Narrative writing to increase empathy and perspective taking (#44755)

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1) Have any data been collected for this study already?
No, no data have been collected for this study yet.

2) What’s the main question being asked or hypothesis being tested in this study?
We aim to examine how writing a fictional narrative text about a person who engages in a stigmatized health-related behavior (smoking while pregnant) vs. reading such a narrative text vs. writing about something different (control group) affects empathy, perspective taking, attitude toward this person, and attribution of the stigmatized behavior.

We hypothesize that writing or reading a fictional narrative text increases empathy (H1a) and perspective taking (H1b), improves the attitude toward this person (H1c) and makes participants recognize more strongly the role of external factors of influence for that behavior (H1d) compared to the control condition.

We also hypothesize that writing a narrative shows stronger effects than reading a narrative text, again regarding empathy (H2a) and perspective taking (H2b), attitude (H2c) and attribution (H2d).

3) Describe the key dependent variable(s) specifying how they will be measured.
All variables will be measured twice (pre-post design), before and after the writing/reading task.

- Empathy and perspective taking will be measured with an adapted version of the Saarbrücker Persönlichkeitsfragbogen (SPF; Paulus, 2014) which is the German version of the Interpersonal Reactivity Index of Davis (IRI). This concept will be assessed twice:
  - after reading the description of the situation
  - after writing or reading the narrative about the person (experimental groups) or writing about the room (control group)
- Attribution will be measured three items, which were already used by Shaffer et al., 2019. (e.g. “To what extent is the woman to blame for her action of smoking cigarettes while pregnant?”). It will be assessed at t1 and t2.
- Attitude will be measured with the feeling-thermometer (ANES, 1964, Lavrakas, 2008). It will be assessed twice (see above).

4) How many and which conditions will participants be assigned to?
Participants will be assigned to one of three conditions. In the writing condition, participants will write a narrative scene about a woman who smokes cigarettes while pregnant. In the reading condition, participants will read such a scene. In the control condition, participants will write about a neutral stimulus.

5) Specify exactly which analyses you will conduct to examine the main question/hypothesis.
We will use analysis of variance (ANOVA) models to compare ratings before and after the intervention and differences between the conditions to test our hypotheses combined with additional contrast analysis.

We will report all data as means (M) and standard deviations (SD). The level of significance will be set at P < .05. Partial eta-squared will be calculated as effect sizes of mean differences.

6) Describe exactly how outliers will be defined and handled, and your precise rule(s) for excluding observations.
We will exclude participants who (1) indicate that they were not adequately motivated to participate in the study, (2) do not have adequate German language skills or (3) indicate that the recommendation not to smoke during pregnancy does not make any sense. We will not invite participants who are younger than 18 years or do not speak German fluently.

7) How many observations will be collected or what will determine sample size? No need to justify decision, but be precise about exactly how the number will be determined.
We aim to collect data from 189 participants, 63 per condition.

8) Anything else you would like to pre-register? (e.g., secondary analyses, variables collected for exploratory purposes, unusual analyses planned?)
As control variables we will measure participants’ own experiences with smoking and if their mothers have smoked while they were pregnant.