PUTTING A HUMAN FACE ON SUFFERING

PUTTING A HUMAN FACE ON SUFFERING
Difficulty: CASUAL | Frequency: 1X/MONTH | Duration: VARIABLE

WHY YOU SHOULD TRY IT
Research suggests that humans have a strong propensity for kindness and generosity, and that kindness improves the health and happiness of the giver, not only of the receiver. But we don't always act on our altruistic instincts. Frequently, that’s because we see a problem—such as poverty or illness—only in terms of statistics rather than as the suffering of real human beings.

This exercise helps you overcome that challenge by putting a “human face” on a problem. It builds on studies suggesting that people are more likely to contribute to a cause if they are able to identify specific people in need. It can not only be used for yourself but also to help you elicit altruism from others, including your children, students, or people you are trying to get to donate to an important cause.

TIME REQUIRED
How long it takes you to do this practice will vary depending on which strategy you choose, but make it a goal to follow one of these strategies at least once a month.

HOW TO DO IT
To inspire others (or yourself) to give time or resources to a cause, try at least one of the following strategies. However, avoid explicitly telling others that you are using these strategies to get them to give more—research suggests that can backfire.

1. When researching a problem in news reports or other sources, look for profiles of specific individuals.
2. Use photographs and video footage—not just individuals’ names—in your appeal to make the problem more vivid and emotionally moving.
3. Use descriptive language and identifiable details that allow people to imagine themselves in a specific victim’s shoes, rather than abstract language that presents facts and statistics.
4. Don’t feature the stories of too many individuals; research suggests it’s easier to foster an emotional connection to a single person in need than to multiple people.
5. When possible, try to make direct contact with victims. For example, if you are a teacher, consider bringing in a speaker—in person or via a video call—who can share a first-hand story with your students (assuming you can’t visit the disaster site with a relief organization, which would be even more effective).

EVIDENCE IT THAT WORKS

People who read the story of a single, starving African girl donated more money to an anti-hunger charity than did people who read an appeal featuring statistics on starvation in Africa. What’s more, the people who read the girl’s story by itself also donated more than people who read the story along with the statistics.

In one experiment, when people were given the chance to help either an anonymous sick child or a sick child identified by her name and age, the donation amounts hardly differed. But when a photo was added to the sick child's profile, donations for her medical care shot up dramatically. In another experiment within the same study, people donated more money to help a single sick child than to a group of eight sick kids, even though the single kid and the eight kids were all identified in the same way, with their name, age, and photo.

WHY TO TRY IT

Personal stories are more likely than abstract statistics to evoke emotional reactions and to elicit empathy, which is a precursor to altruism. Humans evolved in contexts where it was unusual to know about problems that they could not see with their own eyes. Modern technological advances allow people to learn about the suffering of those on the other side of the world, but learning about that suffering is not always enough to increase helping. Being able to identify distinct, specific victims of a problem—in other words, putting a “human face” on otherwise abstract suffering—can make that problem more vivid, strike an emotional chord, and thus motivate people to help.

This practice is part of Greater Good in Action, a clearinghouse of the best research-tested methods for increasing happiness, resilience, kindness, and connection, created by the Greater Good Science Center at UC Berkeley and HopeLab.