2020-12-18

Reciprocal Empathy: Reversing Antipathy Towards Immigrants in Emotion and Votes

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Honors Thesis

RECIPROCAL EMPATHY: REVERSING ANTIPATHY TOWARDS

IMMIGRANTS IN EMOTION AND VOTES

by
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Submitted to Brigham Young University in partial fulfillment of graduation
requirements for University Honors

International Relations
Brigham Young University
December 2020

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ABSTRACT

RECIPROCAL EMPATHY: REVERSING ANTIPATHY TOWARDS IMMIGRANTS
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International Relations

Bachelor of Arts

The topic of immigration politics has gained traction in recent years as surges of

immigrants are introduced to new homes—often with a long road of integration into the

host country ahead. As a result, debates emerged on how to effectively "humanize"

members of these outgroups – which include immigrants and refugees alike—while also

being able to forge lasting cooperation between these ethnic groups allowing for peaceful

integration. Previous attempts to achieve this goal have used various forms of visual and

sensory media to generate empathy towards these outgroup members. These approaches

have proven to be ineffective when not met with enough resulting empathy necessary to

allow the native ingroup to view the outgroup as fellow neighbors. European countries

have witnessed certain groups within their societies that hold high levels of animosity

towards the influx of Middle Eastern immigrants. European Countries now have a greater

need for integration of this outgroup into their communities. I present results from a study

conducted with a fellowship of Political Science professors and other undergraduate

students in the United Kingdom to test the effects of a unique empathy treatment, the

"reciprocal empathy approach." Using a randomized sample size (N= 8,172), the results

strongly suggest that an expression of empathy from the outgroup toward the ingroup on issues unrelated to the conflict between the two groups can lead to "reciprocal empathy" and an effective reversal of ingroup dehumanization toward the outgroup. However, the reciprocal empathy treatment did not change attitudes towards policies that concerned Muslim immigrants.

ACKNOWLEDGEMENTS

I would like to first express my gratitude to my advisor and mentor Prof. Joshua Gubler, who oversaw our teams work specifically on outgroup-ingroup relations while studying in the United Kingdom. He patiently taught fellow students and myself the process of survey design, how to use the platform of Qualtrics, as well as the basics of using R statistics software. His work and knowledge is what enables me to write this thesis and be able to learn from the results our team acquired. He has offered his insights on how to speak on our results and has been a great source of support during my undergraduate years.

Prof. Joel Selway also personally taught me and led our program with Prof. Gubler in the United Kingdom. His teachings of the various cultures within the United Kingdom and the history of England, Wales, Scotland, and Northern Ireland has provided me important background in understanding the survey population and the particular struggles of integration faced in regions of the United Kingdom.

I also extend my gratitude to the late Prof. Wade Jacoby who offered me incredible insights into the issue and conflict of integration that lies ahead for many European countries. His expertise and guidance on European politics was extremely valuable in understanding the context of this thesis.

Prof. Christensen, Honors Chair for International Relations majors, has also taught me personally. His courses have given me practice in academic writing and research as well as provided an introduction into statistical analysis. I am grateful for his support and help during my time at Brigham Young University.

I lastly thank my parents, John and Linete Gach, who have always encouraged me to challenge myself in academics and who instilled an understanding for other cultures in our bicultural American-Brazilian home. Their efforts and support in life have truly guided my paths to whatever success may follow.

TABLE OF CONTENTS

LIST OF FIGURES & TABLES

I.   Introduction: The Immigrant surge in Europe and Conflict of Integration

Since 2015, Europe has witnessed a great influx of immigrants to its continent, changing its demographic nature and posing a daunting new task of large-scale integration and assimilation. In the period of 2010-2016 alone, Germany became the top destination for Muslim refugees and the UK was the leading destination for regular Muslim migrants, according to the Pew Research Center.[1] Following years of unrest, Syria was pulled into a deadly civil war at the beginning of this past decade, resulting in a surge of refugees. Syria became the top origin country for both refugees and Muslim migrants in Europe.[2] During this time period the entire world witnessed extensive media coverage of both young and elderly women, men, and children being lifted out of life rafts as they attempted to escape war. At a distance, Europeans sympathized for the poor Syrian citizens, however, once these refugees, later to become immigrants, arrived at the shores of the Mediterranean, the story changed as many native European groups began to face the reality of their integration with the direct economic and social consequences of that arrival. Immigration in general, let alone that of refugees, has become a major political campaign issue in Europe. The surge of immigrants has given rise to far-right groups, such as Germany's Alternative for Germany (AfD) party, which support stricter immigration and refugee policies. This political shift forms one of the largest obstacles for integrating non-Europeans. Fueled by incendiary social media campaigns and propaganda, the shift has galvanized xenophobic, Islamophobic, neo-Nazi and hooligan groups to organize anti-Muslim and anti-immigrant lobbying. Speaking with any citizen of Austria, Germany, Hungary, France or England, it is safe to conclude that entire social

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[1] *Pew Research Center*. Nov. 29, 2017. "Europe's Growing Muslim Population"
[2] Ibid.

fabric of European identity has been shaken by the fear and uncertainty resulting from the European Migrant Crisis.

Surmounting anti-immigrant sentiment necessitates education of the public, personal interaction, and time. Integration of non-Europeans into Europe is a two-way interaction. It also requires a swayable public – those whose views are somewhat malleable – to understand the demographics and positive economic impact immigrants can bring and to understand that isolated violent events should not be attributed to all working immigrants or asylum seekers. The task of integration is not easy and is a longer process; it deals not only with the present first-generation immigrants, but also with children who stay and who often struggle with adjustment to education and social structures. This also plays into deciding long-term policy in regards to immigration. In the Brexit debate, immigration topics played a major role, as the United Kingdom was the destination of more regular migrants than any other European country.[3] After the 2016 referendum to leave the EU, UK government officials must now prepare for the new requirement for EU citizens to obtain work visas.

Controversial issues of integration include changes in economy, housing, and culture. Studies have indicated that anti-immigrant attitudes have risen in European countries in the past decades as a result of these shifts away from what was seen as the norm.[4] In the United Kingdom, for example, 80% of those with an unfavorable opinion of Muslims see refugees from Iraq and Syria as a major threat, compared to only 40% of

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[3] Ibid.

[4] Marozzi, Marco. "Construction, robustness assessment and application of an index of perceived level of socio-economic threat from immigrants: A study of 47 European countries and regions." *Social Indicators Research* 128.1 (2016): 413-437.

those that hold a favorable opinion of Muslims.[5] Most Europeans are not hostile towards immigrants themselves, however there is a percentage of natives that holds an extremely degrading view of Muslim immigrants (in this study referred to as the outgroup). This view also stems from a fear of terrorism that has emerged within the last two decades because of terrorist attacks associated with Muslim extremist groups. Fear of terrorism is a major factor contributing to the dehumanization of all Muslims, which has led to greater hostility between ingroups and Muslim outgroups, strains on integration, and increase of support for anti-immigrant policies.

Migration and the integration of ethnic groups is not a new phenomenon to the human experience. The mixing of culture and identity, however, does not always develop naturally and oftentimes is subject to the brutality of group dynamics.[6] Group dynamics entail a significant part of human interaction and are an essential part of survival, accounting for both human protection and conflict. Within the ingroup, there is always a focus and priority placed on attributes and customs that are already familiar to that "native" population. Overtime, the ingroup begins to form an identity and begins to establish prejudices towards other groups, or "outgroups", consequently creating an "us versus them mentality." This mentality motivates the ingroup to reject what appears threatening or foreign as an immediate response and results in a hesitation to affiliate with the outgroup community.[7]

[5] *Pew Research Center*. Nov. 29, 2017. "Europe's Growing Muslim Population"
[6] Amir, Yehuda. "Contact hypothesis in ethnic relations." *Psychological bulletin* 71.5 (1969): 319-342.
[7] Brewer, Marilynn B. "The importance of being we: Human nature and intergroup relations." *American psychologist* 62.8 (2007): 728-738. Rawlins, Richard G., and Matt J. Kessler, eds. *The Cayo Santiago macaques: History, behavior, and biology*. SUnY Press, 1986. Tajfel, Henri, et al. "Social categorization and intergroup behaviour." *European journal of social psychology* 1.2 (1971): 149-178. Allport, Gordon W. "The Nature of Prejudice." *New York: Addison* (1954). Allport, Gordon W. "The Nature of Prejudice." *New York: Addison* (1954).

I focus on the role empathy plays in improving relations between native Britons and Muslim immigrants in the United Kingdom. Using a case study conducted together with a team of Political Science students and professors in 2018, I seek to confirm better methods of promoting humanization in those who hold dehumanized, racist, or highly intolerant views of Muslim immigrants. Central to the research conducted with this team based in London is the belief that dehumanization leads to ethnic tension and hinders immigrant integration into mainstream society. We argue that as dehumanization decreases, individuals of the ingroup will be more willing to interact with the outgroup, resulting in an increase of interaction, successful integration and greater approval of pro-immigrant policies.

Furthermore, various agencies and humanitarian groups have attempted to find solutions that encourage an empathetic change in attitude from those who hold dehumanized views of immigrants. Numerous studies have been conducted which seek the most effective methods of encouraging humanization and empathy among the public through media, advertisements or public activities. These methods are usually only partially effective, as some individuals increase not in empathy, but dissonance, because of these empathy-seeking messages. These individuals will be referred to as "hardliners" for the purpose of our research.[8] This study will use the reciprocal empathy approach to effectively humanize the outgroup, in this case Muslim immigrants and refugees into the United Kingdom.

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[8] Glasford, Demis E., Felicia Pratto, and John F. Dovidio. "Intragroup dissonance: Responses to ingroup violation of personal values." *Journal of Experimental Social Psychology* 44.4 (2008): 1057-1064. Gubler, Joshua R. "When humanizing the enemy fails: The role of dissonance and justification in intergroup conflict." *Annual Meeting of the American Political Science Association*. 2013.

Understanding how to improve opinions of the ingroup towards the outgroup is valuable in policy making and socio-economic prosperity. Further large-scale research in humanization practices can be instrumental in conflict resolution at large in both the developing and developed world. In this study, the focus is specific to the relationships between native/assimilated individuals and immigrant newcomers. This differs from other case studies in which there is a more cemented lack of empathy between two groups who may experience historical animosity or years of war between their peoples. These groups may experience more rooted and generational feelings of hatred. In this case study, where the central solution appears to be successful integration, empathy would generally be easier to initially identify. It is also important to recognize that empathy can be held by individuals throughout the political spectrum. Individuals who are empathetic to the cause and well-being of immigrants may still support policies that some may consider harmful to the out-group.

The solution this study proposes is called the reciprocal empathy method of reaching hardliners, or individuals with high antipathy and dissonance. The main question this study answers regarding Muslim Immigrants is as follows: When there is no direct ongoing conflict between two groups, but rather a question of integration and segregation at hand (such as with immigrants), does the reciprocal empathy theory still yield better results than other humanization approaches? Instead of the typical approach focusing on generating empathy from the ingroup towards the hardships of the outgroup, the reciprocal empathy approach focuses on a reversal of this process: the outgroup displaying empathy towards the ingroup unrelated to their conflict, and as a result generating a reciprocal empathy from the ingroup. This theory is presented in the 2015

paper "Humanizing the Outgroup in Contexts of Protracted Intergroup Conflict."[9] While Gubler's reciprocal empathy theory has been tested in the Middle East between groups that have been in frequent violent conflict with one another (Palestinians and Israelis), this is the first test of its kind and scale with a focus on reciprocal empathy and immigrants in Europe.

Measures of empathy and dissonance will be presented to demonstrate evidence of the level of humanization toward Muslim immigrants. Support for policies relating to Muslim immigration and integration will also be analyzed post treatment. Building upon former theories which will be discussed in the next section, this research presents a supplement and further study of the reciprocal empathy theory.

II.   Literature Review: The Power of Reciprocal Empathy

Humanizing the outgroup is an essential first step in reconciliation between members of groups in conflict.[10] "Dehumanization" is the perspective in which the outgroup is viewed as incapable of experiencing the same emotions as humans[11]. A dehumanized view, even if only from a small percentage of the larger population, can lead to the justification of prolonged tension, as well as segregation in societies where there is indirect conflict. When a group of individuals view themselves as victims, their defensive and emotional responses change their world views, including their moral principles.[12] For

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[9] Gubler, Joshua, Eran Halperin, and Gilad Hirschberger. 2015. "Humanizing the Outgroup in Contexts of Protracted Intergroup Conflict." *Journal of Experimental Political Science* 1, no. 2 (February): 36-46.

[10] Ibid.

[11] Leyens, Jacques-Philippe, et al. "Infra-humanization: The wall of group differences." *Social Issues and Policy Review* 1.1 (2007): 139-172.

[12] Bar-Tal, Daniel, Lily Chernyak-Hai, Noa Schori, and Ayeiet Gundar. 2009. "A Sense of Self-Perceived Collective Victimhood in Intractable Conflicts." *International Review of the Red Cross* 91, no. 874 (June): 238-32. doi:doi:10.1017/S1816383109990221.

example, when a group which supports humanitarian causes sees themselves as "victims" in any given situation, then their perceived "victimhood" leads to exceptions in their humanitarian views and actions. This can result in the justification of increased violence and the elimination of group-based guilt[13]. The complexity behind group defensiveness, which includes the powerful emotional stimulus that leads to dehumanization, could be the key to solving intergroup conflict. As a result, much research has been performed on what types of approaches most effectively promote the humanization of outgroups without increasing views of victimhood, or dissonance. The ability to shift the emotions and cognitive processing of group members in intergroup conflict to have an overall effect has proven to be difficult.

Intergroup contact theory plays a role in dehumanization, however is not always effective in offering a solution. Research concludes that the way groups interact is fundamental to stopping any dehumanizing views between them. In the intergroup contact theory, both group proximity and group interaction in "everyday life" is essential to how the ingroup views and treats the outgroup.[14] Pettigrew and Tropp find that, overall, group interaction reduces prejudice, especially when the groups share similar social values, such as goals, policy opinions, and socially binding cultural norms[15]. Crisp and Turner find that positive mental-stimulation interaction of the ingroup leads to reduced prejudice and improved attitudes towards the outgroup[16]. Enos finds that

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[13] Ibid.

[14] Varshney, Ashutosh. "Ethnic conflict and civil society: India and beyond." *World politics* (2001): 362-398.

[15] Pettigrew, Thomas F., and Linda R. Tropp. "A meta-analytic test of intergroup contact theory." *Journal of personality and social psychology* 90.5 (2006): 751.

[16] Crisp, Richard J., and Rhiannon N. Turner. "Can imagined interactions produce positive perceptions?: Reducing prejudice through simulated social contact." *American psychologist* 64.4 (2009): 231.

prolonged intergroup contact can lead to sustained intergroup interaction after an initial increase in conflict.[17]

In the cases and research presented above, improved attitudes can be found among those of all racial, political, and socioeconomic backgrounds. Improved relations and empathetic views can be generated among those of all political ideologies. However, problematically within every group there is a small percentage of "hardliners," individuals who seem unaffected by group contact. Crisp and Turner emphasize the need for a treatment that induces enough emotional stimulation to reverse dehumanization.[18] Unlike this method, this study proposed that by using a reciprocal empathy treatment, a different emotional stimulus can be produced which uses empathy to treat "dehumanizers."

Understanding group conflict is a necessary first step in solving the dehumanization problem. Petersen suggests a group cycle exists that leads to group conflict and is formed through observable structural change, belief formation, emotions, and action.[19] When a group forms a specific belief, those beliefs become part of the new identity of the group. If fear is attached to this developed belief, then the ingroup will devise a defensive form of security by rationalizing discrimination and violence against the outgroup. Terrorist attacks in the past two decades have been traced to extremist Islamist groups and previous migrants of the Middle East to Western countries. As a result, for some, all Muslims have taken on this negative association. The United

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[17] Enos, Ryan D. "Causal effect of intergroup contact on exclusionary attitudes." *Proceedings of the National Academy of Sciences* 111.10 (2014): 3699-3704.

[18] Gubler, Joshua, Eran Halperin, and Gilad Hirschberger. 2015. "Humanizing the Outgroup in Contexts of Protracted Intergroup Conflict." *Journal of Experimental Political Science* 1, no. 2 (February): 36-46.

[19] Petersen, Roger D. *Understanding ethnic violence: Fear, hatred, and resentment in twentieth-century Eastern Europe*. Cambridge University Press, 2002.

Kingdom is no different in that terrorism has led to a new identity and perception of Muslim immigrants. This new identity of "Muslim terrorists" has been so heightened that many individuals board planes or enter subways feeling uncomfortable or even threatened by the presence of their new Muslim neighbors (who are in fact peaceful).

Fear evokes an emotional response, or reaction, which leads the ingroup to form unjustified dehumanized views.[20] In a qualitative study performed prior to sending out the survey in 2018, my fellow students and I spoke with a man from Manchester who related an experience of his family. After the May 2017 Manchester terrorist attack, one of his Muslim-looking in-laws, who worked at a hospital in the city, ironically faced mockery and bullying on the subway while traveling to the hospital to treat victims in the weeks following the attacks. This is a prime example of how one terrorist attack can be used to brand an entire ethnic group with dehumanization because of ingroup fear.

Scholars have generally recognized the importance of empathy in decreasing dehumanization even if observational studies vary across a variety of fields. Neuroscience scholar De Waal suggests that people are more likely to take the perspective of the individuals who are part of their ingroup than they are from those who come from outgroups because of emotional priming; ingroup and outgroup relations are formulated along biological developments.[21] Psychological mechanisms have evolved from our primate ancestors to warn individuals to who trigger emotions and exacerbate

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[20] Halperin, Eran. "Group-based hatred in intractable conflict in Israel." *Journal of Conflict Resolution* 52.5 (2008): 713-736. Horowitz, Donald L. *The deadly ethnic riot*. Univ of California Press, 2001. Posen, Barry R. "The security dilemma and ethnic conflict." *Survival* 35.1 (1993): 27-47.
[21] Adams Jr, Reginald B., et al. "Cross-cultural reading the mind in the eyes: an fMRI investigation." *Journal of cognitive neuroscience* 22.1 (2010): 97-108.
De Waal, Frans BM. "Putting the altruism back into altruism: the evolution of empathy." *Annu. Rev. Psychol.* 59 (2008): 279-300.

outgroup empathy in what is called the "outgroup empathy gap."[22] Leyens argues that people in the ingroup become less inclusive of people in the outgroup and begin to treat them as not human equals due to "infrahumanization," which results in an ingroup perceiving an outgroup as somewhat less human.[23] Others argue that it is not just individual emotions that form group hatred, but rather that national or societal emotional atmosphere that can be characterized by fear, hatred, hope, or security.[24] What this means, is that individuals become primed and susceptive towards humanization through conscious and unconscious influences of their societies.

The most successful approaches to humanizing members of an outgroup have been largely tested in contexts without deep intergroup conflict.[25] These humanization approaches use extensive methods which seek to evoke stronger empathy from the ingroup and forge peaceful relations.[26] Empathy is a crucial step to humanization in dehumanizing groups as it elicits positive emotions that translate to beneficial action for the outgroup.[27] Initially, studies have indicated that for the vast majority of individuals such empathy evoking messages are successful; leading to greater awareness of pressures

[22] Premack, David, and Guy Woodruff. "Does the chimpanzee have a theory of mind?." *Behavioral and brain sciences* 1.4 (1978): 515-526.
Arceneaux, Kevin. "Anxiety reduces empathy toward outgroup members but not ingroup members." *Journal of Experimental Political Science* 4.1 (2017): 68-80.
[23] Leyens, Jacques-Philippe, et al. "Infra-humanization: The wall of group differences." *Social Issues and Policy Review* 1.1 (2007): 139-172.
Vaes, Jeroen, et al. "On the behavioral consequences of infrahumanization: the implicit role of uniquely human emotions in intergroup relations." *Journal of personality and social psychology* 85.6 (2003): 1016.
[24] Arceneaux, Kevin. "Anxiety reduces empathy toward outgroup members but not ingroup members." *Journal of Experimental Political Science* 4.1 (2017): 68-80.
Leyens, Jacques-Philippe, et al. "The emotional side of prejudice: The attribution of secondary emotions to ingroups and outgroups." *Personality and social psychology review* 4.2 (2000): 186-197.
[25] Ibid.
[26] Ibid.
[27] Batson, C. Daniel, et al. "Empathy, attitudes, and action: Can feeling for a member of a stigmatized group motivate one to help the group?." *Personality and Social Psychology Bulletin* 28.12 (2002): 1656-1666.

faced by the outgroup and an increase in positive attitudes and actions toward the outgroup.[28] The basis of these humanization models is to stimulate empathy towards a given group by presenting their suffering or by demonstrating their feeling of secondary emotions (emotional reactions to other emotions).[29]

Most methods have not considered the significance of antipathy as a factor in the success of humanization. Gubler uses the term "dissonance" throughout his study as relating to the feeling or situation individuals face when presented with positive information and evidence about an outgroup that is contrary to their former, strong negative beliefs. He suggests that individuals who already have relatively low feelings of antipathy towards the outgroup pre-treatment will be more likely to have a decrease of animosity towards the outgroup. On the other hand, individuals who have high feelings of antipathy pre-treatment will be more likely to increase in feelings of dissonance. Individuals faced with dissonance, who then defend and justify their previous negative beliefs and are hard-lined against shifting attitudes, are those who will fail to react positively to empathy-seeking messages.

Former methods evoking empathy require the ingroup to assume responsibility for the outgroup situation, even if the outgroup struggle is not directly related to them. The

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[28] Batson, C. Daniel, and Nadia Y. Ahmad. "Using empathy to improve intergroup attitudes and relations." *Social issues and policy review* 3.1 (2009): 141-177.
Gaunt, Ruth. "Superordinate categorization as a moderator of mutual infrahumanization." *Group Processes & Intergroup Relations* 12.6 (2009): 731-746.
Gaunt, R. 2011. "Effects of Intergroup Conflict and Social Contact on Prejudice: The Mediating Role of Stereotypes and Evaluations." *Journal of Applied Social Psychology* 41, no. 6: 1340–1355.

[29] Batson, C. Daniel, et al. "Empathy and attitudes: Can feeling for a member of a stigmatized group improve feelings toward the group?." *Journal of personality and social psychology* 72.1 (1997): 105.
Leyens, Jacques-Philippe, et al. "The emotional side of prejudice: The attribution of secondary emotions to ingroups and outgroups." *Personality and social psychology review* 4.2 (2000): 186-197.

reciprocal empathy approach does not seek to generate empathy from the ingroup for outgroup suffering, but rather offers them empathy from the outgroup, which many have dehumanized. This method does not pose any form of guilt or dissonance upon the ingroup, but rather allows them to witness an extension of empathy, a selfless trait, from the outgroup itself. This theory will propose that this empathy will be reciprocated as a result of the increased acceptance and humanization that followed the initiated empathetic contact from the outgroup.[30]

The main challenge in treating dehumanization is increasing empathy and understanding toward the outgroup regardless of initial attitudes – specifically keeping in mind how hardliners react to feelings of dissonance.[31] Gubler argues that when a member of the outgroup expresses empathy unrelated to conflict and not caused by the outgroup to the ingroup, then the ingroup feels a greater returning empathy. This results in the humanization of the outgroup in the ingroup perspective.[32] Glasford argues that when experiencing antipathy there is a threat for members of the group to justify their actions and continue to be even more violent[33]. Gubler, Halperin, and Hirschberger seek to develop a method requiring individuals on one side of the conflict to express empathy for suffering that is not related directly to the intergroup conflict. With this method, instead of asking members of the in-group to develop empathy for outgroup conflict in which

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[30] Gubler, Joshua R. "When humanizing the enemy fails: The role of dissonance and justification in intergroup conflict." *Annual Meeting of the American Political Science Association*. 2013.
Nadler, Arie and Ido Liviatan. "Intergroup Reconciliation: Effects of Adversary's Expressions of Empathy, Responsibility, and Recipients' Trust." *Pers Soc Psychol Bull* 32, no. 4 (04/01; 2017/10, 2006): 459-70.
[31] Ibid.
[32] Gubler, Joshua, Eran Halperin, and Gilad Hirschberger. 2015. "Humanizing the Outgroup in Contexts of Protracted Intergroup Conflict." *Journal of Experimental Political Science* 1, no. 2 (February): 36-46.
[33] Glasford, Demis E., Felicia Pratto, and John F. Dovidio. 2008. "Intragroup Dissonance: Responses to Ingroup Violation of Personal Values." Journal of Experimental Social Psychology 44: 1057–64.

they are directly or indirectly involved, the expression of empathy for an event or situation outside of the conflict gives an opportunity to create less dissonance—this could include unrelated illness or historical events. Gubler's study argues that reciprocal empathy will result in a greater willingness to view outgroup members as more human.

This study will expand on Gubler's previous experiments relating to dissonance, empathy, and humanization; this time with a focus on the relationship between British native citizens across the United Kingdom and Muslim immigrants. The study in London 2018 experimentally tests the effects of this unique approach to humanizing the outgroup based on empathy. Instead of requiring individuals to express empathy for outgroup suffering they might have caused, this approach requires an expression of empathy for suffering unrelated to direct relationship of native Britons and immigrants. This is the first large-scale study to be conducted testing the reciprocal empathy theory in the United Kingdom and between immigrants and natives of any given country. It will act as an extension and supplement to Gubler's previous studies of the reciprocal empathy theory and will also present further analysis of empathy in relation to demographic groups and their resulting support for immigrant-related policies.

III.   Theory: The Reciprocal Empathy Approach

The purpose of the experiment presented in this paper is to combine previous research on conflict resolution and dehumanization and present a new application with the reciprocal empathy treatment. Research was derived from various fields of studies including: political science, psychology, sociology, and history. The experiment was performed in the United Kingdom due to recent high volumes of immigration into the region and recent national security concerns that have emerged as a result of immigration.

Because the data and theories are relatively new and unexplored, this experiment is based on previous research conducted by Joshua Gubler who argues that humanization treatments fail for individuals who feel dissonance and then reduce dissonance with justifying their former beliefs. Gubler's original research focused on a sample of Jewish-Israelis who were most likely to experience dissonance because of their strong ingroup beliefs, and then presented the results based on the resulting dissonance interfering with the process of humanization.

This research consists of two parts: changing the way ingroup members feel (empathy approach) and measuring how changed feelings affect policy through actions. Previous research on empathy has shown that an empathy treatment is not always effective in creating empathy towards the outgroup. As already mentioned, most empathy treatments have had positive results in increasing the empathy of soft-liners, who are usually receptive to foreigners within their group and rarely a concern for conflict. The focus of our experiment attempts to target hardliners, or conflict causers, of the ingroup. We do this by administering an initial treatment designed to measure the level of empathy felt by respondents, and then filtered for individuals who responded with high levels of antipathy. We then analyze how effective the reciprocal empathy treatment is in influencing their levels of both empathy and dissonance toward the outgroup, as well as how likely they are to then support policies which would be either relating to, or beneficial to, Muslim immigrants.

Building upon previous theories and research, we hypothesize that "an expression of sympathy by a member of the outgroup towards the ingroup will influence the

respondent to see the group has human"[34]. Crucial to the experiment is to administer a form of empathy towards the ingroup that is unrelated to any conflict between the two groups. By doing so we hope to eliminate any concern for cognitive dissonance, and as a result ensure a reciprocal empathy from the ingroup to outgroup[35].

Using approaches of previous research conducted in the United Kingdom concerning refugees and a variety of different theories from our field, we hypothesize the following:

H1: The reciprocal empathy approach to humanize outgroups will result in the greatest increase of empathy of the ingroup than any other treatments in this study.

H2: The reciprocal empathy treatment will create less dissonance for hardliners than any other treatments in this study.

H3: Ingroup individuals who received the reciprocal empathy treatment will be more willing to support pro-immigrant policies than individuals who received other treatments.

Reciprocal *Empathy Treatment → higher rates of empathy → higher rates of policy change*
Regular *Empathy Treatment → lower rates of empathy + higher rates of dissonance → no overall policy change*

Figure A: Policy Change as a Result of the Reciprocal Empathy Treatment

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[34] Batson, C. Daniel and Nadia Y Ahmad. 2009. "Using Empathy to Improve Intergroup Attitudes and Relations." *Social Issues and Policy Review* 3(1): 141-77.
Gubler, Joshua, Eran Halperin, and Gilad Hirschberger. 2015. "Humanizing the Outgroup in Contexts of Protracted Intergroup Conflict." *Journal of Experimental Political Science* 1, no. 2 (February): 36-46.

[35] Gubler, Joshua R. "When humanizing the enemy fails: The role of dissonance and justification in intergroup conflict." *Annual Meeting of the American Political Science Association*. 2013.

IV.   Research Design & Initial Results

To test these hypotheses, we conducted a large-scale survey experiment in Great Britain, using British participants. The survey was designed to measure the level of empathy of members in the ingroup (British) towards individuals of the outgroup (Muslim immigrants). The survey spanned several topics all surrounding the idea of identity. In several sections and questions on immigration, we focused on the views and sentiments of native Britons towards immigrants and immigration policy. Many of these questions focused specifically on views toward Muslim immigrants in the United Kingdom. Since the primary interest of this study is exploring methods of humanization and swaying antipathy towards immigrants, we decided to focus solely on the portion of the ingroup that is most controversial in society and policy – the so-called "hardliners", or individuals which show high levels of antipathetic views pre-treatment.

To determine how each participant viewed Muslim immigrants in society, we used both a pre-treatment humanization measure and an antipathy index. These pre-treatment measures are be used within our analytical regressions as moderating variables for empathy and dissonance. Within our treatments we had a pure control group (which would receive no treatment) and various treatment groups of 1550 participants each. If the participants received a treatment outside of the control group, they would read a type of narrative relating empathy between either the outgroup to ingroup, ingroup to outgroup, or each group towards themselves. Immediately following whichever treatment statement they received, the participants were asked feelings and emotions toward Muslim immigrants to measure our first dependent variables of empathy and dissonance.

16

They were then asked of their level of support for specific policies/approaches toward Muslim immigrants.

Participants

The survey was administered through an online database using *Qualtrics*. Our team chose Qualtrics because of its reputation as an excellent research core for complex surveys which was necessary to help analyze our data. The survey was sent out to 8,172 individuals living in various regions of Great Britain equally. Wanting to obtain the best representation of total perceptions in the United Kingdom, we extended the scope of our survey to the following regions: Scotland, Wales, Cornwall, Southern England, Midlands, Northeastern England, Yorkshire and the Humber, Northwestern England, and the West/Southwest of England. Each region had 900 participants with the exception of Southern England having 1200 and Cornwall having 672.

Measuring & Moderating: Control Variables

To test the theory, we first needed to create measures which would measure initial levels of antipathy and humanization. Pre-treatment measurements attempt to measure feelings of antipathy and levels of humanization -- both of which are difficult to pinpoint and measure with certainty. However, these pretreatment measurements are extremely important in determining the individuals who held higher levels of antipathy prior to the treatment. If individuals seemed to have a low humanization measure or high antipathy measure, they would be likely to be more hardliner against the empathy treatments and may also be more prone to feeling dissonance post-treatment. In this study, I took the participants who held above mean value as responses to the antipathy measure, and used

solely their results in the analysis of the treatments. These participants were considered "hardliners."

Additional control variables include basic demographic measurements such as the overall importance of immigration topics (to the individual taking the survey), political orientation, age, and socioeconomic status (SES). These measurements can also have an impact on how individuals react to survey questions and treatments and are therefore included as controls in our regressions of empathy, dissonance, and policy analyses.

The following initial figures are representations of the demographic variables within the entire survey population, followed by a summary of the results.
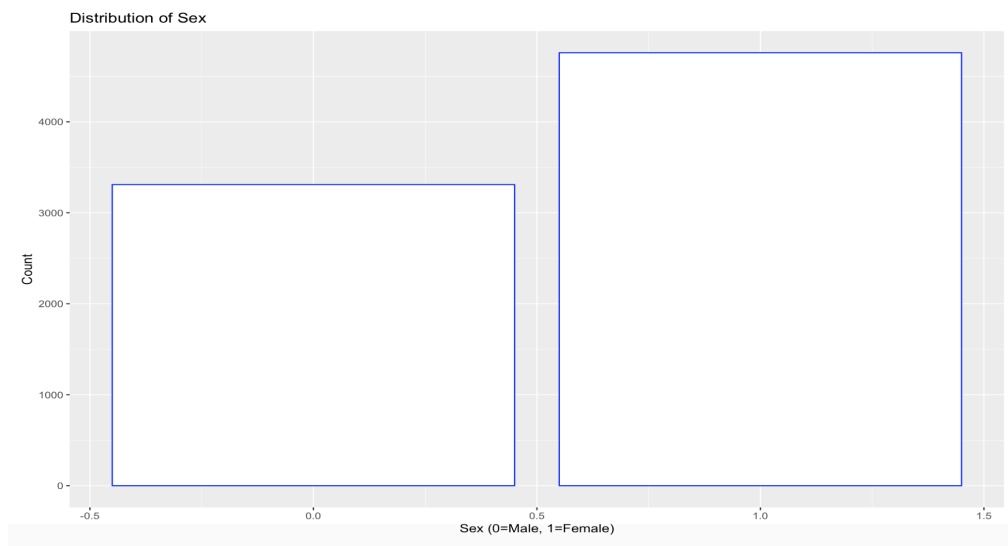
Figure B: Distribution of Sex

Figure B indicates that there were more women that took the survey than men. About 1,500 more women than men might indicate a significant disparity, as women are often considered to hold more empathetic views (also the case in this study).
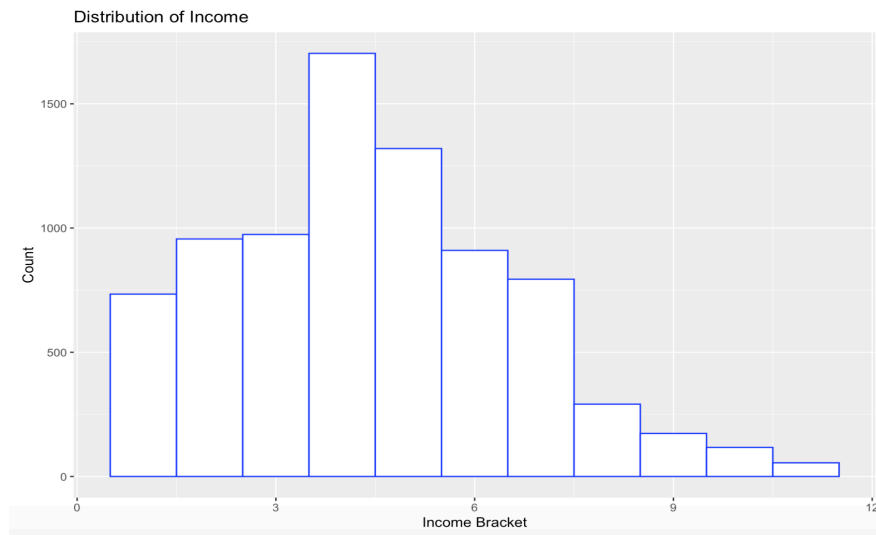
Figure C: Distribution of Income

Figure C indicates a normal, right-skewed distribution of income among survey participants indicating that most were in the lower to middle class.
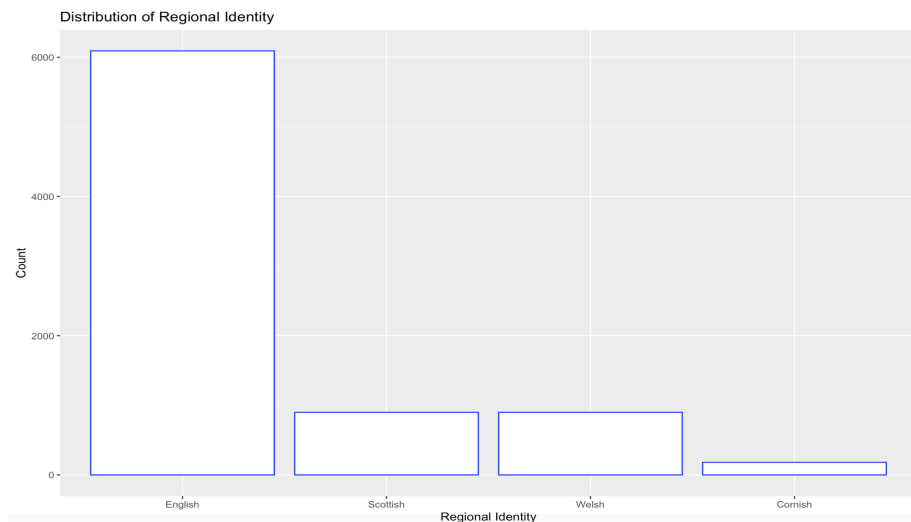

Figure D: Distribution of Regional Identity

Figure D visualizes the outreach to various regions of the UK; the majority of survey respondents identified as English and approximately 1,000 Scottish and 1,000 Welsh. There was a minimal number of Cornish participants.
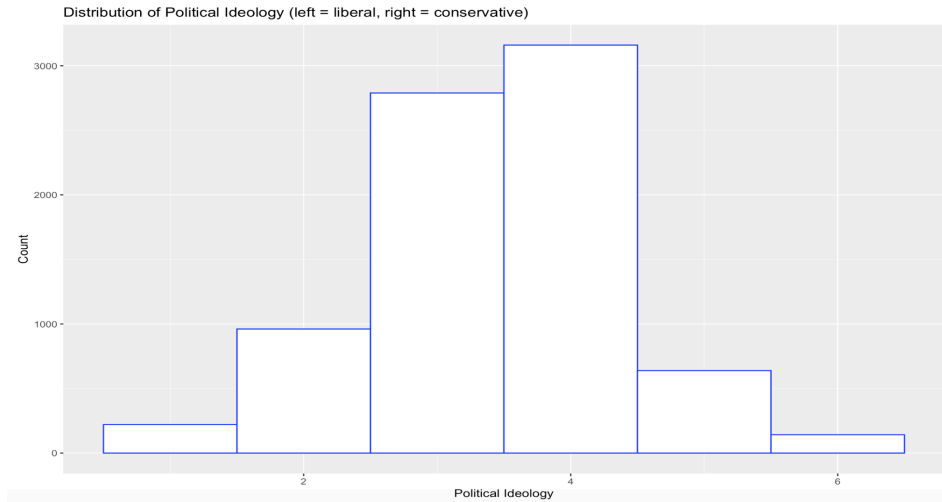
Figure E: Distribution of Political Ideology

The normal distribution of Figure E indicates that most individuals who took the survey were moderate, leaning left or right on certain issues. There were slightly more individuals who leaned moderate-right.
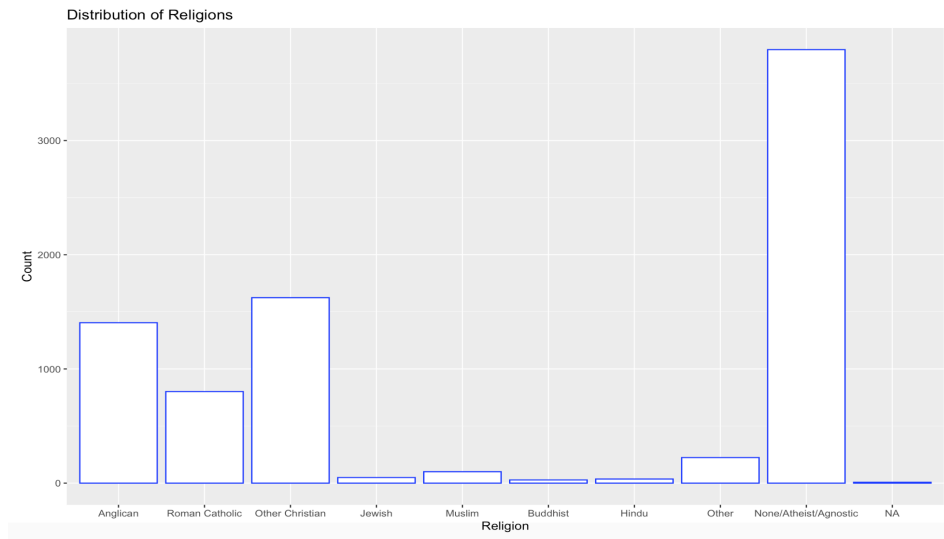

Figure F: Distribution of Religions

Figure F was surprising in that nearly half of the total survey respondents indicated affiliation with no religion or considered themselves atheist or agnostic. The remaining participants were mostly Christian.
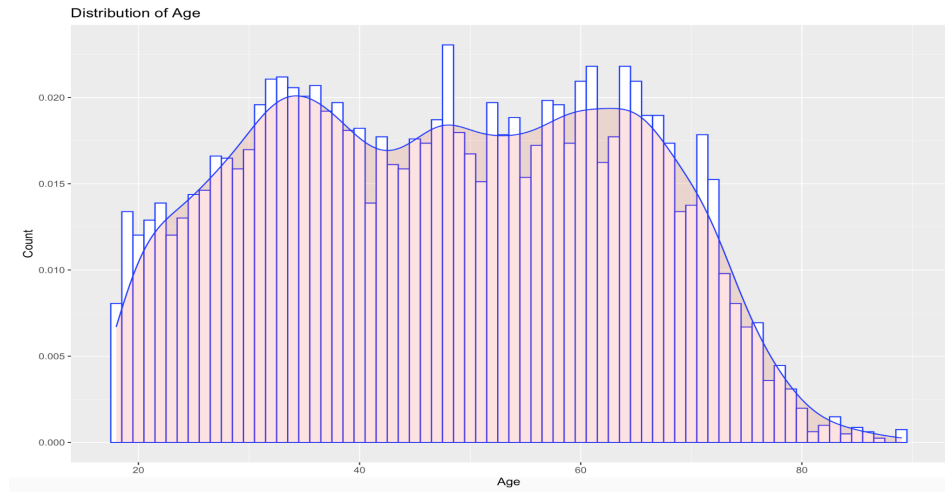
20

Figure G: Distribution of Age

Figure G indicates that the participants were from all age groups, most between ages 30 and 70.

Pre-treatment Humanization Measure

Before the administration of the treatment groups, the survey measured to what extent each participant humanized the outgroup. Prior to the treatments, the participants indicated on a scale (1=not at all 6= very likely) of how likely Muslim immigrants were to feel the following seven emotions: Admiration, Love, Resentment, Shame, Excitement, Pleasure, and Fear. This measurement is based on the Infra-humanization measure developed by Leyens et. al. (2001). Four of these emotions are regarded as secondary emotions -- Admiration, Love, Resentment, and Shame -- and indicate emotions that are uniquely human. The other three emotions are primary emotions, or

more universal, animalistic emotions. This measure was not used in regression analysis as it did not have any strong impact on the results. See appendix 2, question 25.
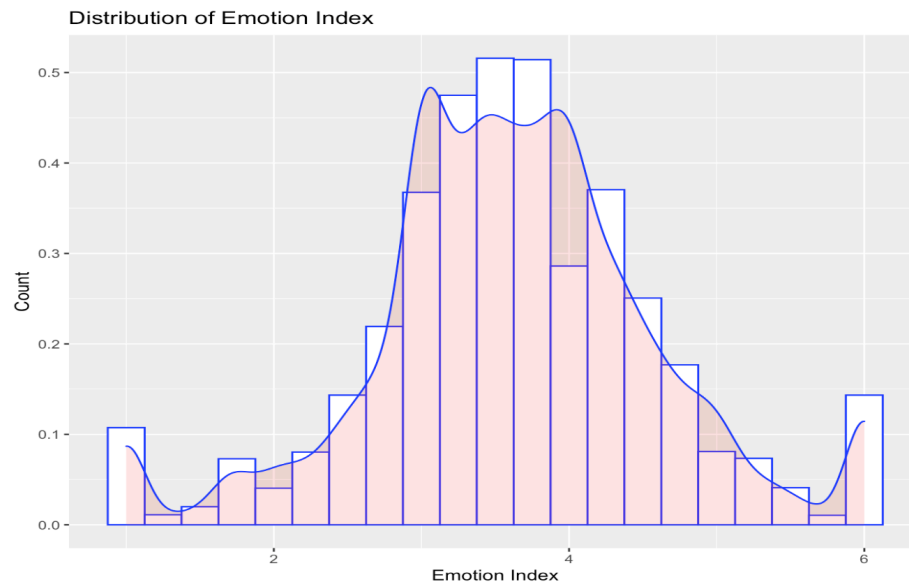

Figure H: Humanization (Emotion) Distribution

Figure H above shows a fairly average distribution of how likely Muslim Immigrants were perceived to feel certain emotions.

Pre-treatment Antipathy Measure

We also created a pre-treatment measure of antipathy in each participant by asking a series of nine questions relating to how they viewed Muslim immigrants in society and their impact on native Britons. The questions included to what extent they thought Muslim immigrants were prone to more violence or being lazier and to what extent they thought the British have suffered more or were more honest than Muslim immigrants.

Below are the nine statements used to measure antipathy (the participants indicated that their either strongly disagree, disagree, somewhat disagree, somewhat agree, agree, or strongly agree):

1. In general, Muslim immigrants are more prone to violence than other groups.

2. In general, Muslim immigrants are lazy.

3. Of all the groups living in the UK, British people typically work the hardest.

4. The real victims of the Muslim immigrant crisis are the local citizens of the places to which they come.

5. Providing increased opportunities (jobs, education) for Muslim immigrants in the UK means decreasing opportunities for other residents.

6. Muslim immigrants have moral values and customs from which UK residents could learn.

7. British people have suffered more from the Muslim immigrant crisis than the immigrants themselves.

8. Of all the groups living in the UK, British people are generally more moral and honest than the others.

9. In general, Muslim immigrants care less about morals than other groups.

The answers were all asked such that if the participant stated that they strongly agree, it would indicate a stronger antipathy (with exception of number 6, which was coded in reverse). We then took the average answers of the nine questions and named this dataframe "Pre-treat Antipathy" in the models for empathy, dissonance, and policy. The

antipathy measure was also used to extract hardliners with above-average values for antipathy for this study.
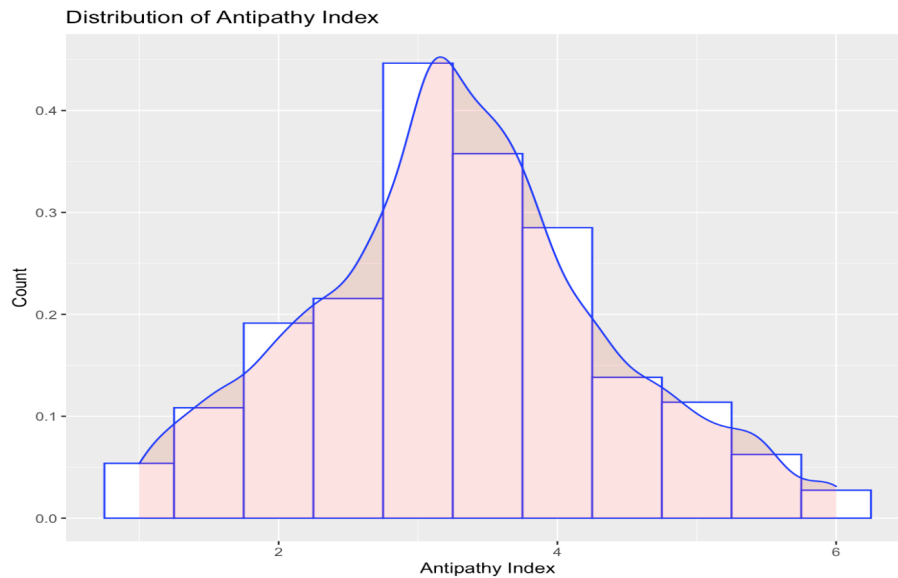

Figure I: Distribution of Antipathy

Figure I indicates a normal distribution for the antipathy measure described above. The results analysis focused on hardliners, those with above-average values of antipathy.

Treatments

The 8,172 participants were divided into five equal groups: a pure control group and four different empathy treatments. Of these participants 1558 participants were part of the control group, 1565 part of the reciprocal empathy treatment from Muslim to British, 1549 part of the empathy treatment from British to Muslim, 1540 part of the treatment of Muslim to Muslim, and 1550 part of the treatment of British to British.

The treatments were all in form of a short paragraph relating an empathetic narrative of either a Muslim or Briton to either the opposite group or their own. One of the treatment measures was assigned randomly to a participant with the purpose of measuring the effectiveness of sparking empathy. The treatments highlighted different

ethnic groups' relationship towards one another by replacing nouns and voice in the text. The treatments outside of the pure control group included: Muslim to British narrative (reciprocal empathy treatment), British to Muslim narrative, Muslim to Muslim narrative, or British to British narrative. When coding these different treatments, we shortened their titles using "M" representing Muslim immigrants and "B" representing British natives. In the paper, the treatments will be referred to as "M2B_recip", "B2M", "M2M", "B2B", and "Control." The "M2B_recip" narrative, for example, is written in the perspective of a Muslim immigrant who expresses empathy about an event unrelated to his/her status as an immigrant towards a British citizen (indicated by the choice of an English name); this group was the reciprocal empathy treatment and is representative of our hypothesis. Each treatment was also preceded by different instructions.

After initial research and qualitative interviewing, our research team decided on including the event of the Grenfell Tower fire in London as well as a fictitious narrative of the death of a close friend to cancer. The Grenfell Tower fire occurred in 2017 and resulted in 72 deaths and was a tragedy nationwide across the United Kingdom. The reason for choosing this event was that it was a tragedy neutral and separate from immigration politics and was a national shock mourned throughout all regions of the United Kingdom. Death due to illness was also chosen for its neutrality and personal relatability for either group. Each treatment will be compared to see which evoked the most empathy, dissonance, and change in policy by analyzing the questions posed after the narratives.

The following is an example of M2B and **B2B** narratives:

*"It has been two years since I first arrived in London with my young family. Since that time, I've grown to love my British/ **[no reference]** neighbours. Their loss is my loss; their pain is my pain. We grieved together at the terrible tragedy of Grenfell Towers. I was shocked and heartbroken for the loss of the many hard-working, good Britons lost in the fire, especially the children. This grief was compounded by the loss of my neighbor and good friend John shortly thereafter. John and his family had embraced mine when we arrived. Late last year, John was diagnosed with stage four cancer. I will never forget my last visit to him at the Cancer Treatment Centre. I sat with his family as his long battle with cancer came to an end. Having lost my own father to cancer back home as a young child, I know how devastating this can be for the children left behind."*

The following is an example of M2M and **B2M** narratives:

*"It has been two years since Muhammad/ **[I first arrived in London with my young family]** and his family first arrived in London. Since that time, I've grown to love my Muslim/**[British]** neighbours. Their loss is my loss; their pain is my pain. We grieved together at the terrible tragedy of Grenfell Towers. I was shocked and heartbroken for the loss of the many hard-working, good Muslims/**[Britons]** lost in the fire, especially the children. This grief was compounded by the loss of my neighbor and good friend Muhammad/ **[John]** shortly thereafter. Muhammad/ **[John]** and his family had embraced mine when they arrived. Late last year, Muhammad/**[John]** was diagnosed with stage four cancer. I will never forget my last visit to him at the Cancer Treatment Centre. I sat with his family as his long battle with cancer came to an end. Having lost my own father*

26

to cancer as a young child, I know how devastating this can be for the children left

behind."

Empathy Index Measurement

Following the administration of the narrative treatment given, each participant

was asked to indicate to what extent they felt of various emotions toward Muslim

immigrants. This is our dependent variable measurement for empathy. We used Batson's

empathy measure, in which empathy is considered "another-oriented emotional response

congruent with another's perceived welfare."[36] A total of fifteen emotions were presented

in a series of three questions (see appendix Q53-Q55) and for analysis they were split

between positive and negative emotions. The positive emotions were those that

demonstrated empathy: compassion, warm, soft-hearted, tender, sympathetic, and moved.

Participants indicated to what extent they felt these emotions coded from 1="Not at all"

to 5 ="A great deal." These six coded emotions were put into a dataframe titled

"empathy" from which the post-treatment empathy index was created by taking the

average of all six emotions. This empathy index measured to what extent the survey

participants felt these various emotions relating to empathy when thinking about Muslim

immigrants post treatment. These emotions were first created by Batson in his 1991 study

and further tested in his 1997 study titled "Empathy and Attitudes: Can Feeling for a

Member of a Stigmatized Group Improve Feelings Toward the Group?"

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[36] Batson, C. Daniel, et al. "Empathy and attitudes: Can feeling for a member of a stigmatized group improve feelings toward the group?." *Journal of personality and social psychology* 72.1 (1997): 105.
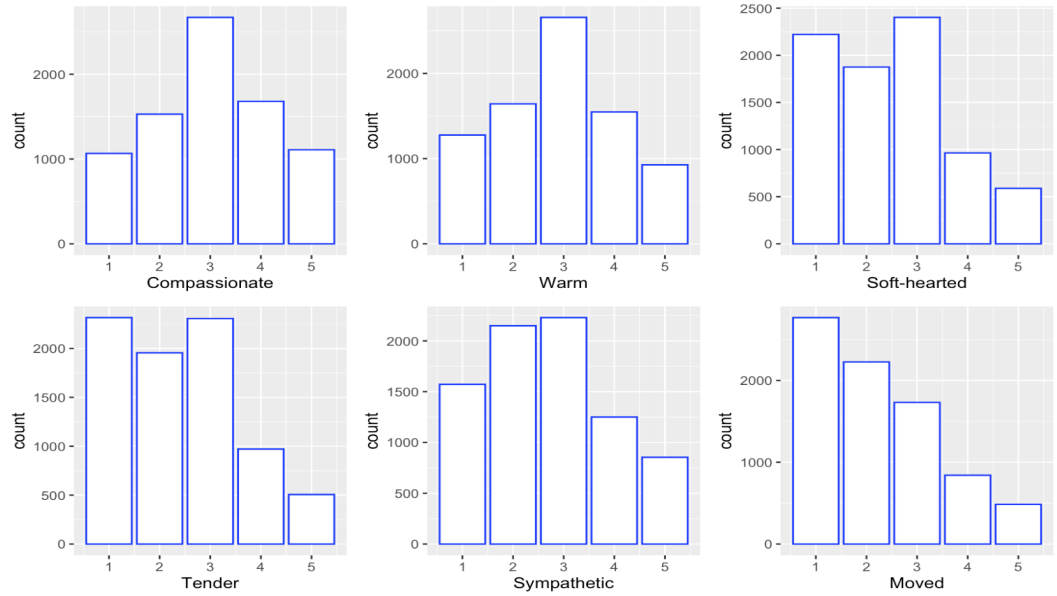
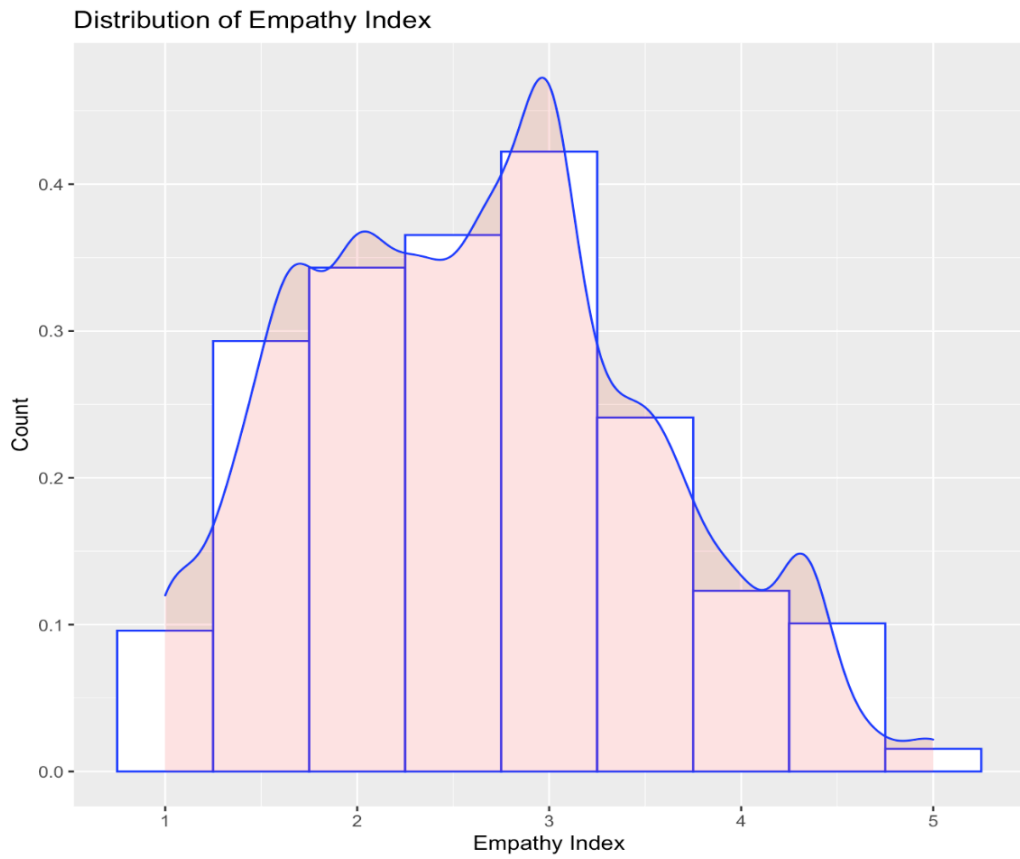Figure J: Empathy Emotions Distributions

Figure K: Distribution of Empathy Index

Dissonance Index Measurement

Using the same Batson measurement as the empathy index, a dissonance index of negative emotions was created representing any level of dissonance post treatment. These negative emotions were part of the same three questions listed after the treatment mixed in together with the positive emotions used in the empathy index. There negative emotions included: bothered, tense, anxious, uncomfortable, and uneasy. These five emotions were then also coded from 1= "Not at all" to 5 = "A great deal" and their average was taken to create the dissonance index. These dissonance-related emotions measured the extent of negative attitudes toward Muslim Immigrants post treatment in participants.

The measure of dissonance is again only used for hardliners in each treatment. To do this, we calculated the mean of the antipathy measure (3.29) and indicated in the linear model of the analysis to only measure the subset of those with an antipathy value of above 3.29. Therefore, hardliners in this study are measured as those who indicated an above average antipathy in the pre-treatment measurement. The results presented in this section for hardliners however does not support our hypothesis.
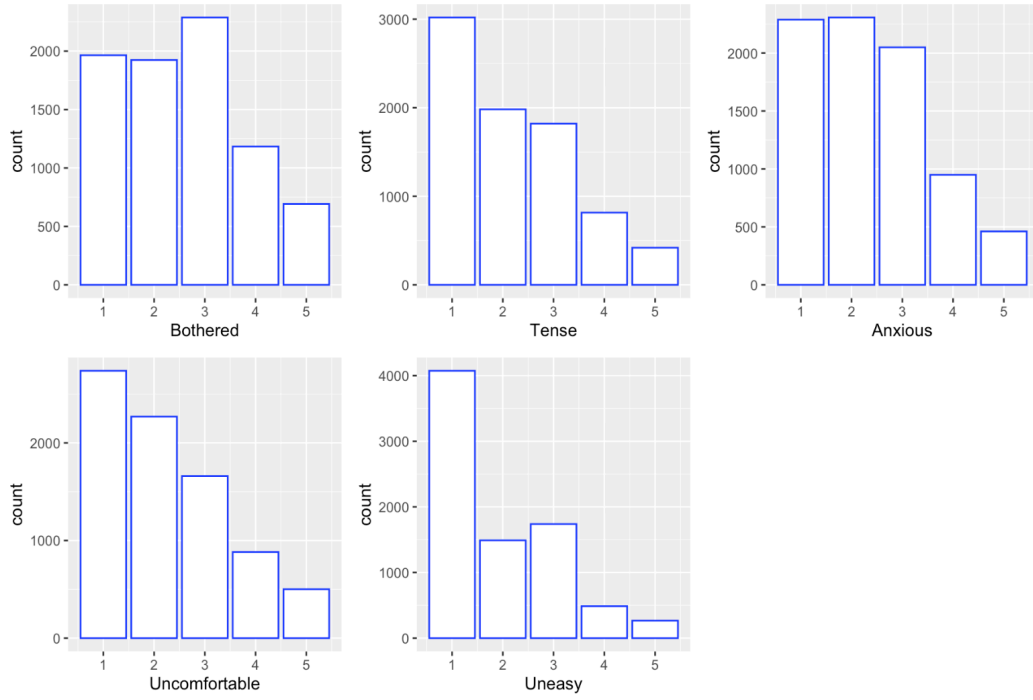
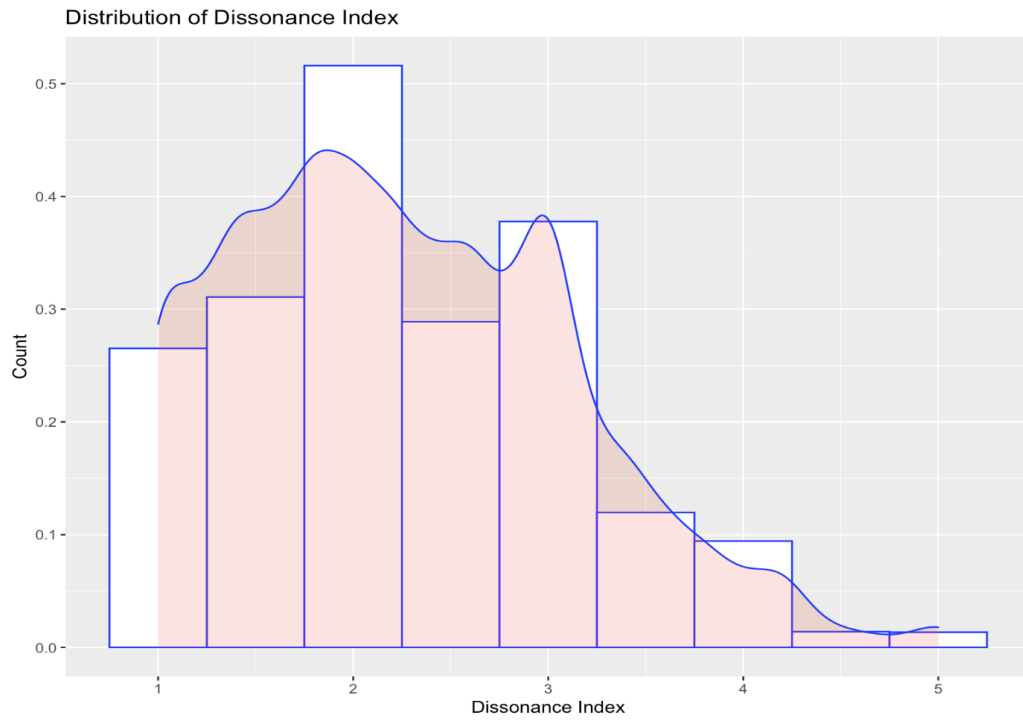Figure L: Dissonance Emotions Distribution

Figure M: Distribution of Dissonance Index

Policy Index Measurement

To measure the effect of the treatments on policy, five policies relating to Muslim immigrants were presented and the survey participant was asked to indicate the degree of support they had for each policy. Choosing from a six-point scale ranging from "Strongly Oppose" to "Strongly Support", the answers of participants would indicate their political support post treatments. The five policies included the following:

1. Support for a five-tier visa immigration system

2. Support for vulnerable persons resettlement scheme

3. Support for building the Calais Wall (along the border of France, which would prevent future illegal immigration)

4. Prohibition of burqas in all public areas of the U.K.

5. Prohibition of all girls in primary schools under eight wearing the hijab.

In my first analysis of this data in 2018, I focused solely on policy support for the five-tier visa immigration system in Europe. It was chosen mainly for its perceived general take on immigration policy. The results of the five treatment groups for this policy, however, was too small to have any significance. Post-analysis, it became clearer that the five-tier visa issue was not as well-known as some of the other policies or integration issues stated in the question. Therefore, in this study, I will investigate two more prominent and specific policies: support for building the Calais Wall and the prohibition of head coverings.

The last two policies relating the wearing of the burqa in public and hijab in schools refer more to cultural integration and assimilation versus immigration and settlement policies. Since they are both referring to similar concepts, they were grouped into one index named "head_coverings." The Cronbach's alpha is a measurement of

internal consistency between two sets of data, the closer the number is to 1, the more
internally consistent the two sets are. The value for the two data sets of burqa and hijab
policies was 0.86, and since it is greater than 0.70, we can confirm that there is a high
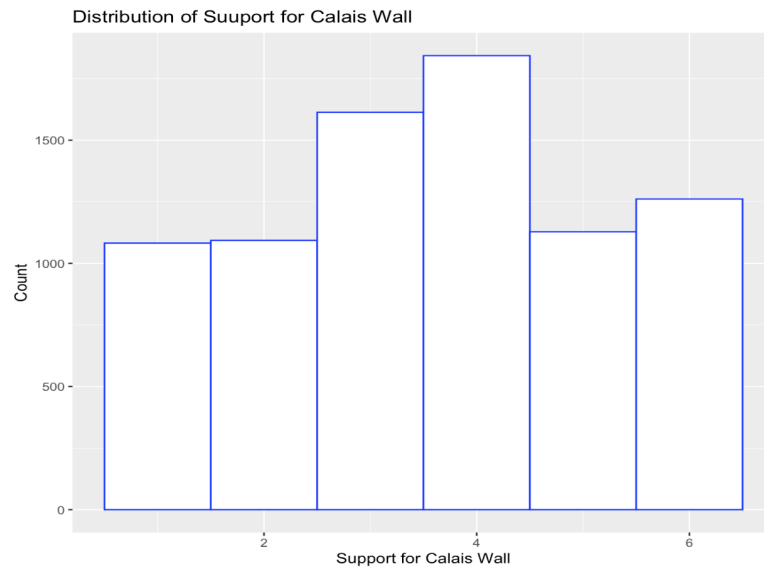internal consistency and makes sense to group the two together.

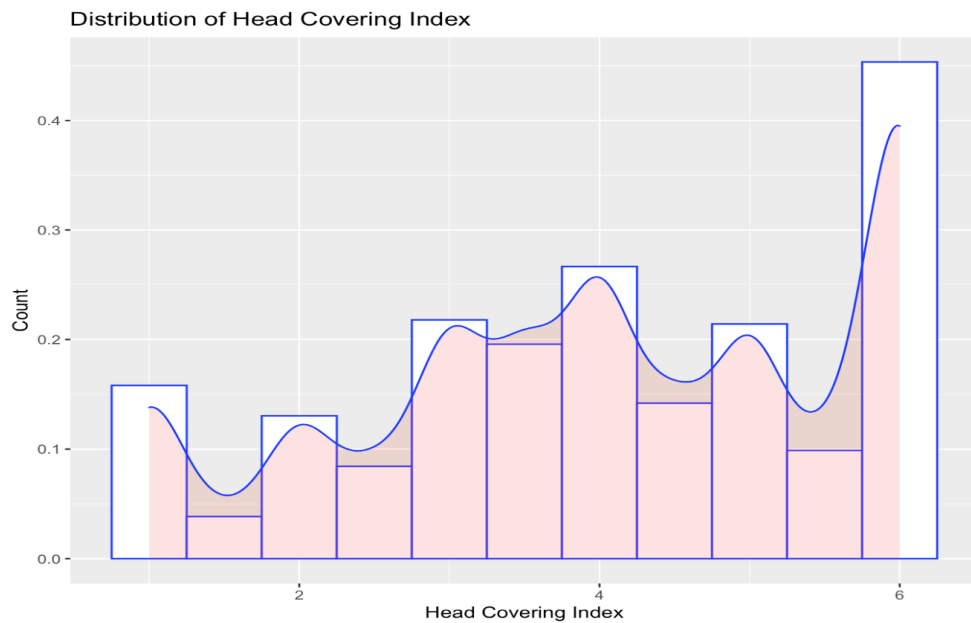Figure N: Distribution of Support for Calais Wall policy

Figure O: Distribution of Head Covering Index

The following evidence is discussed and demonstrates that all empathy treatments do indeed result in a greater generation of empathy among those in the ingroup. Evidence also suggests that the reciprocal empathy method results in the greatest levels of empathy post-treatment. This supports H1: *The reciprocal empathy approach to humanize outgroups will be the approach resulting in the greatest increase of empathy of the ingroup.*

The mean measured empathy generated from all treatment groups and for all respondents was 2.64 (on the scale of 5). This number can be contrasted against the mean empathy level for those with higher than average antipathy levels, 2.37. This is expected, as individuals with higher antipathy can be assumed to have less empathy. To assess whether the reciprocal empathy approach would result in the greatest increase of empathy in these hardliner respondents compared to other treatments, a regression on empathy using the empathy index we created (coded as "empathy") on the various treatments (coded as "emptreat") as well as our pre-treatment measure of antipathy ("antip") and control variables of age, income and sex. The robust standard errors were then calculated. We create the empathy index by coding for positive emotions in the post-treatment empathy measure including words compassion, warm, soft-hearted, tender, sympathetic and moved. These six items were put into the empathy data frame and then tested for the Alpha Coefficient of Reliability. The Cronbach's alpha measure was 0.85, indicating a high internal consistency, relating all of the positive emotions listed above.

All four treatment conditions had positive coefficients meaning that, all else held constant, seeing one of our empathy treatments is associated with an increase in empathy.

The results, which can be seen in Table 1 below, provide evidence and indicate that the reciprocal empathy approach ("M2B-RecipEmp") resulted in an increase of empathy of the ingroup by comparison to the control group with which was highly statistically significant (M2B-RecipEmp = 0.323; p < .001). This reciprocal empathy treatment- that we were most interested in- turned out to be the most significant. There is 95% confidence that, compared to the treatment condition and all other variables held constant, seeing the reciprocal empathy treatment led to an increase of empathy of between 0.28 and 0.36 for respondents with above average levels of antipathy. The next highest coefficient belongs to the treatment group "B2B" which is 0.28, which is especially interesting, as this treatment did not include mention of Muslim immigrants at all. I also found it interesting that the treatment with the smallest value, suggesting the least empathy generation, was from the "B2M," or the British to Muslim, treatment, which is a common method used by media and humanitarian agencies.

The effects of treatments on post-treatment empathy are displayed in Table 1 below. The corresponding statistical significance and robust standard errors of the intercept are all presented. Each of the treatments carried out are all are measured against a .001 level of significance, indicating that these values are highly statistically significant. Control variables of age, income, and sex are also presented. Age and income being the two that are statistically significant. The direction of the values make sense; age is a small negative number, indicating that older generations would be very slightly more likely to be less empathetic post treatment. Those with higher income would be slightly more likely to experience higher empathy levels post treatment.

Empathy Treatment Effect on Post-Treat Empathy (Robust SE)

	empathy
Intercept	3.716***
	(0.101)
B2B	0.280***
	(0.042)
B2M	0.192***
	(0.040)
M2B-RecipEmp	0.323***
	(0.040)
M2M	0.237***
	(0.041)
Pre-treat Antipathy	-0.201***
	(0.020)
Age	-0.016***
	(0.001)
Income	0.017*
	(0.007)
Sex	-0.018
	(0.028)
N	3,919
R^2	0.132
Adjusted R^2	0.130
Residual Std. Error	0.822 (df = 3910)
F Statistic	74.090*** (df = 8; 3910)

*p < .05; **p < .01; ***p < .001

Table 1: Empathy Treatment effects on Post-treat empathy

Figure 1 on the following page displays the plotted estimated empathy levels for each of the treatments and their standard errors. The y-axis presents the control group treatment as well as the four other narrative treatments. The x-axis unit is the empathy measurement generated from our empathy index as described earlier. From this plot, we

conclude that all empathy treatments have a positive effect on producing empathy. An estimated 0.19 increase can be seen between the control group (approx. 2.17) and the lowest scoring "B2M" treatment (approx. 2.36). "B2M", representing the British to Muslim narrative, is usually the most common type of treatment when considering empathy-seeking messages. "M2B_recip" represents the reciprocal empathy treatment from Muslims to native Britons and has the highest projected empathy level in comparison to other versions of the treatment at approx. 2.49 units, an approximate 0.32 increase from the control group. In addition to being statistically significant, this result is substantially significant as the introduction of the reciprocal empathy treatment nearly erased the difference in mean empathy level between those with above-average antipathy and those with standard levels of antipathy.
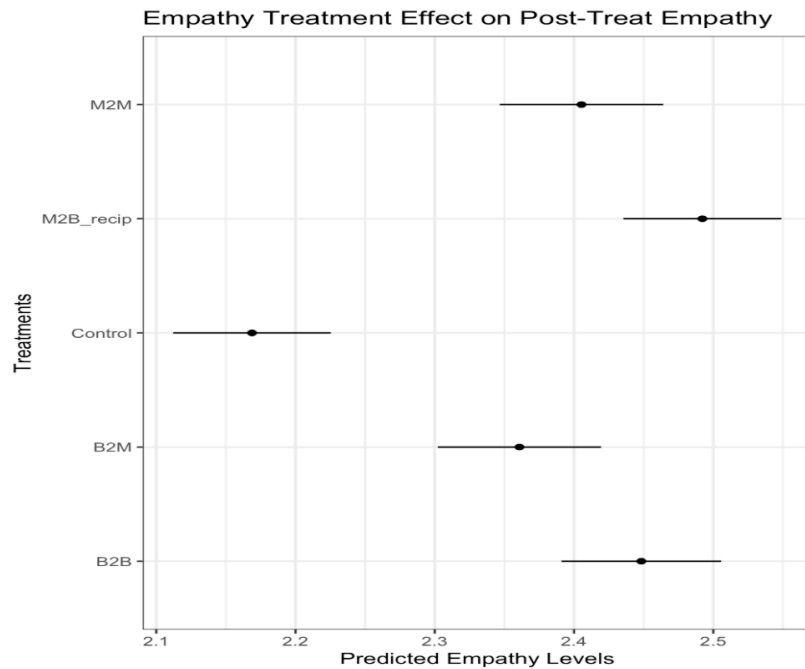

Figure 1: Creation of Empathy in various Treatment Groups

The results illustrated in both the table 1 and figure 1 provide evidence that confirms the theory and hypothesis surrounding the reciprocal empathy treatment. It

confirms that this method generates empathy post-treatment, though there is no surety

that it worked *better* than any other treatment tested in this study because of the

uncertainty intervals. The increase from between the control and reciprocal empathy

treatment was just over 0.3, is statistically significant, and did shift hardliners post-

treatment to being more willing to empathize with members of the outgroup more than

before. The reciprocal empathy treatment does work in a setting between immigrants and

the host society, but not necessarily better than when in a hot context such as between

Israelis and Palestinians in Gubler's 2015 study.

I now turn to an exploration of H2: *The reciprocal empathy treatment will create*

less dissonance for hardliners than any of the other treatments in this study. The mean

dissonance level for all respondents in thee dataset was 2.28. However, the mean

dissonance level for those with higher than average antipathy levels was higher at 2.56. In

order to measure the level of dissonance following each of the empathy treatments, a

dissonance index from the same list of the emotions as the empathy index was used. This

measure answers the following questions of our theory: "What treatment works best for

"hardliners" who typically show high levels of dissonance post treatment?" and "What

treatment in this study results in the lowest level of dissonance?" Like the empathy index

consists of emotions which reflect empathy, the dissonance index consists of emotions

that reflect dissonance. These five negative emotions included bothered, tense, anxious,

uncomfortable, and uneasy. The average of these five emotions make up the dissonance

data frame and the Cronbach's alpha measure is 0.76. As this value is higher than 0.70,

we can conclude this measure has internal consistency.

In table 2, the results indicate that all four treatments had negative beta coefficients, or slopes, indicating a decrease in dissonance after the empathy treatments. Only the B2B treatment is not statistically significant. There is 95% confidence that, compared to other treatment conditions and all other variables held constant, seeing the reciprocal empathy treatment led to a decrease of dissonance between 0.08 and 0.16 for respondents with above-average levels of antipathy.

Empathy Treatment Effect on Post-Treat Dissonance (Robust SE)

	diss
Intercept	1.907^{***}
	(0.101)
B2B	-0.074
	(0.042)
B2M	-0.134^{***}
	(0.040)
M2B-RecipEmp	-0.123^{**}
	(0.040)
M2M	-0.156^{***}
	(0.041)
Pre-treat Antipathy	0.320^{***}
	(0.020)
Age	-0.011^{***}
	(0.001)
Income	0.007
	(0.007)
Sex	-0.127^{***}
	(0.028)
N	3,925
R^2	0.113
Adjusted R^2	0.111
Residual Std. Error	0.813 (df = 3916)
F Statistic	62.471^{***} (df = 8; 3916)

$^{*}p < .05;\ ^{**}p < .01;\ ^{***}p < .001$

Table 2: Different Empathy Treatments effects on Dissonance Levels

In Figure 2 below, we can observe that all the treatments appear to have decreased dissonance levels in comparison to the control group. The y-axis presents the control group treatment as well as the four other narrative treatments. The x-axis unit is the predicted dissonance levels generated from the dissonance index as described earlier in this study. Contrary to much of the theory presented in this study, this suggests that all empathy treatments – regardless of which method– will result in a lowered post-treatment dissonance level compared to having no treatment at all among hardliners.
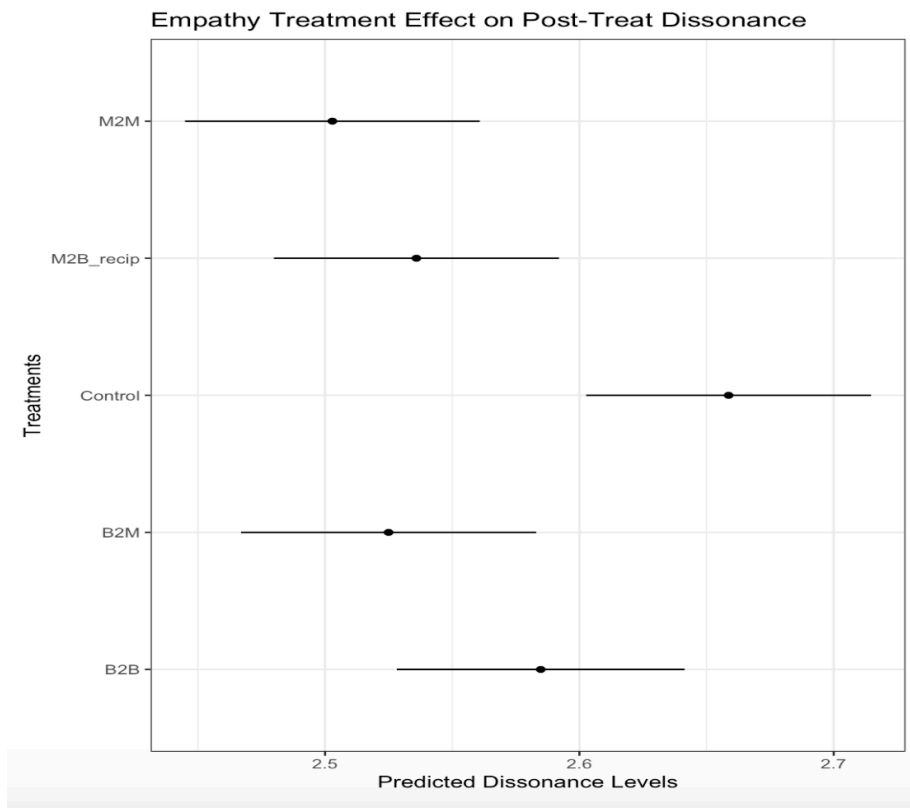
Figure 2: Resulting Dissonance from various Treatment Groups

Additionally, there were two treatments ("M2M" and "B2M") that succeeded the reciprocal empathy measure in slightly lower dissonance levels. Though all slight differences from the control group (none more than a 0.2 unit difference), it is surprising that the "M2M" treatment group was actually the treatment with the most prominent

change in lowering dissonance levels. The "B2B" treatment group resulted in the highest

levels of dissonance post treatment, where ingroup members (native Britons) demonstrate

empathy towards their own group. This could be expected because members of the

ingroup are creating greater empathy within themselves, and present themselves as

victims, making participants more prone to feelings of dissonance after considering

negative effects of immigration towards their own people. Yet, these results were not

indicated as significant within the regression. "M2B_recip" resulted in a lower

dissonance level than the control group. In addition to being statistically significant, this

result is fairly substantially significant as the introduction of this treatment roughly

halved the difference in mean dissonance level between those with above-average

antipathy and those with standard levels of antipathy.

These results seem to be contrary or opposite to what is expected based on our

outlined theory and discussions about dissonance. They do, however, provide insight into

treatment effects on dissonance levels and the methods used to measure dissonance. The

results do not support our hypothesis regarding the reciprocal empathy treatment

lowering dissonance levels more than the other treatments, however still indicates that all

treatments had statistically significant effects in lowering dissonance. The results raise

questions as to whether the dissonance measure included in this study was as effective

and accurate as other potential measures or if the reciprocal empathy treatment itself truly

did not lower post-treatment dissonance more than the others.

Finally, I present results for the last hypothesis H3: *After the treatment, individuals of the ingroup will be more willing to support immigrant policies.*

To test to what extent individuals who had the reciprocal empathy treatment supported immigrant policies, we posed a number of questions post treatment regarding various policies related to immigration. In this study, I analyzed two policy groups which were representative of both general immigration policy (support for the Calais Wall) and cultural assimilation (wearing of the burqa or hijab).

Table 3 below represents the results of support for the Calais Wall policy, where the beta coefficients for each treatment is displayed, all of which have very low negative values. All of which are also insignificant with exception of the B2B treatment. It is interesting that this treatment, only representative of the relationship between ingroup to ingroup would result in the only significant and lowest support for an anti-immigrant policy. The effects of each empathy treatment vary from treatment to treatment, but that they all do not sway far from the control. As can be seen from the table, these values do not have high significance levels, which lowers their statistical significance in regard to this study.

Age and income control variables were significant at the .001 level, however their values were very minimal. An increase in age by one unit would lead to .010 units of more support for the Calais Wall policy and an increase in income by one unit would lead to .025 units of more support for the policy. The control variable of sex was insignificant.

**Empathy Treatment Effect on Post-Treat
Support for Calais Wall (Robust SE)**

	calais
Intercept	0.609***
	(0.101)
B2B	-0.082*
	(0.042)
B2M	-0.020
	(0.040)
M2B-RecipEmp	-0.054
	(0.040)
M2M	-0.051
	(0.041)
Pre-treat Antipathy	0.775***
	(0.020)
Age	0.010***
	(0.001)
Income	0.025***
	(0.007)
Sex	-0.028
	(0.028)
N	3,919
R^2	0.166
Adjusted R^2	0.164
Residual Std. Error	1.276 (df = 3910)
F Statistic	97.275*** (df = 8; 3910)

*p < .05; **p < .01; ***p < .001

Table 3: Empathy Treatment Effects on Post-Treat Support for Calais Wall

Figure 3 below is a representation of the variation in policy support among the

five treatment groups. From this visual we observe that all five treatment groups stay

within 0.1 units within each other (between 4.32 and 4.42). It is difficult to say that this

extremely small difference has any significance and I conclude that for this specific

general policy, the treatments did not have significant impact on the views of

participants. The "B2B" treatment group resulted in the lowest predicted support and is

indicated to have a .05 significance level above, indicating an interesting result that the

British to British was connected to less support for the building of the Calais Wall. Ultimately however, I conclude that this measure has too small of a difference to be considered. There was not significant evidence to reject the null hypothesis for any of the empathy treatments for the Calais Wall policy. The direction of the treatments however make sense; all compared to the control result in slightly lower support.
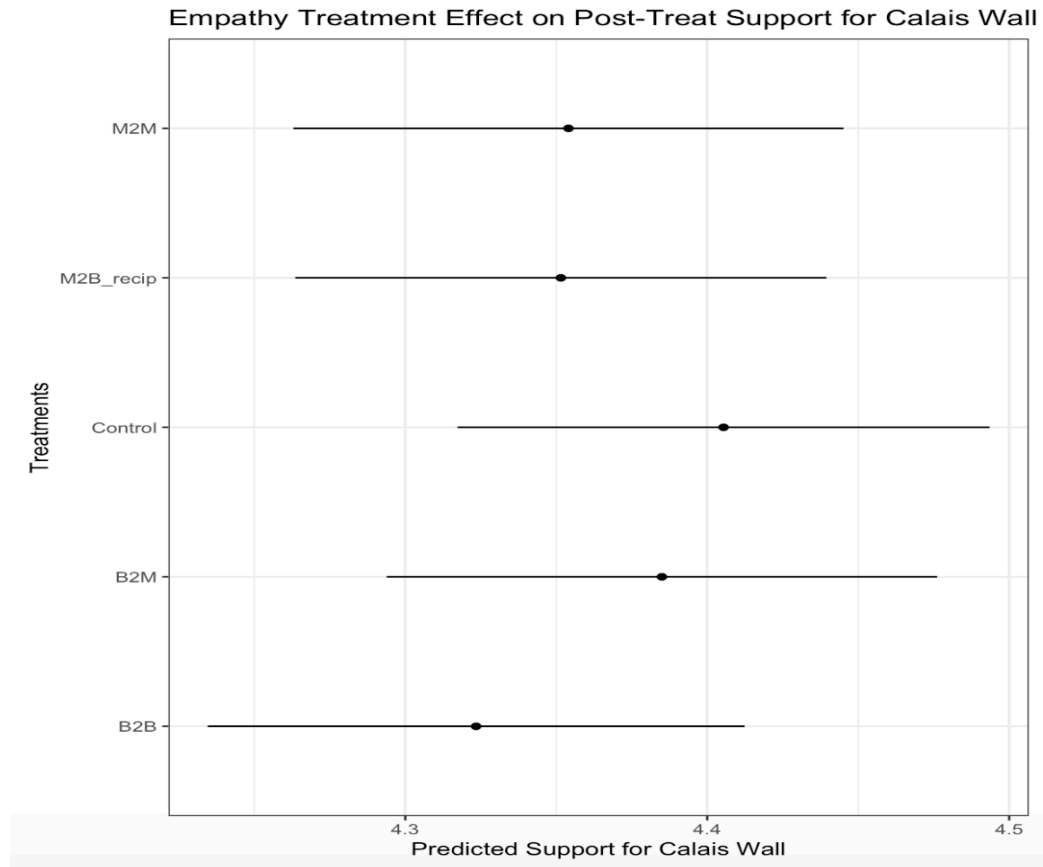

Figure 3: Predicted Policy Support for Calais Wall for each Treatment

Table 4 below represents the results of support for banning head coverings, where the beta coefficients for each treatment is displayed, all of which have very low values and all of which are also insignificant. The effects of each empathy treatment vary from treatment to treatment, but that they all do not sway far from the control intercept. As can be seen from the table, these values do not have statistical significance in regard to this

study. Age and income control variables, like in the Calais Wall policy measure, were significant at the .001 and .01 levels respectively, however their values were very minimal. An increase in age by one unit would lead to .024 units of more support for the banning head coverings and an increase in income by one unit would lead to .018 units of more support for the policy. The control variable of sex was insignificant.

Empathy Treatment Effect on Post-Treat Support for Banning Head Coverings (Robust SE)

	head_coverings
Intercept	0.845^{***}
	(0.101)
B2B	0.031
	(0.042)
B2M	0.067
	(0.040)
M2B-RecipEmp	0.002
	(0.040)
M2M	-0.011
	(0.041)
Pre-treat Antipathy	0.635^{***}
	(0.020)
Age	0.024^{***}
	(0.001)
Income	0.018^{**}
	(0.007)
Sex	0.055
	(0.028)
N	3,917
R^2	0.201
Adjusted R^2	0.199
Residual Std. Error	1.161 (df = 3908)
F Statistic	122.909^{***} (df = 8; 3908)

$^{*}p < .05;\ ^{**}p < .01;\ ^{***}p < .001$

Table 4: Empathy Treatment Effects on Post-Treat Support

for Banning Head Coverings

44

Figure 4 below is a representation of the variation in Banning Head Coverings support among the five treatment groups. From this visual we observe that all five treatment groups stay within 0.1 units within each other (between 4.7 and 4.8). It is difficult to say that this extremely small difference has any significance, and I conclude that for this specific general policy as well, the treatments did not have a lot of impact on the views of participants. There was not significant evidence to reject the null hypothesis for any of the empathy treatments for the supporting banning head coverings. Unlike the Calais Wall figure, the values for support for different treatments are in various directions, some above the control and some below. Nevertheless, this study on policy gives perspective on how to improve policy measurement in future studies.

Empathy Treatment Effect on Post-Treat Support for Banning Head Coverings
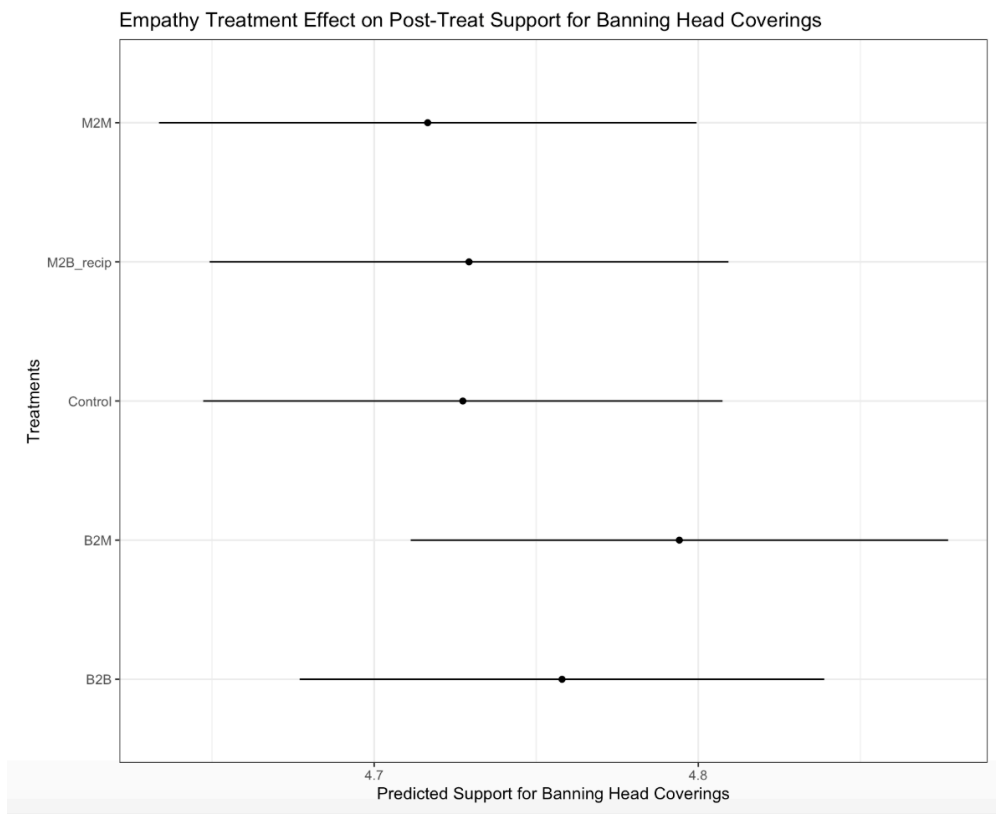
Figure 4: Predicted Policy Support for Banning Head Coverings

for each Treatment

VI.   <u>Limitations & Conclusion</u>

The purpose of this study was to test the effectiveness of the reciprocal empathy method in (1) evoking empathy from the ingroup, (2) lowering dissonance levels in hardliners, (3) and gathering support for more pro-immigrant policies. The objective of administering the reciprocal empathy treatment was to create a positive emotional stimulation in ingroup members who would recognize the humanistic trait of empathy in outgroup members and as a result feel empathy reciprocally with minimal dissonance. In other words, ingroup dehumanizers would begin to humanize members of outgroups.

Regarding limitations, we can look at various parts of this study which hold uncertainty and room for further study. The overarching topic of measuring empathy is extremely difficult to measure and uncertain in whether self-reported thoughts and views translate into how individuals behave and think. The wording of questions in the survey may be interpreted in different ways. Self-critical individuals may report feelings of dehumanization or dissonance without truly harboring any hatred towards immigrants. There is also a large potential bias for social desirability, where others who may be ashamed of their negative views toward immigrants may answer questions untruthfully, not reflecting their true views, but adjusting them to their perceptions of acceptable social norms. This would be especially of concern for the pre-treatment antipathy measure, which might lead to underreporting of true antipathy. Similarly, this could also be an issue for overreporting of post-treatment empathy.

Additionally, I recognize that the potential for vagueness surrounding key words in our test such as "immigrant" and "refugee". Immigration could entail illegal immigrants versus legal immigrants versus war refugees and so forth. These different

46

forms and associations of immigrant identities can skew the way certain participants of the survey view and react to the treatment measures.

To design this treatment, a neutral event had to be used that could be relatable on national level within the United Kingdom. The victims changed with the narrative as members of the outgroup or ingroup depending on the type of treatment (See treatments in Appendix 1). As the Grenfell Tower fire was a nationwide mourned disaster, we chose this event because of its accidental nature — separated from any act of terrorism or directly linked to issues of immigration. This was crucial so the reciprocal treatment could work effectively without any pre-biased notions concerning the events discussed in the treatments. However, we recognize that many immigrants died in the Grenfell tower accident and that knowledge of these events could have upset the neutrality we sought to maintain, and consequently upset all of our individual treatment groups. There was general success in creating empathy across all treatments in this study.

The second hypothesis predicted that the reciprocal empathy treatment would create the least dissonance for hardliners than any of the other treatments. An unexpected outcome of the results informed that the reciprocal empathy treatment was not the only treatment to create less dissonance for hardliners. In fact, two other treatments, "M2M" and "B2M" as discussed in the results section exceeded the reciprocal empathy treatment in having low dissonance levels. These results were both fascinating and perplexing. After further assessing the dissonance measure, I conclude that social desirability could have impacted the results or that the dissonance measure in using emotions was not as effective as our team had initially predicted. I acknowledge that reporting on dissonance is a complicated. Participants are likely to be dishonest about the way they view

themselves or can be too overcritical. I also acknowledge that there could have been a possible misinterpretation of the dissonance measurement questions, pre-treatment questions, and even different understandings of listed emotions that could have resulted in incorrect results. Furthermore, in this study, the focus on individuals with above-average antipathy levels may have diluted the drastic shifts that could have occurred in empathy generation if individuals with the highest third or quartile of antipathy levels were viewed. I plan to conduct these assessments in the near future.

The diversity in policy questions did not allow for internal consistency and subsequently hindered the ability to group all five of them together for analysis, with the exception of the hijab and burqa policies (both comprising the head covering policy data frame). The results for both policies reviewed indicated that there was no significant change in how the participants responded to policy preferences based on which treatment they received and that the results were in general not statistically significant. In the future, policy measurements should be adjusted to where there are more specifics on each policy and perhaps presented in a more relatable home-front context. In addition to considering the various types of policies included, it must also be recognized that empathy does not alone drive policy preference. It is possible that reciprocal empathy can generate more empathy and less dissonance, however, if other factors are more important to policy preference, there may still be no overall policy change.

The puzzle remains on how to bridge the gap between generating emotion versus changing policy preferences. For humanitarian organizations and non-profits seeking to promote the integration of immigrants and refugees, this gap is important to note. If changing policy outlook is the ultimate goal, other factors that drive policy change must

be identified or further tested, such as proximity and chances for cross-cultural interaction. As discussed earlier, individuals may vote for policies that protect their own interests and still be empathetic to the cause of refugees and immigrants. If generating empathy is prioritized over policy outlook, then the reciprocal empathy theory proves to be an effective method. Organizations supporting Muslim immigrants and refugees could take this into consideration when producing personal stories, publishing media, or organizing events for the community; employing a message of reciprocal empathy introduces a new type of dialogue between the ingroup and outgroup.

These approaches may be especially effective when policies are passed that stress the tension between ingroups and outgroups. At the end of 2020, France introduced a controversial bill that focused on limiting "Islamist separatism." The measures within the bill include stricter rules monitoring Muslim schools, overseeing the foreign funding of mosques, and ending the immigration of imams from abroad.[37] Views toward the new bill are controversial; does it offer more economic and social equality for Muslim communities in France or does it repress their basic rights under *laïcité* (secularism)? Perhaps the broader question is: how much should integration be assisted or forced?

Empathy is important, yet it seems to only improve personal interactions between the ingroup and outgroup. The challenge of successfully merging and integrating into a host culture and nation remains. Another approach could include focusing on the common goal of security by promoting common values and equality in society. Such policies may include promoting equal access to immigrant language and vocational

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[37] "France's Macron vows to fight 'Islamist separatism.'" BBC News. 3. October 2020. https://www.bbc.com/news/world-europe-54383173

training programs throughout all regions of a country. However, effects of education are often only seen long-term.

The theory and results in this study point to one overarching conclusion: the treatments seem to be effective in increasing empathy and decreasing dissonance toward Muslim immigrants, however, does not translate into meaningful changes in policy support. This provides evidence to support Gubler's theory of reciprocal empathy (Gubler 2013). This method can be used to promote better relations for the time being. However, for lasting successful peace and integration, further research must be undertaken regarding the relationship between ingroup empathy and policy support.

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Treatment Narratives

Muslim to British (Reciprocal Empathy Treatment):

"It has been two years since I first arrived in London with my young family. Since that time, I've grown to love my British neighbours. Their loss is my loss; their pain is my pain. We grieved together at the terrible tragedy of Grenfell Towers. I was shocked and heartbroken for the loss of the many hard-working, good Britons lost in the fire, especially the children. This grief was compounded by the loss of my neighbour and good friend John shortly thereafter. John and his family had embraced mine when we arrived. Late last year, John was diagnosed with stage four cancer. I will never forget my last visit to him at the Cancer Treatment Centre. I sat with his family as his long battle with cancer came to an end. Having lost my own father to cancer back home as a young child, I know how devastating this can be for the children left behind."

British to Muslim:

"It has been two years since Muhammad and his family first arrived in London. Since that time, I've grown to love my Muslim neighbours. Their loss is my loss; their pain is my pain. We grieved together at the terrible tragedy of Grenfell Towers. I was shocked and heartbroken for the loss of the many hard-working, good Muslims lost in the fire, especially the children. This grief was compounded by the loss of my neighbour and good friend Muhammad shortly thereafter. Muhammad and his family had embraced mine when they arrived. Late last year, Muhammad was diagnosed with stage four cancer. I will never forget my last visit to him at the Cancer Treatment Centre. I sat with his family

as his long battle with cancer came to an end. Having lost my own father to cancer as a young child, I know how devastating this can be for the children left behind."

Muslim to Muslim:

"It has been two years since Muhammad and his family first arrived in London. Since that time, I've grown to love my Muslim neighbours. Their loss is my loss; their pain is my pain. We grieved together at the terrible tragedy of Grenfell Towers. I was shocked and heartbroken for the loss of the many hard-working, good Muslims lost in the fire, especially the children. This grief was compounded by the loss of my neighbour and good friend Muhammad shortly thereafter. Muhammad and his family had embraced mine when they arrived. Late last year, Muhammad was diagnosed with stage four cancer. I will never forget my last visit to him at the Cancer Treatment Centre. I sat with his family as his long battle with cancer came to an end. Having lost my own father to cancer as a young child, I know how devastating this can be for the children left behind."

British to British:

"It has been two years since I first arrived in London with my young family. Since that time, I've grown to love my neighbours. Their loss is my loss; their pain is my pain. We grieved together at the terrible tragedy of Grenfell Towers. I was shocked and heartbroken for the loss of the many hard-working, good Britons lost in the fire, especially the children. This grief was compounded by the loss of my neighbour and good friend John shortly thereafter. John and his family had embraced mine when we arrived. Late last year, John was diagnosed with stage four cancer. I will never forget my last

visit to him at the Cancer Treatment Centre. I sat with his family as his long battle with

cancer came to an end. Having lost my own father to cancer back home as a young child,

I know how devastating this can be for the children left behind."

Survey Questions (screenshot images from Qualtrics survey)

Q25 Pre-treatment Humanization Measure

Using the scale next to each item, please indicate the extent to which you think **Muslim immigrants are likely to feel** each of the following emotions (1 = not at all, 6 = very likely):

	1	2	3	4	5	6
Admiration	○	○	○	○	○	○
Love	○	○	○	○	○	○
Resentment	○	○	○	○	○	○
Shame	○	○	○	○	○	○
Excitement	○	○	○	○	○	○
Pleasure	○	○	○	○	○	○
Fear	○	○	○	○	○	○

Q26 - Q27 Pre-treatment Antipathy Measure

This next set of questions will ask your opinions about **Muslim immigrants in the United Kingdom.** There are no right or wrong answers to these questions. We're simply interested in your honest responses.

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree
In general, Muslim immigrants are more prone to violence than other groups.	○	○	○	○	○	○
In general, Muslim immigrants are lazy.	○	○	○	○	○	○
Of all the groups living in the UK, British people typically work the hardest.	○	○	○	○	○	○
The real victims of the Muslim immigrant crisis are the local citizens of the places to which they come.	○	○	○	○	○	○
Providing increased opportunities (jobs, education) for Muslim immigrants in the UK means decreasing opportunities for other residents.	○	○	○	○	○	○

Here are some additional statements about **Muslim immigrants in the United Kingdom**. Once again, please indicate to what degree you agree or disagree with each statement.

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree
Muslim immigrants have moral values and customs from which UK residents could learn.	○	○	○	○	○	○
British people have suffered more from the Muslim immigrant crisis than the immigrants themselves.	○	○	○	○	○	○
Of all the groups living in the UK, British people are generally more moral and honest than the others.	○	○	○	○	○	○
In general, Muslim immigrants care less about morals than other groups.	○	○	○	○	○	○

Dependent Variable Measurements

Q53-Q55 Empathy and Dissonance Measurements

As you think about **Muslim immigrants** in the United Kingdom right now, please describe how strongly **you** feel each of the following emotions:

	Not at all	A little	A moderate amount	A lot	A great deal
Compassionate	○	○	○	○	○
Warm	○	○	○	○	○
Bothered	○	○	○	○	○
Tense	○	○	○	○	○
Angry	○	○	○	○	○

Q54 As you think about **Muslim immigrants** in the United Kingdom right now, please describe how strongly **you** feel each of the following emotions:

	Not at all	A little	A moderate amount	A lot	A great deal
Soft-hearted	○	○	○	○	○
Tender	○	○	○	○	○
Anxious	○	○	○	○	○
Afraid	○	○	○	○	○
Enthusiastic	○	○	○	○	○

Q55 As you think about **Muslim immigrants** in the United Kingdom right now, please describe how strongly **you** feel each of the following emotions:

	Not at all	A little	A moderate amount	A lot	A great deal
Sympathetic	○	○	○	○	○
Moved	○	○	○	○	○
Uncomfortable	○	○	○	○	○
Uneasy	○	○	○	○	○
Excited	○	○	○	○	○

Q57 Policy Measurements

Q57 Please indicate the degree of support you have for each of the following specific policies/approaches towards **Muslim immigrants** in the United Kingdom:

	Strongly Oppose	Oppose	Slightly Oppose	Slightly Support	Support	Strongly Support
Five Tier Visa Immigration System: simplifies previous routes of immigration based on skill, time period, and student status	○	○	○	○	○	○
Vulnerable Persons Resettlement Scheme: resettling 20,000 Syrian refugees in need of protection	○	○	○	○	○	○
Building the Calais Wall: prevents Muslim refugees and other migrants from entering the U.K.	○	○	○	○	○	○
The prohibition of burqas (Muslim full-faced veils) in all public areas within the U.K.	○	○	○	○	○	○
Banning girls under age eight in all primary schools in the U.K. from wearing the hijab (Muslim head covering)	○	○	○	○	○	○