

# Inclusive Altruism Born of Suffering: The Relationship Between Adversity and Prosocial Attitudes and Behavior Toward Disadvantaged Outgroups

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This article reports the results of 2 studies examining altruism born of suffering (E. Staub & J. R. Vollhardt, 2008). More specifically, we examined *inclusive* altruism born of suffering, which is directed toward members of disadvantaged outgroups. Drawing on and integrating clinical and social psychological theories, we hypothesized that individuals who had suffered from adverse life events would be more likely to help the outgroups in need than those who had not suffered. This was demonstrated for helpers who had experienced various forms of suffering (interpersonal and group-based harm, natural disasters) and for 2 distinct types of prosocial behavior and attitudes (long-term volunteering and disaster aid) benefiting outgroups within society and from other countries. We also found that prosocial attitudes toward tsunami victims were highest among those who had suffered in a similar way (from natural disasters). Additionally, we examined the underlying social psychological processes and found that empathy and reduced ingroup bias (but not personal distress) mediated the effect (Study 2). Implications for social justice and an empowering view of victims as potential helpers in society are discussed.

Interpersonal and intergroup relations are often negatively impacted by past suffering, for example through cycles of violence and revenge (e.g., Dodge, Bates, & Pettit, 1990; Staub, 1998). But past victimization and suffering do not inevitably have destructive effects. On the contrary, occasionally, individuals appear to be motivated by their own adverse experiences to help others and prevent further suffering. This important, yet under researched phenomenon has been referred to as “altruism born of suffering” (Staub, 2003, 2005; Staub & Vollhardt, 2008; Vollhardt, 2009).

While there is some limited empirical evidence of altruism born of suffering in the interpersonal realm and toward members of the social ingroup (see reviews in Staub & Vollhardt, 2008; Vollhardt, 2009), it has not been studied explicitly whether this phenomenon applies to support for members of disadvantaged outgroups as well. Some anecdotal evidence and case studies suggest that this may be the case, such as Holocaust survivors protesting in the past against My Lai (Lifton, 2003) or in the present against the genocide in Darfur (Messinger, 2004). Suffering from ostracism and social exclusion or marginality has also been reported as a possible reason for engaging in outgroups activism (Borshuk, 2004; London, 1970). Thus, altruism born of suffering can also be *inclusive* (see Staub, 2005; Voll-

hardt, 2009), that is, it may extend beyond the ingroup and to those who suffer from experiences that differ from one’s own. Shedding more light on this largely unexplored phenomenon is extremely important, not only because it provides an empowering view of the potential role of victims in society (Tedeschi, 1999) but also because it shows an additional pathway toward support for disadvantaged members of society that can contribute to social justice worldwide.

Theory and research on inclusive forms of altruism born of suffering can benefit from a consideration of the complementary perspectives provided by clinical and social psychology. Scholars of posttraumatic growth have proposed that it may include increased compassion, empathy, and altruism (Janoff-Bulman, 1992; Tedeschi, Park, & Calhoun, 1998; see also review in Staub & Vollhardt, 2008). However, this literature has focused largely on interpersonal helping and helping members of the social ingroup. Additionally, research on posttraumatic growth has focused mostly on positive consequences for the *self*, for example, on how helping others can increase coping (Midlarsky, 1991), provide meaning (Janoff-Bulman, 1992), and thereby foster healing (e.g., Kishon-Barash, Midlarsky, & Johnson, 1999). Yet, obviously, prosocial outcomes of posttraumatic growth may also benefit *others*, and a crucial, unresolved question is how these beneficial effects may extend to outgroups in need. These questions can be addressed by drawing on social psychological theories that examine general processes leading to helping behavior and that consider the recipient of help, such as perspective-taking and empathy (Batson & Oleson, 1991),

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similarity with the victim (Dovidio, 1984; Krebs, 1975), and a perceived common ingroup (Gaertner & Dovidio, 2000).

The present article reports the results of two studies that tested whether suffering would be associated with increased willingness to help outgroup victims. We studied this question for different outgroups (disadvantaged groups within society and from other parts of the world) and for different kinds of prosocial attitudes and behavior (volunteering in everyday life, donating, and volunteering for disaster aid). In addition, we tested social psychological processes that may mediate the effect (Study 2).

### Altruism Born of Suffering: A Brief Review of Empirical Evidence

Several studies document increased prosocial attitudes and behavior among individuals who have suffered, both from natural causes and harm inflicted by other human beings (see reviews in Staub & Vollhardt, 2008; Vollhardt, 2009). For example, researchers have observed enhanced prosocial behavior among bereaved spouses (Brown, Brown, House, & Smith, 2008), survivors of strokes (Gillen, 2005), and HIV-positive individuals (Reeves, Merriam, & Courtneay, 1999). These studies primarily report prosocial behavior that benefits family members, friends, and those suffering from the same illness—in other words, ingroup members. Similar findings have also been documented among victims of interpersonal violence, such as sexual abuse (e.g., Grossman, Sorsoli, & Kia-Keating, 2006) and among those who survived mass violence such as war (Raboteg-Šaric, Žužul, & Keresteš, 1994), terrorism (Kleinman, 1989), and genocide (Kahana, Harel, & Kahana, 1988). Likewise, the “altruistic community” after disasters is often restricted to ingroup members, whereas structurally disadvantaged outgroups such as ethnic minorities, the less educated, or elderly, are less likely to receive help (Kaniasty & Norris, 1995; Norris, Baker, Murphy, & Kaniasty, 2005).

However, most of the existing studies are not concerned with relations between group members, and therefore do not explicitly distinguish between ingroup and outgroup helping. In addition, many of these studies were not explicitly designed to test the altruism born of suffering hypothesis and therefore have methodological limitations such as small sample sizes and lack of a control group. Thus, the current research aimed to provide a first explicit test of altruism born of suffering directed toward disadvantaged outgroups and to examine underlying social psychological processes that can join the existing clinical theories and explanations.

### Underlying Processes of Altruism Born of Suffering

**The clinical perspective: Helping as coping and as posttraumatic growth.** Research documenting phenomena relevant to altruism born of suffering has focused primarily on prosocial behavior as a coping mechanism (e.g., Brown et al., 2008; Kahana et al., 1988; Wayment, 2004) or as an outcome of posttraumatic growth. Midlarsky (1991) has proposed several mechanisms whereby helping others may serve to cope with

stress, for example by distracting from one’s own troubles in a downward social comparison, increasing self-efficacy and perceived competence, and providing meaning. Most of the literature on altruism as a manifestation of posttraumatic growth has focused on the latter, providing meaning after suffering (e.g., Gillen, 2005; Tedeschi et al., 1998).

While this perspective provides important insights into general underlying processes of altruism born of suffering, it cannot explain why (and when) altruism born of suffering may be directed toward disadvantaged outgroup members. This question can be addressed by drawing on several social psychological theories that may be applied to altruism born of suffering.

### Social Psychological Explanations for Altruism Born of Suffering

**Empathy and perspective-taking.** Empathy and perspective-taking are important precursors of altruism and prosocial behavior (Batson & Oleson, 1991; Krebs, 1975) and similarity with a victim (in terms of personality traits, attitudes, etc.) has been shown to increase empathy and, in turn, prosocial behavior (e.g., Dovidio, 1984; Westmaas & Silver, 2006). Although only very little research to date has examined similarity in regard to the experienced suffering (see Westmaas & Silver, 2006), it seems possible that these general processes may also apply in this case, such that empathy and perspective-taking with victims may be higher among those who have suffered in similar ways. Specifically, an individual’s own adverse experiences may make others’ suffering more comprehensible by increasing the ability to “put oneself in the other’s shoes.” Accordingly, women who reported that they had experienced rape responded with higher levels of empathy to videos about rape victims than women who had not suffered from this experience (Barnett, Tetreault, & Masbad, 1987). However, the limited empirical evidence is mixed; for example, Mason, Riger, and Foley (2004) did not find that self-identified rape survivors blamed rape victims less than other participants. Alternatively, similarity with a victim could also increase personal distress, which would only predict nonaltruistic helping (Wayment, 2004) or even decrease helping when the helper can escape the situation (Carlson & Miller, 1987). Thus, we believed this question needs further examination.

**Common ingroup identity.** Another way in which an individual’s experience of suffering could increase the willingness to help other victims is through social categorization processes. When people are aware of attributes or superordinate group memberships that are shared with outgroup members, they may recategorize these outgroup members into a common ingroup (Gaertner & Dovidio, 2000). Superordinate categorization, in turn, has been shown to increase prosocial behavior toward former outgroup members (e.g., Dovidio, Gaertner, Validzic, & Matoka, 1997; Levine, Prosser, Evans, & Reicher, 2005). Thus, by extension, when suffering is salient, individuals who themselves have undergone significant adversity may include other victims in a common ingroup. This process could explain reduced bias and increased helping behavior toward outgroup members in need.

**Potentially inhibiting factors of altruism born of suffering.** Obviously, increased prosocial behavior toward other victims does not always occur, and destructive, antisocial responses to victimization are well documented (e.g., Dodge et al., 1990). Under conditions of ongoing threat, victims may be so absorbed by their own suffering that they are unable to perceive or empathize with the suffering of others (Chaitin & Steinberg, 2008; Lifton, 2003). In addition, many individuals who have suffered from traumatic life experiences and adversity may not have the necessary resources to help. Trauma is characterized by a loss of material and psychological resources (Hobfoll, 1991), and several types of adversity, such as poverty and structural violence, entail by definition a lack of resources. In this situation, individuals may not only be unable to assist others but also perceive appeals to help others as unreasonable, given their own disadvantage and need. For this reason, helping behavior was chosen where the potential helpers were not in conflict over resources and had the opportunity and ability to help.

In sum, the goals of this research were: (a) to provide a first direct test of the altruism born of suffering hypothesis with a larger sample and a control group and to examine whether it extends to disadvantaged outgroup members, and (b) to compare the role of empathy and perspective-taking, personal distress, and reduced ingroup bias as potentially underlying processes.

## Study 1

In Study 1, we examined volunteering, a planned helping behavior in everyday life with a relatively high level of personal costs and commitment. We hypothesized that individuals who had suffered would be more likely to volunteer than those who had not. In addition, based on limited preliminary research, we expected not only quantitative but also qualitative differences. For example, in an exploratory survey study among future helping professionals, Krous and Nauta (2005) found that those with a troubled past were more likely to express the desire to specifically serve underserved populations. Similarly, we expected that participants who had suffered would be more likely to report volunteering activities that benefit and involve personal contact with those who are disadvantaged—such as the ill, homeless people, and the elderly and disabled. Past research has shown that these stigmatized groups are often perceived as social outgroups (e.g., elderly: Turner, Crisp, & Lambert, 2007; homeless people: Harris & Fiske, 2006; disabled: Guimond, Dif, & Aupy, 2002).

## Method

**Participants.** One-hundred sixty-three undergraduate students (mean age = 19.27,  $SD = 1.69$ ; 67% female) participated in this study for research credit. In regard to ethnicity, 79.1% of the sample reported being European American, 11.7% Asian American, 6.1% African American, and 3% Latino or Latina.

A modified version of the Traumatic Stress Schedule (Norris, 1990) with 13 items assessed whether participants had experienced any of these traumatic life events (e.g., “Have you ever

personally experienced severe or repeated physical violence?”; “Have you ever suffered injury or property damage because of fire, flood, earthquake, or hurricane?”; “Have you ever personally experienced extreme forms of political violence?”). Because of the small number of participants in each category, we only compared those who had experienced at least one of these traumatic events (“suffering,”  $n = 97$ ) with those who reported that they had not (“no suffering,”  $n = 66$ ).

**Measures and procedure.** Participants completed a brief demographic questionnaire and were then asked to list the organizations they volunteer for on a regular basis, if any. Their open-ended responses were coded into three broad categories. The first was volunteer work in organizations, without direct contact with those who suffer. This included (a) environmental or animal rights organizations, (b) health organizations, and (c) charity and fundraising activities. The second category was volunteering that involves contact with ingroup members who are not (visibly) suffering or disadvantaged. This included (a) community work (e.g., in the local library), (b) tutoring and teaching, and (c) other work with youth (e.g., in summer camps). The third category was volunteer activities that involve direct contact with those who suffer, namely (a) the ill, (b) homeless people, and (c) the elderly or disabled.

Volunteering activities that benefit ethnic or racial outgroups (e.g., tutoring immigrants) were only mentioned by two participants and therefore were dropped from the analysis.

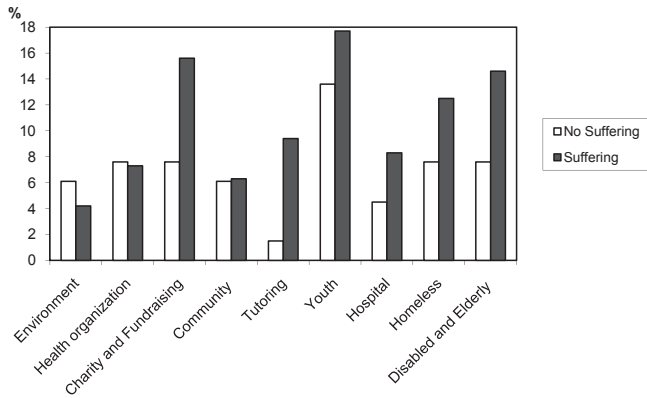
## Results

As hypothesized, the overall percentage of volunteers was significantly higher,  $\chi^2(1, 162) = 8.07, p < .01$ , among participants who had suffered from traumatic life events (63.5%) than among participants who had not suffered (41.9%). Participants who had experienced traumatic life events also volunteered for a greater number of organizations,  $M = 1.19, SD = 1.19$  vs.  $M = 0.73, SD = 1.1, t(1, 160) = -2.49, p < .05$ .

Figure 1 further breaks down this effect, showing the proportion of participants from each group who were involved in specific types of volunteer work. In support of our second hypothesis, significant differences were revealed for the composite measure of volunteer work that involved contact with disadvantaged outgroups, such that participants who had suffered reported, on average, higher involvement with this kind of volunteering,  $t(1, 160) = -2.01, p < .05$ . In contrast, there were no significant differences for volunteer work involving contact with ingroup members who are not disadvantaged,  $t(1, 160) = -1.38, p = .17$ , nor for volunteer work in organizations,  $t(1, 160) = -0.64, p = 0.52$ . However, it should be noted that the descriptive trends were in the same direction, such that those who had suffered had higher average rates of volunteering across volunteer categories (non-disadvantaged ingroup members:  $M_{\text{suff}} = 0.33$  vs.  $M_{\text{nonsuff}} = 0.21$ ; organizations:  $M_{\text{suff}} = 0.33$  vs.  $M_{\text{nonsuff}} = 0.27$ ).

## Discussion

Study 1 provided initial support for the altruism born of suffering hypothesis. Individuals who had suffered from traumatic



**Figure 1.** Types of volunteer activities among those who have suffered and those who have not.

life events were overall more likely to volunteer; they also volunteered for a greater number of organizations. Moreover, further breaking down the various forms of volunteering revealed that those who had suffered were particularly engaged in volunteering that benefits disadvantaged groups in society, and involves direct contact with stigmatized outgroups. In other words, although the general effect of altruism born of suffering was demonstrated in the overall analysis across different types of helping, the exploratory analysis of volunteering types suggests that, additionally, this phenomenon might be even more nuanced: Those who suffered in the past are not only *generally* more likely to help, but appear particularly drawn to helping alleviate and prevent suffering of those who are currently in need and disadvantaged (Staub & Vollhardt, 2008).

Building on this exploratory finding, studies should be designed to specifically test the interaction with different volunteering tasks and opportunities. Although the lack of statistical power in this initial study did not allow for testing the interaction between suffering and volunteer task, the findings suggest that testing the type of helping as a moderator might be an important direction for future research.

Future research will also need to systematically test potential explanations of this phenomenon. For example, those who have suffered may be more familiar with the situation and less inhibited to be in direct contact with those in need because of their own experience of suffering; they may also perceive general similarities with their own experience and identify with those in need (see Westmaas & Silver, 2006). It has also been suggested that those who have suffered may have been recipients of helping themselves and therefore more exposed to role models of helping those in need (Krous & Nauta, 2005; see also review in Vollhardt, 2009). Additionally, a downward social comparison with others who suffer may occur (Midlarsky, 1991) as well as a need to help those who are in even greater need than oneself (Mattis et al., 1999).

These qualitative differences in the preference for certain volunteer tasks also suggest other-oriented motives to improve the condition of those in need, rather than self-enhancement motives, which could also be satisfied by other forms of volunteering (Clary & Snyder, 1999). However, without testing the underlying, mediating processes directly it cannot be ruled out that some may have volunteered for self-focused reasons. A fur-

ther limitation of this study was that it relied on self-reports of volunteering rather than direct observations, and that we did not assess the extent and duration of volunteering. Importantly, it was also not clear whether participants actually perceived the group involved as clear outgroups. These limitations were addressed in Study 2.

## Study 2

Study 2 examined reactions to victims of the tsunami that struck Southeast Asia in December 2004. We hypothesized that those who had suffered would show higher levels of prosocial attitudes and behavior toward tsunami victims—that is, outgroup members for non-Asian students in the United States. An exploratory question was whether this effect would be mediated by increased empathy, personal distress, or reduced ingroup bias. We also explored whether individuals who had experienced a similar event (natural disasters) would be more likely to help than those who had suffered in other ways.

## Method

**Participants.** The sample consisted of 146 undergraduate students (mean age = 19.32,  $SD = 1.76$ , 64% female) in the Northeast United States. Participants from the region affected by the tsunami were excluded from the analysis to ensure that the recipients of help were clear outgroup members. The remaining sample consisted of 82.2% European Americans, 8.2% Asian Americans, 6.2% African Americans, 2.1% Latino/as, and 1.4% Native Americans. Eleven percent of the sample was born outside the United States.

## Measures and materials

**Assessment of suffering.** We used the same modified version of Norris's Traumatic Stress Schedule (1990) as in Study 1 to assess past suffering. This time however, we classified participants into four categories: those who had experienced (a) *natural disasters* ( $n = 17$ ), (b) *interpersonal violence* or *unspecified trauma* (severe or repeated physical or psychological violence and "other" traumatic life events;  $n = 28$ ), or (c) *group-based violence* (war, political violence, severe verbal or physical abuse due to one's group membership;  $n = 37$ ), and (d) *no suffering* when participants reported none of the traumatic life experiences ( $n = 64$ ). Participants who indicated several types of traumatic life events were classified into only one category, namely the less common event (a or c). As the number of those reporting several traumatic events was substantial (68% of those who had suffered), this variable was included as a control variable in the regression analyzes.

**Prosocial outcome measures.** Participants' prosocial attitudes and behavior toward tsunami victims were elicited after reading an illustrated newspaper article about the tsunami. Six items assessed participants' *attitudes* toward helping tsunami victims on 6-point rating scales from 1 (*strongly disagree*) to 6 (*strongly agree*; Cronbach's  $\alpha = 0.75$ ; see Table 1). Prosocial *behavioral intentions* were assessed by asking participants

whether they planned to donate to organizations providing aid to tsunami victims on a 4-point scale from 1 (*definitely not*) to 4 (*definitely yes*). A *behavioral measure* was obtained after the ostensible end of the study. Participants were given the option of signing up to receive e-mails with information about local fundraising events for tsunami victims. They could also sign up for the first meeting of a group on campus that would organize such events.

**Mediators and control variables.** After reading the news story about the tsunami, participants were asked to write down their immediate thoughts. Following a classification provided by Fultz, Schaller, and Cialdini (1988), answers were coded (by two independent raters who were blind to the participants' category of suffering) for expressions of *empathy* and *perspective-taking* (e.g., pity and compassion; imagining details of the victims' situations). In addition, answers were coded for *lack of empathy* (e.g., self-centered thoughts such as "I am glad this didn't happen to me," or focusing on nonhuman aspects of the disaster, e.g., "nature is so powerful"). *Personal distress* was coded when participants reported negative affect in response to the events, such as "A state of sadness overwhelmed me." The interrater reliability was satisfactory (Cohen's  $\kappa = 0.90$  for empathy, 0.86 for personal distress, and 0.83 for lack of empathy), and disagreements between ratings were resolved through discussion.

A measure of *ingroup bias in helping* tsunami victims was obtained by computing difference scores between participants' response to the item "The U.S. government has the responsibility to help American tourists who were victims of the tsunami" and a parallel item stating that the U.S. government should help victims from the region (see Table 1). Higher positive difference scores indicated greater ingroup bias, that is, a greater inclination to help American victims than outgroup victims.

Finally, demographic information (age, gender, ethnicity, nationality) was collected as potential control variables.

**Procedure.** Participants completed the questionnaire in a lab setting and received research credit for their participation.

After providing demographic information, they read the news article about the tsunami and were asked to write down their spontaneous reaction and complete the measures of prosocial attitudes and behavioral intentions. This was followed by the items from the Traumatic Stress Schedule. After the ostensible end of the study, the behavioral measure was obtained by giving participants a sign-up sheet for a tsunami fundraising event. To reduce social desirability, the sign-up sheets were placed in envelopes and collected in a box in a corner of the room where the research assistant could not see it. Before leaving, the participants were debriefed and provided with real information about tsunami fundraising events.

**Results**

**Prosocial attitudes.** The group means and standard deviations for each scale item measuring prosocial attitudes toward tsunami victims are shown in Table 1. Planned contrasts were used to test all three categories of suffering against the group "no suffering." This analysis revealed that those who had suffered (from either of the assessed traumatic events) scored significantly higher on the scale assessing prosocial attitudes toward tsunami victims,  $t(3, 142) = 2.01, p < .05$ . This effect was driven primarily by the item "perceived personal responsibility to help," for which the greatest mean differences were observed,  $t(3, 141) = 2.73, p < .01$ .

Additional multiple regression analyses were conducted to control for potentially confounding variables. Specifically, apart from demographic variables such as gender and age, we also controlled for ethnic minority status and place of birth (born abroad). The rationale for this was twofold: First, norms of helping strangers vary considerably across cultures (e.g., Knafo, Schwartz, & Levine, 2009); in addition, it seemed possible that international students and first generation immigrants might have identified more with issues related to the world news and perceived more communalities with people from the regions

**Table 1.** Means and Standard Deviations of Prosocial Attitudes Toward Tsunami Victims

Item	Interpersonal (n = 27)	Group-based (n = 37)	Natural disaster (n = 17)	Suffering (all) (n = 81)	No suffering (n = 65)
1. The U.S. government has pledged \$350 million to tsunami relief funds. Some believe that this amount is too high (R).	5.07 (1.07)	5.08 (0.95)	5.12 (1.05)	5.09 (1.00)	4.66 (1.14)
2. The U.S. government has the responsibility to help the inhabitants of the region affected by the tsunami.	4.63 (1.33)	4.51 (1.35)	4.88 (1.11)	4.63 (1.23)	4.18 (1.2)
3. The U.S. government has the responsibility to help American tourists who were victims of the tsunami.	4.89 (0.97)	4.95 (1.27)	5.29 (0.77)	5.00 (1.08)	4.95 (0.87)
4. If a regional warning system had been in place in the Indian Ocean on the day of the tsunami, many thousands of people could have been saved. Such an early warning system for the Indian Ocean would cost \$30 million and could go into operation by mid-2006. Some believe the U.S. should cofinance this project.	4.04 (1.22)	4.32 (1.11)	4.47 (0.87)	4.26 (1.10)	4.26 (1.11)
5. Americans (private households) should donate money to help the victims of the tsunami.	4.59 (0.80)	4.43 (1.14)	4.76 (0.66)	4.56 (0.95)	4.28 (1.01)
6. I feel a personal obligation to donate money to help victims of the tsunami.	4.19 (1.24)	4.08 (1.4)	4.53 (1.07)	4.21 (1.28)	3.61 (1.22)
Scale mean and standard deviation (Cronbach's $\alpha = 0.75$ )	4.57 (0.73)	4.56 (0.83)	4.84 (0.55)	4.62 (0.75)	4.32 (0.72)

affected by the tsunami than those born and raised in the United States would.

Table 2 reports the final models (including only significant control variables). Suffering remained a significant predictor of prosocial attitudes when controlling for gender and birth place (born abroad) and of perceived personal responsibility when controlling for gender and age. Moreover, suffering was the strongest predictor of prosocial attitudes toward outgroup victims.

Measures of the number of experienced traumatic events and of the self-reported severity of participants' suffering were also entered in the regression models as potential control variables. However, they were neither significant predictors of prosocial attitudes (number of events:  $\beta = -0.06$ ,  $t = -0.47$ ,  $p = 0.64$ ; severity of suffering:  $\beta = -0.13$ ,  $t = -1.41$ ,  $p = .16$ ) nor of perceived personal responsibility to help (number of events:  $\beta = 0.00$ ,  $t = -0.002$ ,  $p = 0.998$ ; severity of suffering:  $\beta = -0.07$ ,  $t = -0.77$ ,  $p = 0.44$ ). As adding these coefficients did not change the results, they were dropped from the final models reported in Table 2.

As the degree of prosocial attitudes differed for the three types of suffering, and the effects appeared to be driven by those who experienced similar suffering, a natural disaster (see Table 1), the regression analyses were repeated with each type of suffering as an independent predictor. In this analysis, when controlling for place of birth and gender, indeed only similar fate (natural disaster) remained a significant predictor of overall prosocial attitudes ( $\beta = 0.23$ ,  $t = 2.64$ ,  $p < .001$ ). The perceived personal responsibility to help was predicted by all three categories of suffering, controlling for age and gender, although similar fate was a stronger predictor ( $\beta = 0.25$ ,  $t = 2.92$ ,  $p < .01$ ) than the experience of interpersonal violence ( $\beta = 0.18$ ,  $t = 2.03$ ,  $p < .05$ ) or group-based violence ( $\beta = 0.18$ ,  $t = 2.06$ ,  $p < .05$ ).

**Prosocial behavioral intentions and behavior.** In support of the basic hypothesis, a planned contrast revealed that those who had suffered indicated, on average, a higher intention of donating to tsunami relief,  $M = 2.14$ ,  $SD = 0.57$  vs.  $M = 2.45$ ,  $SD = 0.64$ ;  $t(3, 93) = -2.40$ ,  $p < .05$ . In multiple regression analysis, this effect remained significant ( $\beta = 0.21$ ,  $t = 2.01$ ,  $p < .05$ ) after controlling for demographic predictors that were significant in the first step, gender (Step 2:  $\beta = 0.31$ ,  $t = 3.12$ ,  $p < .01$ ) and minority group status (Step 2:  $\beta = 0.15$ ,  $t = 1.41$ ,  $p = .16$ ).

A composite measure was created for prosocial behavior by assigning a score of 0 to those who did not sign up for any

helping opportunity, 1 for requesting fundraising information only, 2 for signing up to participate in the fundraising group, and 3 to those who signed up for both. Participants who had suffered scored significantly higher on this measure ( $M = 0.59$ ,  $SD = 0.95$ ;  $t = -2.22$ ,  $p < .05$ ) than those who had not experienced any traumatic life event ( $M = 0.28$ ,  $SD = 0.72$ ). However, when controlling for gender ( $\beta = 0.15$ ,  $t = 1.9$ ,  $p = .059$ ) and minority group status ( $\beta = 0.22$ ,  $t = 2.67$ ,  $p < .01$ ), suffering was only a marginally significant predictor ( $\beta = 0.15$ ,  $t = 1.8$ ,  $p = .07$ ), presumably because of the correlation between minority group status and suffering,  $r = 0.30$ ,  $p < .001$ . One reason for this correlation might be that one of the assessed forms of suffering, group-based violence, was reported more frequently among ethnic minority group members (55.6%) than among European Americans (15.5%).

## Mediational analysis

**Empathy and perspective-taking.** A content analysis of the open-ended responses to the newspaper article revealed that participants who had suffered were significantly more likely to express empathy and imagine the perspective of the victims than those who had not suffered, 37% vs. 20%;  $\chi^2(1, 146) = 5.04$ ,  $p < .05$ . In addition, those who had *not* suffered were more likely to report nonempathic thoughts, 40% vs. 21%;  $\chi^2(1, 146) = 6.27$ ,  $p = .01$ . Using Baron and Kenny's (1986) steps, we found that empathy and perspective-taking mediated the effects of suffering on prosocial attitudes (see Figure 2a) as well as on prosocial behavior (see Figure 2b).

**Personal distress.** Participants who had suffered were also more likely to report personal distress after reading the newspaper article than those who had not suffered (60.5% vs. 46.2%). However, this difference was only marginally significant,  $\chi^2(1, 146) = 2.99$ ,  $p = .059$ , and personal distress was not a mediator, as it predicted neither prosocial attitudes ( $\beta = 0.07$ ,  $t = 0.88$ ,  $p = 0.38$ ) nor behavior ( $\beta = 0.01$ ,  $t = 0.06$ ,  $p = 0.95$ ).

**Reduced ingroup bias.** The difference scores between the perceived responsibility of the U.S. government to help American victims of the tsunami versus victims of the region were significantly lower among those who had suffered than those who had not,  $-0.37$  ( $SD = 1.10$ ) vs.  $-0.77$  ( $SD = 1.13$ ),  $t(1, 144) = -2.15$ ,  $p < .05$ . In other words, ingroup bias in helping was reduced among those who had suffered; and it mediated the effect of suffering on prosocial attitudes toward tsunami victims (see Figure 2c), explaining 19% of the variance. However, reduced ingroup bias did not mediate the effect of suffering on prosocial behavior (bias was not a significant predictor of the behavioral measure:  $\beta = -0.10$ ,  $t = -1.21$ ,  $p = 0.23$ ).

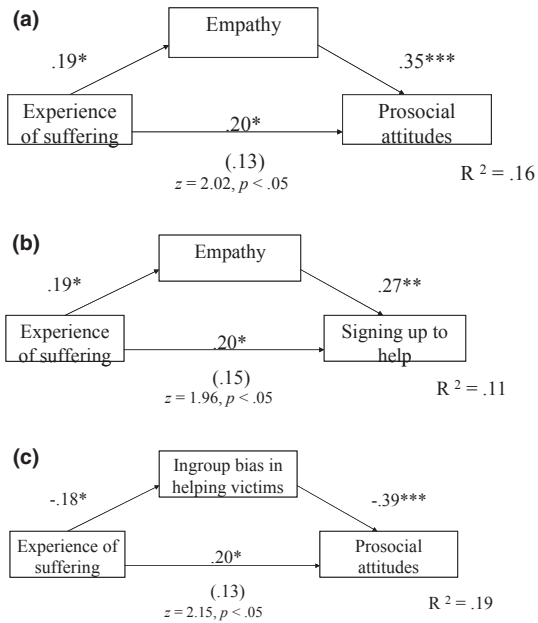
## Discussion

The results of this study support the hypothesis that individuals who have suffered are more likely to exhibit prosocial attitudes and behaviors toward outgroup members in need—specifically, victims of a natural disaster in a different part of the world—than those who have not experienced significant

**Table 2.** Predicting Prosocial Attitudes Toward Tsunami Victims

	Prosocial attitudes		Perceived personal responsibility	
	<i>B</i> ( <i>SE</i> )	<i>B</i>	<i>B</i> ( <i>SE</i> )	$\beta$
Age	<i>ns.</i>	<i>ns.</i>	-0.11 (0.06)	-0.16 <sup>†</sup>
Female	0.14 (0.13)	0.09	0.35 (0.22)	0.13
Born abroad	0.35 (0.20)	0.15 <sup>†</sup>	<i>ns.</i>	<i>ns.</i>
Suffering	0.25 (0.13)	0.17*	0.64 (0.20)	0.25**
Adjusted <i>R</i> <sup>2</sup>		5%	8.4%	

\* $p < .05$ . \*\* $p < .01$ . <sup>†</sup> $p < .10$



**Figure 2.** (a) Mediation analysis of suffering, empathy/perspective-taking, and prosocial attitudes. (b) Mediation analysis for suffering, empathy/perspective-taking, and prosocial behavior. (c) Mediation analysis for suffering, reduced ingroup bias, and prosocial attitudes. *Note.* Standardized regression coefficients are reported. The *z* scores indicate whether the mediation effect is significant (Sobel test). \**p* < .05. \*\**p* < .01. \*\*\**p* < .001.

adversity. Exploratory analyses also revealed that prosocial attitudes were higher among those who had experienced a similar event type (natural disaster), compared with those who had suffered for other reasons.

Further analysis demonstrated that empathy mediated the effects of suffering on increased prosocial attitudes and behavior, whereas personal distress in response to the events did not. This finding strengthens the case for altruistic motivations that may emerge from the experience of suffering when confronted with others in need.

In addition, reduced ingroup bias among those who had suffered mediated the effects of suffering on prosocial attitudes. This suggests that when confronted with suffering, participants with adverse life experiences may have included other (outgroup) victims in a common ingroup, based on similarity of experiences. However, as perceived similarity was not assessed explicitly, future research is needed to test this process more directly by including measures of perceived similarity and commonality with other victims and victim groups (Vollhardt, 2009).

Despite overall supporting evidence, several limitations of this study must be noted. These include rather small effect sizes, unequal numbers of participants in the different categories of adverse life events, and the reliance on self-reports. In addition, the assessment of suffering was very broad and future research will have to use more detailed measures of the time point and severity of suffering as well as measures of posttraumatic stress disorder (PTSD), resilience, and psychological well-being as potential moderators of these effects.

### General Discussion and Conclusion

Overall, the two studies presented in this paper provide support for the altruism born of suffering hypothesis across different contexts and benefiting various outgroups, both within society and in other countries. We found consistently for different measures that prosocial responses toward outgroups in need were higher among those who had suffered (from various types of adverse life events) than among those who had not. This effect occurred for different types of prosocial attitudes and behaviors, including volunteering in everyday life and short-term emergency helping. In addition, we found that increased empathy and perspective-taking with other victims as well as decreased ingroup bias toward victims in a different part of the world, are underlying processes that can explain this effect at least in part. Overall, the findings demonstrate the fruitfulness of integrating theories from clinical and social psychology.

### Implications for Future Research

A central question for future research on this topic is whether and when prosocial behavior among those who have suffered is actually motivated by altruism. Although the term we use implies an altruistic motivation, the present studies do not explicitly assess individuals' motivation to help. As prosocial behavior can also serve as a coping mechanism (Midlarsky, 1991), the motivations among participants to help or express prosocial opinions may have been self-focused rather than other-focused. However, we found that spontaneous expressions of empathy were higher among those who had suffered and, moreover, that empathy mediated the effect of suffering on prosocial attitudes and behavior, whereas personal distress did not. This suggests the presence of altruistic motives (Batson & Oleson, 1991). Future research should directly compare the prevalence of nonaltruistic and altruistic motivations to help among those who have suffered and those who have not.

As a result of the correlational nature of this research, it is not possible to make claims of causality. Although suffering obviously cannot be manipulated experimentally, future research could, however, manipulate different ways of framing the groups' experience, for example in regard to perceived similarity or a common ingroup identity. In this context, it will also be important to examine when altruism born of suffering is focused primarily on those experiencing the same kind of event, and when it extends to other types of suffering as well. It will be important to study how perceptions of similarity and shared suffering that may lead to increased helping behavior can be promoted between individuals who suffered in distinct ways and not from similar events.

To further extend the generalizability of the altruism born of suffering hypothesis, it will be important to replicate the findings in noncollege populations with lower levels of education and lower socio-economic status and among less resilient individuals. It also is possible that individuals with more severe experiences of trauma and adversity would have shown different responses. Thus, it is important to assess the boundary conditions of altruism born of suffering as well as how it may be fostered among those who are more affected by adversity.

## Implications for Intervention and Prevention

Given the findings on the positive effects of helping behavior on coping and perceived self-efficacy (e.g., Midlarsky, 1991), facilitating altruism born of suffering could also be an important element in interventions for individuals who have suffered (see Canale & Beckley, 1999). Likewise, given the tendency to favor the ingroup in the distribution of resources and helping behavior, the possibility that one's own suffering can increase the ability to understand others' adversity, and possibly even lead to the inclusion of outgroup victims in a common ingroup, could have important implications for social justice. In other words, inclusive altruism born of suffering can replace cycles of violence with solidarity and mutual care.

In sum, the present research demonstrates that altruism born of suffering can be a pathway to inclusive caring (Staub, 2005), that is to prosocial attitudes and behavior that benefit various outgroup members and disadvantaged groups in society. This important phenomenon should be studied more, and interventions should be designed that foster altruism born of suffering that is directed toward outgroups in need. For example, interventions could involve direct contact with other victimized groups and the exposure to their narratives, understanding the systemic nature of oppression that may create bonds with members of other victimized groups (Duncan, 1999), or education and learning about conflicts in other parts of the world (Staub, Pearlman, Gubin, & Hagengimana, 2005). Providing structured opportunities to help other victims is also crucial.

To conclude, increasing our knowledge about altruism born of suffering and its inclusive nature not only has empowering implications for victims' self-concept, but may also foster harmonious intergroup relations and contribute to social justice.

**Keywords:** victims of trauma; suffering; altruism; prosocial behavior; volunteering; ingroup bias; outgroup helping; tsunami

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