APPLYING SOCIAL PSYCHOLOGY

FROM PROBLEMS TO SOLUTIONS

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APPLYING SOCIAL PSYCHOLOGY

Social psychology is the scientific study of processes in social relationships, and how people's thoughts, feelings and behaviours are influenced by other people, more specifically by the actual, imagined or implied presence of others (e.g. Kenrick, Neuberg, & Cialdini, 2014). Social psychology is a fascinating branch of psychology that helps understand what drives people and how they function in everyday life. It is a basic science which tries to build knowledge primarily through **experiments** and **surveys** (see, for examples, Aronson et al., 2019; Kenrick, Neuberg, & Cialdini, 2014). In addition to helping understand how people function in their everyday social life and why people do what they do, insights from social psychology may help solve problems that are related to how people behave towards others and with respect to many social issues.

As we will discuss more elaborately in Chapter 2, society is full of such problems and challenges. Examples are, for instance, how people may be encouraged to donate money for a good cause, how they can be motivated to take public transportation, how the lonely can be empowered to engage in social activities or how workers who experience a burnout may be helped to improve their well-being. Insights from social psychology can help solve such societal problems. In this chapter we illustrate which steps have to be taken for this purpose.

Sometimes the theories and findings from social psychology may seem a bit remote from the problems in society. However, many, if not most, societal problems have social psychological aspects (for example, crime, racism, environmental pollution), and therefore social psychology may not only help in clarifying such problems, but also contribute

to finding solutions. In this chapter we give an example of one such problem to illustrate this point – the still debilitating problem of HIV/AIDS in Africa and the lack of support for HIV/AIDS victims. We also show how social psychological knowledge could lead to the development of a theoretical model on which an intervention might be based. Finally, we briefly outline the approach presented in this book, the PATHS methodology, through which such models may be developed. This chapter thus summarizes the entire approach.

Example of the Application of Social Psychological Theories

Step 1 – Problem: Formulating a Problem Definition

At the end of 2018, there were approximately 38 million people worldwide living with HIV. In most Western countries people infected with HIV have access to effective treatment and health care, and a HIV infection has become a manageable chronic health condition. However, there are still populations that are at high risk for dying of AIDS, especially in sub-Saharan Africa. Think of young women in sub-Saharan Africa who, due to their exploitation by older men, gender inequalities, insufficient access to education and health services, are at high risk for getting infected with HIV, and, once infected, often do not receive proper health care. As a result, in 2018 770,000 people died in Africa from HIV-related causes and 1.7 million people were newly infected (Avert, 2019). For adequate forms of medical and psychosocial help and support of people with HIV/AIDS in vulnerable populations, considerably more money is required than is currently available.

Raising Money to Fight AIDS

A team of volunteers from a national HIV/AIDS charity foundation wishes to set up a campaign to raise funds for the purpose of providing medical and psychosocial care for people – especially vulnerable young women and their children – with HIV/AIDS in sub-Saharan Africa. Some team members argue that the campaign should not be too dramatic as it is now generally known how serious it is to be infected with HIV. They are concerned that showing too many depressing stories and pictures of people with HIV/AIDS will adversely affect the willingness to donate money. Others argue that just because there has been less media interest in HIV/AIDS recently, the campaign should highlight the severe and incurable nature of the disease. In doing so, there is a need to emphasize that the victims in these populations are not to blame for getting infected: they suffer from poverty,

often get infected due to exploitation, and have low access to both education and health care. Accordingly, one part of the team wants to actively approach the media, whereas the others are concerned about the lack of media interest in this topic. A related point of debate concerns the campaign slogan. Should it be something positive, like 'A Better Future for all HIV/AIDS-patients', or something more dramatic like 'Fighting the Horrors of AIDS'?

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

The Relevance of Social Psychology

The volunteer team decides to consult a practitioner; that is, a professional who can help the team to build a programme aimed at convincing people to donate money for their cause. This practitioner can be a social psychologist or a professional with another degree in the social sciences who knows how to find and use theories of particularly social psychology to help the team develop their campaign. What suggestions should the practitioner make? The practitioner may have little experience with the specific topic of this campaign; that is, raising money for the fight against HIV/AIDS. Yet she will know how to find and use the social psychological literature on how to influence people and might know how to apply this to cases such as the AIDS campaign.

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

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

Still many people in sub-Saharan Africa, especially young women and children, suffer from HIV and AIDS, often without knowing so. In this area there is insufficient funding to provide adequate forms of medical and psychosocial help and support for these people. Which factors determine potential donors' willingness to donate money for this cause? How can we set up a campaign that would raise money to help people with HIV/AIDS in sub-Saharan Africa?

Step 2 – Analysis: Finding Explanations for the Problem

To identify what factors affect people's willingness to donate money for people with HIV/AIDS in sub-Saharan Africa, the practitioner formulates a broad set of questions that could be answered by the social psychological literature. There are two entries in the literature that immediately flash before her. The first is the literature on *helping*, **altruism**, *cooperation* and **prosocial behaviour**, which can tell her what motivates people to help others and give money for a good cause. The second is the literature on *social influence* (e.g. Cialdini, 2007), which can tell her what influence strategies are most effective in getting people to do what you want; in this case, donating money for people with HIV/AIDS in sub-Saharan Africa.

The Altruism and Prosocial Literature

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

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

She states these questions quite broadly because it is better at this stage to explore the literature more globally in order not to miss any relevant knowledge. Next, she conducts a search on the internet for scientific books on helping with key words such as 'helping', 'altruism', 'cooperation' and 'prosocial behaviour', and finds a number of recent titles, including *The social psychology of pro-social behaviour* (Dovidio et al., 2017), A scientific search for altruism: Do we only care about ourselves? (Batson, 2018), *The age of empathy* (De Waal, 2011) and *The Oxford handbook on prosocial behaviour* (Schroeder & Graziano, 2015). After consulting these books, the practitioner concludes that there are, in fact, three different types of helping:

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

It is quite obvious that the present problem, raising money for people with HIV/AIDS, concerns the third type of prosocial behaviour. Yet, after reading the relevant literature, the practitioner concludes that most of the prosocial literature deals with emergency helping and organizational helping. There is much less known about raising money for good causes. She explores the literature further, now by consulting PsycINFO – the electronic database that comprises most of the scientific articles and books in the field of psychology between 1872 and the present day – as well as Google Scholar – the search engine for finding scientific publications across all the sciences. There she finds publications on the **'norm activation model'** (NAM), a theoretical model developed by the Israeli social psychologist Shalom Schwartz, published in *Advances in experimental social psychology* in 1977, which can be applied to all kinds of prosocial behaviours. When the practitioner reads about it, she becomes very enthusiastic about the NAM. However, she is also hesitant about using the theory for the campaign because the publication is more than 40 years old. It may be that, for whatever reason, this model is no longer valid when it comes to explaining prosocial behaviour. Therefore she decides to have another look at the publications in PsycInfo and discovers that many later studies found support for the NAM, and showed that the NAM can be used to explain a wide variety of prosocial behaviours, varying from blood donations to volunteering to eco-driving (e.g. Steg & De Groot, 2010; Wittenberg, Blöbaum, & Matthies, 2018). The practitioner concludes that the NAM is a scientifically strong model, and not outdated at all. She therefore decides to use the NAM as a basis for understanding the problem that underlies the campaign; that is, how to increase people's willingness to donate money for people with HIV/AIDS in sub-Saharan Africa. She presents the NAM to the team of volunteers and outlines the implications of the model for their campaign. She tells the team that, according to the NAM, helping behaviour follows from personal norms reflecting feelings of moral obligation to help. However, these personal norms only lead to actual prosocial behaviour when they are activated. Activation happens, according to the NAM, if four situational conditions are met. These conditions are:

1. *Awareness of need*: There must be awareness that others need help and that not acting prosocially has very adverse consequences for those others. The perceived need has to be prominent, clear and serious. The practitioner argues that, therefore, the team needs to draw attention to the fact that people with HIV/AIDS in

sub-Saharan Africa face severe physical and mental distress, and need more medical, financial and psychological support than is currently provided.

2. *Opportunities to help*: People must be aware that there are genuine opportunities for relieving the needs of people with HIV/AIDS in sub-Saharan Africa. Therefore, the campaign must convey that there are various concrete actions that can improve the situation of victims.
3. *Ability to help*: People have to recognize their own *ability* to provide relief. If people feel helpless, their awareness of the problem is reduced, and they will not feel very motivated to offer help. The practitioner therefore argues that the campaign should also emphasize that small donations make a difference (for example, a €3 contribution means a family of five can eat for two days).
4. *Ascription of responsibility*: Finally, people also need to accept some *responsibility* for the problem in order to become involved and offer aid. They need to feel the consequences of *not* responding prosocially. As we will discuss later on, this is an obstacle in the case of the African HIV/AIDS problem.

Further, the literature suggests that people are more inclined to help when the recipients are considered blameless for the negative events that occur to them (e.g. Appelbaum, 2002; Knoche & Waples, 2016; Kogut, 2011; Lee & Feeley, 2016). Knowing this, the practitioner concludes that one of the primary aims of the campaign should be to emphasize the lack of blame of victims of HIV/AIDS in sub-Saharan Africa, and to eradicate the (erroneous) belief that these people are to blame for their illness.

Beliefs in a just world

One of the team members raises a relevant question about the blamelessness of victims. He asks whether it is the blamelessness of the victims that should be emphasized or the fact that, if someone is not to blame for the negative events that happens to him/her, this is perceived as unfair and that people may want to donate money to do something about this injustice. This reminds the practitioner of a **theory** – about the **belief** in a **just world** – formulated by the Canadian social psychologist Melvin Lerner (1980, 2000), which assumes that people have a natural tendency to believe they live in a just world in which everyone gets what they deserve. This belief is a common worldview but while this belief is a universal phenomenon, there are presumably considerable differences between people as to the degree to which they share it. For someone who strongly adheres to the just world belief, events that shake this belief are threatening. People are especially upset by the unexplained suffering of others; for example, someone who has been working hard getting fired, young women getting raped in a war or parents losing their child in an

accident. For someone who strongly believes in a just world, such events are so upsetting that they will try to reduce this threat, sometimes by helping the victim to relieve their own suffering. This suggests that the campaign would have to emphasize the unfairness of the plight of people with HIV/AIDS in sub-Saharan Africa. Yet she also discovers that helping a victim is not the only way to deal with a threat to the just world belief. Lerner (1980; see also Reichle & Schmitt, 2002) suggests that people also sometimes cognitively reinterpret an unjust event by holding victims responsible for their fate ('He could have used a condom') or derogating them ('She is morally irresponsible'). In addition, the practitioner finds out about several studies which show that as individuals believe more strongly in a just world they are less likely to donate to charity goals (Campbell, Carr, & MacLachlan, 2001; Kogut, 2011). Contrary to her initial thoughts, she therefore concludes that the blamelessness of the victims may be stressed but that the team should be careful to stress the injustice or unfairness of the fate of people with HIV/AIDS in sub-Saharan Africa.

Identifying with victims

In the team meeting to discuss the campaign, someone suggests that people may respond differently to victims of disasters abroad rather than at home. Indeed, the practitioner has read that, in general, helping is more likely when people are able to identify with the victim; for example, because they are similar in terms of age, surname, or profession and values (Guéguen, Pichot, & Le Dreff, 2005; Warner, Wohl, & Branscombe, 2014). Similarity leads to empathy – seeing oneself on someone else's place – which in turn leads to helping behaviour (e.g. Stürmer et al., 2006; Siem & Stürmer, 2012). However, potential financial donors and the victims of HIV/AIDS in sub-Saharan Africa seem to live in totally different worlds, making it hard for potential donators to identify themselves with the victims, even if the victims are of the same age or gender. The practitioner tries to find out more about this issue. She explores the literature further, and comes across a chapter (Vezzali et al., 2017) in a scientific book – *Intergroup helping* (Van Leeuwen & Zagefka, 2017) – that explicitly deals with the theme raised by the team member. In this chapter research is summarized that shows that people are more likely to help people in need that they perceive to be members of the same group (in-group) rather than of a very different group (out-group; see also Stürmer & Snyder, 2009. However, in another scientific book she reads that this tendency can be counteracted by recategorization (Dovidio, 2010); that is, by stimulating people to mentally embrace members of the out-group (people in sub-Saharan Africa) as members of their own group. Recategorization can be achieved by stressing the similarities between potential donators and the victims in sub-Saharan Africa; for instance, by emphasizing that we are all humans and members of the planet's population. When the practitioner reports this information to the team, the

team decides that it is important to emphasize the similarities between the identified victims and potential donators, by priming people to view victims as co-members of the human race who, through no fault of their own, are suffering greatly.

The practitioner also finds out that, regardless of the extent to which people see themselves as similar to the victim, people are more generous towards a victim about whom they have some information (a so-called 'identified victim') than towards a 'statistical' or an anonymous victim (e.g. Kogut & Ritov, 2005; Lee & Feeley, 2016). Moreover, a single identified victim receives more help than a group of victims, whether identified or not (Kogut & Ritov, 2005). A single identified victim does so because he or she arouses more empathy in potential helpers than an anonymous victim or a group of victims. Knowing this, the practitioner concludes that, although the campaign is meant to collect money for a group of people, it may be wise to select an identified victim and make that person the face of the campaign.

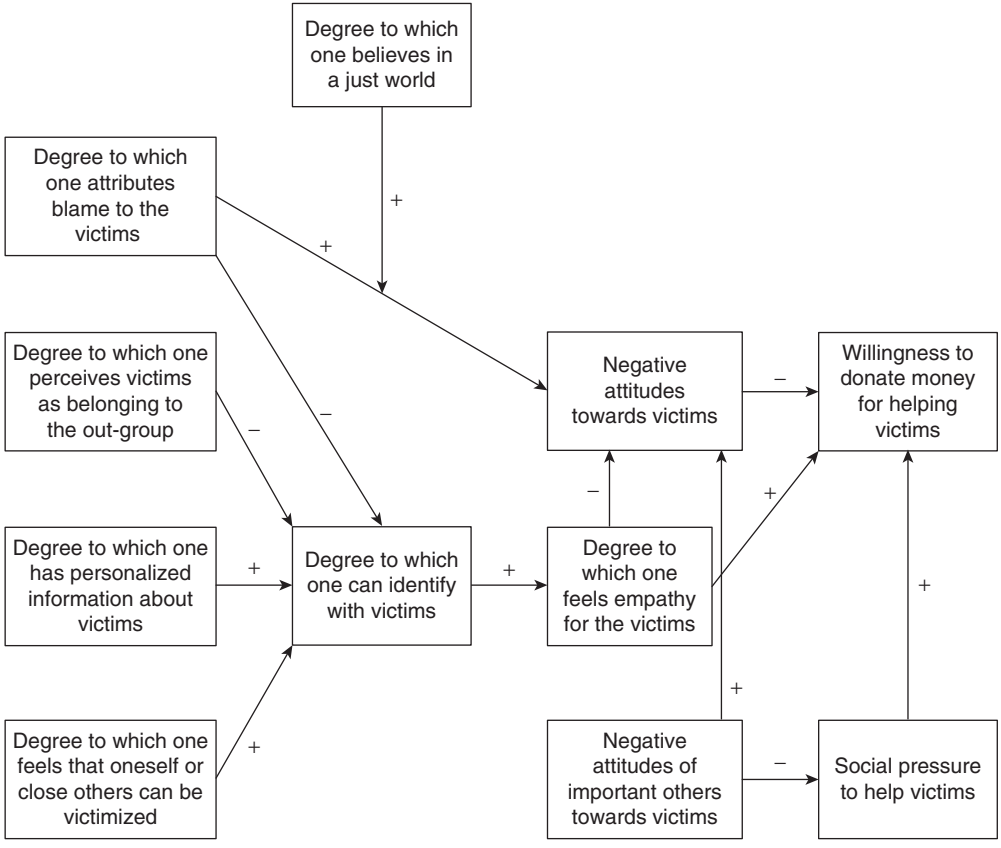

Figure 1.1 Process model: What determines the general public's willingness to donate money for people with HIV/AIDS in sub-Saharan Africa?

Further scrutiny of the social psychological literature suggests a number of other variables that may influence attitudes towards people with HIV/AIDS in sub-Saharan Africa. In general, people have more sympathy for victims the greater their belief that a similar event might happen to them (Batson, Lishner, Cook, & Sawyer, 2005). Also, the greater the sympathy, the more social pressure there is to help the victims (Batson & Powell, 2003). On the basis of these and other findings obtained in the social psychological literature, the practitioner then builds a *process model*, an example of which is presented in Figure 1.1. More examples of process models can be found in Chapter 4.

Step 3 – Test: Developing and Testing the Process Model

In the model, the key outcome variable is the willingness to donate money to help people with HIV/AIDS in sub-Saharan Africa. There are a number of processes that influence this willingness, according to the model. The process model shows two basic, interrelated processes that lead to the willingness to donate money. The first process starts with the degree to which people think victims are to be blamed for their infection. As people attribute more blame to the victims they will hold more negative attitudes towards these victims and identify less with them, and as a consequence will be less likely to donate money. Based on the just world theory, the relation between perceived blame and negative attitude will be stronger the more people believe in a just world. Thus, a potential problem for the campaign is that some people will feel that the victims could have done something to prevent infection, and that the victims somehow brought it upon themselves (for example, by living promiscuously). This belief may set into motion a mental process that makes people less willing to donate money, a process that is further strengthened when important others also have a negative attitude towards victims.

The second process is one concerning the degree of identification with victims. Simply put, as people are less able to identify with the victim, they will experience less feeling of empathy for the victim and hold more negative attitudes towards their victim. This will make them less willing to donate money. This lack of identification is fed by the perception that the victims belong to another group, a lack of personalized information on the victims and the belief that they themselves or their beloved ones are not very likely to be infected. Thus, a potential problem for the campaign is that people will not be able to identify themselves with the victims simply because they lack information, as a result of the automatic tendency to see victims as members of the out-group and because one sees HIV infection as not a very likely possibility for oneself and beloved ones. Important to note is that the aforementioned two basic processes are not unrelated; they mutually influence each other. For instance, as people attribute more blame to the victim they will be less likely to identify with the victim and feel less empathy (e.g. Grubb & Harrower, 2009).

The campaign should also consider the conditions that, according to the NAM model, are necessary to activate personal norms about helping. By making people aware of the situation and the suffering of the victims in sub-Saharan Africa, the campaign will activate personal norms of helping by raising the public's awareness of need. By being clear about how people can help and donate money and that even small donations matter, the conditions 'ability to help' and 'opportunities to help' are met, which may further activate personal norms of helping. Finally, the ascription of responsibility can be recognized in the variables in the process model. That is, as people ascribe less blame to the victim their own sense of responsibility for helping people in needy situations may be activated, especially as people identify themselves more with the victims.

Research

Although the practitioner based her process model on the scientific literature, some relationships in the process model are not yet as evident in the literature and require further testing through research. For example, encouraging people to identify with the victims may also lead to negative emotions. When people compare their situation to those of others who are worse off and whom they identify with (a process called 'downward identification'; Dijkstra & Buunk, 2017; Van der Zee, Bakker, & Buunk, 2001) they may feel guilty, anxious or depressed. When these negative emotions become too strong people may decide to block out the upsetting information, not wanting to know any more about the problem (e.g. Shen, 2017). In that case identification with the victim would not lead to a more positive attitude towards victims, or to more willingness to donate money. The practitioner therefore decides that it would be wise to conduct some further research on the relationship between guilt and helping before incorporating these ideas into the model.

Step 4 – Help: Towards an Intervention Programme

On the basis of the practitioner's model, the team of volunteers decides that a number of causal variables, such as the belief in a just world, are difficult to change, but that a number of causal variables that may increase helping behaviour can possibly be influenced by a campaign. In particular, one aspect considered to be important is undermining people's tendency to devalue others with HIV/AIDS ('They have brought it upon themselves'). Another key point is that people are much keener to contribute money if they think their gift could 'make a difference' (Kerr, 1989; Oskamp et al., 1998; condition 'Ability to help' in the NAM model). It is thus worthwhile showing what even a small gift can do to relieve the problem. Further, more people will donate if they can do so easily and quickly,

and therefore donations over the internet should be made possible. Finally, too much negative information may cause people to devalue the victims or avoid paying attention to the campaign altogether, and, therefore, the message of the campaign will need to be decidedly positive.

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

1. A victim is selected who will become the face of the campaign. Personalized information about this victim will be presented to increase identification; for instance, a photograph of the victim and a description such as: 'Imani is a young woman of 17 years old who got infected with HIV 5 years ago when she was abused by an older male member of the family. She is in dire need of antiretrovirals to prevent HIV from developing into AIDS, a disease that would prevent her from taking care of her parents and going to school.' The tendency to blame people with HIV/AIDS in Africa will be tackled by the above example information. In the description the victim is not only an 'identified victim' but also blameless for the infection. Also other information is given about the living conditions of this young woman that may strengthen the belief that victims in this region are not necessarily to blame for getting infected. Due to poor information, poverty, and a lack of education and health care people with HIV/AIDS in sub-Saharan Africa are often unaware of the risks of unsafe sex and ways to prevent infection and therefore cannot be held personally accountable for contracting the disease.
2. To further enhance identification with victims, the campaign will stress the similarities between the identified victim and potential financial donors, by priming people to view victims as co-members of the human race and inhabitants of the same planet who through no fault of their own are suffering greatly, rather than as members of the out-group.
3. Personal norms of helping will be activated by showing that people with HIV/AIDS in sub-Saharan Africa are in desperate need of help (condition: Awareness of need), by showing how one can donate money and that even small donations matter (Opportunity to help). It will be made clear that every gift, no matter how small, will help (for example, feeding a family for two days for as little as €3), and it will be clearly stated for what purposes the donations will be used. To lower the threshold to donate money, people will also be able to donate money through the internet (Ability to help).

To prevent negative emotions that arise from viewing people in need from becoming too strong, the messages will be predominantly positive to prevent people from blocking out information on how and why they should help ('This little gift, may help this person to use medicines that may save her life').

With help from creative professionals, computer programmers and other professionals these features are translated in a campaign that reaches potential financial donors by means of different channels, both online and offline. Before the intervention is launched on a large scale it is pre-tested to make sure that the target group will both attend to and understand the message that it is important to donate money for people with HIV/AIDS in sub-Saharan Africa. If this pre-test shows that this is the case, the campaign is implemented and, during a period of two months, the target group is exposed to the message by means of different channels.

Step 5 – Success: Evaluating the Intervention

Following the intervention, the practitioner conducts a thorough evaluation of the intervention. Did the intervention indeed persuade people to donate money? And, if so, how much money was donated? In addition to evaluating the effect of the campaign in terms of money, the evaluation also examines related variables, such as how many people donated money. This evaluation shows that more than $700,000 was raised and that about 15,000 people donated money, ranging between 1 and 100 dollars per donation. The evaluation also assessed the extent to which the campaign indeed stimulated people to identify with the victims, one of the most important variables that the campaign targeted in order to persuade people to donate money. The results of this part of the evaluation shows that this was indeed the case: people who were exposed to the campaign showed higher levels of identification with people with HIV/AIDS in sub-Saharan Africa than people who were not exposed to the campaign. Moreover, it was found that the more people identified with the victim in the campaign, the more likely they were to donate money and the more money they donated. This result showed that the line of reasoning of the practitioner indeed made sense, and that future charity campaigns may use a similar line of reasoning as a basis. Finally, both during and following the implementation the practitioner and her team evaluate the process of implementation: what problems occur(red), how can they be dealt with/how effective were they dealt with? From these results the team learns what, in the future, can be done differently to optimize an intervention's implementation. In this case, it was concluded that too much time was spent on unproductive meetings with the board of a TV channel that intended to broadcast a TV commercial that was part of the intervention, but later on decided not to do so. In addition, the S stage of the PATHS model is important to justify the campaign and its implementation towards all those involved, including financial donators and other sponsors.

Other Relevant Decisions

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

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

Another issue is whether donors receive something in exchange for their gift; for example, a music CD by African artists for every donation over €50. The helping literature suggests that this may be a good thing to do, and the popularity of crowdfunding websites show that such practices can be highly effective. The norm of **reciprocity** states that individuals feel best when they receive something in return for what they give (Buunk & Schaufeli, 1999; Cialdini & Trost, 1998). Reciprocity is a powerful mechanism that has evolved to facilitate social exchange, and when this norm is being violated, for instance when someone does not return a favour, people get upset and angry (Delton et al., 2011; Van Vugt & Van Lange, 2006). As a consequence, and considering the tendency to blame the victims, people might be more willing to give if they know they will receive something in return. Gifts are more likely to be associated with an acute disaster such as a drought or tsunami. With the HIV/AIDS problem – a situation of prolonged suffering – people might be more willing to donate if they are to receive something in return which will have intrinsic value to them, while at the same time they are doing something good. People can engage in such a transaction without having to take a position about the causes of the problem. They may think they are just getting a good deal.

Many other details will have to be decided; for example, which product to offer, which media channels to use and a slogan for the campaign. For many of these questions, there is relevant social psychological literature that can be consulted; for example, on persuasion (Cialdini, 2007; O'Keefe, 2002), communication (Fassett & Warren, 2010) and social influence (Kenrick, Goldstein, & Braver, 2012; Schultz & Oskamp, 2000). In addition, there is an applied literature on how to set up fundraising campaigns (Clarke, Botting, & Norton, 2001).

Applying Social Psychology: The PATHS from Problem to Intervention to Success

We believe that the PATHS method helps practitioners to develop a theoretically based intervention programme relatively quickly and smoothly. There is no denying that there are sometimes important obstacles in the way. For instance, it may take some time to formulate the problem, and some deliberation to focus on the most pressing elements of the problem. The problem may seem so complex that one cannot see 'the wood for the trees'. In addition, gathering the relevant social psychological literature might take time (although the internet has clearly facilitated the search process). There may be little relevant research on the topic or, alternatively, there may be too many relevant social psychological theories and it will prove difficult to choose between them. Finally, it is difficult to tell whether or not an intervention is going to be successful. Even if interventions have been successful in the past, there is no guarantee they will work this time.

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

1. **Problem** – from a problem to a problem definition: identifying and defining the problem;
2. **Analysis** – from a problem definition to analysis and explanation: formulating appropriate concepts and developing theory-based explanations;
3. **Test** – from explanations to a process model: developing and testing an explanatory process model;
4. **Help** – from a process model to interventions: developing and implementing a programme of interventions.
5. **Success –** from implementing the intervention to evaluating its success.

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

Step 1 – Problem: From a Problem to a Problem Definition

Arriving at an adequate problem definition requires much consideration and deliberation. Usually, the problem definition is more extensive than the one we formulated earlier in this chapter, where the team knew already that they wanted to set up a fundraising campaign to help people with HIV/AIDS in sub-Saharan Africa. Often there is just a general

feeling within a team, community or organization that there is a problem and something must be done without much further thought being involved. In the example of an HIV/AIDS fundraising campaign, the team of volunteers may have simply been frustrated about a lack of attention towards the plight of people with HIV/AIDS in sub-Saharan Africa within their country. Getting this attention would require quite a different approach from that required in setting up a fundraising campaign. Further, an internal controversy on policy priorities within a charity organization is often better dealt with by organizational psychologists and consultants.

As will be addressed in Chapter 2, it is very important to describe precisely *what* the problem is (for example, 'How can we raise money to help people with HIV/AIDS in sub-Saharan Africa?'). But even when the problem is presented clearly, other questions also need to be asked. We must assess whether the problem is sufficiently concrete rather than it being a general scientific question like: 'How can we make people more altruistic?' Also, *why* is it a problem at all (for example, 'People with HIV/AIDS in sub-Saharan Africa suffer greatly and have few opportunities for treatment') and for *whom* is it a problem (for example, 'People with HIV/AIDS in sub-Saharan Africa, their families and their countries')? In addition, we must specify the main *causes* of the problem: in this case, why we think people might be reluctant to give money to this particular charitable cause; for example, because they find it difficult to empathize with people in Africa or there is competition coming from other charity organizations. Further, we should specify the population we aim to target with our intervention (*target group*). Who do we need to convince that this problem has to be solved? Who must help solve this problem? In the example of an HIV/AIDS fundraising campaign, the volunteer team should determine who they want to encourage to donate money – the general public or specific subgroups (such as families with high incomes), private persons or organizations and companies? Because they want to convince as many people as possible to donate money, the team in the above example chose to target the general public.

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

In the first discussions with the HIV/AIDS team of volunteers, the focus might be on the poverty and lack of health care in sub-Saharan Africa and the consequences these circumstances have with respect to the prevention and treatment of HIV/AIDS, or cultural norms that lead to gender inequality in the region. It is obvious that these issues are not problems that groups of volunteers and the practitioner who work for them can

easily solve (or should even want to solve). Changing these circumstances and cultural values may be done by using social psychological knowledge, but it probably requires a sustained political and diplomatic effort.

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

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

Once the problem has been defined in terms of one or more social psychological constructs, the second step is to come up with social psychological explanations for the problem. Before doing so, one first has to decide what the *outcome variable* is; that is, which variable eventually needs changing. In the example of an HIV/AIDS fundraising campaign, it is a willingness to donate money for people with HIV/AIDS in sub-Saharan Africa. As will be described in Chapter 3, after having defined this variable, in the *divergent* stage one starts looking for explanations through techniques such as 'free association' and through applying relevant social psychological theories. In the development of a process model to explain a willingness to donate money for people with HIV/AIDS in sub-Saharan Africa, the practitioner in the example knew right away that she had to look in the literature on helping behaviour and prosocial behaviour. Through a search in the helping literature, she found the model by Schwartz (1977) that seemed quite relevant.

In retrospect, it might seem evident to look into this literature, but someone without a background in social psychology (or social sciences) might not have known where to look and may be not able to recognize relevant social psychological theories. Moreover, even when confining oneself to the social psychological literature on helping, one might have found many different models and theories. There are, for example, **social exchange** and reciprocity theories, emphasizing the role of egotistic concerns in helping, which stem from evolutionary theories of altruism (Buunk & Schaufeli, 1999; Hardy & Van Vugt, 2006; Van Vugt & Van Lange, 2006). By performing acts of kindness, individuals may receive many benefits. They may, for instance, feel happier (Lyubomirsky, Sheldon, & Schkade, 2005), experience

positive self-evaluations and a boost in self-esteem (for example, 'I did something good today!', 'I am a caring person'), receive praise, or experience the joy of seeing the needy person experience relief. In addition, helpers may avoid negative feelings, such as shame or guilt (Batson & Powell, 2003). At a group level, helping can also be used as a strategic attempt to present one's own group as warm and generous in relation to a lower-status out-group (Nadler & Halabi, 2006; Van Leeuwen & Täuber, 2012). There are also theories that emphasize truly altruistic motivations; for example, **empathy-altruism theory** (Batson et al., 2005; Bierhoff & Rohmann, 2004). The basic idea of this theory is that empathic concern motivates altruistic behaviour aimed at relieving a victim's suffering. This theory suggests, for example, that people will support HIV/AIDS victims in sub-Saharan Africa if they can easily see themselves in their shoes (namely, high empathy). After generating many different explanations, one must then reduce the explanations based on their relevance, validity and plausibility.

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

For example, in a typical example of the experiments that form the basis of Batson's (1991) empathy-altruism theory, people observe another person ('the worker') who they think is suffering from a series of uncomfortable electric shocks that have been administered to them by the experimenter for failing to give correct answers. They are given a chance to help the worker by taking the shocks themselves. There are at least two major differences between this situation and the situation of donating money to people with HIV/AIDS in sub-Saharan Africa. First, it concerns others who are close in proximity, and, second, one is asked to take on the suffering of the victim oneself. Thus, Batson's theory may have limited relevance for this particular problem. To find out more about the external validity and applicability of a specific theory one may consult research on that theory conducted in different settings from the experiments on which the original theory was built. One may then find out to what extent a particular theory also applies to different settings than, for example, a laboratory setting.

Step 3 – Test: From Explanations to a Process Model

On the basis of a limited set of variables resulting from the previous stage, a process model can be formulated like the one presented in Figure 1.1 and like those in the Appendix.

(How to build such a model is described in much more detail in Chapter 4.) The model contains the outcome variable that must be influenced; in this case a willingness to donate money for people with HIV/AIDS in sub-Saharan Africa. In addition, the model should primarily contain variables that can be influenced, at least to some extent, and should describe the relationship between the variables in the form of a process model. This process model is at the core of PATHS methodology. Although the model in Figure 1.1 seems plausible, this is by no means the only model. First, in step 2, a practitioner may make different choices on the basis of social psychological literature. A practitioner has many choices to make and there are not always clear 'rights' or 'wrongs'. Any choice may be acceptable as long as it is backed up by a solid line of reasoning. Also, the relations in the process model may raise questions. Why, for example, does the belief in a just world not directly affect a negative attitude towards people with HIV/AIDS in sub-Saharan Africa? Why does the degree to which people can identify with a victim not directly affect the willingness to donate money, but does so through feelings of empathy and a (the absence of a) negative attitude towards victims. In general, the process model should be limited in the amount of variables it includes (about 10) and specify just a few possible relationships between its variables. Any given variable should not affect more than two or three other variables. Parsimony forces practitioners to be selective and specific about the causal relationships in the model. By including too many relationships, it may become a model in which 'everything is explained by everything', and it would be difficult to formulate specific interventions based on it.

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

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

Step 4 – Help: From a Process Model to Intervention

Often, the most difficult step is to move from the process model to an intervention programme. (This is described in Chapter 5.) To be able to develop an intervention programme, it is important that the model contains primarily variables that can be influenced through intervention. Most social psychological variables, such as attitudes and **social norms**, can be targeted by interventions, but variables such as gender, personality or other deeply rooted **traits** and **values** cannot (at least not by a practitioner focusing on social psychological processes). Of course, it might seem obvious to include gender or personality in the model, because, for instance, women have more empathy or are more agreeable, and thus are more inclined to donate money. However, although such variables may be very important, it is difficult to build an intervention programme around them. Even causal variables that may seem less deeply rooted in human nature, such as prejudice towards people from Africa, may be difficult to change, especially via media campaigns.

The step from the Test to the Help phase is huge. The practitioner must first come up with as many interventions as possible, aimed at the most promising and important causal variables in the model. Often this intervention will contain behavioural training, a programme of education, information, rules or prescriptions. Shaping the programme in such detail that it can be implemented usually takes a lot of time, energy and creativity. Once the intervention is designed, it must be pre-tested and, eventually, implemented. The practitioner must make sure that all those involved in the implementation process are motivated to fulfil their expected role and to contribute maximally to the distribution of the intervention. For this purpose, the practitioner has to actively monitor the implementation process and relieve or solve problems that may appear in this process.

Step 5 – Success: From Implementation to Evaluation

For several reasons, which we discuss in Chapter 6, it is of vital importance to evaluate the intervention in terms of effects and process. Evaluating the intervention is not merely an activity that starts after the intervention has been implemented. Parts of the evaluation have to be executed even before and/or during the implementation of the intervention. For instance, to get some idea of the intervention's effectiveness, the practitioner in the case of raising money for HIV/AIDS wants to assess people's willingness to donate money before the intervention starts and compare it with their willingness to donate money after the intervention has been implemented. A positive change in willingness to donate money would be an indication of the intervention's effectiveness. Likewise, the process evaluation – intended to evaluate the implementation process –

starts as soon as the implementation of the intervention begins. Therefore, the practitioner needs to develop an evaluation plan at the same time as the intervention plan in the Help phase is developed. How to evaluate an intervention and what choices toned to be made in the context of this evaluation is described in Chapter 6.

Problems with Applying Theories

It is not always easy to apply social psychological theories to social problems. Much of the general knowledge in social psychology is derived from laboratory experiments (see any social psychology text), and these have several important limitations (Aronson, Wilson, & Akert, 2010; Henrich, Heine, & Norenzayan, 2010). We will now discuss three of the most important limitations of research in social psychology (that likely also apply to other fields of psychology): oversimplification, external validity and contradictory evidence.

Oversimplification

The situation examined in experiments is virtually, by definition, a reduction and simplification of reality. A single laboratory experiment can never examine the complex interplay of variables that affect human social behaviour in the real world, and can examine at most two or three causal variables. For example, the practitioner assisting the HIV/AIDS team concluded from laboratory research on emergency helping (Latané & Darley, 1970; for a meta-analysis see Fischer et al., 2011) that often **bystanders** do not intervene when they see another person is in need. One could come up with numerous causal variables that may affect a willingness to help in such situations, including the bystander's **personality**, family background, **mood**, preoccupation with other issues, fear, embarrassment, lack of control, and the age and sex of the victim. Yet in the classic 'bystander experiment', Latané and Darley (1970) only examined one causal variable; that is, the number of other people present. They showed that a willingness to help someone allegedly experiencing a seizure was reduced the more other people were present. Although Latané and Darley's experiment is a very interesting one and their results also have been replicated in more recent studies (Fischer et al., 2011), it did not show how important this causal variable was in comparison with other variables that may influence willingness to help, such as the victim's age or sex, or how it interacted with other variables. One way to enable more accurate comparisons between the enormous range of causal variables that social scientists test in their laboratory experiments is to look at **effect sizes**. Effect sizes are statistical measurements

of the *magnitude* of the relationships between variables that can help researchers to assess the 'real world' significance of laboratory findings. For example, a laboratory experiment may show that after receiving persuasive messages about the costs of unsafe sex (for example, an unwanted pregnancy) 1 per cent more participants intend to engage in safer sex practices compared to a control condition. Although this difference may be statistically significant, the effect size appears to be quite small in terms of influencing real-world behaviour.

Another limitation of laboratory experiments is exemplified by a research programme by the American social psychologists Tanya Chartrand and John Bargh (1999; see also Bocian et al., 2018) on the effects of mimicry. In a typical mimicry experiment, participants interact with a researcher who either mimics or does not mimic their behaviour. They are then asked to give their impressions of the interaction, as well as their feelings towards the researcher. In general, it appears that we tend to like other people who mimic our own behaviour more than those who do not, and this is a quite strong and robust effect. However, in real life, such as when a dating agency wants to match potential partners, other factors, such as physical attractiveness, status or educational level, may turn out to be more important than mimicry.

It is, of course, possible to examine such factors as these in experiments. For example, further experiments have shown that attitude mimicry and liking are also influenced by causal variables such as interpersonal similarity, relative status, shared group membership and shared goal orientation. Although researchers can include a second, third or even fourth variable in their experiments, it is impossible to include all potentially relevant variables in a laboratory experiment. The practitioner must therefore assess what the most important variables are; for example, through a survey among the target populations.

External Validity

A second limitation is that all kinds of factors in real life may obscure the impact of the variables that are so clearly manipulated in experiments. For instance, in the experiments by Chartrand and Bargh (1999), participants were asked to give their impressions of strangers who were deliberately mimicking or not mimicking them. In real life, mimicry is frequently an automatic, unconscious process which neither party is acutely aware of when it happens. In fact, the same researchers have since shown that too much deliberate mimicry may give people the chills because it is seen as inappropriate (Leander, Chartrand, & Bargh, 2012). Thus, if one had been asked by an organization how to make cohesive teams, and one had proposed to advise team members to try to increase their behavioural mimicry, the results would have been quite disappointing.

Another example of this limitation comes from research on unconscious **priming**. There is considerable evidence that priming individuals with stimuli that are offered subliminally, that is, without being consciously perceived, may affect behaviour. In a fascinating line of recent experiments, a number of researchers have demonstrated that priming participants with 'clean' smells increases their trust and willingness to donate to charity (Liljenquist, Zhong, & Galinsky, 2010), and even causes them to spend more time keeping their desks tidy (Holland, Hendriks, & Aarts, 2005). The effects of 'cleanliness' primes are so pervasive that allowing participants to wash their hands after reading a morally repulsive story causes them to judge the offender less harshly (Schnall, Benton, & Harvey, 2008). Despite the striking results of such experiments, in real life the success of these interventions may be weak, or there may be ethical concerns. It is also important to note that it has in various cases been difficult to replicate the results from priming research. For instance, one of the classic priming studies demonstrated that holding a cup with a hot drink will lead participants to rate an individual as warmer than when holding a cup with a cold drink (Williams & Bargh, 2008). However, in a subsequent methodologically stronger study, this effect was not found (Lynott et al., 2014). The message is that practitioners should not uncritically trust a single study, but should also consider the quality of the evidence underlying it. For example, has the study been successfully replicated? Does the theory or finding make sense in light of the knowledge from other psychological theories and findings?

Contradictory Evidence

Another limitation of social psychological research is that studies often produce contradictory findings (or null findings as revealed by the replication attempts). For instance, Griffitt (1970) found that participants who waited in a room with uncomfortable environmental conditions (high temperature, high humidity level) liked the person with whom they were waiting less than participants who waited in a room with comfortable environmental conditions (normal temperature and low humidity level). Yet Bell and Baron (1974) failed to replicate this effect. Other social psychological research shows that people tend to like others *more* when they meet them in fear-arousing, uncomfortable situations (Dutton & Aron, 1974; see also Foster et al., 1998)

Findings like these may be confusing and difficult to interpret. Fortunately, researchers are sometimes able to reconcile contrasting findings. Often, contradictory results stem from the fact that, on numerous occasions, studies have subtly different methods. Kenrick and Johnson (1979) found, for instance, that negative feelings which are due to uncomfortable circumstances will induce aversion for another person, a stranger, even when those being studied do not interact with this person. In contrast, when individuals

actually interact with someone, uncomfortable circumstances can often *increase* liking. This illustrates that one should not take the conclusions from experiments as general truths, but that one should carefully examine the experimental paradigm on which a particular finding is based before applying it to the real world.

From a broader perspective, seemingly contradictory conclusions from experiments support the idea that humans are complex social beings with many different behavioural tendencies. For example, they will seek out factual confirmation of who they are as well as flattering information on how good they are; they are egoistical as well as altruistic; they are rational as well as emotional. There are numerous theories in social psychology, and each theory tends to emphasize a distinct human tendency. For instance, Batson's (1991, 2018) empathy-altruism theory emphasizes that people have a basic tendency to respond with altruistic empathy to others, whereas social exchange theory emphasizes that people first and foremost pursue their self-interest in helping relations (Thibaut & Kelley, 1959; see also Cook et al., 2013). Swann's self-confirmation theory (see, for example, Swann, Stein-Seroussi, & Giesler, 1992) suggests that people tend to seek out information that confirms their self-image, be it positive or negative, whereas **self-esteem** theory (Baumeister & Tice, 1990; Sedikides & Gregg, 2003) would suggest that people simply prefer all information to make them feel good about themselves.

Conclusion

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

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

Case Study 1.1

Social Comparison in Adjustment to Breast Cancer

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

Patients often cope with their illness by comparing themselves with other patients, namely by making so-called social comparisons (Festinger, 1954; see also Buunk & Gibbons, 2007). Social comparisons may contribute to adjustment through two functions. First, by comparing themselves with others in the same situation, patients may learn to what extent their reactions are reasonable and normal (*self-evaluation*). Second, serious illness can pose a great threat to patients' self-esteem since it often brings a great deal of changes that are critical to their identity (for instance, with regard to body image, occupation, valued activities and close relationships). By comparing themselves to other patients, they may restore and enhance their self-esteem (for example, 'It could have been much worse'; **self-enhancement**).

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

The question that arises is whether patients benefit more from social comparisons through self-evaluations or self-enhancement. In other words, in adjusting to their illness, with whom do patients prefer to compare themselves: with similar others, or with patients who are better or worse off? To answer this question the American psychologists Joanne Wood, Shelley Taylor, and Rosemary Lichtman (1985, 2003) interviewed 78 breast cancer patients about their illness and the ways they coped, including the type of social comparisons they made. These researchers found that over 60 per cent of respondents said that another patient was coping less well than she was; 80 per cent said that they adjusted at least somewhat better than other women. In other words, the researchers found a preponderance of downward comparison, indicating that, among breast cancer patients, self-enhancement is the most dominant motive for social comparison. In a paper written a couple of years later Shelly Taylor and Marci Lobel (1989) present evidence for how these comparisons are related to cancer patients' well-being. Downward comparisons help cancer patients feel better about themselves ('At least I am better off than those poor patients'), whereas upward comparisons generate hope and motivation, and enable a patient to better cope with the disease. Taylor and Lobel

also argue that, for this purpose, cancer patients like to *mentally* compare themselves downwards (without seeking contact with those worse off) while actually seeking affiliation and information from more fortunate others. Findings like these are important for interventions that aim to help patients adjust (see Brakel, Dijkstra, & Buunk, 2012; Buunk et al., 2012; Buunk & Dijkstra, 2017; Cabrera-Perona et al., 2017).

Assignment 1

Read Case Study 1.1. Imagine the board of a large hospital in Amsterdam asks you to develop an intervention programme to enhance the well-being of cancer patients on the basis of the study described in this box (Wood, Taylor, & Lichtman, 1985, 2003).

1. Well-being is a very broad construct. What aspect of well-being would you like to enhance with this intervention and why? Formulate a possible outcome variable that is a specific emotion, cognition or behaviour that the intervention aims to change. Also, be clear whose emotion, attitude or behaviour needs to be changed. So, what is the target group?
2. This chapter made clear that it is of high importance to formulate a concrete rather than a general problem definition. Check whether the outcome variable and target group you formulated under (1) is specific enough.
3. Based on the information available, what comes to mind first when thinking about the potential causes of the outcome variable you formulated under (1)?
4. Discuss to what extent the following variables may influence the outcome variable when cancer patients socially compare themselves with other patients:
    - the patient's self-esteem;
    - stage of the disease (e.g. just diagnosed, terminal stage) the patient finds him/herself in;
    - the patient's natural tendency to experience fear and stress (in other words, the patient's level of neuroticism).

To what extent do you think that these variables are relevant to the intervention programme?

5. Based on the studies by Wood et al. and Taylor and Lobel, what could be done to change the outcome variable you have described in (1) above? More specifically, think of an intervention in the form of:
    - A written text in a brochure or website for the target group. Write a short text (approximately 300 words) for this purpose.

- A conversation between a doctor and his/her cancer patients in the Amsterdam hospital. What might the doctor say? What should he not say?

To come up with ideas you may also consult the following articles:

- Bennenbroek, F.T.C., Buunk, B.P., Van der Zee, K.I., & Grol, B. (2002). Social comparison and patient information: What do cancer patients want? *Patient Education and Counselling, 47*(1), 5–12.
- Brakel, T.M., Dijkstra, A., & Buunk, A.P. (2012). Effects of the source of social comparison information on former cancer patients' quality of life. *British Journal of Health Psychology, 17*, 667–681.

Suggested Further Reading

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

Steg, L., Keizer, K., Buunk, A.P., & Rothengatter, T. (2017). *Applied social psychology.* Cambridge: Cambridge University Press.

Stürmer, S. & Snyder, M. (eds) (2010) *The psychology of prosocial behaviour.* Chichester: Wiley-Blackwell.

Van Leeuwen, E. & Zagefka, H. (eds) (2017). *Intergroup helping*. Cham: Springer International Publishing.

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