Compassionate Callousness:  
A Terror Management Perspective on Prosocial Behavior  
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In the Spring of 1942, Joseph Zeligman, a young German Jew, fled Nazi Germany to the neighboring Netherlands to seek refuge from Nazi persecution. He arrived with a group of other refugees at a small Dutch village and asked the local priest for a place to hide. The priest led the group to one of the farmers in his parish and asked the farmer to hide them in his barn. “Father,” the farmer pleaded, “I sympathize with these people and appreciate and admire your efforts to help them, but if the Nazis discover that I am hiding Jews, they will kill us all. I cannot risk the lives of my wife and children for strangers I do not know.” “The concerns you raise are grave,” responded the priest, “and there is no question that your fear is justified. You would be endangering your family, and I certainly understand and respect your decision.” As he turned to walk away the priest looked back at the farmer and exclaimed “it all comes down to a question of faith.” Several minutes later the farmer came running after the priest, “Father, please come back, I will help these people and provide them with shelter.” For the following 3 years until the War ended, Joseph Zeligman and eight other Jewish refugees hid in the barn where they were cared for by the farmer and his family.

The decision to help this group of Jewish refugees and save their lives involved feelings of compassion tainted with self-protective fears. It involved a rationally derived initial reaction not to help that was dramatically overturned by a subtle statement by an admired figure; and it involved fear of death that was quelled by the power of religious beliefs and values. The story of Joseph Zeligman illustrates the dilemma many rescuers face when helping persecuted victims, especially when the decision to help becomes a life or death question not only for the people needing rescue, but for the rescuers as well. The present chapter provides a social psychological perspective on some of the processes evident in the rescue of Zeligman and his group. It is an attempt to shed light on the
ambivalence aroused by requests for prosocial behavior and the determinants of their decision to help or not to help. In considering these issues, I adopt the perspective of terror management theory (TMT; Greenberg, Pyszczynski, & Solomon, 1997) to explain the existential underpinnings of the approach and withdrawal tendencies people experience and exhibit towards others in need.

Ambivalent Reactions to Requests for Help

Behaviors intended to serve others’ needs are exalted by most if not all human cultures. People who display kindness and compassion toward others and are willing to sacrifice their personal resources for the benefit of others are held in the highest esteem and often serve as exemplars of cultural and religious values. Canonical literary masterpieces such as Flaubert’s (1910) *Saint Julian the Hospitaller* or Y. L. Peretz’s (1948) *Tzaddik* exemplify and venerate the values of compassion and concern for others. However, despite the high value placed on prosocial behavior, and the social benefits one may accrue from behaving prosocially, there is often considerable reluctance to engage in prosocial behavior. This reluctance is not uniform, and there are specific causes and circumstances that tend inhibit or promote compassionate and caring responses.

Classic studies of bystander interventions in emergencies (e.g., Darley & Latané, 1968) and Darley and Batson’s (1973) research on “Good Samaritans” indicate that seemingly trivial factors may impede prosocial behavior. If acting prosocially reinforces important social norms and values, and increases the helper’s positive emotions and self-esteem, then it may seem odd that variables such as the presence of other people or the pressure of time constraints should stand in the way of achieving such valued benefits.

Over the past few years, research has revealed some of the reasons people disengage from prosocial behavior and has suggested that egotistical concerns may sometimes override prosocial inclinations. In one study, when participants could not justify their behavior as being consistent with their self-interest they were reluctant to behave prosocially (Holmes, Miller, & Lerner, 2002). In other cases the disengagement
from prosocial behavior seems to be a defensive maneuver designed to protect the self from threat. A series of studies found that the threat of social exclusion significantly reduced prosocial behavior, implying that when the focus shifts from the plight of others to self-focused threats, the capacity for empathic understanding is severely impaired (Twenge, Baumeister, DeWall, Ciarocco, & Bartels, 2007).

However, egotistical and self-protective concerns do not always entail a reluctance or refusal to behave prosocially. In fact, such seemingly self-focused concerns may, in some cases, have the opposite effect and increase prosocial behavior. Such is the case when prosocial behavior restores self-esteem after a failure (e.g., Brown & Smart, 1991), regulates negative affect (Cialdini et al., 1997; Piliavin et al., 1981), or enables one group to maintain superiority over another while appearing to be benevolent (Nadler & Halabi, 2006). Thus, prosocial behavior can serve numerous human needs, some of which are selfish and others of which reflect genuine empathy (e.g., Batson, 2002, Chapter 1, this volume).

Because prosocial behavior is highly regarded by society, people cannot simply refrain from prosocial behavior without rationalizing their decision. According to Crandall (2000), people must be able to justify their rejecting, avoidant, and disparaging behavior toward others as somehow fair, appropriate, and judicious. Similarly, Bandura (1998) contended that inhumane treatment of others requires moral disengagement, which facilitates emotional distancing and self-justification. Primo Levi (1981), a well-known author and Holocaust survivor, observed that the operators of gas chambers reduced their victims to subhuman objects, not only because of inherent cruelty but also because it was necessary to dehumanize their victims in order to kill them without being overwhelmed by guilt. These processes of justification, dehumanization, and moral disengagement are elaborate rationalizations that create a physical and psychological chasm between observer and victim, and enable the observer to reject and gain distance from the other without experiencing severe pangs of conscience.
Because so many different behaviors fall into the *prosocial* category, it is not surprising that variables that predict prosocial behavior in one setting are unable to do so with other types of prosocial behavior in other settings (Batson, 1998). Although ambivalence seems to characterize many people’s reactions to calls for prosocial behavior, some activities seem to elicit mixed emotions more than others, and some prosocial opportunities arouse greater reluctance than others. Here, I focus mainly on the contrast between organ donation and charitable contributions, and on helping people with disabilities as compared with helping nondisabled people. These examples help to illuminate ambivalence in reaction to requests for prosocial behavior.

**The Organ Donation Dilemma**

The general reluctance to donate organs, despite positive attitudes toward organ donation (e.g., Besser, Amir, & Barkan, 2004; Gallup, 1987, 1994; Kedem-Friedrich & Rachmani, 1998; Kittur, Hogan, Thukral, McGaw, & Alexander, 1991; Nolan & Spanos, 1989; Parisi & Katz, 1986), is an example of ambivalence about prosocial actions. This particular discrepancy between attitudes and behavior is perplexing because posthumous organ donation imposes no tangible cost, unlike other charitable behaviors that carry a tangible cost in money, effort, or time. Even if consent to donate organs is obtained when one is alive, the actual donation takes place after death – when one no longer needs physical organs. This reasoning is in line with the views of the Greek philosopher Epicurus, who stated that “[death] does not concern either the living or the dead, since the former it is not, and the latter are no more” (cited by Choron, 1963, p. 60). Thus, the willingness to donate organs posthumously should exceed willingness to engage in other forms of prosocial behavior that exert real, tangible costs. Organ donation presents an opportunity to benefit others, endorse important personal and cultural values, and be regarded highly by society at no personal cost. We obviously need an alternative to a rational account of the discrepancy between positive attitudes toward organ donation and the relatively low rate of actually allowing one’s organs to be used after one dies.
Ambivalence toward Disability

People with physical disabilities are a stigmatized group that elicits considerable ambivalence and discomfort among nondisabled peers. The literature on emotional reactions to people with disabilities reveals that these reactions include both negative and positive emotions. People may experience a sense of aversion and disgust, and at the same time display a desire to be egalitarian and fair (e.g., Jones et al., 1984; Katz, 1981). The sympathy and compassion experienced when one encounters a person with a disability (Carver, Glass, & Katz, 1978; Scheier, Carver, Schulz, Glass, & Katz, 1987) are complex emotional reactions (Lazarus, 1991). Pity is often considered to be a denigrating emotional reaction that appears to convey concern for the other but also involves condescension and emotional distancing (Florian, Mikulincer, & Hirschberger, 2000; Wright, 1983). As Livneh (1988) eloquently stated, “People with disabilities are construed as objects of ambivalence, triggering momentary, fluctuating favorable and unfavorable feelings of compassion and sympathy but also of aversion and distaste” (p. 37).

The apparent similarity in the ambivalence about organ donation and the ambivalence about people with disabilities raises a question: Is there a common process that may explain the similar reactions to two phenomena that at first sight seem to have little in common? One common denominator might be fear of death. Research indicates that fear of death is related to both negative attitudes toward disabilities (e.g., Livneh, 1985) and reluctance to donate organs (e.g., Cleveland & Johnson, 1970). This research has aroused interest in examining a possible causal link between fear of death and withdrawal from opportunities to engage in prosocial behavior in these two different situations. I propose to examine this matter from the perspective of terror management theory.

Terror Management Theory
Terror management theory (Greenberg et al., 1997), or TMT, contends that the need to manage the anxiety evoked by awareness of mortality lies at the heart of human motivation. The unique human predicament of having a life-sustaining drive, like all other creatures, but also possessing awareness of death creates an intolerable paradox: People cherish life but are aware that life is transient and temporary. Inability to escape this fate could render humans helpless and consumed with terror. But they have devised elaborate symbolic defense mechanisms that remove thoughts of death from consciousness. This denial of death, as Becker (1973) called it, is an ongoing dynamic process that enables psychological equanimity much of the time.

According to TMT, two primary defense mechanisms ward off awareness of mortality: cultural worldview validation and self-esteem enhancement. Cultural worldviews are belief systems that imbue the world with meaning and structure. They offer answers to basic existential questions, such as wondering about the meaning and purpose of life and puzzling over what happens after death. Investing in a cultural worldview allows adherents to expand their sense of self-worth well beyond the physical self. The second defense mechanism, self-esteem, depends on successfully living up to cultural prescriptions and ideals. Together, these defenses offer the solace, in many cases, of literal immortality (in an afterlife), as well as the possibility of symbolic immortality (contributing to the group or one’s culture in ways that survive one’s physical death).

These terror management defenses have been conceptualized in a dual process model, according to which proximal and distal defenses are activated in a temporal sequence (Pyszczynski et al., 1999). The initial and direct form of defense focuses on conscious death concerns and attempts to remove them from awareness. This may be achieved by actively suppressing death concerns (Arndt et al., 1997), distracting oneself (Greenberg et al., 1994), shifting to an external focus of attention, avoiding self-reflective
thought (Arndt et al., 1998), or by biasing inferential processes to deny one’s vulnerability (Greenberg, Arndt, Simon, Pyszczynski, & Solomon, 2000).

The second line of defense, the distal defenses, comes into play only after people are distracted from death-related thoughts, and the thoughts begin to resurface but remain outside of focal attention (Arndt et al., 1997; Greenberg et al., 2000). Distal defenses are symbolic in nature and consist of attempts to embed oneself in a symbolic meaning structure that offers death transcendence through literal and symbolic immortality (Pyszczynski et al., 1999). The cultural worldview defense and self-esteem have been identified as primary distal terror management mechanisms.

Terror management researchers have primed people’s thoughts of death (termed “mortality salience”) and examined cultural worldview defenses. They have obtained support for their hypotheses that manipulations of mortality salience would increase motivation to: (a) support punishment of social and moral transgressors (Florian & Mikulincer, 1997; Rosenblatt, Greenberg, Solomon, Pyszczynski, & Lyon, 1989); (b) exhibit positive reactions to one’s in-group and negative reactions to an out-group (e.g., Greenberg et al., 1990; Castano, 2004); and (c) react aggressively against anyone who threatens their worldview (Hirschberger & Ein-Dor, 2006; McGregor et al., 1998; Pyszczynski et al., 2006).

A body of TMT research that is particularly relevant to this chapter shows that human physicality poses a threat to terror management defenses. That is, reminders of the human body (e.g., the physical aspects of sex; breastfeeding; tactile sensations) become aversive when mortality is salient (Cox, Goldenberg, Arndt, & Pyszczynski, 2007; Goldenberg, McCoy, Pyszczynski, Greenberg, & Solomon, 2000; Goldenberg, Pyszczynski, McCoy, Greenberg, & Solomon, 1999; Goldenberg et al., 2006). In addition, reminders of death amplify feelings of disgust toward body products or animals, and strengthen the belief that humans are distinct from animals (Goldenberg, Pyszczynski, Greenberg, Solomon, Kluck, & Cornwell, 2001). This research suggests
that people with physical disabilities, or a request to donate one’s organs after death, draw attention to the physical and vulnerable nature of human life, and as such are likely to become aversive when mortality is made salient.

Several terror management studies have examined whether the disruption of a terror management defense will result in an upsurge of death-related cognitions. These studies have found that inducing people to think about the physical aspects of sex (Goldenberg et al., 1999); problems and separations in close relationships (Florian, Mikulincer, & Hirschberger, 2002; Mikulincer, Florian, Birnbaum, & Malishevits, 2002); or threats to one’s worldview (Schimel et al., 2007) increase the accessibility of death-related cognitions. These studies, recently conceptualized in terms of the “death-thought accessibility (DTA) hypothesis” (Schimel et al., 2007), provide a method for identifying stimuli that elicit death awareness or salience and thereby pose a threat to terror management processes.

_Terror Management and Prosocial Behavior_

“When your fear touches someone’s pain it becomes pity; when your love touches someone’s pain it becomes compassion.” – Stephan Levine

Prosocial behavior is an important culturally influenced phenomenon that maintains solidarity and contributes to a sense of social cohesion. From a terror management perspective, prosocial behavior is a way to validate one’s worldview and attain self-esteem; as such it bolsters terror management defenses. As stated in one of the early summaries of TMT: “Providing help to those in need, especially those who are deemed praiseworthy of help within the culture, is one example of how meeting cultural standards of value provides individuals with a sense of personal value” (Solomon et al., 1991, p. 120).

This notion of prosocial behavior as a means of defending against death is also rooted in many cultural and religious beliefs. For example, at the entrance to every Jewish graveyard a charity box stands inscribed with King Solomon’s ancient
proclamation: “Charity saves from death” (*Proverbs* 11:4). Similarly, in Charles Dickens’ *A Christmas Carol* Ebenezer Scrooge, a bitter old miser, undergoes a process of redemption after a frightening encounter with the Ghost of Christmas during which he visualizes his own lonely death (Dickens, 1843/2000). In line with this idea – that death reminders might increase prosocial behavior – Jonas and her colleagues (2002) conducted two studies to determine whether subtle reminders of death would strengthen prosocial attitudes and behavior. In Study 1, pedestrians were stopped and interviewed either in front of a funeral parlor (the mortality salience condition) or three blocks away (the control condition). They were asked several questions pertaining to attitudes towards charitable organizations. In the death salient condition participants expressed more positive attitudes toward charitable causes than in the control condition. Study 2 replicated the findings of Study 1 but focusing on actual charitable behaviors. Participants were asked to choose a charitable cause and donate money to it. Those primed with death reminders donated more money to a charitable cause, but only to an in-group (American) cause, not an international one. The findings from these two studies provide the first confirmatory evidence for the hypothesis that death primes will amplify prosocial attitudes and behavior.

Research following up these studies indicates that mortality salience does not have a uniform effect on prosocial tendencies, and that some people are more likely than others to respond to death primes with increased prosocial attitudes and values. A series of studies examining the effects of mortality salience and social value orientations on self-transcendent values (Joireman & Duell, 2005) showed that people with a pro-self value orientation (those who were more inclined to promote themselves rather than help others) responded to mortality salience with stronger endorsement of self-transcendent values. However, individuals with a prosocial value orientation, who are habitually inclined to behave prosocially, did not change their value orientations following mortality salience.
Similarly, Joireman and Duell (2007) found that participants with low self-transcendent values respond to mortality salience with more positive evaluations of a variety of charitable organizations. However, participants scoring high on self-transcendent values did not change their evaluations following mortality salience. Both series of studies (Joireman & Duell, 2005, 2007) indicate that mortality salience affects prosocial values and attitudes mostly or only among people who are habitually inclined not to help others. The authors explain that such people, who are usually self-focused and driven to serve their own interests, experience uncomfortable dissonance between, on the one hand, their attitudes and behaviors and, on the other hand, their cultural worldview which becomes more accessible when death is made salient. Because prosocial behavior is endorsed by the worldview, self-focused individuals are motivated to shift their concern to others and close the gap between the culture’s prescriptions and their own inclinations.

Do these findings suggest that mortality salience is a cure for egotism, and that once primed with death the Ebenezer Scrooges of the World will transform into Mother Teresas? Although the evidence seems to provide an affirmative answer, other evidence suggests that the truth is more complicated. For example, Joireman and Duell (2005, Studies 2a & 2b) gave participants either a positive description of a pro-self individual (“works hard to reach her goals”) or a negative description of a prosocial individual (“gets really involved with other people’s problems”) and examined whether these descriptions moderated the effect of mortality salience on self-transcendent values. They found that whereas a negative prosocial description did not reduce the endorsement of self-transcendent values among prosocials following mortality salience, a positive pro-self description reduced self-transcendent values among pro-selfs when death was salient. These findings seem to suggest that people with a pro-self social value orientation will reduce, not increase, their endorsement of prosocial values when death is salient if they are provided with ample justification to do so. Thus, certain individuals experience
greater ambivalence about prosocial behavior when death is salient, and this ambivalence is resolved depending on the context. The following sections further examine situational and contextual variables that may elicit ambivalence about prosocial behavior when death is salient.

The Death-Disability Rejection Hypothesis

Research findings indicate that, under certain conditions, some individuals respond to death primes with reduced prosocial inclinations – the opposite of the effect usually obtained in such studies. These findings hint at the possibility that the link between death reminders and prosocial tendencies is not as simple as it seems. In fact, another line of terror management research suggests that there are instances in which awareness of death is an impediment to prosocial behavior. This is the case with reactions to people with physical disabilities. In the past few years research has consistently shown that mortality salience induces more negative emotions, cognitions, and behavior toward people with physical disabilities. The first study along these lines found that, when primed with death, male participants responded with less compassion toward people with physical disabilities (Hirschberger et al., 2005, Studies 1 & 2), and that a description of a person with a physical disability elicited greater accessibility of death-related thoughts (Study 3) and greater fear of personal death (Study 4). These findings raised the possibility that death primes do not automatically induce prosocial attitudes and behaviors, and that under certain conditions awareness of death gets in the way of prosocial emotions.

Because prosocial behavior and the fair treatment of people with illnesses and disabilities are important in most cultural worldviews, people cannot simply distance themselves emotionally from stigmatized others, especially when mortality is salient and worldview values are highly accessible. To do so, people must find ways to justify the rejection and mistreatment of others. To better understand the role of moral justification in the process of disengagement from people with physical disabilities, I (Hirschberger,
2006) examined whether the awareness of personal death induces greater blaming of people who suffered a severe physical injury. Blaming the victim may be experienced as a valid and morally defensible reason for turning away from people with disabilities without feeling callous or ruthless.

However, there are disagreements in the research literature on blame attributions regarding the conditions that elicit greater attributions of blame. Rational decision models such as Weiner’s (e.g., Weiner, 1980; Weiner, Perry, & Magnusson, 1988) contend that people who are perceived to be responsible for their condition elicit more blame, whereas people who are perceived to be innocent victims elicit more sympathy. Recent developments in attribution theory have raised questions about the applicability of normative attribution models to all situations, as they do not account for psychological processes that deviate from rationality. According to the culpable control model (Alicke, 2000), when observers are motivationally biased they process information in a blame-validation mode. Under these conditions they may be motivated to blame the other to the extent that this bias favors their own immediate psychological needs. This conceptualization is consistent with motivational theories of attribution, such as the defensive attribution hypothesis (Shaver, 1970), which posits that outcome severity is associated with greater attributions of blame, and with the just world hypothesis (Lerner, 1980), which suggests that innocent victims elicit greater blame. Predictions based on these two theories are directly opposite from predictions based on Weiner’s model.

I (Hirschberger, 2006) hypothesized that mortality salience would induce a blame validation mode (Alicke, 2000), which would in turn bias the normative attribution process described by Weiner and his colleagues (Weiner et al., 1988). Specifically, mortality salience conditions were hypothesized to induce a self-protective motivational state that would lead to blaming severely injured innocent victims. This defensive maneuver would enable individuals primed with thoughts of personal death to deny that
tragic outcomes may be the result of random forces over which one has little or no control. Moreover, it would justify emotional distancing from innocent victims.

Three studies examined the effects of mortality salience, injury severity, and victim responsibility on attributions of blame. In the first study, following an MS prime, a description of a day in the life of a person with a disability was compared to parallel descriptions of a nondisabled person and a negatively portrayed other. In the second and third studies an accident was described and participants read that the outcome of the accident was either mild (i.e., a broken limb) or severe (i.e., irreversible spinal cord injury). The third study also manipulated victim responsibility and portrayed a driver as either responsible (he drove through a red traffic light) or innocent (he drove through a green traffic light). In all three studies, attribution of blame was the dependent variable.

The results supported both normative and defensive models of attribution. The normative model was supported by findings that when death was not salient (a) less blame was attributed to a victim suffering from severe consequences than to a victim suffering mild consequences; and (b) less blame was attributed to innocent victims compared to victims responsible for their condition. These findings are consistent with Weiner’s (1982) model.

However, as expected, mortality salience biased the normative attribution process and induced more defensive processing. Specifically, the defensive model was supported by the following results: (a) Death primes led to greater attributions of blame toward a victim suffering from a severe injury, but not toward a victim suffering from a mild injury or a negatively portrayed other. (b) Death primes led to more defensive attributions regarding an explicitly innocent victim suffering from a severe injury, but not regarding a victim who could be held accountable for a severe injury, or any victim (innocent or accountable) incurring a mild injury. These findings indicate that under mortality salience conditions, innocent victims who are severely injured pose a threat to terror management mechanisms. This pattern of results is consistent with motivational theories of attribution,
such as the defensive attribution hypothesis (Shaver, 1970) and the just world hypothesis (Lerner, 1980). A fourth study examining the impact of injury severity and victim responsibility on the accessibility of death-related cognition further validates this conclusion and indicates that severely injured innocent victims illicit the highest level of death-related cognitions (Hirschberger, 2006, Study 4).

The results of these studies are also consistent with previous research indicating that mortality salience increases motivation to search for disparaging information about victims among participants high in personal need for structure (Landau et al., 2004). The findings also raise the possibility that the emotional distancing from people with disabilities found by Hirschberger et al. (2005) involves a process of moral justification in the form of victim blaming, which enables nondisabled observers to distance themselves from victims with little or no remorse. Future research should investigate this possibility in a single study to examine whether attributions of blame mediate the link between death salience and disability rejection.

Following the two studies on the emotional and cognitive processes involved in disability rejection when mortality is salient, we set out to examine whether the impact of mortality salience on the rejection of people with disabilities would also be seen in behavior. Our first such study (Hirschberger, Ein-Dor, & Almakias, in press) was conducted at the central library of a large university. A female research assistant randomly handed out fliers to female students several meters from the entrance to the library. The fliers displayed the logo of the Kalima Institute, a fictional organization created for the purpose of the study that served as a mortality salience manipulation. In the mortality salience condition the flier read: “Are you concerned about death? We can help! Call us and we can ease your suffering both physically and spiritually.” In the control condition the fliers read: “Are you dealing with back or muscle pain? We can help! Call us and we can ease your suffering both physically and spiritually.” The words “death” and “back or muscle pain” were printed in bold letters. As the participant entered
the library another research assistant approached her. In half of the cases the research assistant was seated in a wheelchair, and in the other half she approached the participant walking. When she reached the participant, she introduced herself as a psychology student working on a class research project and asked whether the participant would be willing to complete a questionnaire for her. The dependent measure was whether the participant consented or declined. The results indicated that when the research assistant was walking, death primes increased the percentage of people willing to help (see Figure 1), a finding consistent with previous research on terror management and prosocial behavior (Jonas et al., 2002). When the research assistant was seated in a wheelchair, however, death primes had the opposite effect and led to a lower percentage of people agreeing to help.

Encouraged by these initial behavioral results we were interested in examining whether more subtle behaviors would also reveal the death-disability rejection effect on helping behavior. For this purpose we focused on eye-movement behavior, which is reliably related to the early stages of visual attention (Findlay & Gilchrist, 2003). Recent research on eye-movements indicates that motivational and emotional processes may be revealed by eye-movement decisions (Balcetis & Dunning, 2006). In our study (Hirschberger, Ein-Dor, Caspi, Arzouan, & Zivotofsky, 2008, Study 2), participants were seated in front of a computer screen and, following a subliminal mortality salience procedure (see Arndt et al., 1997), were presented with a series of picture matrices. Each matrix contained either four neutral pictures or three neutral pictures and one picture of a severely injured person. While participants were looking at the pictures, a camera followed their eye movements to determine where they were focusing their gaze. We found that death primes led to shorter gaze duration at the physical injury pictures but did not affect gaze duration for the neutral pictures. These results provide further evidence for our contention that death primes lead to emotional, cognitive, and behavioral disengagement from people with disabilities. The results also indicate that this process
occurs at an unconscious level following subliminal priming. Most importantly, the findings suggest that the death-disability rejection link occurs at the attentional level, and that once a target person is identified as physically injured, the process of disengagement begins.

If attitudes toward disability are inextricably linked to deep-seated existential concerns, is there any hope for fundamentally changing the social status of people with disabilities? To answer this question, we (Ben-Naim, Weissman, & Hirschberger, 2008) conducted a study based on the contact hypothesis (e.g., Pettigrew, 1988) to determine whether interpersonal contact would lead nondisabled people to evaluate peers with disabilities more favorably when death was salient. Participants were primed with death or dental pain and were seated in a room with a research confederate who either sat in a wheelchair or in a regular chair. They were then assigned to one of two tasks: an individual task that would be completed in parallel, such that participant and confederate were each working on their own task, or a cooperative task that required the participant and the confederate to collaborate. Following completion of the task, the participant was asked to evaluate the confederate on a list of traits. In the individual task condition, mortality salience induced a more negative evaluation of the confederate in a wheelchair compared to the control condition. However, when participant and confederate engaged in a cooperative task, there were no significant differences in confederate evaluation between the mortality salience and the control conditions. This finding demonstrates the power of interpersonal contact in attenuating the death-disability rejection link.

**The Compassion Effect**

If reactions to physical disability are negative, especially when death is salient, where is the ambivalence? The reliable replication of the death-disability rejection effect across a number of experimental paradigms using self-report, cognitive, and behavioral measures may suggest that there is no ambivalence at all. Rather, people with disabilities may be consistently treated in a negative manner. However, a closer look at our findings
indicates that when death is not salient, observers’ reactions to people with disabilities are often more positive than they are even toward nondisabled persons. For example, severely injured innocent victims elicited lower attributions of blame than did mildly injured victims in the death nonsalient condition (Hirschberger, 2006, Studies 2&3). Similarly, in the behavioral study of helping, participants responded more favorably to the request for help from the confederate in a wheelchair than from the walking confederate when death was not salient (Hirschberger et al., in press, Study 3 – see Figure 1), and in the study examining the moderating role of contact on the death-disability rejection process, the most favorable confederate evaluations were received by the confederate in a wheelchair in the death nonsalient condition. However, under mortality salience conditions, reactions to people with disabilities turned negative, resulting in emotional distancing, greater attributions of blame, greater reluctance to help, and more negative evaluations. The dramatic difference in attitudes and emotional reactions to disability between death salient and death nonsalient conditions suggests that normative compassionate responses to disability are overturned when death is salient, because defensive needs override other-oriented concerns.

Posthumous Organ Donations? Over My Dead Body!

Is the effect of mortality salience on the disinclination to behave prosocially limited to interactions with people with physical disabilities? Posthumous organ donation is a unique category of prosocial behavior that, on the one hand, entails no immediate tangible costs, but on the other hand requires a donor to contemplate the eventuality of death. Research has indicated that stimuli related to death, such as human physicality, become aversive primarily under mortality salience conditions (e.g., Goldenberg et al., 2001). Similarly, research on the death-disability rejection link indicates that emotional, cognitive, and behavioral disengagement from a person with a disability are accompanied by a greater accessibility of death-thoughts (e.g., Hirschberger, 2006; Hirschberger et al., 2005). Thus we hypothesized that because requests for organ donation probably arouse
death awareness, donating one’s organs will seem especially aversive under mortality salience conditions (Hirschberger, Ein-Dor, & Almakias, in press, Studies 1&2). To verify that this effect is specific to organ donation and not to other kinds of prosocial behavior, we compared contributions to an organ donation organization to donating money to the poor.

Our first study, based on self-reports, was designed to determine whether mortality salience increases willingness to contribute to a charitable organization, but reduces willingness to contribute to an organ donation organization. Following two open-ended questions about death or physical pain, participants read a description of either an organ donation organization or a charitable organization for the poor. Then, they were asked a series of questions about whether they would be willing to donate to the organization or volunteer to work for it. Mortality salience increased prosocial inclinations toward the charitable organization, validating earlier findings concerning terror management and prosocial behavior (Jonas et al., 2002). However, mortality salience had an opposite effect on willingness to contribute to the organ donation organization. In this case, as expected, death primes led to decreased willingness to contribute to the organization.

To explore the possibility that the results may reflect differences in negative affect elicited by the two organizations, we asked another sample of participants to read the organization descriptions and then to complete the positive and negative affect schedule (PANAS; Watson, Clark, & Tellegen, 1988), which measures positive and negative affect, and also to complete a word-stem completion task assessing the accessibility of death-related thoughts. There were no significant differences in positive or negative affect between the organ donation and charitable donation organizations, but the organ donation organization elicited significantly greater death-thought accessibility compared to the charitable donation organization. This finding is consistent with the research on
reactions to disability described earlier, which also revealed a relation between the disinclination to behave prosocially and elevated death-related cognitions.

In the next step of our investigation we examined whether the influence of mortality salience on attitudes toward prosocial causes would also be reflected in actual behavior. To do so, we used donation booths borrowed from Adi, an organ donation organization, and A Caring Heart, a charitable organization for the poor. The study was conducted in a central location on campus where many student activities take place. A research assistant handed out the mortality salience and pain salience fliers (described earlier) in random order. Fifteen meters away from the first research assistant, a second research assistant sat at a booth and solicited those who received fliers to come and make a donation. Research assistants were blind to experimental conditions and recorded only a sticker color that indicated to which condition the participant was assigned. In half of the cases, the booth belonged to the Caring Heart organization and participants were asked to make a monetary donation of 10 NIS (approximately US $2.50). In the other half, the booth belonged to the Adi organization and participants were asked to sign an organ donation card. The dependent measure was whether participants consented or declined to donate to the organization. As expected, the results indicated that mortality salience increased the percentage of participants donating to a charitable organization, but decreased the percentage of participants signing an organ donation card (see Figure 2).

Compassionate Callousness: The Operating Mechanisms

The findings reviewed so far provide convergent evidence across a range of methodologies, research paradigms, and populations that existential concerns play a role in prosocial behavior. However, the findings also indicate that the effect of death awareness on prosocial behavior may have diametrically opposite effects depending on the target population and the nature of prosocial cause involved. Specifically, a substantial body of research has shown that mortality salience increases prosocial attitudes and behavior toward charitable causes (Hirschberger et al., in press; Joireman &
Duell, 2005, 2007; Jonas et al., 2003). But a growing body of research also indicates that mortality salience leads to (a) withdrawal of compassion from people with physical disabilities (Hirschberger et al., 2005); (b) greater attributions of blame toward severely injured innocent victims (Hirschberger, 2006); (c) stronger motivation to disparage innocent victims (Landau et al., 2004); (d) a lower rate of positive responses to a trivial request for help from a person seated in a wheelchair (Hirschberger et al., in press, Study 3); (e) a lower rate of agreeing to sign an organ donation card (Hirschberger et al., in press, Studies 1&2); (f) more negative evaluations of a person seated in a wheelchair (Ben-Naim et al., 2008); and (g) greater gaze aversion from pictures of physically injured people.

These findings suggest that although people embrace values of compassion and kindness under some conditions, they may abandon these values when faced with actual or symbolic threats to the self. The common denominator of all of the studies that have found that death primes decrease prosocial tendencies is that the prosocial cause involved a confrontation with a person’s physical, mortal nature. People with severe physical injuries and disabilities are a stark reminder of the fragility and vulnerability of the human body, and of the susceptibility to severe injury and death. Organ donations force one to contemplate the realistic prospect of death. In all cases the prosocial cause seemed to disrupt the terror management process. Indeed, studies have found that exposure to prosocial causes that disrupt the terror management process induces an upsurge in death-related cognitions (Hirschberger et al., 2005, Studies 3 & 4; Hirschberger, 2006, Study 4; Hirschberger et al., in press; Landau et al., 2004, Study 6).

The research described here illustrates two terror management scenarios: (a) successful execution of the terror management process, resulting in distal, symbolic defenses driving death-thoughts out of awareness; (b) disruption of the terror management processes caused by reactivation of death-thoughts, which induces greater reliance on proximal defenses such as distancing and denial to remove thoughts of death.
Figure 3 illustrates the terror management process when it succeeds and promotes prosocial behavior, and also when it fails and induces self-protective withdrawal. In both cases, death primes at first temporarily increase the level of death awareness, activating proximal defenses (Pyszczynski et al., 1999). In the case of charitable donations and helping a person without a disability, the normal terror management sequence takes place and distal defenses (i.e., compassion, social justice) are successfully employed if death awareness re-emerges. These defenses effectively remove thoughts of death from awareness. However, in the case of posthumous organ donation and helping a person with a physical disability, the target needing help rekindles death awareness, rather than buffering against it, and the typical terror management process is thwarted. Consequently, the individual is stripped of the ability to rely on distal, symbolic defenses and instead must rely on proximal defense mechanisms such as attempting to remove the threat of death awareness. Distancing from people with disabilities and walking away from an organ donation booth are two examples of concrete, proximal attempts to reduce one’s exposure to death.

Conclusion

The growing body of research on terror management and prosocial attitudes and behavior has identified and clarified two reactions to others’ needs. One reaction is other-focused and reflects a genuine desire to address the others’ needs and provide help. The other reaction is self-focused and reflects the need to protect oneself and disengage from threat. This conclusion is in keeping with Stephan Zweig’s (1938/1982) thinking on human responses to suffering in his novel *Beware of Pity*:

There are two kinds of pity: one, the weak and sentimental kind, which is really no more than the heart’s impatience to be rid as quickly as possible of the painful emotion aroused by the sight of another’s unhappiness, that pity which is not compassion, but only an instinctive desire to fortify one’s own soul against the sufferings of another; and the other, the only one that counts, the unsentimental
but creative kind, which knows what it is about and is determined to hold out, in patience and forbearance, to the very limit of its strength and even beyond. (p. vi).

The research reviewed here suggests that the inclination to behave prosocially when personal death is salient may be thwarted when the prosocial cause rekindles thoughts of death. In such cases, observers shift their gaze, feel less compassionate, attribute more blame, and ultimately refuse to help. The findings shed light on the dilemma facing the Dutch farmer described at the beginning of this chapter who eventually decided to help the Jewish refugees. He was motivated to help but also very aware of the possibility that he would die as a result. Research has not yet identified protective factors that might overturn this initial reaction. Future research should focus on the Dutch farmer’s eventual decision to help, because it is important to clarify the conditions that promote prosocial behavior when existential concerns and self-protective motives interfere with compassion and care for others in need.
References


Levi, P. (1981). *Se questo é un uomo* [If this is a man]. Torino, Italy: Einaudi.


Figures

Figure 1: The effects of mortality salience and confederate disability on the percentage of participants responding to a request for help.
Figure 2. The effects of mortality salience and organization type on the percentage of participants making a donation.
Figure 3: The relation between normative and defensive prosocial responses and death-thought accessibility

Note: A normative process is defined by low levels of death-thought accessibility associated with prosocial behavior. A defensive process is defined by high levels of death-thought accessibility associated with a withdrawal from prosocial behavior.