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I'm Moral, but I Won't Help You: The Distinct Roles of Empathy and Justice in Donations

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Donating to charitable causes is generally perceived as a moral, prosocial behavior, but this may not always be the case. Although moral identity tends to have a positive effect on prosocial behavior, moral identity does not unconditionally enhance charitable giving. Four studies demonstrate that moral identity decreases donations when recipients are responsible for their plight. Mediation analysis reveals that empathy and justice underlie these effects such that moral identity increases donations for recipients with low plight responsibility through increased empathy, but moral identity decreases donations to recipients with high plight responsibility due to perceptions of justice. Importantly, donations to recipients who are responsible for their plight can be enhanced when donors' immorality is made salient, evoking empathy for recipients, particularly among donors with high moral identity. This research makes theoretical contributions in addition to providing implications for nonprofit organizations whose recipients may be perceived as responsible for their plight.

Sally is a person who believes that being moral is an important part of who she is. She not only cares about being kind and generous to others, but she also cares about being fair and hardworking. One day she receives a donation request from a local homeless shelter in the mail. She ponders whether or not to donate to the shelter, and in so doing she remembers that she often drives by the homeless shelter on her way home from work. She recalls that she often sees

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homeless people, who give the impression of being strung out on drugs, loitering in front of the shelter. How will Sally respond to the donation request from the homeless shelter?

With an increasing number of charitable organizations and over \$200 billion donated to charitable causes by individuals each year in the United States alone (Giving USA 2012), consumers are inundated with donation requests for charities supporting an array of causes. Of these, numerous charities, such as UNAIDS, which raises funds for AIDS patients, support recipients who may be perceived as responsible for their plight (hereafter we use recipient responsibility to refer to perceptions of charity recipients' responsibility for their plight). For example, the plight of AIDS patients, the homeless, or drug addicts is often attributed to their own negative behaviors (Weiner, Perry, and Magnusson 1988), although such plight can also be caused by external factors or social problems that have been reproduced and retained by the economic system and social structure (Fee and Krieger 1993; Fischer and Breakey 1991). How does recipient responsibility influence donation decisions of consumers who are generally more charitable based on their propensity to engage in moral behavior?

Research has focused on examining persuasive strategies in donation appeals (Fraser, Hite, and Sauer 1988; Kristofferson, White, and Peloza 2014; Shang, Reed, and Croson 2008; Small and Verrochi 2009; White and Peloza 2009) as well as individual donor characteristics motivating consumer

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donations (Reed, Aquino, and Levy 2007; Winterich, Zhang, and Mittal 2012; Winterich and Zhang, forthcoming). However, most of this research has focused on support for “good” charity recipients (e.g., those perceived as deserving of aid) without considering the implications of variations in recipients for donation behavior (see Smith, Faro, and Burson [2013] for an exception). The limited research regarding charity recipients has tended to focus on the presentation of recipients in terms of number or unit (e.g., a single identifiable victim, statistical victims, victims that are perceived as entitative; Kogut and Ritov 2007; Small, Loewenstein, and Slovic 2007; Smith et al. 2013) or by group membership (Duclos and Barasch 2014; Winterich, Mittal, and Ross 2009). Yet, as consumers have limited financial resources to allocate to charitable giving, they may evaluate the deservingness of the recipients before making donations (Bekkers and Wiepking 2011). This research proposes a new framework to understand when and why consumers engage in charitable giving by considering the characteristics of not only the consumer but also the charity recipients.

Among the various factors that may impact charitable giving, such as identity congruency (Shang et al. 2008; Winterich and Barone 2011), agency-communion orientation (Winterich et al. 2009), and emotion (Small et al. 2007; Small and Verrochi 2009), research has found moral identity—the extent to which moral traits (e.g., fair, just, kind, compassionate) are experienced as a central part of one’s overall self-concept (Aquino et al. 2009; Aquino and Reed 2002)—to be a strong predictor of charitable giving (Reed and Aquino 2003; Reed et al. 2007; Winterich et al. 2012, 2013). Moral identity is theorized to increase charitable giving because giving is a moral behavior that is consistent with one’s moral identity (Aquino and Reed 2002). However, will moral identity always increase giving regardless of the charity recipients? What will happen when recipient responsibility comes into question?

We theorize and empirically demonstrate that higher moral identity does not unconditionally increase charitable giving when the beneficiaries are perceived as responsible for their plight. Instead, moral identity decreases donations to recipients who are responsible for their plight. More importantly, we propose that empathy and justice are the distinct mechanisms underlying these effects. Specifically, we suggest that (1) empathy mediates the positive effect of moral identity on donations to recipients who are not responsible for their plight, and (2) justice mediates the negative effect of moral identity on donations to recipients who are responsible for their plight. Notably, we demonstrate that the positive effect of moral identity on charitable giving can be reinstated for recipients who are responsible for their plight when consideration of consumers’ own past immoral behavior evokes empathy for the charity recipients.

This research makes theoretical contributions to the charitable giving and moral identity literature, as well as offers important insights regarding the role of moral identity and recipient responsibility on charitable giving for marketers of charitable organizations. The present research extends

existing work on charitable giving (Shang et al. 2008; Small et al. 2007; White and Peloza 2009; Winterich et al. 2009, 2013) by suggesting that charity recipients should be considered as an important factor affecting consumers’ donation decisions. More specifically, though the moral identity literature may suggest to academics and practitioners alike that moral identity increases charitable giving, we demonstrate that the positive effect of moral identity is reversed when charity recipients are perceived as responsible for their plight.

We also contribute to the moral identity, empathy, and perceived responsibility literature by exploring the independent roles of empathy and justice as underlying processes of the joint effect of moral identity and recipient responsibility. Demonstrating that the positive effect of moral identity on donations occurs through empathy whereas moral identity decreases charitable giving through perceptions of justice enhances our knowledge of the processes that impact donation decisions. In doing so, we demonstrate a novel means of evoking empathy—consideration of donors’ own moral failings—and motivate charitable giving even when recipient responsibility is high. This situational stimulation of empathy, through consideration of one’s own moral failings, is particularly influential for those with higher moral identity. We next briefly review the literature on moral identity and recipient responsibility.

THE JOINT IMPACT OF MORAL IDENTITY AND RECIPIENT RESPONSIBILITY ON CHARITABLE GIVING

Moral identity represents an individual’s broad associative cognitive network of related moral traits (e.g., being kind), feelings (e.g., concern for others), and behaviors (e.g., helping others; Aquino and Reed 2002). Within this associative network, the strength of these moral associations reflects the degree to which a person’s moral identity is chronically important (e.g., whether a person cares about being a person who has these traits, feelings, and behaviors in general). Thus, an individual who is characterized by high moral identity would likely have more thoughts, both in quantity and speed, regarding moral traits such as fairness and generosity as well as goals and behaviors of helping others. To be sure, this conceptualization does not indicate that an individual with low moral identity does not have any associations with moral traits or behaviors, but simply that their associative cognitive network is not as chronically strong as someone with a higher moral identity. Of particular relevance to this research, moral identity has been found to be a strong predictor of charitable giving, even when the donation recipient is a member of an out-group (Reed and Aquino 2003; Winterich et al. 2009). For instance, Reed and Aquino (2003) demonstrated that individuals who are higher in moral identity expand the circle of moral regard to others and are more supportive of relief efforts to out-group members than individuals who are lower in moral

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identity. However, we seek to determine whether moral identity unconditionally increases charitable giving. Specifically, we consider that recipient responsibility will interact with moral identity to impact charitable giving.

Schlenker et al. (1994, 635) suggested that “responsibility is the adhesive that connects an actor to an event and to relevant prescriptions that should govern conduct; thus, responsibility provides a basis for judgment and sanctioning.” That is, if a person produces an action that leads to an outcome, the person is perceived as responsible for the action and the outcome (Feather 1996, 1999). Much of the perceived responsibility literature focuses on negative outcomes connecting the issues of responsibility to blameworthiness (Feather 1999). Focusing on negatively valued outcomes, Shaver (1985, 66) defined responsibility as “a judgment made about the moral accountability of a person of normal capacities, which judgment usually but not always involves a causal connection between the person being judged and some morally disapproved action or event.” Consistent with this conceptualization, we focus specifically on the negative outcome for which charity recipients are seeking aid and define recipient responsibility as the extent to which a recipient is perceived as accountable for a morally disapproved action that has resulted in the outcome (i.e., plight leading to need for assistance).

Research has demonstrated that people are less willing to provide support or aid to those in need when recipients are judged as personally responsible for their problems (Barnes, Ickes, and Kidd 1979; Farwell and Weiner 2000; Henry, Reyna, and Weiner 2004; Skitka and Tetlock 1992; Weiner 1993). For example, Reyna et al. (2005) demonstrated that perceptions of responsibility affect support for affirmative action to help certain social groups (e.g., blacks). Similarly, Weiner et al. (1988) found that people were less willing to help a stigmatized person when the onset of the stigma was controllable by the person (e.g., AIDS and drug abuse vs. Alzheimer’s disease and blindness, which were perceived as onset-uncontrollable). Nonetheless, charities support recipients whose plight may be attributed to morally disapproved actions for which the recipient is responsible. When donors receive donation requests from charities supporting AIDS patients, the homeless, or drug addicts, some donors may perceive that the plight arose from external factors for which the recipients were not responsible (e.g., AIDS through blood transfusion, homeless due to physical disabilities, or addiction due to genetic vulnerability). In contrast, others may perceive that the plight was caused by the charity recipients’ immoral actions (e.g., AIDS through unprotected sex among HIV patients or sharing needles among drug users, homeless due to laziness or addiction due to illegal drug abuse). Considering this, how will recipient responsibility and moral identity jointly impact charitable giving?

Given that moral identity can increase concern for a larger segment of humanity and charitable giving (Hart, Atkins, and Ford 1998; Reed and Aquino 2003; Winterich et al. 2009), there is reason to believe that a person with higher moral identity will be more likely to aid charity recipients

who are responsible for their plight than a person with lower moral identity. On the other hand, higher moral identity may not result in the expansion of moral regard to others who are responsible for morally disapproved behavior. Notably, there is a negative relationship between moral identity and negatively valued behaviors such as unethical or antisocial behaviors (Sage, Kavussanu, and Duda 2006; see Shao, Aquino, and Freeman [2008] for a review). Individuals who place high importance on morality may be more critical of the negative behavior of others, especially when the behavior is violating moral principles. Indeed, moral identity predicted condemnation of others’ negative behaviors (Willemuth, Monin, and Chow 2010) and revenge for those who mistreated others in the presence of a negative reciprocity norm (Barclay, Whiteside, and Aquino 2014). Given the extent to which moral identity does not support morally disapproved behaviors, we propose that the positive effect of moral identity on charitable giving will be limited to those who are not responsible for their plight. Since individuals with higher moral identity may even condemn or take revenge on others who violate moral principles, we propose that moral identity will decrease charitable giving if charity recipients are responsible for a morally disapproved behavior. In such a case, charitable giving may no longer be perceived as a moral action; as such, moral identity will decrease rather than increase charitable giving. Taken together, we propose that moral identity and recipient responsibility will result in a two-way interaction as follows:

- H1:** Recipient responsibility and moral identity will jointly impact charitable giving such that moral identity will increase donations to recipients whose perceived responsibility for their plight is low. In contrast, moral identity will decrease donations to recipients whose perceived responsibility for their plight is high.

THE MEDIATING ROLES OF EMPATHY AND JUSTICE

In addition to examining this joint effect, we seek to understand why moral identity increases versus decreases donations to recipients depending on recipient responsibility. We suggest empathy and justice as multiple mediators underlying this effect. Specifically, moral identity motivates or deters charitable giving based on the salience of empathy and perceptions of justice.

Empathy and justice, which are two distinct constructs, both serve as motivations for moral behaviors such as charitable giving (Bagozzi and Moor 1994; Batson et al. 1995; Eisenberg and Miller 1987; Hoffman 1990, 2000; Kohlberg 1976). Empathy regards the extent to which the donor feels compassionate about the particular target in the setting (i.e., donation recipient; Hoffman 2000). Perceived justice of donating, while also pertaining to the target, regards a judgment about a particular action to the target (i.e., the act of donating) based on the target’s deservingness of a particular

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outcome (i.e., improved welfare) resulting from the action (i.e., donating), rather than a feeling toward the target (Feather 1999; Lerner 1987). Moreover, the ultimate goal of empathy is to increase the welfare of the target for whom empathy is felt, which is different from the goal of upholding a moral principle of justice (Batson et al. 1995). Thus, engaging in an altruistic behavior based on feelings of empathy is sometimes in conflict with acting in accordance with justice (Batson et al. 1995).

We suggest that the salience of empathy versus justice concerns will differ with recipient responsibility, impacting charitable giving. For instance, in considering donating to recipients who are responsible for their plight through immoral behavior, feelings of empathy may suggest one should engage in charitable giving, but more salient concerns regarding the injustice of donating may deter donations. In contrast, in the case of low recipient responsibility, empathy and justice concerns should both be favorable to charitable giving, with empathy being a more salient driver. Since moral identity represents the strength of moral associations, both empathetic and justice concerns should be more accessible and thereby more influential in donation decisions for people with higher moral identity (Aquino and Reed 2002). We detail this theorizing next.

The Role of Empathy

Eisenberg and Miller (1987, 91) define *empathy* as “an affective state that stems from the apprehension of another’s emotional state or condition.” De Waal (2008, 281) defines empathy in more cognitive terms, suggesting three criteria for empathy: “Empathy is the capacity to (1) be affected by and share the emotional state of another, (2) assess the reasons for the other’s state, and (3) identify with the other, adopting his or her perspective.” Consistent with both the affective and cognitive components of empathy, research finds that empathy motivates helping behavior (Batson 1987; Coke, Batson, and McDavis 1978; Eisenberg and Miller 1987).

We suggest that consumers with higher moral identity generally feel more empathy for others since empathy is the feeling and ability that is consistent with most consumers’ sense of a moral person (Reed et al. 2007). Specifically, given that moral identity expands boundaries toward others, including out-groups (Hart et al. 1998; Reed and Aquino 2003), and increases expansiveness toward others (Winterich et al. 2009), those with higher moral identity tend to have greater identification and perspective taking (Aquino and Reed 2002), which are the basis of empathy (Coke et al. 1978; Davis et al. 1996). Thus, moral identity should increase empathy. Indeed, moral identity and empathy are positively correlated (Detert, Treviño, and Sweitzer 2008). Moreover, since empathy motivates moral behavior (Batson 1987; Eisenberg and Miller 1987), consumers with higher moral identity are more likely to engage in charitable giving for the others with whom they empathize. Notably, we theorize that empathy will underlie the positive effect of moral identity on donations when recipients are not responsible

for their plight since other moral concerns regarding donations (i.e., injustice) will not be salient when recipient responsibility is low. Thus, empathy will mediate the positive effect of moral identity on donations for recipients with low responsibility.

While we theorize that empathy motivates charitable giving and is greater among those with higher moral identity than those with lower moral identity, we propose that consumers with higher moral identity may also have other moral concerns, particularly when recipients are perceived as responsible for morally disapproved behavior. Specifically, we suggest that consideration of high recipient responsibility raises justice concerns, stimulating people with high moral identity to place more weight on perceived justice of donating, suppressing feelings of empathy that might otherwise motivate charitable donations.

The Role of Justice

Perceived responsibility affects judgments of the justice of an outcome (Feather 1996, 1999; Reyna et al. 2005). That is, when a person is responsible for a morally disapproved behavior, a negative outcome is considered more just than a positive outcome. For example, people evaluate a penalty (i.e., negative outcome) as more just when an offender’s perceived responsibility for the offense is high (Feather 1996). Thus, when charity recipients are personally responsible for morally disapproved behavior that caused their plight, consumers may perceive that providing a positive outcome (i.e., support from donors) to the recipients is unjust. Similar to the feeling of empathy as consistent with consumers’ perception of a moral person, justice is also consistent with one’s sense of moral self (Aquino and Reed 2002) and is one of five key moral foundations (Graham et al. 2011), which is an integral part of one’s moral development (Kohlberg 1976). As such, when an action may be unjust, justice concerns should become highly accessible for consumers (Skarlicki, van Jaarsveld, and Walker 2008).

When making a donation decision, we suggest that consumers with high moral identity will generally be more focused on empathetic concerns toward recipients without considering the justice of donating (Eisenberg and Miller 1987). However, when considering donating to charity recipients who are perceived as responsible for their plight, the recipients’ responsibility may increase the salience of the justice of donating (Feather 1996). Notably, Batson et al. (1995) suggested that when empathy and justice are in conflict, individuals tend to act in accordance with justice unless they are induced to feel empathy in a given situation. Thus, when considering donating to recipients with high responsibility for their plight, consumers with higher moral identity will tend to focus on the injustice of donating rather than felt empathy as when recipients are not responsible for their plight, which will decrease donations.

To summarize, we propose that both empathy and justice will mediate the joint effect of moral identity and recipient responsibility on charitable giving. Both feelings of empathy and judgments of justice are more accessible for consumers

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with higher moral identity (Aquino and Reed 2002; Reed et al. 2007), but recipient responsibility will impact the extent to which each of these moral sentiments guides charitable giving. When recipient responsibility is low, justice concerns are not salient and empathy is greater among those with high moral identity, increasing donations. In contrast, when recipient responsibility is high, justice concerns become salient and donating is perceived to be less just among those with higher moral identity, decreasing donations. Taken together, empathy, rather than justice, will be the primary driver of the positive effect of moral identity on donations to charity recipients with low responsibility, but under high recipient responsibility, justice will drive the negative effect of moral identity on donations (fig. 1). Thus, empathy and justice of donating will mediate the joint effect

of moral identity and recipient responsibility on charitable giving such that:

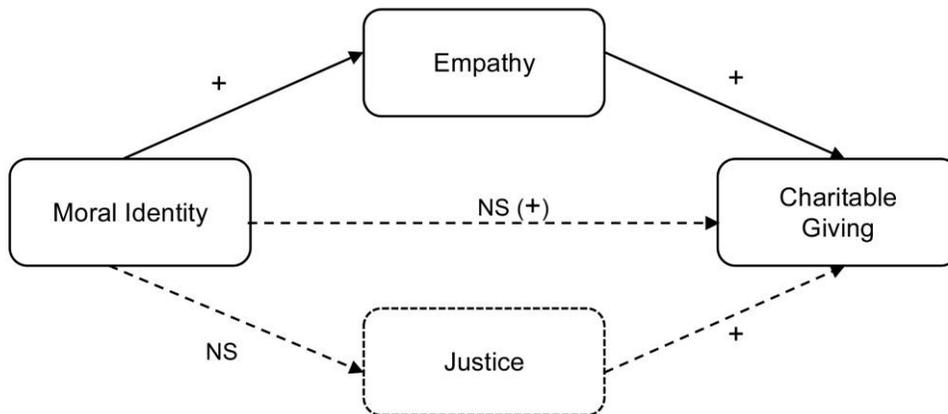
- H2:** Empathy will mediate the positive effect of moral identity on charitable giving when recipient responsibility is low.
- H3:** Justice of donating will mediate the negative effect of moral identity on charitable giving when recipient responsibility is high.

We next present a series of four studies. Study 1 tests hypothesis 1 by examining actual monetary donation allocation. Study 2 provides further support for hypothesis 1 and tests the role of empathy and justice as theorized in hypotheses 2 and 3 to provide insight into the process

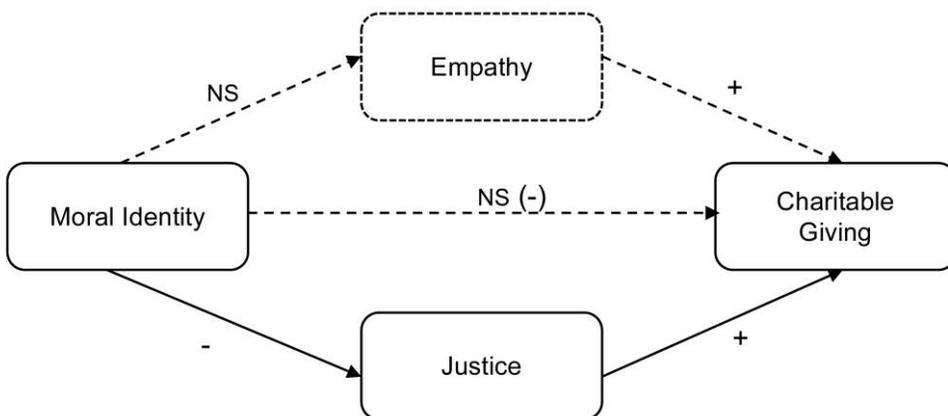
FIGURE 1

MEDIATION THROUGH EMPATHY AND JUSTICE BASED ON LOW (TOP) OR HIGH (BOTTOM) RECIPIENT RESPONSIBILITY

When recipient responsibility is low:



When recipient responsibility is high:



NOTE.—The sign in parentheses indicates the direction of the direct effect when mediators are not included. The direct path from moral identity to charitable giving becomes nonsignificant when mediators are included in the model.

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through which moral identity affects charitable giving. Study 3 increases the internal validity of our findings by using temporarily activated moral identity and provides additional support for hypotheses 2 and 3. Finally, we propose hypothesis 4, which suggests that making salient one's own moral failings can reinstate the positive effect of moral identity on charitable giving regardless of recipient responsibility, and we test it in study 4.

STUDY 1

The objective of study 1 is to test hypothesis 1 regarding whether moral identity and recipient responsibility jointly impact charitable giving. We examine actual monetary donations to a real nonprofit organization, PACHC (Pennsylvania Association of Community Health Centers). All participant donations were donated to PACHC after the study.

Method and Measures

Participants and Design. A total of 91 participants at the Pennsylvania State University completed a study with a 2 (moral identity: low vs. high) \times 2 (recipient responsibility: low vs. high) between-subjects design, with moral identity measured continuously. Participants were mostly undergraduates ($n = 75$) but also included graduate students ($n = 4$), university staff ($n = 6$), and one unspecified. To decrease noise and increase reliability of data, we included an instructional manipulation check question asking participants to provide a certain answer (e.g., "Not at all") to the question (Oppenheimer, Meyvis, and Davidenko 2009). Five participants who failed to correctly respond to the question were eliminated from the data set, leaving a total of 86 participants in the final data set (males = 38, females = 30, unanswered = 18). The focal two-way interaction is significant without excluding these participants ($p < .005$).

Procedure. At the beginning of the study session, participants were provided with two white envelopes. One of the envelopes was labeled "Compensation" and contained their compensation for participating in the study. The other envelope was labeled "Donation." Participants were given compensation in \$1 bills so they could easily allocate any portion of their compensation as a donation (Lee and Shrum 2012). To ensure that donations were not dependent on the magnitude of expected compensation or "bonus" money, some participants received \$5 for compensation and some participants received \$6 (\$5 compensation + \$1 bonus). Then participants were instructed that they would be given an opportunity to donate to a nonprofit organization. After reading the description about a nonprofit organization, PACHC, participants indicated how much they would donate to PACHC and placed their donation in the "Donation" envelope. After the donation allocation, participants responded to a manipulation check regarding recipient responsibility and completed the moral identity scale. At the end of the research session, all participants put their donation envelope in a donation box. Participants were instructed to

do so even if their envelope was empty (i.e., made no donation) to preserve the anonymity of their donation allocation decision.

Responsibility Manipulation. Participants read a general description about PACHC: "This non-profit organization supports the largest network of community health centers in Pennsylvania. Community health centers provide medical treatment for patients who are unable to afford the necessary medical treatment for serious illnesses and diseases. The majority of the patients community health centers serve are individuals who . . ." This description ended with either "have been working hard at multiple low-wage jobs but are unable to obtain medical insurance due to poor benefits and economic conditions" (low responsibility) or "do not have medical insurance because they do not hold a steady job due to their drug and alcohol abuse or gambling addiction" (high responsibility).

Donation Allocation. Participants could make a donation ranging from \$0 to \$5 or \$0 to \$6 depending on their payment. Since the actual dollar amount could differ with their total compensation (\$5 or \$6), the dependent variable is the proportion of compensation donated.

Manipulation Check. After making their donation decision, participants answered an item, "To what extent do you think the patients are responsible for their problem?" on a 7-point scale (1 = not at all, 7 = very much).

Moral Identity. Moral identity was measured with the five internalization items from Aquino and Reed's (2002) Self-Importance of Moral Identity scale ($\alpha = .82$). Participants were presented with a list of moral traits (e.g., caring, compassionate, kind) and then responded to the five statements (1 = strongly disagree, 7 = strongly agree). Sample statements include, "It would make me feel good to be a person who has these characteristics" and "Being someone who has these characteristics is an important part of who I am." The list of moral traits activates a broader associative network of related traits that form one's moral identity, which is not specific to the listed traits (Aquino and Reed 2002).

Both symbolization and internalization dimensions of moral identity were measured in our studies, but using the internalization dimension was more appropriate for the purpose of this research. Specifically, internalization reflects the degree to which moral traits are central to one's self-concept and is found to be a more robust predictor of private charitable giving that is the focus of this research (Aquino, McFerran, and Laven 2011; Aquino and Reed 2002; Reed and Aquino 2003; Reed et al. 2007; Winterich et al. 2009, 2013). Symbolization is associated with expression of moral identity in public situations, and, consistent with our expectations, was not significant in our studies.

Additional Measures. To ensure that our manipulation of recipient responsibility did not alter other perceptions that might impact donations, perceived need of recipients was measured by one item, "To what extent are the patients in

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need of financial support?" (1 = not at all, 7 = very much). Severity of the cause was also assessed with one item, "To what extent do you think this charity supports a serious problem?" (1 = not at all, 7 = very much).

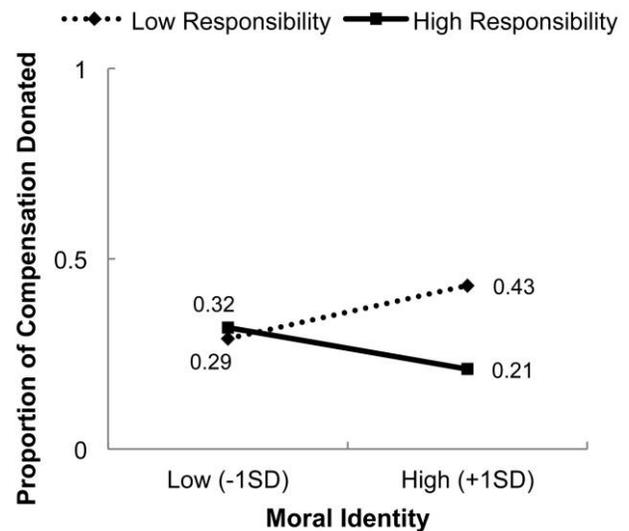
Results and Discussion

Manipulation Check. Regression analysis using recipient responsibility condition (low = -1, high = 1), moral identity (mean-centered), and the interaction term as the independent variables, total compensation as a control variable, and perceived responsibility as the dependent variable revealed a significant main effect of recipient responsibility condition on perceived responsibility ($\beta = .42$, $t(80) = 2.88$, $p = .005$). Recipients in the high responsibility condition were perceived as more responsible for their problem ($M = 4.87$) than recipients in the low responsibility condition ($M = 4.02$). There was no effect of moral identity ($\beta = -.13$, $t(80) = -.81$, $p > .40$). The interaction was marginally significant ($\beta = -.31$, $t(80) = -1.86$, $p = .07$). Because of the marginally significant interaction effect, we conducted an additional study ($N = 89$) to check the robustness of the responsibility manipulation. There was only a significant effect of responsibility condition ($\beta = .71$, $t(85) = 4.69$, $p < .0001$). No other effects were significant ($p > .30$). Moreover, perceived responsibility was only affected by the responsibility condition in subsequent studies, so we concluded that the marginally significant interaction was a statistical anomaly and the manipulation worked substantially as intended. The degrees of freedom are lower in this analysis than for donation allocation because one participant failed to complete the manipulation check.

Donation Allocation. Regression analysis was performed using recipient responsibility (low = -1, high = 1), moral identity (mean-centered), and the interaction term as the independent variables, total compensation as a control variable, and the proportion of dollar amount donated as the dependent variable. There was no significant effect of moral identity on donation allocation ($\beta = .01$, $t(81) = .33$, $p > .70$). There was a significant effect of recipient responsibility on donation allocation ($\beta = -.05$, $t(81) = -2.20$, $p < .05$), such that participants donated more when the recipients were low in responsibility ($M = .36$) compared to when the recipients were high in responsibility ($M = .27$), which is consistent with past research (Weiner 1993). Importantly, there was a significant two-way interaction of moral identity and recipient responsibility condition on donation allocation ($\beta = -.07$, $t(81) = -2.94$, $p < .005$). Specifically, moral identity increased donations to recipients whose responsibility was low ($\beta = .08$, $t(81) = 2.24$, $p < .05$; $M_{(-1SD)} = .29$ [\$1.5/5 or 1.7/6] vs. $M_{(+1SD)} = .43$ [\$2.2/5 or 2.6/6]). In contrast, moral identity decreased donations to recipients whose responsibility was high ($\beta = -.06$, $t(81) = -1.95$, $p = .05$; $M_{(-1SD)} = .32$ [\$1.6/5 or 1.9/6] vs. $M_{(+1SD)} = .21$ [\$1/5 or 1.3/6]), supporting hypothesis 1 (fig. 2). The difference in the total compensation (\$5 or \$6) did not affect

FIGURE 2

STUDY 1: MONETARY DONATION TO PACHC



donations ($\beta = -.07$, $t(81) = -1.58$, $p > .10$). We recognize that prior research has found people to be less willing to give earned versus unearned money (i.e., the windfall effect; Cherry, Frykblom, and Shogren 2002), but we likely did not obtain such an effect from the bonus money on donation allocation (i.e., a windfall effect) for one of two reasons. First, a bonus for participation may not have been coded as a windfall. Second, the bonus of \$1, even if coded as a windfall, was likely not large enough to substantially impact donation behavior. When we excluded the total compensation control variable, the two-way interaction remained significant, with the pattern unchanged ($\beta = -.08$, $t(82) = -3.34$, $p = .001$).

We also conducted a regression with the amount donated as the dependent variable and a logistic regression with the dependent variable coded for any donation amount (1) versus no donation (0). The interaction of moral identity and recipient responsibility was replicated in both analyses ($\beta = -.35$, $t(81) = -2.90$, $p < .005$; $\beta = .56$, Wald $\chi^2 = 4.19$, $p < .05$).

To account for possible alternative explanations, we reran the main analysis including gender and participant occupation as covariates, despite the fact that we did not expect these covariates to have effects. Neither gender nor occupation had any significant main or interaction effects ($p > .10$). Including these variables did not dilute the interaction of interest either. Thus, we excluded these variables from our analysis in this study and all subsequent studies. We also conducted analysis to account for potential concerns about whether our manipulation of recipient responsibility affected perceived need of the recipients or cause severity. There was a positive effect of moral identity on perceived

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need of the recipients ($p < .05$), but neither recipient responsibility nor the interaction between moral identity and recipient responsibility was significant ($p > .30$). Neither main effects of moral identity ($p > .10$) and recipient responsibility ($p > .20$) nor their interaction ($p > .80$) impacted perceptions of cause severity. Including these variables as covariates did not dilute the focal two-way interaction ($p = .001$).

Discussion. The results of study 1 provide support for our theorizing that moral identity interacts with recipient responsibility to impact charitable giving. If the charity recipients are responsible for their plight, then those with higher moral identity donate less than those with lower moral identity. In contrast, if the recipients are not responsible for their plight, moral identity increases donations, consistent with past research. Importantly, this two-way interaction of moral identity and recipients' responsibility is demonstrated with actual monetary donation to a real non-profit organization. We proposed that this effect occurred through feelings of empathy and judgments about justice of donating. In study 2, we test these predictions.

STUDY 2

In this study, in addition to testing hypothesis 1, we seek to gain insight into the process through which the positive effect of moral identity on charitable giving is reversed for recipients who are responsible for their plight. Specifically, we test hypotheses 2 and 3, which predict that empathy and justice simultaneously mediate the joint effect of moral identity and recipient responsibility on charitable giving.

Method and Measures

Participants and Design. A total of 172 undergraduates at the Pennsylvania State University participated in this study. The study was a 2 (moral identity: low vs. high) \times 2 (recipient responsibility: low vs. high) between-subjects design with moral identity measured as a continuous variable. Nine participants who failed an instructional manipulation check were eliminated from the data set, leaving 163 participants (males = 76, females = 74, unanswered = 13). Retaining these participants does not substantially change the results (two-way interaction: $p < .05$).

Procedure. Similar to the description of PACHC used in study 1, participants read a description of a Community Health Clinic: "This facility provides medical treatment for patients who are unable to afford the necessary medical treatment for serious diseases. The majority of the patients this clinic serves are individuals who do not have medical insurance because they do not hold a steady job. . ." This description ended with one of the following: "due to massive layoffs during economic recession" (low responsibility) or "due to their drug and alcohol abuse" (high responsibility). After reading the description, participants indicated their donation likelihood, empathy toward the recipients, perceptions about justice of donating, and recipient responsibility

manipulation check. We randomized the order of empathy and justice of donating measures. Finally, participants responded to the moral identity scale used in study 1 ($\alpha = .84$).

Donation Likelihood. Participants answered, "How likely would you be to donate to this charity?" on a 7-point scale ranging from 1 (very unlikely) to 7 (very likely).

Empathy. Empathy was measured by six empathy emotion adjectives: "sympathetic," "warm," "compassionate," "softhearted," "tender," and "moved." Regarding these emotions, participants answered, "When you think about the patients, to what degree do you feel the following emotions?" (Batson 1987) on a 7-point scale (1 = not at all, 7 = very much). Responses were averaged and combined to form a single measure of empathetic emotion ($\alpha = .95$).

Justice of Donating. Participants responded to two items: "I should support these patients to be fair" and "I should donate to these patients to be just" (1 = not at all, 7 = very much; $r = .85$, $p < .0001$; van Prooijen, van den Bos, and Wilke 2002).

Manipulation Check. In addition to the item used in study 1, participants answered, "To what extent do you think the patients had control over encountering this problem?" (1 = not at all, 7 = very much; $r = .81$, $p < .0001$).

Results and Discussion

Manipulation Check. We performed a regression analysis using measured moral identity (mean-centered), recipient responsibility condition (low = -1, high = 1) and the two-way interaction term as the independent variables and perceived responsibility as the dependent variable. Results revealed only a significant main effect of recipient responsibility on perceived responsibility ($F(1, 159) = 67.93$, $p < .0001$). Specifically, perceived responsibility was higher in the high responsibility than in the low responsibility condition ($M_{\text{high}} = 5.27$ vs. $M_{\text{low}} = 3.47$; $t(159) = 8.24$, $p < .0001$). Our manipulation of recipient responsibility worked as intended.

Donation Likelihood. Regression analysis was performed using moral identity (mean-centered), recipient responsibility (low = -1, high = 1) and the two-way interaction term as the independent variables and donation likelihood as the dependent variable. There was no significant effect of moral identity on donation likelihood ($\beta = -.06$, $t(159) = -.54$, $p > .50$). There was a significant effect of recipient responsibility ($\beta = -.60$, $t(159) = -5.72$, $p < .0001$; $M_{\text{low}} = 4.74$, $M_{\text{high}} = 3.54$). More importantly, these effects were qualified by a two-way interaction of moral identity and recipient responsibility on donation likelihood ($\beta = -.33$, $t(159) = -2.96$, $p < .005$). Specifically, moral identity marginally increased donation likelihood in the low responsibility condition ($\beta = .27$; $t(159) = 1.65$, $p < .10$; $M_{(-1SD)} = 4.48$ vs. $M_{(+1SD)} = 4.99$). In contrast, moral identity decreased donation likelihood in

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the high responsibility condition ($\beta = -.39$; $t(159) = -2.57$, $p = .01$; $M_{(-1SD)} = 3.91$ vs. $M_{(+1SD)} = 3.17$). These results support hypothesis 1 and replicate the results of study 1 (fig. 3).

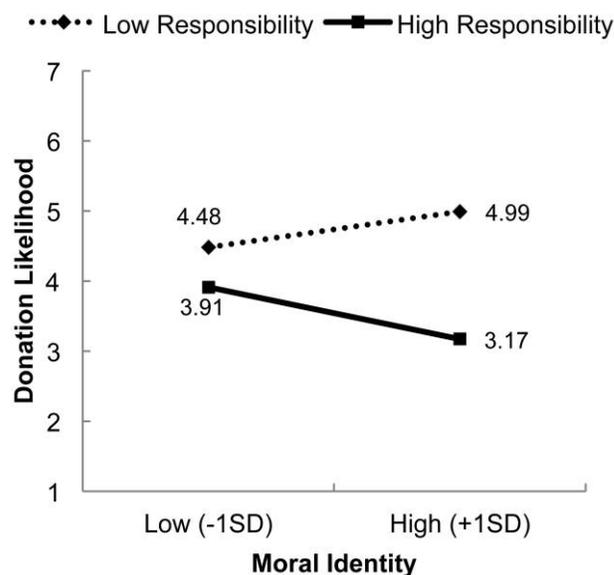
Mediating Role of Empathy and Justice. We sought to test hypotheses 2 and 3 regarding the mediating role of empathy and justice. First, we verified that the moral identity, empathy, and justice of donating constructs loaded on three different factors through an exploratory factor analysis (eigenvalues > 1 ; Kaiser 1960). Then, to examine whether the interaction of moral identity and recipient responsibility (low = -1 , high = 1) affects donation likelihood through empathy and justice, we conducted a bootstrapping analysis for moderated mediation using empathy and justice as multiple mediators (Process Model 8; Hayes 2012). We use model 8 because it tests both whether the moderation effect is mediated and whether the mediation processes are moderated (Hayes 2012; Lisjak and Lee 2014; Samper and Schwartz 2013; Model 2 in Preacher, Rucker, and Hayes 2007).

Using Model 8, the two-way interaction was mediated by empathetic emotion and perceived justice of donating as the 95% confidence interval (CI) for the higher-order interaction did not include zero (Empathy $ab = -.18$, 95% CI = $-.34$ to $-.06$; Justice $ab = -.06$, 95% CI = $-.16$ to $-.01$). We further examined the indirect effects by responsibility condition to assess support for moderated mediation. In the low responsibility condition, mediation through empathetic emotion was significant ($ab = .27$, 95% CI = $.11$ to $.53$), but mediation through justice of donating was not significant ($ab = .06$, 95% CI = $-.01$ to $.18$). This pattern supports hypothesis 2. In the high responsibility condition, mediation through empathetic emotion was not significant ($ab = -.09$, 95% CI = $-.27$ to $.06$), but mediation through justice of donating was significant ($ab = -.07$, 95% CI = $-.19$ to $-.004$), supporting hypothesis 3. Thus, moral identity increased empathy for recipients with low plight responsibility, increasing charitable giving. However, for recipients with high plight responsibility, moral identity decreased perceived justice of donating, mediating the negative effect of moral identity on charitable giving.

Discussion. These results further support the interaction effect of moral identity and recipient responsibility on charitable giving as proposed in hypothesis 1. More importantly, these results provide insight into the process via empathy and justice through which moral identity and recipient responsibility jointly affect charitable giving. Specifically, we show that moral identity motivates charitable giving through empathy when recipients have low responsibility for their plight, whereas moral identity leads to lower charitable giving through justice perceptions as donating to charity recipients is perceived as unjust when the recipients have high responsibility for their plight, supporting hypotheses 2 and 3.

FIGURE 3

STUDY 2: DONATION LIKELIHOOD TO COMMUNITY HEALTH CLINIC



STUDY 3

Study 3 has three objectives. First, we temporarily activate moral identity rather than measuring it to enhance internal validity as well as practical implications since organizations could seek to elicit moral identity through advertisements or donation solicitations (Choi and Winterich 2013). Second, we provide additional support for the role of empathy and justice. Third, we seek to increase generalizability of the findings by using a different charitable cause.

Method and Measures

Participants and Design. A total of 151 undergraduates at the Pennsylvania State University participated in a study with a 2 (moral identity prime: low vs. high) \times 2 (recipient responsibility: low vs. high) between-subjects design. Consistent with earlier studies, we excluded seven participants who failed an instructional manipulation check, leaving 144 participants in the data set for analysis (47% males). The two-way interaction remains significant ($p < .01$) when we retain these participants.

Procedure and Measures. Participants were first instructed to complete a writing task for a moral identity prime (adapted from Aquino et al. 2011; Reed et al. 2007). In the high moral identity condition, participants were asked to examine nine words related to moral traits (e.g., caring, compassionate, fair, friendly, generous) from the moral identity scale (Aquino and Reed 2002) and then write about why they would like to have these characteristics and why being

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a person with these characteristics is important to them. In the low moral identity prime condition, participants examined neutral words (e.g., campus, class, couch, TV, computer) and wrote about their typical day and their typical evening as a student.

After the writing task, participants were directed to the second part of the study. A description about the Warm for Winter charity was provided: "This charity helps low-income individuals by providing basic clothing such as pants, shirts, socks, and coats. The charity relies on monetary donations and clothing drives to provide clothing to these people in need. A recent survey indicated that a lot of people this charity supports cannot afford such clothing because they . . ." This general description was followed by specific descriptions of charity recipients for each responsibility condition: "can only find low-wage jobs for which each paycheck barely covers rent and food (low responsibility)" or "spend their money to purchase cigarette, alcohol, or illegal substances (high responsibility)." After reading the description, participants indicated their donation likelihood on a 7-point scale ranging from 1 (very unlikely) to 7 (very likely), as in study 2. Next, participants responded to the same six items of empathy ($\alpha = .94$) and the same two items assessing perceived justice ($r = .74, p < .0001$) used in study 2. Then, participants responded to the same two responsibility manipulation check items used in study 2 ($r = .76, p < .0001$).

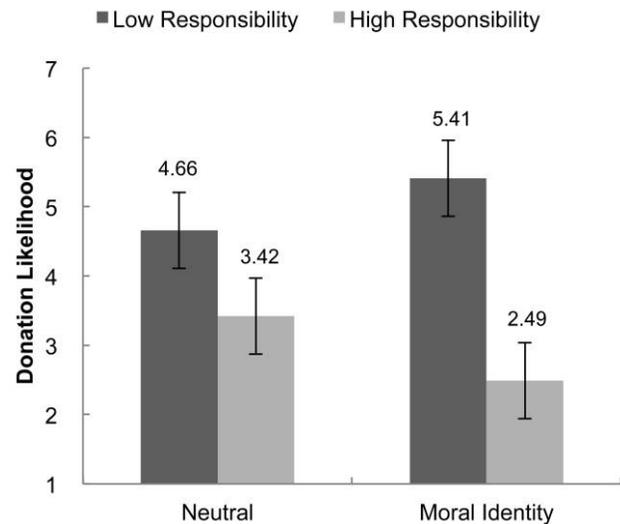
Results and Discussion

Manipulation Check. An ANOVA was performed using moral identity prime, recipient responsibility condition, and the interaction as the independent variables and perceived responsibility as the dependent variable. Only the main effect of recipient responsibility condition on perceived responsibility was significant ($M_{\text{low}} = 3.99$ vs. $M_{\text{high}} = 5.03$; $F(1, 140) = 17.79, p < .0001$). Manipulation of recipient responsibility worked as intended, consistent with previous studies.

Donation Likelihood. An ANOVA was performed using moral identity prime, recipient responsibility, and their interaction as the independent variables and donation likelihood as the dependent variable. There was no significant effect of moral identity prime on donation likelihood ($F(1, 140) = .09, p > .70$), but there was a significant effect of recipient responsibility ($F(1, 140) = 50.93, p < .0001$). Importantly, there was a significant two-way interaction of moral identity prime and recipient responsibility on donation likelihood ($F(1, 140) = 8.39, p < .005$). When recipient responsibility was low, donation likelihood was marginally higher in the moral identity prime condition ($M_{\text{moral identity}} = 5.41$ vs. $M_{\text{neutral}} = 4.66$; $t(140) = 1.76, p = .08$). Importantly, when recipient responsibility was high, donation likelihood was significantly lower in the moral identity prime condition compared to the neutral condition ($M_{\text{moral identity}} = 2.49$ vs. $M_{\text{neutral}} = 3.42$; $t(140) = -2.36, p < .05$; fig. 4).

FIGURE 4

STUDY 3: DONATION LIKELIHOOD TO WARM FOR WINTER CHARITY



NOTE.—Error bars indicate confidence intervals.

Mediating Role of Empathy and Justice. We examined whether empathy and justice underlie the joint effect of moral identity (neutral = -1 , moral identity = 1) and recipient responsibility (low = -1 , high = 1) on donation likelihood. As in study 2, we conducted a bootstrapping analysis for moderated mediation using empathy and justice as multiple mediators (Process Model 8; Hayes 2012). The two-way interaction was significantly mediated by empathetic emotion and perceived justice (Empathy $ab = -.18$, 95% CI = $-.36$ to $-.02$; Justice $ab = -.08$, 95% CI = $-.19$ to $-.02$). In the low responsibility condition, conditional indirect effects revealed that empathy was marginally significant ($ab = .11$, 90% CI = $.01$ to $.41$) but justice was not significant ($ab = .07$, 95% CI = $-.03$ to $.19$). In the high responsibility condition, the indirect effect via justice was significant ($ab = -.10$, 95% CI = $-.23$ to $-.01$), but the indirect effect via empathy was not significant ($ab = -.16$, 95% CI = $-.40$ to $.06$). These results support hypotheses 2 and 3.

Discussion. These results demonstrate that the hypothesized effect of moral identity and recipient responsibility on charitable giving holds even when moral identity is manipulated rather than measured, which enhances the internal validity and practical implications of this work for nonprofit organizations. Importantly, we replicate the negative effect of moral identity on donations to recipients who are responsible for their plight when moral identity is temporarily salient. We acknowledge that the positive effect of moral identity on charitable giving and the corresponding medi-

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ation through empathy is marginally significant in this study, which may be due to a weaker effect of the moral identity prime versus measured moral identity. It is also possible that identifying low recipient responsibility in the charity description positively influences donations of consumers with lower moral identity, weakening the positive effect of moral identity relative to previous literature in which responsibility is not specified. This study also provides additional support that empathy and justice work as multiple mediators of the interactive effect of moral identity and recipient responsibility. Specifically, moral identity increases donations when charity recipients are not responsible for their plight through empathy, whereas moral identity decreases donations when recipients are responsible for their plight because giving is perceived to be more unjust. Given this, it is important to understand how marketers of charitable organizations can reinstate the positive effect of moral identity on charitable giving even for recipients whose perceived responsibility is high. Thus, we now theorize and demonstrate how consumers with high moral identity may be motivated to donate to recipients who are responsible for their plight.

IMMORALITY SALIENCE CAN INCREASE CHARITABLE GIVING

We have theorized and demonstrated that consumers with higher moral identity have lower donations to recipients who are perceived as responsible for their plight due to justice concerns while the positive effect of moral identity occurs through empathy. Drawing from this pattern, we propose that increasing the salience of empathy when recipients are responsible for their plight should reduce the salience of justice concerns and lead consumers with higher moral identity to increase charitable giving.

Since we have suggested that empathy is less salient when recipients are responsible for their plight due to consumers' greater focus on justice concerns, it is important to consider whether stimulating empathy can alleviate the focus on justice concerns. As discussed earlier, Batson et al. (1995) suggested that individuals act based on justice when empathy and justice are in conflict, but if they are stimulated to feel empathy, they should engage in altruistic behavior based on empathy. Thus, we seek to induce such a situation in which empathy will positively influence consumers' charitable giving, regardless of recipient responsibility.

We propose that reminding consumers about their own moral failings can enable those with high moral identity, who are generally more prone to empathy, to recognize their empathy for the recipients who are responsible for their plight. Levy, Freitas, and Salovey (2002) suggested that when individuals perceive themselves as more similar to others, they are more likely to take the perspective of others, empathize with others, and help others of diverse social groups. It may be hard for consumers with high moral identity to recognize empathy for recipients responsible for their plight because these consumers do not perceive themselves as engaging in behaviors that are immoral. However, if con-

sumers realize that they too have committed immoral behaviors and recognize the similarity between themselves and the charity recipients who are responsible for their plight, consumers with high moral identity should more easily take the perspective of others, which is a key component of empathy (de Waal 2008). Perspective taking will further increase perceived overlap between oneself and the target of perspective taking and change the representation of the target to be even more similar to the self (Davis et al. 1996; Galinsky and Moskowitz 2000). Importantly, perceiving similarity between the self and others and taking the perspective of others increases empathy directed to the other person as well as the altruistic motivation to help the other (Batson, Early, and Salvarani 1997; Coke et al. 1978).

Notably, we propose that this strategy will be stronger for consumers with higher moral identity. This rationale is supported by Aquino et al. (2011), who find that individuals with higher moral identity are more influenced by situational factors that stimulate the experience of emotions (i.e., moral elevation) leading to altruistic behavior. Specifically, when individuals were exposed to others' acts of uncommon moral goodness, individuals with high moral identity experienced a higher degree of moral elevation, a feeling of warmth and expansion that is accompanied by inspiration toward acts of uncommon moral goodness, compared to those with low moral identity (Aquino et al. 2011). Moreover, as stated earlier, empathy is a moral emotion, which is positively correlated with moral identity (Detert et al. 2008). Therefore, consumers with high moral identity will be more susceptible to situational factors stimulating empathy.

Thus, when immorality is made salient via recall of one's own moral failings, consumers with higher moral identity should have greater feelings of empathy toward charity recipients. That is, immorality salience will lead consumers with higher moral identity to perceive their feelings of empathy to be more relevant, thereby increasing their likelihood to engage in charitable giving compared to those with lower moral identity regardless of the perceived responsibility of the charity recipients.

- H4:** The effect of moral identity and recipient responsibility on charitable giving will depend on the salience of the consumers' own immorality such that moral identity will increase donations to recipients regardless of their perceived responsibility when consumers' own immorality is salient. In contrast, moral identity will increase (decrease) donations to those whose perceived responsibility is low (high) when consumers' immorality is not salient.

STUDY 4

The objective of study 4 was to test whether reminding consumers of their own moral failings can reinstate the positive effect of moral identity on charitable giving to recipients with high responsibility for their plight, as theorized

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in hypothesis 4. We also used a different charity to enhance generalizability.

Method and Measures

Participants and Design. A total of 216 undergraduates at the Pennsylvania State University participated in the study. The study was a 2 (moral identity: low vs. high) \times 2 (recipient responsibility: low vs. high) \times 2 (immorality salience: salient vs. neutral) between-subjects design with moral identity measured as a continuous variable. Twelve participants who failed an instructional manipulation check as well as seven participants who did not complete their randomly assigned writing task (immorality salience or neutral) were excluded. Thus, we retain 197 responses for analysis (males = 81, females = 110, unanswered = 6). Although we sought to exclude all participants who did not complete the writing task, applying the same rule across conditions, only participants in the immorality salience condition failed to complete the writing task. Thus, the seven participants who did not complete the writing task were in the immorality salience condition. Given the sensitive nature of the task in this condition relative to the neutral writing task, we believe that 6% of participants in this condition (3% overall) choosing not to complete the task is reasonable. If we retain these participants, the results do not change substantially and the focal interaction remains significant ($p = .05$).

Procedure. Participants were informed that they would be participating in several short unrelated tasks during the research session. First, participants completed a writing task for immorality salience (or neutral), described in the next paragraph. Then, they were directed to the second task regarding charitable giving, in which they read either a low or high responsibility description of an AIDS charity, detailed later. Participants then indicated their donation likelihood on a 7-point scale (1 = very unlikely, 7 = very likely). Next, participants completed the same six items of empathetic emotion used in previous studies along with one additional item self-reporting their level of empathy: "To what extent do you empathize with these AIDS patients?" (1 = not at all, 7 = very much; $\alpha = .93$). Finally, they completed the moral identity scale ($\alpha = .81$). Since moral identity was measured at the end, we performed an ANOVA using immorality salience and recipient responsibility condition as the independent variables and moral identity as the dependent variable to ensure that moral identity was not affected by the manipulations in this study. There was no significant effect of immorality salience ($F(1, 193) = .36, p > .50$), recipient responsibility ($F(1, 193) = .99, p > .30$), or the two-way interaction ($F(1, 193) = 1.39, p > .20$) on moral identity.

Immorality Salience. To elicit immorality salience, we adapted Zhong and Liljenquist's (2006) writing task. The writing task was described as assessing researchers' interest in college students' everyday experiences and behaviors. In

the immorality salience condition, participants were asked to take some time and recall an unethical behavior that they committed in the past. They were asked to describe in detail the particular behavior in a few sentences (e.g., when it was, what situation it was, what you did), following Zhong and Liljenquist (2006). In the neutral condition, participants were asked to think about their typical evening routine and describe in detail the things that they normally do in the evening in a few sentences.

Recipient Responsibility. All participants read a description regarding an AIDS charity: "This charity supports patients who suffer from AIDS and are unable to afford appropriate medical treatments due to financial circumstances. These patients were infected with this life-threatening disease . . ." This statement ended with either "from donor organs they received that had HIV or through birth by a mother who had HIV" (low responsibility condition) or "by engaging in unprotected sex or sharing needles for drug injection with other HIV patients" (high responsibility condition).

Pretest. We tested the effectiveness of the immorality salience and recipient responsibility manipulations in a pretest ($N = 131$ undergraduates). In the pretest, participants completed the moral identity scale at the beginning of the study session ($\alpha = .78$). After 20 minutes of unrelated tasks, participants completed the immorality salience (or neutral) writing task and indicated the difficulty of the writing task with two items: "The writing task was difficult" and "The writing task took me a lot of effort" (1 = not at all, 5 = to a great extent; $r = .77, p < .0001$). Then participants read either the high or low responsibility description of the AIDS charity used in the main study and responded to two responsibility manipulation check items ($r = .81, p < .0001$). Participants also responded to the question: "While completing your writing task, how much did you feel you are . . ." for three items on a 7-point bipolar scale, "ethical/unethical?" "moral/immoral?" and "pure/impure?". These three items were combined to form a single measure of participants' perceived immorality ($\alpha = .85$). In addition, participants indicated how guilty they felt while completing the writing task (1 = not at all, 7 = very much).

First, we examined if it was harder for consumers with higher moral identity to recall their immoral actions from the past since it may reduce practical implications of this method if this is the case. Regression analysis using moral identity (mean-centered), immorality salience condition (neutral = -1, immorality salience = 1), and the interaction term as independent variables and difficulty of the writing task as the dependent variable was performed. A significant main effect of immorality salience condition revealed that the immorality salience writing task was more difficult than the neutral writing task ($\beta = .42, t(123) = 5.44, p < .0001$). However, there was not a significant effect of moral identity on perceived difficulty ($\beta = -.15, t(123) = -1.65, p = .10$) nor was there an interaction between moral identity and the immorality salience condition ($\beta = .08, t(123) = .91, p > .30$). Thus,

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recalling immoral actions was not any more difficult for consumers with higher moral identity.

Then we assessed the extent to which the writing tasks differed in making immorality salient. As expected, a regression analysis using moral identity, recipient responsibility (low = -1, high = 1), immorality salience condition, and all possible interactions as independent variables and immorality perceptions as the dependent variable revealed a significant main effect of immorality salience condition on perceived immorality ($\beta = .64, t(115) = 6.63, p < .0001$). Perceived immorality was higher in the immorality salience condition ($M = 3.85$) than in the neutral condition ($M = 2.57$). Importantly, perceived immorality was not influenced by moral identity, recipient responsibility, or any interactions. Immorality salience prime also produced feelings of guilt, but the level of guilt was not affected by moral identity, recipient responsibility, or any of the interactions ($p > .50$). Thus, the immorality salience prime was effective, and the effectiveness did not differ by moral identity. Therefore, we can rule out a potential alternative explanation that individuals with high moral identity may be more likely to feel moral impurity by recalling their own immorality and engage in moral behavior to restore their moral purity (Zhong and Liljenquist 2006).

Finally, we sought to ensure that the new recipient responsibility manipulation for the AIDS charity worked as intended and that the immorality salience prime did not influence the recipient responsibility manipulation. We performed a regression analysis using moral identity, recipient responsibility, immorality salience condition, and all possible interactions as independent variables and perceptions of charity recipients' responsibility as the dependent variable. Only the main effect of recipient responsibility condition on perceived responsibility was significant ($\beta = 1.04, t(120) = 7.10, p < .0001$) with higher responsibility perceptions in the high versus low recipient responsibility condition ($M = 5.00$ vs. 2.90). No other main effect or interaction was significant, indicating that immorality salience did not impact perceptions of recipient responsibility. Thus, the pretest confirmed the effectiveness of the immorality salience prime and the recipient responsibility manipulation used in the main study.

Results and Discussion

Donation Likelihood. We performed regression analysis using donation likelihood as the dependent variable and moral identity, recipient responsibility (low = -1, high = 1), immorality salience (neutral = -1, immorality salience = 1), and all possible interactions as the independent variables. There was a significant effect of moral identity ($\beta = .34, t(189) = 2.86, p < .01$) and recipient responsibility ($\beta = -.52, t(189) = -5.17, p < .0001$), such that participants donated more to recipients who were low versus high in responsibility ($M = 5.29$ vs. 4.26). The effect of immorality salience was marginally significant ($\beta = .18, t(189) = 1.76, p = .08$). The two-way interaction of recipient responsibility and moral identity was significant ($\beta = -.39, t(189) =$

$-3.23, p < .005$), consistent with our earlier studies. The two-way interaction of moral identity and immorality salience was marginally significant ($\beta = .20, t(189) = 1.69, p = .09$), and the two-way interaction between recipient responsibility and immorality salience was not significant ($\beta = -.004, t(189) = -.04, p > .90$). Importantly, the hypothesized three-way interaction of moral identity, recipient responsibility, and immorality salience on donation likelihood was significant ($\beta = .26, t(189) = 2.16, p < .05$).

In the neutral condition, the two-way interaction between moral identity and recipient responsibility was significant ($\beta = -.65, t(189) = -3.50, p < .001$). Specifically, moral identity increased donations to recipients whose responsibility was low ($\beta = .79, t(189) = 3.10, p < .005; M_{(-1SD)} = 4.46$ vs. $M_{(+1SD)} = 5.80$) but decreased donations to recipients whose responsibility was high ($\beta = -.51, t(189) = -1.89, p = .06; M_{(-1SD)} = 4.52$ vs. $M_{(+1SD)} = 3.64$), replicating our previous findings. In the immorality salience condition, the two-way interaction between moral identity and recipient responsibility was not significant ($\beta = -.13, t(189) = -.83, p > .40$). Moral identity increased donations to recipients whose responsibility was low ($\beta = .68, t(189) = 2.88, p < .005; M_{(-1SD)} = 4.91$ vs. $M_{(+1SD)} = 6.01$) and to recipients whose responsibility was high ($\beta = .42, t(189) = 2.11, p < .05; M_{(-1SD)} = 4.08$ vs. $M_{(+1SD)} = 4.80$). These results are consistent with hypothesis 4.

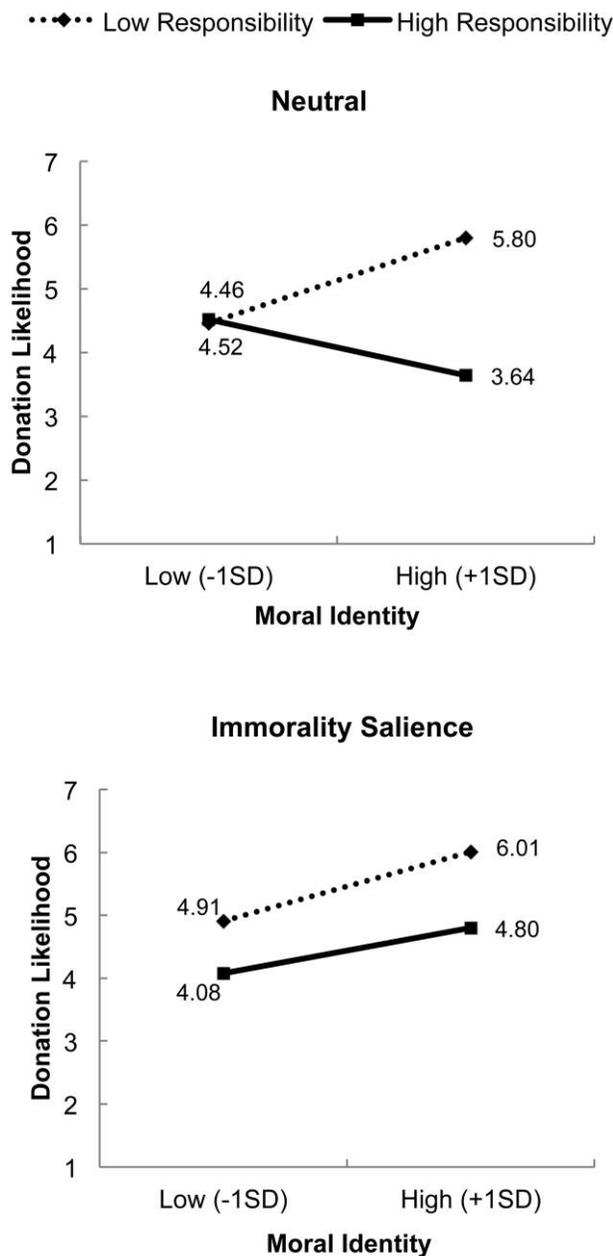
In addition, participants with high moral identity donated more to recipients whose responsibility was high in the immorality salience condition ($M = 4.80$) than in the neutral condition ($M = 3.64; p < .01$). This is consistent with our prediction that those with higher moral identity, when primed with immorality salience, have more salient empathy for those who are responsible for their plight such that in this case, moral identity leads to more charitable behavior. In contrast, participants with low moral identity did not donate more to recipients whose responsibility was high in the immorality salience condition ($M = 4.08$) than in the neutral condition ($M = 4.52; p > .20$), which is consistent with the empathy elicitation being stronger for those with higher moral identity (Aquino et al. 2011). See figure 5 for results.

Mediating Role of Empathy. Given that empathy was the process underlying the positive effect of moral identity on charitable giving in earlier studies, we tested whether salience of one's own immorality increased donation likelihood to charity recipients whose perceived responsibility was high through empathy. We conducted this analysis using Hayes's process macro (Process Model 8; Hayes 2012). In the neutral condition, the two-way interaction between moral identity and recipient responsibility was mediated by empathy ($ab = -.15, 95\% \text{ CI} = -.40 \text{ to } -.01$). Specifically, in the low responsibility condition, the positive effect of moral identity on donation likelihood was mediated by empathy ($ab = .17, 90\% \text{ CI} = .002 \text{ to } .38$). In the high responsibility condition, empathy did not mediate the relationship between moral identity and donation likelihood

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FIGURE 5

STUDY 4: DONATION LIKELIHOOD TO AIDS CHARITY



($ab = -.14$, 95% CI = $-.43$ to $.01$), supporting hypothesis 2 and consistent with earlier studies.

In the immorality salience condition, given that there was no significant two-way interaction between moral identity and recipient responsibility, we conducted an indirect effects test for the main effect of moral identity on donations controlling for recipient responsibility (Process Model 4; Hayes

2012). The positive effect of moral identity on donations was mediated by empathy ($ab = .26$, 95% CI = $.11$ to $.45$). Specifically, moral identity increased empathy ($\beta = .44$, $p < .005$) and empathy increased donation likelihood ($\beta = .58$, $p < .0001$).

Discussion. This study demonstrates that the two-way interaction of moral identity and recipient responsibility on donation likelihood is moderated by consumers' immorality salience, as proposed in hypothesis 4. Specifically, when consumers' moral failings are made salient, moral identity increases donations regardless of recipient responsibility, but when immorality is not salient, the effect of moral identity is conditional on the recipient responsibility, consistent with previous studies. Additionally, this study shows that immorality salience motivates charitable giving of consumers with higher moral identity by stimulating empathy.

GENERAL DISCUSSION

This research builds on the growing literature on charitable giving by demonstrating that, depending on the responsibility of the charity recipients for their plight, donations may not be perceived as moral behavior. As such, we show that contrary to the existing literature on moral identity and charitable giving, consumers whose moral identity is central to their self-concept are less likely to engage in charitable giving when charity recipients are responsible for their plight. The studies reported in this article demonstrate that consumers with high moral identity take into account the perceived responsibility of charity recipients in their donation decisions. We also find that the joint effect of moral identity and recipient responsibility on charitable giving is driven by empathy and justice such that moral identity increases empathy for charity recipients with low perceived responsibility but not for recipients with high perceived responsibility due to a focus on perceived injustice of donations. Importantly, we demonstrate that when consumers with high moral identity recall their own moral failings, they engage in charitable giving based on enhanced empathy for the recipients regardless of recipient responsibility.

Theoretical Contributions

These findings add to the literature on charitable giving, empathy, and moral identity, as well as effects of perceived responsibility, which has not explored the joint impact of moral identity and recipient responsibility on charitable giving. Despite the growing body of work on charitable giving in consumer research (Duclos and Barasch 2014; Kristofferson et al. 2014; Winterich and Zhang, forthcoming), only limited research has focused on characteristics of the charity recipients (Smith et al. 2013). In existing research, moral identity has often been found to increase consumers' tendency to engage in charitable giving as a moral behavior, but research has not considered to what extent this factor motivating donations may be affected by the type of charity recipients involved. This research offers insights into a

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boundary condition of the effect of moral identity such that when recipients are responsible for their plight, moral identity decreases rather than increases donations.

More importantly, the theorizing and empirical demonstration of the mechanisms underlying the joint effect of moral identity and recipient responsibility make contributions to the literature in empathy, moral identity, and perceived responsibility. Building on the research by Batson et al. (1995), which suggested that empathy and justice may be independent motives, we make a unique contribution by demonstrating two different paths (i.e., empathy and justice) that underlie donation decisions. When recipients are responsible for their plight, perceived injustice tends to increase with moral identity, decreasing donations. However, the elicitation of empathy through immorality salience can enhance charitable giving even for these recipients with high responsibility. These insights regarding the underlying process via empathy and justice add to existing research regarding the mechanisms through which moral identity impacts charitable giving such as inclusion of others in the self (Winterich et al. 2009) and the state of moral elevation (Aquino et al. 2011). Demonstrating that recalling one's own moral failings evokes empathy for others who are responsible for immoral behavior also contributes to literature in empathy, perspective taking, and perceived responsibility. At a broader level, our findings that eliciting empathy can overcome the effect of justice concerns in donation decisions for charity recipients responsible for their plight contribute to the literature recognizing the importance of affect (vs. cognitions) in consumers' charitable giving (Bagozzi and Moore 1994; Batson et al. 1995; Fisher, Vandenbosch, and Antia 2008; Small et al. 2007; Small and Verrochi 2009).

This research also extends Aquino et al.'s (2011) findings, which showed that individuals with high moral identity may be more susceptible than others to experiencing a state of moral elevation. We demonstrate that individuals with higher moral identity are also more susceptible than others to experiencing empathy based on the perceived similarity of the target of empathy and themselves. These findings may imply that individuals with high moral identity are those who are more susceptible to experiencing emotions that motivate altruistic desires and helping behavior, although sometimes acting based on these emotions may be inconsistent with their justice perceptions.

Practical Implications

Consumers have limited financial resources to donate, and thus charities compete to attract donors' support. We demonstrate that charities supporting beneficiaries who are perceived as responsible for their plight may have a difficult time attracting donations. We acknowledge that charities do not tend to highlight the responsibility of their recipients for morally disapproved behaviors, but we believe that consumers tend to perceive recipients to be responsible. In an additional study, not reported in this article, we find that even when the cause of recipient plight is unspecified, moral identity does not increase donations to stigmatized charity recipients, likely

due to consumers' inferences about recipient responsibility. As such, the actual responsibility of the recipient for their plight is not as important in a donor's decision as the donor's perception of the recipient's responsibility. Thus, charitable organizations or for-profit organizations engaging in cause-related marketing should be cautious when describing causes and beneficiaries that they support in their advertising and fund-raising campaigns, particularly if the recipients could be perceived as responsible for their plight and thus undeserving of donations. In such cases, organizations need to be sure to specify or imply low responsibility of their recipients in their charitable appeals or, alternatively, seek to elicit empathy to be most effective in their fund-raising.

Marketers for these charitable organizations need to recognize that drawing upon consumers' moral identity may not always benefit their donation solicitation efforts, particularly when they are seeking aid for recipients responsible for their plight. Specifically, emphasizing the moral principle of justice may lead consumers to withhold donations to recipients with high plight responsibility. Therefore, making a broader spectrum of morality (e.g., including both justice and empathy) salient in donation appeals may lead to negative consequences. Instead, marketers should specifically focus on moral values of empathy and benevolence. Non-profit marketers should also consider that consumers with higher moral identity are more susceptible to situational stimulation of empathy, which increases donations. As such, they may consider using donation appeals that stimulate empathy in their marketing communications, as in study 4. While such donation appeals are likely to be effective at soliciting donations regardless of recipient responsibility (Bagozzi and Moore 1994; Fisher et al. 2008), they should be particularly beneficial when beneficiaries may be perceived as responsible for their plight.

Limitations and Future Research

Given past research on the positive effect of moral identity on charitable giving (Aquino and Reed 2002; Reed et al. 2007, Winterich et al. 2012, 2013), it is important to note that in studies 2 and 3 the positive effect of moral identity on donations to recipients who are not responsible for their plight was only marginally significant. One possibility for this weaker effect relative to past literature is that specifying low recipient responsibility positively influenced donations of consumers with lower moral identity, weakening the positive effect of moral identity, as evidenced by the main effect of perceived responsibility in these studies and previous research (Farwell and Weiner 2000; Henry et al. 2004). Importantly, we consistently demonstrated the negative effect of moral identity on donations to recipients with high plight responsibility, which is a main contribution of the current research.

It is important to recognize that perceptions of in-group versus out-group members may be a potential alternative explanation for these results. Specifically, since moral identity expands in-group boundaries (Finnel, Reed, and Aquino 2011; Reed and Aquino 2003; Winterich et al. 2009) and

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empathy can be greater for in-groups (Cadinu and Rothbart 1996; Galinsky and Moskowitz 2000), it is possible that people with higher moral identity perceived recipients as in-groups and thus experienced greater empathy for them unless they were explicitly perceived as an out-group due to their plight responsibility. To address this alternative explanation, we measured in-group perceptions in a study not reported earlier. Participants ($N = 207$ students) completed a study with the same design and scenarios used in study 2. After reading the charity description and indicating their donation likelihood, they responded to the question, "To what extent do you think the patients are part of your in-group (vs. out-group)?" (1 = not at all, 7 = very much). Regression analysis on in-group (vs. out-group) perception revealed that recipient responsibility had a significant negative effect ($\beta = -.23$, $t(203) = -2.15$, $p < .05$; $M_{\text{low}} = 2.71$ vs. $M_{\text{high}} = 2.26$), but neither moral identity ($\beta = .06$, $t(203) = .39$, $p > .60$) nor the interaction had an effect on in-group (vs. out-group) perceptions ($\beta = -.04$, $t(203) = -.23$, $p > .80$). Moreover, we replicated the joint effect of moral identity and recipient responsibility on donation likelihood ($\beta = -.52$, $t(203) = -3.29$, $p = .001$), but in-group versus out-group perceptions did not mediate the joint effect of moral identity and recipient responsibility ($ab = -.01$, 95% CI = $-.09$ to $.09$). Thus, we do not believe that the current results occur from moral identity affecting in-group (vs. out-group) perceptions, though future research should further explore this relationship using different measures of perceived similarity or in-group perceptions such as inclusion of others in the self (Aron, Aron, and Smollan 1992; Shang et al. 2008; Winterich et al. 2009).

Since perceived responsibility for the plight is a focal variable in this research, we only examined situations in which there is a direct causal link between the recipients' immoral behavior and their plight, consistent with the definition of perceived responsibility by Shaver (1985). Since donors would not typically be aware of a charity recipient's immoral behavior that is unrelated to the recipient's plight, we did not explore situations in which recipients committed immoral behavior that is irrelevant to their plight. However, future research can explore whether these effects remain when the immorality of the recipient is unrelated to the reason for the plight. We believe that there are likely competing hypotheses, which suggests that there may be additional moderators such as cultural differences (Kopalle, Lehmann, and Farley 2010).

In study 4, we did not measure justice, so we could not verify the process through justice, but it is possible that consumers may be less focused on the justice of donating to recipients with high responsibility when they recall their own moral failings. In this study, we demonstrated that immorality salience reverses the negative effect of moral identity on donations to recipients who are responsible for their plight through situational stimulations of empathy. Future research can explore additional ways to reverse this negative effect of moral identity on donations. For example, it may be possible to prime consumers to define morality primarily based on

empathy and forgiveness rather than justice or integrity. It may also be possible to prime consumers with a religious mind-set, which may lead them to focus on forgiveness and benevolence for the less deserving. In addition, future research can explore ways to reverse the negative effect of moral identity on donations by altering justice perceptions. For example, consumers who do not believe that the world is just or consumers who have more liberal political identity may attribute recipients' plight to external causes rather than personal moral transgressions and may perceive donating to the recipients with high responsibility as more just.

The current research focuses on monetary donations, but research has demonstrated that giving time and money can be different (Liu and Aaker 2008; Mogilner and Aaker 2009), even among those who are high in moral identity (Reed et al. 2007). Thus, it is important to consider whether these effects for monetary donations remain for other prosocial behaviors requiring time. Future research should also seek to determine whether there are proxies for moral identity that might show how moral identity is manifested in real life. Correlations from existing research find some relationships between moral identity and age and gender (Aquino and Reed 2002), but these results are currently inconclusive. These relationships as well as relationships between moral identity and income, education, and religion should be explored in the future. Finally, given the limited consideration of potential downsides of moral identity, future research should examine other boundary conditions of the positive association between moral identity and prosocial behavior.

Conclusion

Contrary to the consistently positive relationship between moral identity and charitable giving established in the literature, we show that higher moral identity does not unconditionally lead to greater charitable giving. Instead, the positive effect of moral identity on charitable giving is conditioned on recipient responsibility due to greater focus on justice concerns. However, we suggest that consumers with higher moral identity still have a greater potential to donate to recipients who are responsible for their plight than those with lower moral identity, because they are more susceptible to situational factors that evoke empathy. There are many stigmatized groups of people in society who are in need of aid but may be perceived as responsible for their plight. This research provides important implications for nonprofit marketers who are seeking to help these people in dark corners.

DATA COLLECTION INFORMATION

The first author collected the data or supervised the collection of the data by undergraduate research assistants for all studies at the Pennsylvania State University from fall of 2011 until spring of 2014 (study 1 in 2012, study 2 in fall 2013, study 3 in spring 2014, study 4 in fall 2011). The first author analyzed these data with the second author's guidance.

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