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# The Impact of Exemplars on Responsibility Stereotypes in Fund-Raising Letters

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Exemplars are capable of influencing perceptions of reality in newspaper contexts. Can exemplars in fund-raising letters also influence the responsibility stereotype of the group funds are raised for and the effectiveness of these letters? In three experiments, 679 participants received a fund-raising letter containing an exemplar that was or was not held responsible for the trouble he or she was in. In all experiments, the responsibility perception of the group as a whole was influenced by the exemplar manipulation. If the group members were held responsible for the trouble they were in, participants were less inclined to donate money unless the trouble was considered very severe. The study shows how exemplars influence responsibility stereotypes and the persuasiveness of fund-raising letters.

**Keywords:** *exemplars; fund-raising; persuasion; responsibility stereotypes*

**A** Dutch fund-raising letter for the Salvation Army started with the following section:

Sonja and David are normal, ordinary people. They have three children. A happy family? Yes, until their eldest daughter died. Eventually, this tragedy destroyed their family life. David neglected his job, Sonja stayed at home ill and is out of work. The income decreased while the debts increased. The bailiff knocked repeatedly on their door and now David, Sonja, and their children have to live on the street. Homeless!

The Salvation Army believes in the willpower of people. And therefore we offer real support for people such as Sonja, David, and their children: a place to sleep, food, and shelter.

The tragic story of Sonja, David, and their children takes a prominent position in the fund-raising letter that aims to persuade people to donate money to the Salvation Army. Research on helping behavior has shown that the most important determinant of the decision to help someone (financially or otherwise) is the perception of responsibility (Weiner, 1993, 2006). If someone is held responsible for the trouble he or she is in, one is less inclined to provide help than if one does not hold this person responsible. The responsibility perception is determined partly by

the extent to which the bad outcome was under control of the person and partly by the presence of mitigating circumstances (Weiner, 1995, pp. 7-11). In the case of Sonja and her family, people may reason that neglecting one's job is under one's control and therefore the family may be held responsible for being homeless. However, many people will consider the loss of a child as such a traumatic experience that it can serve as a mitigating circumstance relieving Sonja and David of this responsibility. Therefore, they may be inclined to provide support for Sonja and her family.

The fund-raising letter does not ask for financial assistance for Sonja, David, and their children only. It explicitly states that the Salvation Army offers real support for "people such as Sonja, David, and their children." The story of Sonja and her family is a case report that serves as an exemplar for the kind of people the Salvation Army takes care of. Zillmann and Brosius (2000, p. 30) show that such exemplars are used frequently in news reports and in advertisements. They show convincingly that exemplars in news reports have strong effects on perceptions of reality: Viewers and readers tend to regard the exemplars as presenting a true depiction of an issue. Whether exemplars in overtly persuasive documents have similar effects has yet to be studied. Given that readers usually know that the intention of the writer is to influence their beliefs, attitudes, and behavior, they may be much more hesitant to generalize from one exemplar to the population exemplified by this exemplar. In this article, three experiments are reported that address this issue in the context of fund-raising letters.

### **Weiner's Model of Helping Behavior**

Fund-raising letters are written to raise money. In 2003, over 17 million fund-raising letters were sent in the Netherlands, raising approximately 40.4 million euros. Receivers of such letters have to decide whether to give money. Weiner (1980, 1993, 1995, 2006) developed an influential model to explain people's helping behavior. The main determinant of this behavior is the assignment of responsibility. If someone in need is held responsible for the problems he or she is in, then people are less inclined to provide help. They will reason that this person only got what he or she deserves. If the person in need is not held responsible for his or her hardship, people are more inclined to help.

Weiner (1995, p. 12) provides an overview of the steps that have to be taken to reach a verdict on the responsibility of a person. If, for instance, a request is made to send money for homeless people, the following process could occur. The first decision that has to be made is whether the loss of a home is the result of impersonal causality (e.g., as a result of an earthquake) or of personal causality (e.g., as a result of not paying the rent). In the former case, the homeless are not held responsible; in the latter case, a second decision has to be made: Is being homeless the result of a controllable or an uncontrollable cause? For instance, if the person is unable to pay

the rent because the company he or she worked for went bankrupt, the perceived responsibility is lower (or absent) than if the person neglected his or her job and got fired. In the latter case, one may still decide that the homeless person is not responsible for being homeless because of mitigating circumstances that may soften, alleviate, or even eliminate judgments of responsibility. The loss of a child may, for instance, be considered an event that makes it understandable that one neglects one's job to the point of losing it.

Weiner, Perry, and Magnusson (1988) showed how responsibility perceptions influence the intention of people to provide help. In the first part of their study, they showed that participants were more inclined to help a person suffering from a disease for the contraction of which he or she could, in general, not be held responsible (e.g., having a heart disease) than to help people suffering from a disease for the contraction of which he or she could (again, in general), be held responsible (e.g., being obese).

In a second experiment, Weiner et al. (1988) again provided participants with information about people in trouble. In this experiment, Weiner et al. succeeded in reversing the inclination to support a person having a heart disease while declining support for a person suffering from obesity. They did so by providing participants with information about the cause of the problem. For instance, it was said that the heart patient got the disease as a result of an unhealthy lifestyle and that the obese patient suffered from glandular dysfunctioning. These results underscore the importance of the perception of responsibility. When people are held responsible for being in trouble, their chances of getting help decrease.

Rudolph, Roesch, Greitemeyer, and Weiner (2004) conducted a meta-analysis of 39 studies in which the relation between responsibility and help giving was studied. The results showed that there was a negative correlation between responsibility and help giving ( $r = -.25, p < .001$ ), thereby providing support for the relation between perceived responsibility and help giving behavior as predicted by Weiner's model (see Weiner, 2006, for a detailed review of the empirical support for the model).

### **The Role of Responsibility Stereotypes as Cues for Deservingness**

Weiner et al. (1988) used descriptions of specific patients, and participants indicated whether they were willing to support this specific patient. Fund-raising organizations, however, try to raise money for groups of patients suffering from a disease. Instead of asking for support for a specific patient with a specific background, they ask for support for a category of patients. In other words, the fund-raising letter elicits a social category attitude. Such attitudes can be stored in memory as a stereotype, that is, a real or imagined person who represents this social category (Smith, 1998; Smith & Zarate, 1992). These stereotypes play an important

role when a social category attitude is evoked (Lord & Lepper, 1999; Lord, Paulson, Sia, Thomas, & Lepper, 2004; Sia, Lord, Blessum, Thomas, & Lepper, 1999).

Several studies have shown that responsibility stereotypes can explain the opinions and behaviors on a range of different issues. Reyna, Henry, Korfmacher, and Tucker (2005), for instance, studied the determinants of conservatives' opposition to affirmative action for Blacks. Their results revealed that the best predictors of this opposition were the responsibility stereotypes (Reyna et al., 2005, p. 111): stereotypical beliefs about the causes of a group's behavior and life outcomes. In the case of affirmative action, conservatives were found to believe that Blacks are less successful in society because they categorically are not working hard. Therefore, they were perceived as responsible for their lack of success and did not deserve government support.

Henry, Reyna, and Weiner (2004) studied the apparent contradiction that people respond much more negatively to people described as being on welfare compared to people described as being poor although the label can refer to exactly the same people. They were able to show that people's stereotypes of welfare recipients differed from stereotypes of the poor in a critical way: "People were more likely to see those on welfare as not working and in control of, as well as responsible for, their economic plight, compared to poor people" (Henry et al., 2004, p. 53). This difference in responsibility stereotype proved to be the most important determinant in people's attitudes toward support for welfare programs and programs to assist the poor. Reyna (2000), finally, discussed how stereotypes in an educational context (e.g., girls are bad at math) can influence the teachers' behavior with respect to their help giving or punishing as well as the pupils' self-esteem.

### **Changing Responsibility Stereotypes Images Through Exemplars**

Responsibility stereotypes play an important role in the decision whether to give help. Stereotypes are not stable structures that are always retrieved in the same form from memory. Coats and Smith (1999) show that stereotypes are not so much retrieved as reconstructed and that the reconstruction process is sensitive to the context. They presented participants with exemplars such as Archie Bunker (from *All in the Family*) or Dan Connor (from *Roseanne*) and subsequently had participants describe the stereotypical "blue collar worker." As it turned out, the characteristics generated by the participants differed as a result of the exemplar (Archie Bunker or Dan Connor) they were confronted with before the test. The presentation of Dan Connor increased the likelihood that characteristics such as "friendly" and "polite" were used, whereas confronting the participants with Archie Bunker increased the chances of the characteristic "negative attitude" to come up in the description of the exemplar. Coats and Smith concluded that presenting people with an exemplar influences their stereotypical image of that category of people.

The use of exemplars is a powerful tool to influence people's perceptions (Brosius, 2001; Zillmann & Brosius, 2000) and attitudes (Lord et al., 2004; Sia, Lord, Blessum, Ratcliff, & Lepper, 1997). Brosius and Bathelt (1994) presented their participants with base rate information, for instance, that a large number of people no longer liked apple wine. Next, the participants heard five short interviews in which the interviewed people indicated whether they liked or disliked apple wine. It appeared that if a majority (four of five) of the interviewed people indicated they liked apple wine, the participants concluded that a majority liked apple wine despite the fact that the base rate information proved them wrong. Several experiments have shown that exemplars have a strong effect on people's judgment even when they are presented with base rate information that indicates the opposite (Gibson & Zillmann, 1994) or with information that the exemplar differs from the "normal" type and therefore should not be considered representative (Hamill, Wilson, & Nisbett, 1980).

In the case of help giving, responsibility stereotypes are important. Exemplars influence these stereotypes as well. Strange and Leung (1999) presented participants with an anecdotal account of a boy planning to drop out of school. In one version, the causes for his dropping out were largely situational—the school lacked equipment as well as qualified personnel. In the other version, dropping out was presented as the result of the boy having personal problems. These different versions led to different general perceptions of why students quit school. That is, after reading the version stressing situational causes, participants named situational causes for students dropping out of school more frequently, whereas after reading the version stressing personal causes, they attributed the drop out problem to personal causes. Iyengar (1991) reports similar effects on the attribution of blame to homeless people.

The studies just discussed were conducted within a news context. Participants may have believed that the journalist reporting on the issue did not have a vested interest in influencing their opinion one way or another. Readers of fund-raising letters, on the other hand, know that the writer has the intention to persuade them to give money. The effects of being forewarned of the persuasive intent of a subsequent message on the message's persuasiveness have been studied extensively. Two meta-analytic reviews of such studies have been published (Benoit, 1998; Wood & Quinn, 2003). Both reviews show that being forewarned of the persuasive intent of a message led to a decrease in the persuasiveness of the message. Quinn and Wood (2004) conclude that this effect is the result of orienting recipients of the message "to consider the threat to their existing attitudes and undertake a cognitive defense" (p. 210).

In summary, fund-raising letters attempt to elicit help giving behavior. Central to the recipients' decision to give help is the responsibility stereotype of the category of people for whom help is asked. Such perceptions are believed to be susceptible to the use of exemplars. However, given that readers of fund-raising letters are aware of the persuasive intent of such documents, knowledge of this intent may activate their cognitive defense mechanisms, and, as a result, they may be much more hesitant to generalize the characteristics of the exemplar to the category as a whole. The first research question is therefore:

*Research Question 1:* Does the perceived responsibility of the exemplars used in a fund-raising letter influence the responsibility stereotype of a group of patients?

The second research question would be whether differences in responsibility perceptions influence the attitude toward donating money.

*Research Question 2:* Does the perceived responsibility of the exemplars used in a fund-raising letter influence the attitude toward donating money?

Three experiments were conducted. In each experiment, participants received a fund-raising letter and were asked to evaluate this letter. Each fund-raising letter contained an exemplar, that is, a case report of a person suffering from a disease the letter tried to raise money for. The cause of this person suffering from the disease was manipulated: In one condition he or she could be held responsible for getting into trouble, and in the other condition he or she could not be blamed.

## Experiment 1

In this experiment, the main questions were addressed within the context of a fund-raising letter of the Dutch AIDS Fonds (AIDS Fund).

### Method

*Pretest.* The aim of the pretest was to assess whether the different ways in which someone could contract AIDS had implications for the perception of responsibility. A total of 18 participants (8 women, 10 men, age ranging 20–23 years) received descriptions of 14 ways in which one could get AIDS. For each description, they had to indicate the extent to which the patient could be held responsible for getting AIDS on a 7-point scale ranging from *fully to blame* to *fully blameless*. There were two versions of the list that only differed with respect to the order of the items.

Based on the results of the pretest, two types of contamination were selected that differed statistically with respect to their perceived responsibility for contracting AIDS: People who got AIDS because of their partner having a secret affair ( $M = 6.67$ ,  $SD = 0.57$ ) were held less responsible than people who got AIDS from having unsafe sex with multiple partners ( $M = 1.42$ ,  $SD = 0.77$ )  $t(17) = 24.88$ ,  $p < .001$ ,  $\eta^2 = .97$ . These results were used to manipulate the experimental material.

*Materials.* Two versions of a fund-raising letter for the Dutch AIDS Fund were written. Content and structure were inspired by a fund-raising advertisement published by the AIDS Fund. The first paragraph announced the 13th AIDS Memorial Day. The second paragraph contained the exemplar relating the story of Marc, who

suffers from AIDS. In the third paragraph, the current situation in the Netherlands is discussed, and it is noted that the number of AIDS victims appears to increase. In the final paragraph, people are asked to donate money to stop AIDS and help people suffering from AIDS. (The appendix contains a translation of the letter.)

The two versions of the fund-raising letter were identical except for the way in which Marc got AIDS. The first version, the so-called not-responsible version, included the following information:

Marc has AIDS. He was infected by his wife. She had an affair with a colleague that she hadn't told Marc about.

The second version, the "fully responsible" version, ran as follows:

Marc has AIDS. He was infected by a girlfriend. Marc had many different girlfriends with whom he did not always practice safe sex.

The differences between the versions were kept to a minimum. The number of words and sentences were kept the same (in the Dutch version). Gender and sexual orientation of the patient were kept the same, because these factors influence the perceived responsibility for getting AIDS (Borchert & Rickabaugh, 1995).

*Participants.* A total of 103 participants took part in the experiment (66.7% women, 33.3% men). Age varied between 17 and 30, with an average of 21 years. All participants were students. Participants randomly received one of the versions of the fund-raising letter.

*Questionnaire.* On the back of the letter, a questionnaire was printed. The following dependent variables were included. The attitude toward donating money to the AIDS Fund was measured using the clause "I find giving money to the AIDS Fund" followed by four 7-point semantic differentials (*sensible-not sensible, bad-good, foolish-wise, useful-useless*). The reliability of the scale was good (Cronbach's  $\alpha = .83$ ).

Next, the participants were asked to indicate on 7-point Likert scales the extent to which they agreed with the following statements: "People with AIDS need financial support," "The AIDS Fund does lots of good work for people with AIDS," and "People suffering from AIDS usually have to blame themselves." The latter item was used to assess the responsibility stereotype. In previous studies, responsibility has been measured with a single item repeatedly and successfully (see Weiner, 2006, pp. 22-23).

Then, the participants could indicate their evaluation of the letter's clarity and attractiveness on ten 7-point semantic differentials (e.g., *difficult-easy, interesting-uninteresting, succinct-long winded, unappealing-appealing*). Again, a

balanced scale was used. The reliability of the scale was adequate (Cronbach's  $\alpha = .78$ ). This variable was included to back up the plausibility of the instruction participants received.

To check whether the responsibility manipulation had been successful, the participants had to indicate their feelings toward the person in the letter ("I pity Marc"; "I'm angry with Marc"). They also were asked to indicate on a 7-point scale the extent to which Marc could be held responsible for contracting AIDS (*not responsible at all*–*fully responsible*).

*Procedure.* Participants took part in the experiment as part of a course requirement. They were told that several Dutch universities were studying the comprehensibility and attractiveness of Dutch fund-raising letters. In the experiment, they had to evaluate a letter of the AIDS Fund. They were instructed to read the letter carefully and to give their opinion about it.

Next, the different versions of the letter were distributed randomly. The questionnaire was printed on the back of the letter. At the top of the questionnaire, the following information was inserted: "Your ratings of the letter may be influenced by your opinion of the AIDS Fund. Therefore, we would like to know what you think about the AIDS Fund first."

After the participants had filled in the questionnaire and handed it in, the goal and background of the study were explained and any remaining questions were answered. An experimental session took about 10 minutes.

## Results

First, the result of whether the manipulation had the intended effect was checked. The person in the not-responsible version (wife having a secret affair) was held less responsible ( $M = 2.06$ ,  $SD = 1.16$ ) than the responsible version (having unsafe sex with several girlfriends:  $M = 5.36$ ,  $SD = 1.21$ )  $t(101) = 14.10$ ,  $p < .001$ ,  $\eta^2 = .66$ .

The first question was whether the responsibility perception of the exemplar in the letter would influence the responsibility stereotype of AIDS patients. Indeed, the different exemplars influenced the perception of the Dutch AIDS patients in general. After reading the not-responsible version, participants held AIDS patients in general less responsible for contracting AIDS ( $M = 3.10$ ,  $SD = 1.58$ ) than after reading the responsible version ( $M = 4.13$ ,  $SD = 1.41$ ),  $t(100) = 3.47$ ,  $p = .001$ ,  $\eta^2 = .11$ . The second research question was, Does it also influence the attitude toward donating money? This proved not to be the case: The attitude toward donating money after reading the responsible version was similar ( $M = 5.57$ ,  $SD = 1.10$ ) to the one after reading the not-responsible version ( $M = 5.69$ ,  $SD = 1.10$ )  $t(101) = 0.60$ ,  $p = .55$ .

## Discussion

The use of different exemplars influenced the responsibility stereotype of AIDS victims. However, this had no effect on the attitude toward giving money to the AIDS Fund. There are at least two explanations for the absence of an effect on the persuasiveness of the letter. First, the attitude scores were relatively high implicating that many participants had chosen extreme answers. As a result, differences between the versions of the letters may have been obscured by a ceiling effect. Second, the seriousness of the problems AIDS patients find themselves in may override responsibility concerns. Weiner et al. (1988) found that although participants were inclined not to support a person they held responsible for the trouble he or she was in, they did support a person regardless of their responsibility perceptions if the trouble was very severe. To investigate these explanations, a second experiment was carried out.

## Experiment 2

In this experiment, whether the exemplar in the fund-raising letter influenced the responsibility stereotype and whether it influenced the attitude toward donating money was studied again. In addition, whether differences in responsibility stereotypes had an impact on a letter's persuasiveness only when raising funds for people who had less serious problems was studied. With respect to the first experiment, several changes were made. First, to prevent a ceiling effect obscuring differences between the versions, an additional attitude measurement was included. The participants in the second experiment had to indicate whether they would give money in response to the fund-raising letter (*yes, no*) and if so, how much money they would donate. Second, instead of only one fund-raising organization, fund-raising letters of four different organizations were used (namely, organizations supporting AIDS victims, patients suffering from heart diseases, homeless alcoholics, and obese people). These topics differ in perceived severity. Apart from that, they enable us to assess the extent to which the effects of the exemplar manipulation generalize over different message topics (as suggested by Jackson and Jacobs, 1983, and O'Keefe, 2002, pp. 174-176). Third, in the first experiment, only students took part in the experiment. They formed a homogeneous but atypical sample. In the second experiment, participants differed more widely with respect to age and level of education.

## Method

*Pretest.* Thirty-five participants (24 women, 11 men, age ranging 20-24 years) received descriptions of three individuals who had different problems: a person suffering from a heart disease, a homeless alcoholic, and a person suffering from obesity. For each person, two different causes for the problems were provided. For

instance, the obese person could be heavily overweighted as a result of being unable to stick to a diet (responsible) or as a result of glandular dysfunctioning (not responsible). In the pretest, participants were asked to indicate on a 7-point scale ranging from *not responsible at all* to *fully responsible* the extent to which they held the different patients responsible for the trouble they were in. There were two versions of the questionnaire in which the order of the descriptions was varied.

The results showed that the responsibility manipulation was successful. In all three cases, the responsible person was held more responsible than the not-responsible person: heart disease ( $M = 1.89, SD = 0.96$  vs.  $M = 6.57, SD = 0.92$ ),  $t(34) = 15.89, p < .001, \eta^2 = .88$ ; homeless alcoholic ( $M = 2.34, SD = 1.06$  vs.  $M = 4.43, SD = 1.58$ ),  $t(34) = 7.24, p < .001, \eta^2 = .61$ ; obese person ( $M = 1.91, SD = 0.82$  vs.  $M = 6.43, SD = 0.70$ ),  $t(34) = 21.86, p < .001, \eta^2 = .93$ . The results of the pretest were used to manipulate the different versions of the fund-raising letters.

*Materials.* Fund-raising letters for four existing fund-raising organizations were developed. The fund-raising organizations were the Dutch AIDS Fund, the "Hartstichting" (the Dutch organization supporting people suffering from a heart disease), the "Leger des Heils" (the Dutch branch of the Salvation Army supporting, among others, homeless alcoholics), and the "Vereniging Obesitas Nederland" (a Dutch organization supporting obese people).

For each organization, two versions of the letter were written. In the case of the AIDS Fund, the responsible and not-responsible versions of the first experiment were used. Using the results of the pretest, responsible and not-responsible versions of the other three fund-raising letters were written. The letters differed from each other only with respect to the cause of the exemplar having heart problems ("hereditary" vs. "unhealthy eating habits and smoking cigarettes"), becoming a homeless alcoholic ("having lost his family and job as a result of a car crash" vs. "having lost his family and job because his social drinking became uncontrollable"), or being obese ("suffering from glandular dysfunctioning" vs. "not being able to stick to a diet"). Style, including the number of words and number of sentences, was kept identical.

*Participants.* A total of 288 participants took part in the experiment (50.9% men, 49.1% women). Age ranged from 16 to 76 with an average of 32 years. Level of education ranged from primary school only to a university degree. Each participant randomly received one of the versions of one of the fund-raising letters. The similarity of the resulting groups with respect to gender, level of education, age, or knowing someone who suffered from the trouble depicted in the letter was tested. For none of these variables significant differences were obtained.

*Questionnaire.* On the back of the letter, a short questionnaire was printed. The attitude was measured using the same four items as in the first experiment

(Cronbach's  $\alpha = .81$ ). The text evaluation measurement was reduced from 10 to 8 items (Cronbach's  $\alpha = .71$ ). Two additional items were included. The first item read as follows: If you were to receive this letter, would you donate money to the (name of the organization). The participants could answer either *yes* or *no*. If they gave an affirmative answer, they were asked to indicate the amount of money they intended to donate. The last question on the questionnaire was whether the participant knew someone who was in the kind of trouble that was depicted in the fund-raising letter.

*Procedure.* The procedure was similar to the one employed in the first experiment except for the recruitment of the participants. To get a more varied sample, several experimenters traveled by train and asked other rail passengers whether they were willing to participate in a study on the comprehensibility and attractiveness of Dutch fund-raising letters. Approximately 70% agreed to take part in the experiment. The most frequent reasons for declining to participate were being busy with other things or almost having reached the destination. The participants received the same instruction as in the first experiment.

## Results

First, whether the different diseases or troubles were perceived differently with respect to their severity was checked. To that end, the responses to the item on whether the specific group (e.g., AIDS victims or homeless alcoholics) needed financial support were analyzed. A one-way analysis of variance (ANOVA) provided a significant effect of kind of trouble,  $F(3, 273) = 7.32, p < .001, \eta^2 = .07$ . Post hoc comparisons showed that obese people ( $M = 3.66, SD = 1.75$ ) were considered to be less in need of financial support than the homeless alcoholic ( $M = 4.70, SD = 1.58$ ), the AIDS victims ( $M = 4.80, SD = 1.49$ ), and the heart disease patients ( $M = 4.86, SD = 2.04$ ). The latter three did not differ from each other. Therefore, the obesity problem was categorized as less severe than the other three problems. With respect to the question as to whether the organization did lots of good work, a similar effect was obtained: Participants agreed more with this statement regarding the Salvation Army ( $M = 5.98, SD = 1.42$ ), the AIDS Fund ( $M = 5.33, SD = 1.16$ ), and the heart foundation ( $M = 5.56, SD = 1.55$ ) compared to the obesity foundation ( $M = 4.68, SD = 1.38$ ),  $F(3, 274) = 6.41, p < .001, \eta^2 = .07$ .

Second, whether the responsibility manipulation was successful for the four different fund-raising letters was checked. A 4 (kind of trouble)  $\times$  2 (exemplar's responsibility) ANOVA was conducted on the perceived responsibility scores. There was a main effect of exemplar's responsibility,  $F(1, 276) = 226.82, p < .001, \eta^2 = .45$ , showing that the responsible exemplar was held more responsible for getting into trouble ( $M = 4.70, SD = 1.42$ ) than the not-responsible exemplar ( $M = 2.34, SD = 1.55$ ). There was also a main effect of kind of trouble,  $F(3, 276) = 16.30, p < .001, \eta^2 = .15$ . Post hoc comparisons showed that the homeless alcoholic was held more

responsible for the trouble he was in ( $M = 4.41$ ,  $SD = 1.50$ ) than the other three groups (obese person:  $M = 3.06$ ,  $SD = 1.63$ ; heart disease patient:  $M = 3.04$ ,  $SD = 2.02$ ; AIDS victim:  $M = 3.51$ ,  $SD = 2.09$ ).

The two main effects were qualified by a significant interaction between kind of trouble and exemplar's responsibility,  $F(3, 276) = 10.12$ ,  $p < .001$ ,  $\eta^2 = .10$ . The interaction appears to be caused by the fact that the difference between the not-responsible and the responsible exemplar was larger for the AIDS exemplar ( $M$  difference = 3.12) and the heart disease exemplar ( $M$  difference = 3.30) than for the homeless alcoholic exemplar ( $M$  difference = 1.22) and the obese person exemplar ( $M$  difference = 1.83). Despite these differences in effect, contrasts revealed that for all four themes the difference between the responsible and the not-responsible exemplar were significant (all  $ps < .001$ ).

The question was whether this difference would influence the responsibility stereotype. The first column of Table 1 contains the responses to the item that "X usually have to blame themselves for the trouble they are in." As in the first experiment, there was an effect of exemplar's responsibility on responsibility stereotype,  $F(1, 278) = 19.05$ ,  $p < .001$ ,  $\eta^2 = .06$ . There was also a main effect of the kind of trouble,  $F(3, 278) = 7.10$ ,  $p < .001$ ,  $\eta^2 = .07$ . Post hoc comparisons showed that the people suffering from obesity or a heart disease were held less responsible for getting into trouble than the AIDS victims and the homeless alcoholics. The interaction between the two factors was not significant ( $F < 1$ ).

The question is whether this difference in responsibility stereotype had an effect on the attitude toward donating money and whether this effect depended on the seriousness of the problem. The second to fourth columns in Table 1 contain the scores for the attitude toward donation, the percentage of participants who were willing to donate money, and the average amount of money they would donate. As in the first experiment, there was no effect of exemplar's responsibility on the attitude toward giving money,  $F(1, 280) = 1.36$ ,  $p = .25$ . There was an effect of kind of trouble,  $F(3, 280) = 16.04$ ,  $p < .001$ ,  $\eta^2 = .15$ . Post hoc comparisons showed that the attitude toward donating money for the more severe kinds of trouble (heart disease, AIDS, homeless alcoholic) was more positive than the one toward the less severe kind of trouble (being obese). There was no interaction between kind of trouble and exemplar's responsibility ( $F < 1$ ).

More participants were willing to donate money for the severe kinds of trouble (heart disease, AIDS, homeless alcoholics) than for the less severe kind of trouble (being obese): 33.3% versus 14.1%,  $\chi^2(1, N = 287) = 9.70$ ,  $p < .01$ . There was also an effect of exemplar's responsibility on the willingness to donate money (not responsible: 34.9% vs. responsible: 22.9%),  $\chi^2(1, N = 287) = 4.53$ ,  $p < .05$ . However, when the effect of exemplar's responsibility was analyzed for each of the kinds of trouble separately, the only significant effect was obtained for the less severe kind of trouble; obesity,  $\chi^2(1, N = 71) = 7.72$ ,  $p < .01$ . For the more severe kinds of trouble, no effects were obtained ( $ps > .34$ ).

**Table 1**  
**The Mean Responsibility Ratings and Attitude Toward Donating Money,**  
**the Percentage of Participants Intending to Give Money, and**  
**the Average Amount of Money Donated**

	Responsibility Perception	Attitude	Intention to Donate	Amount
Heart disease				
Responsible	3.37 (1.35)	5.67 (1.14)	38.9%	5.33 (8.90)
Not responsible	2.54 (1.62)	5.48 (1.25)	50.0%	3.14 (6.53)
AIDS victims				
Responsible	3.89 (1.43)	5.69 (1.12)	25.0%	3.61 (9.61)
Not responsible	3.33 (1.35)	5.30 (0.97)	33.3%	4.14 (8.27)
Homeless alcoholic				
Responsible	4.44 (1.56)	5.19 (1.07)	25.0%	5.39 (17.01)
Not responsible	3.28 (1.30)	5.17 (1.06)	27.8%	7.11 (18.33)
Obese person				
Responsible	3.19 (1.53)	4.45 (1.09)	2.8%	0.00 (0.00)
Not responsible	2.75 (1.44)	4.45 (0.94)	25.7%	2.42 (6.69)

Note:  $n = 36$  for each group. Responsibility ratings are 1 (*very negative*) to 7 (*very positive*). Money donated is in Dutch guilders.

Finally, the amount of money one intended to donate was analyzed. Because of the absence of any variation in one of the cells (responsible for being obese), an ANOVA was deemed inappropriate. We chose to analyze the data using nonparametric (Mann-Whitney and Kruskal-Wallis) tests. There was no main effect of exemplar's responsibility on the amount of money participants intended to donate ( $z = 0.84, p = .40$ ). There was a main effect of kind of trouble,  $H(3) = 11.88, p < .01$ . Separate analyses showed that participants intended to donate more money to the more severe kinds of trouble than to the less severe kind of trouble ( $z = 3.27, p < .001$ ). When analyzing the different kinds of trouble separately for the effect of the exemplar's responsibility, there was an effect only for the less severe kind of trouble ( $z = 2.54, p < .05$ ): Participants who read the version in which the person suffered from obesity as a function of glandular dysfunctioning gave larger amounts of money compared to participants who read the version in which the person suffered from obesity as a result of not being able to stick to a diet; for the more severe kinds of trouble, no effects of exemplar's responsibility were obtained ( $ps > .52$ ).

## Discussion

The results of this experiment partly replicated and extended the findings of the first experiment. Again, the responsibility manipulation of the exemplar was generalized to the group as a whole. Again, there was no effect of the difference in

responsibility stereotype on the attitude toward donating money. However, for one of the letters, there was an effect on the intention to donate money (and the amount of money). This suggests that the question whether to give money, though more restricted in range, is a more effective measure to assess whether the responsibility stereotype influences the intention to give money. Comparisons showed that the difference in responsibility stereotypes appeared to have an effect for the fund-raising attempt in favor of people suffering from obesity only. This result suggests that the effect of this stereotype indeed does depend on the severity of the problem.

However, there is a rival explanation. Whereas the fund-raising organizations for the AIDS victims, heart disease patients, and homeless alcoholics were well known in the Netherlands, many participants expressed spontaneously that they had never heard about the organization raising money for obese people. Therefore, there may be another explanation for the pattern of results. When responding to well-known fund-raising organizations, people may rely on previously formed attitudes to decide whether to donate money or not. Apart from the responsibility stereotype, these attitudes may be based on the perception that the organization supports these patients in an effective and efficient way. Therefore, when responding to an unknown organization, the responsibility stereotype may be a more important determinant of the decision to give money than when responding to a well-known organization. In the experiment, the participants felt more certain that the existing organizations did more good work than did the organization supporting obese people. Therefore, this explanation cannot be ruled out. To test this rival explanation, a third experiment was conducted.

### Experiment 3

The aim of this experiment was to assess whether the responsibility stereotype influences the response to a fund-raising letter only in case of a fund-raising request of a previously unknown organization or in case of less serious problems. To that end, three factors were manipulated: the exemplar's responsibility in the fund-raising letter (responsible or not), the severity of the trouble people are in (life threatening or not), and knowing the fund-raising organization (well known or unknown). If the impact of the responsibility stereotype occurs only in case of an unknown organization, an interaction between knowing the organization and exemplar's responsibility should arise. If the impact of the responsibility stereotype is restricted to less serious problems, an interaction between seriousness of the problem and exemplar's responsibility should arise.

### Method

*Pretest.* In a pretest, 37 participants (25 female, 12 male; age ranging 18-20) rated for several existing fund-raising organizations the extent to which these organizations

were known and the extent to which the kind of disease they were raising funds for was severe. The results showed that AIDS was considered to be the most severe disease ( $M = 6.97$ ,  $SD = 0.16$ ), whereas asthma was considered to be the least severe disease ( $M = 3.84$ ,  $SD = 1.14$ ),  $t(36) = 20.86$ ,  $p < .001$ ,  $\eta^2 = .92$ . The AIDS fund-raising organization ( $M = 5.70$ ,  $SD = 1.66$ ) and the asthma fund-raising organization ( $M = 5.95$ ,  $SD = 1.51$ ),  $t(36) = 0.64$ ,  $p = .53$ , were equally well known.

In a second pretest, 37 participants (29 female, 8 male; age ranging 19-22) rated two examples of individuals suffering from asthma that differed with respect to the cause of this suffering (hereditary or incessantly smoking cigarettes). The results showed that the latter were held more responsible for the trouble they were in ( $M = 2.95$ ,  $SD = 1.73$ ) than the former ( $M = 6.54$ ,  $SD = 1.07$ ),  $t(36) = 10.34$ ,  $p < .001$ ,  $\eta^2 = .75$ .

*Materials.* As in the previous experiments, the two fund-raising letters for the AIDS victims were used. Next, two fund-raising letters for asthma patients were designed that differed with respect to the exemplar's responsibility for the trouble he was in. For each of these four letters, two new versions were constructed that differed only with respect to the fund-raising organization sending those letters. One version contained the well-known Dutch organizations (AIDS Fund, Asthma Fund), and the other two contained new organizations (AIDS Foundation, Asthma Foundation). In the latter versions, it was explicitly stated that the organization was recently founded.

*Participants.* A total of 288 participants took part in the experiment (50.4% women, 49.6% men). Age ranged from 16 to 74 with an average of 24 years. Level of education ranged from primary school only to a completed university degree. Each participant received randomly one of the versions of one of the fund-raising letters. As in Experiment 2, it was tested whether there were significant differences between the groups with respect to gender, level of education, age, or knowing someone who suffered from the trouble depicted in the letter. As in the previous experiment, for none of these variables significant differences were obtained.

*Questionnaire.* On the back of the letter, a short questionnaire was printed. The questionnaire was identical to the one used in Experiment 2. Again, the attitude and the text evaluation measurements proved to be reliable (attitude: Cronbach's  $\alpha = .83$ ; text evaluation: Cronbach's  $\alpha = .77$ ). One item was added to the questionnaire. Participants were asked to indicate on a 7-point scale from 1 (*not at all*) to 7 (*very well*) the extent to which they knew the fund-raising organization.

*Procedure.* The procedure was similar to the one employed in the second experiment. That is, the participants were rail passengers. After filling out the questionnaire and handing it in, the participants were told about the study's goal and any remaining questions they had were answered. As in Experiment 2, the response rate was approximately 70%.

## Results

First, it was tested whether the existing organizations were indeed better known than the fictitious ones. A  $2 \times 2$  ANOVA was carried out using kind of disease and knowing the organization as factors. The only significant effect was the main effect of knowing the organization. Participants indicated that they were more acquainted with the well-known organization ( $M = 4.37$ ,  $SD = 1.80$ ) than with the unknown organization ( $M = 3.26$ ,  $SD = 1.92$ ),  $F(1, 284) = 25.54$ ,  $p < .001$ ,  $\eta^2 = .08$ . The main effect of kind of disease,  $F(1, 284) = 1.29$ ,  $p = .26$ , and the interaction ( $F < 1$ ) were not significant.

Second, it was tested whether the perception of the extent to which the organization did lots of good work was influenced by kind of disease and knowing the organization. Again, the only significant effect was the main effect of knowing the organization. Participants felt more certain that the known organizations did lots of good work ( $M = 5.40$ ,  $SD = 1.33$ ) than the unknown organization did ( $M = 5.00$ ,  $SD = 1.43$ ),  $F(1, 274) = 5.59$ ,  $p < .05$ ,  $\eta^2 = .02$ . The main effect of kind of disease and the interaction were not significant ( $F_s < 1$ ).

Third, it was tested whether the exemplar's responsibility manipulation had been successful. To that end, a  $2 \times 2 \times 2$  ANOVA was carried out using kind of disease, knowing the organization, and exemplar's responsibility as factors and responsibility for trouble as its dependent variable. As in the previous experiments, the responsibility manipulation proved successful,  $F(1, 280) = 147.93$ ,  $p < .001$ ,  $\eta^2 = .35$ . There was also a main effect of kind of disease,  $F(1, 280) = 17.21$ ,  $p < .001$ ,  $\eta^2 = .06$ ; people suffering from asthma were held less responsible ( $M = 2.78$ ,  $SD = 1.96$ ) than people having contracted AIDS ( $M = 3.60$ ,  $SD = 2.17$ ). These main effects were qualified by a significant interaction between exemplar's responsibility and kind of disease,  $F(1, 280) = 4.75$ ,  $p < .05$ ,  $\eta^2 = .02$ . The interaction was the result of the fact that exemplar's responsibility had a larger effect for the AIDS victims (responsible:  $M = 5.01$ ,  $SD = 1.74$ ; not responsible:  $M = 2.18$ ,  $SD = 1.55$ ) than for the asthma patients (responsible:  $M = 3.76$ ,  $SD = 1.81$ ; not responsible:  $M = 1.79$ ,  $SD = 1.58$ ). However, for both diseases, contrasts revealed significant differences between the responsible and the not-responsible versions. None of the other main effects or interactions was significant ( $ps > .23$ ).

Next, the question was addressed as to whether exemplar's responsibility did influence the responsibility stereotypes. As in the previous experiments, this proved to be the case. Participants who had read the responsible version held patients in general more responsible for the trouble they were in ( $M = 3.01$ ,  $SD = 1.99$ ) than those who had read the not-responsible version ( $M = 2.51$ ,  $SD = 1.77$ ),  $F(1, 280) = 8.01$ ,  $p < .01$ ,  $\eta^2 = .03$ . There was also a main effect of kind of disease. AIDS victims were held more responsible for getting into trouble ( $M = 3.88$ ,  $SD = 1.72$ ) than asthma patients ( $M = 1.65$ ,  $SD = 1.32$ ),  $F(1, 280) = 154.95$ ,  $p < .001$ ,  $\eta^2 = .36$ . None of the other main effects or interactions was significant ( $ps > .13$ ).

**Table 2**  
**Number of Participants Willing to Donate Money as a Function of the**  
**Exemplar's Responsibility and Knowing the Organization and as a**  
**Function of the Kind of Disease**

	Donation	No Donation	$\chi^2$	Sig.
Well-known organization				
Responsible	17	54	0.01	.92
Not responsible	16	53		
Unknown organization				
Responsible	22	50	0.43	.51
Not responsible	25	45		
Disease severity high				
Responsible	28	43	0.87	.35
Not responsible	22	47		
Disease severity low				
Responsible	11	61	3.00	.04*
Not responsible	19	51		

\*One-tailed test.

As in the previous experiments, there were no significant main effects or interactions with respect to the attitude scores ( $ps > .20$ ). The main dependent variable was the intention of the participants to donate money in response to the fund-raising letter. Given the nominal level of these data, four chi-squares were computed. First, it was tested whether there was an effect of exemplar's responsibility when participants were confronted with a fund-raising attempt by an unknown organization (top panel of Table 2); next, the result of whether there was an effect when participants were confronted with a fund-raising attempt for a less severe disease than for a more severe disease was tested (bottom panel of Table 2).

If the impact of the responsibility stereotype is restricted to a situation in which participants are not familiar with the fund-raising organization, one would expect a significant effect of exemplar's responsibility for the unknown organization but not for the well-known organization. However, there were no significant effects for both the well-known and the unknown organization. If the impact of exemplar's responsibility is restricted to the situation in which the disease is considered less severe, one would expect to obtain a significant effect for the less severe disease but not for the severe one. This happened to be the case. Although there was no effect of exemplar's responsibility for the severe disease (AIDS), there was one for the less severe disease (asthma; one-tailed tested). More participants were willing to donate money to the asthma fund-raising organizations when the exemplar in the letter was not held responsible than when he was held responsible. This pattern of results was not replicated when analyzing the amount of money participants were willing to donate. There were no other significant main effects or interactions ( $ps > .17$ ) apart from the

main effect of kind of disease: People intended to give more money for AIDS victims ( $M = 3.99$ ,  $SD = 10.78$ ) than for asthma patients ( $M = 1.35$ ,  $SD = 3.93$ ),  $F(1, 280) = 7.56$ ,  $p < .01$ ,  $\eta^2 = .03$ .<sup>2</sup>

## Discussion

The main aim of this experiment was to test two rival explanations of the pattern of results obtained in the second experiment. That pattern could have been the result of the fund-raising organization being unfamiliar or the problem being perceived as less serious. Being familiar with the fund-raising organization had no effect on the intention to donate money. The seriousness of the problem, however, did. More participants were inclined to donate money for the less serious disease when the exemplar was considered not at fault for being in trouble. This attribution of fault had no effect for the life-threatening disease. This pattern of results suggests that the severity of the disease plays a more important role compared to being familiar with the fund-raising organization.<sup>3</sup> Apart from this effect, the results again replicated the finding that the exemplar in the fund-raising letter influences the responsibility stereotypes.

## General Discussion

In this study, two questions were addressed. The first question was whether responsibility stereotypes can be influenced by the perceived responsibility of the exemplars used in a fund-raising letter. In all three experiments, the answer to this question was affirmative: Manipulation of the responsibility of the exemplar led to a corresponding difference in responsibility stereotype. An exemplar's capacity to influence general perceptions in journalistic settings has already been documented extensively (Zillmann & Brosius, 2000). The results of our experiments underscore the exemplar's capacity of influencing general perceptions in a persuasive setting as well.

The second question was whether the persuasiveness of a fund-raising letter would be influenced by the perceived responsibility of the exemplars used in the fund-raising letter. It was expected that participants would be more inclined to donate money if they did not blame the group for being in trouble. This hypothesis was confirmed for the type of problems the participants regarded as less serious. However, if participants considered the problems people were in as particularly serious and the works of the fund-raising organization as particularly desirable, they were inclined to donate money regardless of their perception of who was responsible for the trouble people were in. As such, the results for giving help to groups replicated the pattern of results obtained by Weiner et al. (1988) for giving help to individuals: The responsibility stereotype appears to influence the help giving behavior if the trouble people are in is considered not too serious.

The results of the experiments therefore show that the manipulation of the responsibility of the exemplar in the fund-raising letter influenced the responsibility stereotype and, under certain circumstances, the intention to donate money. The effect on the intention is much more modest than the effect on the responsibility stereotype. This difference suggests that the intention to donate is determined by more factors than the responsibility stereotype. Causal modeling could reveal the extent to which the effect on the intention to donate was mediated by the responsibility stereotype. Unfortunately, the sample size does not allow for such an analysis. However, as argued by Sigall and Mills (1998), the absence of such an analysis does not reduce the importance of the studies' results as long as one can be sure that the effect on the intention scores can be attributed to the manipulation of the exemplar in the fund-raising letter. Except for the way in which the exemplar got into trouble, all other information was kept identical. Furthermore, the results of the manipulation check show that in each case the manipulation of responsibility was perceived as intended. Finally, the effect of the exemplar's responsibility was obtained for two different fund-raising letters aimed at raising money for diseases that were perceived as less serious and in which two different exemplars were manipulated.

There are some limitations to this study. First, what is considered a serious illness and what is not is related to time and space. Whereas in the 1980s and 90s, the diagnosis of AIDS equaled a death verdict, now patients no longer die if they receive medication and use it as prescribed. This may decrease the perceived severity of AIDS and, consequently, the impact of the responsibility stereotype on the decision to help people with AIDS may increase. Second, the responsibility stereotype was measured using a single item. This decision was based on previous studies by Weiner (for a review, see Weiner, 2006) in which a single item to measure perceived responsibility was used. Given that we did obtain effects in each of the experiments suggests that the reliability of the measuring instrument did not pose a threat to the study. Third, the objection may be raised that it is uncommon to use in a fund-raising letter an exemplar that could be held responsible for the trouble he or she was in. There is no evidence that the participants noticed this as surprising. After completing the questionnaire, they were asked if they had any questions or remarks on the study. None of the participants commented on the use of such exemplars, whereas they did comment spontaneously on the fact that they did not know the organization raising money for obese people. Therefore, we believe that this manipulation did not threaten the ecological validity of the materials used. Finally, there is the fact that only the intention to display help-giving behavior was observed rather than the actual help-giving behavior. The question remains whether participants would indeed give money if confronted with an actual request.

Despite these limitations, we believe that this study extends our knowledge on the effects of exemplars. Zillmann and Brosius (2000) have shown how widely and frequently exemplars are used. They also provided evidence for the impact exemplars have on the perception of reality in news reporting contexts. In this study, we have

shown that exemplars in overtly persuasive attempts can influence reality perceptions as well. More specifically, they can influence the responsibility perception of a group as a whole. We were able to reveal these effects for different fund-raising organizations and different exemplar operationalizations. Furthermore, the participants in the Experiments 2 and 3 show a large variation in age and level of education (although the results can only be generalized to second-class passengers). As such, the results of this study go well beyond the results of experiments using only one text and only students as participants in establishing the power of exemplars. The example of the case history used in a fund-raising letter by the Dutch Salvation Army quoted in the introduction of this article suggests that writers of such letters are well aware of this power.

## Appendix

### The Experimental Text

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May, 1998

Dear Sir, Madam,

Before long, the 13th AIDS Memorial Day will be held. For the 13th consecutive year, we remember, well, remember who? People like Marc.

Marc, 34, coaches the junior team of table tennis club Castricum. Trains them on Tuesdays and Thursdays, and coaches them on Saturday. His young players are very enthusiastic. Two matches before the end of the competition, they lead the number two team by 3 points. First division next year? The children dream about it. But will Marc still be with them then? Because Marc has AIDS. (He was infected by his wife. She had an affair with a colleague that she hadn't told Marc about.) (He was infected by a girlfriend. Marc had many different girlfriends with whom he did not always practice safe sex.)

Marc is one of the Dutch who has AIDS. There are about 8,000 to 12,000 of them. That is less than the once-estimated 30,000. But what's worrying is that the number of infections is slightly increasing instead of sharply decreasing. That we notice, as time goes on, people think and speak more lightheartedly about the dangers of AIDS. Based on the facts, that would be wrong. Because AIDS hasn't disappeared yet. Not in the Netherlands. Not in the rest of the world.

What can you do about it? First, never think, not even for a moment, that we're already there. That AIDS is no longer among us. Only when we don't give AIDS a chance will the end of AIDS come near. Second, support the AIDS Fund with a donation so we can help people like Marc. Such support is needed badly, because we still have a long way to go. Therefore, give, because every guilder will help.

Sincerely,

Peter van Rooijen  
Director of the AIDS Fund

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## Notes

1. We thank Hans Beentjes, Marinel Gerritsen, Donna Rouner, editor Michael E. Roloff, and two anonymous referees for their thoughtful and constructive comments on previous versions of this article. Correspondence concerning this article should be addressed to Hans Hoeken, Department of Business Communication Studies, Radboud University, Nijmegen, P.O. Box 9103, NL 6500 HD Nijmegen, the Netherlands; e-mail: h.hoeken@let.ru.nl.

2. One would expect that the exemplar's responsibility would have less impact if people personally know someone suffering from the disease. Such direct knowledge may override the effect of the case report on the construction of the stereotypical image. If this line of reasoning is correct, one would expect the exemplar manipulation to have a stronger effect for the kind of disease for which fewer participants knew someone personally. This proved not to be the case. More participants (61.0%) reported personally knowing someone suffering from asthma, whereas only 7.9% of the participants knew someone suffering from AIDS. Nevertheless, the exemplar's responsibility did influence the responsibility stereotype for each kind of disease. Even more, only for the asthma fund-raising letter, manipulation of the exemplar's responsibility did influence the donation intention.

3. One of the reviewers noted that to be able to rule out the possibility that being familiar with the organization plays a role as well in deciding to donate or not, the power of the statistical test should be high enough. Given that the statistical power to find an effect of being familiar with the organization was identical to the power to find such an effect for the disease's severity, we believe that the conclusion is warranted that the disease's severity plays a more important role compared to being familiar with the organization although it cannot be ruled out that the latter factor may have a (small) effect as well.

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