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CHAPTER 1

APPLYING SOCIAL PSYCHOLOGY

Contents

Applying Social Psychology

EXAMPLE OF THE APPLICATION OF SOCIAL PSYCHOLOGICAL THEORIES

Can social psychology help in solving societal problems? And if this is the case, how can social psychology do so? Social psychology is a basic science which tries to build knowledge primarily through experiments and surveys (see for example Aronson, Wilson & Akert, 2002; Brehm, Kassin & Fein, 2005; Hewstone, Stroebe & Jonas, 2005; Hogg & Vaughan, 2005; Kenrick, Neuberg, & Cialdini, 2005; Myers, 2005).

Sometimes, the theories and findings from social psychology may seem a bit remote from the problems in society. However, many if not most societal problems have social psychological aspects (for example crime, racism, environmental pollution), and therefore social psychology may not only help in clarifying such problems, but also contribute to finding solutions. In this chapter we give an example of one such problem to illustrate this point, the debilitating problem of HIV/AIDS in Africa and the lack of support for HIV/AIDS victims. We also show how social psychological knowledge could lead to the development of a theoretical model on which an intervention may be based. Finally, we briefly outline the approach presented in this book, the PATH methodology, through which such models may be developed. This chapter thus summarizes the entire approach.

Step 1 – Problem: Formulating a Problem Definition

Whilst the increase in safe sex practices has meant the growth in the number of HIV infections has levelled off in the past decades, the number of people with AIDS has been rising all over the world. According to the World Health Organization in 2005 38.6 million people were infected with HIV globally, about 2.5 million more than in 2003. HIV/AIDS is especially a problem in Sub-Saharan Africa, where in 2005 around 26 million people were infected with HIV (WHO, 2005).

Although the possibilities for treatment have improved, HIV/AIDS still is an incurable disease that deeply affects the lives of those involved. In addition, more than any other disease, HIV/AIDS is surrounded by taboos and often leads to the stigmatization and isolation of patients (Dijker, Koomen & Kok, 1997). Patients are often abandoned by their families and friends. For adequate forms of medical and psychosocial help and support of people with HIV/AIDS in poor countries, considerably more money is required than is currently available. Yet while the treatment of people with HIV/AIDS

has steadily improved, the willingness to donate money to help and support people with HIV/AIDS has decreased (Van Vugt, Snyder, Tyler & Biel, 2000).

Raising Money to Fight AIDS

A team of volunteers from a national HIV/AIDS charity foundation wishes to set up a campaign to raise funds for the purpose of providing medical and psychosocial care for people with HIV/AIDS in sub-Saharan Africa. Some team members argue that the campaign should not be too dramatic as it is now generally known how serious it is to be infected with HIV. They are concerned that showing too many depressing stories and pictures of people with HIV/AIDS will adversely affect the willingness to donate money. Others argue that just because there has been less media interest into HIV/AIDS recently, the campaign should highlight the severe and incurable nature of the disease. In doing so, there is a need to emphasize that the victims are not to blame, and that everybody is potentially at risk of contracting HIV. Accordingly, one part of the team wants to actively approach the media, whereas the others are concerned about the lack of media interest in this topic. A related point of debate concerns the campaign slogan. Should it be something positive, like 'Standing Up Against AIDS', or something more dramatic like 'Fighting the Horrors of AIDS'?

One volunteer suggests it would be better as part of the campaign to develop a product which people can buy, like a music CD of African artists, because in that case giving money would look less like charity. Another issue that comes up in the discussion is whether to use television and newspaper advertisements to raise money for the campaign, or to take a more personal, door-to-door, approach. Regarding the latter, should potential donors see a list of contributors and how much they have each contributed? One of the volunteers suggests showing just one large gift to encourage potential donors to match this donation. Other volunteers worry that this might put people off, because it will be difficult to match such an amount.

The Relevance of Social Psychology

The volunteer team decides to consult a social psychologist to help them develop their campaign. What suggestions should the social psychologist give? This psychologist might have little experience with campaigns to raise money for the fight against HIV/AIDS. Yet he will have conducted research on how to influence people and might know how to apply this to cases such as the HIV/AIDS campaign.

The social psychologist might of course conclude that more research is needed on why people donate money to charities. Given the urgency of the issue, however, this might take too long. Instead, there is an abundant amount of social psychological literature on people's willingness to donate money for charity that the psychologist can consult. Based on this, he might come up with specific suggestions on how to set up the campaign. Yet a better approach would be to first analyse the issue in greater detail and address the relevant causes and conditions for charity giving. Therefore, what he must do first is develop an adequate *problem definition*. This is the **P**-phase of the PATH methodology.

After a series of discussions with the team, the social psychologist defines the problem as follows:

> Many people in Africa suffer from HIV/AIDS, and there is insufficient funding to provide adequate forms of medical and psychosocial help and support for these people. Which factors determine potential donors' willingness to donate money for this cause? How can we set up a campaign that would raise money to help people with HIV/AIDS in Africa?

Step 2 – Analysis: Finding Explanations for the Problem

To identify what factors affect people's willingness to donate money for people with HIV/AIDS in Africa, the social psychologist formulates a broad set of questions that could be answered by the social psychological literature. There are two entries in the literature that immediately flash before him. The first is the literature on *helping, altruism, cooperation* and *prosocial behaviour* (see for example Batson & Powell, 2003; Van Vugt et al., 2000) which can tell him what motivates people to help others and give money for a good cause. The second is the literature on *social influence*, that can tell him what influence strategies are most effective in getting people to do what you want (see for example Prislin & Wood, 2005), in this case, donating money for people with HIV/AIDS in Africa.

The Altruism and Prosocial Literatures

The social psychologist decides to focus on the prosocial literature first, and formulates the problem in terms of two general questions:

1. When are people most inclined to help others?
2. What attributes of victims elicit the most helping responses?

He states these questions quite broadly because it is better at this stage to explore the literature more globally in order not to miss any relevant knowledge. Next, he conducts a search on the internet for books on helping with key words such as 'helping', 'altruism', 'cooperation', and 'prosocial behaviour', and finds a number of recent titles, including *The Altruism Question* by the American psychologist Dan Batson (1991), *The Psychology of Helping and Altruism* by the American social scientists David Schroeder, Jane Piliavin, Jack Dovidio, and Louis Penner (2006), the German social psychologist Hans Werner Bierhoff's *Prosocial Behaviour* (2002), and *Cooperation in Modern Society: Promoting the welfare of communities, states, and organizations* by the Dutch, American, and Swedish psychologists Mark Van Vugt, Mark Snyder, Tom Tyler and Anders Biel (2000). These books are all available in the local university library. After consulting the literature, the social psychologist concludes that there are, in fact, three different types of helping:

1. *Emergency intervention,* for example helping someone who is the victim of a robbery or accident.
2. *Organizational helping,* for example volunteering to take on an administrative job at request of a manager.
3. *Sharing and donating resources,* for example donating money to a charity.

It is quite obvious that the present problem, raising money for people with HIV/AIDS, concerns the third prosocial behaviour. Yet, after reading the relevant literature, the social psychologist concludes that most of the prosocial literature deals with emergency helping and organizational helping. There is much less known about raising money for good causes. He explores the literature further, now by consulting PsychINFO – the electronic database that comprises all scientific articles and books in the field of psychology between 1872 and the present day. There he finds a theoretical model belonging to the Israeli social psychologist Shalom Schwartz, published in *Advances in Experimental Social Psychology* in 1977, which can be applied to all kinds of helping. The social psychologist decides to use Schwartz's model as a basis for understanding the problem that underlies the campaign, that is, how to increase people's willingness to donate money for people with HIV/AIDS in Africa. He presents this model to the team of volunteers and outlines the implications of the model for their campaign.

The Schwartz Model

In Schwartz's (1977) model there are various steps that affect people's prosocial behaviour. We present the most important here:

1. *Awareness*: There must be an awareness that others need help. The perceived need has to be prominent, clear and serious. We therefore need to draw attention to the fact that people with HIV/AIDS in many African countries face severe physical and mental distress, and need more medical, financial, and psychological support than is currently provided.
2. *Opportunities to help*: People must be aware that there are genuine opportunities for relieving the needs of people with HIV/AIDS. Therefore, the campaign must convey that there are various concrete actions that could improve the situation of victims.
3. *Ability to help*: People have to recognize their own *ability* to provide relief. If people feel helpless, their awareness of the problem is reduced, and they will not feel very motivated to offer help. Therefore it should be emphasized, for instance, that even small donations make a difference (for example, a one Euro contribution means a family of five can eat for two days).
4. *Personal norms*: A major factor affecting helping behaviour is personal norms. These are feelings of moral obligation that one should help *specific needy others*. Emphasizing the needs of people with HIV/AIDS in Africa is an effective way to activate personal norms.
5. *Responsibility*: Finally, people also need to accept some *responsibility* for the problem in order to become involved and offer aid. As we will discuss later on, this is an obstacle in the case of the African HIV/AIDS problem.

Further, the literature suggests that people are more inclined to help when the recipients are considered blameless. In general, people with an illness evoke more sympathy if they are not held responsible for their fate (Graham, Weiner, Giulianc & Williams, 1993; Weiner, 1993). Also, the more sympathy individuals evoke the more help they receive (Rudolph et al., 2004). Knowing this, the social psychologist concludes that one of the primary aims of the campaign should be to eradicate the (erroneous) belief

that people with HIV/AIDS in Africa are always themselves to blame for their illness.

Finally, helping is more likely when people are able to identify with the victims, for example, because they are similar in age, profession and values. Similarity leads to empathy – seeing oneself in someone else's place – which in turn leads to helping (Levy, Freitas, & Salovey, 2002; Stürmer et al., 2002; Batson, 1991). Although this may not be easy to achieve when the victims are in a remote place, this could nevertheless be accomplished by providing potential donors with *personal* reports from HIV/AIDS victims in Africa. This reduces the distance between helper and recipient and encourages people to empathize with victims.

Belief in a Just World

In the team meeting to discuss the campaign, someone suggests that people may respond differently to victims of disasters abroad rather than at home. The social psychologist tries to find out more about this possibility. He explores the literature further, and comes across a chapter in a German book that explicitly deals with this theme. This chapter – Solidarität mit der Dritten Welt [Solidarity with the Third World] – is written by the German psychologist Leon Montada. In this chapter Montada discusses the determinants of helping people in Third World countries, including giving to charity and political activities. From Montada's study it appears that helping is not related to empathy but to personal norms and one feeling a responsibility to do something. This sense of responsibility is caused by guilt about one's privileged situation, anger about the injustice/unfairness of the situation of people in poor countries, and the perception that people in poor countries are not responsible for their fate.

When the social psychologist reports this information to the team, the team decides to focus on the injustice that HIV/AIDS victims in the Third World receive and that due to the poverty and insufficient health care, help for people with HIV/AIDS is desperately needed. The issues of justice and fairness lead the psychologist to consider a theory – about the *belief in a just world* – formulated by the Canadian social psychologist Melvin Lerner (1980) which assumes that people have a natural tendency to believe they live in a just world in which everyone gets what they deserve. This belief is a common world view but while this belief is a universal phenomenon, there are presumably considerable differences between people as to the degree to which they share it. For someone who strongly adheres to the just world belief, events that shake this belief are threatening. People are especially upset by the unexplained suffering of others, for example, someone who has been working hard getting fired, or parents losing their child in an accident. For someone who strongly believes in a just world, such events are so upsetting that they will try to reduce this threat, sometimes by helping the victim to relieve their own suffering.

The social psychologist therefore concludes that the campaign would have to emphasize the unfairness of the plight of people with HIV/AIDS in Africa. Yet he also discovers

that helping a victim is not the only way to deal with a threat to the just world belief. Lerner (1980) suggests that people also sometimes cognitively reinterpret an injust event by holding victims responsible for their fate ('he could have used a condom') or derogating them ('he is morally irresponsible'). In addition, the social psychologist finds out about several studies which show that as individuals believe more strongly in a just world they are less likely to donate to charity goals in Third World countries (Campbell, Carr, & MacLachlan, 2001). Contrary to his initial thoughts he therefore concludes that the team should be careful to stress the injustice of the fate of people with HIV/AIDS in Africa.

Further scrutiny of the social psychological literature suggests a number of other factors that may influence attitudes towards people with HIV/AIDS in Africa. In general, people have more sympathy for victims the greater their belief a similar event might happen to them (Montada, 1992; Silver, Wortman & Crofton, 1990). More specifically, as individuals have more HIV/AIDS related experiences (such as knowing people who have HIV/AIDS) they are more willing to help people with HIV/AIDS (Cassel, 1995). Also, the greater the sympathy, the more social pressure there is to help the victims (Batson & Powell, 2003). On the basis of these and other findings, obtained in the social psychological literature, the social psychologist then builds a *process model,* an example of which is presented in Figure 1.1.

Step 3 – Test: Developing and Testing the Process Model

In the model, the key outcome variable is the willingness to donate money to help people with HIV/AIDS in Africa. There are a number of processes that influence this willingness, according to the model. One factor is the attitude towards people with HIV/AIDS. Based on the just world hypothesis, the more people believe that being infected with HIV is preventable, and the more they believe in a just world, the more they will hold people with HIV/AIDS responsible for their own fate and donate less. Thus, a potential problem for the campaign is that some people will feel that HIV/AIDS could be prevented by having safe sex, and that, as a result, many feel that people with HIV/AIDS somehow brought it upon themselves (For example, by living promiscuously).

Furthermore, research has shown that bad events happening to others evoke anger rather than compassion if they could have been prevented. More specifically, research shows that illnesses and diseases that are seen as controllable and preventable, such as AIDS and obesity, lead to a more negative attitude towards the patient and less helping than uncontrollable diseases, such as Alzheimer's (Weiner, Perry & Magnusson, 1988). This is especially the case among people who strongly believe in a just world (Mantler, 2001). As a consequence, people with HIV/AIDS are often negatively stereotyped, for instance, as having low moral worth (Walker et al., 1990). A social psychologist who has done significant work in the area of prejudice and stereotyping is Professor Susan Fiske of Princeton University (see Box 1.1).

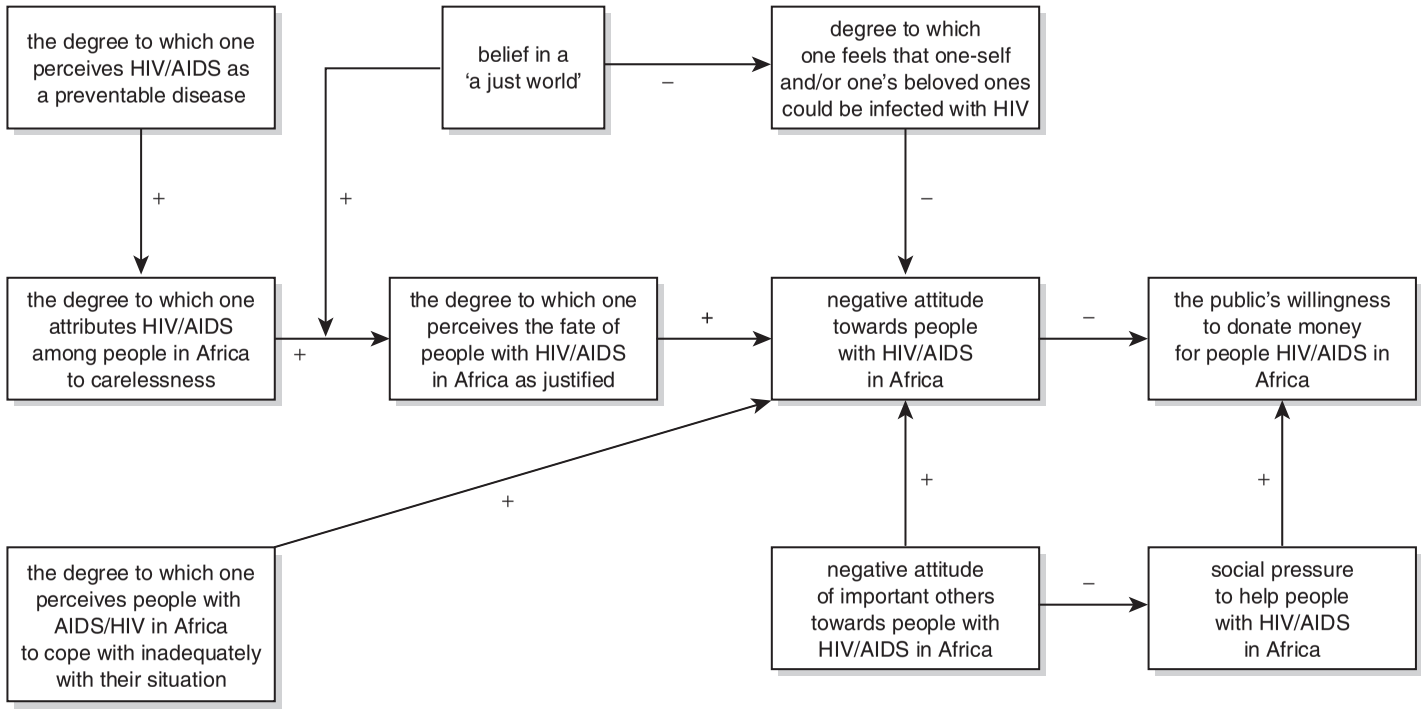

Figure 1.1 Process model: What determines the general public's willingness to donate money for people with HIV/AIDS in Africa?

Box 1.1 Interview with Professor Susan Fiske of Princeton University (USA)

I always wanted to make the world a better place. My grandmother and great grandmother were suffragists (never suffragettes!). And my mother worked full-time as a civic volunteer for citizens' participation, urban neighborhood organizations, cleaner air, and better parks. My father was a psychologist, so I put the two lines together, wanting to use psychology to improve things, especially for underdogs. But I realized, early on, that if you do not have the methodological tools to make a convincing scientific argument, no one will listen. My father was a methodologist, so that probably helped to drive that point home. Social psychology was the logical choice.

What I love about social psychology is that it argues for the importance of the social situation, the impact of people on other people. If you think the important variance is in the situation (as opposed to, say, genes, or the first year of life), then to improve people's lives, you change the situation. This is an inherently progressive perspective.

My most exciting professional impact was being cited by the Supreme Court. Ann Hopkins had been the star of her cohort at Price Waterhouse, billing more hours and respected by clients and colleagues alike. She was tough and exacting and effective. Unfortunately, she was also the only female partner candidate out of about 90 that year, and in a business utterly dominated by men at that point. People who didn't know her well, but who nevertheless voted, disliked this aggressive female manager. She was turned down for partner on the basis of allegedly deficient social skills, being advised that she could improve her chances by walking, talking, and dressing more femininely. Instead of going to charm school, she sued.

'Social psychology had a lot to offer Ann Hopkins, so I agreed to be an expert witness. I explained how perfectly well-intentioned PW partners could end up prescribing make-up and hair styling to a top-earning manager. Gender roles are intrinsically prescriptive, and this makes sexism ambivalent. Let me explain. People love the stereotypic homemaker but would not want her to run a company. At the same time, people respect the stereotypic businesswoman, but they tend to dislike her. Peter Glick and I captured this Catch-22 in our Ambivalent Sexism Inventory, which picks up the benevolence toward traditional women and the hostility toward nontraditional women. Hostile sexism is not a new idea, but subjectively benevolent sexism is. And it goes a long way toward explaining certain kinds of barriers to women in the workplace.'

Interested in Susan Fiske's work? Then read, for instance:

(Continued)

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Fiske, S. T., Cuddy, A. J., Glick, P. & Xu, J. (2002). A model of (often mixed) stereotype content: Competence and warmth respectively follow from perceived status and competition. *Journal of Personality and Social Psychology*, *82*, 878–902.
Fiske, S. T. & Taylor, S. E. (in press). *Social cognition: From brains to culture* (3rd edn). New York: McGraw-Hill.
Glick, P. & Fiske, S. T. (2001). An ambivalent alliance: Hostile and benevolent sexism as complementary justifications of gender inequality. *American Psychologist*, *56*, 109–118.

A negative attitude towards people with HIV/AIDS is bolstered if they are perceived as not coping well with the situation. Research has shown victims who do not complain, and try to make the best of their situation, receive more help and sympathy (Dovidio, Piliavin, Schroeder, & Penner, 2006). This implies that the campaign should not present people with HIV/AIDS in Africa as passive victims who do not try to improve their situation. Although the attitude towards people with HIV/AIDS in Africa will also be influenced by a perception of emotional closeness, this might be difficult to evoke, and therefore the social psychologist decides to leave this factor out of the model.

As we have seen, any willingness to help people with HIV/AIDS in Africa is also affected by feelings of moral obligation (Schwartz, 1977). Two factors, in particular, activate feelings of moral obligation. First, the perceived needs of those people with HIV/AIDS in Africa. A second factor is the perceived injustice of the poverty in Africa, but such feelings are weaker when people believe in a just world (Lerner, 1980). A willingness to donate money will, in addition to feelings of moral obligation and the attitude towards people with HIV/AIDS in Africa, also be affected by social pressure from relevant others and by the perceived effectiveness of helping (Batson, 1990; Van Vugt et al., 2000). The latter implies that the campaign must convince the public that the donated money is going to be spent wisely.

Research

The social psychologist could further suggest to the campaign team that some relationships in the process model are not yet clear in the literature and require further testing through research. For example, people might be willing to donate money out of sympathy with the victims, but also because of feelings of guilt (Cialdini & Trost, 1998; Huhmann & Brotherton, 1997). Therefore, what would be the result if the campaign were focused on the role of the West in causing poverty-related problems in sub-Saharan Africa, which would elicit guilt among potential donors? One consequence might be that people would feel personally responsible and give more to relieve their guilt. Another likely effect might be that this suggestion would infuriate people and that, out of dissent, they would contribute nothing. The social psychologist therefore

decides that it would be wise to conduct some further research on the relationship between guilt and helping, before incorporating these ideas into the model.

Step 4 – Help: Towards an Intervention Programme

On the basis of the social psychologist's model, the team of volunteers decides that a number of factors, such as the belief in a just world, are difficult to change, but that a number of factors that may increase helping behaviour can possibly be influenced by a campaign. In particular, are aspect considered to be important is undermining people's tendency to devalue others with HIV/AIDS ('They have brought it upon themselves'). Another key point is that people are much keener to contribute money if they think their gift could 'make a difference' (Kerr, 1989; Oskamp, Burkharolt, Schult, Hurin & Zelezny, 1998). It is thus worth while showing what even a small gift can do to relieve the problem. Further, more people with donate if they can do so easily and quickly and therefore a donations over the Internet should be made possible. Finally, too much negative information may cause people to devalue the victims or avoid paying attention to the campaign altogether, and, therefore, the message of the campaign with need to be decidedly positive.

After extensive discussion and an additional consultation of the social psychological literature, it is decided the campaign will have the following features:

1. Personal profiles of people with HIV/AIDS in Africa will be presented, who, despite their illness, are trying to make the best of their situation, but who clearly need medical and psychological help that is currently unavailable. Possible personal profiles could be:
    - a child who has been infected since birth and is now sick; without proper medication the child will die within a few months;
    - a woman who has been infected because she was raped; out of shame for the rape, her husband had left both her and their five children.
2. The tendency to blame people with HIV/AIDS in Africa will be tackled by the above examples, namely the fate of children born with HIV/AIDS and women who have suffered rape. Also emphasized is that due to poor information, poverty, and a lack of availability of contraceptives, people with HIV/AIDS in Africa are often unaware of the risks of unsafe sex and ways to prevent infection and therefore cannot be held personally accountable for contracting the disease.
3. Feelings of moral obligation will be induced by both showing that people with HIV/AIDS in Africa are in desperate need of help and also by making a subtle appeal to feelings of injustice with respect to the poverty in Africa.
4. The messages will be predominantly positive to prevent a negative attitude towards people with HIV/AIDS in Africa ('With a little gift, this person may have a long and productive life ahead of them').
5. It will be made clear that every gift no matter how small will help (for example, feeding a family for two days for as little as one Euro), and it will be clearly stated for what purpose the donations will be used.
6. To lower the threshold to donate money, people will be able to donate money over the internet.

OTHER RELEVANT DECISIONS

Using the PATH methodology as a helpful tool, we have introduced you to the main steps in moving from a problem (how to raise money for people with HIV/AIDS in Africa) to the development of an intervention programme to tackle this same problem. We have formulated the details of a campaign to raise money for this worthy cause. Although the general approach of the campaign has now been formulated by the team with the help of an applied social psychologist, many more decisions still need to be made.

First, a decision must be made regarding the communication channel (McGuire, 1985). For example, the team will have to decide whether to run a media campaign (television, radio, internet), a door-to-door campaign, or a combination of the two. Each has its own logistic problems. The media will not easily provide broadcast time for free, especially if they consider the topic to be of insufficient interest to the public at large. For a door-to-door campaign one needs to recruit, organize and coordinate a large group of reliable volunteers throughout the country, which might be cumbersome.

Another issue is whether donors receive something in exchange for their gift, for example, a music CD by African artists for every donation over 50 Euro. The helping literature suggests that this may be a good thing to do. The norm of reciprocity states that individuals feel best when they receive something in return for what they give (Buunk & Schaufeli, 1999; Cialdini & Trost, 1998). As a consequence, and considering the tendency to blame the victims, people might be more willing to give if they know they will receive something in return. Gifts are more likely associated with an acute disaster such as a drought or Tsunami. With the HIV/AIDS problem – a situation of prolonged suffering – people might be more willing to donate if they are to get something in return which will have intrinsic value to them, while at the same time they are doing something good. People can engage in such a transaction without having to take a position about the causes of the problem. They may think they are just getting a good deal.

Many other details will have to be decided, for example which product to offer, which media channels to use, and a slogan for the campaign. For many of these questions, there is relevant social psychological literature that could be consulted, for example, on persuasion (O'Keefe, 1990), communication (McGuire, 1985) and social influence (Oskamp & Schultz, 2005). In addition, there is an applied literature on how to set up fund raising campaigns (Clarke, Botting & Norton, 2001).

APPLYING SOCIAL PSYCHOLOGY: THE PATH FROM PROBLEM TO INTERVENTION

We believe that the PATH method helps social scientists to develop a theoretically-based intervention programme relatively quickly and smoothly. There is no denying that there are sometimes important obstacles in the way. For instance, it may take some time to formulate the problem, and some deliberation to focus on the most pressing elements of the problem. The problem may seem so complex that one cannot see 'the

wood for the trees'. In addition, gathering the relevant social psychological literature might take time (although the internet has clearly facilitated the search process). There may be little relevant research on the topic or alternatively, there may be too many relevant social psychological theories and it will prove difficult to choose between them. Finally, it is difficult to tell whether or not an intervention is going to be successful. Even if interventions have been successful in the past, there is no guarantee one will work this time.

The PATH method offers a simple, systematic, step-by-step, easy-to-use methodology for applying social-psychological theories to tackle a diversity of social issues. In sum, we can identify four essential steps in this methodology:

1. **P**ROBLEM – from the problem to a problem definition; identifying and defining the problem;
2. **A**NALYSIS – from a problem definition to analysis and explanation; formulating appropriate concepts and developing theory-based explanations;
3. **T**EST – from explanations to a process model; developing and testing an explanatory process model;
4. **H**ELP – from a process model to interventions; developing and evaluating a programme of interventions.

We briefly describe below each of these four steps of the PATH method. In each of the chapters that follow, these steps will be outlined in greater detail and with plenty of illustrative examples.

Step 1 – Problem: From the problem to a problem definition

Arriving at an adequate problem definition requires much consideration and deliberation. Usually, the problem definition is more extensive than the one we formulated earlier in this chapter where the team knew already that they wanted to set up a fund raising campaign to help people with HIV/AIDS in Africa. Often there is just a general feeling within a team, community, or organization that there is a problem and something must be done without much further thought being involved. In the example of an HIV/AIDS fundraising campaign, the team of volunteers may have simply been frustrated about a lack of attention towards the plight of people with HIV/AIDS in Africa within their country. Getting this attention would require quite a different approach than that required in setting up a fund raising campaign. Further, an internal controversy on policy priorities within a charity organization is often better dealt with by organizational psychologists and consultants.

As will be addressed in Chapter 2, it is very important to describe precisely *what* the problem is (for example, 'How can we raise money to help people with AIDS in Africa?'). But even when the problem is presented clearly, other questions also need to be asked. We must assess if the problem is sufficiently concrete rather than it being a general scientific question like: 'How can we make people more altruistic?' Also, *why* is it a problem at all (for example, 'People with HIV/AIDS in Africa suffer greatly and have few opportunities for treatment') and for *whom* it is a problem (for example,

'people with HIV/AIDS in Africa, their families, and their countries')? In addition, we must specify the main *causes* of the problem, in this case why we think people might be reluctant to give money to this particular charitable cause, for example because they find it difficult to empathize with people in Africa or there is competition coming from other charity organizations. Further, we should specify the population we aim to target with our intervention (*target group*). Who do we need to convince that this problem has to be solved? Who must help solve this problem? In the example of an HIV/AIDS fundraising campaign, the volunteer team should determine who they want to encourage to donate money; the general public or specific subgroups (such as families with high incomes), private persons or organizations and companies? Because they want to convince as many people as possible to donate money, the team in the above example chose to target the general public.

Finally, the *key aspects* of the problem need to be considered. That is, a good problem definition makes clear that the problem has an *applied* rather than a basic nature, and is formulated in *concrete* terms. In the example of an HIV/AIDS fundraising campaign, this would give answers to the question of why people may be reluctant to give money to HIV/AIDS charities. Last but not least, there must be a feeling that the problem has *social psychological* aspects and that it is potentially *solvable* or relievable.

In the first discussions with the AIDS team of volunteers, the focus might be on the irresponsible attitude of some political leaders in Africa with respect to HIV/AIDS, or the attitude of the Roman Catholic Church towards condom use. It is obvious that these issues are not problems that social psychologists can easily solve (or should even want to solve). Changing the attitudes of political and religious leaders may be done by using social psychological knowledge, but it probably requires a sustained political and diplomatic effort.

In contrast, changing the attitudes of the general public towards people with HIV/AIDS in Africa is a good example of the type of issue to which social psychologists may contribute. Such attitudes are social psychological constructs, and there is a wealth of theorizing and research on how such attitudes may be changed. In general, social psychological factors concern behaviours (for example, giving money), attitudes (say, a negative evaluation of people with HIV/AIDS), cognitions (for example, negative perceptions of people with HIV/AIDS), and affective/emotional responses (say, a fear of AIDS). When the problem cannot be defined along one or more of these terms – behaviours, attitudes, cognitions, affective responses – it is probably not suitable for a PATH analysis.

Step 2 – Analysis: From a Problem Definition to Analysis and Explanation

Once the problem has been defined in terms of one or more social psychological constructs, the second step is to come up with social psychological explanations for the problem. Before doing so, one first has to decide what the *outcome variable* is, that is, which variable eventually needs changing. In the example of an HIV/AIDS fundraising campaign, it is a willingness to donate money for people with HIV/AIDS in Africa. As will be described in Chapter 3, after having defined this variable, in the *divergent* stage,

one starts looking for explanations through techniques such as 'free association' and through applying relevant social psychological theories. In the development of a process model to explain a willingness to donate money for people with HIV/AIDS in Africa, the psychologist in the example knew right away that he had to look in the literature on helping behaviour and prosocial behaviour. Through a search in the helping literature, he found the model by Schwartz (1977) that seemed quite relevant.

In retrospect it might seem evident to look into this literature, but someone without a background in social psychology might not have known where to look. Moreover, even when confining oneself to the social psychological literature on helping, one might have found many different models and theories. There are for example social exchange and reciprocity theories, emphasizing the role of egotistic concerns in helping (Buunk & Schaufeli, 1999; Hardy & Van Vugt, 2006). By performing acts of kindness individuals may receive many benefits. They may, for instance, feel happier (Lyubomirsky, Sheldon & Schkade, 2005), experience positive self-evaluations and a boost in self-esteem (for example, 'I did something good today!', 'I am a caring person'), receive praise, or experience the joy of seeing the needy person experience relief. In addition, helpers may avoid negative feelings, such as shame or guilt (Batson & Powell, 2003). There are also theories that emphasize truly altruistic motivations, for example, empathy-altruism theory (Batson, 1991; Bierhoff & Rohmann, 2004). The basic idea of this theory is that empathic concern motivates altruistic behaviour aimed at relieving a victim's suffering. This theory suggests, for example, that people will support HIV/AIDS victims in Africa if they can easily see themselves in their shoes (namely, high empathy). After generating many different explanations, one must then reduce the explanations based on their relevance, validity and plausibility. In the example of an HIV/AIDS fundraising campaign, the social psychologist disregards the empathy factor as people may not feel very similar to people with HIV/AIDS in Africa.

To determine the validity of the social psychological theories, it is important to assess the extent to which the typical experiments on which the theory is based represent the real world. Many theories in their abstract form may seem readily applicable in a given situation, but what people often tend to forget is that most theories in social psychology are usually based upon a specific research paradigm that may only be generalized to a limited number of situations in real life. This concern refers to the *external validity* of an experiment. It is possible that research findings, because of the specific research paradigm or limitations in samples or settings, can only be applied to a limited number of real-life situations. In that case the external validity of an experiment is low.

For example, in a typical example of the experiments that form the basis of Batson's (1991) empathy-altruism theory, people observe another person ('the worker') who they think is suffering from a series of uncomfortable electric shocks that have been administered to them by the experimenter for failing to give correct answers. They are given a chance to help the worker by taking the shocks themselves. There are at least two major differences between this situation and the situation of donating money to people with HIV/AIDS in Africa. First, it concerns others who are close in proximity, and, second, one is asked to take on the suffering of the victim oneself. Thus, Batson's theory may have limited relevance for this particular problem.

Step 3 – Test: From Explanations to a Process Model

On the basis of a limited set of variables resulting from the previous stage, a process model can be formulated like the one presented in Figure 1.1. (How to build such a model is described in much more detail in Chapter 4.) The model contains the outcome variable that must be influenced, in this case a willingness to donate money for people with HIV/AIDS. In addition, the model should primarily contain variables that can be influenced, at least to some extent, and should describe the relationship between the variables in the form of a process model. This process model is at the core of PATH methodology. Although the model in Figure 1.1 seems plausible, this is by no means the only model that could have been formulated on the basis of the selected variables. Why, for example, does the belief in a just world not directly affect a negative attitude towards people with HIV/AIDS in Africa? Why does the way in which people with HIV/AIDS in Africa cope with the situation not lead to feelings of moral obligation? Why is a willingness to donate money not directly affected by the perceived injustice of poverty in Africa?

In general, the process model specifies just a few possible relationships between its variables. Any given variable should not affect more than two or three other variables. This forces practitioners to be selective and specific about the causal relationships in the model. By including too many relationships, it may become a model in which 'everything is explained by everything', and it would be difficult to formulate specific interventions based on it.

In the example of an HIV/AIDS fundraising campaign, the social psychologist formulated his model on the basis of existing empirical research. However, often one is forced to formulate a model in which it is not yet clear to what extent the various paths between the variables are empirically supported. Ultimately, a model is only complete if there is *sufficient* evidence from research for the relationships between the variables. (In Chapter 4 we discuss how to assess the empirical support for the model.) Of course, because we aim to develop explanations and interventions based on social psychological knowledge, in the present approach we need to use as much existing knowledge as possible. This knowledge can be derived from basic social psychological research as well as from other research more or less directly applied to the problem (Fliszar & Clopton, 1995; Montada, 2001).

Frequently, however, one can only find empirical evidence that validates *parts* of the process model, and not the entire model. In the example of an HIV/AIDS fundraising campaign, there is, for instance, little research on willingness to donate money for people with HIV/AIDS in Africa, or on charity donation in general. If one cannot find research on the specific problem (for example, charity donation) to support (parts of) the model, one may look for evidence in research on the generic behaviour (for example, altruism). The social psychologist that advised the volunteer team, for instance, found support for (parts of) his model in the general literature on helping.

Step 4 – Help: From a Process Model to Intervention

The final and often most difficult step is to move from the process model to a help or intervention programme. (This is described in Chapter 5.) To be able to develop an

intervention programme, it is important that the model contains primarily factors that can be influenced through intervention. Most social psychological variables, such as attitudes and social norms, can be targeted by interventions, but factors such as gender, personality or other deeply rooted traits and values cannot (at least not by a social psychologist). Of course, it might seem obvious to include gender or personality in the model, because for instance women have more empathy or are more agreeable, and thus are more inclined to donate money. However, although such factors may be very important, it is difficult to build an intervention programme around them. Even factors that may seem less deeply rooted in human nature, such as prejudice towards gay people, may be difficult to change, especially via media campaigns.

The step from the **Test** to the **Help** phase is huge. The social psychologist must first come up with as many interventions as possible, aimed at the most promising and important factors in the model. Often this intervention will contain behavioural training, a programme of education, information, rules or prescriptions. Shaping the programme in such detail that it can be implemented usually takes a lot of time, energy, and creativity.

PROBLEMS WITH APPLYING THEORIES

It is not easy to apply social psychological theories to social problems. Most general knowledge in social psychology is derived from laboratory experiments (see any social psychology text), and these have several important limitations (Aronson, Wilson & Akert, 2002). We will now discuss three of the most important limitations of this type of research: oversimplification, external validity, and contradictory evidence.

Oversimplification

The situation examined in experiments is virtually, by definition, a reduction and simplification of reality. A single laboratory experiment can never examine the complex interplay of variables that affect human social behaviour in the real world and can examine at most two or three factors. For example, the social psychologist assisting the AIDS team concluded from laboratory research on emergency helping (Latané & Darley, 1970) that often bystanders do not intervene when they see another person is in need. One could come up with numerous factors that may affect a willingness to help in such situations, including the bystander's personality, family background, mood, preoccupation with other issues, fear, embarrassment, lack of control, and the age and sex of the victim. Yet in the classic 'bystander experiment' Latané and Darley (1970) only examined one factor, that is, the number of other people present. They showed that a willingness to help someone allegedly experiencing a seizure was reduced the more other people were present. Although Latané and Darley's experiment is a very interesting one, it did not show how important this factor was in comparison with other factors that may influence willingness to help, such as the victim's age or sex, or how it interacted with other factors.

Another example of the limitation of laboratory experiments is a research programme by the American social psychologist Donn Byrne (1971) on the effect of attitude similarity on attraction. In a typical similarity experiment participants fill out an attitude questionnaire. They are then presented with a second questionnaire that has allegedly been completed by another participant. However, the experimenter has fabricated this questionnaire in such a way that it has either 25 per cent or 75 per cent of the attitudes in common with the participant's question. In general, it appears that the more attitudes one has in common with the other person, the more one likes the other individual, and this is a quite strong effect. However, in real life, such as when a dating agency wants to match people, other factors such as physical attractiveness, status, or educational level may be more important than attitude similarity. It is, of course, possible to examine such factors as these in experiments. For example, Byrne, Ervin and Lamberth (1970) showed that attitude similarity and physical attractiveness determined to a similar degree the attraction to someone of the opposite sex. Although researchers can include a second, third or even fourth variable in their experiments, it is impossible to include all potentially relevant factors in a laboratory experiment. The social psychologist must assess what the most important variables are, for example, through a survey among the target population.

External Validity

A second limitation is that all kinds of factors in real life may obscure the impact of the variables that are so clearly manipulated in experiments. For instance, in the experiments by Byrne (1971), participants knew exactly the real attitudes of the other person. In real life one seldom knows how other people think about certain issues. Several studies on the relation between attitude similarity and attraction show that, unlike what Byrne's experiments suggest, *actual* attitude similarity scarcely affects initial feelings of attraction. What really counts is one's *perception* of attitude similarity, that is, the degree to which individuals *believe* another person to have similar attitudes. This determines attraction, not the degree to which attitudes actually *are* similar. Buunk and Bosman (1986), for instance, found that whereas spouses showed a low degree of actual attitude similarity, they showed a high degree of perceived attitude similarity (for a review, see Sunnafrank, 1992). Thus, if one had been asked by an organization how to make cohesive teams, and one had proposed to form teams on the basis of the actual attitude similarity among the members, the results would have been quite disappointing.

Another example of this limitation comes from research on unconscious priming. There is considerable evidence that priming individuals with stimuli that are offered subliminally, that is without being consciously perceived, may affect behaviour. In a study by the American social psychologist John Bargh and his colleagues (Bargh, Chen & Burrows, 1996), participants were primed on politeness or rudeness through a so-called scrambled sentence task. When they were primed on politeness, participants in a later, unrelated situation, interrupted the experimenter who was talking with someone else less often than participants primed on rudeness. Despite the striking results of such experiments, in real life the success of these interventions may be weak or there may be ethical concerns.

Contradictory Evidence

Another limitation of social psychological research is that studies often produce contradictory findings. For instance, Griffith (1970) found that participants who waited in a room with uncomfortable environmental conditions (high temperature, high humidity level) liked the person with whom they were waiting less than participants who waited in a room with comfortable environmental conditions (normal temperature and low humidity level). Yet Bell and Baron (1974) failed to replicate this effect. Other social psychological research shows that people tend to like others *more* when they meet them in fear-arousing, uncomfortable situations (Dutton & Aron, 1974).

Findings like these may be confusing and difficult to interpret. Fortunately, researchers are sometimes able to reconcile contrasting findings. Often, contradictory results stem from the fact that on numerous occasions studies have subtly different methods. Kenrick and Johnson (1979) found, for instance, that negative feelings which are due to uncomfortable circumstances with induce aversion for another person, a stranger, even when those being studied do not interact with this person. In contrast, when individuals actually interact with someone uncomfortable circumstances can often *increase* liking. This illustrates that one should not take the conclusions from experiments as general truths, but that one should carefully examine the experimental paradigm on which a particular finding is based before applying it to the real world.

From a broader perspective, seemingly contradictory conclusions from experiments support the idea that humans are complex social beings with many different behavioural tendencies. For example, they will seek out factual confirmation of who they are as well as flattering information on how good they are; they are egoistical as well as altruistic; they are rational as well as emotional. There are numerous theories in social psychology, and each theory tends to emphasize a distinct human tendency. For instance, Batson's (1991) empathy-altruism theory emphasizes that people have a basic tendency to respond with altruistic empathy to others, whereas social exchange theory emphasizes that people first and foremost pursue their self-interest in helping relations (Thibaut & Kelley, 1959). Swann's self-confirmation theory (see, for example, Swann, Stein-Seroussi & Giesler, 1992) suggests that people tend to seek out information that confirms their self-image, be it positive or negative, whereas self-esteem theory (Baumeister & Tice, 1990) would suggest that people simply prefer all information to makes them feel good about themselves.

CONCLUSION

This book introduces the PATH model, a step-by-step approach for addressing and resolving societal problems through the application of social psychological theory and knowledge, from the formulation of the problem to the shaping of interventions. Although every practitioner can potentially benefit from PATH methodology, some background in social psychological theory is desirable.

The PATH model should not be used in a rigid way. Going from a problem to intervention is usually an iterative process, and one frequently moves back and forth

between the different steps in the model. For instance, one may start with defining the problem, but when exploring the literature, one can discover that there are certain aspects of the problem that one has overlooked. In that case, one first has to redefine the problem. Or one may see explanations and solutions before having formulated a clear problem definition. There is nothing wrong with adapting the problem definition after having explored the research literature. It is even advisable to do so. What counts is not strictly following the steps of the PATH model, but developing a clear problem definition, a process model that fits the empirical findings as closely as possible, and an effective intervention.

SUGGESTED FURTHER READING

Dovidio, J. F., Piliavin, J. A., Schroeder, D. A. & Penner, L. A. (2006). *The social psychology of pro-social behavior*. Mahwah, NJ: Erlbaum.

Omoto, A. & Snyder, M. (1995). Sustained helping without obligation: motivation, longevity of service, and perceived attitude. *Journal of Personality and Social Psychology*, *68*, 671–686.

Schultz, P. W. & Oskamp, S. (2000). *Social psychology: An applied perspective*. Upper Saddle River, NJ: Prentice-Hall

Van Vugt, M., Snyder, M., Tyler, T. & Biel, A. (2000). *Cooperation in modern society: Promoting the welfare of communities, states, and organisations* p. 245. London: Routledge.

Box 1.2 A case study: Social comparison in adjustment to breast cancer

Patients who have a serious illness, such as cancer, often feel fearful and uncertain about their future and worry that they are coping poorly or losing their grip on reality. This type of stress may lead to a longer recovery period and increase both the emotional as well as the financial burden of the disease. Helping patients to cope optimally with their disease is therefore an issue of great concern.

Patients often cope with their illness by comparing themselves with other patients, namely so-called social comparisons (Festinger, 1954). Social comparisons may contribute to adjustment through two functions. First, by comparing themselves to others in the same situation, patients may learn to what extent their reactions are reasonable and normal (*self-evaluation*). Second, serious illness can pose a great threat to patients' self-esteem since it often brings a great deal of changes that are critical to their identity (for instance, with regard to body image, occupation, valued activities, and close relationships). By comparing themselves to other patients, they may restore and enhance their self-esteem (for example, 'It could have been much worse'; *self-enhancement*).

(Continued)

To make accurate self-evaluations patients may best compare themselves with similar others, namely patients who are about equally ill, because these patients provide the most useful information about how to cope. In contrast, when individuals are motivated to enhance their self-esteem, they are best served by comparisons with patients who are either worse (*downward comparisons*) or better off (*upward comparisons*).

The question that arises is whether patients benefit more from social comparisons through self-evaluations or self-enhancement. In others words, in adjusting to their illness, with whom do patients prefer to compare themselves: with similar others, or with patients who are better or worse off? To answer this question the American psychologists Joanne Wood, Shelley Taylor and Rosemary Lichtman* interviewed 78 breast cancer patients about their illness and the ways they coped, including the type of social comparisons they made. These researchers found that over 60 per cent of respondents said that another patient was coping less well than she was; 80 per cent said that they adjusted at least somewhat better than other women. In other words, the researchers found a preponderance of downward comparison, indicating that, among breast cancer patients, self-enhancement is the most dominant motive for social comparison.

Findings like these are important for interventions that aim to help patients adjust (see Buunk, Gibbons & Visser, 2002). Consistent with patients' preference for downward comparisons, they may, for instance, point out what patients are still able to do (rather than what they cannot do anymore).

* Wood, J.V., Taylor, S.E. & Lichtman, R.R. (1985). Social comparison in adjustment to breast cancer. *Journal of Personality and Social Psychology, 49*, 1169–1183.

ASSIGNMENT 1

Read Box 1.2 above. Imagine you are asked to develop an intervention programme to enhance the well-being of cancer patients on the basis of the study described in this box (Wood, Taylor & Lichtman, 1996).

(a) Describe in this context:

- *what* exactly the problem is that you aim to solve with the intervention programme;
- *why* the problem is a problem (in, among others, emotional, financial and societal terms) and since *when*;
- for *whom* it is a problem (for patients or also, for instance, for their relatives and/or for taxpayers);
- what are the possible *causes* of the problem (for instance, relevant behaviours, emotions or cognitions, lack of information);
- *whom* you aim to target with your intervention (target group);
- the key *aspects* of the problem (applied, concrete, social psychological, is the problem solvable or relievable).

(b) Discuss to what extent the belief in a just world, as described in this chapter, may influence cancer patients' well-being when they socially compare themselves with other patients. To what extent do you think that the belief in a just world is relevant to the intervention programme?

(c) Design an intervention on the basis of the results of Wood, Taylor and Lichtman's study (see Box 1.2) to relieve the problem you have described in (a) above. Describe specifically the social psychological variables you aim to manipulate by intervention and by what means you aim to do so and why.
You may read the following articles to come up with ideas about interventions for cancer patients

Bennenbroek, F.T.C., Buunk, B.P., Stiegelis, H.E., Hagedoorn, M., Sanderman, R., Van den Bergh, A.C.M. & Botke, G. (2003). Audiotaped social comparison information for cancer patients undergoing radiotherapy: Differential effects of procedural, emotional and coping information. *Psycho-Oncology, 12(6)*, 567–579.

Bennenbroek, F.T.C., Buunk, B.P., Van der Zee, K.I. & Grol, B. (2002). Social comparison and patient information: What do cancer patients want? *Patient Education and Counseling, 47(1),* 5–12.

Stiegelis, H.E., Hagedoorn, M., Sanderman, R., Buunk, B.P., Van den Bergh, A.C.M., Botke, G. & Ranchor, A.V. (2004). The impact of an informational self-management intervention on the association between control and illness uncertainty before and psychological distress after radiotherapy. *Psycho-Oncology, 12(6)*, 567–579.