CAUSAL CONTROLLABILITY AND CONSUMER RESPONSE TO CHARITABLE APPEALS

by

YOSHIKO DEMOTTA

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dissertation requirement for the degree of Doctor of Philosophy.

Stephen Gould, PhD

Date

Co-Chair of Examining Committee

Sankar Sen, PhD

Date

Co-Chair of Examining Committee

Joseph Weintrop, PhD

Date

Executive Officer

Lauren Block, PhD

Yuko Minowa, PhD

Supervisory Committee

THE CITY UNIVERSITY OF NEW YORK

ABSTRACT

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by

Yoshiko DeMotta

Co-Advisors: Professors Stephen Gould and Sankar Sen

The main purpose of my dissertation is to investigate factors that affect the relationship between causal controllability and donation decisions and to suggest effective communication methods for fund-raising efforts. Causal controllability refers to the degree to which an observer of another person's misfortune perceives that misfortune to be the fault or responsibility of the person in need of help. It has been identified that causal controllability plays an important role in determining interpersonal helping and donation behavior. A person is more likely to help another person when the cause of the need for help is perceived to be uncontrollable than when it is perceived to be controllable. Because past research assesses causal controllability based on other-directed cognitions and affects and focuses exclusively on the circumstances of the person in need of help, we know little about how potential helpers' vulnerability to a given misfortune impacts their causal controllability perceptions and donation decisions. Essay 1 investigates this research question and demonstrates how potential helpers' control orientation affects causal controllability perceptions of a misfortune and subsequent donation decisions. Essay 2 investigates how the negative evaluations from the perception of high controllability of a

misfortune can be reduced. I demonstrate that a charitable request that excludes (vs. includes) a victim's personal information and promotes a potential donor's deliberative thought will increase donation to the misfortune that is construed as controllable.

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INTRODUCTION

Causal controllability is the degree to which an observer of another's misfortune perceives that misfortune to be the fault or responsibility of the person in need of help. Causal controllability has been shown to determine people's willingness to provide aid to others (Weiner 1980; 1985). When a person encounters another in need of help, the person spontaneously judges the causal controllability (Weiner 1985). When the need is caused by an uncontrollable circumstance (e.g., genetic illness), sympathy is elicited, and subsequently the perceiver is more likely to help the victim than when it is caused by a controllable circumstance (e.g., drunkenness) (Berkowitz 1972; Reisenzein 1986; Schmidt and Weiner 1988; Weiner 1980). Applying this attribution-emotion-action model of helping behavior to the context of charity, a non-profit organization's message is likely to be more effective if it communicates uncontrollability of the need; that is, the victim's plight is not caused by irresponsibility on the part of the victim.

Social issues or causes that non-profit organizations attempt to aid are not always uncontrollable, however. For example, research has shown that causes having a mental-behavioral origin such as drug abuse and obesity are considered to be controllable (Weiner, Perry, and Magnusson 1988). It is difficult to solicit donations for those causes because they tend to elicit perceivers' negative moral evaluations toward the victims (Weiner 1991). Diseases having a physical origin such as cancer and heart disease are in general considered to be uncontrollable (Weiner et al. 1988). Yet, even these diseases can be caused by both controllable (e.g., lifestyle choice) and uncontrollable factors (e.g., family history), and it would be misleading for a nonprofit organization to communicate to public that the disease is caused by solely uncontrollable factors. More importantly, for many causes including diseases, addiction, crime,

and disasters, communications framed in ways that deemphasize controllability and individual responsibility in an effort to increase donations miss an opportunity to educate people on choices that can reduce the risk of diseases and prevent unfortunate events.

The main purpose of my dissertation is to investigate factors that affect the perceptions of causal controllability, to investigate how—if appropriate—one may reduce the negative evaluations from the perception of high controllability, and to suggest effective communication methods for fund-raising efforts without losing the opportunity to communicate preventability of the misfortune. In the first essay, I suggest that perceptions of causal controllability vary according to the personality of the perceiver. Drawing on primary-secondary control theory, I posit that people who have secondary control orientation may perceive a misfortune that they are asked to help to be less controllable than those who have primary control orientation, increasing the formers' likelihood to give aid. In the second essay, I suggest that a charitable request that excludes (vs. includes) a donation recipient's personal information will increase donation to a misfortune that is construed as controllable. Past research has shown that a charitable request that describes a specific, identified victim of a misfortune evokes more sympathy and aid than a request that describes a victim who is yet to be identified (Fetherstonhaugh et al. 1997; Kogut and Ritov 2005a; Small and Loewenstein 2003). I suggest that when the misfortune is construed as controllable, however, a charitable appeal that features an unidentified victim and promotes consumers' deliberation will increase giving more than an appeal that features an identified victim.

ESSAY 1: CAUSAL CONTROLLABILITY AND DONATION WHEN SELF IS VULNERABLE

Weiner's attribution-emotion-action model of helping behavior (1980) and subsequent literature in that stream examine interpersonal helping behavior where an individual perceives another person to be in need of help and bases her decision to help on her assessment of the causal controllability of that specific need. Causal controllability—the perception that another's misfortune is her own fault or responsibility—is a powerful determinant of people's sympathetic reaction and willingness to provide aid (Weiner 1980). In addition to its use as a means of examining interpersonal relations, this model has also been applied to larger-scale charitable donation contexts, including donations to the Haitian earthquake victims (Jeong 2010) and donations to help poverty (Carr and MacLachlan 1998). Weiner's model has proven illuminating with regard to aspects of interpersonal helping and donation behavior. Because the model assesses the need of help based on other-directed cognitions and affects and focuses exclusively on the circumstances of the victim, however, it fails to account for pertinent variables between potential helpers. For instance, how does the potential helper's vulnerability to the victim's misfortune influence causal controllability perceptions of the misfortune and subsequent donation behavior? When the potential helper acknowledges that she may be personally affected by the victim's misfortune, what are the underlying psychological processes that occur when she judges causal controllability and makes her donation decision? Can donation solicitation messages be designed in such a way as to activate those processes in order to achieve a more positive result (i.e. increased donation)? My study aims to address these questions by examining the processes that occur when a potential helper makes donation decisions—particularly those

processes that center around the potential helper's feeling of vulnerability to the misfortune described in the charitable request and her choice of strategy to determine causal controllability and to overcome the feeling of vulnerability.

Various factors can contribute to the degree to which a potential helper feels vulnerable to the misfortune described in the charitable request. These factors include personal relevance with the victim of the misfortune (e.g., gender, age, culture, socioeconomic status) (Carvalho et al. 2008; Puntoni, Sweldens, and Tavassoli 2011; Stapel, Reicher, and Spears 1994) and cognitive accessibility of a cause of the misfortune (Raghubir and Menon 1998). For example, Stapel et al. (1994) have shown that people felt more vulnerable after reading news about a road accident involving in-group members than when the accident involved out-group members.

It is uncommon for a person to feel vulnerability without somehow coping with the potential harm to achieve a sense of control (Baker, Gentry, and Rittenburg 2005; Heckhausen and Schulz 1995; Rothbaum, Weisz, and Snyder 1982). According to Rothbaum et al. (1982), a person achieves a sense of control using one of two control strategies: primary control or secondary control. A person who relies on a primary control strategy attempts to change an adverse situation by influencing the external situation by her action. A person who relies on a secondary control strategy prefers to accept the external reality as it is and adjusts her thoughts and actions to fit with the reality. Drawing on the primary-secondary control theory (Rothbaum et al. 1982), I predict that when presented with a charitable request that describes a negative outcome, inducing a feeling of vulnerability, a person who relies on the secondary (vs. primary) control strategy is more likely to perceive a threat to society to be uncontrollable on the individual level, and that subsequently the person is more likely to comply with the request in order to alleviate this sense of lack of control.

My work contributes to the literature of donation behavior and control. I demonstrate a donation decision process when a potential donor is vulnerable. To my knowledge, this is the first study that examines personal vulnerability to a social cause as a predictor of the donation decision. By doing so, I show that reestablishment of a sense of control is a motivation for a donation decision, which is new to our knowledge. In addition, I extend the literature of primary secondary control. My study applies this dual process model to consumer behavior and empirically demonstrates that a person's control strategy is activated by external stimuli. By manipulating the types of message appeals, I show that it is possible to induce individuals to shift from one control strategy to another.

THEORETICAL BACKGROUND

Causal Controllability and Vulnerability

When a person encounters another in need of help, that person spontaneously assesses the causal controllability of the need (Weiner 1980; 1985). It has been well established that the causal controllability factor of another's misfortune impacts a perceiver's cognitive, emotional, and behavioral reaction to that misfortune. An uncontrollable misfortune tends to elicit the perceiver's sympathy, or an emotional concern for other people, which in turn increases the perceiver's tendency to help. When the misfortune is controllable, however, anger will be more likely to occur than sympathy, and help is likely to be withheld. Past studies identified determinants of causal controllability. For example, a misfortune that has a mental-behavioral origin (e.g., obesity, drug abuse) is perceived to be controllable, whereas a misfortune that has

the physical origin (e.g., heart attack, cancer) is perceived to be uncontrollable (Weiner et al. 1998). Social identities of victims such as age (Menec and Perry 1995) and socioeconomic status (Zucker and Weiner 1993) also are found to impact a perceiver's causal controllability perceptions, subsequent emotional reactions, and tendency to help. Thus, the basic premise of past research was that when judging causal controllability, the potential helper assesses the person in need of help as able or unable, powerful or powerless, and responsible or not responsible for her present plight.

A person who is asked for help is potentially vulnerable to the same misfortune underlying a charitable request. I suggest that in such circumstance, the person's judgment of causal controllability will be self-directed; that is, the person will assess whether she would be able to prevent the misfortune that can potentially harm her in the future. I label this form of causal controllability as *self-directed causal controllability*. This claim has two main bases. First, a charitable request by a nonprofit organization is an indicator that the misfortune is substantial and helping is appropriate in the circumstance (Berkowitz 1972; Enzle and Harvey 1978), increasing the helper's perception that, at some point in the future, she may suffer from the misfortune for which she is asked to help. Second, it is difficult to judge the causal controllability of a negative outcome for unknown victims. Because a person is more familiar with her own behavior than with others' (Caruso 2008), there is a tendency to assess whether she can prevent the negative outcome rather than to assess whether the victims are responsible for that outcome. To illustrate, imagine that a woman receives a donation request to help breast cancer patients. Being the same gender with the patients of the gender-related illness, she is vulnerable to this disease. She perceives that breast cancer is prevalent in society judging from an organization asking for help from public. As a potential helper, it is likely that she will assess why

beneficiaries of this charity suffer from the disease. Instead of judging whether the cancer patients are responsible for the suffering, which is the conventional causal controllability search, she is likely to assess the causality by considering whether she is personally able to prevent the disease. Whether or not the disease is perceived as controllable may depend on her preferred manner of achieving a sense of control, which I will discuss in the next section. On the other hand, when a woman receives a donation request to help prostate cancer patients, it is unlikely that she will experience vulnerability to the same disease. In this case, her judgment of causal controllability is likely to be based on the conventional controllability search.

Primary versus Secondary Control Orientation and Causal Controllability

Primary-secondary control theory posits that under aversive circumstances, individuals strive for control using one of two paths—primary control or secondary control—as potential actions and reactions to regain or reestablish control (Rothbaum et al. 1982). Primary control occurs when individuals attempt to alter the existing reality by an action so that the reality fits their own desires, whereas secondary control occurs when individuals attempt to accept the reality and adjust themselves to the reality in a form of cognition and action. Therefore, if the self is the most powerful agent, a person’s control is primary, and if a more powerful agent is acknowledged, a person’s control is secondary (Rothbaum et al. 1982). Primary control is equivalent to a construct commonly studied as “control” in the psychology literature, and is associated with efficacy, mastery, competence for effective actions, and power (Morling and Evered 2006). In contrast, secondary control is an attempt to fit in and to “flow with the current” that helps people avoid a sense of lack of control (Rothbaum et al. 1982). Although seemingly

passive, secondary control differs from helplessness or external locus of control (Tobin and Raymundo 2010); in the secondary control strategy, the reaction to aversive events is active and goal directed in which a person believes that the situation, or a part of it, can be improved through acceptance and adjustment (Thompson, Nanni, and Levine 1994). This process in turn results in a perception of control and a greater degree of psychological wellbeing (Haynes et al. 2009). As a central role in everyday life, a person tends to emphasize one type of control, either primary or secondary, but may shift from this preferred type of control strategy to the other over the course of time (Rothbaum et al. 1982; Weisz et al. 1984).

Researchers have investigated how people tend to utilize their preferred control strategies on a daily basis as an attempt to overcome stress caused by health concerns (Chipperfield and Perry 2006; Thompson et al. 1994; Wadsworth and Compas 2002; Wrosch, Heckhausen, and Lachman 2000), personal safety (Thompson et al. 2006), and academic challenges (Hall 2008; Hall et al. 2006). They found that primary control attempts to change the stressor and that secondary control attempts to accept the stressor and adjust the self. For example, Thompson et al. (2006) investigated how people in the U.S. coped with the future threat after the 9/11 terrorist attacks and how they relied on primary or secondary control strategies to cope with the threat. The primary control strategies included actively trying to reduce own risk by scanning other passengers on the airplane or planning to thwart a hijacking. The secondary control strategies included trying to understand why the attacks occurred. The literature also identified that in cultures that emphasize collectivism, secondary control is more practiced and valued, whereas in cultures that emphasize individualism, primary control is more preferred (Gould 1991; Morling and Evered 2006; Weisz, et al. 1984).

I propose that when a charitable request induces a perception of vulnerability to a potential helper, the psychological means by which that helper attempts to maintain control over their feeling of vulnerability has a significant effect on donation behavior. When presented with a charitable request, a person who relies on secondary control ("SC person") is more likely to perceive the cause as less controllable, to feel more vulnerable, and to cope with the threat that is causing vulnerability than a person who relies on primary control ("PC person"). This proposition is supported in the literature. An SC person acknowledges the existence of an entity that is more powerful than her (Rothbaum et al. 1982), which increases her perception that the cause of a need is powerful and personally uncontrollable. At the same time, a SC person is adaptive to her environment with the strong motive to fit in with it (Morling and Evered 2006); thus, she will be motivated to cope with the negative situation when she believes that another's plight can affect her. Vicarious secondary control, a type of secondary control in which individuals associate themselves with a more powerful entity (e.g., person, group) to psychologically share in the other's control (Rothbaum et al. 1982), is likely to be the operative strategy in this context. For example, prior research has identified manifestations of vicarious secondary control in situations where patients and parents of children with illness showed high confidence in their doctors and attributed special power to them (Grootenhuis et al. 1996; Helgeson 1992). In a charitable request, a nonprofit organization often exhibits solutions to help a social cause, creating an impression that the organization is efficacious in its missions and in control of the circumstance. This increases the likelihood that an SC person who has perceived uncontrollability of the social cause will exercise vicarious control and ally with the nonprofit by donating. On the other hand, a person who emphasizes primary control ("PC person") is likely to perceive the cause as more controllable than an SC person. A PC person, who tends to see the

self as the most powerful, may perceive that she can avoid the negative circumstance described in the request by personally preventing it. Past research investigated vicarious control and showed that an SC person is associated with stronger confidence in depending on powerful others, and overall more positive attitudes toward seeking help than a PC person (Lim and Ang 2006). Similarly, the literature on power (Rucker, Dubois, and Galinsky 2011; Thibaut and Kelley 1959) posits that a powerless person is dependent on a more powerful other to achieve her goal, whereas a powerful person does not depend on others.

The counterargument to this line of reasoning is that PC people may regard donations as a method of exercising primary control and are thus likely to donate in an attempt to alter the victim's adverse situation to fit with their own goal. While I concede that some PC people may use donation as a means of regaining control, it is unlikely that vulnerability will directly impact the goal of PC people. The primary control strategy in a donation setting is possible when PC people have the proceeding goal to help the victims of the specific social cause and perceive that they may fail at achieving this goal, resulting in an attempt to reestablish a sense of control by donating.

Because vicarious secondary control occurs when a person allies with a more powerful entity to psychologically share in the other's control (Rothbaum et al. 1982), competence of the nonprofit is likely to influence whether SC people use this control strategy. Competence is associated with the sources of power, and both constructs imply the ability to control others as well as superior skills and knowledge (French and Raven 1959). Consumers often use competence to form perceptions of an organization (Aaker, Vohs, and Mogilner 2010). There is little reason for an SC person to exert vicarious control to ally with the nonprofit if the nonprofit organization is not perceived as competent in achieving its mission to mitigate the threat that the

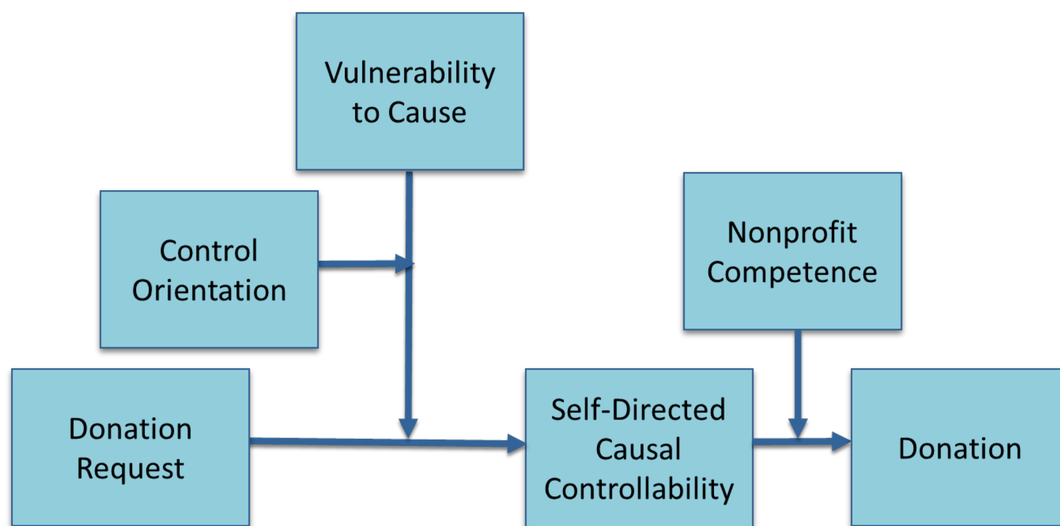
individual cannot control. SC people are more likely to exert vicarious control and comply with the charitable request when the nonprofit is perceived to be highly competent than when it is not. I do not expect the degree of competence to impact a PC person's donation decisions because it is not the characteristic of her to associate with powerful others. Thus, secondary control will increase donation to charity more than primary control when the nonprofit's competence is high, and that control orientation will not affect donation behavior when the nonprofit's competence is low.

To illustrate the proposed effects, when presented with a charitable request to help breast cancer patients, a woman who has secondary control orientation is likely to acknowledge that a powerful force (i.e., cancer) threatens the society and judge that this threat is personally uncontrollable. By accepting this reality she will be motivated to adjust herself in an effort not to lose control over this circumstance. In this environment, the nonprofit organization can be another powerful entity that exhibits certain solutions that mitigate the undesirable threat by funding research to find a cure for the disease and preventing future suffering. This increases the likelihood that she will exercise vicarious secondary control by adjusting herself to ally with the nonprofit organization by donating. On the contrary, if the request recipient has primary control orientation, she is likely to perceive that she is the most powerful agent in the situation and that she can prevent herself from getting the disease by her actions, including leading healthy lifestyles and getting regular medical exams. She will attempt to maintain a sense of control through direct means of changing a situation with a goal to eliminate the stress or reducing risk (Rothbaum et al. 1982).

H1: A person with secondary control orientation is more likely to donate to charity than a person with primary control orientation when the person's vulnerability to the charitable cause is high. Control orientation will not affect donation behavior when a person's vulnerability to the cause is low.

H2: Self-directed causal controllability will mediate the effect of control orientation on donation when a person's vulnerability to the charitable cause is high.

Figure 1: Conceptual Framework



Overview of Studies

I ran three experiments to test the hypotheses. Study 1 investigates whether primary and secondary control orientations impact consumers' donation decisions when consumers' vulnerability to a charitable cause is high. Study 2 explores the underlying mechanisms and supports my prediction that the observed effect is mediated by self-directed causal controllability

of the misfortune. Study 3 manipulates the degree of a nonprofit organization's competence, and shows that the vicarious secondary control strategy is used as the coping process when the competence is perceived to be high.

STUDY 1

Design and Procedure

The objective of study 1 was to test hypothesis 1. A total of 59 people at the Baruch College campus (female 53%; average age = 23) were recruited to participate in this study in exchange for 10 dollars. The independent variables are vulnerability to a misfortune (manipulated) and primary vs. secondary control orientation (measured). The main dependent variable was actual donation. As part of what was billed as separate studies, participants were first given a short computer survey that measured the degree of control orientation. Ostensibly as part of the second study, participants were given a one-page charity advertisement to help either breast cancer or prostate cancer. Participants were randomly assigned to one of the two vulnerability conditions (high vs. low). Vulnerability was manipulated with the match between the participant's gender and gender-specific disease (breast cancer or prostate cancer). In the high vulnerability condition, a female participant read the charity ad for breast cancer and a male participant read the ad for prostate cancer. In the low vulnerability condition, a female participant read the ad for prostate cancer and a male participant read the ad for breast cancer. The messages in the both stimuli were excerpted from the website of American Cancer Society (2011) but were slightly adjusted to make the two versions equivalent in content and length. Each ad included

statistics of the disease and risk factors that are both controllable (e.g., lack of exercise) and uncontrollable (e.g., family history). These two diseases are comparable in terms of being two of the most common cancers among women and men in the U.S., probability of being diagnosed with each disease in lifetime, and the numbers of new cases and deaths per year (American Cancer Society 2011; Centers for Disease Control and Prevention 2011a). However, because breast cancer receives more publicity than prostate cancer, it is possible that participants' knowledge, severity perception, and controllability perception can differ between the two diseases. Therefore, the statistics on prevalence and information about controllability were provided to participants in order to reduce these discrepancies. After reading the request, participants rated severity of the disease ("How severe is the threat of breast cancer?") and knowledge of the disease's risk factors ("How much do you know about what contributes to a person developing breast cancer?") on 7-point Likert scales. They were then asked if they would be willing to donate to the charitable organization. Lastly, they were asked to indicate any personal connection with a victim having the same disease. Demographic information was gathered and they were debriefed. The stimulus is exhibited in Appendix A.

Measures

Primary and Secondary Control Orientation. The participants' control orientations were determined based on responses to the 24-item Primary-Secondary Control Scale developed by Heeps (2000). Seven primary control items included "When I want something, I make it happen" and "When something gets in the way of a goal, I work out how to remove it" ($\alpha = .81$). Seventeen secondary control items included "When something bad happens, I know things will

work out OK in the end" and "When something bad happens, I remember the success of my family or friends" (α = .77). The scale items are shown in Appendix B. I subtracted the average primary control score from the average secondary control score, yielding a primary-secondary control score for each participant. The higher number in the score indicated secondary control orientation and the lower number indicated primary control orientation.

Donation. Participants were asked whether they would be willing to donate to the Breast Cancer Research Foundation or the Prostate Cancer Foundation, depending on the ad they read. At that time, participants were instructed to open an envelope that was attached to the survey that contained half of the compensation for their participation in the study ($5 in one dollar bills), to allocate contribution in the same envelop, if any, and to seal the envelope and return it to the study administrator after completing the survey. In order to reduce social pressure, they were instructed to seal the envelope and return it to the administrator even if they chose not to donate and the envelope was empty (Small and Verrochi 2009). All contributions were donated to the designated charities after the study.

Personal Connection. Having close relationships with a victim of a misfortune tends to increase donations to help with the victims of the same misfortune (Small and Simonsohn 2008). In order to control for this effect, participants were asked to indicate whether they had any family member with the disease in the ad or whether they knew anyone close to them including friends and neighbors who had the disease. I used this measure as a covariate in the data analysis.

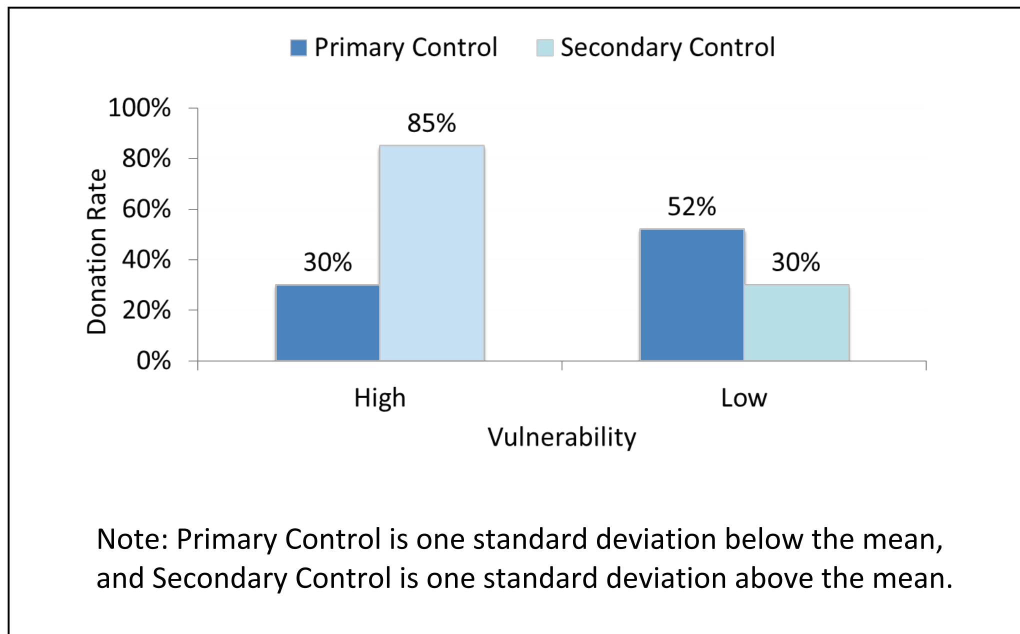
Results and Discussion

There was no significant difference between the breast cancer and prostate cancer ads in terms of the effects on severity perception ($M_{\text{breast cancer}} = 6.1$, $M_{\text{prostate cancer}} = 6.2$, $p > .10$), knowledge ($M_{\text{breast cancer}} = 5.0$, $M_{\text{prostate cancer}} = 4.5$, $p > .10$) or donation choice (donated to breast cancer = 47%, prostate cancer = 48%, $p > .10$). The type of ads did not interact with the two independent variables: Vulnerability or Control Orientation. As such, the analyses reported below collapse across participants in the two stimuli.

I expected that when vulnerability to the disease was high, participants with secondary control orientation would donate to the charity more frequently than those with primary control orientation, while when vulnerability was low, control orientation would not affect donation decisions. I used logistic regression to test this prediction. Vulnerability was coded as a dummy variable equivalent to one if the gender of the participant matched with the disease presented in the ad (i.e., female and breast cancer, male and prostate cancer) and zero if the gender did not match the disease presented (i.e., female and prostate cancer, male and breast cancer). As mentioned earlier, Control Orientation was a continuous variable with the higher number in the score indicating secondary control orientation and the lower number indicating primary control orientation. The dependent variable was Donation Choice, coded 1 if donated any amount of money to the charity, and 0 otherwise. Vulnerability, mean-centered Control Orientation, and the interaction between Vulnerability and Control Orientation were included as independent predictors. As a covariate, I included Personal Connection, which was coded 1 if participants knew someone close to them who had the same disease and 0 if otherwise.

Analysis revealed a significant main effect of Control Orientation on Donation ($\beta = .90$, χ^2 (1) = 4.45, $p < .05$), indicating that participants with high levels of secondary control orientation were more likely to donate than were participants with high levels of primary control orientation. Importantly, the results also showed a significant interaction effect between Control Orientation and Vulnerability on Donation ($\beta = -1.08$, χ^2 (1) = 4.39, $p < .05$). As expected, in a high vulnerability condition, participants with high levels of secondary control orientation were more likely to donate to charity than were participants with high levels of primary control orientation ($\beta = .89$, χ^2 (1) = 4.52, $p < .05$). In a low vulnerability condition, levels of control orientation did not impact donation decisions ($\beta = -.18$, χ^2 (1) = .38, $p > .10$). To explore the nature of the interaction, I compared whether there were significant differences across the Vulnerability conditions at both low and high levels of Control Orientation by performing a spotlight analysis at plus and minus one standard deviation from the mean of Control Orientation (Aiken and West 1991; Fitzsimons 2008). The planned contrast for participants high in secondary control showed that secondary control participants were significantly more likely to donate when they were vulnerable to the disease compared to when they were not vulnerable to the disease ($\beta = -1.90$, χ^2 (1) = 3.66, $p = .05$).

Figure 2: Donation Rate (Study 1)



In sum, study 1 found initial evidence that secondary control, as compared to primary control, increases donation to charity when the perceiver's vulnerability to the charitable cause is high. The robustness of this effect was demonstrated by real donation behaviors. My next study aims to investigate the underlying mechanisms of this effect. As in hypothesis 2, I predict that this finding is driven by different degrees of self-directed causal controllability of the misfortune judged by people with primary control and secondary control. A SC person will perceive that the cause is less controllable by her than a PC person, motivating the SC person to exert her vicarious secondary control to avoid losing a sense of control. My next study seeks to provide evidence of this mechanism by measuring self-directed causal controllability. If a secondary control strategy underlies donation decisions, I should find that the SC persons indicate lower perceptions of self-directed causal controllability of the misfortune than the PC persons. The next study will test this possibility.

STUDY 2

Design and Procedure

Participants were 101 undergraduate students (47% female; average age = 22) who received partial course credit for participating. The study used a 2 (vulnerability: high vs. low) x 2 (control orientation: primary vs. secondary) between-subjects design. The main dependent variable was donation intention. Vulnerability manipulation was the same as in study 1. I used the similar but shorter donation requests that I used in study 1. Instead of measuring control orientation as in study 1, the current study primed primary vs. secondary control orientation. At the beginning of the study session, participants were given a writing task that was intended to prime either primary control or secondary control orientation. After the writing task, as ostensibly part of the second study, participants were presented with a fictitious charity advertisement that supported either breast cancer or prostate cancer. Assignment to priming and vulnerability conditions was random. They then indicated donation intention, causal controllability, self-risk estimate to the disease, power of the nonprofit organization, personal connection with the disease, and demographic information. At the end of the study session, the participants were thanked and debriefed.

Measures

Control orientation prime. Because there is no published article that provides a priming method for primary and secondary control orientation, I developed the method focusing on

characteristics of each control orientation. Characteristics used for each prime were taken from Rothbaum et al. (1982), and wordings in the instructions were adapted from past research of gender identity prime (Winterich, Mittal, and Ross 2009). Participants read one of the two instructions below:

(Primary control priming) Some people believe that they have power over situations in life and that changing the existing reality of a given situation to fit with their own needs and desires is a desirable quality. Please recall a particular incident in which you embodied this quality. Please describe this incident—what happened, and how you changed the reality to achieve your goal.

(Secondary control priming) Some people believe that they don't have power over situations in life and that accepting the existing reality of a given situation and adjusting their thoughts, emotions, and actions to that reality is a desirable quality. Please recall a particular incident in which you embodied this quality. Please describe this incident—what happened, how you accepted the reality, how you adjusted yourself to the reality.

Donation intention. Participants were asked to imagine that a representative of the charitable organization in the ad was visiting their college to solicit money and then indicate whether they would personally be willing to donate to the organization. In order to avoid socially desirable responses, participants were told that there was no right or wrong answer and that choosing not to donate was perfectly acceptable (Reed, Aquino, and Levy 2007).

Causal controllability. Causal controllability perception of the disease was measured with two items. Participants were asked to indicate the extent to which they agree with: "Breast

(Prostate) cancer patients could prevent themselves from getting breast (prostate) cancer" and "I can personally prevent myself from getting breast (prostate) cancer" in 7-point Likert scales. The former indicates other-directed causal controllability and the latter indicates self-directed causal controllability. I expect to find that self-directed causal controllability is the mediator of the effect of control orientation on donation when a person's vulnerability to the disease is high.

Manipulation check. To verify that the control orientation prime was successful, participants indicated their agreement with two statements: "I have power over the external reality in life" and "I have control over the external reality in life" (1="strongly disagree," 7="strongly agree"). A 2 (control orientation) x 2 (vulnerability: high vs. low) ANOVA was conducted on the two control orientation measures. As expected, participants in the primary control prime condition indicated to have higher power over the external reality in life ($M_{primary}$ = 4.7, $M_{secondary}$ = 4.1, $p < .05$) and higher control over the external reality in life ($M_{primary}$ = 4.7, $M_{secondary}$ = 4.0, $p < .01$) than those in the secondary control prime condition. No other effect was significant. Vulnerability manipulation was checked with a self-risk estimate by asking participants to estimate the probability of them being diagnosed with the disease described in the ad on a scale from 0 to 100 (0=not at all, 100=very probable) (Menon, Block, and Ramanathan 2002; Raghubir and Menon 1998). Because there is a gender difference in vulnerability to each disease in which it is possible for a man to get breast cancer and it is not possible for a woman to get prostate cancer, I included gender as a factor in the manipulation checks. A 2 (control orientation) x 2 (vulnerability) x 2 (gender) ANOVA was conducted on the self-risk estimate to check whether participants in the high vulnerability condition estimated a higher probability of them getting the disease than those in the low vulnerability condition. As expected, male

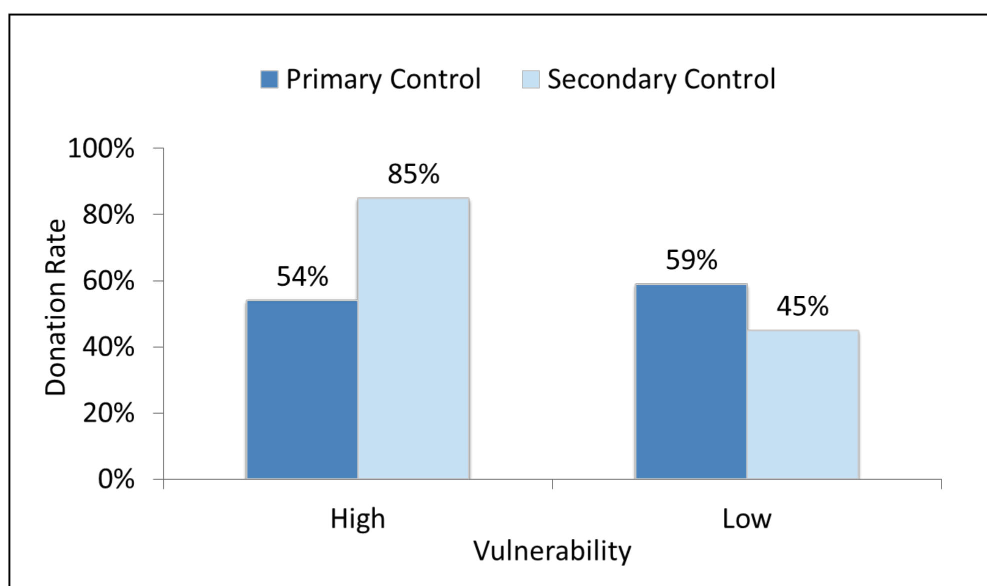
participants in the high vulnerability condition estimated higher chance of them getting the disease than those in the low vulnerability condition (M_{high} = 16.4%, M_{low} = 5.8%, $p < .01$). Similarly, female participants in the high vulnerability condition estimated higher chance of them getting the disease than those in the low vulnerability condition (M_{high} = 29.3%, M_{low} = 0.5%, $p < .01$). No other main or interaction effect was significant.

Results and Discussion

Donation. A logistic regression was used to test hypothesis 1 with Control Orientation (primary vs. secondary) and Vulnerability (high vs. low) as independent variables, Donation Choice (coded as 1 if indicated to donate, 0 otherwise) as a dependent variable, and Personal Connection as a covariate. As expected, the main effect of Control Orientation on Donation was significant ($\beta = 1.53$, χ^2 (1) = 5.08, $p < .05$). The interaction between Control Orientation and Vulnerability was also significant ($\beta = -2.11$, χ^2 (1) = 5.45, $p < .05$). In the high vulnerability condition, participants with the secondary control prime condition were more likely to donate to charity than were participants with the primary control ($\beta = 1.53$, χ^2 (1) = 5.08, $p < .05$). In a low vulnerability condition, control orientation did not impact donation decisions ($\beta = -.58$, χ^2 (1) = .94, $p > .10$). Consistent with the finding in study 1, among the participants who were primed with secondary control orientation, the donation rate was higher in the high vulnerability condition than in the low vulnerability condition ($\beta = -1.97$, χ^2 (1) = 7.65, $p < .01$). In the high vulnerability condition, 85% of participants with the secondary control prime condition indicated to donate, while 54% of participants with the primary control prime condition did so. In the low vulnerability condition, 45% of participants with the secondary control prime condition indicated

to donate, while 59% of participants with the primary control prime condition did so. The results are shown in figure 3.

Figure 3: Donation Rate (Study 2)



Mediation analysis. I hypothesized that the perceiver's self-directed causal controllability would mediate the effect of control orientation on donation. Specifically, SC participants would have lower self-directed causal controllability perception of the disease, which would result in higher donation than PC participants. To test this prediction, I employed the nonparametric bootstrapping method developed by Preacher and Hayes (2004) with 5,000 resamples as recommended in Preacher and Hayes (2008) and Zhao, Lynch, and Chen (2010). Consistent with hypothesis 2, the mean indirect effect was positive and significant with a 95% confidence interval excluding zero (-4.73 to -.45; $p < .05$). In the indirect path, a unit change in Control Orientation increased Self-Directed Causal Controllability by 1.32 units ($p < .01$). The direct effect is also significant ($p < .05$); holding constant Control Orientation, a unit change in Self-

Directed Causal Controllability decreased Donation by 1.44 units. Because the direct effect is non-significant, it is an indirect-only mediation, which indicates that there is the hypothesized mediation effect and that any omitted second mediator is unlikely (Zhao et al. 2010). According to a one-way ANOVA with Control Orientation as the independent variable and Self-Directed Causal Controllability as the dependent variable, SC participants ($M = 3.31$) reported lower degree of Self-Directed Causal Controllability than PC participants ($M = 4.65$, $F(1, 51) = 17.75$, $p < .01$). Additionally, I examined the potential mediating role of conventional, Other-Directed Causal Controllability by employing the same bootstrapping method and did not find such role.

Study 2 tested the prediction of whether secondary control orientation would lead to the lower degree of self-directed causal controllability relative to primary control orientation, and that it would result in higher donation likelihood to the charity. Findings are consistent with this prediction. The participants with the secondary control prime condition chose to donate significantly more than the participants with the primary control prime condition when they were vulnerable to the disease in a charitable request**.** When the participants were not vulnerable to the disease, there was no difference in donation likelihood between the two control orientations. The effect of control orientation on donation likelihood in the high vulnerability condition was mediated by self-directed causal controllability of the disease; specifically, the SC participants' perceptions of themselves personally preventing the disease were significantly less than those of the PC participants, resulting in increased donation likelihood.

I assumed that the participants with the secondary control prime condition exerted vicarious secondary control and indicated to donate money to the nonprofit organization. Direct evidence of this assumption is needed as to whether the effect was driven by vicarious secondary

control. Study 3 investigates it by manipulating the degree of competence of the nonprofit organization.

STUDY 3

Design and Procedure

The purpose of study 3 is to examine whether vicarious secondary control is used as the coping process in the effects found in the previous two studies. The study employed a vulnerability (measured) x control orientation (primary vs. secondary: manipulated) × nonprofit competence (high vs. low: manipulated) between-subjects design. Participants were 130 Baruch College students (56% female; average age = 22) who received partial course credit for participating. The main dependent variable was donation intention.

At the beginning of the study session, participants were given the same writing task as in study 2 that intended to prime control orientation. After the writing task, purportedly as part of the second study, participants were presented with a fictitious donation request from a nonprofit organization that promotes traffic safety and provides care and support for victims of motor vehicle accidents. Each donation request included statistics about traffic accidents among college students in the U.S. and the missions and activities of the nonprofit organization. Statistical data were factual information taken from the Centers for Disease Control and Prevention website (www.cdc.gov).

I manipulated competence of the nonprofit organization with the ease-of-retrieval listing task (Schwarz et al. 1991; Raghubir and Menon 1998; Wänke, Bohner, and Jurkowitsch 1997).

Difficulty in an information retrieval task serves to discount the implications of information content; in other words, the more difficult a listing task, the smaller one thinks is the overall population from which it is drawn (Raghubir and Menon 1998). In the study conducted by Wänke and colleagues (1997), participants were asked to list favorable aspects of a product in an advertisement. Those who were asked to list one good aspect (a small number) retained a more favorable attitude toward the product than those asked to list ten aspects (a large number). Ten examples of good aspects could not be readily retrieved, and participants assumed that this difficulty implied the product was not good. Similarly, I asked participants list either two reasons why the nonprofit organization was competent in achieving its missions or eight such reasons. I expected that in the eight-reason condition, participants would find it difficult to list reasons, and as a result, the perceptions of the nonprofit's competence would be lower than in the two-reason condition.

After completing the listing task, participants indicated donation intentions to the nonprofit organization, vulnerability to a traffic accident, nonprofit competence, task difficulty, control perception, and personal connection with the cause. At the end of the study session, the participants were thanked and debriefed.

Measures

Donation. As in study 2, participants were asked to imagine that a representative of the charitable organization was visiting their college to solicit money and then indicate whether they would personally be willing to donate to the organization.

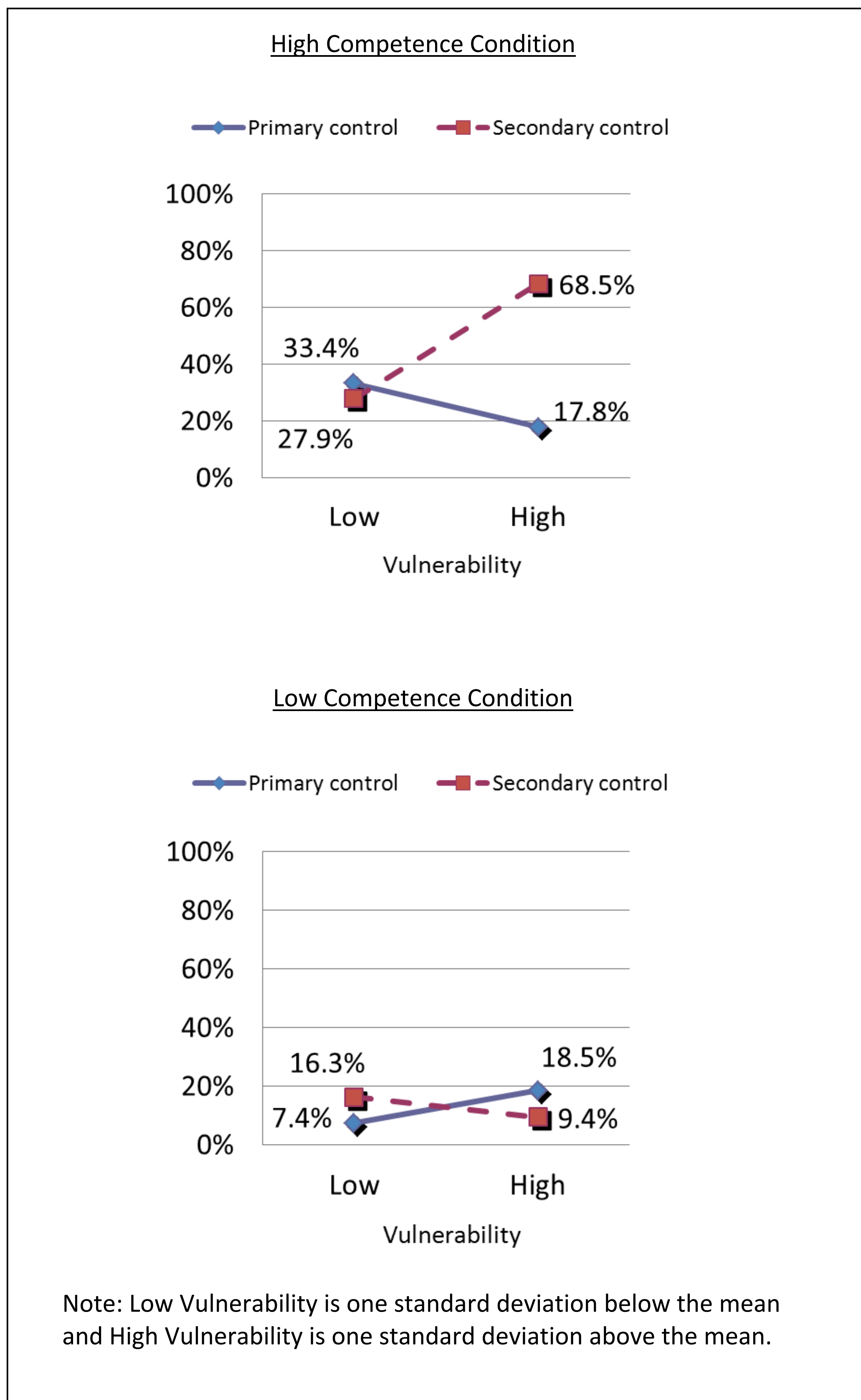
Vulnerability. Participants estimated their own risk to a traffic accident on a scale from 0 to 100 (0=not at all, 100=very probable) (Menon, Block, and Ramanathan 2002; Raghubir and Menon 1998).

Manipulation check. As a check for the nonprofit competence manipulation, I asked participants to evaluate the nonprofit on the competence index (competent, effective, and efficient; $\alpha = .90$) on Likert scales (1=not at all, 7=very much) (Aaker et al. 2010). Participants also indicated how easy or difficult this listing task had felt (1=very easy, 7=very difficult) (Wänke et al. 1997). To check effectiveness of the control orientation manipulation, participants answered the same manipulation check questions in study 2. Both manipulations were checked with a 2 (competence) x 2 (control orientation) ANOVA. As expected, participants in the high competence condition (i.e., those who listed two reasons why the nonprofit was competent) indicated that the listing task was less difficult than those in the low competence condition ($M_{\text{high-competence}} = 4.50$, $M_{\text{low-competence}} = 5.52$, $F(1, 126) = 17.41$, $p < .01$) and that the nonprofit organization in the donation request was more competent ($M_{\text{high-competence}} = 4.92$, $M_{\text{low-competence}} = 4.45$, $F(1, 126) = 6.82$, $p = .01$). The control orientation manipulation was also successful. Participants in the primary control prime condition indicated to have higher control over the external reality in life ($M_{\text{primary-control}} = 5.3$, $M_{\text{secondary-control}} = 4.7$, $F(1, 126) = 6.19$, $p < .01$) than those in the secondary control prime condition. No other main effect or interaction was significant.

Results and Discussion

I used a logistic regression with Control Orientation (primary control vs. secondary control), Competence (high vs. low), mean-centered Vulnerability, and all interaction terms of these three variables as independent variables, Donation Choice (coded as 1 if indicated to donate, 0 otherwise) as a dependent variable, and Personal Connection as a covariate. The analysis revealed a significant three-way interaction of control orientation, competence, and vulnerability ($\beta = -.09$, χ^2 (1) = 6.84, $p < .01$). To understand the form of the interaction, I examined the each level of competence separately. As expected, in the high competence condition, the two-way interaction between vulnerability and control orientation was significant ($\beta = .05$, χ^2 (1) = 4.11, $p < .05$). Participants with secondary control orientation donated more when their vulnerability was high than it was low ($\beta = .03$, χ^2 (1) = 3.12, $p = .07$). For participants with primary control orientation, levels of vulnerability did not impact donation decisions ($\beta = -.02$, χ^2 (1) = 1.10, $p > .10$). I compared whether there were significant differences across control orientation conditions at both low and high levels of vulnerability by performing a spotlight analysis at plus and minus one standard deviation from the mean of vulnerability (Aiken and West 1991; Fitzsimons 2008). The planned contrast for participants with high vulnerability (one standard deviation above the mean) showed that secondary control participants were significantly more likely to donate than primary control participants ($\beta = 2.31$, χ^2 (1) = 6.77, $p < .01$). Control orientation did not affect the donation decisions for participants with low vulnerability (one standard deviation below the mean) ($\beta = -.27$, χ^2 (1) = .11, $p > .10$). As for the low competence condition, the two-way interaction was not significant ($\beta = -.03$, χ^2 (1) = 2.07, $p > .10$). Neither control orientation nor vulnerability affected their donation decisions. These slopes are presented in figure 4.

Figure 4: Donation Rate (Study 3)



This study provided evidence for my contention that people with secondary control orientation exert vicarious secondary control and ally with the nonprofit by donating. When participants with secondary control orientation were vulnerable to a social cause, they were more likely to donate when the nonprofit competence was perceived to be high than when it was low. The degree of competence did not impact donation decisions of people with primary control orientation. This is not surprising considering that it is not the characteristic of primary control to associate with powerful others.

GENERAL DISCUSSION

In the three studies, I showed that people with secondary control orientation are more likely to donate to charity than those with primary control orientation when their vulnerability to the charitable cause is high. The primary theoretical contribution of this research is to enhance our understandings of donation behavior by clarifying potential helpers' motivation to comply with charitable requests. To date, we know little about how a potential helper's personal vulnerability to a given misfortune would predict her donation decision. I investigated this question by integrating two streams of literature—one centered on the effect of causal controllability on helping, and the other centered on the effect of primary and secondary control strategy on coping with an incidental vulnerability. My studies found that people sometimes feel vulnerable when they receive a personally relevant charitable request, and that this feeling of vulnerability can activate a motivation to sustain a sense of control, increasing the likelihood that they will comply with the request. Further, my work demonstrates that secondary control can be a strong motive to act prosocially. To my knowledge, this is the first study directed toward

understanding the relationship between control orientation and motivation to help others. Thus, my work fills a gap in our understanding of the psychological processes underpinning the perception of vulnerability, causal controllability, control strategy, and donation motivations.

Another contribution of my research pertains to how primary and secondary control strategies are utilized in persuasion settings. To date, most applications of primary-secondary control theory have been in the domains of developmental and health psychology (Chipperfield and Perry 2006; Thompson et al. 1994; Wadsworth and Compas 2002; Wrosch, Heckhausen, and Lachman 2000) and achievement settings (Hall 2008; Hall et al. 2006), where individuals shift between using primary control and secondary control in response to their experiences in aversive circumstances. My study applies this dual process model to consumer behavior and empirically demonstrates that a person's control strategy is activated by external stimuli. By manipulating the types of message appeals, it is possible to induce individuals to shift from one control strategy to another.

My work also has practical implications for nonprofit organizations that solicit donations. The results of my studies suggest that a donation request will be effective when it activates potential donors' feeling of vulnerability when appropriate, creates an impression that the organization soliciting donation is competent to achieve its mission, and stimulates the potential donors to employ a secondary control strategy in order to cope with their perceived vulnerability and overcome it. More widespread use of these strategies can result in increased donations that are beneficial for our society while providing a feeling of control and personal welfare to the helpers.

Outside the donation domain, my findings can be applied to the domain of consumers' complaints based on their negative experience with a product. Consumers with primary control

orientation may remedy a negative situation or punish the company by their behavior such as complaining directly to the company that sold the product and by spreading negative word about the company to others. Consumers with secondary control orientation may not complain as much, but when they do, they may rely on a powerful organization such as the Food and Drug Administration or the Better Business Bureau to fix the negative situation or to punish the company.

A fruitful avenue for future research is investigation of the effect of primary control on donation decisions. My basic finding is that secondary control leads to donations more than primary control when a person is vulnerable to a charitable cause. Notably, in my three studies, primary control people donated more than secondary control people when vulnerability to the social cause was low, though the difference was not statistically significant. It is possible that in certain conditions primary control is exerted in donation decisions. People with primary control orientation attempt to change the environment so that it fits the self's needs (Rothbaum et al. 1982). When primary control people have the goal to support a specific cause and this goal is hard to reach, they may exert a primary control strategy by donating in order to benefit the self's needs and to establish a sense of control.

ESSAY 2: THE ROLE OF CAUSAL CONTROLLABILITY AND DELIBERATION IN THE IDENTIFIABLE VICTIM EFFECT

Charity advertisements often frame their request by featuring a single victim of a misfortune and embedding that victim's identity into the ad with a photo, name, and story of adverse conditions (Small and Verrochi 2009). This communication method is considered to be effective for increasing donations because a specific, identified victim in a charity advertisement evokes more sympathetic emotions than an abstract, unidentified victim (Fetherstonhaugh et al. 1997; Kogut and Ritov 2005a; Small and Loewenstein 2003). In the literature, the former type of victim is labeled as an "identifiable victim" or an "identified victim" and the latter as a "statistical victim" or an "unidentified victim" (Kogut and Ritov 2005a; Small and Loewenstein 2003). The difference between the two victims is identifiability (Small and Loewenstein 2005); a victim is identifiable when some information about the victim is available to a potential helper while a victim is unidentifiable when no information about any specific victim is available. For example, in the empirical studies that examined the effect of victim identifiability on donation (Kogut and Ritov 2005a), the identified victim was described in a charity advertisement with a photo, age, and name, while the unidentified victim was described just "a child" without any other personalizing information. Small and Loewenstein (2003) also conceptualize victim identifiability with the determination of the recipient of donation, and demonstrate the same effect by informing study participants that the recipient either "has been selected" or "will be selected" by a charitable organization, representing the former as the identified victim and the latter as the unidentified one. The result showed that participants were more likely to help the

determined victim than the undetermined victim, even without providing any personalizing information of the victim.

Identifiability does not always magnify sympathy, however. Affective reactions of any type are stronger toward an identified person than an unidentified person (Small and Loewenstein 2005). Past research has examined the effect of identifiability on wrongdoing by varying the level of identifiability of a wrongdoer who behaved selfishly, and found that participants were more punitive and reacted with greater anger toward an identified wrongdoer than toward an unidentified wrongdoer (Small and Loewenstein 2005). Applying this finding to the domain of charitable giving, an identified victim may cause negative responses than an unidentified victim when the misfortune is construed as controllable. Weiner's attribution-emotion-action model of helping behavior (1980) suggests that when the misfortune of another person in need is controllable, perceivers' anger will be more likely to occur than their sympathy, and help will likely be withheld. Anger is a moral emotion that can produce strong inferences of blame (Averill 1983). In line with this reasoning, people often withhold their donations toward victims who are construed as personally responsible for their sufferings (Weiner et al. 1988).

How can we decrease people's blame toward the victim of the controllable misfortune (e.g., obesity, drug addiction) and increase people's contribution to help the victim? I propose that a donation request that features an unidentified victim and evokes cognitive deliberation be more effective in increasing donations than one that features an identified victim. An opportunity for potential donors to deliberate upon the controllable misfortune yields careful consideration of an issue in a broader scope (Hsee and Rottenstreich 2004) and in turn increases sympathy and help giving. This is the first study to examine the identifiable victim effect from the perspective of the different levels of causal controllability of a misfortune. By doing so, I show that the

conventional belief in the identifiable victim effect is only true when people perceive the misfortune to be uncontrollable. Further, this research identifies a condition in which deliberation actually increases philanthropic impulses, which is new to the donation literature (Small et al. 2007).

THEORETICAL BACKGROUND

The Identifiable Victim Effect

The identifiable victim effect refers to people's greater helpfulness towards a personalized, single victim compared to an abstract, unidentified victim (Small and Loewenstein 2003). As the first to observe this phenomenon, Schelling (1968) notes that the death of a particular person evokes emotional responses including anxiety, sentiment, guilt, and awe, but most of these responses are absent when a person encounters an unspecific death in a statistical form. Researchers have pointed out that factors such as vividness, loss aversion based on the specific victim, ease of evaluation, and a sense of closeness lead to stronger responses toward the identified victim, as compared to the unidentified victim (Fetherstonhaugh et al. 1997; Jenni and Loewensten 1997; Loewenstein and Small 2007; Slovic, Fischhoff, and Lichtenstein 1980).

Past research identifies that a potential helper's mode of information processing, either deliberation-based or feeling-based, moderates the identifiable victim effect. The deliberation-based processing is analytical, precise, and rational in which a person takes time to thoroughly analyze the positive and negative aspects of a focal issue, while the feeling-based processing is automatic, effortless, and affective in which a person makes a quick decision that something is

right or wrong without necessarily being able to explain where this intuition comes from (Epstein 1994; de Vries, Holland, and Witteman 2008). Small et al. (2007) suggest that deliberative thinking overrides sympathy that is prompted by an identified victim, and have shown that potential helpers' deliberation-based processing significantly reduces donations to an identified victim but their feeling-based processing does not increase giving to an unidentified victim. Kogut and Ritov (2005a) have shown that the effect exists when a victim is singular and disappears when the victims are a group of people because a single victim is more emotionally appealing than multiple victims. Kogut and Ritov (2005b) also observe that people donate more when they evaluate a single identified victim separately from a group of identified victims but this effect reverses when people evaluate them together. Importantly, in the same study (Kogut and Ritov 2005b), donations to the single identified victim in a separate evaluation were not only higher than donations to the group of the identified victims in a separate evaluation, but also higher than donations to victims of all other conditions (i.e., the single identified victim in a joint evaluation and the group of identified victims in a joint evaluation), suggesting that the joint evaluation triggered deliberative thought, which in turn undermined sympathy and help giving.

Causal Controllability, Deliberation, and Sympathy

I propose that causal controllability of a misfortune moderates the identifiable victim effect and that when the misfortune is construed as controllable, a donation request that features an unidentified victim and promotes deliberative thought increases help giving. A misfortune that is perceived to be controllable tends to evoke a perceiver's anger and blame toward the victim of the misfortune (Weiner 1980). As any emotional responses are stronger toward an

identified person than toward an unidentified person, anger is also stronger toward the identified person than toward the unidentified person (Small and Loewenstein 2005). Small and Loewenstein (2005) examined the effect of identifiability on wrongdoing by manipulating the level of identifiability of a wrongdoer who behaved selfishly, and found that participants reacted with greater anger and were more punitive toward an identified wrongdoer than an unidentified wrongdoer. Small and Loewenstein's theory is highly translatable to the donation behavior theoretical framework. When asked to help a victim of a controllable misfortune, a potential donor may experience a feeling of anger toward the identified victim and blame the victim being responsible for his or her suffering. In contrast, an abstract, unidentified victim is less likely to cause anger. This lack of emotional response creates an opportunity for the soliciting organization to induce the potential donor into analytical, deliberative thought about a focal issue before making donation decisions. People are "cognitive misers" who use simple and efficient strategies when evaluating information and making decisions (Fiske and Taylor 1984). Because people rarely think deliberately unless they are directed to do so, it is important for a charitable request that supports a controllable misfortune to purposefully evoke people's deliberation-based mode of processing, for example, by providing victim statistics or creating a message so that a potential donor processes the message analytically.

Providing an opportunity for potential donors to deliberate upon the controllable misfortune will likely produce a favorable result for the soliciting organization because deliberation yields careful consideration of an issue in a broader scope (Hsee and Rottenstreich 2004), which increases sympathy and help giving (Epstein 1994). In a relevant study, Hsee and Rottenstreich (2004) demonstrated that when asked to determine value of a product (e.g., a CD set), the study participants who were primed with a deliberation-based mode of information

processing took into account both the nature of the product (e.g., the CD set of Madonna) and its scope (e.g., the number of CDs in the collection), whereas those who were primed with a feeling-based mode of processing considered the nature of the product but not on its scope, and based their judgment of value on their feeling toward the product (e.g., liking of Madonna). In addition to a quantitative scope of an issue, deliberation involves consideration of time. In the donation setting, for example, deliberation causes a potential donor to take into consideration the extended time frames of the misfortune, including both the current state of the victim's plight and the suffering of unknown future victims (Small 2010). A potential donor in a feeling-based mode of processing tends to conceptualize a victim of a misfortune as a current victim (Small and Loewenstein 2003). The donor thus evaluates the victim and the helping decision based on the victim's degree of controllability, which makes attribution of blame and responsibility to be salient (Douglas 1992). On the contrary, a potential donor in a deliberation-based mode of processing tends to evaluate the victim of a misfortune not only as the current victim but also as victims based on statistic-like forecasts (e.g., one in every three people will contract disease X), in which attribution of blame is minimal because it is difficult for the potential donor to predict and assign responsibility for a misfortune that might (or might not) occur (Small and Loewenstein 2003).

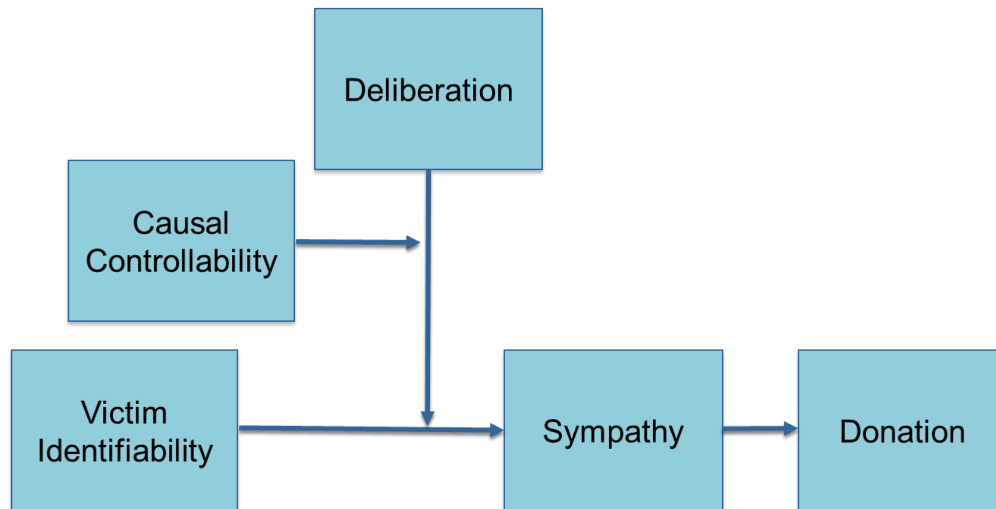
People are emotional not only because of their intuitive reaction to an event but also because of their careful interpretation of an event (Epstein 1994). The evaluation of the scope of a misfortune increases a potential donor's sympathetic response for the victim of the misfortune because the broader scope of suffering translates to higher severity of the misfortune (Huber, Van Boven, and McGraw 2011), which renders a potential donor to conceptualize the need of help to be less controllable by the individual victim (Piff et al. 2010). In other words, when a

potential donor perceives that the misfortune is severe, the misfortune is perceived as stemming from a societal failure rather than from individual failures, increasing the donor's concern for welfare of the victim. Supporting this argument, Piff et al. (2010) have shown that people who perceive another's misfortune to be a result of a societal failure are more likely to feel sympathetic for the victim and to provide help, even when the misfortune is construed as controllable (e.g., obesity), compared to people who perceive the misfortune to be a result of an individual failure. In sum, when a person is initially unmoved about another's misfortune but interprets that a cause is severe, sympathy is evoked through guided deliberative thought. Therefore, a donation request that excludes personal information of a victim and attempts to induce a potential donor's deliberative thought will evoke sympathy and increase donations to a misfortune that is generally construed as controllable.

H1: People are more likely to donate to help an unidentified victim of a controllable misfortune than an identified victim of the same misfortune when people's deliberation is high. Victim identifiability will not affect people's donation decisions when their deliberation is low.

H2: Sympathy will mediate the effect of victim identifiability and deliberation on donations to a misfortune that is construed as controllable such that people's level of sympathy is higher for an unidentified victim than an identified victim when the people's deliberation is high, and the higher level of sympathy increase donations. Sympathy will not mediate the victim identifiability-donation relationship when the people's deliberation is low.

Figure 5: Conceptual Framework



Overview of Studies

Three experiments examine the two hypotheses. Study 1 tests hypothesis 1 and shows that an unidentified victim increases donations to a controllable misfortune when potential donors' degree of deliberation high (vs. low). In addition, the same study replicates the previous finding of Small et al. (2007) and demonstrates that an identified victim increases donations to an uncontrollable misfortune when potential donors' degree of deliberation is low (vs. high). Study 2 examines the mediating role of sympathy in the effect of identifiabilty and deliberation on donations for a controllable misfortune (hypothesis 2). Study 3 eliminates a possible confound associated with the method used to manipulate the degree of deliberation in studies 1 and 2, and replicates the effects found in these studies.

STUDY 1

Design and Procedure

Participants were 165 consumers in the U.S. who took an online survey (female 47%; average age = 38) in exchange for $1. The study employed a 2 (victim identifiability: high vs. low) x 2 (deliberation: high vs. low) between-subjects design. The dependent variable was an amount in dollars that participants indicated to donate to charity. At the beginning of the study, participants were randomly assigned to one of eight experimental conditions. Participants read a fictitious donation request from a nonprofit organization that provides medical care and support for the victims of severe car accidents. The request manipulated the levels of causal controllability, victim identifiability, and deliberation. I chose traffic safety as the charitable cause in this study because a traffic accident can be perceived as both controllable and uncontrollable. Specifically I manipulated causal controllability by informing participants that the victim was driving under the influence of alcohol in the high controllability condition and that the victim was hit by another car driven by a drunk driver in the low controllability condition. I manipulated victim identifiability by providing the victim's name, age, and photo in the donation request in the high victim identifiability condition (i.e., Chris, a 21-year-old student) and by excluding such information in the low victim identifiability condition (i.e., a student). I manipulated deliberation by providing statistics of motor vehicle accidents in the U.S. in the high deliberation condition and by excluding such information in the low deliberation condition (Small et al. 2007). The statistics were taken from the website of Centers for Disease Control and Prevention (2011b). The stimulus is exhibited in Appendix D.

After reading the request, participants indicated if they would be willing to donate to the charitable organization and how they made their donation decisions. Questions for manipulation checks, personal connection with a victim of a traffic accident, and demographic information followed. At the end of the survey, participants were thanked and debriefed.

Measures

Donation intention. Participants were asked to imagine that the charitable organization in the donation request solicits money from them to help the victim in the donation request, and to indicate whether they would be willing to donate to the organization, and if so, how much. In order to avoid socially desirable responses, participants were told that there was no right or wrong answer and that choosing not to donate was perfectly acceptable (Reed, Aquino, and Levy 2007).

Manipulation check. Participants indicated the extent to which the victim of the car accident mentioned in the donation request was identified (1=not at all, 7=completely identified). A 2 (Victim Identifiability) x 2 (Deliberation) x 2 (Controllability) between-subjects ANOVA on this victim identifiability manipulation check score revealed only a main effect of victim identifiability such that participants in the high victim identifiability condition indicated the higher identifiability score than those in the low victim identifiability condition, indicating that the manipulation was successful ($M_{\text{high identifiability}} = 5.1$, $M_{\text{low identifiability}} = 2.9$, $p = .00$).

To verify the causal controllability manipulation, participants indicated their agreement with two statements: “The student [Chris] could have prevented the car accident” and “The student [Chris] is responsible for the car accident” (1 = strongly disagree, 7 = strongly agree). I

averaged these two scores to make a causal controllability index (r = .90). As expected, a 2 (Victim Identifiability) x 2 (Deliberation) x 2 (Controllability) between-subjects ANOVA on the controllability index revealed that participants in the high identifiable victim condition indicated the higher degree of causal controllability than those in the low identifiable victim condition ($M_{\text{high controllability}} = 6.1$, $M_{\text{low controllability}} = 2.4$, $p = .00$). No other main effect or interaction was significant.

As a check for effectiveness of the deliberation manipulation, participants wrote down the reason for their donation decision right after they indicated that decision. Because deliberation pertains to long and careful considerations of a social issue, the reason of the donation decision should be longer and more detailed when their degree of deliberation is high than when it is low. Thus, the word count served as the degree of deliberation with a higher word count indicating a higher level of deliberation. As expected, a 2 (Victim Identifiability) x 2 (Deliberation) x 2 (Controllability) between-subjects ANOVA on the word count showed the only main effect of deliberation such that participants in the high deliberation condition on average wrote the reason significantly longer than those in the low deliberation condition ($M_{\text{high deliberation}} = 27.5$, $M_{\text{low deliberation}} = 19.9$, $p < .05$).

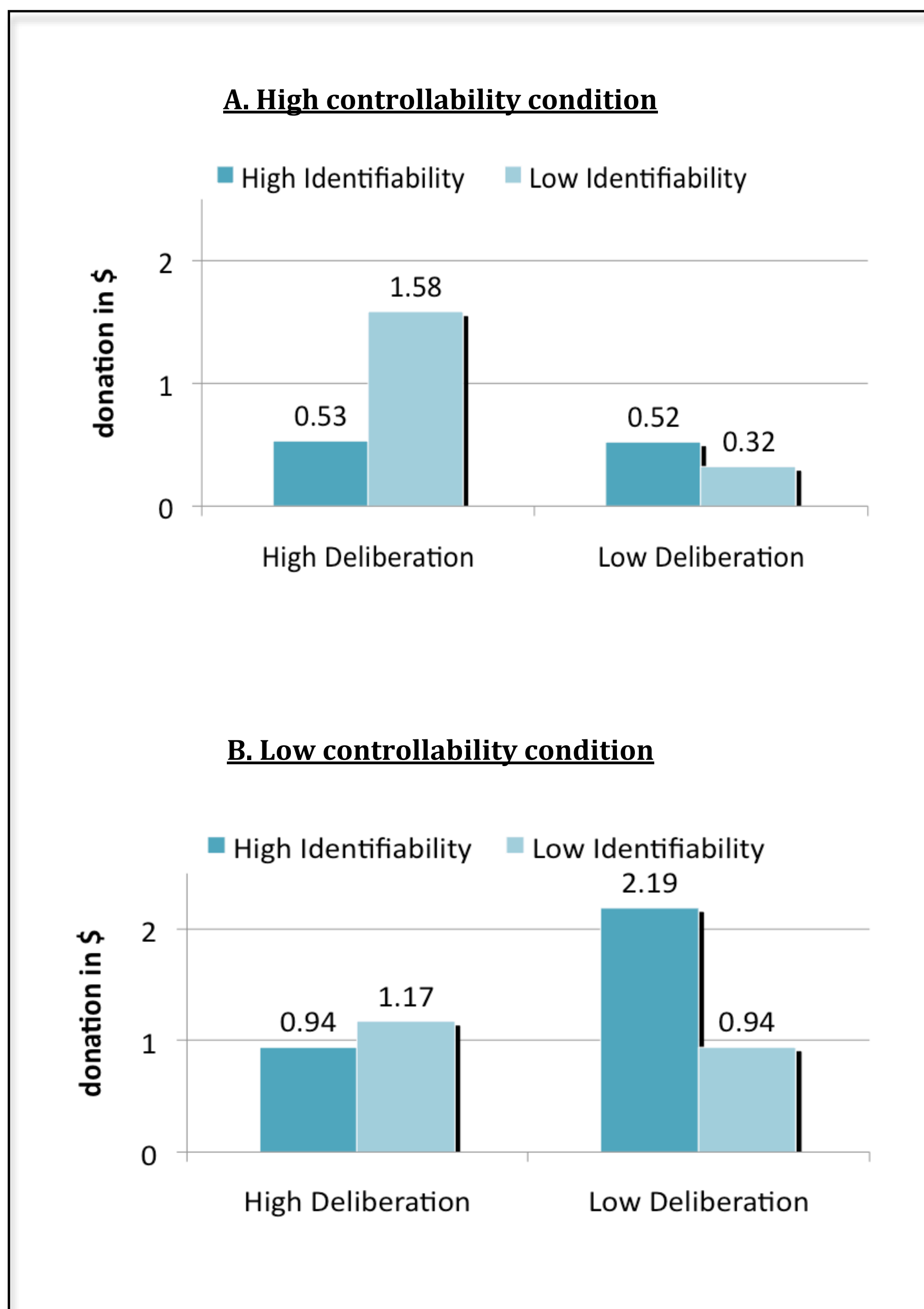
Results and Discussion

Donation. To demonstrate the replication of the past study (Small et al. 2007), I ran a 2 (Victim Identifiability) x 2 (Deliberation) ANOVA with Personal Connection as a covariate predicting an amount of donation in dollars (Donation). The result revealed the Victim Identifiability x Deliberation interaction effect on Donation was significant not only in the low

controllability condition (F (1, 80) = 3.83, $p < .05$), but also in the high controllability condition (F (1, 75) = 4.58, $p < .05$). The result in the low controllability condition replicated that of the Small et al. study (2007) such that in the low deliberation condition, participants in the high victim identifiability condition donated more than those in the low victim identifiability condition ($M_{\text{high identifiability-low deliberation}}$= 2.19, $M_{\text{low identifiability-low deliberation}}$ = .94, $p < .05$). The amount of donations did not differ in the high deliberation condition ($M_{\text{high identifiability-high deliberation}}$= .94, $M_{\text{low identifiability-high deliberation}}$ = 1.17, NS). In addition, among participants in the high victim identifiability condition, the amount of donations was higher when participants did not read statistics (i.e., low deliberation condition) than when they did ($p < .05$). Importantly, the ANOVA result in the high controllability condition supports hypothesis 1. In the high deliberation condition, participants donated more when the victim identifiability was low than when it was high ($M_{\text{high identifiability-hig deliberation}}$= .53; $M_{\text{low identifiability-high deliberation}}$ = 1.58, $p < .05$). The amount of donations did not differ in the low deliberation condition ($M_{\text{high identifiability-low deliberation}}$= .52; $M_{\text{low identifiability-low deliberation}}$ = .32, NS). Among participants in the low victim identifiability condition, participants who read statistics donated more than those who did not (p < .05). The interaction effects between victim identifiability and deliberation on donation at the different levels of controllability are presented in figure 6.

Figure 6:

Donation to Charity for (A) High and (B) Low Controllability Condition (Study 1)



Due to the robustness of the effect of causal controllability on donation, a three-way interaction between Victim Identifiability, Deliberation, and Controllability predicting Donation did not approach statistical significance (F (1, 157) = .05, p > .10). Specifically, the sole statistical difference between the high and low controllability conditions was the contrast of the high identifiability-low deliberation conditions such that participants in the low controllability condition donated more than those in the high controllability condition when the victim identifiability was high and the statistics was not available in the request.

In sum, study 1 provides an initial support for hypothesis 1 and replicates the previous finding in the literature. The data suggest that controllability of a misfortune impacts the effect of victim identifiability and deliberation on donation. When the misfortune is construed as controllable, a donation request is more effective when it features an unidentified victim and promotes deliberation-based mode of information processing, compared to a request that features an identified victim or one that promotes emotional mode of information processing.

Study 2 tests the underlying mechanism in the hypothesized effect. I expect that when a misfortune is construed as controllable, a donation request that features an abstract, unidentified victim and activates people's deliberative thought will evoke higher sympathetic responses, which in turn will increase donations, compared to a request that features an identified victim and/or does not activate deliberative thought. An alternative account may be the mediating role of anger. One may argue that if the unidentified victim lowers people's tendency to feel anger toward the victim of a controllable misfortune, anger may mediate the effect found in study 1. I do not expect anger to mediate the interaction effect, however, because there is no theoretical support to predict the different degree of anger toward an unidentified victim between high and low deliberation conditions. Study 2 aims to empirically eliminate this account.

Study 1 tests hypothesis 1 by using a photo of a male victim in the high victim identifiability condition. While gender of the victim does not affect the identifiable victim effect in the previous studies (Kogut and Ritov 2005), an emotional expression and attractiveness of a victim in a donation request tends to influence people's donation decisions (Small and Verrochi 2009). Study 2 eliminates this possible confound by excluding the photo of the identified victim.

STUDY 2

Design and Procedure

The objective of study 2 is to examine the mediating role of sympathy in the effect of victim identifiability and deliberation on donations to a controllable misfortune. A total of 83 Baruch College students (female 52%; average age = 22) participated in this study in exchange for partial course credit. The study employed a 2 (Victim Identifiability: high vs. low) x 2 (Deliberation: high vs. low) between-subjects design. The main dependent variable was donation intention. The design and procedure were similar to study 1. The differences were that I eliminated the victim's photo from the description of the identifiable victim and measured participants' emotional responses, sympathy and anger, after reading the request.

At the beginning of the study, participants were randomly assigned to one of the four experimental conditions. As in study 1, participants read a fictitious donation request from a nonprofit organization that provides medical care and support for the victims of car accidents. The request informed all participants that a person was injured in a car accident and that the accident happened while the person was driving under the influence of alcohol, indicating that

the accident was controllable by the victim. I manipulated identifiability by informing participants the victim's name and age in the high victim identifiability condition (i.e., Chris, a 21-year-old student) and by excluding such information in the low victim identifiability condition (i.e., a student). The degree of deliberation was manipulated with presence of victim statistics, as in study 1. After reading the request, participants indicated their emotional responses toward the victim, and their donation intention. Lastly, the survey asked participants their personal connection with a traffic accident victim and demographic information.

Measures

Emotional responses. Participants were asked to indicate the extent to which they felt sympathetic toward the victim described in the donation request (compassionate, pitiful, sympathetic) and the extent to which they felt anger toward the victim (aggravated, angry, blameful, irritated) (1 = not at all, 7 = a great deal). I averaged the three measures of sympathy to create a sympathy index ($\alpha = .89$) and averaged the four measures for anger to create an anger index ($\alpha = .88$). These two indexes were negatively correlated ($r = -.22$, $p < .05$).

Donation intention. Participants were asked to imagine that a representative of the charitable organization in the ad was visiting their college soliciting money and then to indicate whether they were willing to donate to the organization. Those who indicated to donate were asked to specify the dollar amount they would donate.

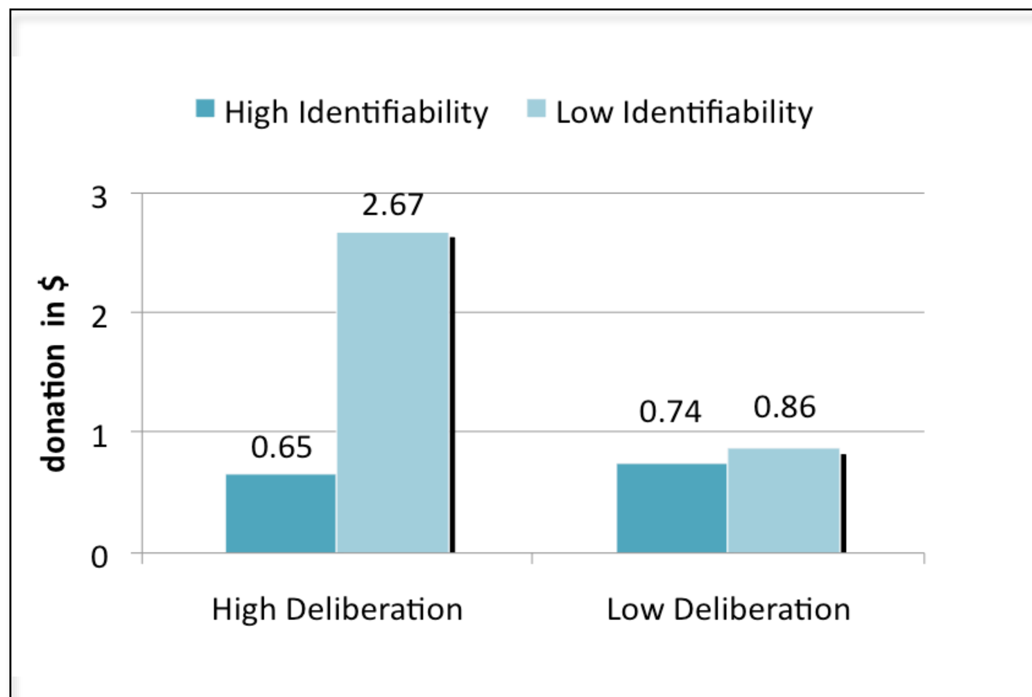
Manipulation check. Participants indicated the extent to which the victim of the car accident mentioned in the donation request was identified (1=not at all, 7=completely identified). As expected, a 2 (Victim Identifiability) x 2 (Deliberation) between-subjects ANOVA on this victim identifiability manipulation check score revealed only a main effect of victim identifiability such that participants in the high victim identifiability condition indicated the higher identifiability score than those in the low victim identifiability condition, indicating that the manipulation was successful ($M_{\text{high identifiability}} = 4.2$, $M_{\text{low identifiability}} = 3.3$, $p < .05$).

Results and Discussion

A 2 (Victim Identifiability) x 2 (Deliberation) ANOVA with a donation amount (Donation) as the dependent variable and Personal Connection as the covariate revealed the main effect of Victim Identifiability on Donation ($F(1, 78) = 7.18$, $p < .01$); the donation was higher when victim identifiability was low than when it was high ($M_{\text{high identifiability}} = .70$, $M_{\text{low identifiability}} = 1.76$). The main effect of Deliberation on Donation was also significant ($F(1, 78) = 4.92$, $p < .05$); the donation was higher when deliberation was high than when it was low ($M_{\text{high deliberation}} = 1.76$, $M_{\text{low deliberation}} = .80$). These effects were qualified with the significant two-way interaction ($F(1, 78) = 5.47$, $p < .05$). Supporting hypothesis 1 and replicating the result of study 1, participants in the high deliberation condition donated more when the victim identifiability was low than when it was high ($M_{\text{high identifiability-high deliberation}} = .65$; $M_{\text{low identifiability-high deliberation}} = 2.67$, $p < .01$). In the low deliberation condition, the victim identifiability did not impact the amount of donations ($M_{\text{high identifiability-low deliberation}} = .74$, $M_{\text{low identifiability-low deliberation}} = .86$, NS). Among participants in the high victim identifiability condition, participants in the high

deliberation condition donated more than those in the low deliberation condition ($p < .01$). The result is presented in figure 7.

Figure 7: Donation to Charity (Study 2)



Mediation Analysis. Hypothesis 2 predicts that victim identifiability impacts donation for a controllable misfortune through sympathy, where the path from victim identifiability to sympathy is moderated by deliberation. This theoretical framework presents a case of mediated moderation (Model 2 in Preacher, Rucker, and Hayes 2007). To test this hypothesis, the mediation analysis was based on the approach and SPSS macro developed by Preacher et al. (2007). The results indicated that sympathy was predicted by the victim identifiability × deliberation interaction in the mediator variable model ($\beta = -1.21$, $t = -1.95$, $p < .05$). In the dependent-variable model, sympathy predicted donation ($\beta = .37$, $t = 2.64$, $p = .01$). The

conditional indirect effect of victim identifiability on donation through sympathy was significant in the high deliberation condition ($z = -1.78$, $p < .05$) with the bias-corrected bootstrap 95% confidence interval with 5,000 resamples excluding zero (-.979 to -.089), but not in the low deliberation condition ($z = .27$, NS). In addition, the conditional indirect effect of deliberation on donation through sympathy was significant in the low victim identifiability condition ($z = 2.48$, $p < .05$) with the bias-corrected 95% confidence interval excluding zero (.190 to .945), but not in the high victim identifiability condition ($z = .08$, NS). These results support hypothesis 2 that predicts the mediating role of sympathy on the effect of victim identifiability and deliberation on donation. Specifically, potential helpers' level of sympathy is higher for an unidentified victim than an identified victim when their deliberation is high, and this higher level of sympathy in turn increases donations.

The potential mediating role of anger was examined with the same mediated moderation approach, with the anger index, instead of the sympathy index, as the mediator, and did not find such role. The result of a 2 (Victim Identifiability) x 2 (Deliberation) ANOVA on the anger index showed the main effect of victim identifiability on anger ($F(1, 78) = 3.82$, $p < .05$) and no other main or interaction effect. Participants in the low victim identifiability condition indicated a lower degree of anger toward the victim than those in the high victim identifiability condition ($M_{\text{high identifiability}} = 4.57$; $M_{\text{low identifiability}} = 3.92$), but the degree of deliberation did not impact the degree of anger toward the victim.

In sum, study 2 supported hypotheses 1 and 2. So far, I varied presence and absence of victim statistics in the donation request to manipulate the participants' degree of deliberation. Although this manipulation is consistent with the previous study (Small et al. 2007), it may cause potential confounds. For example, it is possible that statistics may have raised the participants'

personal relevance to a car accident, which may have affected donation decisions. In addition, statistics as newly learned information about car accidents could have caused participants to deal with the issue by donating. Study 3 will eliminate these possibilities associated with statistics and manipulate the degree of deliberation by directly priming modes of processing information, either deliberation-based or feeling-based (Hsee and Rottenstreich 2004).

STUDY 3

Design and Procedure

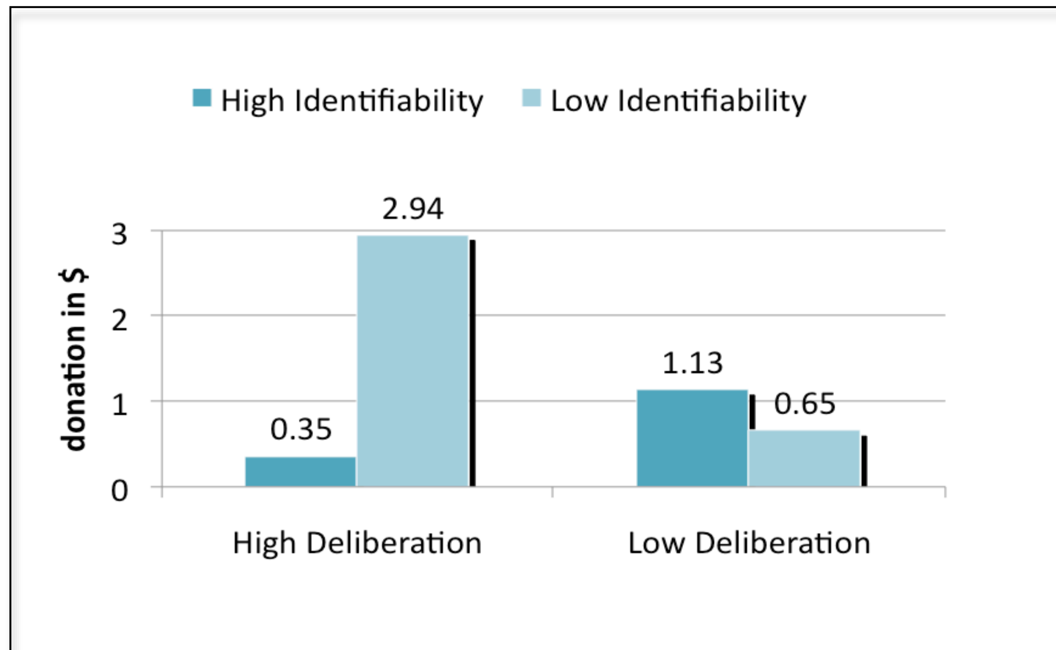
Study 3 was designed to replicate study 2 by using the alternative method of the deliberation manipulation. A total of 73 Baruch College students (female 53%; average age = 22) participated in this study in exchange for partial course credit. The study employed a 2 (Victim Identifiability: high vs. low) x 2 (Deliberation: high vs. low) between-subjects design. The dependent variable was donation intention. The design and procedure were identical to study 2, except that the degree of deliberation was manipulated with a priming task. First, I primed the modes of processing information, either deliberation-based or affect-based (Hsee and Rottenstreich 2004), which was also used by Small et al. (2007) to manipulate the degree of deliberation. In the high deliberation condition, participants were asked five questions that required them to engage in calculations (e.g., “If a consumer bought 30 books for $540, then, by your calculations, on average, how much did the consumer pay for each book?”), and in the low deliberation condition, participants were asked five questions to report their feelings (e.g., “When you hear the word ‘baby,’ how do you feel?”). Each participant then read a fictitious

donation request from a nonprofit organization that provides medical care and support for the victims of severe car accidents. The manipulation of victim identifiability was the same as study 2. After reading the request, participants indicated their sympathetic responses (compassionate, pitiful, sympathetic; $\alpha = .86$), donation intention to help the victim, personal connection with a victim of a traffic accident, and demographic information.

Results and Discussion

A 2 (Victim Identifiability: high vs. low) x 2 (Deliberation: high vs. low) ANOVA with the amount of donation (Donation) as a dependent variable and Personal Connection as a covariate revealed the main effect of Identifiability on Donation (F (1, 68) = 4.09, $p < .05$). The donation was higher when victim identifiability was low than when it was high ($M_{\text{high identifiability}}$ = .67, $M_{\text{low identifiability}}$ = 1.79). As expected, the two-way interaction was significant (F (1, 68) = 8.68, $p < .01$). Participants in the high deliberation condition donated more when the victim identifiability was low than when it was high ($M_{\text{high identifiability-high deliberation}}$= .35; $M_{\text{low identifiability-high deliberation}}$ = 2.94, $p < .01$). In the low deliberation condition, victim identifiability did not impact the amount of donations ($M_{\text{high identifiability-low deliberation}}$= 1.13; $M_{\text{low identifiability-low deliberation}}$ = .65, NS). In addition, among participants in the low identifiability condition, participants in the high deliberation condition donated more than those in the low deliberation condition ($p < .01$). These results strongly support the notion that a donation request that features an unidentified victim and attempts to induce people's deliberative thought increases donations to a misfortune that is construed as controllable. The results are presented in figure 8.

Figure 8: Donation to Charity (Study 3)



Mediation Analysis. To examine the mediating role of sympathy on the effect of victim identifiability and deliberation on donation, the same mediation analysis as in study 2 was used (Preacher et al. 2007). The results indicated that sympathy was predicted by the victim identifiability × deliberation interaction in the mediator variable model ($\beta = -1.22$, $t = -1.83$, $p < .05$). In the dependent-variable model, sympathy predicted donation ($\beta = .44$, $t = 2.36$, $p < .05$). The conditional indirect effect of victim identifiability on donation through sympathy was significant in the high deliberation condition ($z = -2.02$, $p < .05$) with the bias-corrected bootstrap 95% confidence interval with 5,000 resamples excluding zero (-1.225 to -.164), but not in the low deliberation condition ($z = -.13$, NS). In addition, the conditional indirect effect of deliberation on donation through sympathy was significant in the low victim identifiability condition ($z = 1.57$, $p < .10$) with the bias-corrected 95% confidence interval excluding zero (.049 to .994), but not in the high victim identifiability condition ($z = -.48$, NS). These results

support hypothesis 2 that predicts the mediating role of sympathy on the effect of victim identifiability and deliberation on donation.

In sum, study 3 replicates study 2, while eliminating the possible confounds that could be caused by the deliberation manipulation using statistics. The results of the present study strongly support the notion that a low level of victim identifiability in conjunction with a high level of deliberation are powerful influents regarding people's sympathetic responses and subsequent donation decisions toward a victim of a misfortune that is construed as controllable.

GENERAL DISCUSSION

Presenting personalizing information of a victim of a misfortune and stimulating people to sympathize with the victim often increases their desire to help that victim. To this extent, persuasion techniques that directly increase sympathy have a positive effect. As my findings indicate, however, additional considerations arise when aid is solicited in the context of a charitable appeal that aims to help a victim of a misfortune that is perceived as controllable. My three studies demonstrate that the characteristics of an appeal that encourage people to feel sympathetic with the victim by providing personal information can be detrimental to its effectiveness. Instead, excluding the victim's personal information and stimulating people's deliberation can effectively increase donations to help victims of controllable misfortunes.

This study contributes to the literature of the identifiable victim effect by demonstrating the moderating role of causal controllability on that effect. The conventional belief is that a donation request is most effective when it features an identified victim and promotes potential donors' emotional responses. The result of my study shows, however, that this conventional

belief is only really true when people perceive the misfortune to be uncontrollable by the victim. When people perceive the misfortune to be controllable by the victim, a donation request that features an unidentified victim and promotes people to think deliberately becomes more effective. Although deliberation is often discouraged in charitable appeals because it overrides sympathy (Small et al. 2007), my study suggests that when causal controllability of a misfortune is high, deliberation can effectively evoke sympathy and hence increases donations.

This work also has managerial implications for nonprofit organizations' fundraising efforts and delineates an effective communication method that can help increase contributions for social causes. The nonprofit organizations that support social causes with the mental-behavioral origins (e.g., drug abuse, obesity) tend to have difficulty raising donations because the perceptions of high controllability inherent in these causes tend to give rise to potential helpers' anger, which in turn evokes neglect (Weiner et al. 1988). My study highlights specific methods of promoting a potential helper's deliberative thought, for example, by providing victim statistics in order to frame the misfortune as societal, rather than individual-based, or by inducing the helper to think analytically rather than emotionally. My work demonstrates that by excluding personal information of the victim and taking steps to mitigate a potential helper's anger, which can impede deliberation, a donation appeal can be framed in such a way as to counter the negative responses (e.g., anger, blame) often associated with victims of controllable misfortunes and induce deliberative thought, resulting in a more favorable outcome.

In my theoretical framework, I focused on the importance of deliberation and the fact that deliberation can increase sympathy and helping when people perceive the misfortune to be controllable by the victim. There may be other factors that increase sympathy and giving to a controllable misfortune. For example, one of the important sources of sympathy for unknown

others is perspective taking (Batson, Early, and Salvarani 1997). Batson, et al. (1997) suggest that people are more likely to feel sympathetic for a member of a stigmatized group (e.g., convicted murderers, drug addicts) when they imagine themselves as a member of such group than when they do not. Perspective taking in a donation setting tends to create a conflict in a donor's cognition since it is difficult for the donor to imagine self to be both the victim and the helper (Hung and Wyer 2009). Hung and Wyer tested their theory with child trafficking as the social cause, which is a misfortune that is clearly uncontrollable by the victim. When the cause is controllable, however, it is possible that perspective taking effectively increases donations to the victim and deserves further consideration.

CONCLUSION

In two essays, my dissertation investigates factors that affect people' perceptions of causal controllability of a misfortune and their subsequent donation decisions. By doing so, my research broadens our knowledge of what motivates people to donate to charity and provides practical communication methods for nonprofit organizations' fund-raising efforts. The first essay shows that perceptions of causal controllability vary according to potential donors' vulnerability to a misfortune and their preferred manner of gaining a sense of control, and that the potential helpers who have secondary control orientation are less likely to perceive a misfortune to be personally controllable than those who have primary control orientation. This lower level of self-directed causal controllability increases the likelihood of secondary control oriented potential donors to provide aid. The second essay demonstrates that a charitable request that excludes a victim's personal information and promotes potential donors' deliberation increases donations to a misfortune that is construed as controllable, compared to a request that includes a victim's information and does not stimulate potential donors' deliberative thought.

Consistent with the well-established causal controllability literature, the results of the two essays indicate that a charitable appeal that frames a social cause as uncontrollable is more effective than an appeal that frames a misfortune to be controllable. Specifically, in the first essay, donations were higher when consumers perceived that they were less likely to personally prevent the misfortune, and in the second essay, donations were higher when the donation appeal described the victim to be innocent than when it emphasized the victim's responsibility. Thus, one may argue that a nonprofit organization would be better off by framing misfortunes that are commonly perceived as controllable in ways that render them seemingly uncontrollable.

However, such a strategy should be discouraged. While from the short-term fund-raising perspective, communication tactics that deemphasize controllability and victim responsibility may generate revenue through increased donations, in the long term, a nonprofit organization that uses such a tactic would miss a valuable opportunity to educate the public on lifestyle choices that can reduce the risk of diseases and unfortunate events. Over the long term, such a tradeoff is unlikely to result in the increased social welfare of the population that the organization serves and would thus run counter to the missions of most nonprofit organizations. Thus, in nonprofits' communications, a holistic approach that, implicitly or explicitly, includes both causal controllability and uncontrollability is ideal.

APPENDIX A

STIMULUS USED IN ESSAY 1 (STUDY 1)

HELP SAFE LIVES

Prostate cancer is the most common type of cancer found in American males, other than skin cancer. It is the second leading cause of cancer death in men, after lung cancer.

The American Cancer Society's most recent estimates for prostate cancer in the United States are for 2010:

- About 217,730 new cases of prostate cancer
- About 32,050 deaths from prostate cancer

About one in 6 men will get prostate cancer during his lifetime. And one man in 36 will die of this disease. Right now there are more than 2 million prostate cancer survivors in the United States.

While we do not yet know exactly what causes prostate cancer, we do know that certain risk factors are linked to the disease. A risk factor is anything that increases a person's chance of getting a disease. Some risk factors have a greater impact than others, and a risk for prostate cancer can change over time, due to factors such as aging or lifestyle. Below are some of the risk factors.

Gender: Being a male is the main risk for prostate cancer. A woman does not have a prostate and does not get this disease.

Genes: Scientists have found some inherited genes that seem to raise prostate cancer risk, but they probably account for only a small number of cases overall. Genetic testing for most of these genes is not yet available, and more study is needed in this area.

Family history: Men with close family members (father or brother) who have had prostate cancer are more likely to get it themselves, especially if their relatives were young when they got the disease.

Obesity: Some studies have found that being obese (having a high amount of extra body fat) may increase risk for having more advanced prostate cancer and of dying from prostate cancer.

Exercise: Studies have found that high levels of physical activity may lower the risk of advanced prostate cancer.

The Prostate Cancer Foundation is a non-profit organization that aims to increase prostate cancer awareness through education and provide clinical funding for research at leading medical centers.

HELP SAFE LIVES

Breast cancer is the most common type of cancer found in American women, other than skin cancer. It is the second leading cause of cancer death in women, after lung cancer. The American Cancer Society's most recent estimates for breast cancer in the United States are for 2010:

- About 207,090 new cases of invasive breast cancer in women
- About 39,840 deaths from breast cancer (women)

About one in 8 women will get breast cancer during her lifetime, and one woman in 35 will die of this disease. Right now there are more than 2 million breast cancer survivors in the United States.

While we do not yet know exactly what causes breast cancer, we do know that certain risk factors are linked to the disease. A risk factor is anything that increases a person's chance of getting a disease. Some risk factors have a greater impact than others, and a risk for breast cancer can change over time, due to factors such as aging or lifestyle. Below are some of the risk factors.

Gender: Being a woman is the main risk for breast cancer. While men also get the disease, it is about 100 times more common in women than in men.

Genes: About 5% to 10% of breast cancers are thought to be linked to inherited changes (mutations) in certain genes. The most common gene changes are those of the BRCA1 and BRCA2 genes. Women with these gene changes have up to an 80% chance of getting breast cancer during their lifetimes. Other gene changes may raise breast cancer risk, too.

Family history: Breast cancer risk is higher among women whose close blood relatives have this disease. The relatives can be from either the mother's or father's side of the family. Having a mother, sister, or daughter with breast cancer about doubles a woman's risk.

Obesity: Being obese is linked to a higher risk of breast cancer, especially for women after change of life or if the weight gain took place during adulthood. The risk seems to be higher if the extra fat is around the waist.

Exercise: Studies show that exercise reduces breast cancer risk. The only question is how much exercise is needed.

The Breast Cancer Research Foundation is a non-profit organization that aims to increase breast cancer awareness through education and provide clinical funding for research at leading medical centers.

APPENDIX B

PRIMARY-SECONDARY CONTROL SCALE (HEEPS 2000)

1. When I find that a goal is difficult to reach, I look for different ways to achieve it.
2. When I want something, I make it happen.
3. When something really matters to me, I put lots of time into it.
4. When I really want something, I work hard to achieve it.
5. When something gets in the way of a goal, I work out how to remove it.
6. When I cannot solve a problem myself, I ask others for help or advice.
7. When I want to do something new, I learn the skills to do it well.
8. When something bad happens, I can see that something good will come of it.
9. When something bad happens, I do something physical to take my mind off it.
10. When something bad happens, I remember you can't always get what you want.
11. When something bad happens, I know things will work out OK in the end.
12. When something bad happens, I tell someone about it to make me feel better.
13. When something bad happens, I remember I am better off than many other people.
14. When something bad happens, I remember I have already accomplished a lot in life.
15. When something bad happens, I remember the success of my family or friends.
16. When something bad happens, I do something nice to take my mind off things.
17. When something bad happens, I remind myself the situation will change if I am just patient.
18. When something bad happens, I tell myself it doesn't matter.
19. When something bad happens, I think about my success in other areas.
20. When something bad happens, I don't feel disappointed because I knew it might happen.
21. When something bad happens, I can see it was not my fault.
22. When something bad happens, I ignore it by thinking about other things.
23. When something bad happens, I realize I didn't need to control it anyway.
24. When something bad happens, I relax and don't think about it.

*Note: The items from 1 to 7 indicate primary control and the items from 8 to 24 indicate secondary control.

APPENDIX C

STIMULUS USED IN ESSAY 2

HELP SAVE A LIFE

(*deliberation high*) Motor vehicle accidents are the leading cause of death among young adults in the United States, accounting for more than one in three deaths in this demographic group. More than a million young adults were treated in emergency departments for injuries suffered in motor vehicle crashes per year.

(*deliberation low*) Motor vehicle accidents are the leading cause of death among young adults in the United States.

(*identifiability high*) A recent victim is Chris, a 21-year-old student who was severely injured in a car crash.

(*identifiability low*) A recent victim is a student who was severely injured in a car crash.

(*controllability high*) Chris [The student] was driving under the influence of alcohol and crashed into another car.

(*controllability low*) Chris's [The student's] car was hit by another car driven by someone who was driving under the influence of alcohol.

New York Road Safety Foundation is dedicated to help victims of motor vehicle crashes. Your contributions will be used to provide medical cares and support for victims of major car accidents, including Chris [this student], and fund road safety projects.

New York Road Safety Foundation is a provider of road safety advocacy and support to victims affected by motor vehicle accidents

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