perspective from which the decision is made from self to other, the IVE for helping intentions is intensified. This indicates that potential donors generally believe that others are going to be more willing to help one individual over a group (Kogut & Beyth-Marom, 2008). These study characteristics support the overall results of studies assessing intentions to help in the IVE that individuals are more willing to help individuals than groups. However, other study characteristics may lead to reversals of the IVE. For example, the predominant presentation mode in IVE studies is a separate elicitation of responses after seeing a manipulation of the victim group sizes - a between-subject design. However, a few exceptions exist that implement joint evaluations (e.g. Kogut & Ritov, 2005b; Rubaltelli & Agnoli, 2012). In these studies, the tendency to show higher willingness to help one individual victim over a group of victims diminishes, arguably because helpers find it difficult to rationalize helping one victim when simultaneously faced with a group of victims (Kogut & Ritov, 2005b). These authors propose this as a means of “de-biasing” individuals from the overall irrational tendency to be more willing to help one victim as opposed to a group of victims. In addition to presentation mode, the means of assessing intentions also affects increased willingness to help individual victims. For example, a majority of IVE studies ask participants to consider willingness to donate money. However, studies that assess willingness to donate time (e.g. Ein-Gar & Levontin, 2013; Ocejka &

Salgado, 2012; White & MacDonnell, 2015) indicate that potential donors may value money and time differently, leading to reversed preferences in certain situations. For example, Ein-Gar and Levontin (2013) demonstrate that when potential donors consider giving their time in the future or to socially distant groups, there is an increased willingness to help many individuals over one individual.

The preceding discussion indicates that, on average, individuals are more willing to help one individual than a group of individuals suffering from the same plight. A wide range of victim, issue, respondent, and study characteristics influence these intentions, at times leading to reversals in the IVE. Single victims that are more identified and more deserving, whether from responsibility for the condition or group membership, are especially likely to inspire helpers to be willing to act. Similarly, issues that are certain to occur, severe, and more acute in nature lead to enhanced willingness to help individuals over large groups of victims. Helpers that come from more nurturing cultures are more likely to show the same tendency, as are respondents that are lower in *numeracy*, *Belief in a Just World*, and *World Change Orientation*. Finally, separate evaluations appear to elicit higher intentions to help for one victim over many victims. An important question would be further examining the role of blame and responsibility in how potential donors determine victim deservingness and their willingness to aid victims. This area has largely been ignored, especially with respect to the responsibility to help - and whether it is assigned to the victim, the potential donor, or other potential donors - and the ability of the victim to provide a solution with or without aid. Additionally, prior experience can lead to reduced feelings of compassion for other individuals experiencing distress (Ruttan, McDonnell & Nordgren, 2015), indicating helpers who have faced the same issue may devalue individual suffering compared to groups of victims in a similar situation.

Actual Behaviors. As previously mentioned, IVE studies assessing actual behaviors result in stronger demonstrations of compassion fade than those assessing helping intentions (Lunt, Freling & Butts, 2016). However, these studies generally vary on the same four dimensions - victim characteristics (e.g. Kogut & Ritov, 2005), issue characteristics (e.g. Kogut, 2011), respondent characteristics (e.g. Oceja & Salgado, 2012), and study characteristics (e.g. Vastfjall et al., 2014) – which are discussed in turn here.

Victim Characteristics. As with IVE studies exploring helping intent, a particularly prevalent victim characteristic manipulated in IVE studies assessing actual behaviors is the vividness inspired by the identifying information with which the victim is presented (Jenni & Loewenstein, 1997). The effect of more vividness elicited by depictions of a single victim is the same for actual behaviors, with helpers providing greater assistance to single victims than groups of victims, even when the manipulation involves merely informing helpers that a single victim has been selected to receive aid (Small & Loewenstein, 2003). When the helper is the only one with the ability to help the determined victim, this effect is especially pronounced (Cryder & Loewenstein, 2012). Interestingly, a single identified victim that belongs to a helper's in-group is more likely to receive monetary assistance (Kogut & Ritov, 2007), but a single determined victim from the in-group is less likely to receive monetary assistance than an undetermined single victim (Ritov & Kogut, 2014). Once again, whether or not the victim is a child influences decisions to help in that children victims are viewed as less blameworthy, producing singularity effects (Ritov & Kogut, 2005a; Small, Loewenstein & Slovic, 2007) while adult victims may show less pronounced or reversed effects, especially when the victim is perceived as being more responsible for causing the problem (Kogut, 2011). Additionally, in-group distinctions based on religion (Sudhir, Roy & Cherian, 2014), political views (Ritov & Kogut, 2011), and nationality

(Kogut & Ritov, 2007) lead to increased monetary assistance to groups of victims over individual victims.

Issue Characteristics. Victims in IVE studies focused on actual behaviors also face issues that vary in terms of severity, chronicity, certainty, and cause for solicitation (level of need). Issues range from extremely severe – missing persons after a tsunami (Kogut & Ritov, 2007) or starving children (Small, Loewenstein & Slovic, 2007) – to much less severe – not receiving a gift card (Cryder & Loewenstein, 2012) or candy (Kogut, Slovic & Vastfjall, 2014b). As with intentions, more severe threats lead to more pronounced demonstrations of the IVE in actual donations (Lunt, Freling & Butts, 2016). More chronic issues, such as starvation (Small, Loewenstein & Slovic, 2007) or seeking refuge from the Darfur crisis (Genevsky et al., 2013), typically lead to more pronounced IVE effects in monetary donations when compared to more acute issues such as receiving advice from an expert (Sah & Loewenstein, 2012) or purchasing books for schoolgirls (Cryder & Loewenstein, 2012). A more certain issue, such as needing refuge from a civil war (Genevsky et al., 2013) or a survivor of a flood that has recently occurred (Friedrich & McGuire, 2010) moves helpers to give more aid to individuals than groups, especially compared to less certain issues such as needing advice from an expert (Sah & Loewenstein, 2012) or a “comfortably” retired woman needing assistance when her husband passes (Sudhir, Roy & Cherian, 2014). An additional issue characteristic introduced in IVE studies examining actual behaviors is the level of need inherent in the issue. Unlike in studies investigating intentions, situations in which the victim isn’t actually “in need” were faced by potential victims, as when Cryder and Loewenstein (2012) investigate the IVE in a scenario where potential helpers have an opportunity to share a gift card with a “victim.” Prior to the experimental manipulation, the victim is not suffering from any plight. In this case, any suffering

the victim experiences would be a direct result of the potential helper choosing not to help. A similar scenario is depicted in Kogut, Slovic, and Vastfjall (2014b, 2014c), which had participants decide whether to share candy with other participants of the study. Here, then, the focus of the helper shifts from alleviating negative emotions felt by the victim to providing additional positive emotions. This is an important distinction, as issues that do not impose a high level of need upon helpers drastically reduce the effects of both singularity and identifiability (Kogut & Ritov, 2005b).

Respondent Characteristics. Cultural differences, even among helpers from the same country, have been shown to affect helping behaviors in IVE studies as well. More collectivist helpers typically donate equally to individual victims and groups of victims, while individualists tend to favor individuals over groups with their aid (Kogut, Slovic & Vastfjall, 2014a). Individual-difference factors affect the relationship between victim group size and actual behaviors just as they do intentions to help. *Belief in a Just World* (BJW, Kogut, 2011), information processing style (Friedrich & McGuire, 2010), and *attachment style* (Kogut & Kogut, 2013) affect whether individuals display a preference for providing aid to identified or single victims over groups of victims. Helpers high in BJW typically provide more assistance to groups than individuals, especially in blameworthy situations (Kogut, 2011). Similarly, the IVE is less pronounced among helpers who are high in analytic processing (Friedrich & McGuire, 2010). Helpers who display high levels of attachment-anxiety tend to show the highest aid for identified individuals over unidentified individuals, perhaps due to increased feelings of connectedness (Kogut & Kogut, 2013). Also of importance in IVE studies measuring actual behavior is the introduction of children as respondents in order to trace back developmental causes of the tendency to give increased assistance to one identified victim over a group of

victims. Young children, originally share more with groups of children than a single child, but are thought to become more sensitive to single, identified victims around the five years of age, as they develop higher levels of theory of mind (Kogut, Slovic & Vastfjall, 2014b, 2014c), the capacity to infer other people's mental states to predict behavior (Onishi & Baillargeon, 2005).

Study Characteristics. IVE studies examining actual behaviors provide important insights, especially for practical implications, as they are not limited to experimental manipulations in laboratory settings. Actual field studies have been conducted allowing for a more complete understanding of the IVE in the real world (e.g. Small & Loewenstein, 2003; Sudhir, Roy & Cherian, 2014). For example, when a family has been selected (determined) to receive assistance from an organization, individuals gave more monetary donations than when a recipient had not been selected (Small & Loewenstein, 2003). Similarly, single victims (of helper in-group *and* out-group) receive greater donations from more helpers than groups of victims (Sudhir, Roy & Cherian, 2014). However, Lesner and Rasmussen (2014) indicate there are no differences between decisions of whether to donate or donation amounts to individual victims or groups of victims. Additionally, presenting information about individual victims simultaneously with group appeals elicits similar amounts of aid to both individuals and groups (Kogut & Ritov, 2005), as does inducing deliberate thoughts (Small, Loewenstein & Slovic, 2007).

Overall, individuals provide greater monetary assistance to individual victims, especially those with identifying information, when compared to multiple victims. Indeed, the discrepancy in aid allocation between individuals and groups is higher for actual behaviors than for intentions to help (Lunt, Freling & Butts, 2016), perhaps because actual solicitations of money are perceived as more concrete than intentions (Vallacher & Wegner, 1987) and, thus, more closely match the construal level evoked by one concrete individual victim than that of an abstract group

of victims (Trope & Liberman, 2010). This explanation is consistent with facets of construal level theory and other findings that groups that are viewed as more entitative receive higher donations than the same group when presented as less entitative (Smith, Faro & Burson, 2013). Similar to studies assessing intentions to help, issues that are certain to occur, severe, and more acute in nature lead to higher monetary contributions for individuals over larger groups of victims. Helpers who come from more nurturing and collectivist cultures are more likely to show the same tendency, as are respondents who are more analytical and less emotional in thinking style. Finally, separate evaluations in experimental settings are associated with greater aid to individuals. Field settings, while providing some support, report mixed findings when considering identifiability and singularity effects. As such, future research among potential donors in the real world is needed to reconcile these findings, along with studies that investigate actual donations of time as opposed to money. In addition, the example of Aylan's picture spreading virally online presents another important research question that could impact the IVE. Awareness among helpers of the issue being faced by this large group of victims greatly increased following the release of the image, leading to an immediate spike in individual donations. However, the increase in social media usage worldwide has led some to question the overall effect of increasing awareness of a cause in this manner, due to a phenomenon referred to as "slactivism" (Morozov, 2009). Token support, through activities such as "sharing" on social media, is not highly predictive of more meaningful support such as monetary donations (Kristofferson, White & Peloza, 2014) due to the fact that potential donors can derive feelings of making a difference through the former without actually helping the cause or victim in a tangible way (McCafferty, 2011). Because considerations of potential impact and feeling better from

donating are thought to mediate the IVE², options to provide token support in conjunction with providing meaningful support, as is the case with many fundraising websites, may exacerbate preferences to provide aid to single identified victims over large numbers of victims.

Psychophysical Numbing, Proportion Dominance, and Scope Insensitivity

While relatively less attention has been given to psychophysical numbing (PN), the proportion dominance (PD) bias, and scope insensitivity (SI), important insights can be gleaned from studying these different manifestations of compassion fade, as individuals' sensitivity to human lives appears to depend not only on the number of victims but the proportion of victims that can be saved as well. Because these three effects all involve a devaluation of human lives, they are often interrelated and invoke similar theoretical explanation. Thus, are all discussed together here, with important distinctions made for each. Although studies investigating probability dominance date back to Slovic and Lichtenstein (1968), the valuation of human lives in these types of studies began with Baron (1997), Fetherstonhaugh et al., (1997), Jenni and Lowenstein (1997), and Friedrich et al., (1997). Early results indicated that, unless the number of lives saved is explicitly comparable from one intervention to another, evaluations are dominated by the size of the reference group (PN) or by relative savings, rather than the actual savings (PD, Slovic et al., 2004). This aligns with theories in judgment and decision-making, as well as economic research that suggests that a marginal utility is associated with an increasing number of goods, an effect that is mirrored in the prosocial domain through a non-linearity indicative of decreased concern for lives as the number of people affected increases (Dickert et al., 2015).

² To be discussed in greater detail in a subsequent section.

This scope insensitivity (SI) often leads to suboptimal responses to an increasing number of lives at risk (Dunn & Ashton-James, 2007) or inconsistent donation behavior (Hsee et al., 2013). Subsequent PN, PD, and SI studies have investigated different contexts affecting these valuations and the mechanisms by which the effects occur. These studies are discussed in the sections that follow.

Outcomes of PN. The roots of psychophysical numbing date back to evolutionary affective response systems. As Slovic (2010) explains: “Simply put, System I thinking evolved to protect individuals and their small family and community groups from present, visible, immediate dangers. This affective system did not evolve to help us respond to distant, mass murder. As a result, System I thinking responds to large-scale atrocities in ways that are less than desirable (p.84).” Early empirical demonstrations explore willingness to fund life-saving treatments for victims in a Rwandan refugee camp (Fetherstonhaugh et al., 1997), Americans suffering from deadly diseases (Baron, 1997), and automobile accidents (Friedrich et al., 1997; Jenni & Loewenstein, 1997; Norinder, Hjalte & Persson, 2001). In each of these studies, helpers display a decreased sensitivity to the loss of human life, even though the absolute number of victims remains the same, through decreased willingness to pay for programs with a decreased proportion of victims that could be saved. To illustrate, in one problem from Baron (1997), helpers were told that a number of people die from a particular disease every year. Subjects were asked if they would be willing to pay (WTP) extra in insurance if a new treatment cured 90 out of 100 versus 1,000 affected people. Helpers indicated an increased WTP when the proportion of victims saved was higher, even though the absolute number of victims saved is the same in both conditions. This phenomenon derives partially from the well-established “psychophysical principle”, that proposes sensitivity to changes in a stimulus varies as a function of the

percentage, rather than absolute, change in stimulus intensity (Stevens, 1975). However, the degree to which helpers devalue lives based on the size of the reference group may depend on the perceived entitativity of the reference group as well (Gavrilov, 2013). When helpers perceive the group as behaving more as a unit (e.g. portrayed as a family as opposed to unrelated victims), psychophysical numbing is much less likely to occur.

Outcomes of PD. The effects of PD (and PN) are a result of one information format—in this case the proportion—being highly evaluable, leading it to carry higher weight in judgment tasks (Slovic et al., 2002). A piece of information is evaluable when it is easy to value, especially through comparison to some other criterion (Hsee, 1996). Because assigning a numerical value to human life or affective responses when being presented with groups of victims suffering is difficult, the more easily evaluable criteria (the proportion) dominate judgments, as there is a reference point inherent in the proportion (Slovic et al., 2002). Initial demonstrations of PD involved determining helpers' willingness to pay for airport equipment used in the event of crash landings (Slovic et al., 2002), while later studies assessed saving lives of individuals inflicted with anthrax poisoning (Bartels, 2006; Bartels & Burnett, 2011), children with bacterial meningitis (Erlandsson, Bjorklund & Backstrom, 2014; 2015), and patients that needed bone marrow transplants (Johansson & Sundfelt, 2013). Interestingly, while most PD studies have helpers make monetary donations, one study involved having helpers indicate willingness to make bone marrow donations (Johansson & Sundfelt, 2013). In both cases, helpers demonstrated a preference for higher relative savings of lives than for absolute savings. To illustrate, Slovic, Finuncane, Peters, and MacGregor (2002) asked helpers to indicate their WTP for equipment that saved 150 victims, 98% of the 150 victims, 95% of the 150 victims, 90% of the victims, or 85% of the victims. In all percentage conditions, helpers indicated a higher valuation of the

equipment even though a smaller number of absolute victims would be saved. Because the proportion provided an evaluation criteria that was more easily valued than the condition with the highest number of absolute victims, helpers expressed greater WTP for saving a higher proportion, but smaller absolute number of victims.

Outcomes of SI. Normative models of life valuation indicate that rationally, all lives should be valued equally (Baron & Szymanska, 2011; Dickert et al., 2012). However, in the face of a loss of lives so large it threatens survival of the population, a disproportionate valuation of each endangered life should occur (Slovic, Fischhoff & Lichtenstein, 1982). As such, except in the face of extinction, an additional life at risk is always valued less than the previous life in a group of victims (Dickert et al., 2015). These effects have been demonstrated in actual large-scale catastrophes such as hurricanes, forest fires, and wars (Dunn & Ashton-James, 2007), as well as in smaller-scale situations, as when underprivileged children might receive Christmas gifts (Hsee et al., 2013). To illustrate a typical SI study, consider Dunn and Ashton-James (2007), who showed helpers a scenario depicting victims of Hurricane Katrina. Subjects indicated no difference in sadness when evaluating 5 or 5,000 hurricane victims (Dunn & Ashton-James, 2007). Interestingly, when asked how potential helpers *would* feel if they were asked to assess an appeal for help for 5 or 5,000 victims, they indicated they would feel significantly more sad at seeing 5,000 victims. This indicates that scope insensitivity occurs in spite of emotional forecasting abilities to more equally value human lives. It is important to note that the IVE, PN, and PD are all special cases of SI. The studies discussed in this section represent pure scope insensitivity, in which the non-linear valuation of lives is not affected by intense emotional reactions to identified single victims or potential feelings of efficacy induced by proportions.

General Discussion. These theories and results confirm what researchers of human behavior have long recognized: numerical representations of human lives do not necessarily convey the importance of those lives (Slovic, 2010). Indeed, numbers may represent dry statistics, or “human beings with the tears dried off” (Slovic & Slovic, 2004). These intuitive decisions often reflect those made by helpers when actually faced with decisions to aid (Dickert et al., 2015), which can then lead to overfund individual victims (c.f., Lunt, Freling & Butts, 2016) at the expense of underfunded large-scale tragedies (Slovic, 2010). Helpers who have the ability to engage in higher quantitative thinking (i.e. calculation) seem to be less likely to demonstrate scope insensitive decisions (Hsee & Rottenstreich, 2004), as do those who lack the ability to make sense of their emotions (Hasford, Farmer & Waites, 2015). Understanding the specific interactions of affect and cognition elicited by the victim, issue, potential helper, and means of solicitation are paramount in order to debias decisions to help others and overcome the effects of scope insensitivity in effectively funding a cause.

Mechanisms of IVE, PN, PD, and SI

Identifiable Victim Effect. Numerous motivational mechanisms have been proposed to account for the increased responsiveness to one individual in need compared to many. These mechanisms generally fall into three categories. The first (discussed previously) is *compassion-outward* “feelings that arise in witnessing another’s suffering and that motivate a subsequent desire to help” (Goetz, Keltner & Simon-Thomas, 2015, p.2). A substantial body of work suggests helping behavior is motivated by pro-social emotions such as compassion (Batson, 1990), especially for a single victim, who elicits an inherently stronger affective response than does a group (Kogut & Ritov, 2005; Slovic, 2010). This may occur because it is easier for helpers to form a more concrete and cohesive mental representation for one victim (Dickert &

Slovic, 2009; Slovic, 2010; Smith, Faro & Bursin, 2013) or to take the perspective of another individual (Batson et al., 1997). A group of victims, by comparison, prompts less affective processing and decreases subsequent willingness to help among potential donors (Dickert, Sagara, & Slovic, 2011; Small & Loewenstein, 2007). In spite of these assertions, numerous empirical demonstrations of the IVE fail to consistently find compassion as a mediating mechanism. For example, Small (2010) finds that, for an acute issue, feelings of compassion do in fact lead to higher willingness to contribute to individuals. However, for a steady-state condition, feelings of compassion do not drive a preference for individual victims over statistical victims. Similarly, Kogut (2005b) finds no relationship between feelings of compassion and increased contributions to a single identified victim. Further, Lunt, Freling and Butts (2016) show that compassion does not significantly lead to demonstrations of the IVE based on findings from a meta-analysis.

The second category of mechanisms is based on the belief that individuals help others not just because those in need will benefit from aid, but also because the helper derives some personal benefit from providing aid. In other words, we help others not only because they need our help, but because we anticipate and experience the internal “warm glow” of good feelings associated with giving aid (Andreoni, 1990). Others assert that motivation to help may be driven by attempts to improve one’s own emotional state or a desire to assuage negative arousal experienced as a consequence of the exposure to suffering of others (Dickert, Sagara, & Slovic, 2011; Hoffman, 1981), and that helpers facing large tragedies engage in mood management in the hope of feeling better (Cameron & Payne, 2011). This emotional response—referred to as *positive anticipated affect*—is thought to influence the IVE in much the same way as compassion does; individual victims may elicit higher feelings of anticipated affect, which leads to increased

helping behaviors (Lunt, Freling & Butts). Indeed, studies investigating the role of anticipated positive affect in the IVE indicate that anticipated regret at having not rendered aid (Dickert, 2008) and feelings of positive affect (Vastfjall, Slovic & Mayorga, 2014) are higher among helpers evaluating individuals vs. groups, leading to higher willingness to contribute.

The final proposed mechanism is *deliberation*—cognitive reflections regarding whether the victim is deserving of aid and assistance provided will make a difference (Small, 2010; Loewenstein & Small, 2007). Recent research on the IVE suggests that the perceived impact of a donation is an important driver of helping (e.g., Cryder, Loewenstein & Scheines, 2013; Erlandsson, Bjorklund & Backstrom, 2015). Vastfjall, Slovic, and Mayorga (2014) demonstrate that information about other victims who cannot be helped can create a state of “pseudo-inefficacy” that actually discourages helping. In the face of a mass tragedy, the magnitude of the situation may make the inefficacy of the helper in making a difference especially salient, which would motivate willingness to engage in lifesaving interventions that benefit the smaller group of affected people (Dickert, Vastfjall, Kleber, & Slovic, 2015). Feelings of victim deservingness also increase aid provided to a single identified individual compared to a group of victims (Kogut, 2011), although deservingness may interact with feelings of impact, as feelings of deservingness only led to increased aid to a single victim facing an acute issue (Small, 2010). Perhaps a deserving victim is not always viewed as being “helpable,” as perceived deserving victims facing a chronic issue received more aid when portrayed as a group of victims than a single identified victim. As expected, a meta-analysis of the IVE found that deliberative thoughts mediated the relationship between victim group size and contributions (Lunt, Freling & Butts, 2016), such that an individual inspires lower deliberation and higher subsequent contributions compared to groups of victims.

PN, PD, and SI. Although related, PN, PD and SI are thought to be a result of different mediating mechanisms than the IVE. In one of the few instances where multiple demonstrations of compassion fade were compared, Erlandsson, Bjorkland, and Backstrom (2015) found that, while emotional reactions mediate the relationship between victim group size and helping, perceived utility of a donation mediates the proportion dominance effect. As previously discussed, each study is subject to influences based on victim, issue, respondent, and study type, which could explain why perceived impact was not found to influence the IVE in this case. This work provides initial support for the notion that each special case of compassion fade operates by differential mechanisms. For example, one school of thought is that helpers are unable to multiply the caring they feel for one individual by the number of people at risk (Slovic, 2010). In other words, helpers do not necessarily feel *less* for large numbers of victims, but rather, they do not have the ability to accurately quantify that feeling, leading to decreased valuations of increasing numbers of human lives at risk. Interestingly, individuals with high quantitative abilities show reduced tendencies to show compassion fade (Dickert et al., 2011), as do those exposed to a calculative mindset manipulation (Hasford, Farmer & Waites, 2015). For IVE studies, this is an effective de-biasing strategy, as deliberative thoughts are made more salient than the emotional responses in this case. Unfortunately, in PD, PN, and SI studies, the effect is not driven by the prevalence of an emotional response over a calculative one. Attempts to offset scope insensitivity by implementing a “unit-asking” method indicate that not only is an inability to calculate the amount of feeling induced by a group of victims a driving force of the effect, but a potential means of de-biasing exists in having helpers attempt to quantify an amount for one victim before indicating an amount for the total number of victims (Hsee et al., 2013).

General Discussion

Returning to the current issue facing in Syria discussed at the outset of this essay, some important insights warrant discussion. Prior to the release of Aylan's image, a largely indifferent response was elicited by appeals for help, forcing underfunded aid organizations to provide what little help they could (The Guardian, 2015). An identified, emotion-evoking individual produced an immediate spike in monetary donations (CNN Money, 2015), followed by a return to scope insensitive contributions in response to an ever growing crisis (Financial Tracking Service, 2016). Similar to demonstrations by Small, Loewenstein, and Slovic (2007), this issue is symptomatic of the difficulty in generating feelings for large numbers of victims, perhaps because our capacity to feel is limited, or perhaps because of the difficulty in applying the amount of feeling generated for one individual to a large number of victims (Slovic, 2010). Through either route, helpers arrive at the same destination—one of disproportionately low valuations of increasingly larger lives at stake.

Despite the temporary increase in caring induced by the picture of Aylan being dispersed, those seeking aid once again face the issue of overcoming scope insensitive responses by those who are able to render aid, yet choose not to help. However, as indicated in the previous discussion, those with higher abilities to form calculative judgments were less likely to use emotional reactions as the basis for decisions to aid (Hsee & Rottenstreich, 2004). This raises two important points concerning compassion fade in general: (1) System I responses, though powerful, provide temporary boosts to helper responses rather than long-term solutions; and, (2) System II corrections may provide a more effective route to more rational helping behavior when considering single victims and large groups of victims (Slovic, 2010). As Kahneman (2003) argues, an important function of System II is to monitor the quality of operations produced by System I. Slovic (2010) proposes that a possible answer to the numbness displayed toward mass

casualties like those in Syrian crisis is to infuse System I with powerful affective imagery through the media in order to generate strong affective responses. However, this highlights an additional problem characterizing support for the Syrian crisis over time. Recall that individuals use reference points in determining deservingness and subsequent decisions to provide aid (Small, 2010). A sharp emotional spike created by powerful imagery can indeed produce a temporary influx of monetary donations. However, as previous judgments of the victim(s) can be used as reference points for successive judgments of the victims and resulting helper decisions, this may actually lead to lower *relative* evaluations and intentions to help. Considering that aid to Syria for the year after the release of Aylan's picture is even lower than the year prior—in spite of a growing number of victims—this is a relevant consideration.

The solution of how to most effectively help these victims is fraught with complications at best. However, some important takeaways from the present research offer some guidance. Because individuals may feel overwhelmed at the thought of hundreds of thousands of refugees needing assistance (Cameron & Payne, 2011), an emotional appeal for a number that large may produce results opposite of those intended. However, a *guided* emotional response might be more persuasive in bringing about the intended effect. For example, presentations of groups of successful refugees starting over somewhere new might draw attention to the impact the helper can have, reduce feelings of inefficacy, and increase anticipated positive affect by providing a clear picture of how donations can help. Additionally, such an appeal would provide the helper with information that indicates the victims are making an effort to help themselves, which increases willingness to help as the victim is seen as not just a passive recipient of assistance, but an active participant in the solution (Stroebe & Stroebe, 1996; Zagefka et al., 2011). This can increase the likelihood of helpers perceiving their contributions as being “well-spent”. To this

point, compassion fade studies typically assume that helpers view an additional dollar spent as having a constant return in aid provision (Dickert et al., 2015). However, this seems unlikely as certain aspects of aid provision will have fixed costs (providing clean water or transportation), while others will have variable costs (food and medicine). When crafting appeals for aid, this should be taken into consideration in order to better anticipate helper responses.

The objective of this review was to provide a clearer picture of compassion fade as a whole. Toward this end, a review of the extant literature has been provided, along with relevant future research questions that may help provide a more coherent understanding of how and why compassion fade in its various forms persists, and actionable insights for practitioners to potentially offset the tendency of helpers to show a decreasing sensitivity to larger numbers of victims.

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Study Type	Reference Group	Proportion	Relative Savings
Identifiable Victim Effect	1 Victim	Yes/No	No
Psychophysical Numbing	2 or more Victims	Yes	No
Proportion Dominance Bias	2 or more Victims	Yes	Yes
Scope (Magnitude) Insensitivity	2 or more Victims	No	No

Figure 1. Classification table of different types of compassion fade studies

Essay 2

Showing Compassion or Making a Difference?

A Quantitative Review of the Identifiable Victim Effect

Introduction

The amount of charitable donations made in the U.S. each year is staggering, reaching approximately \$316 billion in 2013 (IUPUI, 2013). It seems intuitive that this generosity would be allocated in a manner that benefits the most people in need, yet empirical data indicates the opposite may be true. In fact, donations are *not* positively related to the number of individuals being helped as might be expected, but rather a negative relationship appears to exist wherein helping behavior diminishes as the number of victims increases (e.g. Fetherstonhaugh, Slovic, Johnson, and Friedrich, 1997). Responses to the Ebola crisis of 2014 illustrate this disturbing occurrence. Last year, the American Red Cross received \$2.9 million to aid Ebola victims in West Africa after over 10,000 related deaths in the region (Associated Press, 2013). By contrast, over a two-week period in 2015, donations exceeding \$1.4 million were sent to one needy child named Vidal from a “rough neighborhood,” so that he could visit Harvard University (Indiegogo.com, 2014). Such instances of disregard for mass suffering and disproportionate responsiveness to one individual’s less dire need—termed “statistical murder” in the public policy literature (Linnerooth, 1979)—defies logic and violates the principles of rationality underlying economic valuations of risk (Hammit & Treich, 2007; Viscusi & Aldy, 2003). Funds donated to assist thousands of individuals dying and in need of help *should* exponentially trump aid to a single child—who is in no immediate danger—for an educational trip. In the context of prosocial behavior and charitable giving, this is extremely troubling because, as Ariely (2008) laments, “it means that the attention we will pay to different tragedies around us will not be based on their objective level of tragedy but instead on the way in which they invoke emotions in us. This also means that sometimes the tragedy of one person can overshadow the tragedy of millions.”

The above examples illustrate the *identifiable victim effect* (IVE)—a seemingly irrational amount of concern and caring for an individual when compared to the large numbers of individuals who are affected by catastrophes (Slovic, 2007). Empirical demonstrations of the IVE abound (c.f., Ritov & Baron, 1990; Erlandsson, Björklund, & Bäckström, 2014), dating back to seminal work by Schelling (1968). The significant, positive results demonstrating greater sensitivity among potential donors exposed to one (versus many) victim reported in many studies (Kogut and Ritov, 2005a, 2005b; Kogut, 2011a) suggest the IVE is prevalent. However, some studies fail to demonstrate the IVE (Dickert, Sagara, & Slovic, 2011), find mixed or conditional results (Jenni and Loewenstein, 1999), or show the opposite effect (Small, Loewenstein, & Slovic, 2007).

Inconsistent research findings on the IVE may be a function of how these studies are conducted. Some studies feature different types of victims, ranging from children with diseases (Kogut & Ritov, 2005a), to young men with AIDS (Small, Loewenstein, & Slovic, 2007), to adults in car accidents (Jenni & Loewenstein, 1999), to pandas threatened by extinction (Hsee & Rottenstreich, 2004). The similarity of these victims to potential donors, the responsibility victims bear for their plight, and the sympathy they inherently evoke may affect responses differently. Similarly, different levels of identifying information are provided across studies, influencing the amount of attention paid to individuals versus groups (Ariely, 2008).

Studies also vary considerably in terms of the dilemmas depicted in their experimental manipulations, ranging from malnutrition and deadly diseases (Cameron and Payne, 2011), to the need for clean water (Cryder, Loewenstein & Scheines, 2012), to children in need of mentoring (Ein-Gar & Levontin, 2013), to gifted children who cannot afford an expensive enrichment program (Kogut & Ritov, 2005b). This diverse array of issues illustrates important dimensions to

consider when examining the IVE, such as the certainty of the event occurring, its severity, and whether it is isolated or recurring. Each of these dimensions could affect the psychological distance perceived by the potential donor, which could in turn influence evaluations and behaviors alike (Ein-Gar & Levontin, 2013). Finally, different elicitation methods are utilized in IVE studies, with some researchers measuring actual donations (e.g., Smith, Faro, & Burson, 2013), others assessing intentions to donate (e.g., Kleber, Dickert, Peters, & Florack, 2013), and still others focusing on affective responses and/or attitudes toward the victims (e.g., Dunn & Ashton-James, 2009).

Given interest in the IVE among both researchers and practitioners in the realm of charitable giving, it is crucial to discern the extent to which this is a “real” problem, and how such factors affect the degree of compassion that donors exhibit toward single, identified victims as compared to groups of victims. Toward this end, we conduct a meta-analysis of available research exploring the IVE, quantitatively synthesizing 40 papers that span almost two decades. We begin by developing predictions informed by extant IVE research and theory about how characteristics of victims and their plights are likely to exacerbate or attenuate the IVE. We then describe the meta-analytic procedures for database development, coding, and analysis. Following this we report results detailing how and when the IVE occurs, for both behavioral and attitudinal outcomes. We conclude with a discussion of how our findings help integrate and contribute to existing IVE research, highlighting promising avenues for future exploration, and offering actionable insights for professionals working in the nonprofit domain.

Conceptual Development

Although most individuals would agree that all human life should be valued equally, research documents a pervasive insensitivity to large losses of life, wherein the marginal rate of

contributions to aid people at risk decreases as the number of people needing help increases (Fetherstonhaugh, et al., 1997). Such irrationality is especially pronounced in the presence of an identified victim, in comparison to when victims are portrayed in the abstract. In fact, a profusion of studies over the last thirty years exploring the “identifiability bias” (Hammitt & Treich, 2007) demonstrate evaluative and behavioral deviations from rationale assumptions when comparing responsiveness to identified versus unidentified victims (Dickert, Västfjäll, & Slovic, 2015). Because identified victims enhance mental imagery, garner more attention, and arouse stronger emotions, potential donors tend to value identified lives more than abstract, statistical lives and donate more money to identified victims depicted in charitable appeals (Dickert et al., 2011; Slovic, 2010). Given this, we expect to find:

Hypothesis 1: Victim identifiability is positively related to empathetic attitudes and helping behaviors.

While attitudes are routinely treated as a primary step on the path to behavior (Ajzen, 1991), individuals sometimes engage in behavior that is inconsistent with their attitudes (Ajzen & Fishbein, 1977). Attitude-behavior inconsistencies may be more pronounced in domains that are normative in nature (c.f., Batson et al., 1999). For example, Tassy et al. (2013) demonstrate that one’s judgments about the moral acceptability of specific behaviors (e.g., sacrificing one life to save a greater number of lives) do not always predict that person’s intention to engage in those behaviors. Similar discrepancies have been demonstrated for cheating, cooperative behavior, and charitable donations (Teper, Inzlicht, & Page-Gould, 2011). Research documents a weak correlation between empathetic attitudes and volunteering, charitable giving, and blood donation (Einolf, 2008), as well as incongruity between the number of individuals endorsing donations

and actual donation behavior (c.f., Anker et al., 2010; Dovidio, Piliavin, Schroeder, & Penner, 2006; Giles et al., 2004). Based on this research, and given that individuals should behave more rationally when behavioral responses—that require more deliberative thought—are elicited (Small, Loewenstein, & Slovic, 2007), we predict that:

Hypothesis 2: Victim identifiability will have a stronger effect on empathetic attitudes than on helping behaviors.

Ample research in this area suggests that characteristics of the victims being evaluated as well as aspects of the issue affecting them are likely to moderate the direct effects we propose in Hypothesis 1 and Hypothesis 2 (c.f., Kogut & Kogut, 2013; Smith, Faro, & Burson, 2013). In fact, Jenni and Loewenstein (1997) experimentally examined the moderating impact of four variables to the IVE—vividness of the victim, proportion of the reference group that can be saved, certainty of the event occurring, and whether the event was evaluated *ex post* or *ex ante*. While their work suggests only event certainty and proportion of the reference group being helped impose boundary conditions on the IVE, their findings are based on only two studies that explicitly manipulate these variables. A notable strength of meta-analysis lies in the ability to code and assess the analytic impact of variables—that were both explicitly and unintentionally manipulated—over time and across numerous studies (Cooper & Hedges, 2009; Viswesvaran & Sanchez, 1998; Wolf, 1986). We expand Jenni and Loewenstein’s (1997) work by examining additional variables relating to the victim and the issue in research investigating the IVE that could be systematically coded and empirically examined in our meta-analysis. In the section that follows, we describe these variables and offer predictions about how each should moderate the IVE.

Vividness of the victim. Research examining the IVE typically features a between-subjects design in which subjects evaluate an identified (unidentified) individual (group of people) in need of assistance (c.f., Small & Loewenstein, 2003). In these studies stimulus materials vary considerably in terms of their *vividness*³, such that identified victims are generally depicted in a manner that is more vivid, contextualized, and visceral than information about unidentified victims—which is relatively decontextualized and aggregated over various contexts, situations, and individuals. That is, information about identified victims is anecdotal in nature, and thus more “concrete, more imagery provoking, and more colorful than statistics that are often abstract, dry, and pallid” (Baesler & Burgoon, 1994, p.585). Scholars have suggested that a high degree of victim identifiability invokes a vividness effect (Jenni & Loewenstein, 1997), wherein more vivid information serves as a heuristic cue and can be more persuasive and memorable than non-vivid information (Nisbett & Ross, 1980; Taylor & Thompson, 1982). Prior research supports this notion, documenting differential processing of specific cases as compared to more general ones (Sherman, Beike, & Ryalls, 1999), primarily because the former are more emotionally engaging and personally relevant than the latter. So, an individual who is exposed to concrete, vivid details about an identified victim is likely to perceive this information as more relevant and analogous to direct experience than information about unidentified victims. Based on this rationale and convergent evidence, we predict the following:

Hypothesis 3: Vividness moderates the relationship between victim identifiability and key outcomes, such that the relationship is stronger for victims described in more vivid terms in comparison to less vividly depicted victims.

³Vividness is affected by both identifiability and singularity of victims in IVE studies; however, since there is no variance on singularity in the studies comprising our meta-analytic database (because each study includes a singular condition), we focus our discussion on how identifiability increases vividness.

Sympathy evoked by the victim. IVE victims may also differ in the degree to which they elicit *sympathy*—also referred to as compassion, empathetic concern, or affective empathy (Batson, 2011). Researchers generally agree that sympathy motivates helping behavior, and that fewer (more) victims seem to elicit greater (less) sympathy (Slovic, 2007). Vastfjall, Slovic, Mayorga, and Peters (2014) call our woefully limited capacity to feel sympathy for groups of people in need “compassion fade,” and demonstrate lower emotional responsiveness to even two endangered victims as compared to a single, identified victim. Other research shows an attenuation of compassion from one to three victims (Schmidt & Wilson, 2011) and one to eight victims (Kogut & Ritov, 2005). While we do not debate this unfortunate tenet of prosocial behavior (c.f., Fetherstonhaugh, et al., 1997), it is interesting to note that IVE studies demonstrating such effects vary considerably in their presentation of victims and the degree to which they are likely to stimulate compassion among others. Studies featuring victims who are merely the recipients or opponents in an experimental game (Gino, Shu, & Bazerman, 2009; Ritov & Kogut, 2014) are likely to evoke less sympathy among subjects. In contrast, greater compassion should be generated by subjects who are asked to help hungry Indian families (Deshpande & Spears, 2012) or an orphanage in Africa (Genevsky, Vastfjall, Slovic, & Knutson, 2013). Because greater sympathy is thought to be associated with more concrete mental imagery and focal attention (Dickert & Slovic, 2009), as well as stronger behavioral responses (Damasio, 1994)—and “feeling more is assumed to be related to helping more” (Erlandsson, Björklund, & Bäckström, 2014, p.2)—we propose that:

Hypothesis 4: Sympathy moderates the relationship between victim identifiability and key outcomes, such that the relationship is stronger for victims who evoke more sympathy in comparison to less sympathetic victims.

Responsibility of the victim. In many—but not all—IVE studies, the victims are sick innocent children and thus respondents are not likely to assume their suffering could have been avoided by some preventative measure (c.f., Kogut & Ritov, 2005a). However, in some cases, victims are portrayed as responsible for their plight (c.f., Kogut, 2011; Small & Lowenstein, 2005). Brickman, Rabinowitz, Karuza, Coates, Cohn, & Kidder (1982) point to a natural human tendency to rationalize suffering by blaming the victim (i.e., “belief in a just world”), and contend that helping behavior is contingent upon a donor’s subjective beliefs about the victim’s responsibility for his/her own fate. Further, an individual is likely to perceive a given situation as justifiable—and victims as more responsible for, or deserving of, their plight—when victims possess certain characteristics (e.g., an adult versus a baby) and when a specific victim is identified. To illustrate, Kogut (2011) demonstrates that when it is possible to blame the victim for his or her predicament (e.g., a young man with AIDS who contracted the disease through drug use or a unemployed single mom facing eviction), identification has a deleterious impact on perceptions of the victim and hinders helping. Thus, we expect to find that:

Hypothesis 5: Responsibility moderates the relationship between victim identifiability and key outcomes, such that the relationship is weaker for victims portrayed as more responsible for their plight in comparison to less responsible victims.

Similarity of the victim. A substantial body of work demonstrates greater willingness among potential donors to help relatable victims (c.f., Ritov & Kogut, 2011). Victims who are perceived as belonging to a person’s same social group induce feelings of closeness and responsibility and increase emotional responses to their distress (Brewer & Gardner, 1996; Dovidio, Allen, & Schroeder, 1990). Recent research on group perception elucidates this

favoritism toward in-group members, suggesting that individuals perceive out-groups as socially distant (Trope, Liberman, & Wakslak, 2007) and less abstractly, differentiated, structured, and predictable than in-groups (Bar-Anan, Liberman, & Trope, 2006). Interestingly, such perceptions—and related behavioral responses—are more pronounced when the victim is identifiable. Kogut & Ritov (2007) document an increase in helping behavior when the victim is a single individual who is believed to belong to one's in-group. Similarly, Ein-Gar and Levontin (2013) show that willingness to donate to a specific person in need is higher among donors who are socially close to the donation target. Based on this theorizing and empirical research, we offer the following prediction:

Hypothesis 6: Similarity moderates the relationship between victim identifiability and key outcomes, such that the relationship is stronger for victims portrayed as more similar to potential donors in comparison to less similar victims.

Certainty of the issue. The issues depicted in IVE studies exhibit substantial variability in terms of their *certainty*. Statistical deaths—which are probabilistic by nature—are distinguished by IVE researchers from identifiable deaths, which are usually certain to occur (Jenni & Loewenstein, 1997). In this body of work, it is important to note that: (1) not all studies involve life and death consequences (see *Severity* below); and, (2) not all victims described in these studies are certain to contract the illness or suffer the associated consequences. Some studies depict issues of lower certainty, in that the connection of the victim or group of victims to a particular problem is less clear. To illustrate, neither the victims in Ein-Gar and Levontin's (2013) study soliciting help for a new immigrant student with assimilation, nor those in Kogut and Ritov's (2005b) study seeking funding for a student enrichment program seem especially likely to need assistance with these issues. Other studies feature scenarios characterized by high

issue certainty, describing a sick child who has been diagnosed with a specific condition and needs a particular treatment (Kogut & Ritov, 2005a; Jenni & Loewenstein, 1997; Kogut & Kogut, 2013). Empirical research guided by construal level theory (Lieberman & Trope, 1998) suggests that as the probability of a victim experiencing an issue increases, donors are likely to view the situation more concretely and focus on the “how” aspects of the appeal (“how am I getting it?”), rather than the “what” aspects (“what am I getting?”) of the solicitation. When this is the case, donors should emphasize feasibility over desirability in evaluating solutions—and express greater support for an identified victim than a group of victims (i.e., a seemingly more feasible but less desirable approach to helping).

Hypothesis 7: Certainty moderates the relationship between victim identifiability and key outcomes, such that the relationship is stronger for events portrayed as more certain to occur in comparison to less certain events.

Chronicity of the issue. IVE studies explore a wide array of issues, ranging from problems caused by acute loss to those reflective of chronic misfortune. Some researchers portray an issue as a function of an isolated event or solitary occurrence, as when support is solicited for the rehabilitation of individuals injured in a car accident (Ein-Gar & Levontin, 2013) or for individuals affected by a flood in Zambia (Friedrich and McGuire, 2010). In other work, victims suffer from a chronic or recurring problem, as is the case with hungry children in Africa (Dickert, Kleber, Peters, & Slovic, 2011) or children with a potentially life-threatening disease (Dickert & Slovic, 2009). Only Small (2010) directly manipulates issue *chronicity*, demonstrating that subjects are generally more responsive to an identifiable victim of loss than to victims of continuing, chronic conditions. These differential responses may occur because the acuteness of the issue heightens the tangibility of the victim in need (Cryder & Loewenstein,

2012) and increases donors' perceptions that their contribution will have an impact (Cryder, Loewenstein, & Scheines, 2013). This theorizing finds support in recent research demonstrating a reluctance to help when respondents encounter information about victims that cannot be helped—a phenomenon referred to as “pseudoinefficacy” (Vastfjall, Slovic, & Mayorga, 2015). Greater responsiveness toward victims of acute loss is also consistent with Duncan's (2004) “theory of impact philanthropy,” which asserts that a donor receives utility from personally “making a difference” and is motivated *not* just by the act of giving itself, but also by the direct result of his donation on the recipient's welfare. Atkinson (2008) extends this theory in his “identification model,” suggesting that potential donors visualize a single recipient of the donation. Because more tangible, identified victims of nonrecurring problems are easier to visualize, and donations to such victims are likely to be perceived as more impactful, we predict:

Hypothesis 8: Chronicity moderates the relationship between victim identifiability and key outcomes, such that the relationship is weaker for events portrayed as more chronic in nature in comparison to less chronic events.

Severity of the issue. Another differentiating characteristic of IVE studies is the gravity of consequences associated with issues affecting victims (Rogers, 1983). Victims in some IVE studies encounter issues with potentially dire outcomes—like children in Darfur who are suffering from malnutrition, unsanitary living conditions, and exposure to life-threatening diseases (Cameron & Payne, 2011), or passengers in vehicles without anti-locking brakes (Friedrich, Chapin, Dawson, Garst, & Kerr, 1999). Victims in other IVE experiments face far less severe threats, such as not receiving an Amazon gift certificate (Cryder & Loewenstein, 2012) or candy gift (Kogut, Slovic, & Vastfjall, 2014b) from winners in an experimental game. In persuasion research more severe threat appeals typically elicit adaptive, protective responses

(Donovan & Henley, 2000), trigger emotional reactions and reduce maladaptive behaviors, and even enhance donation intentions (Basil, Ridgway, & Basil, 2007). Information about a severe threat, when coupled with details about a particular victim at risk, can evoke even stronger responses. In healthcare, examples abound of medical professionals invoking a “rule of rescue” (Jonsen, 1986) and taking action to rescue identifiable individuals facing avoidable death—ignoring general healthcare injunctions to save as many lives as possible with scarce resources (Cookson, McCabe, & Tsuchiya, 2008) and forgoing cost-effectiveness mandates (McKie & Richardson, 2003). Similarly, we expect to find that:

Hypothesis 9: Severity moderates the relationship between victim identifiability and key outcomes, such that the relationship is stronger for events associated with more severe consequences in comparison to less severe events.

Method

Database Development

To identify studies exploring the identifiable victim effect (IVE), we first searched a variety of electronic databases (including ABI/INFORM, Business Source Complete, Google Scholar, ProQuest Digital Dissertations, PsycINFO, and SSRN) using the following key words: *identifiable victim effect, identifiability bias, identified victim, compassion fade, compassion fatigue, collapse of compassion, and psychophysical numbing*. We also conducted a manual search of articles appearing in the following journals beginning in 1997⁴: *Journal of Applied Psychology, Journal of Behavioral Decision Making, Journal of Consumer Psychology, Journal of Consumer Research, Journal of Experimental Psychology, Journal of Experimental Social*

⁴ This start date corresponds to the publication of seminal work on the IVE by Jenni & Loewenstein (1997), which inspired a spate of empirical studies exploring the phenomenon.

Psychology, Journal of Personality and Social Psychology, Journal of Risk and Uncertainty, Judgment and Decision Making, and Organizational Behavior and Human Decision Processes.

The reference list of each article found through these means was reviewed to identify additional relevant articles cited in these papers. Finally, to identify papers potentially missed in our earlier data collection efforts, we contacted the authors of each of these papers for file-drawer studies. This process yielded 59 potentially relevant studies available through January 2015.

Papers were included in our meta-analytic database if they met the following criteria. First, although “compassion fade” research also envelopes work exploring psychophysical numbing, magnitude insensitivity, and proportion dominance effects (c.f., Dickert, Västfjäll, & Slovic, 2015; Markowitz et al., 2013), only empirical studies that investigated the identifiable victim effect were included in the current meta-analysis. We made this determination based on operationalization differences in these studies, and accepted meta-analytic procedures that caution against “comparing apples to oranges” (see Eysenck, 1978; Sharpe, 1997). Second, because our focus is on the IVE, we excluded studies where the “fewer” condition of victims was more than one person (c.f., Dunn & Ashton-James, 2008; Fetherstonhaugh et al., 1997). Third, our interest in the relationship between the IVE and prosocial behavior/helping necessarily limited our scope to papers with empathetic attitudes toward the victim (including papers measuring sympathy, empathy, concern, caring, distress, and general attitudes toward the victims) and helping behavior (including intentions to help or donate time or money, as well as actual monetary and nonmonetary donations) as their dependent variables. Fourth, we excluded papers that did not report a correlation for the IVE or sufficient information for calculating a zero-order effect size (see Glass, McGaw, & Smith, 1981; Janiszewski, Noel, & Sawyer, 2003). In total, 40 relevant papers met these criteria and were thus deemed appropriate for inclusion in

our meta-analysis (32 journal articles, two dissertations, and six unpublished data sets).⁵ These studies report a total of 143 correlations and include 225,193 individual observations.

Coding Procedures

Two of the authors coded or calculated the point biserial correlation coefficient for each observation. This metric is appropriate for the current research given the dichotomous nature of the independent variable and continuous nature of outcomes measured in the original studies. Further, using correlations facilitates interpretation and meaningful comparison across effect sizes reported in the IVE literature (Hunter & Schmidt, 2004). When a study reported statistics for multiple outcomes, the effect sizes were averaged together to avoid inflation of that study's sample size (Cheung & Chan, 2008; Eatough, Chang, Miloslavic, & Johnson, 2011). Further, to account for the relatedness among effect sizes, we employed the adjusted-weighted procedure (Cheung & Chan, 2004, 2008) to calculate the adjusted sample size, which was then used as the sample weight for the sample-weighted average effect size.

In addition to coding or calculating the correlation for each IVE reported, several variables pertinent to our research hypotheses were also independently coded by two expert judges who were blind to the hypotheses.⁶ We identified seven variables that are theoretically justifiable as potential moderating factors that could be coded from the studies comprising our meta-analytic database. Judges were provided with verbatim excerpts from each paper detailing the victims and event/issue in each study. To code the *vividness* of victims, judges first recorded which of the following pieces of information was provided in a study's stimulus materials for each treatment condition: name; age; geographic location; photograph; and, other individuating

⁵ The papers comprising our meta-analytic database are **bolded** in the References section of this manuscript.

⁶ For coding by both authors (97.2%) and expert judges (95.8%) inter-coder agreement was high, and discrepancies were rectified through discussion, reference to the coding scheme, and confirmation from a third independent referee.

information. When authors provided a victim's photograph and or any other information (c.f., Markowitz, Slovic, Vastfall, & Hodges, 2013) the study was coded as "high" in victim vividness; studies providing no information or any one detail besides a photograph were coded as "low" (c.f., Gino, Shu, & Bazerman, 2009). Judges also coded whether victims seemed more (e.g., Smith, Faro, & Burson, 2013) or less (e.g., Lesner & Rasmussen, 2014) *responsible* for their predicament, and the degree to which the victim was perceived to be high (e.g., Rubaltelli & Agnoli, 2012) or low (Cryder & Loewenstein, 2012) in terms of the *sympathy* they evoked among potential donors. Our coding scheme also included victims' *similarity* to the sample in each study (high similarity: Sah & loewenstein, 2012; low similarity: Cameron & Payne, 2011). Additionally, using the information available for each study, judges coded the degree to which the problem was more *chronic* (e.g., Dickert, 2008) or acute (e.g., Ein-Gar & Levontin, 2013), more (e.g., Friedrich & McGuire, 2010) or less (Hsee & Rottenstreich, 2004) *certain* to occur, and high (Kohn, Rubenfeld, Levy, Ubel, & Halpern, 2011) or low (Small & Loewenstein, 2003) in terms of *severity*. We treat these variables relating to the victim and the event as theoretical moderators and test specific predictions regarding how their interplay impacts the IVE.

We also included several sample characteristics, recording whether respondents were students or nonstudents, were from the U.S. or another country, and included relatively more (less) females. Given that these factors are less theoretically interesting and practically important, we included them in our GLS regression (see Lynch, 1982; Peterson, 2001) as control variables, but focus our discussion around the substantive theoretical moderators featured in our hypotheses.

Overview of Meta-analytic Procedures

We employed meta-analytic techniques prescribed by Hunter and Schmidt (2004). We first transformed reported statistics such as means, standard deviations, t tests, and F tests into correlations (r). We adjusted for unreliability in observed correlations due to measurement error in the outcome variables and then imputed sample-weighted means of corrected correlations (r_w). For studies that did not report reliabilities, we imputed reliability from the sample-weighted mean reliability of studies with the same construct. Results were then averaged across all studies to ensure that sampling error is accounted for in the estimate of the overall IVE effect. From this, we calculated the average study variance (var_t) and an estimate of the heterogeneity (i.e., chi-square statistic) across observed effect sizes within our dataset to ascertain the amount of variance within our observed effects that is explained by sampling error and study artifacts (Hunter & Schmidt, 2004).

To help interpret the significance of the correlations, we computed the 95% bootstrapped confidence interval (CI_{BS}) and the 80% credibility interval (CV) for each IVE relationship. Since collective data often violate the distributional assumptions of parametric tests, the use of bootstrapped confidence intervals that are based on a non-parametric distribution is appropriate and provides a more powerful estimate than traditional confidence intervals (Rosenberg, Adams, & Gurevitch, 2000). While some meta-analyses report either confidence intervals (c.f., Ernst Kossek & Ozeki, 1998) or credibility intervals (c.f., Vinchur, Schippmann, Switzer, & Roth, 1998), we report both because each provides different information about the nature of the correlations: confidence intervals estimate variability in the mean correlation, while credibility intervals estimate variability in the individual correlations across the studies. Confidence intervals provide an estimate of the variability around the estimated mean correlation, with a 95% CI_{BS} excluding zero indicating the researcher can be 95% confident the average true

correlation is non-zero. Credibility intervals provide an estimate of the variability of individual correlations, with an 80% *CV* excluding zero indicating that 90% of the individual correlations in the meta-analysis exclude zero (with 10% at zero or less and 10% at or beyond the upper bound of the interval).

Finally, although unpublished papers constitute 20% of our meta-analytic database, we also calculated the fail-safe sample size (N_{FS}) to assess the possibility of publication bias or a “file-drawer” problem (Rosenthal, 1979). This statistic estimates the number of unpublished studies with an effect size of zero that must exist to render the observed effects non-significant at the $\alpha = .05$ level (Janiszewski et al., 2003), with a larger N_{FS} value conveying greater confidence in the robustness of results obtained.

Moderator Analyses

To explore the influence of moderators in explaining the IVE, a weighted generalized least squares (GLS) regression approach was employed (Geyskens et al., 1999; Lipsey and Wilson, 2001). We used the following equation to estimate the impact of our proposed moderators on each IVE effect separately:

$$\beta^* = (X'\Sigma^{-1}X)^{-1}X'\Sigma^{-1}d$$

where d is the transformed correlation associated with the IVE effect coded from the dataset (Raudenbush, Becker, and Kalaian 1988), X is the matrix of moderators hypothesized to influence these effects (and included both theoretical context and our control moderators together), and Σ is a diagonal vector of the variance assigned to each observation (from the sample size of each study included in our dataset).

Results

Main Effects

In this section we present the meta-analytic results for overall effects of the identified victim effect (IVE). Table 1 provides an overview of the main effects associated with the IVE, for both empathetic attitudes and helping behaviors.

Insert Table 1 about here

As shown, the correlation between identifiability and empathetic attitudes is $-.0288$. (The uncorrected correlation is $-.0917$). This effect size is small (Rosenthal and Rosnow, 2008) and insignificant ($CI_{BS} = -.1167 - .0465$), suggesting that the attitudinal and emotional responses of potential donors are directionally stronger when the victim is an identified individual versus an unidentified group of individuals. The fail-safe sample size ($N_{FS} = 535$) indicates the file-drawer effect is not an issue for this relationship. Although—contrary to Hypothesis 1—the IVE is not significantly associated with attitudes and emotions toward the victim(s), the significant heterogeneity present within the dataset [$\chi^2(48) = 387.982, p < .01$] necessitates an examination of variables that may moderate this relationship.

The correlation between the IVE and helping behaviors is $-.1172$. (The uncorrected correlation is $-.0748$). Consistent with Hypothesis 1, the 95% bootstrapped confidence interval around the mean correlation ($-.1261 - -.0259$) indicates that this effect size is small but significant, and suggests that the behavioral responses of potential donors are significantly stronger when the victim is an identified individual versus a group of unidentified individuals. Rosenthal's Fail-safe sample size ($N_{FS} = 9,436$), suggests that no publication bias exists. Given the heterogeneity present within the dataset [$\chi^2(94) = 2,334.379, p < .01$], an examination of key moderators to the relationship between IVE and helping behaviors is warranted.

Hypothesis 2 predicted that the victim identifiability→empathetic attitudes relationship would be stronger than the identifiability→helping behaviors relationship. The above results (i.e., a significant IVE for behavioral but not attitudinal responses) fail to support this hypothesis.

Moderator Results

The multivariate tests of the hypothesized moderator effects are discussed below. The generalized least squares (GLS) regression results presented in Table 2 reveal that the correlations observed in prior research between the IVE and both behavioral and attitudinal outcomes are significantly impacted by the moderator variables as hypothesized.

Insert Table 2 about here

In addition to the GLS, we also performed post-hoc univariate analyses when sufficient information was available, to further illuminate the nature of the impact each moderator had on the relationship between IVE and key outcomes. Table 3 provides an overview of these post-hoc analyses. In the sections that follow, we report results of the GLS analysis for each hypothesis we proposed, as well as the corresponding findings from our post-hoc univariate analyses for GLS moderators.

Insert Table 3 about here

According to Hypothesis 3, the IVE will be more pronounced when the individual victim is more vivid than the comparison group of victims. Results indicate that studies featuring more vivid individual victims are significantly different than those studies featuring individual victims who are equally or less vivid than the comparison group of victims for both helping behaviors ($\beta = .052, Z = 3.339, p < .01$) and empathetic attitudes ($\beta = .103, Z = 3.183, p < .01$). In support of

Hypothesis 3, post-hoc analyses reveal that the correlation between the IVE and outcomes is significantly greater when a more vivid individual victim is portrayed ($r_{\text{helping behaviors}} = -.1180$; $r_{\text{empathetic attitudes}} = -.1174$), as compared to those featuring less vivid groups of victims ($r_{\text{helping behaviors}} = -.1004$; $r_{\text{empathetic attitudes}} = .0195$).

Results provide partial support for Hypothesis 4, which predicts a stronger identifiable victim effect for victims who elicit greater sympathy. Interestingly, the sympathy evoked by victims is *not* a significant moderator of the IVE on helping behaviors ($\beta = .0004$, $Z = .019$, $p \geq .1$), although univariate results suggest that—as expected—when victims are more sympathetic correlations between the IVE and behaviors are stronger ($r_{\text{helping behaviors}} = -.1197$) than when less sympathy-evoking victims are featured ($r_{\text{helping behaviors}} = -.0114$). Victim sympathy does moderate the relationship between identifiability and empathetic attitudes ($\beta = .216$, $Z = 3.077$, $p < .01$). As predicted, correlations for studies featuring more sympathetic victims ($r_{\text{empathetic attitudes}} = -.1397$) are significantly stronger than those depicting victims that evoke less sympathy ($r_{\text{empathetic attitudes}} = .0072$).

Consistent with Hypothesis 5—which predicts a weaker IVE for victims who are perceived as responsible for their plight—IVE effects vary significantly according to victim responsibility for both helping behaviors ($\beta = .098$, $Z = 4.198$, $p < .01$) and empathetic attitudes ($\beta = .181$, $Z = 3.558$, $p < .01$). In support of Hypothesis 3, post-hoc analyses reveal that the correlation between the IVE and outcomes is significantly weaker when victims are perceived as responsible for the problems they face ($r_{\text{helping behaviors}} = .0317$; $r_{\text{empathetic attitudes}} = .0007$), as compared to when they appear to bear no blame ($r_{\text{helping behaviors}} = -.1194$; $r_{\text{empathetic attitudes}} = -.0324$).

Hypothesis 6 predicts a stronger IVE when victims are more similar to potential donors; this prediction is not supported for either outcome. Victim similarity is a significant moderator of the IVE-helping behaviors relationship ($\beta = .114, Z = 7.393, p < .01$); however, counter to our expectations, univariate results suggest that the IVE is stronger for less similar ($r_{\text{helping behaviors}} = -.1235$)—not more similar ($r_{\text{helping behaviors}} = -.0073$)—victims. Victim similarity does not significantly moderate the IVE-empathetic attitudes relationship ($\beta = .042, Z = .926, p \geq .1$), and univariate results suggest that the IVE is also directionally stronger for less similar victims ($r_{\text{empathetic attitudes}} = -.0667$), in comparison to more similar victims ($r_{\text{empathetic attitudes}} = -.0136$). Thus, results for both helping behaviors and empathetic attitudes contradict Hypothesis 6.

According to Hypothesis 7, an event that is more certain to occur should be associated with stronger IVE effects; we find partial support for this prediction. Our results indicate that whether studies depict issues which seem certain to occur accounts for differences present within the observed effect sizes for IVE relationships; however, this variable is a significant moderator for empathetic attitudes ($\beta = .061, Z = 2.041, p < .05$), but not helping behaviors ($\beta = .016, Z = .905, p \geq .01$). Results from post-hoc analyses are consistent with our expectations, that, compared to issues that are unlikely to be problematic ($r_{\text{helping behaviors}} = -.0188; r_{\text{empathetic attitudes}} = -.0007$), IVE correlations are stronger for events that are likely to occur ($r_{\text{helping behaviors}} = -.1228; r_{\text{empathetic attitudes}} = -.0865$).

Inconsistencies across the observed IVE correlations can also be explained by differences in the chronicity of issues described in the original studies. Consistent with Hypothesis 8—which predicts a stronger IVE for more acute events—IVE effects vary significantly according to issue chronicity for both helping behaviors ($\beta = .053, Z = 3.251, p < .01$) and empathetic attitudes ($\beta = .511, Z = 7.702, p < .01$). In support of Hypothesis 6, post-hoc analyses indicate that the

correlation between the IVE and outcomes is significantly stronger when issues are acute ($r_{\text{helping behaviors}} = -.1220$; $r_{\text{empathetic attitudes}} = -.2030$), as compared to recurring issues ($r_{\text{helping behaviors}} = -.0353$; $r_{\text{empathetic attitudes}} = -.0173$).

Finally, Hypothesis 9 predicts stronger IVE effects for more severe issues; we find only weak support for this prediction. Issue severity significantly moderates neither the IVE-helping behaviors relationship ($\beta = .005$, $Z = .221$, $p \geq .01$), nor the association between identifiability and empathetic attitudes ($\beta = .059$, $Z = 1.160$, $p \geq .01$). However, univariate results for both dependent variables provide directional support for our prediction. For helping behaviors, we observe stronger IVE correlations for more severe issues ($r_{\text{helping behaviors}} = -.1187$) and weaker IVE correlations for less severe issues ($r_{\text{helping behaviors}} = -.0688$). Similarly, for empathetic attitudes, studies portraying less severe issues are associated with weaker effects ($r_{\text{empathetic attitudes}} = -.0136$) while correlations are stronger for studies featuring more severe issues ($r_{\text{empathetic attitudes}} = -.1233$).

Although we offered no predictions about the impact of methodological-related control variables on IVE effects, results suggest that some of the variance in observed correlations can be attributed to differences in the samples used in studies comprising our dataset. IVE effects were significantly different for studies utilizing student versus nonstudent samples ($\beta_{\text{helping behaviors}} = .086$, $Z = 5.131$, $p < .01$; $\beta_{\text{empathetic attitudes}} = .054$, $Z = 1.934$, $p < .05$), a higher versus lower proportion of female subjects ($\beta_{\text{helping behaviors}} = .005$, $Z = 6.576$, $p < .01$; $\beta_{\text{empathetic attitudes}} = .004$, $Z = 3.159$, $p < .01$), and studies with U.S. respondents versus international respondents ($\beta_{\text{helping behaviors}} = .040$, $Z = 2.802$, $p < .01$; $\beta_{\text{empathetic attitudes}} = .189$, $Z = 4.880$, $p < .01$). Significantly stronger correlations between the IVE and behaviors were observed in studies with samples comprised of nonstudents ($r_{\text{nonstudents}} = -.1186$ versus $r_{\text{students}} = -.0910$), a lower proportion of females (r_{fewer}

females = $-.1205$ versus $r_{\text{more females}} = -.0848$), and international subjects ($r_{\text{international}} = -.1229$ versus $r_{\text{U.S.}} = .0040$). For the IVE-attitudes relationship, significantly stronger correlations were observed in studies with samples comprised of students ($r_{\text{students}} = -.0430$ versus $r_{\text{nonstudents}} = -.0107$), a higher proportion of females ($r_{\text{more females}} = -.0994$ versus $r_{\text{fewer females}} = -.0022$), and international subjects ($r_{\text{international}} = -.0442$ versus $r_{\text{U.S.}} = .0244$).

Discussion

Over the last thirty years a burgeoning interdisciplinary stream of research has emerged on the identifiable victim effect (IVE); however, the multiplicity of possible mechanisms of, moderators to, and outcomes affected by victim identifiability has hindered the creation of a cogent knowledge base in the area. The present study conducts a meta-analysis of all includable assessments of the IVE since 1997 in an attempt to integrate this body of work. We find evidence that, overall, victim identifiability significantly increases the incidence of helping behavior, but not empathetic attitudes. However, there appears to be considerable variation in reported findings, attributable to features of the victims and issues portrayed in original studies, as well as characteristics of the samples and methods employed. Our analysis of 144 effect sizes derived from 225,193 observations in forty studies enables us to more definitively describe the conditions under which potential donors are likely to favor an identified victim over a group of statistical victims, and when the IVE becomes more problematic.

Overall, victim identifiability does *not* significantly affect empathetic attitudes. While this news is encouraging—given that a significant IVE is indicative of biased judgments in evaluating and responding to victims in need—an examination of moderator results suggests that potential donors are significantly more responsive to an identified victim who is vividly depicted, evokes sympathy, and is perceived as blameless in the situation. The IVE also becomes more

pronounced for empathetic attitudes when the issue or problem is certain to occur, acute in nature, and associated with severe consequences. Overall, victim identifiability *does* exert a significant impact on helping behaviors. The IVE is stronger for behavioral responses in studies featuring vivid victims who are not perceived as responsible for their plight or similar to the potential donor. Acute events that are associated with severe consequences also elicit a stronger identifiable victim effect for helping behaviors. Taken together, these results shed light on observed disparities in human generosity, and suggest that practitioners developing promotional messages meant to elicit prosocial attitudes and behaviors toward a group of people in need will face resistance when the dilemma is chronic in nature and is not associated with threatening consequences. Those tasked with crafting charitable appeals should also take into account that identified victims are likely to be more compelling than a group in need when those individuals are vividly depicted and portrayed as not being responsible for their plight.

The disparity between the IVE for empathetic attitudes and helping behaviors revealed by our meta-analytic findings is important, because it suggests that the identifiability bias (Hammit & Treich, 2007) is most detrimental to behavioral responses. While researchers in the prosocial domain commonly bemoan the fact that positive attitudes rarely translate into donation behaviors (c.f., Anker, Feeley, & Kim, 2010), our analyses show attitude-behavior inconsistency in the opposite direction for the IVE effect. In contrast to the insignificant IVE effect for nonbehavioral responses, when potential donors are asked to take action (i.e., donate time or money or indicate their behavioral intentions), their propensity to help an identified victim increases. This finding is consonant with a nascent model of philanthropic motivation called “impact philanthropy,” which suggests that potential donors are inspired by their desire to personally ‘make a difference’ in the recipient’s welfare (Duncan, 2004) and have a natural tendency to visualize a single recipient of

their donations (Atkinson, 2008; Cryder, Loewenstein, & Scheines, 2013). Implied herein is the need for promotional literature that explicitly states how donations will impact recipients at an individual level, regardless of how many victims comprise the group in need.

Interestingly, the identification of sympathy elicited by the victim(s) as a significant moderator to the relationship between victim identifiability and empathetic attitudes—but not the relationship between victim identifiability and helping behaviors—suggests that different mechanisms might drive the IVE, depending on which outcome is measured. This interpretation of our meta-analytic results finds support in recent work by Erlandsson, Björklund, & Bäckström (2015), who suggest that different contextual factors—including distress and sympathy toward the victims, perceived impact of helping, and perceived responsibility to help—mediate different helping effects. Similarly, Warren & Walker (1991) show that perceived effectiveness of helping affects behavior while empathy does not. In the current research, it appears as though greater sympathy for an identified victim heightens the impact of identifiability on empathetic attitudes, whereas greater perceived impact intensifies the IVE for helping behaviors. While our moderator analysis validates the identifiability→sympathy→empathetic attitudes relationship, difficulty in coding perceived impact from information reported in the studies comprising our meta-analytic database prohibited us from examining the identifiability→perceived impact→helping behaviors relationship. We leave this undertaking to future research.

Limitations and future research

The results of our analyses are subject to the innate limitations of the meta-analytic technique. As with any meta-analysis, in spite of our best efforts, we could not include all studies and constructs in the IVE literature because of a lack of information necessary for the calculation of effect sizes. Second, we were constrained by the data available in the published studies that

we were able to obtain. In some cases, we did not have access to the information necessary to transform empirical results into a usable metric for inclusion in our analysis. Thus, our work should be considered a summary of the most commonly studied IVE variables, rather than an exhaustive list of moderators and theoretical mechanisms. Third, the studies comprising our dataset are correlational; causal interpretations should be made with caution. Although the present meta-analysis revealed several moderators of the relationship between identifiability and both empathetic attitudes and helping behaviors, it cannot explicitly address why or how these effects occurred.

Additionally, while we limited the scope of the current meta-analysis to the identifiable victim effect, we recognize that it is regarded as an instance of *compassion fade*—diminished empathy or affective sympathy toward groups of people in need (Dickert, Västfäll, & Slovic, 2015; Västfäll, Slovic, Mayorga, & Peters, 2014). In addition to the IVE, compassion fade is thought to conceptually encompass psychophysical numbing (Fetherstonhaugh, Slovic, Johnson, & Friedrich, 1997), magnitude insensitivity (c.f., Frederick & Fischhoff, 1998), and proportion dominance (Bartels, 2006; Slovic, 2007; Slovic, Finucane, Peters, & MacGregor, 2004). This vast literature would also benefit from a quantitative synthesis that takes into account differences across methodological paradigms used to explore compassion fade.

Our study yields key implications for conducting research in the prosocial domain, helps inform the practice of soliciting charitable donations, and highlights promising future research directions. One such avenue emanates from the surprising finding that the IVE is stronger for identified victims who are *dissimilar* to potential donors. Contrary to research showing a stronger IVE effect for similar victims (c.f., Ein-Gar & Levontin, 2013; Kogut & Ritov, 2007)—and counter to the more general demonstration that people are more willing to help ingroup members

than outgroup members (Dovidio, Gaertner, Validzic, Matoka, Johnson, & Frazier, 1997; Levine, Prosser, Evans, & Reicher, 2005; Yzerbyt, Dumont, Wigboldus, & Gordijm, 2003)—our meta-analysis reveals that potential donors are more responsive to identified victims who are *not* like themselves. An explanation for this result might be found in recent research conducted by Van Leeuwen (2007), who studied responses of Dutch participants to the Asian Tsunami of 2004. Van Leeuwen (2007) demonstrated that willingness to help outgroups depends on whether the ingroup is perceived to be under threat. (Importantly, none of the IVE studies in our meta-analytic database feature threatened ingroups.) Since solicitations to potential donors are often made on behalf of outgroup members from other regions of the world, this issue also warrants more scholarly investigation (Zagefka et al., 2011).

It is also important to note that most of the studies measuring behavioral outcomes in our meta-analysis actually assess imagined or intended helping behaviors (c.f., Rubaltelli & Agnoli, 2012), willingness to donate money to victims (Dickert et al., 2011; Hsee & Rottenstreich, 2004), or other behaviors in a laboratory context—as when subjects allocate winnings from a game (Kogut, Slovic, & Västfäll, 2014b; Slovic, & Västfäll, 2014c) or money earned for participation in the research or given to them by experimenters (Cryder & Loewenstein, 2012; Kogut, 2011). Notable exceptions include work by Lesner & Rasmussen (2014) and Sudhir, Roy, & Cherian (2014), which both involve natural field experiments using large direct mail solicitations to nonprofit charities. Lesner & Rasmussen (2014) find that a campaign letter focusing on one identifiable victim does not result in significantly larger donations than the campaign letter focusing on the statistical victim, whereas Sudhir, Roy, & Cherian (2014) find a significant IVE for donation rates, donations per mailing, and donation amount per donor. While extant experimental studies employing behavioral dependent variables have undoubtedly

contributed to our knowledge about the IVE, the dearth of research examining actual contributions in the “real world” is striking, as are the disparate findings reported in the two studies that *do* examine real donations made in response to charitable appeals. Given that our findings suggest the IVE is a more serious problem for helping behaviors, more research exploring such effects among actual donors making tangible contributions to victims and charities is needed.

Finally, while the control variables (i.e., sample composition, gender, and geography) in our meta-analysis were considered to be of limited theoretical and practical importance for the purposes of the present study, it should be noted that these variables did appear to affect results obtained in studies testing the IVE. Future research on the IVE could deal with these methodological concerns through a programmatic approach that seeks to replicate results in diverse settings with different methods, stimulus materials, and manipulations, and with a variety of samples.

Table 1
Main effect for IVE effects

	Number of samples (<i>k</i>)	Number of observations (N)	Mean correlation (<i>r</i>)	Weighted correlation (<i>r_w</i>)	Mean study variance (<i>var_i</i>)	95% Confidence Interval (<i>CI_{BS}</i>)	80% Credibility Interval (CV)	Unaccounted variance (χ^2)	Fail-safe sample size (<i>N_{fsR}</i>)
Empathetic attitudes	49	9,311	-.0917	-.0288	.0125	-.1167 .0465	-.2661 .2107	387.982*	535
Helping behaviors	95	215,882	-.0748	-.1172	.0090	-.1261 -.0259	-.2237 -.0072	2,334.379*	9,436

^aThe mean correlation is a simple average among all of the coded effect sizes reported for each relationship and is unweighted.

^bThe weighted correlation is the reliability-corrected, sample-size weighted mean correlation to account for sampling error.

* $p \leq .05$

Table 2**Moderator results for IVE correlations**

Factor	Behaviors	Attitudes
Victim vividness	.0524*	.1028*
Victim sympathy	.0004	.2161*
Victim responsibility	.0987*	.1818*
Victim similarity	.1143*	.0419
Issue certainty	.0163	.0611*
Issue chronicity	.0527*	.5119*
Issue severity	.0046	.0589
Sample composition	.0856*	.0542*
Sample geography	.0400*	.1896*
Sample gender	.0053*	.0049*

$p \leq .10$

Table 3
Weighted univariate results for moderators

	Number of samples	Number of observations	Mean effect size	Weighted variance
<i>Victim vividness</i>				
Behaviors				
Individual victim more vivid	50	206,845	-.1180	.0106
Individual victim not more vivid	45	9,037	-.1004	.0072
Attitudes				
Individual victim more vivid	23	6,001	-.1174	.0145
Individual victim not more vivid	26	3,310	.0195	.0107
<i>Victim sympathy</i>				
Behaviors				
Victim evokes more sympathy	64	210,838	-.1197	.0083
Victim evokes less sympathy	31	5,044	-.0114	.0103
Attitudes				
Victim evokes more sympathy	34	7,018	-.1397	.0146
Victim evokes less sympathy	15	2,293	.0072	.0077
<i>Victim responsibility</i>				
Behaviors				
Victim more responsible for problem	18	3,069	.0317	.0088
Victim less responsible for problem	77	212,813	-.1194	.0090
Attitudes				
Victim more responsible for problem	7	1,022	.0007	.0074
Victim less responsible for problem	42	8,289	-.0324	.0131
<i>Victim similarity</i>				
Behaviors				
Victim more similar to evaluator	48	11,827	-.0073	.0070
Victim less similar to evaluator	47	204,055	-.1235	.0110
Attitudes				
Victim more similar to evaluator	23	6,607	-.0136	.0063
Victim less similar to evaluator	26	2,704	-.0667	.0179
<i>Issue certainty</i>				
Behaviors				
Event more likely to occur	38	204,122	-.1228	.0069
Event less likely to occur	57	11,760	-.0188	.0104
Attitudes				
Event more likely to occur	21	3,062	-.0865	.0086
Event less likely to occur	28	6,249	-.0007	.0154

	Number of samples	Number of observations	Mean effect size	Weighted variance
<i>Issue chronicity</i>				
Behaviors				
Chronic issue	56	11,960	-.0353	.0092
Acute issue	39	203,922	-.1220	.0086
Attitudes				
Chronic issue	35	7,351	.0173	.0142
Acute issue	14	1,960	-.2030	.0082
<i>Issue severity</i>				
Behaviors				
More severe issue	57	209,577	-.1187	.0087
Less severe issue	38	6,305	-.0688	.0093
Attitudes				
More severe issue	41	8,017	-.1233	.0134
Less severe issue	8	1,294	-.0136	.0080
<i>Sample composition</i>				
Behaviors				
Student sample	73	10,550	-.0910	.0105
Nonstudent sample	22	205,332	-.1186	.0039
Attitudes				
Student sample	41	5,260	-.0430	.0140
Nonstudent sample	8	4,051	-.0107	.0046
<i>Sample geography</i>				
Behaviors				
U.S. sample	39	9,790	.0040	.0107
International sample	56	206,092	-.1229	.0078
Attitudes				
U.S. sample	35	7,238	-.0244	.0136
International sample	14	2,073	-.0442	.0098
<i>Sample gender</i>				
Behaviors				
Higher proportion of female subjects	49	19,671	-.0848	.0104
Lower proportion of female subjects	46	196,211	-.1205	.0074
Attitudes				
Higher proportion of female subjects	26	2,583	-.0994	.0180
Lower proportion of female subjects	23	6,728	-.0022	.0063

* $p \leq .05$

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Essay 3

Whose Responsibility Is It? Exploring the Differential Roles of Blame and
Responsibility in the Identifiable Victim Effect

Introduction

Dorothy Day is a renowned author, whose writings cover decades of social and political issues, including over seven hundred articles in *The Catholic Worker* newspaper from 1933 to 1980 (The Catholic Worker, 2016). A very important cause to her, that subsequently received much of her attention, was poverty and the homeless – a problem that is still widespread today. Consider for example, the current situation in New York City, which faces a political crisis over its 60,000 homeless people – most of whom are in shelters or on the street (Hampton, 2016). Hampton (2016) asserts that “Dorothy Day had a simple idea about the poor and homeless: We – me, you, everyone – should take care of them.” This statement suggests it is the shared responsibility of the public to help these individuals, and highlights an important issue that is a central consideration in any attempt to seek aid for the homeless and other charitable causes: Where does the responsibility to help lie?

According to Weiner’s (1980) model of attribution-emotion-action, there are three possibilities for the locus of responsibility: within the individual being asked to help (internal), within the individual in need of assistance (external), and within others (external). Weiner demonstrated that, when responsibility for the cause of need is internal (i.e., the person in need is lazy), helpers show decreased feelings of responsibility to help, and subsequently helping behaviors decrease. When responsibility for the cause of need rests with another individual, thereby removing responsibility from the person in need, helpers are more inclined to give help to the person in need. This model has become a dominant model for predicting individual helping behavior, with an array of empirical demonstrations across multiple studies and domains within the prosocial behavior literature (e.g. Bitner, 1990; Weiner, 1995; Andreasson & Lindestad, 1998). One domain of particular concern for the current research is that of

compassion fade – a seemingly irrational amount of concern and caring for an individual or small group when compared to large numbers of individuals who are affected by catastrophes (Slovic, 2010). This effect is prevalent in the literature (e.g., Cameron & Payne, 2011; Dickert, Sagara & Slovic, 2012; Kogut & Ritov, 2005). Recently, research has explored blame and responsibility, which have been shown to play an integral role in compassion fade (Lunt, Freling & Butts, forthcoming). For example, Cryder and Loewenstein (2012) show that when individuals are solely responsible for helping – as when a helper chooses not to provide aid and there is no option for anyone else to help including the individual in need – assistance to one individual was increasingly higher than the assistance given to a group of individuals. However, helper ascriptions of blame and/or responsibility for the victim’s condition have been shown to reverse this effect, as evidenced by individuals choosing to help an organization supporting young men with AIDS more than one identified young man with the same condition (Kogut, 2011a). It is evident that responsibility and blame play a key role in this area, but conflicting results and a limited number of studies investigating these variables highlight a need for more clarity in understanding exactly what role responsibility and blame play in decisions to help.

Importantly, responsibility is believed to have an effect on decisions to help or not; however, there appear to be two separate views of responsibility that are typically treated as the same in the extant literature. The first view of responsibility (see Kogut 2011a) is that of responsibility *for the condition*, which most closely mirrors Weiner’s (1980) attribution model. The second view of responsibility (c.f., Cryder & Loewenstein, 2012), which seems to more closely relate to Dorothy Day’s comments, involves the responsibility *for helping* in order to solve the problem created by the condition. To illustrate, consider reactions to seeing a homeless person panhandling. A potential helper might believe that “I have a job, why can’t you get a job

and help yourself?” Often individuals may feel that searching for the cause of the problem leads to finding the party responsible for providing the solution; however, there are more considerations that are taken when making judgments of responsibility (Brickman et al., 1982). The purpose of this study is to disentangle these related, yet distinct components of responsibility, and provide insights into how the responsibility of the individual to help him/herself affects the attitudes and intentions of potential helpers.

Blame and Responsibility

Before moving forward, it is important to distinguish between blame and responsibility, which are often used interchangeably. For example, in one of the few articles in the compassion fade domain that examine the role of responsibility in decisions to help⁷, Kogut (2011a) measures the amount that individuals blamed those in need for their condition; however, the manipulation was referred to as responsibility. This treatment of blame and responsibility interchangeably may be due to a proposition that while attributions of responsibility may include responsibility for the problem and for finding solutions, individuals typically do not distinguish between these two attributions (Brickman et al., 1982). In other words, when individuals decide that someone deserves to be helped, the assumption is that the needy person should neither be blamed for the condition nor held responsible for solutions (while this may be true, to avoid obfuscation responsibility for the condition will henceforth be referred to as *blame*, while responsibility for the solution will be called *responsibility*). This assertion, however, inherently

⁷Typically articles that examine the role of blame/responsibility in this area are focused on punishment and not helping (see Small & Loewenstein, 2005; Kogut, 2011b).

contains an issue that is discussed by the authors as a limitation of applying this treatment of the two forms of responsibility. A helper could blame an individual for their condition but more strongly feel that the individual is not responsible for a solution. Take for example, a child and an adult facing the same plight. Typically, younger victims elicit more sympathy (Gabora, Spanos & Joab 1993), and are viewed as less responsible for their actions (Cauuffman & Steinberg, 2000). In this case, blame for the situation would not necessarily equally translate into feelings of responsibility for both victims, because the helper may not regard a child as being able to control the solution going forward – an important determinant of responsibility for a solution (Brickman et al., 1982). Another limitation to this treatment is that it cannot account for feelings that responsibility for providing a solution may be shared between more than one actor within the situation. To paraphrase Dorothy Day, we all are responsible for helping the homeless. This model of determining responsibility, however, does not allow for such a view point such as this. A helper's decision in any given scenario should be independent of the actions of others given that helping indicates that the helper has determined that the recipient is not to blame for the problem nor responsible for the solution. Yet, when potential recipients demonstrate that they are indeed making efforts to help themselves, helpers are more inclined to provide aid in spite of attributions of blame for condition (Stroebe & Stroebe, 1996; Zagefka et al., 2011). These findings indicate that, while in some situations it may be appropriate to assume blame for condition and responsibility for providing aid will behave similarly, this may not always be the case. The purpose of the current research is to empirically demonstrate through two studies that blame and responsibility should be treated as two conceptually different variables and provide insights into the relationship between them.

Compassion Fade

Compassion fade studies investigate the irrational tendency among helpers to decrease helping behavior or support as the number of individuals in need of aid increases (Markowitz et al., 2013). Such irrationality is believed to occur, at least in part, because a single victim (or smaller group) enhances mental imagery, garners more attention, arouses stronger emotions, and is perceived as more “helpable” (Dickert et al., 2011; Slovic, 2010). A second explanation posits that potential donors engage in mood management when faced with more than one victim to avoid being overwhelmed by the scale of the need (Cameron & Payne, 2011). The former represents an overvaluation of one life, while the latter represents an undervaluation of many lives. Both explanations, however, are a result of differences in information processing concerning individuals and groups (Hamilton & Sherman, 1996) and the emotional reactions elicited by each (Slovic, 2010). While this typically results in increased caring for the individual (Kogut & Ritov, 2005), it can also strengthen negative perceptions and willingness to punish (Small & Loewenstein, 2005). Providing identifying information, even just through identifying one victim versus an organization that helps victims of the same plight, allows for individuals to more clearly assign blame for the condition, causing potential donors to be less inclined to provide monetary assistance, especially among individuals that hold a strong belief that that the world is just and people get what they deserve (Kogut, 2011a). In this study, victims are depicted as having contracted AIDS through either intravenous drug use or birth to a carrier mother. These methods of contraction lead to different ascriptions of blame, as drug use involves a choice by the victim while birth to a carrier mother involves no choice being made by the victim. This manipulation was referred to as responsibility, in reference to the responsibility for the condition being faced. However, a measure of blame, which once again is a measure of

responsibility for the condition, was used to test for relationships between blame, responsibility, and helping behavior. This study did not measure responsibility for the solution, instead using only blame for condition and the *Belief in a Just World*⁸ measure. As previously discussed, this is an important omission as a helper's decision in any given scenario is not independent of actions of others when determining responsibility for a solution (Stroebe & Stroebe, 1996; Zagefka et al., 2011), and should be treated as a separate mechanism of helping decisions (Cryder & Lowenstein, 2012). Also of importance, this study has no cognitive measure of deliberation outside of blame, which will be discussed in the following section.

Determinants of Deservingness and Compassion Fade

Research suggests deliberative thoughts regarding victim deservingness (Small, 2010), helper responsibility (Cryder & Loewenstein, 2011), and the impact of one's donation (Dickert, 2008) are predictors of helping intent and behavior. Indeed, a meta-analysis of the effects of victim group size on helping behavior suggests that such internal-focused deliberation is a better predictor of donation intentions and behavior than external-focused affect (Lunt, Freling & Butts, forthcoming). While perceived impact also plays an important role (c.f., Duncan, 2004), the focus of the present research is on how helpers perceive, and are motivated by, victim deservingness and responsibility.

When individuals determine the degree to which a cause or an individual is deserving of help, they often utilize reference points as a basis for their judgments (Lacey et al., 2006; Lee &

⁸ Belief in a Just World reflects a tendency to blame others for their conditions in order to preserve a view that the world is stable and orderly (Lerner & Miller, 1978). This does not, however, serve as an appropriate proxy for responsibility for a solution.

Murnighan, 2001). When determining how deserving of sympathy an individual is, for example, helpers might assess the previous condition of that victim or the current condition of another victim as a point of comparison (Small, 2010). The distinction of reference is an important one, as other-focused affect (e.g., sympathy and compassion) is not a significant predictor of decreased helping to a group of victims compared to a single victim, unlike deliberative cognitive measures, such as deservingness of sympathy (Lunt, Freling & Butts, forthcoming). This seems intuitive, as a victim may evoke *some* sympathy but not evoke *as much* sympathy as another victim, which might negatively influence the helper's intentions to help the first victim who seems relatively less deserving. Because compassion fade studies assess reactions to one individual victim (or few) compared to a larger group of victims facing the same plight, evaluations of deservingness would not contain an inherent confound due to the nature of the issue. Thus, individual judgments about the deservingness of victims vary as a function of the way the information about the individual (group) is processed. Because evaluations of deservingness are largely immune to the effects of similarity and vividness that drive emotional reactions responsible for compassion fade typically demonstrated in studies involving a comparison of one victim versus many (Small, Loewenstein & Slovic, 2007), deservingness should be comprised mainly of the two aforementioned adapted cognitive dimensions: (1) referent blame for the origin of the problem; and (2) referent control of events going forward (Brickman et al., 1982; Small, 2010).

The Present Research

This essay addresses the following two questions: (1) do helpers distinguish between blame and responsibility when making decisions about whether to help or not? and, (2) how do helper's perceptions of blame and responsibility influence their evaluations of deservingness and subsequent willingness to help? Counter to Kogut (2011a)'s assertion that blame and responsibility are indistinguishable aspects of the same construct, these concepts are treated differently here, as exerting unique influences in the diminishing compassion for groups versus individual victims. Additionally, building on the idea that deservingness is an important predictor of willingness to help (Small, 2010), responsibility and blame are explored here as determinants of deservingness and subsequent willingness to help, with responsibility mediating the effects of blame.

While Kogut (2011a) demonstrates that blame impacts individual helping behavior, how and why this occurs remains unclear. Specifically, Kogut (2011a) proposes that blame mediates the relationship between responsibility and identification. However, a potential problem exists concerning Kogut's (2011a) treatment of responsibility and blame, which involves a manipulation of responsibility for the situation (i.e. *blame*) and a subsequent measure of blame is taken—which is used to test for mediation. That is, blame is manipulated and then a manipulation check is used to test mediation. Kogut (2011a) treats blame and responsibility as the same in decision-making, but does not account for the effects of responsibility for a solution as a result. Additionally, there is an issue with the proposed explanatory model: Responsibility → blame → helping behavior. This model indicates that individuals assign responsibility for a solution *prior* to assigning responsibility for creating the problem, a somewhat illogical chain of reasoning. Indeed, Brickman et al. (1982) indicate that blame arises prior to assignment of control over the solution. Additionally, the ability to assume responsibility for the solution by the victim is

overlooked by assuming blame alone can lead to the effects proposed in the study. As such, it is proposed that responsibility for the solution will mediate the relationship between blame and both deservingness and helping intentions. Additionally, child victims are viewed as less responsible for their actions (Cauffman & Steinberg, 2000) due to perceived inability to control the solution going forward (Brickman et al., 1982). As such, in a situation where the victim is perceived as being incapable of providing a solution, increases in perceived blame will not lead to increased feelings of responsibility to provide a solution, and, thus, should not impact willingness to provide aid.

H1: The relationship between blame and helping is moderated by ability to help oneself, such that ascriptions of blame will lead to decreased helping only when the ability to help oneself is present.

H2: The relationship between blame and helping is mediated by responsibility to help oneself.

Overview of the experiments

Two studies are conducted here to examine the predicted relationships. The first study examines the role that capacity to provide a solution plays in differentiating between blame for condition and responsibility for a solution, as well as how individuals show willingness to help based on feelings of blame. A child victim, who is viewed as having less ability to control a solution (Brickman et al., 1982), is evaluated by potential helpers to manipulate the ability to provide a solution in order to illustrate the distinction between blame and responsibility. Victim deservingness and willingness to contribute (WTC) are also evaluated, as an initial investigation

of the mediating role of responsibility, and to demonstrate an example of a situation which a victim is blamed for the problem, yet the IVE still occurs. The second study replicates the findings of Kogut (2011a), that blameworthy victims can lead to higher willingness to help a group of victims compared to a single victim; however, the current research shows that ability to provide a solution is necessary for this to occur. By using a more ambiguous term for the victim (i.e. young person as opposed to child), victims are once again blamed for their condition, but in this case they are held responsible due to higher perceived capacity to provide a solution.

Study 1

The first study was designed to explore the hypothesis that blame for a condition causes a decrease in willingness to help a single individual compared to a group *only* when the victim has the ability to provide a solution. Kogut (2011a) used AIDS victims that had either contracted the virus from drug use or at birth from a carrier mother, in order to manipulate blame for the condition. Instead, study 1 uses a different scenario—taken from Study 1 of Ein-Gar and Levontin (2013)—in which a child (group of children) is (are) in danger of dropping out of school and wandering the streets. This scenario was chosen because it provides an opportunity to examine the effects of blame on the identifiable victim effect in another context where victims are likely to be blamed for their condition. Further, and more importantly, in order to explore the role of ability to provide a solution by using child and young adult victims, a plausible scenario was needed. It seems unlikely that a child would contract AIDS through intravenous drug abuse; however, dropping out of school and wandering the streets is a more realistic problem scenario for a child. Thus, the ability—or in this case inability—to provide a solution was manipulated through using a child victim in a setting where individuals typically face blame and ascriptions of responsibility (c.f., Whiteford, 2010).

Method

One hundred and twenty-four undergraduate students participated in this study, with random assignment between the two victim type conditions (a single identified child victim at risk of becoming homeless vs. a group of children at risk of becoming homeless represented by an association).

All participants first read: “Every year, more and more young people enter a disturbing cycle that begins with dropping out of the education system, continues with wandering the streets, and culminates in complications with the law. We, the members of Thinking Mind, Open Heart, believe that at-risk youths need to be exposed to a more mature, successful group of people. Our credo at “A Thinking Mind and an Open Heart” is that a positive role model can be an anchor for at-risk youths. University students can serve as role models and provide a positive influence, thereby helping at-risk youths to remain within the education system and to succeed in it—and in life. We are seeking members of UTA’s student population to participate in the project Thinking Mind, Open Heart. Research suggests that one in five at-risk children might fail to complete high school and/or accrue criminal records without effective intervention.”

Participants in the association condition then read: “As part of this project, we are asking you to support a care center for local underprivileged children that helps these individuals with homework and with studying for exams. With your financial contribution, we can hire individuals to help make a difference in the lives of these at-risk children.”

Participants in the identified condition read: “As part of this project, we are asking you to support James, an underprivileged child who needs help with homework and with studying for

exams. With your financial contribution, we can hire individuals to help make a difference in the lives of this child.”

All participants were then asked for their willingness to contribute to assisting with studying in order to help prevent the child(ren) from wandering the streets. Three responses were removed for indicating a willingness to contribute that exceeded five standard deviations above the mean, leaving one hundred and twenty-one useable responses. At the end of the questionnaire, participants were asked to rate the degree to which they blamed the victim(s) for their state on a seven-point scale (ranging from “1”- absolutely disagree, to “7”- absolutely agree). Additionally, the level of responsibility ascribed to the victim for providing a solution was measured by a 4-item measure ($\alpha = 0.85$) adapted from a measure used by Zagefka et al., (2011) assessing how much a victim is helping him/herself (e.g. “I believe that the victims did everything humanly possible to improve their situation as best as they could”; “I believe the victims tried to ‘help themselves’ as best as they could”). Finally, a one item measure of deservingness of sympathy taken from Small (2010) was collected on a seven-point scale (ranging from “1”- absolutely disagree, to “7”- absolutely agree).

Results and Discussion

Participants’ willingness to contribute (WTC) ranged from \$0 to \$200, with an average WTC of \$13.46. Mean contributions as a function of target type (single identifiable vs. association) are presented in Fig. 1. A *t*-test of WTC from each treatment condition indicates that willingness to contribute is higher for identified victims ($M = 16.09$, $SD = 34.60$) than for the association of victims ($M = \$11.34$, $SD = 22.52$, $t(119) = 0.91$, NS); however, this difference is not

statistically significant⁹. Among those who indicated a willingness to help, a greater percentage of respondents were willing to help the identified victim (51.9%) than the association (46.3%). Additionally, the monetary donation amount indicated by those who were willing to help were higher for identified victims ($M = \$31.04$, $SD = 42.95$) than for the association condition ($M = \$24.52$, $SD = 27.81$).

Insert Figure 1 Here

Mean ratings of blame and responsibility (presented in Table 1) indicate that overall respondents agreed that the victim(s) were blameworthy ($M = 4.26$) but viewed them as not responsible for providing a solution ($M = 3.72$). When considering victim type, single identified victims were viewed as less blameworthy ($M = 4.15$, $SD = 1.38$) and less responsible for providing a solution ($M = 3.55$, $SD = 1.10$) than the association representing many victims ($M_{\text{blame}} = 4.36$, $SD = 1.55$, $t(119) = 0.78$, NS) ($M_{\text{responsibility}} = 3.85$, $SD = 1.30$, $t(119) = 1.35$, NS), though neither approached significance. Identifying one victim seems to make the inability to provide a solution more salient, though the effect is not statistically significant. This could be due to the fact that, in this scenario, the victim is not certain to experience the plight at this point, which tends to decrease the likelihood of helping an individual compared to a group of victims (Lunt, Freling & Butts, forthcoming).

⁹ Due to the nature of the experiment, a majority of respondent's chose not to donate while a small number of respondents donated large amounts, leading to a distribution violating the assumption of normality.

In order to explore the role of blame and responsibility in explaining contribution patterns, ratings of blame and responsibility were regressed on WTC. Overall, blame had no effect on intent to contribute ($\beta = 0.05$, NS), while responsibility *did* decrease intentions ($\beta = -0.19$, $p < 0.05$). In other words, respondents who generally perceived the victim(s) as more responsible for providing a solution exhibited lower WTC; however, as expected, blame for the condition had no effect on overall WTC. In support of Hypothesis 1, when a potential victim is viewed as not having the capacity to help themselves, feelings of blame for the problem do not translate to changes in WTC for either condition.

To investigate the proposed relationship between blame, responsibility, and deservingness, a mediation analysis was conducted using Preacher and Hayes (2004) method. While blame does have a significant direct effect on deservingness of sympathy ($\beta = -0.33$, $p < 0.001$), when responsibility is introduced ($\beta = 0.62$, $p < 0.001$ with blame) this relationship becomes non-significant ($\beta = -0.20$, $p = 0.053$) while responsibility remains significant ($\beta = -0.32$, $p < 0.01$). A Sobel's test indicates significant mediation in this case ($Z = -4.86$, $p < 0.001$). This finding lends initial support to Hypothesis 2, that responsibility mediates the relationship between blame and victim deservingness.

In sum, the results of the first study support the notion that blame and responsibility are separate constructs that should be treated distinctly when conducting experiments exploring the IVE. Blame's negative impact on intentions to help one identified victim seems to be dependent on perceptions of whether that victim has the ability to provide a solution to the problem. When the victim is incapable of providing a solution, responsibility is a stronger predictor of WTC than blame. As such, simply blaming a victim will not always lead to a preference for helping a group of victims over a single victim, as was found in Kogut's (2011a) study. In fact, in a situation

where the victim is perceived as blameworthy, a single identified victim may actually elicit *lower* feelings of blame and responsibility when the ability to provide a solution is not apparent. Initial support for the notion that responsibility mediates effects of blame was also found; however, the effect was obtained for victim deservingness of sympathy, not on WTC. No significant main effect of blame on WTC was found in this study.

Results of the present study suggest that blame does not necessarily lead to harsher treatment of a single identified victim as compared to a group of victims. However, the experimental manipulation in this study was different than Kogut's (2011a) manipulation. Accordingly, these effects could be due to the fact that potential helpers did not view homelessness as a severe problem or as certain to occur in comparison to individuals who already have AIDS, both of which can lead to decreased effects in IVE studies (Lunt, Freling & Butts, forthcoming). The primary effect in this case is a preference for groups of victims over a single victim, an effect the next study attempts to validate. Additionally, because children typically elicit more sympathy among helpers, it could be that this emotional reaction overpowered the effects of blame and led to the preference for the single identified victim over the association. The second study also attempts to address this potentiality.

Insert Table 1 Here

Study 2

The second study was designed to not only test the hypothesis that responsibility mediates the relationship between blame and intentions to help, but also to show that the level of sympathy evoked by the single identified victim did not lead to increased willingness to help

compared to the association found in the previous study. In order to establish this, the victim was slightly altered to be a young person (not a child) who is homeless. This change was also made to enhance helper perceptions that the victim has the ability to provide a solution, and to reduce uncertainty about whether the issue would occur.

Method

One hundred and ninety-two undergraduate students participated in the study. Participants were randomly assigned to two separate victim type conditions as in the previous study (single identified victim vs. an association that represents many victims). Participants in both conditions first read this slightly altered introduction from the previous study: “Every year, more and more young people enter a disturbing cycle that begins with dropping out of the education system, continues with wandering the streets, and culminates in complications with the law. We, the members of Thinking Mind, Open Heart, believe that we need to do more to help these individuals, especially those who end up without a home. Our credo at Thinking Mind, Open Heart is that a helping hand can be an anchor of support. University students can serve as lifelines and provide a positive influence, thereby helping homeless individuals to experience a better quality of life. We are seeking members of UTA’s student population to participate in the project Thinking Mind, Open Heart.”

Participants in the association condition read the following: “Research suggests that one in ten at-risk young people might end up living on the streets without intervention. As part of this project, we are asking you to support a care center for local homeless young people that provides them with food and shelter. With your financial contribution, we can provide the resources

needed to help make a difference in the lives of these individuals. Please indicate how much money you would be willing to donate to help the care center (If none, indicate \$0).”

Participants in the identified condition then read the following: “Research suggests that one in ten at-risk young people might end up living on the streets without intervention. As part of this project, we are asking you to support James, a local homeless individual, by helping provide food and shelter. With your financial contribution, we can provide the resources needed to help make a difference in the lives of this individual. Please indicate how much money you would be willing to donate to help James (If none, indicate \$0).” Three responses were eliminated for indicating a willingness to contribute an amount that exceeded five standard deviations.

Once again, participants then indicated feelings of blame, responsibility, and deservingness of sympathy using measures from Study 1. They also completed the *Belief in a Just World* scale (Lipkus et al., 1996) in order to determine whether this influences the relationship between blame and the key outcomes. Additionally, subjects responded to a measure of sympathy (4-item measure adapted from Dickert, 2008, $\alpha = 0.72$).

Results and Discussion

Participants’ willingness to contribute (WTC) ranged from \$0 to \$100, with a mean WTC of \$8.42. Mean contributions as a function of target type (single identifiable vs. association) are presented in Fig. 1. Mean WTC for the association condition ($M = \$11.07$, $SD = 23.53$) exceeded mean WTC for the identified condition ($M = \$6.28$, $SD = 16.39$). A *t*-test indicates that while willingness to contribute is higher for the association representing multiple victims ($t(187) = 1.64$, $p = .10$), it does not achieve statistical significance. The percentage of respondents expressing WTC was no different for the association (38.6%) than for the identified condition

(36.6%); however, of those who indicated a willingness to donate, the dollar amount indicated for the association ($M = \$28.85$, $SD = 30.50$) was higher than that for the single identified victim ($M = \$17.14$, $SD = 23.39$; $t(68) = 1.81$, $p = .07$). These results replicate those found by Kogut (2011a), where potential helpers preferred to help the association over the individual victim when they blamed the victim for their situation.

Mean blame and responsibility ratings for each condition are reported in Table 1.

Interestingly, respondents rated the victims in the association as more blameworthy ($M = 4.56$, $SD = 1.44$) than in the identified condition ($M = 4.15$, $SD = 1.54$, $t(186) = 1.88$, $p = .06$). More importantly, victims in both conditions were rated as more responsible for providing a solution ($M = 4.23$, $SD = 1.20$) than the child victims in Study 1 ($M = 3.72$, $SD = 1.23$, $t(308) = 3.60$, $p < .001$), while ratings of blame for Study 1 ($M = 4.26$, $SD = 1.49$) and Study 2 ($M = 4.35$, $SD = 1.51$, $t(308) = 0.51$, NS) did not significantly differ. This indicates that a victim's ability to provide a solution influences the relationship between blame and responsibility. When a victim is viewed as incapable of providing a solution, even if that victim is blamed s/he is not held responsible for providing a solution.

Insert Figure 2 Here

In order to further explore how the interplay of blame, responsibility, and deservingness of sympathy affects WTC, mediation analysis was conducted. The proposed model indicated that responsibility and deservingness might both mediate the relationship between blame and WTC. To test this, we regressed blame, responsibility, and deservingness of sympathy on WTC in a double mediation model (Hayes, 2012, model 6) for split samples based on victim type. The

statistically significant path coefficients are presented in Fig. 2. Interestingly, when all variables are considered in the association condition, blame→responsibility→deservingness→WTC was significant. However, in the identified condition only blame→responsibility→deservingness was found to be significant. Because identified victims elicit stronger and clearer emotional responses (Dickert et al., 2011), and deservingness is a more cognitive measure that utilizes a reference point for judgment as opposed to a strict emotional rating (Small, 2010), deservingness was removed and a measure of sympathy was substituted. This double mediated model was significant (see Table 2), indicating that, for individual victims, blame and responsibility affect WTC through emotions, but for groups of victims, blame and responsibility affect WTC through more deliberative thoughts. In both cases, blame had no direct effect on WTC. In order to provide support for this model (due to the fact that the model did not simultaneously account for the effects of sympathy and deservingness), a difference variable was calculated for deservingness and sympathy and entered into the model. In the association model, this difference variable (DES – SYM) resulted in a positive effect on WTC ($\beta = 0.07, ns$), and in the identified condition, it resulted in a negative effect ($\beta = -0.04, ns$). This indicates that in the association condition, deservingness is more of the driving force of the effect on WTC, while in the identified condition, the reverse is true.

Follow-up Study. To ensure that the manipulation for Study 2 effectively elicited feelings of blame for each condition, a separate sample of fifty-six undergraduate students responded to a survey that followed the exact same procedure, with one small alteration. The identified victim was homeless “because of drug use.” All other manipulations and measures remained the same as in Study 2. Consistent with expectations, blame ratings increased ($M = 4.96, SD = 1.37$). However, responsibility measures ($M = 4.37$) and WTC ($M = \$7.65$) did not statistically differ

from those of the identified condition of Study 2. This suggests that level of blame may not be as critical in the reversal of the IVE; rather, it seems as though a minimum level of blame must be reached *and* the victim's perceived ability to provide a solution must have been determined by the potential helper.

Discussion

In a departure from previous research on the identifiable victim effect (Cryder & Loewenstein, 2012; Kogut, 2011a) where only blame *or* responsibility was investigated, the present research presented participants who were regarded as blameworthy, yet differentially held responsible for their condition based on capacity to provide a solution. Considering blame and responsibility simultaneously provides a clearer picture of how these related, yet distinct constructs interact to influence helping decisions. In line with prior research, when a victim is seen as blameworthy *and* has the ability to provide a solution, identifiability tends to decrease helping intentions (Kogut, 2011a). However, when the victim is not seen as having the ability to help him/herself, identifiability increases intentions to contribute.

Additionally, both studies demonstrate that effects of blame, at least to some extent, occur through ascriptions of responsibility. Study 2 indicates that the effects of blame and responsibility occur through perceived sympathy for identified single victims and through perceived deservingness of sympathy for groups of victims when considering helpers' willingness to contribute financially. This is consistent with previous research indicating that effects of identifiability and singularity occur differentially through judgments of sympathy (Dickert, 2008), responsibility (Erlandsson, Bjorklund & Backstrom, 2015), and victim

deservingness (Small, 2010). These two studies both provide important insights for the extant literature as well as practical implications.

Practical Implications. First, an important distinction between blame and responsibility is demonstrated in the preceding studies. While some researchers assert that helpers do not distinguish between blame and responsibility (Kogut, 2011a), it seems that this claim should be made with discretion. In situations where the victim does not have the ability to solve the problem they have created (Brickman et al., 1982)- as with a child victim-blaming the victim does not always lead to decreased help towards the identified individual, as previously proposed (Kogut, 2011a). This is a particularly important finding, given that a large number of demonstrations of the *identifiable victim effect* occur in studies that feature child victims (c.f., Ein-Gar & Levontin, 2013; Erlandsson, Bjorklund & Backstrom, 2015; Kogut & Ritov, 2005a,b; Vastfjall, Slovic & Mayorga, 2014). This has practical takeaways as well, as some estimates indicate that one-fourth of the 500,000 plus homeless individuals in the United States are children (Johnson, 2015). As politicians struggle with how to most appropriately treat this growing problem, findings from the present research indicate that those seeking to provide aid may take one of two approaches to more effectively solicit donations from potential helpers: First, appeals that segment the homeless population by age and emphasize the individual child victims and the large number of victims for adult victims in order to maximize the amount of contributions for each segment; Alternatively, those soliciting aid could treat the entire homeless population as one large segment, but emphasize the inability of the victims to provide a solution for themselves and specify one single identified victim as the face of the problem. In both strategies, an increased emphasis on the inability of victims to provide solutions going forward should reduce the effects of blame for the condition on donations and decrease feelings that the

victims are responsible for helping themselves out. As demonstrated in the studies performed, this should then increase the amount of aid helpers are willing to provide to those in need.

Future Research. Initial support for the proposed model that blame affects contributions through a chain of indirect effects that include sympathy and deservingness provides avenues for future research. For example, recent findings indicate that experience reduces feelings of distress for a victim, even if empathizing occurs (Ruttan, McDonnell & Nordgren, 2015). This could mean feelings of inability to provide a solution might *increase* feelings of responsibility, or *decrease* feelings of deservingness and sympathy, especially for identified victims who tend to intensify emotional reactions (c.f., Kogut, 2011a). Such suggestions run counter to most findings that indicate feelings of similarity increase feelings of sympathy (Dovidio et al., 1997), but could possibly reconcile demonstrations that helpers prefer to help identified single victims of an out-group but a group of victims belonging to the in-group (Ritov & Kogut, 2011). Increasing feelings that the victim is similar to the helper or is experiencing something similar to past experiences of the helper may induce feelings that the inability to provide a solution is a failure on the victim's part, as the helper was able to make it through the experience (Ruttan, McDonnell & Nordgren, 2015). This might actually increase feelings of victim responsibility as the inability is now attributed to an internal deficiency (Weiner, 1982). Practitioners looking to increase support by emphasizing victim inability to provide solutions may want to avoid illuminating similarities and shared past experiences of helpers with victims.

Limitations. While this research provides initial support for the link between blame, responsibility, and important outcomes associated with helping, further investigation into the nature of this chain of effects is important. In the scenarios faced in these studies, blame did not have a direct effect on WTC in either study, which is counter to findings demonstrated by Kogut

(2011a). Measures in that study simply indicated the level of blame attributed to the victim, while measures in the present research assessed the extent to which the participants agreed or disagreed that the victim is to blame. While increasing the level of blame by introducing drug use into the manipulation increased the level to which respondents agreed, it does not similarly measure the level of blame attributed to victims. It is possible that while participants agreed to some extent that adult homeless victims were to blame, they did not actually feel the level of blame for the situation was as high as in the case of individuals that contracted AIDS from drug use (as in Kogut's 2011 study). In addition to indications that contraction of AIDS through drug use is often met with high levels of blame and anger (Irwin, Jones & Mundo, 1996), this disease can also carry inherently negative feelings of anger, discomfort, and blame as a result of homophobia and associations of the disease with homosexuals (c.f. Natto, Aladmawy & Rogers, 2015; Røndahl, Innala & Carlsson, 2003; Sadeghi & Hakimi, 2009). This may have led to much more exaggerated feelings of blame than those elicited by manipulations in the present research. As such, investigation into how levels of blame influence the proposed relationships is warranted.

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Appendix A. Materials

Please answer the following questions about the information you just reviewed by circling the number that best reflects your opinion based on the following statement.

In your opinion the child receiving aid from this appeal is...

	Absolutely Disagree			Neutral			Absolutely Agree
Responsible for his own plight, at least to some extent (BLA)	1	2	3	4	5	6	7
Deserving of sympathy (DES)	1	2	3	4	5	6	7

I feel...

	Absolutely Disagree			Neutral			Absolutely Agree
Warmth for the individual receiving aid (SYM)	1	2	3	4	5	6	7
Distressed thinking about the individual receiving aid (SYM)	1	2	3	4	5	6	7
Concerned about the individual receiving aid (SYM)	1	2	3	4	5	6	7
For the individual receiving aid (SYM)	1	2	3	4	5	6	7
Troubled when I think about the individual receiving aid (SYM)	1	2	3	4	5	6	7
This individual is accountable for helping himself (RSH)	1	2	3	4	5	6	7
It is the duty of this individual to help himself (RSH)	1	2	3	4	5	6	7
This individual should not be dependent on me (RSH)	1	2	3	4	5	6	7
This individual is not reliant on my help (RSH)	1	2	3	4	5	6	7

Fig. 1. Mean WTC as a function of the victim's type for Studies 1 and 2.

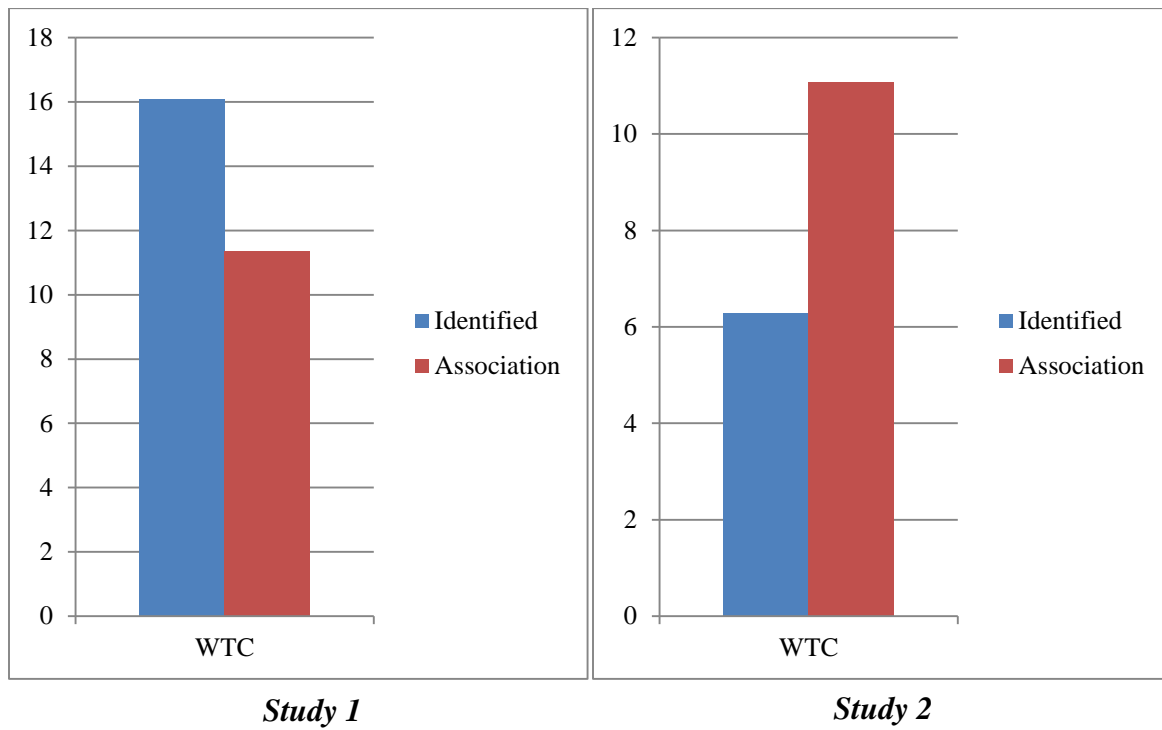
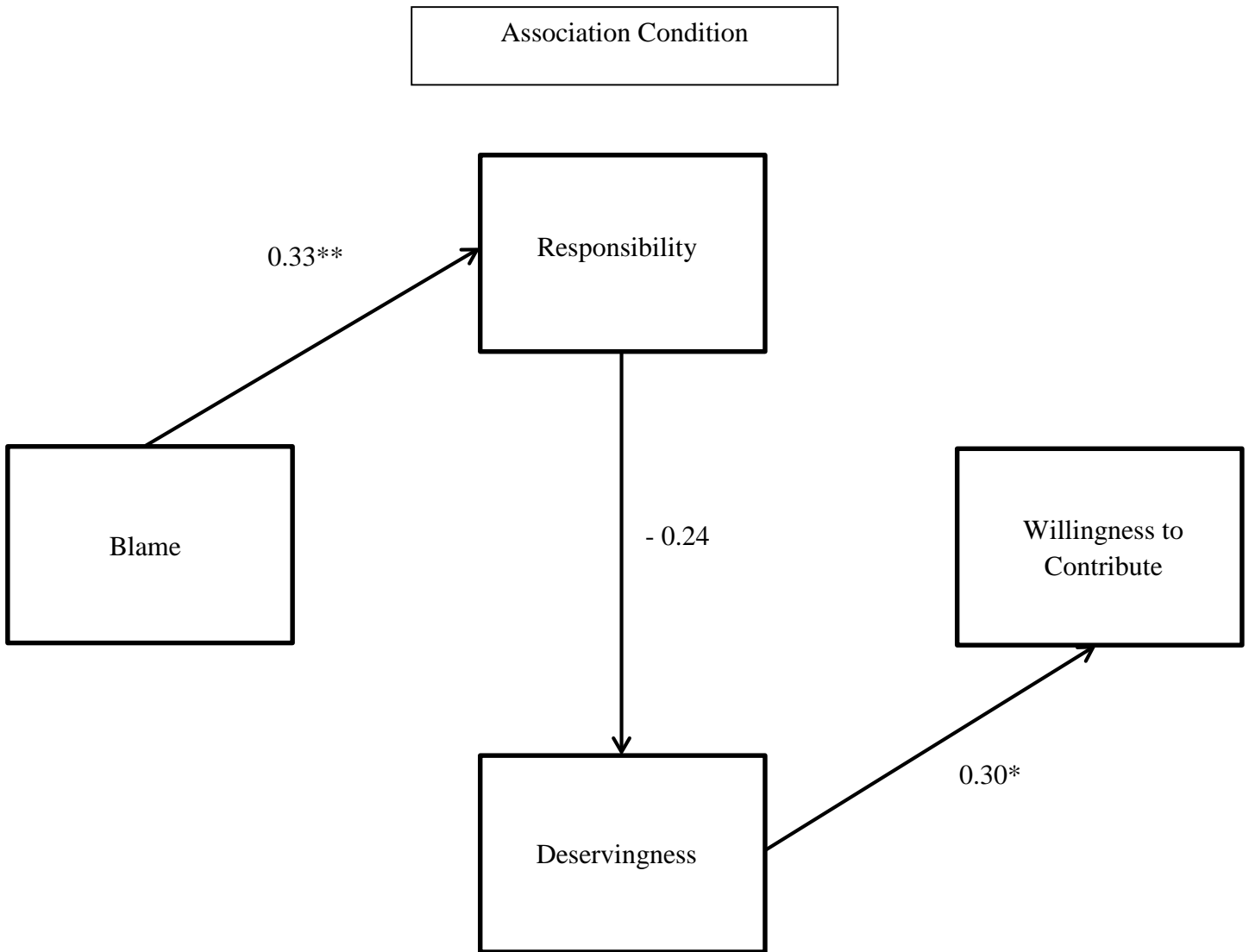


Fig. 2. Study 1- Double Mediation Model of Blame on Willingness to Contribute (non-significant paths removed).



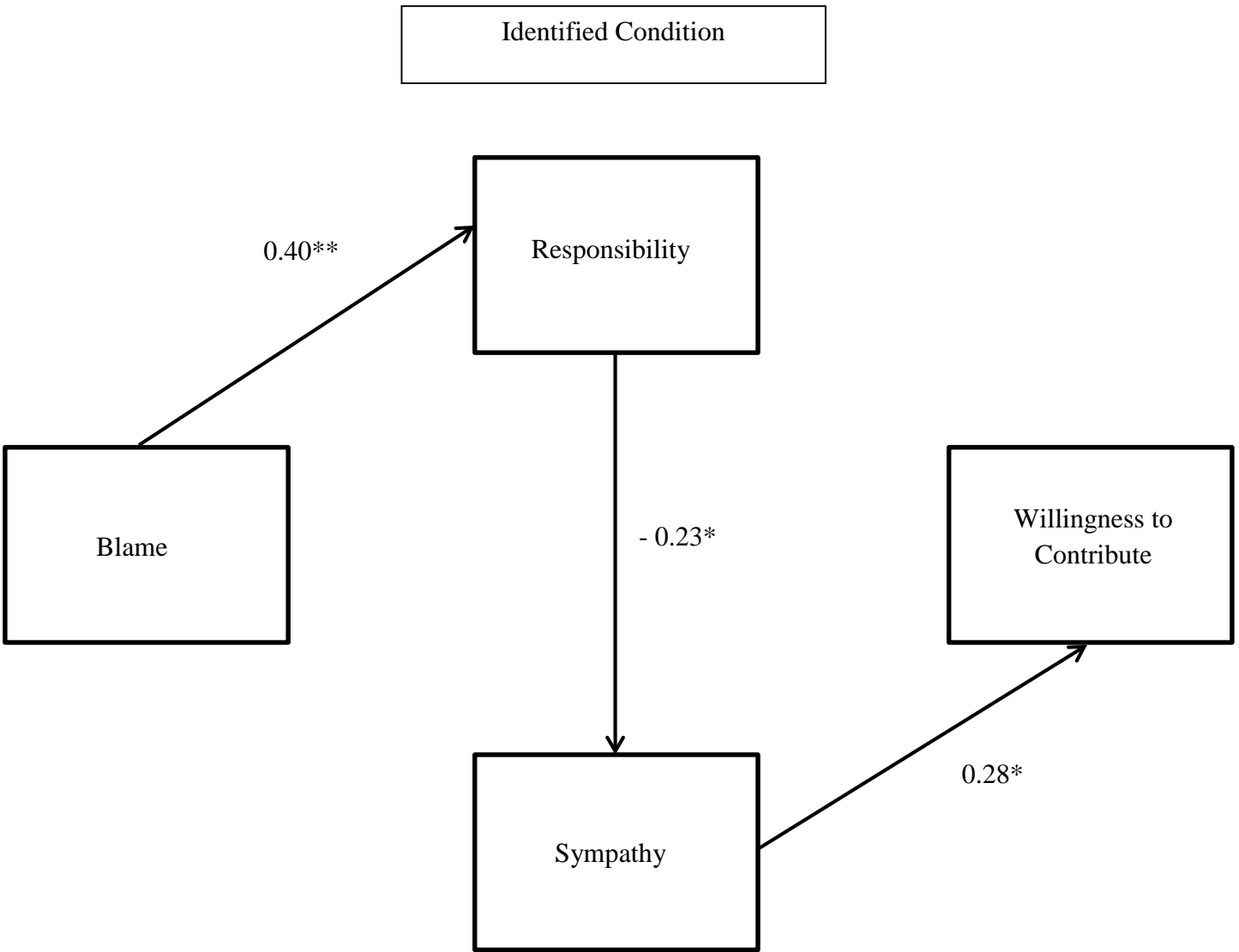


Table 1. Ratings of Blame and Responsibility Based on Ability to Provide a Solution

	Incapable (Study 1)		Capable (Study 2)	
	Blame	Responsibility	Blame	Responsibility
Association	4.36 (1.55)	3.85 (1.30)	4.56 (1.54)	4.28 (1.22)
Identified	4.15 (1.38)	3.55 (1.10)	4.15 (1.54)	4.20 (1.18)

*Mean ratings (SE)

Table 2. Path Coefficients, Indirect Effects, and Confidence Intervals for Study 2 Double Mediated Model

Model

	Path Coefficient	p	LLCI	ULCI
BLA-RSH	0.33	> 0.001	0.16	0.50
RSH-DES	-0.24	0.06	-0.49	0.001
DES-WTC	0.30	0.02	0.05	0.54
	Indirect Effect	LLCI	ULCI	
BLA-RSH-DES-WTC	-0.02	-0.07	-0.001	
	Path Coefficient	P	LLCI	ULCI
BLA-RSH	0.40	> 0.001	0.27	0.53
RSH-SYM	-0.23	0.05	-0.45	-0.001
SYM-WTC	0.28	0.01	0.07	0.50
	Indirect Effect	LLCI	ULCI	
BLA-RSH-SYM-WTC	-0.03	-0.07	-.01	

*BLA= Blame, RSH= Responsibility, DES= Deservingness of Sympathy, SYM= Sympathy, WTC= Willingness to Contribute