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Reference-dependent sympathy

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ABSTRACT

Natural disasters and other traumatic events often draw a greater charitable response than do ongoing misfortunes, even those that may cause even more widespread misery, such as famine or malaria. Why is the response disproportionate to need? The notion of reference dependence critical to Prospect Theory (Kahneman & Tversky, 1979) maintains that self-utility, or benefit to self, is not absolute level of wealth but rather gain or loss relative to a reference point. Four studies show that sympathy (Study 1), dictator offers (Study 2), and judgments of deservingness (Study 3a) are reference-dependent: people respond greater to victims of loss than to victims of chronic conditions. This tendency goes away when people evaluate victims in comparison (Study 3b) and when evaluating affect-poor “statistical victims”, as compared to affect-rich “identifiable victims” (Study 4). Together, these results shed light on seemingly irrational patterns of humanitarian aid.

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Introduction

Devastating events such as 2004s Asian Tsunami and 2005s Hurricane Katrina were met with substantial sympathy and humanitarian aid. However, static or chronic states of need rarely witness similar outpourings of support (Epstein, 2006). To illustrate the discrepancy, one 2006 report (Spence, 2006) found little relationship between magnitude of need and level of private charity, with private donations averaging \$1839 (US) per person affected by Hurricane Katrina but just \$10 per person affected by AIDS. Even the 2005 earthquake in Kashmir, which was less well covered by mass media, netted an average donation of \$37 per victim, dwarfing the \$3 average per malaria patient. Indeed, the number of people who die from AIDS, malaria, famine, and unsafe water per month is estimated to be over 660,000 which is almost double the number of lives lost as a result of the Asian Tsunami, Hurricane Katrina, and the earthquake in Kashmir.

Although the response to dramatic events showcases a great human capacity for caring, the relative neglect of ongoing suffering reveals an equal albeit less attractive capacity for indifference. Can we make sense of this duality? Why do chronic conditions fail to move us even though they do so much harm?

Maybe it's all relative. Victims of chronic conditions maintain a constant-state of welfare but victims of events have suffered a loss in welfare. That loss, or change, may count more because – according to the findings of decision research – utility is reference-dependent. People value not an absolute amount, but rather gains and

losses relative to a reference point (Kahneman & Tversky, 1979; Tversky & Kahneman, 1991). Although that notion has been extensively supported in the context of one's own utility, it has rarely been scrutinized in the context of others' utility or decisions about the welfare of others. Thus, the critical insight of this paper is that sympathy and charitable giving are sparked by changes in, not states of, human welfare.

The Asian Tsunami is a telling example of reference-dependent sympathy because most of its victims already were afflicted by widespread poverty and malnutrition. Yet it literally took a tidal wave, a *change*, to capture the world's attention and stimulate public outcry about that region's vulnerability. Similarly, risk analyses have consistently found that in the long run, allocating more resources for sustainable development instead of disaster relief would save tens of billions of dollars and untold suffering (World Health Organization, 2007). Yet chronic destitution appears to be less emotionally compelling than sudden devastation.

Sympathy and humanitarian aid

Whether humans are altruistic has been debated for centuries (see Batson, 1990; Penner, Dovidio, Piliavin, & Schroeder, 2005 for reviews). Although the debate rages on, psychologists must also ask a different question: is prosocial behavior, regardless of its source, consistent and utility-maximizing, or is it biased by a psychological factor that inhibits giving in a way that does the most social good? Often prosocial behavior hinges on affective reactions to victims and situations. Therefore, *sympathy biases* result when humanitarian needs evoke disproportionate affective responses (Loewenstein & Small, 2007; Slovic, 2007). That is, some victims

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and situations trigger disproportionately high sympathy whereas others trigger disproportionately low sympathy.¹ Consequently, scarce resources are allocated inefficiently and do not help as many people as they could.

Perhaps the most telling example of a sympathy bias is the identifiable victim effect first described by Thomas Schelling (1968). Resources are often concentrated on a single, identifiable victim, whereas they could save more lives if spread among all (if unidentified) victims (Jenni & Loewenstein, 1997; Small & Loewenstein, 2003). Although identifiable victims are portrayed in the media with vivid information, thereby enhancing emotionality and memorability (Nisbett & Ross, 1980), the effect need not require vividness. Small and Loewenstein (2003) found that simply describing a victim, without providing any additional information (vivid or not) about them, increased donations. Finally, research by Kogut and Ritov (2005a) further demonstrated that a single identifiable victim (represented by a name and a face) induced more emotional distress than a group of identifiable victims suggesting that even with identification, emotion can be inversely related to scope of victimization. Moreover, differences in negative emotion partially accounted for the differences in donations.

Another sympathy bias results in the proportion of lives saved carrying more weight than the number of lives saved (Baron, 1997; Fetherstonhaugh, Slovic, Johnson, & Friedrich, 1997; Friedrich et al., 1999; Jenni & Loewenstein, 1997). As has been found in other perceptual and cognitive domains, the value placed on saving human lives seems to follow a psychophysical function such that a single life is valued much less when the at-risk population is large than when it is small. As with the identifiable victim effect, the subjective value of saving a life is swayed by an affective response.

The evidence amassed on the identifiable victim effect and the proportion of the reference group effect are poignant testimony of the power of sympathy biases, because (in a rational universe) larger absolute numbers of victims *should*, normatively-speaking, compel greater prosocial action. However, sympathy does not always prevail when people are making judgments and decisions about aid. Research shows that certain moderators lead people to discount their emotional response and instead abide by more utilitarian principles, such as a sensitivity to quantity (Small, Loewenstein, & Slovic, 2007; Kogut & Ritov, 2005b). For instance, Kogut and Ritov (2005b) show that contributions toward a single victim exceed contributions for a group of victims when these are judged separately, but the opposite is true when one has to choose between contributing to the single victim or the group of victims (see also Hsee & Rottenstreich, 2004). In other words, people feel more sympathetic towards one victim than towards many, but they are appropriately sensitive to quantity in choice because quantity is more evaluable in that context.

Nevertheless, many real world situations are more like separate evaluation than joint evaluation, and tragedies involving large, abstract numbers fail to move people to action (Slovic, 2007). These psychological biases may help to explain some of the discrepancies between emotion and rationality, between optimal and actual giving. However, they do not directly address the discrepancy between giving for catastrophes and giving for the kinds of ongoing chronic conditions named in the introduction.

Reference dependence and sympathy

The notion of reference dependence appeared in early theories of judgment, including adaptation-level theory (Helson, 1964),

¹ I use the term sympathy here to refer broadly to negative emotion in response to others' suffering. Other varieties of negative emotion are likely similarly affected by reference points, but I focus on sympathy because it is thought to be the predominant emotional response in this context.

range–frequency theory (Parducci, 1965), and most notably prospect theory (Kahneman & Tversky, 1979). Adaptation-level theory asserts that judgment of an event is proportional to its deviation from the mean value of other events, which is considered to be the adaptation level (Helson, 1964). Brickman and Campbell (1971) extended this notion and proposed that a similar process of adaptation applies to the hedonic value of one's life circumstances. However, they did not consider judgments of the value of others' life circumstances. Range–frequency theory also focused on perceptual judgments and similarly claimed that the subjective value of an attribute was independent of its absolute value (Parducci, 1965). It differed from adaptation-level theory by arguing that both the range of stimuli and the stimulus rank determine the subjective value. Finally, prospect theory incorporated these ideas from psychophysics into a descriptive model of choice. Specifically, the value function $v(x)$ assesses outcomes in terms of the change they represent from some reference point, which is often the current status. Following several decades of domination by expected utility theory (EUT) as both a normative and descriptive model of decision making under uncertainty, prospect theory served as a substantial improvement as a descriptive theory because it could account for the many anomalies of EUT that led researchers to question its viability as a descriptive model. Reference dependence was particularly important in the extension of prospect theory to the domain of riskless choice because it could help explain phenomena such as the endowment effect and status quo bias that depend on the reference level (Tversky & Kahneman, 1991).

Despite the solid empirical evidence supporting the significance of reference points and other key aspects of prospect theory, its influence has mostly been examined in regard to individual choice with respect to the self. That is, most research examines the utility that individual i receives from different choice options or gambling prospects affecting i 's welfare. It has not generally been applied to contexts in which individuals make decisions with respect to others.

However, a few papers suggest that reference points are used to evaluate others' welfare. Lee and Murnighan (2001) consider the gain/loss asymmetry of prospect theory in a helping context and find that intentions to help another person are stronger when helping is framed as avoiding a loss for that person, compared with achieving a gain for the same person. Furthermore, Lacey et al. (2006) found that healthy patients judge the quality of life of patients with lung disease differently from other patients with lung disease, suggesting that people use their own state as a reference point when judging the quality of life of others. Moreover, research on affective forecasting finds that when predicting one's future welfare (analogous to predicting another person's welfare), people overestimate the impact and duration of negative emotions related to a loss (e.g., Gilbert, Pinel, Wilson, Blumberg, & Wheatley, 1998; Halpern & Arnold, 2007). Yet the notion that utility is based on changes, not states, has not been examined for preferences regarding others' needs.

The present research

This paper asks the following question: how does one respond to any given victim's misfortune? Building on the notion of reference dependence, I argue that it is not simply the victim's state of disutility that affects sympathy, but rather the discrepancy between that state and the reference point (typically, the previous state). Because sympathy is based on a change, not a state, according to this prediction, people experiencing loss will receive greater sympathy than people with chronic misfortune.

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