Donate Different:

External and Internal Influences on Emotion-Based Donation Decisions

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Abstract

Emotions can influence charity donation decisions in ways that people and policy makers might prefer they did not. For example, our studies demonstrate that people who are exposed to a sequence of emotionally described humanitarian crises, donate more resources to crises that just happen to arouse immediate emotions—an "immediacy bias" that can lead to higher donations toward objectively less deadly crises. Two broad categories of interventions can mitigate influences of emotion on charitable donation decisions. *Externally oriented* interventions refer to cues, incentives, or decision structures imposed on people. For example, people who are exposed to a sequence of emotionally evocative descriptions of human suffering and who make charitable allocations after exposure to each cause are less inclined to exhibit an immediacy bias compared with people who make allocations after exposure to the entire sequence. *Internally oriented* interventions, in contrast, encourage mindful decision strategies aimed at reducing the immediacy bias in donation decisions. For example, inviting people to reflect on how much they think emotional and mortality information should influence allocation decisions decreases the influence of emotion and increases the influence of mortality information in donation decisions, particularly when people believe that mortality information should be given greater weight relative to emotional considerations. The distinction between externally versus internally oriented interventions has both theoretical implications for understanding how people monitor and correct emotional influences on their own decisions and practical implications for increasing the efficiency of charitable donations.

It has been said that feeling is for doing. Emotional arousal is a "call to action" that can elicit behavioral responses where dispassionate analysis might not. Decisions about donating resources to alleviate humanitarian suffering are no exception: Sympathetic emotions, affective reactions in response to others' suffering, can exert powerful influence over decisions to help others. Sympathetic emotions are thus helpful determinants of helping behavior (e.g. Batson, 1990). Without such emotions, people may behave more selfishly and less altruistically.

But sympathetic emotions can lead to puzzling behavior that people might prefer to avoid, especially upon reflection. For example, people may give generously to single, identifiable victims (e.g., Baby Jessica) whose plight happens to receive widespread media attention —a donation people might later think would have been better spent on alleviating starvation or providing medical care to hundreds of people in a third world country (Small & Loewenstein, 2003). Or people might donate generously to charitable causes that, owing to glossy photos and well-orchestrated marketing appeals, just happened to tug at people's heart strings (and hence their purse strings), even though they might acknowledge that the organization to which they donated is inefficiently operated. In cases such as these, one might wonder whether people in everyday life, if not policy makers, might prefer to make donation decisions differently. If people would prefer to donate differently, in what ways would they rather make donation decisions, and how might they be encouraged to do so?

We examine such questions in this chapter by reviewing recent research on the role of emotion in donation decisions and on potential strategies for altering emotionally influenced decision processes. We first offer a selective review of research indicating that emotional experiences influence donation decisions, focusing on people's tendency to make donation decisions based on emotional factors rather than on information about the objective amount or scope of human suffering, a pattern referred to as "scope insensitivity." We also review research recently conducted in our own lab indicating that when people learn about multiple sources of human suffering, they tend to donate more to human suffering that just happens to arouse immediate (rather than previous) emotions, which contributes to scope insensitivity. After presenting preliminary evidence that people would prefer to make donation decisions differently than they often do, giving more weight to information about the objective scope of human suffering than to emotional information, we draw a distinction between two types of strategies to alter donation decisions: Externally focused strategies emphasize constraints external to the decision maker whereas internally focused strategies emphasize factors such as self-reflection and mindfulness. We suggest that internal strategies may, on balance, be more attractive and feasible means of influencing donation decisions.

Scope Insensitivity in Donation Decisions

As noted earlier, sympathetic emotions can strongly influence donation decisions: People give more to those whose suffering is more upsetting compared with those whose suffering is relatively less upsetting (Batson, 1990). Sympathetic emotions are therefore helpful in that they can encourage people to donate more resources than they might otherwise. But the strong influence of sympathetic emotion on donation decisions can be problematic in at least two ways. The first is that people might often personally prefer to behave less emotionally and more analytically (Hsee & Rottenstreich, 2004; Kahneman,

Ritov, & Schkade, 1999; Kahneman, Schkade, & Sunstein, 1998; Loewenstein, 1996; Loewenstein, Weber, Hsee, & Welch, 2001; Metcalfe & Mischel, 1999; Rottenstreich & Hsee, 2001; Slovic, 1987; Slovic, Finucane, Peters, & MacGregor, 2002), and sympathetic emotions might lead people to make decisions in ways they would rather not. The second is that because factors that arouse emotions may be independent of the objective severity of suffering, emotionally influenced decisions might produce decisions that are insensitive to—if not neglectful of—the objective scope of human suffering. Such "scope insensitivity" has garnered substantial research interest, as illustrated by three phenomena: the identifiable victim effect, psychophysical numbing, and recent research from our own lab on the immediacy bias in donation decisions.

Identifiable Victims

Among the clearest illustrations that sympathetic emotions influence donation decisions and contribute to scope insensitivity comes from research on the identifiable victim effect (Kogut & Ritov, 2005a, 2005b; Small & Loewenstein, 2003). There, people are more inclined to make donations that might alleviate the suffering of a specific, identified individual rather than a statistical group of individuals. In one study, for example, people gave more money to save the life of an ill child when they saw a picture of the child along with identifying information compared with receiving no picture or identifying information (Kogut & Ritov, 2005b). In another study, children were described as being treated in a medical center with their lives in danger and that money needs to be raised for a drug that cures their disease (Kogut & Ritov, 2005a). People were willing to contribute more money when they saw a picture of a single, identified child compared with a child who was not identified with a picture. Importantly, people were also willing to contribute more money when they saw the single identified victim compared with a group of eight identified victims. In these studies on identifiable victims, people donate more to single identified individuals than to groups of individuals—keenly illustrating insensitivity to the scope of human suffering, at least in terms of the number of victims suffering.

The identifiable victim effect is largely attributable to the stronger sympathetic emotions evoked by an identifiable victim compared with an unidentifiable victim (Kogut & Ritov, 2005a). Because emotions are closely intertwined with immediate behavioral inclinations (Loewenstein, 1996; Metcalfe & Mischel, 1999), the emotionally evocative single, identified victim leads people to donate more than the abstract, less emotionally evocative statistical victims. This emotional analysis of the identifiable victim effect implies that making people aware of the effect and drawing people's attention to information about the scope of human suffering would mitigate the identifiable victim effect, leading people to donate more to large groups of (statistical) victims than to single identifiable victims. Unfortunately this is not the case, for reasons reviewed next.

Psychophysical Numbing

There is mounting evidence that thinking and deciding in a calculating manner, as would seem to be required when processing information about the objective scope of human suffering, can directly undermine the sympathetic emotions that can lead people to make charitable donations. Slovic (2007) has characterized a process by which thinking about large scale numbers of suffering humans actively mitigates emotional

reactions—a process he refers to as "psychophysical numbing"—such that people become more and more insensitive to increases in the scope of human suffering (Fetherstonhaugh, Slovic, Johnson, & Friedrich, 1997). For example, whereas there is a sharp increase in sympathetic emotions as the number of suffering humans increases from none to one, there is a proportionally smaller increase in sympathetic emotions as the number of suffering humans increases from one to two, from two to three, and so on. Moreover, as the number of suffering humans becomes exceptionally large—as in genocide, mass starvation, and other chronic crises—sympathetic emotions can actually dissipate such that people are less emotionally responsive to large scale suffering than to small scale suffering.

One factor that contributes to psychophysical numbing is that people can move from valuing the outcomes of donation decisions in a primarily "hot," emotional way to primarily a "cold," calculating way (e.g. Hsee & Rottenstreich, 2004; Kahneman, 2003). These two modes of valuation—by feeling and by calculation—are distinct and somewhat incompatible. In one study, for instance, people were asked how much they would be willing to donate to rescue animals of an endangered species (pandas) in a remote Asian region (Hsee & Rottenstreich, 2004). The animals were represented by pictures, which was assumed to evoke primarily valuation by feeling, or by dots, which was assumed to evoke primarily valuation by calculation. When valuing by feeling, whether one or four animals was to be saved did not influence people's donation decisions, indicating scope insensitivity. In contrast, when valuing by calculation, people were willing to donate more to save four than to save one animal, indicating scope sensitivity. Thus, people were insensitive to scope when valuing by feeling, but not when valuing by calculation.

Together, research on psychophysical numbing and on valuation by feeling versus calculation yields the controversial and somewhat troubling prediction that increasing scope sensitivity by encouraging people to attend and give weight to information about the objective scope of human suffering may actually undermine people's willingness to donate by undermining sympathetic emotions. Preliminary support for this suggestion comes from a series of experiments in which participants in a study of the identifiable victim effect were informed about the effect, and admonished to avoid it (Small, Loewenstein, & Slovic, 2007). In response to learning about the identifiable victim effect, participants who were forewarned about it and encouraged to avoid it decreased, rather than increased, the amount they donated; the behavior of participants in the statistical victim condition was unchanged. This pattern suggests that encouraging people to be on guard against biased behavior, which may encourage them to decide in a more calculating way, undermined their emotionally induced desire to donate. The results of research on the identifiable victim effect, psychophysical numbing, and valuation by feeling versus calculation indicates that people donate more to alleviate emotionally evocative than non-evocative human suffering, but that informing people about this tendency may undermine their overall likelihood of donating.

Given this conclusion, those in the business of persuading people to donate might consider encouraging people to think more emotionally about large scale suffering rather than encouraging people to think in a more calculating way about human suffering. Indeed, the role of attention and mental imagery are important psychological contributors

to increased emotional reactions to single identified victims or victims that are similar to the perceiver (Dickert & Slovic, 2009; Loewenstein & Small, 2007; Slovic, 2007). Making it easy for people to mentally imagine and to focus their attention on victims in large scale suffering might facilitate emotional reactions, for example, by raising awareness of the 38,000 annual handgun deaths represented by piling up 38,000 pairs of shoes, or by helping comprehend the magnitude of the holocaust by displaying a collection of six million paper clips, with each clip representing the loss of one life (Schroeder & Schroeder-Hildebrand, 2004; both examples described by Slovic, 2007). Research conducted in our lab, however, indicates that even when large scale human suffering is conveyed in an emotionally evocative way, people still exhibit a disproportionate response to human suffering that happens to arouse immediate rather than previous emotions, which can contribute to scope insensitivity.

Immediacy Bias

If decisions to donate to alleviate human suffering are influenced by the sympathetic emotional reactions to the sources of suffering, then to understand donation decisions we also need to understand where those emotional reactions come from and how people perceive them. We have recently examined how people perceive the intensity of their emotional reactions when they experience a sequence of emotions that are of approximately equal intensity (Van Boven, White, & Huber, 2009). We found that people tend to perceive their immediate emotions as more intense than their previous emotions, even when the emotional experiences were of equal intensity. For example, when presented with a series of emotionally evocative pictures, people perceive as more intense whichever picture happens to be immediately presented.

This *immediacy bias* in emotion perception seems to occur for two reasons. One is that immediate emotions exert greater influence over attention than previous emotions, capturing and holding people's attention, which naturally makes immediate emotions seem more intense. A second reason is that information about immediate emotions is more cognitively available than information about previous emotions. Because people use the availability of information about emotions to perceive emotional intensity, the greater availability of information about immediate emotions makes them seem more intense than previous emotions.

Importantly, the immediacy bias in emotion perception produces similar patterns in other emotionally influenced judgments. Perceptions of terrorist threats, for instance, have been shown to be influenced by the fear and anxiety evoked by those threats, independent of the objective likelihood or severity of those threats (Lerner, Gonzalez, Small, & Fischhoff, 2003; Loewenstein et al. 2001; Slovic, 1987; McGraw, Todorov, & Kunreuther, 2009; Sunstein, 2003). The emotional nature of perceived terrorist threats implies that the immediacy bias in emotion perception would produce an immediate bias in terrorist risk perceptions. Indeed, we found that people tend to perceive whichever terrorist threats happen to arouse their immediate fear and anxiety as more dangerous and risky compared with threats that happen to have aroused previous fear and anxiety (Van Boven, et al., 2009, Study 5).

We have recently tested whether people might also exhibit an immediacy bias in perceptions of emotional reactions to human suffering, and whether this immediacy bias

in perceived emotions might produce an immediacy bias in donation decisions. That is, we examined whether people might be more likely to donate resources to alleviate human suffering that happens to arouse immediate sympathetic emotion than to human suffering that happened to have aroused previous sympathetic emotion. In one test of this prediction, participants watched (in random order) two short films obtained from Doctors Without Border about two different crises, separated by 20 minutes. The film clips—both of which were emotionally evocative—were about Niger and Sudan, describing famine, malnutrition, and disease. Directly after viewing the second clip, participants were asked to make ratings of how deserving each crisis was for receiving humanitarian aid. Consistent with the immediacy bias, participants perceived as more deserving whichever crisis they happened to have learned about second and aroused immediate emotions. And when asked to allocate a $3.00 donation between the two crises, most participants (67%) chose to donate more money to the humanitarian crisis they learned about second.

Another study provided a conceptual replication of this pattern, and illustrated how the immediacy bias in donation decisions can contribute to scope insensitivity. Participants first viewed a short film about human suffering in one of two African countries, either Niger or Angola. The film was accompanied by a description that provided clear information about the objective scope (in terms of mortality rates) of the humanitarian crisis: "each year, approximately 180,000 [or 120,000] (1.8% [or 1.2%] of the actual population) people die because of malnutrition and disease." After a delay of approximately 20 minutes, participants then viewed a film about whichever country they had not previously learned about, accompanied by a short description stating that either a larger or smaller number of people were dying in the second crisis. We thus manipulated whether the immediate or previous crisis was the deadlier one. Importantly, when participants were later asked to recall the mortality rates of the two crises, a clear majority (75%) correctly recalled which crisis was deadlier, indicating that the manipulation of scope magnitude was quite successful.

Consistent with our initial study, participants perceived whichever crisis they happened to learn about second as more deserving, and reported their emotional reactions to that crisis as more intense compared with the first crisis they learned about. The tendency to perceive the second crisis as more deserving and upsetting emerged independent of information about which crisis was deadlier (see Figure 1). We also asked participants to put their judgments into action by asking them "to write a letter to one of their state senators to draw attention to one of the locations you learned about," after reminding them that they would be able to review all the materials about the crises provided in the experiment. As predicted, and consistent with their judgments, most participants (69%) chose to write a letter about the humanitarian crisis they had just learned about, independent of which crisis was objectively deadlier (see Figure 2)[1].

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[1] Interestingly, upon hearing the procedure of this study, some critics have suggested that the difference in scope (180,000 versus 120,000 annual deaths) is ignored because of its relatively small size. We find it astounding, frankly, that 60,000 annual deaths might be characterized (by either audience members or participants) as "small." In any event, the point is moot given that participants clearly recall which crisis is deadlier, and we presume that, all else equal, people would prefer to take costless action to prevent 60,000 annual deaths than to not prevent 60,000 annual deaths.

Whether or not participants correctly recalled which crisis was deadlier did not significantly moderate their donation decisions, consistent with scope insensitivity.

Figure 1. Participants' reactions after learning about the second crisis. Reactions are displayed to the first and second crisis as a function of the crises' deadliness. Measures are composites of three highly correlated variables, including judged deservingness, intensity of emotional reactions, and upsetness (ranging from 1 to 7 where 7 indicates higher deservingness, more intense and upset reactions).
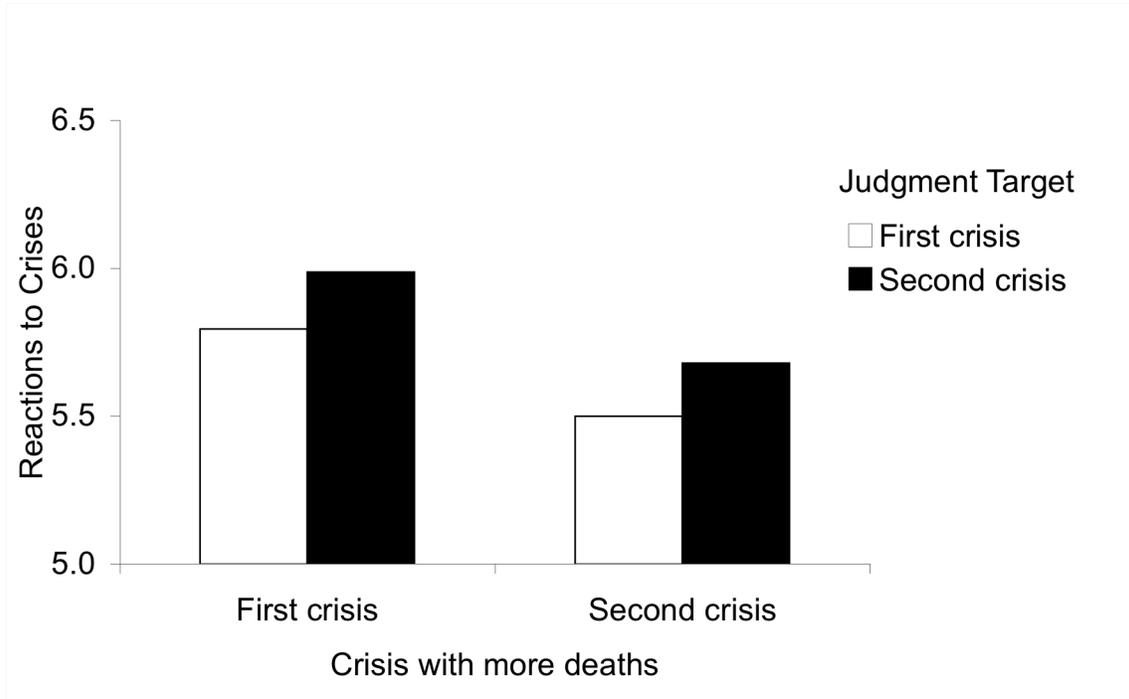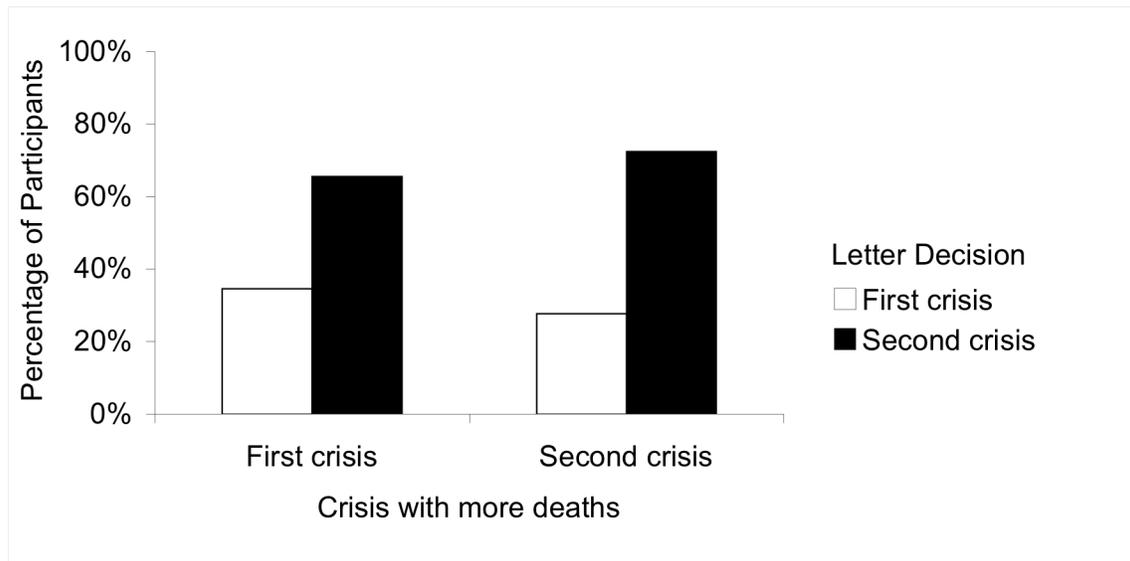
Figure 2. Percentage of participants who decide to write a letter about the first or the second crisis as a function of which crisis was deadlier.

In sum, these two studies, as well as several others described later, indicate that just as people perceive their immediate emotional experiences as more intense than previous emotional experiences, they also perceive humanitarian crises that happen to arouse immediate emotions as more deserving of aid than crises that happened to have aroused previous emotions. This immediacy bias in the perceived deservingness of humanitarian crises leads people to donate more money and take more action to alleviate humanitarian suffering that happens to arouse immediate emotions. This immediacy bias in donation decisions occurs independent of information (that people accurately recall) about which humanitarian crisis is deadlier, further illustrating people's scope insensitivity.

<center>Intervening to Donate Differently</center>

Although emotion's influence on donation decisions is undoubtedly sensible and desirable in many situations, there are many other situations in which people might prefer to donate differently. Emotional arousal can often be a reliable, accurate indicator of suffering's objective severity and urgency: People feel more intense sympathetic distress when others' suffering is more severe and dire. However, emotional arousal can be influenced by factors independent of, if not in opposition to, objective severity and urgency of human suffering, as illustrated by studies of scope insensitivity. In such cases, people might prefer that donation decisions—both their own and others—be based on objective severity and urgency more than on immediate emotional reactions. In one recent illustration of this preference, we described to people decisions made by others either based primarily on emotional information rather than information about scope, or on information about scope rather than emotional information (Huber, Van Boven, & Park, 2009). People evaluated emotion-based decisions less favorably, of lower quality, compared with scope-based decisions. Such evaluations imply that people intuitively believe that donation decisions should be based more on objective information about scope rather than subjective emotions.

If people would prefer to make donation decisions differently—based more on objective information than on emotional information—how can they be helped to do so? Research on the identifiable victim effect, discussed earlier, implies that it is not sufficient to simply inform people that their donation decisions are highly emotional. Doing so can lead people simply to donate less overall than to donate in a less emotional, more analytical manner.

Given that people may often prefer to donate differently, but that simply informing people about scope insensitivity may not change donation behavior in a desired manner, we consider two broad types of donation decision interventions: Externally focused interventions versus internally focused interventions. In brief, we define *external interventions* as those involving changes to the context or structure in which a decision is made, for instance, by changing the timing or incentive structure of a decision; *internal interventions*, in contrast, are based on people's internally generated beliefs about how to manage their own decisions, for instance, by more carefully monitoring the degree to which their decisions correspond with their personal beliefs about how normatively to make donation decisions. After reviewing several types of external and internal interventions, we conclude that although both external and internal interventions can influence donation decisions, internal interventions, on balance, may often be both more feasible and desirable.

External Interventions

External interventions are those that impose constraints on the way people make decisions. External interventions are designed to decrease the influence of (presumably) undesirable factors such as emotions while increasing the influence of (presumably) desired factors such as objective information about scope. Broadly speaking, external interventions seek to change the "choice architecture" of the way decisions are made (Thaler & Sunstein, 2008). For instance, one might require people to read about a broad range of potential donation recipients and to explicitly allocate donations of $0 to those recipients whom they might otherwise implicitly choose to donate nothing. Such a change in the choice structure would force people to consider all possible donation recipients when, left to their own devices, they might consider only those potential recipients who happen to arouse immediate emotions.

A common approach for external interventions is to change the timing of decisions. We have examined two external interventions that change the timing of donation decisions, reducing the influence of immediate emotions. One intervention is to impose a delay after learning about humanitarian suffering and when the donation decision is made; the other is to ask people to decide sequentially, rather than *post hoc*, or after the fact, how much to donate to each of a set of human suffering.

Delayed Donation Decisions. Several researchers and policy makers have suggested a "cooling off" period for decisions that might be unduly influenced by immediate emotion (Mischel, & Ayduk, 2004; Wilson, & Brekke, 1994; Wilson, Centerbar, & Brekke, 2002). The idea is that when one's decisions have been unduly swayed by emotions—as when one responds to front-page newspaper coverage of abandoned puppies by donating to help a handful of cute canines instead of donating to feed several villages of malnourished children—that allowing time for emotion to subside

will reduce the tendency to donate more to causes that happen to arouse immediate emotion.

We tested the possibility that a delay would diminish the immediacy bias in donation decisions, discussed earlier. In the study in which participants learned about human suffering in two African countries and decided about which country to write a letter, some people were asked one day rather than immediately after learning about the humanitarian crises to decide about which to write a letter. Consistent with other research on "cooling off" effects, people who make their decision after a day's delay were equally likely to write about the first crisis they had learned about as they were to write about the second crisis they had learned about (see Figure 3). Consistent with their decisions, people also judged the first and second crises they learned about to be approximately equally deserving, emotionally evocative, and upsetting.

Figure 3. Percentage of participants who decided to write a letter about the first or the second crisis as a function of whether this decision was made immediately after learning about the crises (first day) or the next day. On the first day, the percentage of participants who choose to write about the second crisis (relative to the first crisis) is significantly greater. On the second day, there is no significant difference between the percentage of participants who choose to write about the second compared with the first crisis.
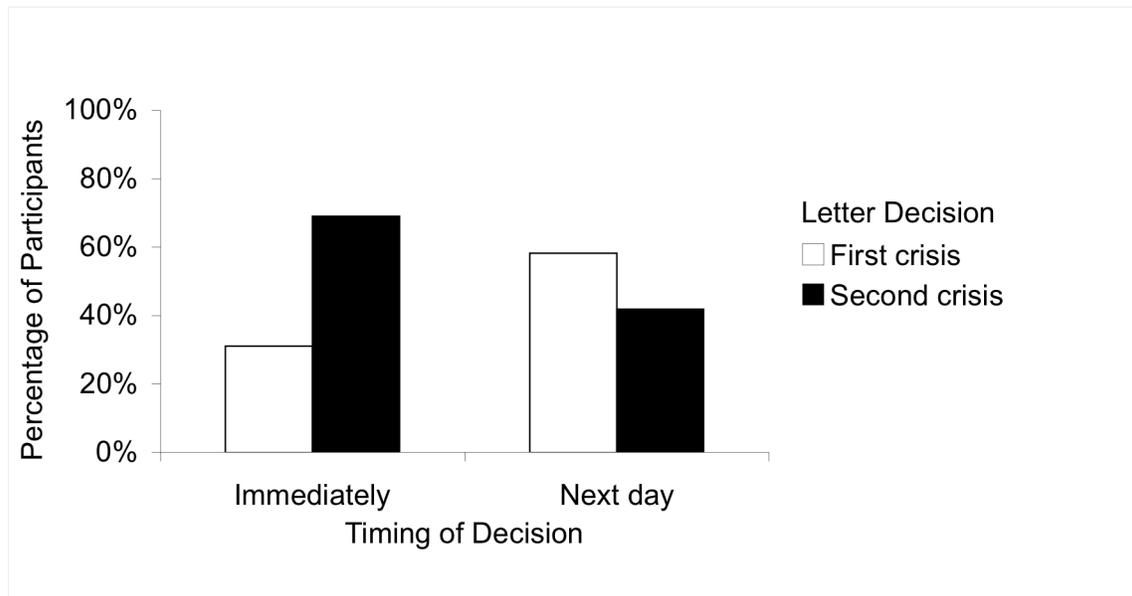

Introducing a day's delay thus eliminated the immediacy bias in donation decisions, and would seem a straightforward way to reduce immediate emotion's influence. There is a complication, however, in that introducing a delay is effective only if people have not previously made a (tentative) decision. Some of the participants in our study indicated which crisis they would write a letter about both immediately after learning about both humanitarian crises and one day afterward. Unlike those participants who only made their letter writing decision one day after learning about both crises, those

who made their decision both immediately *and* the next day were more likely to select the second crises they learned about (the one that had previously been associated with immediate emotions). Introducing a delay thus reduced the role of immediate emotion only when people had not previously made a tentative decision. We suspect this pattern simply reflects people's desire to be consistent, not to change their minds—or to be seen changing their minds—about which crisis they want to call attention to. From the perspective of intervening to change donation decisions, this pattern implies that decreasing emotion's role by delaying decisions must include a "pure" delay and prevent tentative decisions.

  Sequential vs. Post Hoc Donation Decisions. In our studies of the immediacy bias in humanitarian donation decisions, people chose to donate more to the final humanitarian crisis in a series of humanitarian crises because the final crisis happened to be the one that aroused immediate emotions. Our analysis of the immediacy bias—that people tend to donate more to whichever crisis happens to arouse immediate emotions— implies that the tendency to donate more money to the final crisis in a sequence would be diminished if people made sequential donation decisions. In sequential donation decisions people would make decisions directly after learning about each in a sequence of crises rather than after learning about the entire sequence. Allowing people to make donation decisions directly after learning about each crisis would allow each crisis to garnering proportionally larger donations.

  We tested this prediction in an experiment in which people viewed short (approximately 3 min each) films about a series of four humanitarian crises, each separated by a brief delay. The crises included disease and hunger in Angola, an emergency feeding program in Niger, AIDS and antiretroviral drugs in Malawi, and tuberculosis in Sudan. The order of the films was counterbalanced to avoid order effects. In the post hoc decision condition, participants decided after viewing all four films how they wanted to allocate $95, which was selected to avoid an easy four-way split among the four crises. They were told that one person's allocation would be randomly selected actually to be implemented. Replicating our earlier findings, people allocated disproportionally more money to the crisis described in the final film in the series compared with the crises they had learned about earlier in the series (see the dark line in Figure 4). The allocation to the last crisis they learned about was significantly larger than the allocation to the average of the first three crises, which did not differ significantly from each other. Another group of participants viewed the same four films, but rather than making their allocation decision after viewing all four films, they made an allocation decision after viewing each of the four films, knowing that they had a total of $95 to allocate among four crises. As expected, these participants in the sequential allocation decision condition did not allocate disproportionally more money to the crisis summarized in the final film compared with the crises they had learned about earlier in the series (see the light grey line in Figure 4).

Figure 4. Participants' allocations to each of the four crises as a function of making sequential allocations, after learning about each crisis, or making post hoc allocations, after learning about all four crises. The dashed reference line represents an equal distribution of the $95 to each of the four crises ($23.75 to each crisis).
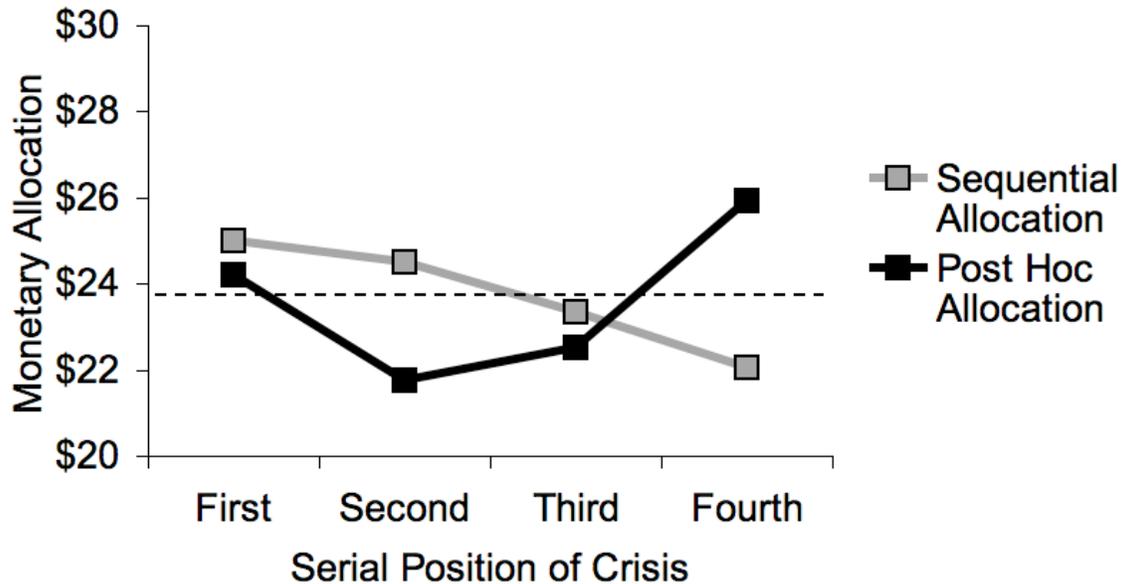
In fact, the only allocations in the sequential allocation condition that are statistically significantly different from each other are the allocations to the first and the allocation to the fourth crisis. Overall, however, there is a linear trend in the sequential allocation condition. This "primacy effect" is consistent with previous researching indicating that when people sequentially allocate charitable contributions to a series of causes, they tend to allocate more to the first cause they encounter (Payne, Schkade, Desvousges, & Aultman, 2000). Our interpretation of primacy effects in sequential allocation decisions is that they occur because allocations are based on a combination of immediate emotional reaction to the initial causes they encounter, and a dwindling supply of available resources, which prevents people from allocating equal amounts to subsequent emotionally evocative causes.

The tendency for people to exhibit primacy effects when making sequential allocation decisions highlights two important facts. First, in both sequential and post doc allocations, people appear to respond to their immediate emotions, aroused either by the first or final cause they encounter. Second, and what is more important, strong response to immediate emotions implies that people are relatively insensitive to information about the scope of suffering, given that their behavior can be so strongly influenced by order of presentation and decision timing.

Summary. Our studies indicate that changing the timing of donation decisions can mitigate at least one influence of emotion on donation decisions, the immediacy bias. Introducing a delay decreases the immediacy bias (as long as people have not previously made a tentative decision), as does asking people to make sequential rather than post hoc allocation decisions. The results of our studies, however, suggest three reasons to question the feasibility of external interventions to help people be less influenced by emotions and more influenced by information about the objective scope of human suffering. First, although delaying decisions decreased people's tendency to allocate more to the second source of suffering they learned about, there was no evidence that

delaying decisions increased the influence of information about the scope of suffering in their decisions. Although people's decisions were less influenced by immediate emotion, their decisions were not significantly more influenced by information about scope. This conclusion is based on the finding that even though a majority of participants (67%) could correctly recall which crisis was deadlier on the second day, this information did not influence their decisions—even though their immediate emotional reactions were less intense. Second, when implementing a delayed donation decision, it may be difficult to prevent people from making tentative decisions, which our study implied would prevent the effect of delay.

Finally, and perhaps most importantly, external interventions to alter the timing of donation decisions require, well, external intervention. They are thus only feasible insofar as some external agent is motivated and able to change the structure of decisions. External interventions thus do not help people who wish to alter their donation decisions on their own accord. External intervention may also raise concerns—some legitimate, others overblown—about personal freedom versus paternalism in deciding whom to make charitable donations to (Thaler & Sunstein, 2008). These three questions suggest—to us, at least—that external intervention may be of limited effectiveness and feasibility. Such concerns have led us to start investigating what we refer to as "internal" interventions that encourage people to monitor and change their own donation decisions.

Internal Interventions

Internally focused interventions are those that encourage people to monitor and modify their own decision processes, rather than having these changes in decision process externally imposed by altering timing, incentives, or other aspects of "choice architecture" (e.g., Thaler & Sunstein, 2008) and other external interventions. We have started to investigate various internally focused interventions to encourage people to make decisions about charitable aid donations, in addition to other types of decisions, in a way that better corresponds with their personal beliefs about the way such decisions should, normatively be made. Specifically, we have begun investigating whether asking people, prior to making donation decisions, to reflect on how people intuitively believe donation decisions should be made changes the way people subsequently make donation decisions. We refer to this procedure as creating a state of "mindfulness" (Langer, 1989), a state characterized by heightened awareness, conscious monitoring, and control of decision processes. Reflecting on one's beliefs about how decisions should be made changes the decision process (e.g., the weighting of different types of information) only to the degree that people's personal beliefs are different from what people would have done otherwise.

Internally focused, mindfulness interventions such as those we have begun to explore should be successful when four conditions are met. First, that people make decisions in ways that, after (mindful) reflection, they would prefer to have made differently, such as when people make donation decisions based on emotionally evocative appeals rather than on objective information about the scope of suffering. Second, that one reason people make decisions in ways they would prefer to avoid is because they fail to notice or attend to the discrepancy between their actual decision processes and how they would prefer to make decisions, such as when people's decisions are overly influenced by focal, salient, emotional information. Third, that people can perceive (or

make reasonably accurate guesses) with at least some accuracy which aspects of their decision making does not meet their ideals, such as when people perceive that they are more influenced by emotion and less influenced by scope than they would prefer to be. Finally, that people have the ability to correct, revise, and otherwise alter their decision processes.

Our mindfulness manipulations in donation decisions builds on preliminary results of mindfulness manipulations in two decision domains with slightly different characteristics than the decisions we have discussed here (Huber et al., 2009). In all the studies summarized in the following sections we asked people simply to think about their personal beliefs and to indicate how much they think they should rely on different types of information when making their decisions. We refer to this intervention as internally focused because ultimately, the beliefs that people bring to mind are their own, internally generated beliefs, instead of being provided externally by some objective rules or norms. Whereas "choice architecture," such as the external interventions discussed earlier, are designed to influence people's decisions in a particular direction, internal mindfulness interventions simply influence people's decisions in ways that they prefer to be influenced.

As an example of the effectiveness of this mindfulness manipulation, consider a study of the role of partisan politics versus personal attitudes in policy evaluation (Huber et al., 2009). People read a summarized "cap and trade" policy to mitigate global warming. The policy was strongly supported, depending on random assignment, by either Democrats or Republicans. We found, replicating previous research (Cohen, 2003), that participants in a control condition evaluated the policy primarily along partisan lines with relatively little influence of people's personal attitudes toward the global warming crisis, which we had measured with an internally reliable, multi dimensional measure of attitudes toward global warming. In another condition, participants were first asked to reflect on how they thought policies should be evaluated, and specifically, to rate how much they thought policies should be evaluated based on partisan considerations (such as which party supports the policy) versus people's personal attitudes toward policy-relevant issues; participants in the control condition were asked these questions after evaluating the policy. People tended to think that policies should be evaluated based on personal attitudes toward policy-relevant issues more than on partisan considerations—an opinion that did not vary as a function of whether people evaluated the policy before or after they reported how they thought policies should be evaluated. Importantly, however, people who were made mindful of their ideal policy evaluation procedures before evaluating the policy were less influenced by partisan considerations (i.e., whether Democrats or Republicans supported the policy) and were more influenced by their personal attitudes about the global warming crisis, compared with people in the control condition. Making people mindful of how much they personally believe partisan politics and personal attitudes should normatively influence policy evaluation thus led them to evaluate policies in a manner that more closely matched their personal normative beliefs.

In another study, we examined whether making people mindful of decision process would influence the way people made decisions in the domain of romantic relationships, where emotions would be seen as relatively more (rather than less)

normatively desirable (Huber et al., 2009). University undergraduates were asked to consider two (hypothetical) people with whom they might potentially go on a date. One person had relatively strong "objective" status appeal, a pre-law student currently applying for well-renowned law schools, whereas the other person had relatively weaker status appeal, an education major who intends to be a high school teacher. However, people were asked to imagine that although they enjoy spending time with the prospective lawyer, they felt more emotionally pulled toward the prospective high school teacher. Half of the participants were asked to reflect on how they thought the decision of whom to date should be made. Specifically, they were asked to indicate how much their decision should be influenced by their feelings and by extrinsic attributes such as career status. They subsequently decided with whom they would go on a date. The other half of participants was asked these questions after they made their dating decision. People who had first reflected on how they should make this decision were more influenced by their beliefs about how romantic decisions should be made compared with people who reflected on how they should make dating decisions after having made their decision. When deciding after reflection, participants who had strong beliefs that feelings are more important than extrinsic attributes had a stronger preference for the person they felt more emotionally pulled toward compared with participants who thought that both emotions and extrinsic attributes are important. Again, simply, making people mindful of how they personally believed a decision about whom to date should be made led them to make a decision in a manner that more closely corresponds with their personal beliefs.

These two preliminary studies of policy evaluation and romantic choices imply that making people mindful of how they personally believe judgments and decisions should be made can help them make donation decisions in ways that more closely correspond with their personal normative beliefs. Notice that with such mindfulness manipulations, the standard against which decision processes are evaluated are not externally imposed but by decision makers themselves. Such self-imposed standards may avoid many of the concerns associated with externally imposed standards.

The results of these preliminary studies also imply that people can help themselves make better donation decisions by becoming more mindful of their own decision standards. That is, making people mindful of how they would personally prefer to make donation decisions should lead them to make donation decisions in ways that correspond more closely with their personal preferences. To test this possibility, we asked participants to make (hypothetical) donation decisions in which they allocated charitable contributions between two humanitarian crises, suffering from Malaria in Ghana or suffering from Tuberculosis in Malawi. The number of people who were affected by each of the diseases was manipulated and counterbalanced such that for half the participants Malaria was the objectively more severe crisis because more people were affected; for the other half of the participants Tuberculosis was the objectively more severe crisis (Huber et al., 2009).

We sought to make people mindful of their personal beliefs about the importance of objective scope information when making charitable donation decisions. People reported how much they personally thought donation decisions should be influenced by the crises' objective scope of suffering and by the emotionality associated with each crisis. Depending on random assignment, people reported their personal beliefs about

how donation decisions should be made either before or after making their donation decision. Not surprisingly, most participants (88%) thought that the objective scope of the crises should be more or equally influential than emotionality of the crises (55% and 33% respectively), whereas a distinct minority (12%) thought that objective scope should be less influential than emotionality. Importantly, people's beliefs about how donation decisions should be made did not vary by condition, by whether people reported those beliefs before or after making their decisions.

What did vary by condition, however, was how much people's decisions corresponded with their personal beliefs about how they should make donation decisions. People who reported how they thought donation decisions should be made before actually making those decisions behaved in a way that corresponded with their personal beliefs. That is, people who thought that objective scope should be relatively more influential than emotionality made decisions based relatively more on objective scope compared with people who thought that objective scope should be relatively less than or equally influential as emotionality (see Figure 5). In contrast, the association between beliefs about how donation decisions should be made and how donation decisions were actually made was substantially lower among those who reported their personal beliefs after making their donation decisions. The degree to which people's personal beliefs about how they should make donation decisions corresponded with their decision was thus larger when they were first made mindful of how they personally believe such decisions should be made.

Figure 5. Percentage of participants who donated more money to the more severe crisis as a function of whether they reflected on personal beliefs after (control) or before (mindful) the donation. Participants whose personal believe is that scope is less or equally important than emotionality are compared with participants who believe that scope is more important than emotionality.

Reflecting on personal beliefs after (control) or before (mindful) the donation
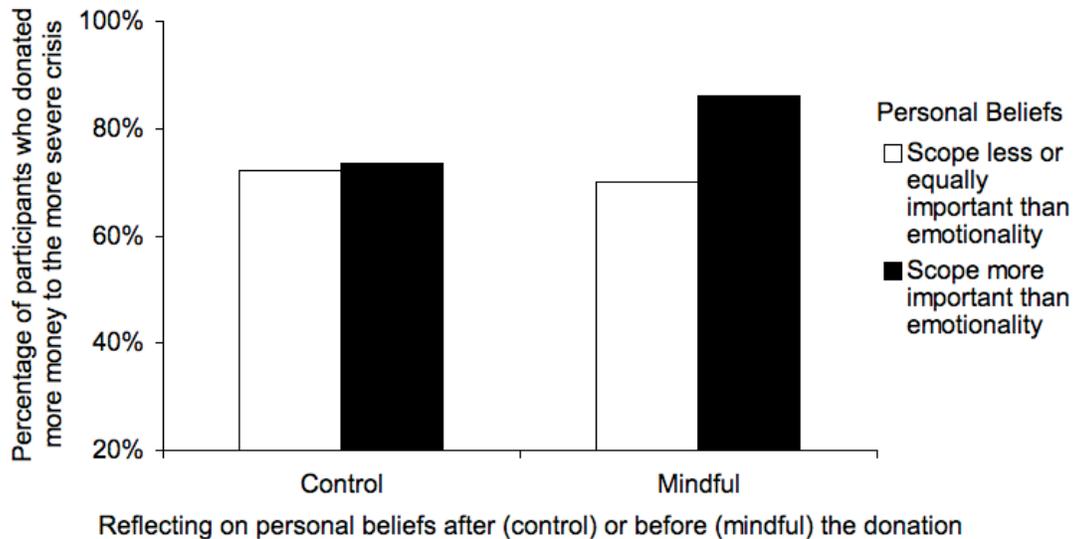
These results highlight the potentially powerful influence of internally focused interventions that make people mindful of how they personally believe they should make decisions before they actually make decisions. To the degree that such internally focused manipulations really change the way people make decisions—and we recognize that additional research is needed to draw such a conclusion—they may provide an appealing, feasible alternative to the externally focused manipulations described earlier. The internally focused, mindfulness manipulation we have been developing increases the influence of objective scope information, can be implemented in the immediate context of a decision (whereas delaying a decision cannot), and, most importantly, relies on people's personal beliefs about how to best make decisions rather than imposing an outsider's belief about how such decision should be made. That is, internally focused interventions rely on people's own standards about how best to make judgment and decisions, rather than trying to convince people to adopt some externally provided standard.

Conclusion and Practical Implications

A longstanding observation among those who study judgment and decision making is that people often think and choose in ways that can be collectively problematic, and that fail to reflect people's personal preferences for how they should make judgments and decisions. This observation is applicable to the domain of donation decisions. Donation decision research indicates that people often respond readily and forcefully to the emotions evoked by worthy causes while showing little or no response to information about the objective scope of causes. Given that people would often prefer to make donation decisions in different ways, researchers have begun to examine ways to

encourage people to donate based less on emotionality and more on information about the objective scope of suffering and need.

In this chapter, we distinguished two broad classes of interventions: externally focused interventions that lead people to make less emotional donations by changing the timing or "architecture" of donation decision, versus internally focused interventions that lead people to make donation decisions based on their personal beliefs about how such decisions ought to be made. In our research, we found that externally focused interventions can reduce the impact of immediate emotions on donation decisions by either delaying the timing of donation decisions or by forcing people to allocate donations sequentially between various causes rather than after learning about all the causes.

In terms of practical implications for charity organizations, foundations, and policy makers, these findings suggest that a "cooling off" period after people learned about humanitarian crises is advisable if one wants to remove the effect of immediate emotions associated with humanitarian crises. This might be desirable in a situation where an organization needs to increase donations to mitigate chronic suffering in African countries, but the situational context is such that an immediate humanitarian crisis that is happening elsewhere (e.g. the Indian Ocean Tsunami in 2004). Without immediate emotions aroused by one specific crisis, we suspect that people would give equally—presumably fair—amounts to the most severe crises people know about. On the other hand, if an organization is interested in raising donations for one specific region or crisis, then they might keep the time between learning about the crisis and making a donation or monetary allocation as short as possible.

Another scenario to consider is when, for instance at the end of the year, people decide how much they will donate to charitable organizations. If people then decide to look for organizations with the intention to give a portion of their total donation to each of these organizations, then it really matters when people make these decisions: if they learn about all the possible organizations first and then make a decision, it is likely that they will give most to whichever organization they learned about last—a situation that charities can hardly control. The alternative is a sequential allocation where people give to each organization immediately after they have learned about it. This can be done by making it easy for people to donate, for example, by allowing them to donate online or through automatic payment plans. That way, organizations have a good chance of receiving more equal amounts of monetary donations.

Internally focused interventions rest on the assumption that people often have relatively clear beliefs about how best to make donation decisions, but that they often make donation decisions mindlessly, without reference to their personal beliefs. Our internally focused mindfulness manipulation, in which people are asked to reflect on their personal beliefs about how decisions should be made before they actually make those decisions, appears to encourage people to make decisions that more closely correspond with their beliefs. The potential strength of such interventions is that they rely on people to monitor and correct their own decision processes, rather than imposing decision processes upon them.

Internally focused interventions may also be particularly appealing as a means of avoiding regret about how one had made decisions (e.g. Connolly & Zeelenberg, 2002). By holding themselves to their own standards by being mindful of their personal beliefs about normatively appropriate decision processes, people become the arbiter of how much they allow more fact-based or more emotion-based information to influence their own behavior. This might be especially relevant when it comes to making donation decisions.

Especially in the domain of charitable giving, a mindfulness based manipulation that leads people to reflect on their beliefs about how they ought to make their decisions could be useful and easy to implement. Most people agree that severity of suffering should matter more than (or at least equal to) emotional reactions to crises. Right before people make a donation decision, organization could provide a simple statement that encourages a mindful decision. Presumably, for a majority of people, this reminder would lead to higher donations to the more severe suffering. People rarely have the resources to help all those who suffer. By making decisions in a way that reflects their personal beliefs about how such decisions ought to be made, people can at least help in the best way possible.

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