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Helping dilemmas: Decision-making when one cannot help everyone in need

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Abstract

Helping dilemmas occur when it is impossible to help everyone in need, and when one must decide how to allocate resources across multiple beneficiaries. Deciding which patient that should be connected to the only available respirator, or deciding which charitable organization to donate to, are both examples of real-life helping dilemmas. This paper examines the meaning of moral dilemmas and especially helping dilemmas, discusses different normative perspectives of helping dilemmas as well as the influential effective altruism movement, and summarizes findings from my own and other's empirical research related to how people behave when faced with helping dilemmas.

Introduction

The topic of this article is helping dilemmas, which arises when the resources are not sufficient to help everyone in need, and when it is up to a decision-maker to decide how the limited resources should be distributed among different beneficiaries, or who should be helped and who should not. Decision-making in helping dilemmas is one of several perspectives one can adopt when, like me, conducting research on the "psychology of helping".

I will first define "helping" and argue why, from a societal perspective, it is at least as important to persuade people to make wise decisions in helping dilemmas as it is to get them to help more. Next, I explain in more detail what is meant by a dilemma, and specifically a help dilemma. After that, there is a discussion about different perspectives of what counts as morally correct actions in helping dilemmas. Then follows a list of situational attributes that sometimes make people prefer to save fewer rather than more lives in helping dilemmas (i.e. saved-lives insensitivity), and a longer description of one of our recent studies on that topic. I conclude by describing my own and others' research about helping dilemmas from other relevant perspectives (individual and situational differences, psychological mechanisms and how different decisions in the help dilemma affect others' impressions of the decision maker), and rounds off with a short normative comment.

It should be made clear that this article was written before the Coronavirus stunned the world. In many ways, the text is even more topical post-Corona because helping dilemmas during the pandemic was exemplified by priorities in healthcare (e.g. which sick patients should be given priority to the limited beds in intensive care clinics), and in the socio-economic sector (e.g. which businesses and organizations should be compensated with financial support packages). Still, I will not discuss the help dilemma specifically in a COVID-19 context in this paper.

What is helping?

Helping is a broad concept that includes several different types of actions and behaviors. I define it as "A conscious act that involves some kind of cost to the helper, and improves the welfare of the helper". Help can be done directly (e.g. Mariella gives the panhandler $20) or indirectly (Mariella gives $20 to a homeless shelter, which in turn helps the panhandler). In addition, help can be done through various means in the form of money (e.g. donations), time (e.g. volunteering), reduced convenience - (e.g. living more environmentally friendly), risk of bodily injury (e.g. emergency helping), or with parts of one's own body (e.g. blood and organ donations).

Three ways to improve people's helping

Over and above being an interesting subject of basic research, increased knowledge of the psychology of helping can at least indirectly contribute to "making the world a better place". By gaining understanding of human prosocial decision-making, we might also have the opportunity to implement so-called nudging techniques (Thaler & Sunstein 2009), and influence people's prosocial decisions in ways that will reduce overall suffering and increase overall happiness. When it comes to people's behavior in need situations, there are — as I see it — three ways to "improve" people's prosocial decision-making.

1. ***How can we make people start helping?***
   Concretely, this question is about what can be done to increase the likelihood that people who have not previously helped will start doing so (e.g. by donating money to charity or by volunteering).
2. ***How can we get people who are already helping to help more?***
   Here, we focus on the difference between helping a little and helping a lot. Some prosocial behaviors are symbolic in that they involve a very small personal cost and make only a small difference for the beneficiaries. Other prosocial behaviors are extensive, costly and can be of great importance. Fundraising organizations are aware that it is usually easier to get an existing donor to increase their donations than it is to recruit new donors, and that the techniques that work best to recruit new helpers are rarely the most effective at getting existing helpers to help more. It has also been suggested that the decision to help and the decision on how much to help are driven by different types of emotions (Dickert, Sagara & Slovic 2011).

These two questions are concerned with increasing the amount of help in the world, either by increasing the number of people who help, or by increasing the amount of help that each person contributes with. Both these questions are also relevant for everyone working in the voluntary and charitable sector as they have a common interest in increasing the size of the cake that everyone should share. However, there is a third issue where there is less agreement, and this question is thus not discussed as often among charities and also not examined as often in research about charitable giving (Breeze 2013; Word 2013).

3. ***How can we get people who are already helping to help more effectively?***
   This question focuses on how people decide when faced with situations where they cannot help everyone, and when limited resources must be allocated among different causes or among different help projects. In other words, how to split the cake (Gordon-Hecker, Chosen-Hillel et al. 2017; Soyer & Hogarth 2011). This is what I refer to as helping dilemmas, which is the theme of this article.

Personal and moral dilemmas vs. helping dilemmas

To better understand what a helping dilemma is, it is wise to compare it with other types of dilemmas. The definition of a dilemma is, according to Swedish Wiktionary: "a troublesome situation in which one is forced to make a choice between two or more options, each of which produces different unpleasant consequences" and according to the Swedish Nationalencyklopedin: "a difficult choice situation"; and further : "Facing a dilemma means that no matter what you do, bad consequences will follow. Both choice options seem equally bad or equally good". However, when I use the term, “troublesome” or “difficult” is not a central part of the definition. Deciding in a dilemma can be perceived as difficult, but it can also be perceived as simple and made quickly and without hesitation. In addition, I argue that dilemmas arise not only when faced with two unpleasant alternatives, but also when faced with two or more pleasant alternatives (even if the decision-making situation in itself might be perceived as unpleasant).

Furthermore, dilemmas can concern different things. A personal dilemma is when you are faced with a choice that primarily concerns yourself. These personal dilemmas can be mundane and trivial (should I drink carbonated water or tap water together with my lunch) or large-scale and

life-changing (should I stay and work in Tokyo or should I go back and start the research program in Sweden).

A moral dilemma occurs when faced with a choice that primarily affects others, and where the stakes are high (Christensen & Gomila 2012). An example of a classic moral dilemma is the trolley dilemma (Thomson 1985).

> *A runaway trolley rolls uncontrollably down the railway tracks. If nothing is done, it will run over five innocent workers located further down the track. You are standing some distance away, next to a lever. If you pull this lever, the trolley will switch to a different set of tracks. The problem is that there is one innocent worker further down the different track. The question is, should you redirect the train to the different track and thus actively cause the death of a person to avoid the deaths of five people?*

Different versions of this dilemma have been widely used in both philosophy and moral psychology (Greene 2007; 2008). An important aspect of this dilemma, however, is that it pits two different types of moral acts against each other, namely helping (the five workers on the main track) against active harm (by the single worker on the different track). This so-called act-omission distinction (Baron 2008; Baron & Ritov 2009) is very interesting, but by no means a necessary part of a moral dilemma. One can construct at least as intricate moral dilemmas, where active harm is not a part, but where one focuses only on helping. I call these helping dilemmas and an artificial example of such is:

> *You're out on a mountaineering expedition with your close friend. You're both experienced mountaineers. On the same mountain there is also a group of five mountaineers who are unknown to you. Suddenly, a rockfall occurs. You are on stable ground but everyone else has fallen and are now hanging in their respective safety lines. Your friend hangs in one tightrope and the five unknown mountaineers hang in a common tightrope. You can secure the rope that your friend hangs in or the rope that the five unknown climbers hang in, but you cannot secure both. What should you do?*

This "mountaineering dilemma" is a helping dilemma since it does not contain any form of active harm. Instead, the question is basically about which of the victims you prioritize helping - in this case your friend or five unknown people.

Real-life helping dilemmas

The mountaineering dilemma is, of course, an hypotethical and extreme scenario that most people fortunately will never be faced with. Nevertheless, most of us are faced with other types of help dilemmas more or less on a daily basis. Medical doctors prioritize which patients should be helped in what order and how much money should be spent on different examinations and treatments. Politicians decide which of the many vulnerable social groups they will spend more money to help in the next budget. People working with foreign aid decide which proposed projects to finance and which not to finance. In addition, we are all faced with helping dilemmas when we are made aware that there are many charitable organizations working to mitigate countless needs around the world. No matter how much money we have, we can't help everyone-

we have to distribute our help among different people in need, meaning that every $100 you donate to one charity organization could have been donated to another organization. While these situations are usually not perceived as moral dilemmas, I argue that is exactly what find us in when we decide to donate to one organization, but not to another. The so-called "effective altruists" try to make people aware of the presence of these everyday helping dilemmas.

Effective altruism

Effective altruism is a social movement that highlights the importance of making informed decisions in helping dilemmas (www.effectivealtruism.org). Over and above urging anyone who is able to (which includes most Swedes with an income) to donate at least 5-10% to charity (Singer 2009), the movement emphasizes how important it is to donate to the right causes and to the right organizations (Singer 2015; MacAskill 2015). An extreme example presented by Scott Alexander on the Effective Altruism website is how a fundraiser managed to raise £550,000 to keep Turner's famous painting Blue Rigi at the Tate Gallery in England. We can assume that most of the 11,000 people who donated money to this purpose genuinely care about art, but that they still think that human lives are more valuable than a painting. According to conservative calculations, the money raised could instead have been used to improve sanitation in many poor African villages – thus saving over 1,000 lives. If you force people to choose between saving a painting and saving 1,000 lives, almost everyone would choose the human lives – a simple moral dilemma. The problem is that in most people's minds, donating to keep Blue Rigi at the Tate is not even perceived as a helping dilemma. It is seen as a generous and selfless act to save a beautiful painting, nothing more.

Another example raised by moral philosopher Toby Ord (2013) concerns ways to reduce the spread of HIV and AIDS. Ord compared the effectiveness of different interventions and effectiveness was measured with the expected number of healthy life years that could be obtained if $1,000 was spent on only one of the different interventions. The most effective intervention turned out to be to invest the money in increased education for high-risk groups (about 27 extra life years for $1,000), whereas surgeries for Kaposi's sarcoma yielded less than 0.05 extra life years for the same amount. Condom distribution was also less than half as effective as education (about 12 extra life years).

Obviously, these calculations are very complex and far from exact, but a calculation that predicts consequences with a 20-30% margin of error still gives us far more information than no calculation at all. In addition, not all of us need to educate ourselves about the effectiveness of different help projects. The website www.givewell.org provides simple advises to people who want to donate as efficiently as possible. According to the effective altruism movement, many aid projects are more or less ineffective (globally speaking) while other projects are very effective, and we are then morally obliged to allocate money to one of the more efficient aid projects.

Another conclusion drawn by the Effective Altruism movement is thatpeople with medium or high incomes should, for efficiency reasons, avoid helping others directly, for example through volunteering, and instead use their time to maximize their income, which then can be donated to charity. Volunteering may feel more morally rewarding for those who engage in it, but it is rarely the most effective way to help. Another advise from the movement is that talented people — who want to help effectively — should not primarily educate themselves in work in a care profession

(such as a nurse) but rather acquire a profession that is as highly paid as possible, and then donate a large part of their income to effective charities.

The effective altruism movement has had great impact and inspired many very wealthy people (such as Bill and Melinda Gates and Warren Buffet) to donate huge sums to the most effective charitable causes). At the same time, the movement, and the ideas it brings forward, have been the target of many types of criticism (Gabriel 2017; McMahan 2016), such as: 1) Effective altruism is elitist as it discourage and ridicules people who engage in small-scale "inefficient" helping efforts, and those who follow their heart when deciding how to help; 2) Effective altruism focus disproportionately on measurable outcome variables; 3) that the movement fights poverty, rather than the political systems that cause poverty. A fourth type of criticism is that effective altruists are prepared to sacrifice fairness in order to maximize efficiency.

Maximize efficiency or maximize fairness

Imagine that you are a medical doctor responsible for deciding which critically ill patients should be given priority to existing kidneys. You know that kidney transplants have a 95% chance of success if there is a perfect blood-group match between donors and recipients, and a 75% chance if it is a partial blood-group match. Today you have access to ten new donated kidneys, and you read that all of these represent a perfect match with ten patients who have blood group A (i.e. 95% chance of success) and a partial match with ten patients with blood group AB (i.e. a 75% chance of success). You also know that new kidneys come quite rarely, so sick patients who do not receive a transplant face a risk of not surviving. How many patients from each group do you choose for the kidney transplant (Baron & Szymanska 2011)?

If your goal is to maximize efficiency (like an effective altruist), you should select all ten patients with blood group A, because the chances of survival are higher for them. When calculating the estimated benefit, it becomes 0.95 (probability of patient survival) × 10 (number of patients) = 9.5 lives saved. At the same time, this decision means that you decide which of the patients should live and which patients are at a high risk of dying.

If your goal instead is to maximize fairness, then it is likely that you will treat five randomly selected patients with blood group A and five randomly selected patients with blood group AB. In this way, all patients have an equal chance of getting a new kidney. At the same time, the estimated benefit (0.95 × 5) + (0.75 × 5) = 8.5, is one life less than if you had allowed everyone with blood group A to get a kidney.

In a study that tested a similar dilemma, 56% of ordinary people and 41% of medical experts chose the help project which was fairer but ineffective (everyone in the risk-group could be tested with the normal test and 1000 deaths were thus expected to be prevented) over the help project which was more effective but could not be offered to everyone (half of those in the risk-group could be tested with the updated test and 1100 deaths were expected to be prevented; Ubel et al. 1996). Studies have also shown that people dislike choosing how an extra, indivisible resource should be distributed among two or more equally deserving people, as this would be unjust, and possibly signal to observers that one is treating others unfairly. In these situations, many people are willing to discard the extra resource, which means sacrificing efficiency to safeguard fairness (Gordon-Hecker, Rosensaft-Eshel et al. 2017; Chosen-Hillel Shaw & Caruso 2015).

Different moral philosophical schools come to quite different conclusions on this issue. For the classical utilitarians, the calculated consequences and efficiency are the only thing that matters in a helping dilemma and it is therefore no surprise that most effective altruists also refer to themselves as utilitarians (Singer 2009; 2015). For some of the most devoted rule and rights-based moral philosophers, the calculated consequences do not matter at all, so if the choice is between a help project that can treat one patient or a project that can treat ten patients, then one should flip a coin about which project to implement, as this gives all patients an equal chance of receiving treatment (Taurek 1977).

For most people, however, both the calculated consequences (efficiency) and other values (e.g. fairness, equality, and one's moral emotions) play an important role when making decisions. In addition, it should be emphasized that people often dislike being tipped off or recommended on how to help in the most effective way, as this is perceived to intrude on one's free will (Berman et al. 2018). These phenomena frequently lead to allocation decisions that help fewer people rather than more people in helping dilemmas. These decisions are sometimes referred to as "saved-lives insensitive" (Erlandsson et al., 2020, see also Dickert & Slovic 2011; Dickert et al., 2015; Slovic, 2007; Baron 1997; 2008).

What make people insensitive to the number of saved lives?

Everything else equal, people tend to prefer to do more good than less good. Consequently, most people prefer to save more lives than fewer. If you get to choose between Project A that can save 100 eagles and the equally costly Project B that can save 80 eagles, most people will choose Project A, provided they see any value whatsoever in saving eagles.

However, it is rare that two help projects are exactly identical, except the number of beneficiaries possible to save. More often, the available help projects differ in several ways, and some situational aspects of a help situation tend to make us more insensitive to the number of beneficiaries than others. Below are some situational aspects, or attributes, that we know make people prefer help projects that can help fewer rather than more individuals.

Children in need

Most people value a child's life higher than an adult's life, and will thus prefer a project that can save fewer children over a project that can save more adults (Goodwin & Landy 2014; Tsuchiya, Dolan & Shaw 2003). This can be explained in several ways: (1) Children remind us of our own offspring which we have an evolved instinct to protect (Popp et al. 2006); (2) Children are perceived as more innocent and deserving of help than adults (Back & Lips 1998); (3) Children have more time left to live, which means that you can maximize the number of quality-adjusted life years by helping them (Goodwin & Landy 2014; Bravo Vergel & Sculpher 2008).

Women in need

A common, traditional call in emergency evacuation situations is "Women and children first" which can be interpreted as meaning that women (as well as children) is valued higher than adult men when allocating help. In line with this, research suggests that in many situations, females in need receive more help from male helpers. One explanation for this is that men (more than women) use help as a way to contact and impress potential partners, and to signal that they have their heart in the right place (van Vugt & Iredale 2013; Raihani & Smith 2015), as well as the

resources needed to help (e.g. money or courage). Another explanation for that people often prefer projects that save women over men is related to perceived innocence. According to gender-stereotypes, women are perceived to be less able to protect themselves and have a greater need for help. In addition, they are perceived as less responsible for bad things in the world, and therefore deserve to be helped before men (Curry, Lee & Rodriguez 2004).

People who have not caused their own plight in need

A third way that innocence can make people insensitive to numbers is when some beneficiaries suffer due to circumstances completely out of their control, while others suffer due to their own bad decisions (Edlin, Tsuchiya & Dolan 2012). In a series of studies, Zagefka and colleagues (2011) found that people suffering as a result of a natural disaster were helped more than people who suffered equally much as a result of a civil war. Their explanation for this was that a natural disaster is perceived to be a cause for which no one can be blamed, whereas a civil war is man-made and that someone (possibly even the person in need) is at fault.

Another, more direct way to manipulate innocence is to specify why a person suffers. A person who needs help partly because of her own lifestyle (e.g. cancer caused by addiction or unhealthy eating habits) is perceived as less deserving of help than a person who suffers from purely bad luck (e.g. a person who neither smokes nor drinks and who exercises, but who still suffers from cancer). Saved-lives insensitivity occurs when we prefer to help fewer "innocent" patients than more patients who have partly caused their own suffering.

Ingroup in need

The ingroup consists of individuals with whom you feel that you have a special bond, and with whom you feel united to. People are generally not only part of one ingroup but several, and it is possible to emphasize different ingroups at different times. The strongest and most universal ingroup is usually one's family. Most people would not hesitate to choose a help project that helped one's own child, although this would mean that a much larger number of other children were left to their own devices. Examples of other strong ingroups include one's circle of friends, one's religious affiliation, one's favorite sports team, and your nationality (Fiedler et al. 2018). People who are not in your ingroup are by definition in your outgroup (although one can have different attitudes towards different outgroups).

Saved-lives insensitivity occurs when we prefer to help fewer ingroup beneficiaries rather than more outgroup beneficiaries (Fiedler et al. 2018). This ingroup effect can be explained by having a positive attitude towards your ingroup, a negative attitude towards your outgroup (Brewer 1999), or because you perceive a greater responsibility to help your ingroup than your outgroup (Erlandsson, Björklund & Bäckström 2015; 2017).

Existing people in need

Almost everyone values a life that can be saved here and now, higher than a life that can be saved anytime in the future. This can be explained by a more general human tendency for positive events to lose value as the timing of their occurrence is delayed (Samuelson 1937). This trend may explain why many people prefer to get $1,000 today rather than $2,000 in a year, and why people don't save more for their retirement. This tendency leads to bad decisions regarding one's current or future self, but to even worse decisions regarding decisions about existing or future people in need.

Most people would prefer to save an innocent child who needed help now, even if this decision would mean that 2, 10 or even 10,000 equally innocent children would not be helped 20 years from now. It can be easily argued that this tendency explains why we care much more about problems that exist in the world here and now (e.g. COVID-19), compared to potentially much worse climate-related problems that will be highly salient within a few generations (Wade-Benzoni & Tost 2009).

A high rescue percentage

A help project that can save 100% of all those affected (e.g. saving children trapped in a cave) is perceived by most as much more important than a project that can save 2% of those affected. This can be rational but also lead to a preference for projects that save fewer people rather than more people if the low rescue-percentage project is very large-scale (you can save 2% of the 300,000 sick children with Cancer Type A), whereas the high rescue-percentage project is very small-scale (you can save 100% of the 12 children with Cancer Type B). This effect is called the proportion dominance effect (Bartels & Burnett 2011; Fetherstonhaugh et al. 1997; Mata 2016), and in research with my supervisors, I found that this effect is best explained by the fact that people often mistakenly feel that small-scale projects with a high rescue-percentage are more efficient and do more good than large-scale projects with low rescue-percentages (Erlandsson, Björklund & Bäckström 2014).

Spectacular, novel, and aggravating problems

People's attention and memory capacity are limited, implying that we are often poor at evaluating the severity of need situations. This also means that problems that are easier to remember because they are spectacular (Epstein 2006), or because they have occurred recently, will be allocated disproportionally much in helping dilemmas. In one study, all participants allocated a sum of money between four different help projects (Huber et al. 2011). Half of the participants read one project at a time and after each project they had to state how much of the remaining amount they wanted to allocate to that particular project. The other read about all four help projects, and thereafter had to allocate the money between the projects. The results showed that participants who were informed about one project at a time, allocated most of the sum to the project they read about first and the least to the project they read about last (because they had the least money left then). In contrast, participants who read about all projects before allocating money gave the most to the project that was presented last, because that project was freshest in memory when asked to allocate the funds.

In an article that I wrote together with Norwegian colleagues (Erlandsson et al. 2018), we investigated (in several studies) how perceived trends affected both perceived severity of different cancer types and how people allocated donations to research projects that focused on fighting these cancer types. We found that a type of cancer that had a lower risk of death but where the risk of death increased (e.g. the risk of death of those affected by Hodgkin's lymphoma was 8% in 2014 and 15% in 2016) is perceived as more severe and allocated a greater share of resources, than a cancer type that has a higher risk of death but where the risk seems to decrease over time (e.g. the risk of death for those who are affected by Sarcoma was 24% in 2014 and 17% in 2016).

No overhead

The negative attitudes towards overhead costs (i.e. the cost of raising money for charity) is a well-documented problem in the non-profit sector. Although most people know that overhead is

needed to be able to help effectively and in the long-term, the idea that some of the donated money goes to e.g. advertising and manager salaries is something that makes many potential donors negative and demotivated (Caviola et al. 2014; Newman et al. 2019; Portillo & Stinn 2018). This "overhead aversion" can make donors adjust their helping preferences and give money to small-scale private actions such as "We do what we can", an initiative that arose in connection with the refugee crisis in 2015 (Engvall 2015).

However, Gneezy, Keenan and Gneezy (2014) argue that it is not overhead cost per se that is the problem, but rather the idea that it is my money that disappears along the way that is perceived negatively. In a field experiment, they sent out four different versions of a letter to potential donors. In the "halfway " version, the recipient read a text along the lines of: "SEK $1 million is needed to reach our goal. On the positive side, we have already come a long way. Half a million have already been donated by a wealthy private individual, so we are already halfway to reaching the goal."

Instead, in the "matching version", they read: "$1 million is needed to reach our goal. On the positive side, your donation will be worth twice as much. For every $100 you donate, a wealthy private person will match your donation and also give $100 until we have reached the goal."

Finally, in the "no overhead version", the recipients read: "$1 million is needed to reach our goal. On the positive side, all overhead costs are already covered by a wealthy private individual. This means that 100% of what you donate will go to those in need."

The results showed that all three versions pulled in more money than the control version (which contained no information about a wealthy private individual) but that the "no overhead version" pulled in by far the most money ($23,100 compared to $13,200 for the halfway version, $12,210 for the matching version, and $8,040 for the control version).

The prominence effect in helping dilemmas

Several of the situational attributes listed above, were tested of a series of studies that I and my colleagues recently conducted to investigate how different ways of expressing one's opinion affect people's preferences in the help dilemma (Erlandsson et al. 2020). In these studies, we also investigated how people decide when they choose between two help projects that are exactly equally attractive according to themselves.

In a first phase, participants matched two help projects by writing, for example, how many adults Project A must be able to save in order to be equally valuable as Project B, which can save 100 children. As expected, a majority of participants valued children's lives higher than adults' lives and therefore wrote that Project A must be able to save, for instance, 150 adults in order to be as valuable as Project B saving 100 children.

At a later stage (either a month later, or immediately afterwards), the same participants saw the two help projects they had previously evaluated as equally attractive. This time, their task was to choose which of the two projects they wanted to implement. If participants really made a choice between two equally valuable projects, they would choose randomly, for example by throwing a fair die, or by using a random number generator, and the two projects would be selected equally often on the group level. The results showed that this was not the case. A clear majority (70- 80%) chose the project that could save children over the project that could save adults, even though the

two projects had previously been matched as equally attractive, and that the project helping adults could save a larger number of patients.

As mentioned, the dilemma with children and adults was just one of several dilemmas tested in the same way. We found similar results when we compared a project that could treat patients who smoked and drank alcohol against a project that could treat patients who ate healthily and exercised (participants chose the project that saved "innocent patients" clearly more often despite the two projects previously being matched to be equally attractive, and despite that more smokers could be saved). We saw the same pattern in the dilemma where existing victims were pitted against future victims. In the matching task, a majority of participants valued existing patients higher than future patients. When the same people later chose between two equally attractive help projects, a clear majority chose the project helping fewer existing patients rather than the project helping more future patients.

Our interpretation of these results is that children, innocent, and existing patients are so-called prominent attributes, which means that they influence preferences more when people are forced to make a choice than when they are asked to compare two options. When comparing (i.e. matching the projects), both the prominent attributes and the number of patients (a non-prominent attribute) affect one's assessment, but when one is forced to choose, the "importance" of the prominent attributes increases and therefore the project that can help children, innocent and existing patients is chosen more often than it would if one's preferences in the matching task were stable.

In two other dilemmas (gender and nationality), we found another interesting pattern. Participants here were clearly neutral in the matching task (over 90% thought that 100 men are worth equally much as 100 women and over 75% thought that 100 patients from their own country are worth equally much as 100 patients from a foreign country). However, when we asked participants to choose between a project that saved 100 men or 100 women, people did not choose randomly. 85% chose the project that saved women (the effect existed both among female and male participants). Almost the same proportion of participants chose to save 100 compatriots rather than save 100 from another country when they were forced to choose. These results clearly illustrate that preferences in helping dilemmas are influenced by the way they are expressed. Preferences that were hidden in the matching task (where one could express indifference) sometimes became revealed when people were forced to choose.

Our tentative explanation for this is that people primarily want to express politically correct and justifiable preferences when faced with the helping dilemma. The majority of participants express that ingroup and outgroup patients and men and women are equally worthy when they can express this easily in the matching task, as this is the most easily justifiable and politically correct response. When they are forced to choose, however, they do not choose randomly, but instead choose the help project that is the second most politically correct and second easiest to justify (similar explanations are given by Chosen-Hillel, Shaw & Caruso 2015; Tetlock & Boettger 1994 and Capraro & Rand 2018).

Four other research questions about the psychology of helping

I often present my research area using five broad questions that can be investigated separately or in combination with each other. This article has focused on only one of these five, namely "How

do people decide when they must allocate limited resources in helping dilemmas?" The other four questions relevant in my research on the psychology of helping are:

Who helps more? This question focuses on how individual differences (such as gender, age, education, income, intelligence, personality, political orientation, or worldview) predict prosocial behavior. What types of people help more and what types of people help less?

When do we help more? This question focuses on which situations that lead to people help more or less. Situational factors can, for instance, be the type of need situation one learns about (e.g. earthquake or famine), characteristics of those in need (e.g. children or adults), or the way in which one solicit help (e.g. a sad or hopeful charity advertisement).

Why are we helping? This question focuses on the psychological mechanisms that motivate people to help others. Psychological mechanisms are here defined as conscious emotions, thoughts and beliefs that people experience when they are faced with a help decision, which can motivate (increase) or demotivate (decrease) helping. There are several psychological mechanisms that affect the degree of help, and typically there are several mechanisms involved at the same time. Some psychological mechanisms that motivate help are considered to be primarily altruistic (e.g. empathy or a perceived personal responsibility), while other mechanisms include clearly selfish motivations (e.g. wanting to avoid feeling guilty or wanting to improve ones' social reputation).

What are the consequences of helping? This question focuses on what happens after a help decision is made, and can be either about the consequences for the helper or about consequences for people observing the helper. For example, there is research about whether helping makes people happier (Dunn, Aknin & Norton 2008; 2014; Wang & Tong 2015), and whether helping at Time 1 increases or decreases the likelihood of the same person helping at Time 2 (Conway & Peetz 2012; Mazar & Zhong 2010). There is also research on what people think and feel when they see others helping, and it's not clear-cut whether the most generous donors and the most self-sacrificing moral heroes primarily inspire or irritate observers (Reinstein & Riener 2012; Tosi & Warmke 2016).

These four questions can be investigated separately or in combination with each other. They can also be combined with the research question of this article – namely helping dilemmas and allocation of resources. Below I go through my own and others' research that investigated these combinations.

1. Individual differences and allocation decisions

Different groups of people tend to allocate resources and help in different ways. This can reflect cultural or societal differences (e.g. different welfare systems; Vamstad &von Essen 2013) or individual differences (e.g. personality and worldview; Bennet 2003; van Lange et al. 2007; Winterich, Mittal & William 2009). In a couple of articles, we examined whether different groups of people in Sweden tend to donate money primarily to different charities (Erlandsson et al. 2019; Nilsson, Erlandsson &Västfjäll, 2016; 2020; see also Micklewright & Schnepf 2009; Rajan, Pink & Dow 2009 and Wiepking 2010 for similar studies in other countries).

The clearest result we found was that people on the political left, and people who help panhandlers, are overrepresented when it comes to donating to organizations that primarily work to help people in other countries (e.g. Red Cross, UNICEF, Save the Children, Doctors without Borders). People on the political right, and those more negative towards panhandlers, on the

other hand, are more motivated to donate primarily to organizations that work to help people in Sweden (e.g. Child Cancer Foundation, Heart and Lung foundation, Swedish Sea Rescue Society).

These studies clearly illustrated that we learn more about an individual if we know how she distribute donations, than if we know only how much she donates. These findings can be linked to research that left-wing liberals and right-wing conservatives base their respective moral beliefs on different moral intuitions or "moral foundations" (Graham, Haidt & Nosek 2009). Morality for left-wing liberals, according to this theory, is based above all on an aversion towards harm and a desire to uphold fairness, whereas morality for right-wing conservatives is also based on ingroup loyalty, respect for authorities and a kind of purity/virtuousness. Leftist and rightist people differ to some extent when it comes to the amount of help, but they differ more when it comes to how they allocate resources in helping dilemmas.

2. Situational differences and allocation decisions

In a series of unpublished studies, me and two thesis students used the mountaineering dilemma presented earlier (Erlandsson, Berg & Dahlén 2012). In one study, we varied the wording of the last sentence so that it was formulated as: "What would you do?", "What should you do?" or "What is the moral choice?". We found clear indications that the majority of people claimed that they thought that they *should* save five unknown and saving five was seen as the more *moral choice*, but when asked what they themselves would do, a clear majority stated that they would save their friend or romantic partner.

In two other experiments, we investigated how responses in the mountaineering dilemma (and variants of it) change if participants think their answers will be made public, compared to when they think the answers are anonymous. We found clear signs that participants who responded to the dilemma publicly said they were even more convinced that they would save their romantic partner, compared to participants who responded to the same dilemma privately. However, when we changed the dilemma so that participants had to choose between saving their partner or a student for whom they were responsible, participants were more convinced that they would save their partner when the answers were anonymous, than when the answers were public. Our preliminary interpretation of these results is that it is seen as more socially acceptable to follow one's gut-feeling (i.e. to save one's romantic partner) when the alternative is to maximize the number of lives saved, than when the alternative is to fulfill one's duty.

In Erlandsson and Ivan (2015), we tested whether an induced emotion-mindset or calculation-mindset influenced participants' decisions both in donation situations and in allocation situations. Mindset was induced by asking participants to write a piece of text by hand ostensibly because we wanted to analyze their handwriting. Half of the participants were asked to write a text about something that made them emotionally affected (emotional mindset) whereas the other half were asked to write a text about how to calculate a restaurant bill (calculation mindset).

We found that an induced emotional mindset increased the probability of people donating money in the first place, but also that people allocated more to organizations that help few people very concretely and directly (e.g. Make a wish foundation), rather than to organizations that help many people indirectly through increased research (e.g. the Cancer Foundation). The bottom line is that emotions are good for getting people to donate more, but potentially problematic as they can make us prefer to help fewer rather than more beneficiaries in helping dilemmas. In line with these results, several studies have shown that people are often prepared to reallocate resources in ways that benefit single victims that they emphasize with or feel guilty towards, even when this is

at the expense of helping a larger group (Batson et al. 1995a; 1995b; 1999; Oceja 2008; Oceja & Jimenez 2007; de Hooge et al. 2011).

3. Psychological mechanisms and allocation decisions

In one of my dissertation articles (Erlandsson, Björklund & Bäckström 2017), we investigated whether three different help effects exist also when testing them as help dilemmas, and how people justify their decisions when allocating resources to different help projects. We examined the effects in an animal context and participants chose between the Save the Otters-project and the Save the Hedgehogs-project, and these projects were formulated in different ways for the different help effects.

We found support for the proportion dominance effect when it was tested as a help dilemma, as a clear majority chose to donate to the project that could save 100% of 30 animals in need rather than to the project that could save 4% of 800 animals in need, even though the latter project meant more rescued animals. This was justified primarily with reasons related to impact (e.g. "My money can make a bigger difference this way"). We also found support for the ingroup effect, as a majority chose the project that could save animals in Sweden (own country) over the project that could save the same number of animals in Poland, and this was justified primarily with reasons related to personal responsibility (e.g. "I have a greater obligation to help"). However, we found no support for the identified victim effect when testing it as a helping dilemma, about equally many chose the project rescuing animals illustrated with cute images, as the project rescuing animals where there were no images. However, we found that those who chose to help identified animals to a greater extent justified this with reasons related to emotions (e.g. "I felt stronger compassion").

4. Attitudes towards helpers who make different allocation decisions

As mentioned earlier, people who are faced with the help dilemmas tend to choose the option that is the easiest to justify. This, in turn, may imply that people first and foremost want others to perceive them as moral, and are prepared to adjust their decisions in the help dilemma to achieve this (Capraro & Rand 2018). The phenomenon that people change their behavior and decisions in order to be evaluated as more sympathetic is often referred to as "impression management". Research shows that people help more when they know that they are observed by others, and that helpers are typically perceived as more sympathetic than non-helpers (Milinski, Semmann, & Krambeck 2002).

At the same time, people want to give the impression that they are not helping for "wrong" reasons. Participants in one study gave money to a charity (by pressing a button) to a lesser extent when they were observed, if they knew that the observers knew that the participants themselves would also earn money from pressing the button. However, if the participants knew that the observers knew that only the help organization benefited from button-pressing, they helped more if they were observed compared to when they were not (Ariely, Bracha & Meyer 2009).

However, one can imagine that people are mistaken about how their help is perceived by others. It is therefore worth investigating how people actually perceive others who make decisions in help dilemmas. This is commonly referred to as "impression formation". For example, it is a common misconception to believe that helping and positive impressions are linearly related. Research suggest that people have an aversion towards both those who help unusually little, but also toward those who help unusually much, as the latter can make others seem unsympathetic and

stingy in comparison, which in turn affects observer's self-image and reputation (Klein & Epley 2014; Parks & Stone 2010). For example, when it comes to attitudes towards resource distributors, a person who allocates in such a way that there is a clear loser (A = 49, B = 49, C = 2) is perceived as clearly more unsympathetic than one allocates so that there is a clear winner (A = 98, B = 2, C = 2), although the difference between the person who gets the most and the one who gets the least is smaller in the latter case (Eriksson & Simpson 2011).

In one study, I and colleagues investigated how different helpers were perceived when we manipulated both how much they helped (e.g. donated 100 SEK/month or 600 SEK/month) and their different ways of helping (Erlandsson, Wingren & Andersson 2020). One of these ways was if the donor focuses (gives to only one of the organizations asking for help) or diversifies their helping (gives to all organizations that asking for help). In two studies, we found that a helper who diversifies a smaller amount between all organizations is perceived as more sympathetic than a person who focuses a six times larger donation to a single charity organization, when the two helpers were evaluated separately.

However, in a recent follow-up study, we found that if you present the two helpers next to each other (so that they could be easily compared), the helper who gave a larger sum to only one organization was perceived as more sympathetic. In the same study, we found that when helpers are assessed separately, a helper who reduces their giving (e.g. from $100 to $90) is perceived as less sympathetic than a helper who increases their giving (e.g. from $10 to $15), but when you evaluate both helpers jointly, the one who gives $90 is perceived as more sympathetic.

Concluding normative comment: Are we, and should we be, consequentialists, deontologists, or virtue-ethicists?

Earlier in this article, we discussed whether efficiency or fairness is more important in helping dilemmas. In other words, are people generally consequentialists (utilitarians) or do they base their preferences in helping dilemmas on rules or rights? I (and others) believe that the most accurate answer to this question is 'neither'.

Consequentialism and Deontology (rule-based morality) have long dominated normative moral philosophy, but a third moral philosophical approach is virtue ethics. Virtue-based moral theories differ from both consequentialism and rule and rights-based theories in that the moral focus is not on people's actions but rather on people's character. Expressed crudely, the important thing according to a normative virtue ethicist is not whether a specific behavior is "right" or "wrong", but rather whether a specific person is "good" or "evil".

If we move away from the normative question (i.e. how should people think/act in moral situations?) to the descriptive (i.e. how do actually people think/act in moral situations?), then there is a lot of support for people being intuitive virtue ethicists. According to the "The Person-Centered Morality" theory (Uhlmann, Pizarro & Diermeier 2015; Landy & Uhlmann 2018), the goal of moral cognition is usually not to judge actions but rather to judge people, since the latter is more important for our survival. This also means that the doing the morally superior behavior may mean that the person performing it is perceived as having an unsympathetic character. To illustrate, participants in one study assessed that the morally correct act was to sacrifice an injured person for the survival of the many other people in the lifeboat, but at the same time

those who actually threw the injured person overboard were perceived to have a worse moral character (Uhlmann, Zhu & Tannenbaum 2013).

Several of the studies I have mentioned here support the fact that the person-centered moral psychology theory explains behavior, not only in traditional dilemmas, but also in help dilemmas. Most people think, feel, and behave not in line with either consequentialism or rules- or rights-based ethics when faced with helping decisions, but rather in line with virtue ethics.

Importantly, this empirical conclusion does not constitute an argument that normative virtue-ethics is a superior moral theory. There is nothing inconsistent about accepting, on the one hand, that people most often follow their gut-feeling and allocate help in ways that make them feel good or seem sympathetic, but on the other hand try to persuade people to base their choices in help dilemmas, more on predicted consequences, and less on emotions and personal preferences. This is precisely my personal opinion.

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