PROMOTION OF OTHER-ORIENTED BEHAVIOR TOWARDS A TARGET WITH DEMENTIA: USING PERSPECTIVE TAKING TO ENHANCE EMPATHIC CONCERN AND REDUCE PITY

By Amy M. Schlueter

The population of individuals with dementia is expected to increase in the future. Thus, discovering the antecedents of willingness to help those with dementia is of current concern. In the present study, participants were shown a picture of a woman with dementia and were randomly assigned to either imagine her situation (imagine-other condition), remain objective and detached about her situation (stay-objective condition), or received no further instructions (no instructions) condition. It was hypothesized that imagine-other and no-instructions participants would experience higher empathic concern than stay-objective participants. Participants in the no instructions condition were predicted to experience higher levels of pity compared to those in the stay-objective and imagine-other conditions. Furthermore, participants in the imagine-other condition were expected to be more willing to help the woman with dementia than participants in the no instructions and stay-objective conditions. Contrary to expectations, perspective-taking instructions had minimal impact on self-reported levels of pity or empathic concern. However, participants in the imagine-other and stay-objective conditions had higher rates of volunteerism than participants in the no instructions condition. A series of binary logistic regressions revealed that pity and perspective-taking manipulation predicted volunteerism among participants in the imagine-other condition. Only the perspective-taking manipulation predicted rates of volunteerism among participants in the stay-objective condition. The results of this study suggest that characteristics of a target with dementia may have a greater impact than perspective-taking instructions on empathic concern and pity. Furthermore, level of pity may be more predictive of willingness to volunteer for an individual with dementia than empathic concern in certain scenarios. Finally, factors other than vicarious emotions may motivate individuals to volunteer for a target with dementia when trying to remain objective.

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by

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Introduction

In 2007, an estimated 3.4 million people over the age of 70 had some form of dementia. This constitutes about 14% of that segment of the United States population (Plassman et al., 2007). As the aging population has continued to grow, the number of persons with dementia could increase by one third in the future (Hebert, Weuve, Scherr, & Evans, 2013). Many of these people will need assistance in their day-to-day activities. Helping persons with dementia will thus become increasingly important.

Empathic concern and pity are two emotions which reflect a concern for someone in need (including those with dementia), which can instigate a desire to help. In turn, these emotions promote helping behavior (Batson, 2011; Ben-Ze'ev, 2000; Florian, Mikulincer, & Hirschberger, 1999; Geller, 2006; Lazarus, 1991; Lazarus & Lazarus, 1994; Lunardo & Bezencon, 2015; Skiffington, Fernandez, & McFarland, 1998; van der Cingel, 2011; Vilardarga, 2009). Despite this similarity, these two emotions encompass different motivational states. Empathic concern (sometimes referred to as compassion or sympathy) conjures a desire to address the needs of a person with dementia unencumbered by other perceptions, motivations, and emotions (Batson, 2011; Geller, 2006; Lazarus, 1991; Lazarus & Lazarus, 1994; Ben-Ze'ev, 2000; Vilardaga, 2009). Pity on the other hand, also comprises a feeling of superiority and/or a belief that helping would prove ineffective, in conjunction with feeling concern over another's need (Florian et al., 1999; Geller, 2006; Lazarus, 1991; Lazarus & Lazarus, 1994; Lunardo &

Bezencon, 2015; Skiffington et al., 1998; van der Cingel, 2011; Ben-Ze'ev, 2000). Either way, pity engenders a mixed emotional state, diluting the impetus to help. Taking the perspective of someone with dementia may reduce the negative effects of pity by encouraging an other-oriented desire to help the person in need out of concern for his or her welfare and reducing any egoistic considerations (Batson, 2011; Diggins, 2010; Kohn, 1990; Myers, Laurent, & Hodges, 2014; Viladarga, 2009). Given the conceptual overlap between pity and empathic concern (Ben-Ze'ev, 2000; Florian et al., 1999; Lunardo & Bezencon, 2015), it is important to distinguish conceptually between the two emotions by using an experimental design that tests the conditions under which each of these two emotions predicts helping a person with dementia. This is an especially relevant goal given that individuals with dementia have previously been found to elicit both empathic concern and pity (O'Conner, & McFadden, 2012).

Pity and Dementia

Characteristics of pity. Most contemporary scholars conceptualize pity as a mixed emotional state in which one feels distress over another person's suffering, while simultaneously believing that one is superior to the individual in distress and/or that one is not in a position to offer substantial help (Lazarus, 1991; Lazarus & Lazarus, 1994; Lunardo & Bezencon, 2015; Ben-Ze'ev, 2000). A few studies have empirically examined the nature of pity. In one study, participants were asked to describe a situation in which they felt pity (Florian et al., 1999). A factor analysis on participant reports revealed pity is comprised of three components: compassionate caring, passive identification, and a

false sense of superiority. Compassionate caring involves a desire to help the other. Passive identification involves helpless distress, which involves a desire to be passive and escape the distress of the other. The false sense of superiority involves feelings of vulnerability and emotional discomfort, as well as a feeling of superiority, distancing tendencies, and self-focused thoughts. The authors concluded the false sense of superiority is a defensive strategy against distress aroused through witnessing suffering, or concern that the witnessed misfortune may happen to oneself.

However, Skiffington, Fernandez, and McFarland (1998) did not find superiority to be an aspect of pity. In their research, participants rated theoretical aspects of various negative emotions. A principal component analysis found pity to be composed of feeling sorry for someone in hardship with a corresponding desire to assist the other. Feelings of superiority and avoidance tendencies did not load on to pity. It is possible that the items did not seem to apply to pity due to being overly extreme (e.g., “Someone doesn’t even deserve my attention”) given that these items were theorized to reflect other emotions (e.g., contempt). Also, positive aspects of pity may have become especially salient and used to differentiate pity from the list of negative emotions.

For the purpose of this research, pity is considered “an ambivalent emotion …composed of a selfless and benevolent dimension reflecting understanding of the suffering of others, and …a self-focused hypocritical and egoistic dimension” as originally defined by Lunardo and Bezencon, (2015). It is important to note that pity is considered its own construct separate from personal distress, contempt, or empathic concern in this research. Unique to pity is the simultaneous consideration of the self, the

other, and the interaction between them. These other constructs imply a singular focus of the self (personal distress) or the other (empathic concern, contempt).

Arousal of pity. A few stereotypical characteristics of individuals with dementia seem to elicit pity. First to be pitied, an individual or group must be perceived as being in a need situation (Ben-Ze'ev, 2000; Florian et al., 1999; Lazarus, 1991; Lazarus & Lazarus, 1994; Skiffington et al., 1998). If no need is perceived, then no suffering is thought to exist and thus the sympathetic distress aspect of pity is not activated. Persons with dementia can elicit pity because many assume that their wellbeing can only deteriorate. A study on the effects of disease label and prognosis on stigma found that participants felt greater pity for an individual with a prognosis for worsening dementia or traumatic brain injury symptoms than for an individual described as having static or improving symptoms (Johnson, Harkins, Cary, Sankar, & Karlawish, 2015). This work and other research suggest that individuals may perceive those with dementia as having poor prognosis unless told otherwise (Townsend, Godfrey, & Denby, 2006).

Ben-Ze'ev (2000) suggests deservingness may also play a role in pity. That is, if an individual is perceived to be underserving of their situation, then pity may result. However, pity is unlikely to arise if the individual is perceived as suffering as a consequence of their own behavior. Lazarus (1991) and Lazarus & Lazarus (1994) suggests otherwise. If an individual is perceived to be responsible for their situation, pity can result as evidenced by the phrase 'I pity you' when said in disdain. However, such instances seem closer to contempt, rather than pity, because the individual is implying that they do not feel distress over the person's suffering. In a study examining stigma

against a man having dementia, pity was found to correlate negatively with perceptions of responsibility for behaviors that exhibit symptoms of dementia, such as needing assistance with hygiene maintenance (Werner, 2008). That is, participants were more likely to pity the man if they believed he was unable to control his behavior.

Finally, the stereotype content model (SCM) suggests that persons from out-groups are stereotyped according to their perceived level of warmth and competence (Fiske, Cuddy, Glick, & Xu, 2002). Persons from groups that are stereotyped as highly warm but incompetent tend to be pitied, including the elderly and disabled. Partially within an SCM framework, O'Conner and McFadden (2012) experimentally assessed the effect a dementia diagnosis has on pity. Undergraduates were given a vignette describing either a young or elderly person. Included in the vignette was a medical assessment, which described the person as either having arthritis, dementia (dementia-like illness for younger targets), normal health, or unknown health. A statistically significant age x diagnosis interaction was found. Older targets were seen as less competent but warmer than younger targets. However, this difference was not significantly different when comparing targets with dementia/dementia-like illness and targets of the same age with arthritis. Targets diagnosed with dementia/dementia like illness were rated as less competent but warmer than all other targets. However, this difference was only significantly different when comparing the target with dementia/dementia-like illness and the target of the same age with normal health. Importantly, this study also examined the effect of diagnosis of dementia on pity. Across all targets, the elderly person with

dementia was the most pitied, while the young person with a dementia-like illness was the second most pitied.

Infantilization. Pity towards the elderly, and those with dementia in particular, can lead to infantilization and other behaviors indicating an assumption that the person is not competent to take care of themselves. Through perceived loss of autonomy and other signatures of adulthood, individuals with dementia are often perceived as childlike. Infantilization has been defined as a pattern of behavior in which a person treats an adult like a child (Marson, & Powell, 2014). Such treatment towards people with dementia has been seen in the form of inappropriately denying personal agency (Boyle, 2014), using baby-talk, encouraging participation in games and activities designed for children, and lack of privacy (Salari, 2006) just to name a few.

Infantilization can be seen as one form of dehumanization proposed by Haslam et al. (2005). In this theory, human characteristics are divided into Human Nature (HN) and Human Uniqueness (HU) traits. HN characteristics are traits that are believed to be fundamental to humanity, such as emotional responsiveness. HU characteristics are traits that are believed to be possessed only by (most) humans, such as refinement. Treating adults with dementia as children implies denial of the mature traits of HU characteristics. Furthermore, infantilization also implies a sense of superiority because all humanness characteristics are typically perceived to be high in the self (Haslam et al., 2005), so denial of any characteristic denotes that the other is less human.

Comparisons of the stereotype content model (SCM) with Haslam et al.'s dehumanization model suggest pitied groups are denied HU characteristics, but are

attributed HN characteristics. Li, Leidner, and Castano (2014) integrated both dehumanization models into one theory. The authors noted similarities between animalistic dehumanization (directed toward people perceived to have relatively high levels of HN traits but low levels of HU traits) and paternalistic prejudice (directed toward people perceived to have low competence and high warmth) suggesting both types of target groups are perceived as unintelligent and lacking self-control, yet friendly. The elderly and disabled were proposed as prototypical victims of animalistic dehumanization and paternalistic prejudice.

Vaes and Paladino (2009) empirically examined the relationship between perceptions of HU characteristics and perceptions of warmth and competence. By comparing different regional/ethnic out-groups characterized by low competence/low warmth, low competence/high warmth, and high competence/high warmth, the authors found that competence, but not warmth, corresponded to higher levels of perceived HU characteristics. Thus, pitied outgroups were attributed less HU characteristics then envied outgroups or the ingroup.

Pity and helping behavior. The complex nature of pity may arouse seemingly contradictory cognitive and behavioral tendencies. On the one hand, feeling distress over the suffering of another arouses a wish to alleviate the suffering through effective helping behavior. On the other hand, a sense of false superiority and/or a belief that any help offered would prove inadequate leads to passivity. These contradictory responses of helping (which is an other-oriented approach) and avoidance (i.e., escape from helping) lead to difficulty in predicting pity-motivated behaviors (Lunardo & Bezencon, 2015).

The sparse literature that does exist on pity and helping behavior suggests pity can produce a desire to assist a person in need (Cikara, & Fiske, 2011; Florian et al., 1999; Geller, 2006; Trounson, Critchley, & Pfeifer, 2015; Townsend et al., 2006; Werner, 2008). However, the helping behaviors that result are relatively ineffective due to lack of effort involved in some forms of pity-motivated helping. As described by Ben-Ze'ev (2000), "In pity we reduce the unpleasantness of the situation not by solving the basic problem, but by diverting our attention away from it. This is done by paying lip service to other's misfortune or by offering token help which cannot change the basic misfortune" (p. 339).

Pity was found to produce contradictory attitudes toward asylum seekers (Trounson, Critchley, & Pfeifer, 2015). The authors sought to examine the influence of espousing a social dominance orientation (SDO), which is defined as a desire for the individual's ingroup to dominate outgroups, on attitudes toward asylum seekers and policies designed to address their needs. The authors hypothesized that individuals high in SDO would report greater levels of negative emotions, less support for policies designed to assist asylum seekers, and a greater tendency to dehumanize them. To test this hypothesis, Australian citizens participated in an online survey measuring SDO, negative emotions, attitudes, and dehumanization. In this study, dehumanization was conceptualized as viewing asylum seekers as antisocial or a threat. Pity was found to correlate negatively with SDO and tendencies to dehumanize asylum seekers, both prosocial attitudes. However, pity and attitudes towards asylum seekers and asylum seeker-friendly policies (e.g., support for encouraging asylum seekers to the participants'

country) were found to be negatively correlated. Thus, it appears that some of the same participants who acknowledged the humanity of asylum seekers also did not wish to welcome them to their homeland. People who pitied asylum seekers may recognize the need to offer employment, housing, government assistance and other services should the asylum seekers arrive. Participants may have then concluded resources would become unavailable to citizens like themselves, or other worthy causes especially if they viewed asylum seekers as less competent than themselves, or unable to become contributing members of society.

In another study, participants recalled behaviors such as encouraging, hugging, and seeking professional help when feeling pity for another (Florian et al., 1999). However, participants also reported continuing as if nothing happened and trying to avoid the situation as behaviors they engage in when feeling pity for someone. The situations the participants faced when experiencing pity were not described in the study so it is difficult to assess the conditions under which pity lead to helping or avoidance. Indeed, participants who reported helping behavior may have been in a situation in which prosocial behavior was easier to do than avoiding the suffering person. For example, seeking professional help may refer to a participant connecting a roommate to a counselor to stop disturbing behavior without otherwise addressing the underlying problem.

Pity was also unrelated to helping behavior in a sample of emergency medical personnel imagining a hypothetical patient who had self-harmed (MacKay & Barrowclough, 2005). In the context of dementia caregiving, no relationship was found

between pity and helping by medical personnel when an individual with dementia had exhibited challenging behavior (Todd & Watts, 2005). Hospital and clinic protocol imposes minimum standards of helping behavior and medical care (MacKay & Barrowclough, 2005; Todd & Watts, 2005). Personal desire not to get involved, or a belief that their own help is likely to be ineffective would be overwhelmed by the threat of official and unofficial sanctions for not carrying out basic standards of care. However, personnel who felt pity also did not seem to put in extra effort compared to personnel who did not feel pity.

Similarly, pity was unrelated to a desire to use coercive treatment or restraints to control challenging behavior exhibited by a hypothetical person with dementia (Werner, 2008). Here, participants from the general population may have felt unable to effectively handle a person exhibiting challenging behavior and wished to escape by leaving treatment decisions to professionals. Yet, pity was negatively related to desire for social distance towards the person with dementia (Werner, 2008). In other words, pity created a desire to interact with the person with dementia. In this instance, the social interactions with the person who had dementia involved little personal cost, such as having dinner with him.

Even when people do engage in helping behavior when experiencing pity, qualitative research suggests that such help is less effective than empathically induced helping. Individuals needing help typically reject expressions of pity, as it can connote inferiority (Geller, 2006; van der Cingel, 2011). Recipients of pity understand the perceived inferiority or suffering will not be remedied, leading to hopelessness by both

parties. Because pity maintains a sense of distance between the pitier and the pitied, a true understanding of the object of pity may not be fully appreciated and thus helping behavior is more likely to be misguided. Diggins (2010) relates an apt anecdote in which she treated a poor man as a nurse. She states “that focusing on his poverty took my focus off of him as a person… I wanted to give him new clothes and somehow improve his appearance.” (p. 274). Diggins’s focus on superficial issues is telling.

Infantilization may emerge when helpers pity the people with dementia they are trying to support. Within adult day centers, infantilizing behaviors were usually thought to be appropriate by caregivers (Salari, 2006). Some of the infantilizing activities were even designed to help individuals with dementia. For example, a few centers engaged clients in trivia games designed for memory practice as well as temporal and spatial awareness. However, because the questions were so simple (e.g., naming the current season) participants other than those at the lowest level of functioning remained unengaged and missed an opportunity for cognitive exercise. Furthermore, this study found infantilization confers loss of identity, weak relationships, negative adaptation patterns (e.g., fighting the system), avoidance (sleeping), and low participation. Marson and Powell (2014) have even theorized that infantilization (among those with dementia included) results in greater cognitive impairments than when interactions respect the elderly as adults.

Empathic Concern and Dementia

Characteristics of empathic concern. Empathy or empathic concern has been defined in numerous ways. In fact, Batson (2011) listed a total of eight different definitions cited in the literature. For clarity, the definition here will be similar to that given by Vilardaga (2009) and stated by Batson (2011) as an "other-oriented emotion elicited by and congruent with the perceived welfare of someone in need" (p. 11). (Some authors have referred to this emotional state as sympathy or compassion and will be cited here as such.) In empathic concern, unlike in pity, basic equality is perceived between the self and the person in need. Furthermore, the motivation to alleviate the need state of the other can only be relieved when helping the other actually redresses the need (Batson, 2011, for a review), or knowing that their need will be redressed quickly through some other means (Ben-Ze'ev, 2000). Because helplessness is not associated with empathic concern, passive acceptance of the situation is not likely to occur, regardless of ability to help. A final distinguishing feature of empathic concern in comparison to pity is a full understanding of the self and the other as unique and distinct human beings. In other words, "there is distinction between who another individual really is… and [one's] thoughts, feelings, or relational responses about him/her" (Viladarga, 2009).

Arousal of empathic concern. Several factors promote the arousal of empathic concern. The first requirement is that an observer must perceive the observed as in need (Batson, 2011; van der Cingel, 2011). The presence of a disease, such as dementia, necessarily implies some level of need. However, empathically concerned individuals are aware that suffering is subjective, and so may consider the other's priorities (van der

Cingel, 2011). Unlike in pity, however, these needs or states of vulnerability do not lead the observer to believe the individual is in any way inferior. Quite the opposite, valuing the other's welfare is a requirement of empathic concern (Batson, 2011).

Research suggests people may spontaneously empathize with individuals who have dementia. Miron et al. (in press) found that participants spontaneously empathized with a woman who had dementia when given no perspective taking instructions. The study conducted by O'Conner and McFadden (2012), which found undergraduates pitied young and old persons with dementia more so than persons with other health statuses, also found that participants empathized with the targets with dementia. Interestingly, participants reported feeling more empathic concern than pity for all targets. However, targets with dementia were empathized with to a significantly greater extent only compared to young targets with normal health. The elder target with dementia was also empathized with more than was the young target with unknown health status.

Empathic concern and helping behavior. Empathic concern likely gives rise to greater and more effective helping behavior than helping behavior that arises from pity (Ben-Ze'ev, 2000). Unlike pity, sympathy (the authors' term for empathic concern), positively predicted willingness to help an individual who self-harmed among emergency medical services personnel (Mackay & Barrowclough, 2005). Sympathy in contrast to pity was also found to positively predict helping behavior towards an individual who was discovered wandering or exhibiting excessive verbal behavior (e.g., yelling; Todd & Watts, 2005). Viladarga (2009) theorizes that empathic concern results in better

interpersonal relationships by offering insight into the other's behavior and one's own reaction to the behavior.

Van der Cingel (2011) identified three consequences described by interviewees as outcomes of compassion (i.e., empathic concern): 1) compassion results in information that is useful in attaining desired outcomes. That is, once a person understands another's wishes, goals, support systems can be thoughtfully implemented. 2) Compassion softens the other's image. Once the causes of difficult behavior are understood as due to suffering, the individual is no longer considered merely a nuisance, but as an individual who is simply trying to get their needs met. 3) Compassion directly contributes to effective helping behavior by motivating individuals to provide care to the best of their abilities.

Empathic concern is thus an emotional state in which the ultimate goal is enhancing the welfare of the person in need. On the contrary, pity is an emotion in which the motivation to help is restrained due to a sense of superiority and/or a belief that helping would prove inadequate to eliminate observed suffering.

One strategy of inducing empathic concern and thus helping behavior is through a perspective-taking mindset (Batson, 2011; Myers, Laurent, & Hodges, 2014). Imagine-other perspective-taking involves considering an observed other's lived experience ("I wonder how she feels right now about her situation?"). By focusing on the other and not on the self, an understanding and concern about their welfare develops, eliciting empathic concern. Instructing participants to remain cognitively and emotionally detached

decreases empathic concern towards the target, and subsequently decreases helping of the person (Batson, 2011).

Taken as a whole, the literature suggests that in the absence of perspective-taking instructions, both empathic concern and pity lead to various forms of helping. However, when the target is a person with dementia, pity leads to an infantilizing form of helping whereas empathic concern promotes helping which recognizes the person with dementia as an adult.

Overview of the Study and the Hypotheses

Undergraduate students were randomly assigned to one of three experimental conditions: a perspective-taking condition, a stay-objective condition, and a no instructions condition. A vignette concerning a target woman with dementia and an accompanying photograph were presented. Participants filled out a series of questionnaires to assess emotions elicited by the target, level of other-oriented helping behaviors generated by participants (reverse of infantilization and distancing), and were offered an opportunity to volunteer for the target woman. Whether participants accepted the offer to volunteer, and how much time they offered, was used as a measure of willingness to help.

Six hypotheses were tested in this study:

H1a: Individuals in the no-instructions condition would report experiencing greater empathic concern when reading a vignette describing an individual with dementia, compared to those in the stay-objective condition.

H1b: Individuals in the no-instructions condition would report experiencing greater pity when reading a vignette describing an individual with dementia, compared to those in the stay-objective condition.

H2: Individuals asked to take the perspective of a person with dementia (imagine-other condition) would experience less pity than participants in the no-instructions condition.

H3: Participants in the imagine-other condition would experience more empathic concern than those in the stay-objective condition.

H4a: Participants in the imagine-other condition will report less infantilizing forms of helping than those in the no-instructions and stay-objective conditions.

H4b: Participants in the imagine-other condition will report less distancing forms of helping than those in the no-instructions and stay-objective conditions.

Table 1

Predicted Relative Affective Results

	Perspective Taking Instructions		
Predicted Outcomes	No Instructions	Imagine-Other	Stay-Objective
Emotions			
Pity	High	Low	Low
Empathic Concern	High	High	Low
Helping Behavior			
Infantilization and Distancing	High	Low	High
Volunteering	Low	High	Low

Mediation Hypotheses

H5a: Compared to the stay-objective condition, imagine-other perspective-taking would increase empathic concern, which in turn will lead to less infantilizing forms of helping and greater rates of volunteerism.

H5b: Compared to the stay-objective condition, imagine-other perspective-taking would increase empathic concern, which in turn will lead to less distancing forms of helping and greater rates of volunteerism.

H6a: Compared to the imagine-other condition, the no instructions condition would increase pity for the target, which in turn, would lead to greater infantilizing forms of helping and lower rates of volunteering.

H6b: Compared to the imagine-other condition, the no instructions condition would increase pity for the target, which in turn, would lead to greater distancing forms of helping and lower rates of volunteering.

Methods

Participants

A total of 105 participants (65.70% female; 79.00% white) were recruited from an undergraduate general psychology class. Participants were compensated with course credit for their time. Analyses were also conducted with and without participants who indicated high levels of suspicion (coded 4 or 5 out of 5). Because suspicion did not affect the significance of the results, these participants' data were left in. One participant's data was removed due to greater than 20% of data missing.

Procedure

The procedure used was adapted from Miron et al. (in press; see also Miron et al., 2016). The author and another female graduate student both tested participants individually. Analyses were performed with researcher as an independent variable. Because there were no significant main effect or interactions due to the researcher variable, results are collapsed across the two researchers.

After signing the consent form, participants were informed that they would participate in a study about reactions toward news stories. They read that the researcher was interested in how people react and understand local news presented over different media channels: audio, visual, or mixed. They were informed that some participants in the study were asked to read a news article and view a photo of the person depicted in the story, some were given the article with no photo, and some only listened to the news

story. They then read that the researcher had nine different stories but that due to time constraints, participants will be assigned to only one story. All participants were informed that they had been assigned to Story #2, “Photo plus caption only”.

Participants were then given a picture of an elderly woman. The photo caption conveyed that she had previously been a successful public advocate, but had more recently been diagnosed with dementia and had moved into a memory care unit within a nursing home due to her difficulties in verbal communication. Participants read that prior work has shown that individuals attend to true stories better when they are given specific instructions. The cover story was used to manipulate perspective taking.

Manipulation of perspective taking. For this study, a classic experimental manipulation by Batson and his colleagues (see Batson, 2011 for a review) was used to instigate empathic concern for the person in the picture. Participants in the *stay-objective condition* read: “As you look at the woman in the photo, try to be as objective and detached as possible about her situation. To remain objective, don’t let yourself get caught in imagining how she is thinking or feeling. Make careful and objective observations of her situation and try to remain detached as you read the information.” Participants in the *imagine-other condition* read: “As you look at the woman in the photo, try to imagine her situation. Picture to yourself what she is experiencing in the situation and how the situation is affecting her life. Do not imagine how you would feel in her situation. Please remember to imagine her situation from her point of view.” Finally, participants in the *no instructions condition* were asked to take a look at the photo of the woman but were not given any further instructions.

Emotion items. A 28-item questionnaire regarding participants' emotions toward the target was developed for the current study based on items from Batson, Fultz, and, Schroenrade (1987), Lazarus (1991), as well as items included for theoretical purposes. Participants were instructed to rate a list of adjectives on ten-point Lickert scales (1 = not at all, 10 = extremely) according to their feelings toward the target. The adjectives used for pity (pity and feeling sorry for) were selected by the author. The adjectives from Batson et al. (1987) measured empathic concern (compassionate, soft-hearted, warm, tender, sympathy, and moved). Personal distress items (alarmed, upset, worried, disturbed, distressed, troubled), sadness (sadness and sorrowful), helplessness (helpless and hopeless), and anxiety, were included since these emotions and pity overlap conceptually by engendering self-focus concern over another's distress. Similarly, contempt was included since this also overlaps with pity as arising through perceived superiority over another. The adjective from Lazarus (1991) were included to obscure the true purpose of the study and measured joy (amusement, happy, and gladness) and anger (anger, resentment, and dislike).

Perception items. Participants rated their perceptions of the target's personal characteristics rated on a 10-point Lickert scale (1 = Not at all, 10 = Extremely). Items were developed based upon the Human Uniqueness (HU) characteristics identified by Haslam et al. (2005): broad-minded, humble, polite, thorough, disorganized, rude and stingy. Human Nature (HN) characteristics identified by Haslam et al. (2005) were included to differentiate pity from broad dehumanization: active, curious, fun-loving, impatient, impulsive, jealous, and shy. Based on previous research (Vaes, & Paladino,

2009; Miron, et al., in press), it is expected that individuals experiencing higher levels of empathic concern will perceive the target as having greater levels of HU characteristics than individuals experiencing lower levels of empathic concern. However, individuals experiencing higher levels of empathic concern (versus lower levels of empathic concern) were not expected to perceive the target as having higher levels of HN characteristics, as previous research has suggested that a target having dementia does not influence perceptions of HN characteristics in individuals experiencing empathic concern (Miron, in press). Participants experiencing higher levels of pity were predicted to perceive the target as having lower levels of HU characteristics than individuals experiencing lower levels of pity due to feelings of superiority. Perceptions of HN characteristics were not expected to vary based upon levels of pity because targets of pity are theorized to be perceived as having characteristics resembling HN characteristics, such as emotionality (Li, Leidner, Castano, 2014). Warmth (well-intentioned, trustworthy, warm, good-natured, and sincere) and competence items (competent, confident, capable, efficient, intelligent, and skillful) developed by Fiske et al. (2002) were included. Based on previous research of the stereotype content model, individuals experiencing higher levels of empathic concern were predicted to perceive the target as having higher levels of competence than individuals experiencing lower levels of empathic concern. Furthermore, perceived warmth was not predicted to vary according to levels of empathic concern. Participants experiencing higher levels of pity were predicted to perceive lower levels of competence in the target than participants experiencing lower levels of pity. However, pity was not predicted to relate to perceptions of warmth. The term “friendly”

is an item found in both the HN and warmth characteristics, and so was removed to maximally differentiate these concepts.

Open-ended self-reflection. Participants experiencing the complex emotion of pity may respond similarly as those experiencing only personal distress (e.g., distancing wishes and behaviors). In order to distinguish these constructs, participants were asked to describe their thoughts, reflections, and wishes they experienced while reading the vignette. Answers were coded for distancing, infantilizing, and specific emotions reported by participants. Especially important is evidence of infantilization which is a component of pity but is absent in personal distress. Themes which emerged from the data were also coded for exploratory analyses.

Helping behavior. In order to assess the amount and type of helping behavior participants may be willing to offer, the target was described as "in need of dementia services". Participants were asked about ways in which they would help the target. Answers were coded for type of volunteer services offered and amount of time participants indicate they are willing to volunteer.

Because social desirability may cause participants to inflate their stated willingness to help, a second measure of helping was used. Ostensibly, after the completion of the survey, participants were informed of an opportunity for them to volunteer in order to ascertain levels of actual helping behavior. Specifically, participants were asked if they would like to record themselves reading books which are currently unavailable in an audio format, but are favored by the woman. Respondents were asked if they are willing to volunteer, and if so, for how much time over a month-long period.

Manipulation checks. Three questions assessed the effectiveness of the perspective-taking manipulation: 1) “While looking at the photo/reading the caption, to what extent did you try to imagine how the woman in the news story was feeling about her situation?”; 2) “While looking at the photo/reading the caption, to what extent did you try to imagine how you would feel if you were affected by the situation?”; 3) “While looking at the photo/reading the caption, to what extent did you try to remain as objective and detached as possible about her situation?” (on 7-point scales, 1 = Not at all; 7 = Extremely).

During the debriefing process, participants were assessed for levels of suspiciousness on a 1-5 scale, 1 = not suspicious to 5 = extremely suspicious.

Results

Initial Analyses

Normality. All variables to be entered into quantitative analyses were analyzed for skewness and kurtosis. Competence was platykurtic (kurtosis = -1.31, *SE* = 0.47). Hopelessness (skewness = 0.93, *SE* = 0.24) and personal distress (skewness = 1.07, *SE* = 0.24) had positive skew. Contempt had both positive skew (skewness = 2.87, *SE* = .24) and was leptokurtic (kurtosis = 10.14, *SE* = 0.48). Transformations would not remediate all deviations from normality, and were thus left untransformed. All other variables (pity, empathic concern, warmth, human nature characteristics, human uniqueness characteristics, and sadness) were normally distributed. No outliers were detected.

Manipulation checks. A series of one-way ANOVAs were conducted to assess the effects of the perspective taking manipulation (1 = imagine-other, 2 = stay-objective, and 3 = no instructions) on the manipulation check items. Levene's test of homogeneity of variances were significant for all manipulation check ANOVAs (*p*'s < .05). Thus, post hoc comparisons were conducted using the Games-Howell test which is less sensitive to heterogeneity in variances.

Participants varied significantly in the degree to which they attempted to imagine how the woman in the vignette felt in her situation, F (2,101) = 11.01, $p < .001$. Results indicated participants in the imagine-other condition reported significantly higher levels of attempting to imagine how the woman feels (M = 5.85, SD = 1.40) compared to participants in the no instructions (M = 5.03, SD = 1.22), t (65.34) = 2.61, p = .01, d =

0.63, or compared to the participants in stay-objective condition (M = 4.14, SD = 1.85), t (63. 18) = 4.34, $p < .001$, d = 1.04 respectively. Participants in the no instructions condition reported significantly higher levels of attempting to imagine how the woman feels (M = 5.03, SD = 1.22) than participants in the stay-objective condition (M = 4.14, SD = 1.84), t (59.00) = 2.36, p = 0.02, d = 0.61.

Participants varied significantly in the degree to which they attempted to remain objective and detached while reading the vignette, F (2, 101) = 31.86, $p < .001$. Specifically, participants in the stay-objective condition (M = 5.71, SD = 1.32) reported higher levels of trying to stay objective and detached than participants in the imagine-other (M = 2.94, SD = 1.43), t (66.16) = 8.34, $p < .001$, d = 2.01 or no instructions conditions (M = 3.51, SD = 1.79), t (62.54) = 5.86, $p < .001$, d = 1.40 respectively. Participants in the no instructions and imagine-other conditions did not differ significantly, t (64.70) = 1.47, p = .15.

Finally, participants also varied significantly in the degree to which they attempted to imagine how they would feel if they were placed in the same situation as the woman described in the vignette. Participants in the stay-objective condition reported significantly lower levels of trying to imagine themselves in the same situation as the woman in the vignette (M = 4.87, SD = 2.00) than participants in the imagine-other (M = 5.91, SD = 1.24), t (57.00) = 2.64, p = .01 and no instructions condition (M = 5.91, SD = 1.15), t (59.00) = 2.71, p = 009. Participants in the imagine-other and no instructions conditions did not differ significantly from each other, t (66.24) = .001, p = .99.

Emotions and perception items (open-ended response themes). Scale scores for the quantitative items were computed by calculating the means for each of the following variables: pity, empathic concern, personal distress, sadness, helplessness, perceived human uniqueness (HU) characteristics, perceived human nature characteristics (HN), warmth, and competence. Alpha levels ranged from adequate to excellent, depending upon scale (α's ranged between .71 and .95).

In order to gain better insight into features which may distinguish empathic concern and pity, participants were asked to describe their thoughts, reflections and wishes they experienced while reading the vignette. Participants' responses were coded for distancing and infantilization, the later as a proxy for feelings of superiority – a theoretical aspect of pity that is absent from empathic concern. Responses were first separated from the rest of the questionnaires to keep raters blind to condition. The author then read through all responses to uncover common themes, which were categorized as potentially reflecting the themes of infantilization or distancing from the target. The author and a graduate student then independently coded responses for the presence of each theme.

Distancing themes which emerged included participants' discussion of dementia in relation to known individuals or participants' themselves (as opposed to the target), rationalizing the difficulty the woman faces, and desire for others (rather than the participant) to help the woman. The number of 1st and 3rd person pronouns were also counted because these may indicate the degree to which participants engaged in psychological distancing versus having a social orientation, respectively (Cohn, Mehl, &

Pennebaker, 2004). Infantilizing themes included beliefs about the woman needing to be in a nursing home (e.g., for safety reasons), and beliefs about the difficulty of taking care of the woman. Answers for the open-ended hypothetical volunteering questions were coded as to whether they offered to volunteer (yes/no). The themes listed had at least moderate interrater reliability (ICC's or k's > .41). All other themes did not have adequate interrater reliability, and were not analyzed further.

Validation of pity and empathic concern. Four linear regressions were conducted in order validate the constructs of pity and empathic concern (Table 2). This was done by analyzing empathic concern and pity as predictors of perceptions of warmth, competence, human uniqueness characteristics, and human nature characteristics of the target. As shown in Table 2, results confirmed the predictions that individuals experiencing higher levels of empathic concern would perceive the target to have higher levels of competence, $B = .35$, $SE(B) = .14$, $\beta = .24$, $t = 2.18$, $p = .03$, and human uniqueness characteristics, $B = .28$, $SE(B) = .08$, $\beta = .38$, $t = 3.44$, $p = .001$. Results also confirmed that pity was unrelated to perceptions of human nature characteristics, $B = .07$, $p = .06$, $\beta = .13$, $t = 1.09$, $p = .28$. However, results also revealed that both empathic concern and pity were positive predictors of perceived warmth (respectively, $B = .46$, $SE(B) = .14$, $\beta = .35$, $t = 3.28$, $p = .001$ and $B = .21$, $SE(B) = .11$, $\beta = .22$, $t = 2.00$, $p = .05$); both empathic concern and pity were positive predictors of perceived competence ($B = .35$, $SE(B) = .16$, $\beta = .24$, $t = 2.18$, $p = .03$ for empathic concern and $B = .31$, $SE(B) = .12$, $\beta = .28$, $t = 2.55$, $p = .01$, for pity); and empathic concern was a positive predictor of

perceived human nature characteristics, $B = .24$, $SE(B) = .08$, $\beta = .33$, $t = 2.91$, $p = .004$. Pity unexpectedly did not emerge as a predictor of human uniqueness characteristics.

Unexpectedly, none of the coded qualitative themes which were surmised to reflect distancing (e.g., ratio of 1st person: 3rd person pronouns) was related to the perspective-taking manipulation, pity, or empathic concern. Furthermore, only seven participants spontaneously reported thoughts that may be construed as infantilizing (e.g., believing that Ellen needs to be in a nursing home for safety reasons). For these reasons, the qualitative results were not analyzed further, as it is unclear what themes may reflect.

Table 2

The Predictive Effects of Empathic Concern and Pity on Perception of Target Characteristics

Attribute	Emotion	*B*	*SE(B)*	*β*	*t*	*p*
Warmth						
	Empathic Concern	.46	.14	.35	3.28	.001
	Pity	.21	.11	.22	2.00	.05
Competence						
	Empathic Concern	.35	.16	.24	2.18	.03
	Pity	.31	.12	.28	2.55	.01
HN						
	Empathic Concern	.14	.07	.25	2.15	.03
	Pity	.05	.05	.12	.99	.32
HU						
	Empathic Concern	.17	.08	.26	2.16	.03
	Pity	.11	.06	.21	1.87	.06

Note: HU = human uniqueness characteristics, HN = human nature characteristics

Primary Analyses

Pity and empathic concern. First, a one-way ANOVA with planned contrasts was conducted to assess the effect of the perspective-taking manipulation (1 = imagine-other, 0 =stay-objective, and -1 = no instructions) on empathic concern. Unexpectedly, reported levels of empathic concern were not significantly different between the stay-objective (M = 2.82, SD = 2.23) and imagine-other (M = 4.22, SD = 1.75) conditions, nor between stay-objective and no instructions (M = 3.79, SD = 1.51) conditions, F (2, 101) = 0.57, p = .57, η^2 = .01. A second one-way ANOVA with planned contrasts was conducted to assess the effect of the perspective-taking manipulation (1 = imagine-other, -1 =stay-objective, and 0 = no instructions) on pity. Levels of pity also was not significantly different between the no instructions (M = 5.50, SD = 2.17) and imagine-other (M = 6.01, SD = 2.34) conditions, nor between the no instructions and stay-objective (M = 5.40, SD = 2.73) conditions, F (2, 101) = 0.64, p = 0.53, η^2 = .01. See Table 3.

Participants in the no instructions condition reported unexpectedly low levels of empathic concern in comparison to participants in the stay objective and imagine-other conditions, and participants in the imagine-other condition reported unexpectedly high levels of pity in comparison to participants in the stay-objective and no instructions conditions. For these reasons, post hoc analyses were conducted to assess whether other comparisons may be significant. No significant differences in empathic concern nor in

pity were found among any conditions, *p*'s > .10. Effect sizes were very small for the mean difference on empathic concern when comparing stay-objective and no instructions conditions ($d = 0.02$), as well as for the mean difference on pity when comparing the stay-objective and no instructions conditions ($d = 0.04$). All other effect sizes were small ($d = 0.20 – 0.26$).

Table 3

Effects of Perspective-Taking Condition on Empathic Concern and Pity

Emotion	*F*	*df*	*p*	η^2	Condition	*M*	*SD*
Empathic Concern	0.57	2	.57	.01			
					Imagine-Other	4.22	1.75
					Stay-Objective	3.82	2.23
					No Instructions	3.79	1.51
Pity	0.64	2	.53	.01			
					Imagine-Other	6.01	2.34
					Stay-Objective	5.40	2.73
					No Instructions	5.50	2.17

Note: Measured on a 1 – 10 scale, 1 = Not at all to 10 = Extremely

Alternatives to pity. Personal distress, sadness, helplessness, and contempt were included in the questionnaire as these emotions are conceptually similar to pity and may thus mediate any relationship between pity and other variables. A series of one-way ANOVAs were conducted to assess whether perspective-taking manipulation affected these emotions.

The omnibus tests revealed that helplessness means were significantly different across participants in different perspective-taking conditions, F (2, 101) = 3.93, p = .02,

η^2 = .07. Post hoc tests revealed participants in the imagine-other condition (*M* = 3.94, *SD* = 2.37) reported higher levels of helplessness than participants in the no instructions condition (*M* = 2.50, *SD* = 1.81), *p* = .02. Participants in the imagine-other and stay-objective (*M* = 2.93, *SD* = 2.35) conditions did not differ significantly on helplessness, *p* = .14. Participants in the stay objective and no instructions condition also did not differ significantly on helplessness, *p* = .69.

There was also a marginally significant difference among the perspective-taking conditions in reported levels of sadness, *F* (2, 101) = 2.67, *p* = .07, η^2 = .05. Post hoc tests revealed participants in the imagine-other condition reported marginally higher levels of sadness (*M* = 6.68, *SD* = 2.17) than participants in the stay objective condition (*M* = 5.33, *SD* = 3.07). Participants in the imagine-other condition did not differ significantly than participants in the no instructions condition (*M* = 5.64, *SD* = 2.24), *p* = .21. Participants in the stay-objective condition also did not differ significantly from participants in the no instructions condition, *p* = .86.

Participants did not vary in reported levels of personal distress according to perspective-taking condition, *F* (2, 101) = 1.56, *p* = .21, η^2 = .03, nor in reported levels of contempt, *F* (2, 100) = .11, *p* = .90, η^2 = .00. See table 4.

Table 4

Effects of Perspective-Taking Condition on Personal Distress, Sadness, Hopelessness, Contempt

Emotion	*F*	*df*	*p*	η^2	Condition	*M*	*SD*
Helplessness	3.93	2	.02	.07			
					Imagine-Other	3.94	2.37
					Stay-Objective	2.93	2.34
					No Instructions	2.50	1.81
Sadness	2.67	2	.07	.05			
					Imagine-Other	6.68	2.17
					Stay-Objective	2.93	2.35
					No Instructions	2.50	1.81
Personal distress	1.58	2	.21	.03			
					Imagine-Other	3.20	1.57
					Stay-Objective	2.63	1.93
					No Instructions	2.57	1.32
Contempt	0.11	2	.90	.00			
					Imagine-Other	1.68	1.39
					Stay-Objective	1.74	1.85
					No Instructions	1.57	1.14

Note: Measured on a 1 – 10 scale, 1 = Not at all to 10 = Extremely

Volunteering. A chi-square test was conducted to test the effects of the perspective-taking manipulation on whether participants suggested that they would hypothetically offer at least one volunteer service to the target as indicated by their response to an open-ended question. Participants did not report significantly different levels of willingness to volunteer based upon perspective-taking condition, X^2 (2, N = 98) = 0.51, p = .78, Cramer's V = .07.

A chi-square test was conducted to test the effects of the perspective-taking manipulation on whether participants volunteered to record themselves reading a favored

book of the target. Results revealed a significant effect of manipulation condition on volunteer rates, X^2 (2, N = 104) = 7.92, p = .02, Cramer's V = .28. Confirming predicted results, planned comparisons revealed that participants in the imagine-other condition were more likely to volunteer than participants in the no instructions condition, 40.6% versus 12.5% respectively, X^2 (1, N = 69) = 7.92, p = .005, Cramer's V = .34. Contrary to the hypotheses, however, participants in the stay-objective condition were more likely to volunteer than participants in the no instructions condition, 32.4% versus 12.5% respectively, X^2 (1, N = 70) = 4.16, p = .04, Cramer's V = .24. Participants in the imagine-other and stay-objective conditions did not differ significantly in rates of volunteerism, 40.6% versus 32.4% respectively, X^2 (1, N = 69) = 0.71, p = .40, Cramer's V = .10. See table 5.

Table 5

Effects of Perspective-Taking Condition on Actual Volunteer Rates

Condition	%Volunteer (*n*)	X^2	*p*	*Cramer's V*
Imagine-other	41.2% (14/34)	7.92	.005	.34
No Instructions	12.5% (4/35)			
Stay-objective	32.4% (11/35)	4.16	.04	.24
No instructions	12.5% (4/35)			
Imagine-other	41.2% (14/34)	0.71	.40	.10
Stay-Objective	32.4% (11/35)			

Additional Analyses

Regressions. A series of binary logistic regressions were conducted to better understand the relationship among perspective-taking manipulation, emotions, and willingness to help a target with dementia. In order to examine whether the differences in willingness to volunteer between the imagine-other/no instructions conditions and stay-objective/no instructions condition are related to unique factors, these comparisons were conducted separately, within each perspective-taking group.

The first binary logistic regression was conducted with condition (imagine-other versus no instructions), empathic concern, and pity entered simultaneously as predictors, with an actual offer to volunteer (yes/no) entered as the dependent variable. The model emerged as significant, $X^2 = 14.96$, $p = .002$. The model explained 28.5% of the variance in actual willingness to help, correctly classifying 75.4% of cases. Participants in the imagine-other condition were more likely to volunteer than individuals in the no instructions condition, $B = -1.66$, $SE(B) = .66$, $Exp(B) = .19$, Wald(1) = 6.20, $p = .01$. Pity emerged as a marginally significant predictor of volunteerism, $B = -.39$, $SE(B) = .20$, $Exp(B) = .68$, Wald(1) = 3.72, $p = .054$. Participants experiencing greater levels of pity were more willing to volunteer than individuals who experienced lower levels of pity. Empathic concern did not emerge as a significant predictor of actual willingness to help, when entered simultaneously with pity, $B = .03$, $SE(B) = .24$, $Exp(B) = 1.03$, Wald(1) = .02, $p = .90$.

It is possible that the relationship between pity and willingness to help was due to other, similar emotions including personal distress, hopelessness, sadness, or contempt.

Thus, these variables were simultaneously entered into the regression equation to determine whether pity would remain a significant predictor. The recoded perspective-taking condition (imagine-other versus no instructions) remained a significant predictor of actual willingness to help, B = -1.65, *SE(B)* = .69, *Exp(B)* = .19, *Wald(1)* = 5.71, p = .02. Pity remained a significant predictor, B = -.40, *SE(B)* = .20, *Exp(B)* = .67, Wald(1) = 3.93, p = .05. However, personal distress, hopelessness and contempt were not significant predictors of willingness to help, all p's > .10.

The next binary logistic regression was conduction with condition (imagine other verses stay objective), empathic concern, and pity entered as predictors, with an actual offer to volunteer (yes/no) entered as the dependent variable. The recoded perspective taking condition (imagine-other versus stay-objective) was not a significant predictor of actual willingness to help, B = 0.32, *SE(B)* = 0.52, *Ex(B)* = .1.38, *Wald* = 0.38, p = 54. Neither pity, B = .16, *SE(B)* = .13, *Ex(B)* = 0.85, *Wald* = 1.51, p = .22, nor empathic concern, B = .12, *SE(B)* = .16, *Ex(B)* = 0.88, *Wald* = 0.61, p = .44, emerged as a significant predictor.

A final binary logistic regression was conducted with condition (stay-objective versus no instructions), empathic concern, and pity entered as predictors, with an actual offer to volunteer (yes/no) entered as the dependent variable. The model emerged as significant, X^2 (3)= 13.25, p = .004. The model explained 26.7% of the variance in actual willingness to help, correctly classifying of cases. The recoded perspective-taking condition was a marginally significant predictor of volunteerism, p = .052: participants in the stay-objective condition were 3.78 times more likely to volunteer than individuals in

the no instructions condition. Pity did not emerge as a significant predictor, B = -.22, $SE(B)$ = .16, $Ex(B)$ = 0.80, Wald(1) = 1.91, p = .17. Empathic concern also did not emerge as a significant predictor, B = -.27, $SE(B)$ = .19, $Exp(B)$ = 0.76, Wald(1) = 2.04, p = .15.

Discussion

The present study sought to elucidate the relationship between empathic concern, pity, and helping behavior using a perspective-taking paradigm. Unexpectedly, many results revealed effects counter to what was expected.

Distinguishing between Pity and Empathic Concern

Due to the elusive nature of pity, several analyses attempted to confirm previous research and speculations concerning this emotion. The stereotype content model (SCM) (Fiske, Cuddy, Glick, & Xu, 2002) expressly uses the term 'pity' in order to describe scenarios in which an in-group member perceives an out-group member as having high levels of warmth but low levels of competence. However, in the present study, pity was positively related to both warmth and competence. It was also predicted that pity would influence participants' perceptions of the humanness of the target, per Haslam et al.'s dehumanization model (Haslam et al., 2005). As hypothesized, pity was unrelated to perceptions of human nature characteristics. In contrast to predictions, pity emerged as a positive predictor of perceptions of human uniqueness characteristics, although this finding was only marginally significant and should thus be interpreted with caution.

Overall, pity had a more beneficial effect on the perceptions of a target with dementia than previous authors (Mackay & Barrowclough, 2005; Todd & Watts, 2005) have suggested. Aspects of the present study may have influenced participants' responses. For example, describing the woman as a "previously successful public

advocate" may have influenced participants' reports. The directions asked participants to report their perceptions of the characteristics that "define who she really is". Participants may perceive the description of her as a successful public advocate as who she "really is", as the only clue to her personality besides the difficulties she is experiencing due to her dementia. Inferring positive characteristics of a target is also a low-effort task. Because pity does contain a component of sympathy, pity may enhance perceptions of the target without always leading to behavioral changes towards that same target.

Reexamination of some assumptions that were made concerning the characteristics of pity is also warranted. The colloquial term 'pity' may refer to multiple constructs. For example, previous theories and research has shown that hopelessness and/or superiority are components of pity (Florian, et al., 1999; Lazarus, 1991; Lazarus & Lazarus, 1994; Lunardo & Bezencon, 2015; Ben-Ze'ev, 2000). Sympathy in conjunction with superiority may represent a different construct than sympathy in conjunction with hopelessness. The vignette used in this study described a woman with dementia in positive terms (even if relating to her past), and thus may have prevented participants from experiencing a sense of superiority.

Unfortunately, none of the themes or themes which emerged from the open-ended questions was related to reported levels of pity. Thus, participants' comments cannot be used to substantiate or refute any potential explanations for the discrepancy in predicted and observed characteristics of pity. The qualitative comments were especially examined for themes related to distancing and infantilization, as these were predicted to be components of pity in relation to persons with dementia. Themes were difficult to classify

as a demonstration of distancing or infantilization, perhaps since the questions were phrased in such a way as to allow a broad array of potential focus, structure, and preciseness in answers.

Predictions concerning the nature of empathic concern were confirmed overall. Empathic concern was positively related to perceptions of warmth, competence, and human uniqueness characteristics in the target. However, empathic concern also emerged as a positive predictor of perceived human nature characteristics in the target, which was unexpected. Miron et al. (in press) found that empathic concern was not related to perceptions of human nature characteristics in a target with dementia, but perspective taking led to less human-uniqueness/animalistic dehumanization of a woman with dementia because participants experienced empathic concern for her. However, participants in that study were asked the amount of evidence they would need to conclude the target lost humanness characteristics, rather than surmise what characteristics the target currently possesses.

Perspective Taking and Emotions

Perspective-taking instructions seemed to have been a weak manipulation in this study, as differences among conditions on empathic concern were non-significant and were associated with small effect sizes. It is possible that participants in the different perspective-taking conditions experienced pity for alternative reasons. For example, participants asked to imagine the target's perspective may have experienced greater hopelessness for not having access to the woman in order to help her. To that end,

participants in the imagine-other condition reported significantly higher levels of helplessness and higher levels of sadness than participants in the no instructions condition, with participants in the stay-objective condition in between. Those asked to stay objective or given no perspective-taking instructions may have thought about and pitied all persons with dementia, without focusing on the target in particular. It is important to note as well that no known research has used a perspective-taking paradigm in order to manipulate levels of pity. It is also possible that perspective-taking has less influence on the experience of pity than predicted.

Even though empathic concern levels were not significantly related to perspective-taking condition, it is important to note that the imagine-other instructions did produce the highest levels of empathic concern, which is a well-established effect in the literature (see Batson, 2011, for a review). The specifics of this study's methodology (i.e., the author's intention to create a vignette that could instigate strong pity for the woman with dementia) may have interacted with the perspective-taking manipulation and as a result reduced the manipulation's impact on empathic concern. The woman described in the vignette was said to have been a successful public advocate located in the same city as the university from which participants were recruited. Potentially negative personality traits, past actions, or current behaviors were not described. Thus, the woman may have been an especially sympathetic figure for which empathic concern is naturally aroused regardless of whether participants were consciously trying to take her perspective or remain objective. Alternatively, participants also reported experiencing higher levels of pity than empathic concern across perspective-taking conditions. The

strong contrast between the woman's past strong communication abilities as a public advocate, with her current difficulties with verbal communication may have induced strong pity and interfered with the potential of the perspective-taking manipulation to induce empathic concern.

Willingness to Help

The perspective-taking manipulation did not have an effect on whether participants' stated willingness to volunteer in an open-ended question. Yet, participants in the imagine-other and stay-objective conditions were more likely to volunteer than those in the no-instructions when offered an opportunity to record favored books of the target. The open-ended question was clearly hypothetical, and so social desirability likely increased participants' stated willingness to help. When given what participants believed was an actual opportunity to help, other factors, including emotional motivation likely became more prominent.

The results of this study did not show any effect of empathic concern on participants' willingness to help. This lack of a relationship may be due to participants' interpretation of the volunteer opportunity itself as not addressing the root problems faced by the target. For example, one participant told the researcher during debriefing that she wished the volunteering opportunity was face-to-face. Recording an audio book, even a favored one, may have not seemed to address difficulties described in the vignette, specifically in communicating and adjusting to living in memory care.

However, participants in the imagine-other condition seemed to be more willing to volunteer than participants in the no instruction condition due to greater levels of pity. This interpretation should be interpreted with caution as pity was only a marginally significant predictor of helping, although pity remained a marginally significant predictor after alternative, related emotions were also assessed as potential mediators. Participants experiencing pity may be less concerned with whether or how much their volunteering would alleviate the direct cause of the woman's suffering as long as they could offer some support. The volunteer opportunity also was designed to be relatively easy to complete and did not require direct interaction with the woman, minimizing any impact of other concerns or emotions.

It is interesting to note that perspective-taking condition had an effect on willingness to help beyond the effects of pity. Furthermore, neither pity nor empathic concern was able to explain why participants in the stay-objective condition were more willing to volunteer than participants in the no instructions condition. Yet, perspective-taking condition remained a significant predictor of willingness to help. Perspective-taking condition must influence variables that were unaccounted for. For example, participants in the stay-objective and imagine-other condition may have felt a greater sense of duty to reciprocate help to a person who helped the local community.

Limitations and Future Directions

The present study was conducted in a laboratory setting, with participants tested individually. Thus, even though the dependent measure ascertained willingness to

volunteer for a target with dementia, the effects of perspective-taking, empathic concern, and pity may not translate into other settings. The perspective-taking manipulation was designed to alter levels of pity and empathic concern experienced in participants. But because the manipulation did not work as planned, the characteristics and effects of empathic concern and pity must be considered correlational and not causal, limiting the implications which can be inferred. Finally, the dependent variable measured willingness to record and audio book that is favored by the target. Perspective-taking, empathic concern, and pity may have different effects on willingness to volunteer for other activities.

Future research may shed light on the unexpected findings of this study. First, the qualitative results did not shed light on the characteristics unique to pity. The quantitative results only revealed that pity appears to have effects beyond helplessness, sadness, personal distress, and contempt. This study then revealed more about what pity is not, rather than what pity is. Basic research into the triggers and features of pity should be conducted. Furthermore, pity induced greater levels of volunteerism, a prosocial behavior, than expected. Future investigations should clarify the situations in which pity motivates or inhibits prosocial behaviors. Next, it is unclear why the perspective-taking manipulation only weakly regulated empathic concern levels. Comparisons of vignettes which reveal different aspects of a target with dementia could be used to determine if certain targets have an overwhelming influence on empathic concern, minimizing any effect of perspective-taking instructions. Lastly, future research should also extend this

study's finding on the limits of perspective taking in instigating empathic concern for a person with dementia and thus motivating helping.

APPENDIX A

Informed Consent Form

Informed Consent

You are invited to participate in a study conducted by Dr. Anca Miron and graduate student Amy Schlueter at the University of Wisconsin Oshkosh. The following study is designed to explore people's reactions to a story of another person. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty. This project is on file with the Institutional Review Board at the University of Wisconsin Oshkosh (study # 972922).

Why is this study being done? This study is being conducted to learn about people's reactions to a story about another person. You must be 18 years old to participate.

What do you want me to do? You will be presented with a story. Then you will be asked to complete a survey to assess your reactions to that story. Completion of all study components will take about 30 minutes.

Are there any benefits to participating? Yes. You will receive one research participation credit. You will automatically receive one research participation credit even if you decide not to participate, in order to compensate you for your time.

Are there any risks? It is unlikely that you will experience any discomfort during the study. However, feel free to stop the study or skip any questions that make you uncomfortable. Participation in the study is completely voluntary and you may stop answering questions without the loss of compensation. Any information collected from you that you feel uncomfortable can be destroyed if you so desire.

Are my answers confidential? Yes. Any personal information you provide will be separated from your answers, thus any identifying information will not be connected with your survey responses in any way.

Who will have access to my data? Only the principal investigator and her assistant will have access to your information and answers (but not your identities). Any identifying information will not be connected with your survey responses in any way. The confidential data will only be shared with approved research assistants and will not be viewed or used outside of the primary investigator's secure research office. A summary

of the overall results across all participants may be used in possible future presentation and/or publications of the survey data.

How can I get more information about this research project? If you have any questions before, during, or after the study, or if you would like to learn more about our research, please feel free to contact the primary researcher, Dr. Anca Miron at mirona@uwosh.edu. If you would prefer to speak with an individual who is not directly involved in this research, please contact the director of the Institutional Review Board at the University of Wisconsin Oshkosh (Robert Roberts, Institutional Review Board, c/o Grants Office, UW Oshkosh, Oshkosh, WI 54901, 920-424-1415).

By signing at the bottom of the page, I am agreeing to the following statement: I have read the above description and volunteer to participate in this study. I understand that I can decide to discontinue my participation or not to provide any personal information at any time without question and without penalty. I agree that I am at least 18 years of age or older.

PRINT NAME Signature Date

APPENDIX B

Cover Story

Reactions to Stories

You will participate today in a study about reactions to local news. We are interested in how people react to, and understand information presented over different media channels – audio, visual, mixed. The characteristics of media channels can have different effects on reactions to news stories because they create differentiated sensory experiences in receivers of news. For instance, acoustical or audio information may not capture receivers' attention to the same extent as visual information does. Moreover, memory of information may be improved through words and pictures rather than through words alone. In addition, memory of information may be improved when corresponding words and pictures are presented simultaneously rather than successively.

To test the effect of various sensory modalities in the context of news stories, participants in this study will be randomly assigned to an actual news story. Then, based on random assignment, some participants will be given the newspaper article together with a photo of the individual in the news story, some participants will be given only the photo of the individual in the story and a short caption for the photo, and some will only listen to the news story.

We have a set of nine different news stories but due to time constraints, each participant will be assigned to only one story.

APPENDIX C

Stay-objective Instructions

Story #2

You have been assigned to story #2, photo plus caption only.

Past research has shown that people find that they process information better if they are given instructions before they are exposed to visual information. Please carefully read the following instructions before turning to the next page to look at the photo.

INSTRUCTIONS: **As you look at the woman in the photo, try to be as objective and detached as possible about her situation. To remain objective, don't let yourself get caught in imagining how she is feeling or thinking. Make careful and objective observations of her situation and try to remain detached as you read the information.**

Please reread these instructions, and when you are ready to proceed, please go to the next page and look at the photo/caption, keeping these instructions in mind.

APPENDIX D

Imagine-other Instructions

Story #2

You have been assigned to story #2, photo plus caption only.

Past research has shown that people find that they process information better if they are given instructions before they are exposed to visual information. Please carefully read the following instructions before turning to the next page to look at the photo.

INSTRUCTIONS: **As you look at the woman in the photo, try to imagine what she is thinking and feeling about the situation. Picture to yourself her thoughts and feelings about the situation and how she is dealing with this situation. Concentrate on trying to understand what she is thinking and feeling.**

Please reread these instructions, and when you are ready to proceed, please go to the next page and look at the photo/caption, keeping these instructions in mind.

APPENDIX E

No Instructions Condition

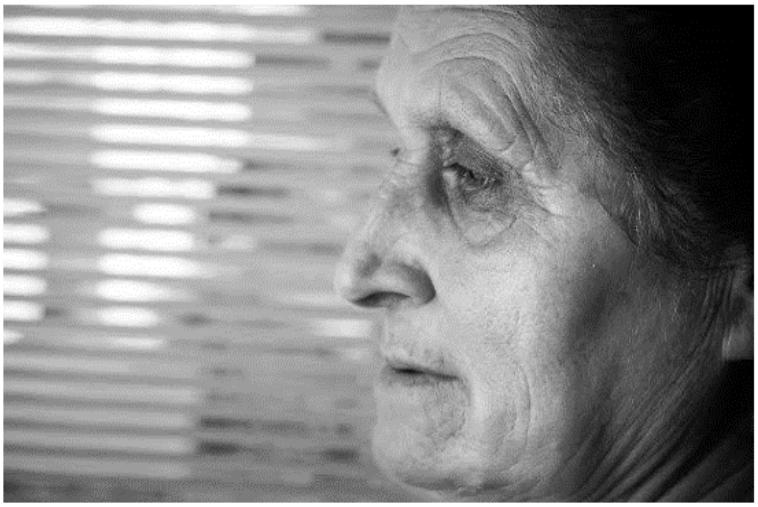
Story #2

You have been assigned to story #2, photo plus caption only.

Please turn the page to look at the woman in the photo and read the caption.

APPENDIX F

Vignette



Earlier in her life, Ellen L. had been a very successful public advocate, known for her deep understanding of the law and ability to win cases. A few years ago, Ellen was diagnosed with dementia and was moved into the dementia care unit in her assisted living residence as she slowly lost her ability to coherently express herself verbally. Ellen is struggling, and has a difficult time adjusting to living in the dementia care unit.

When you are ready to proceed, please go to the next page to start the questionnaire.

Appendix G

Emotions Questionnaire

Please indicate by circling a number the extent to which you experienced each of the feelings towards the Ellen L. in the news story. Do not worry if you were not experiencing many of these feelings; only a few may apply to the situation. Please be sure to circle a response for each item.

	Not at all				Moderately					Extremely
1. Upset	1	2	3	4	5	6	7	8	9	10
2. Surprise	1	2	3	4	5	6	7	8	9	10
3. Gladness	1	2	3	4	5	6	7	8	9	10
4. Hopeless	1	2	3	4	5	6	7	8	9	10
5. Compassionate	1	2	3	4	5	6	7	8	9	10
6. Sorrowful	1	2	3	4	5	6	7	8	9	10
7. Sympathy	1	2	3	4	5	6	7	8	9	10
8. Anxiety	1	2	3	4	5	6	7	8	9	10
9. Tender	1	2	3	4	5	6	7	8	9	10
10. Contempt	1	2	3	4	5	6	7	8	9	10
11. Resentment	1	2	3	4	5	6	7	8	9	10
12. Disturbed	1	2	3	4	5	6	7	8	9	10
13. Pity	1	2	3	4	5	6	7	8	9	10
14. Dislike	1	2	3	4	5	6	7	8	9	10
15. Warm	1	2	3	4	5	6	7	8	9	10
16. Troubled	1	2	3	4	5	6	7	8	9	10
17. Feeling sorry for	1	2	3	4	5	6	7	8	9	10
18. Sadness	1	2	3	4	5	6	7	8	9	10
19. Enjoyment	1	2	3	4	5	6	7	8	9	10
20. Alarmed	1	2	3	4	5	6	7	8	9	10
21. Soft-hearted	1	2	3	4	5	6	7	8	9	10
22. Moved	1	2	3	4	5	6	7	8	9	10
23. Amusement	1	2	3	4	5	6	7	8	9	10
24. Anger	1	2	3	4	5	6	7	8	9	10
25. Worried	1	2	3	4	5	6	7	8	9	10
26. Happy	1	2	3	4	5	6	7	8	9	10
27. Helpless	1	2	3	4	5	6	7	8	9	10
28. Distressed	1	2	3	4	5	6	7	8	9	10

Please turn the page to answer some questions about the news story you read on the previous page.

APPENDIX H

Perceptions Questionnaire

In this section of the questionnaire, **you will be asked some questions about Ellen L. in the news story you just read.** You read that she has recently been moved to the dementia care unit within her assisted living residence. We are interested in your perceptions of her – what characteristics or behaviors, you think, define who she really is. We ask that you read each item carefully and select your answers thoughtfully. There are no right or wrong answers; we are simply interested in your perceptions.

Using the scale below, please rate Ellen L. in the news story on each of the following characteristics, by writing a number in space provided for each characteristic:

		Not at all				Moderately					Extremely
1.	Broad-minded	1	2	3	4	5	6	7	8	9	10
2.	Humble	1	2	3	4	5	6	7	8	9	10
3.	Polite	1	2	3	4	5	6	7	8	9	10
4.	Thorough	1	2	3	4	5	6	7	8	9	10
5.	Disorganized	1	2	3	4	5	6	7	8	9	10
6.	Rude	1	2	3	4	5	6	7	8	9	10
7.	Stingy	1	2	3	4	5	6	7	8	9	10
8.	Active	1	2	3	4	5	6	7	8	9	10
9.	Curious	1	2	3	4	5	6	7	8	9	10
10.	Fun-Loving	1	2	3	4	5	6	7	8	9	10
11.	Impatient	1	2	3	4	5	6	7	8	9	10
12.	Impulsive	1	2	3	4	5	6	7	8	9	10
13.	Jealous	1	2	3	4	5	6	7	8	9	10
14.	Shy	1	2	3	4	5	6	7	8	9	10
15.	Competent	1	2	3	4	5	6	7	8	9	10
16.	Confident	1	2	3	4	5	6	7	8	9	10
17.	Capable	1	2	3	4	5	6	7	8	9	10
18.	Efficient	1	2	3	4	5	6	7	8	9	10
19.	Intelligent	1	2	3	4	5	6	7	8	9	10
20.	Skillful	1	2	3	4	5	6	7	8	9	10
21.	Well-intentioned	1	2	3	4	5	6	7	8	9	10
22.	Trustworthy	1	2	3	4	5	6	7	8	9	10
23.	Warm	1	2	3	4	5	6	7	8	9	10
24.	Good-natured	1	2	3	4	5	6	7	8	9	10
25.	Sincere	1	2	3	4	5	6	7	8	9	10

APPENDIX I

Thoughts and Wishes Question

Please describe the thoughts, reflections, and wishes you experienced while reading about Ellen L. and her situation.

APPENDIX J

Helping Behavior Question

The woman described in the news story (Ellen L.) is in need of services to help ease the problems caused by her dementia. The assisted living facility in Oshkosh where Ellen lives arranges volunteer services. Please list services and the number of hours for which <u>you would volunteer to her</u> (please assume she lives nearby).

APPENDIX K

Manipulation Checks

1) While looking at the photo/reading the caption, to what extent did you try to *imagine the feelings and thoughts of the woman in the news story?*

1 2 3 4 5 6 7

Not at all Very much

2) While looking at the photo/reading the caption, to what extent did you try to *imagine how you would feel if you were affected by the situation experienced by the woman?*

1 2 3 4 5 6 7

Not at all Very much

3) While looking at the photo/reading the caption, to what extent did you try to *remain as objective and detached as possible about her situation?*

1 2 3 4 5 6 7

Not at all Very much

4) How much do you value the welfare of the woman in the news story?

1 2 3 4 5 6 7

Not at all Very much

5) How great is the current need of the woman in the news story?

1 2 3 4 5 6 7

Not at all Very great

6) How difficult do you think it would be to improve the situation of the woman in the news story?

1 2 3 4 5 6 7

Not at all Very difficult

7) How difficult do you think it would be **for you** to improve the situation of the woman in the news story?

1 2 3 4 5 6 7

Not at all Very difficult

APPENDIX L

Demographics Questionnaire

Gender:

___ Male

___ Female

___ Other

___Prefer not to respond

Age: _____

Profession/Occupation:_____

Race/ethnicity:

___ Black/African-American

___ Latino/a, Chicano/a, Hispanic

___ Asian

___ Native American

___ Pacific Islander/Native Hawaiian

___White/Caucasian

___ Other (please specify) _____

Has a close loved one of yours ever been diagnosed with dementia or Alzheimer's Disease?

___ Yes

___ No

Have you ever served as a caregiver to a close loved one with dementia or Alzheimer's Disease?

___ Yes

___ No

When you are finished completing this questionnaire, please put it back in the envelope and open the door so the research assistant knows that you are finished.

APPENDIX M

Volunteer Letter

Dr. Anca Miron

Psychology Department
Clow Faculty 27
Oshkosh, WI 54901

Dear Research Participant,

Thank you for your participation in this study. The researchers understand that when learning about Ellen, the woman in the news story, some participants may want to volunteer their time to help her. The dementia unit in Oshkosh in which Ellen lives already arranges volunteer services. For example, Ellen enjoys audio books. There are several books which she had read in the past and have sentimental value to her, but which are not yet available on audio book. Volunteers may record themselves reading a portion of one of these books to provide Ellen with an audio version. (Equipment will be delivered to you so that you may do the reading at home at times convenient to you.) If you wish to volunteer, **please provide an estimate of how much time you would like to volunteer to read and I will contact you.**

Please put this back in the envelope so that your response will remain confidential.

Thank you,
Dr. Anca Miron
Associate Professor of Psychology
University of Wisconsin Oshkosh
mirona@uwosh.edu

_____ Yes, I would like to volunteer time. Please specify how much time you would like to

volunteer:_____ minutes per week (over a four week period)

If yes, please provide your email address:_____

_____ No, I don't want to volunteer at this point.

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