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# THE PSYCHOLOGICAL IMPACT OF RECEIVING AID

Katherina Alvarez



# **THE PSYCHOLOGICAL IMPACT OF RECEIVING AID**

Katherina Alvarez

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VRIJE UNIVERSITEIT

**THE PSYCHOLOGICAL IMPACT OF RECEIVING AID**

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geboren te Panama, Panama

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**A mi querido padre**

# Contents

<b>Chapter 1: General introduction</b>	<b>9</b>
Consequences of receiving help	13
Intergroup helping	15
Helping forward and peer-to-peer helping networks	19
Poverty aid and feelings of empowerment	21
Research context	24
Overview of the chapters	28
<b>Chapter 2: Autonomy- or dependency-oriented help:</b>	
<b>Effects of receiving help and helping others</b>	<b>33</b>
Consequences of receiving help	35
Autonomy vs. dependency-oriented help	36
Helping forward	37
Overview of the study and hypotheses	39
Method	40
Participants and design	
Procedure	
Measures	
Results	43
Checks	
Help type	
Anticipation of future helping	
Effects of helping forward	
Helping forward to restore self-competence	
Discussion	48
<b>Chapter 3: A field study of the social psychological consequences</b>	
<b>of receiving autonomy- or dependency-oriented aid in Panama</b>	<b>53</b>
The context	55
The role of empowerment	58
The social psychology of helping	59
Overview of the field study and hypotheses	61
Method	63
Participants and design	
Procedure	
Measures	
Results	66
Preliminary analyses	
Effects of help type	
Effects of training	
Discussion	71
Discussion of main findings	
Practical implications	
Limitations and suggestions for future research	
Conclusion	
Supplementary materials	77



<b>Chapter 4: A field study of the psychological consequences of receiving and giving autonomy-oriented help</b>	<b>85</b>
The consequences of receiving help	88
Helping forward	90
Psychological empowerment	92
Overview of the study and hypotheses	93
Method	96
Participants and design	
Procedure	
Measures	
Results	103
Preliminary analyses	
Receiving autonomy-oriented help	
Helping forward	
Discussion	110
Discussion of main findings	
Theoretical and practical implications	
Limitations and suggestions for future research	
Concluding remarks	
Supplementary materials	120
<b>Chapter 5: Rethinking aid: An approach to reducing social inequality</b>	<b>129</b>
Overview of the main empirical findings	131
Consequences of receiving help	
Helping forward	
Type of help and empowerment	
Conclusions	
Broader implications	135
How culture influences recipients' reactions to help	
Dependency-oriented help recipients	
Some structural barriers to receiving autonomy-oriented help	
Intergroup helping to challenge social inequality	
Strengths and limitations, and suggestions for future research	147
Complementary research methods	
Understanding societal issues worldwide	
Conceptualization of autonomy-oriented help	
Peer-to-peer helping networks	
Concluding remarks	
<b>Summary</b>	<b>159</b>
<b>References</b>	<b>165</b>
<b>Acknowledgements</b>	<b>197</b>
<b>About the author</b>	<b>206</b>
<b>Kurt Lewin Institute dissertation series</b>	<b>209</b>



## Chapter 1

# GENERAL INTRODUCTION



# 1. General Introduction

Poverty relief programs are widely used around the world, and some of these show many benefits. Yet, aid does not always achieve the desired results: Recipients of aid sometimes fail to achieve independence from the programs (Coates, Renzagli, & Embree, 1983; Munk, 2013). Often, programs are created without a clear understanding of the needs and perspectives of the recipients (Narayan et al., 2000). In this dissertation, I argue that understanding recipients' needs and psychological reactions to the received help are important conditions for aid effectiveness. I reason that to achieve independence from aid and improve their socioeconomic status and well-being, recipients should receive the help that empowers, and promotes autonomy. The important conditions for empowerment and autonomy are that the help is self-supporting, psychologically non-threatening, and address the needs of the recipients. Studies show that although help is often crucial for the recipient, it also can threaten recipients' feelings of empowerment, autonomy, and self-esteem (Alvarez & van Leeuwen, 2011; Nadler & Halabi, 2006; Schneider, Major, Luhtanen, & Crocker, 1996). Therefore, understanding the psychological impact of help on recipients is imperative for aid programs to be effective and help recipients in the long run.

The type of help received influences recipients' reactions to the help (Alvarez & van Leeuwen, 2011; Halabi & Nadler, 2017; Nadler, 2002; Wakefield, Hopkins, & Greenwood, 2012). The helping literature distinguishes many kinds of help, including interpersonal helping such as coworkers support (Settoon & Mossholder, 2002; Venkataramani & Dalal, 2007), intergroup helping (Dovidio, Gaertner, & Abad-Merino, 2017; Halabi & Nadler, 2017; Kende & Shnabel, 2017; Saucier, Miller & Doucet, 2005; Wakefield, Hopkins, & Greenwood, 2012), benevolent or activist support (Thomas & McGarty, 2017), emotional or instrumental support (Morelli, Lee, Arnn & Zaki, 2015), empowering support or direct assistance (Jackson & Esses, 2000), assumptive help (Schneider, Major, Luhtanen, & Crocker, 1996), and social support (Deelstra, Peeters, Schaufeli, Stroebe, & Zijlstra van Doornen, 2003). This dissertation focuses on the consequences of receiving *autonomy- or dependency-oriented help* (Nadler, 2002; Intergroup Helping as Status Relations model). A classic proverb exemplifies the distinction between these two types of help (Nadler, 2002): "Give a man a fish, and you will feed him for a day. Teach a man to fish, and you will feed him for a lifetime". Dependency-oriented help provides a full solution to a problem. It tends to relieve someone's immediate problems and has high short-

term instrumentality. Autonomy-oriented help provides recipients with the tools, skills, resources, or means to solve the problem as they see fit. It does not solve the problem at hand immediately, but it would help recipients become independent of aid in the long run and allows them to be part of solving their problem.

The consequences of these two types of help are illustrated in many real-life examples, such as Maribel's case (Maribel, personal communication, 2013). Maribel lived with her husband and four children in extreme poverty in Panama. Her husband used to work in several informal jobs, such as harvesting. Maribel's household received Conditional Transfer (CT) vouchers that can be used at local shops to acquire food or domestic products. During the first years of receiving vouchers, Maribel felt satisfied and glad to have food for her family, but she wanted more than the satisfaction of basic needs. Ten members from her community received training on coffee production. After finishing the training, they used a common land to grow the coffee beans. The trained members trained others from the community who then worked on the project. They also received the necessary equipment to process the coffee beans. Afterward, they sold coffee beans at a national level and, with the income, they improved the equipment and were ready to produce at a larger scale. They also improved their houses, living conditions, and the roads to transport their final product outside the community. They also requested help to find contacts to export their product. During our last conversation, Maribel told me that they were introduced to a buyer in Japan who bought the Geisha coffee beans. She still receives CT vouchers, but "if all works out, she will not need them anymore" (Maribel, personal communication, 2019).

In the previous example, Maribel's family initially needed food vouchers to satisfy basic needs. Vouchers are considered a dependency-oriented form of help because they are instrumental in buying the needed food and supplies, but offer little autonomy and freedom to recipients in how to use them. Dependency-oriented help is often considered the most adequate when immediate help is needed. For instance, in a natural disaster, people need immediate medical and humanitarian assistance, or in impoverished conditions, people first need to satisfy their basic needs of health, shelter, and nutrition. Dependency-oriented help can determine people's survival. Maribel's community later received training programs, equipment, and networking contacts (i.e.,



*Four main steps in coffee production in Maribel's coffee farm. The image on the top left shows a coffee plant and one of its beans. The image on the top right shows coffee beans during one of the drying processes. The picture on the bottom left shows the coffee beans after drying and before the roasting process begins. The picture on the bottom right shows the roasted beans of three different roasting levels, light, medium, and dark.*

autonomy-oriented help), to establish a coffee farm. Receiving both types of help was crucial for her, as dependency-oriented help alone would not have been enough to lift her out from the precarious conditions she was living in. Autonomy-oriented help allows people to solve their problems while acquiring a sense of autonomy and independence from the help providers. Recipients of this help will feel more empowered and capable of achieving new goals and improving their life.

Maribel's and other similar stories inspired my dissertation. I tried to answer questions such as how do aid recipients react psychologically to receiving help? How can aid programs be shaped so recipients feel empowered and can change their status? I hypothesized that autonomy-oriented help is more empowering to recipients than dependency-oriented help, and that helping others empowers recipients more.

I aimed to obtain practical and generalizable psychological findings on the impact of receiving help by studying the psychological consequences of receiving dependency- or autonomy-oriented aid in laboratory settings as well as in field settings with long-term aid recipients.

## Consequences of Receiving Help

The majority of research on intergroup helping concerns the question of help giving. Researchers have lamented a stronger focus on predicting the reasons for helping than on the consequences of seeking and receiving help (e.g., Nadler, 2014; Wakefield & Hopkins, 2017). This dissertation focuses on the other side of the helping interaction: how recipients experience help. This section explores some of the research on help-seeking and receiving.

People are often reluctant to seek and receive help when the help is self-threatening (e.g., Ackerman & Kenrick, 2008; Lee, 1997; van Leeuwen, Täuber, & Sassenberg, 2011, Wakefield, Hopkins, & Greenwood, 2012). Based on the social-psychological literature, seeking and receiving help can threaten recipients' feelings, self-esteem, and perceived status (Alvarez & van Leeuwen, 2011; Nadler & Halabi, 2006; Schneider et al., 1996). For instance, receiving unsolicited help from higher-status individuals increases feelings of negative affect and decreases self-esteem among lower-status individuals (Halabi, Nadler, & Dovidio, 2011; Schneider et al., 1996), and reinforces existing social hierarchies (Halabi, Dovidio, & Nadler, 2016). Low-status individuals are reluctant to accept help from higher status groups when they believe that their status hierarchy is illegitimate and unstable, because accepting help can damage their image and reputation and reinforce an unfair and illegitimate status hierarchy (Halabi & Nadler, 2017; Nadler, 2002).

Van Leeuwen, Täuber, and Sassenberg (2011) investigated how people refuse to seek help to maintain a positive image and disconfirm negative stereotypes. Participants could seek autonomy- or dependency-oriented help from another group in a task or relational conflict. Results showed that participants' identity threat in the relational

conflict promotes a desire for autonomy, resulting in more avoidance of help in general and more avoidance of dependency-oriented help in particular (van Leeuwen, Täuber, & Sassenberg, 2011). A desire for autonomy is a way to highlight groups' capabilities (Wakefield et al., 2012). For instance, Wakefield and colleagues (2012) found that a way to challenge women's dependency stereotype is by avoiding seeking help from men. Many women believe that the benevolent sexism stereotype is unfair; however, it is difficult to directly disconfirm this stereotype (Wakefield et al., 2012). Therefore, refusing to seek help is an alternative way to challenge negative stereotypes.

The type of help people seek influences how recipients are perceived. Low-status individuals seeking autonomy-oriented help are perceived more positively than low-status individuals seeking dependency-oriented help (Nadler & Chernyak-Hai, 2014). In one study, participants watched a video clip of a woman requesting either an explanation of mathematical principles (autonomy-oriented help) or the answers (dependency-oriented help) to a mathematical test. In the high-status condition, the help-seeker came from a wealthy background, and in the low-status condition, the help-seeker came from a neighborhood in poverty (Nadler & Chernyak-Hai, 2014, study 4). Results showed that the low-status help-seeker requesting autonomy-oriented help was perceived more favorably and as being more efficacious than the low-status help-seeker requesting dependency-oriented help (Nadler & Chernyak-Hai, 2014, study 4). Moreover, participants attributed the low-status help-seekers request for autonomy-oriented help to a motivation to succeed more than that of the low-status help-seeker requesting dependency-oriented help (Nadler & Chernyak-Hai, 2014, study 4). These findings indicate that when low-status individuals request autonomy-oriented help, they are perceived more positively.

In this dissertation, I considered the psychological impact of autonomy- and dependency-oriented help on recipients. It is assumed that autonomy-oriented help is empowering, as it provides recipients with the tools to help themselves and achieve independent coping of their goals on their own. Dependency-oriented help can promote dependency since recipients remain in a state of needing help (Nadler, 2002). However, little is known about how recipients experience each of these types of help.



An experimental study compared the effects of receiving either autonomy- or dependency-oriented help directly (Alvarez & van Leeuwen, 2011). Participants could voluntarily request help to solve difficult puzzles and randomly received either autonomy or dependency-oriented help. Participants who received autonomy-oriented help felt more autonomous, empowered, and respected than participants who received dependency-oriented help. Another study among conflict-affected women in Sri Lanka showed the positive effects of receiving autonomy-oriented help (Hansen, 2015). Women who participated in a microfinance intervention (i.e., autonomy-oriented help) experienced a higher increase in their control beliefs than a control group who did not participate in the program (Hansen, 2015). This intervention consisted of three different activities: training modules (e.g., business, technical skills), saving activities in small groups, and applying for microloans (Hansen, 2015).

My first aim in this dissertation was to investigate the consequences of receiving help for recipients. In a laboratory experiment, I studied the consequences of receiving autonomy- or dependency-oriented help on several psychological variables, such as feelings about help-seeking, perceived self-competence, and evaluation of the helper (Chapter 2). I further investigated the impact of help on recipients' feelings of empowerment, autonomy, and change beliefs in two field studies among aid recipients who live in poverty (Chapter 3 & Chapter 4).

## **Intergroup Helping**

Although this dissertation focuses on the recipients' side of helping interactions, understanding helpers' reasons and motives to provide help is crucial because helpers are the ones with the power and resources to provide aid. The type of help they provide plays a large role in how the recipients experience helping interactions. There are several reasons why helpers help. For instance, people help for pure empathic-altruistic motives (Batson, 2011), when bystanders are present (Darley & Latané, 1968; Gaertner, & Dovidio, 1977), when they share a group membership with recipients (Levine, Prosser, Evans, & Reicher, 2005; Stürmer, Snyder, Kropp, & Siem, 2006), or for strategic reasons (Hopkins et al., 2007; Nadler, 2002; van Leeuwen, 2007; van Leeuwen, 2017; van Leeuwen & Täuber, 2010).

My dissertation centers on the reactions to receiving autonomy- or dependency-oriented help using principles of the Intergroup Helping as Status Relations model (IHSR; Nadler, 2002). This model proposes that intergroup helping can be used to maintain power relations between groups. For instance, high-status groups tend to provide dependency-oriented help to low-status groups to establish and maintain dominance (Nadler, 2002). I focused on intergroup helping, given that helping interactions often occur between members belonging to different groups. It is typically the wealthy helping the ones in poverty, or the educated sharing knowledge with the learners. The helper is the one with resources to provide and the capacity to enact change. Although my focus was on the consequences of receiving help, having a clear understanding of intergroup helping dynamics, power relations, and the motives for helping are essential to understand the impact of receiving help. In this section, I explain how relations between groups can influence the type of help provided.

Intragroup and intergroup dynamics can determine group members' motives for providing aid. Generally, ingroup members are more trusted and liked than outgroup members (Brewer, 1999), and are more positively evaluated than outgroup members (Otten & Moskowitz, 2000). Therefore, people often take better care of ingroup members and are more helpful towards ingroup than outgroup members (Levine, Prosser, Evans, & Reicher, 2005; Stürmer, Snyder, Kropp, & Siem, 2006; Zagefka, Noor, & Brown, 2013).

In an intergroup context, people can be motivated to help outgroup members for strategic motives - motives that serve the ingroup, rather than the recipient outgroup (Halabi, Dovidio, & Nadler, 2016; Hardy & van Vugt, 2006; van Leeuwen, 2017; van Leeuwen & Täuber, 2010; van Vugt & Hardy, 2009); thus the help provided does not always satisfy the recipient's needs. Such motives include establishing a positive reputation and image of one's group (Hopkins et al., 2007; van Leeuwen & Täuber, 2011), asserting dominance and control over other groups (Nadler, 2002), restoring a threatened social identity (van Leeuwen, 2007) or maintaining social inequality from which the advantaged group benefits (Nadler, 2002, 2015). When high-status groups are motivated to preserve their advantageous position (Nadler, 2002) and maintain privileged access to economic and power resources (Jackson & Esses, 2000), groups offer fewer empowering forms of help (i.e., autonomy-oriented) to disadvantaged groups, which in turn affirms and



strengthens the dependency of the disadvantaged groups in society. For example, some governments may (un)intentionally propose policies that impair the education and advancement of racial and ethnic minorities to keep them at a disadvantage and preserve the privilege of the advantaged majority group.

Social dominance theory (Sidanius & Pratto, 1999) provides further support for this argument. According to this theory, advantaged groups are motivated to maintain group-based social hierarchies. People with a high social dominance orientation (SDO) have a predisposition to endorse attitudes and policies that reinforce social hierarchies (Sidanius & Pratto, 1999). In contrast, individuals with low SDO have a predisposition to endorse ideologies in favor of reducing group inequality (Sidanius & Pratto, 1999). People's SDO also influences their willingness to provide different types of help. High-SDO individuals are more likely to offer dependency-oriented help to other groups than low-SDO individuals (Halabi, Dovidio, & Nadler, 2008; Jackson & Esses, 2000).

Maki et al. (2017) showed that people have an autonomy- or dependency-orientation predisposition towards offering autonomy- or dependency-oriented help. They validated a Helping Orientation Inventory (HOI, studies 1a – 1c) and related this inventory to relevant intergroup helping constructs (study 1d). The results showed that group

malleability is related to autonomy orientation, meaning that those with an autonomy orientation believed that group status can change. SDO was negatively related to autonomy orientation and unrelated to dependency orientation. Authoritarianism was unrelated to autonomy orientation and positively related to dependency orientation. Furthermore, volunteers were more satisfied with their position when the perception of the volunteering activities matches their helping orientation. Specifically, volunteers with an autonomy orientation were more satisfied when having a position focused on autonomy helping, whereas volunteers with a dependency orientation were more satisfied when having a position focused on dependency helping. These sets of studies indicate that people tend to have a personal preference for providing either autonomy- or dependency-oriented help. Individuals who tend to provide autonomy-oriented help are more willing to change social disparities than dependency-oriented help providers, and their helping goals are consistent with their orientation.

How group members are perceived also influences which type of help people provide. In an online experiment (Nadler & Chernyak-Hai, 2014, study 2), the researchers examined the role of help recipients' socio-economic status on the helpers' perception of the recipients and the type of help provided. Participants were asked what type of help they preferred to provide to a person portrayed as someone from either a high- or low-status residential area. Results indicated that helpers provided more dependency-oriented help to recipients living in low-status residential areas than those living in high-status residential areas (88% vs. 25%). Also, helpers provided less autonomy-oriented help to recipients living in low-status residential areas than those living in high-status residential areas (12% vs. 76%). The need for the help of the low-status recipients was attributed to a lack of motivation and ability. The most frequent reasons for helping low-status recipients were pity and social responsibility towards the recipients. In contrast, the need for the help of high-status recipients was attributed more to the temporary lack of concentration than to lack of ability. The most frequent reason for helping high-status recipients was identifying with the other's predicament. Low-status individuals are probably expected to require similar assistance in the future, thereby continuing the cycle of providing a type of assistance that does not help the person or group in the long run, which maintains their low-status position.

Overall, the research findings mentioned in the previous have important implications for recipients. Usually, helping takes place between members of different groups, and the type of help that is offered is typically determined by the helping group, therefore determining the recipients' fate. If group members believe that group status is malleable and favors social equality, they will more likely offer autonomy-oriented help (Maki et al., 2017). However, if they feel more ambivalent about group malleability and social inequality, they will prefer to provide dependency-oriented help, which can, in turn, maintain social inequality (Maki et al., 2017). Moreover, help provision may be affirming the stereotype assigned to each group (Nadler & Chernyak-Hai, 2014; Täuber & van Leeuwen, 2017). Help that does not allow recipients to improve their situation in the long run reinforces social inequality.

## Helping Forward and Peer-to-peer Helping Networks

My second aim in this dissertation was to propose a peer-to-peer helping network as a means for group improvement. In a laboratory study, I tested the positive consequences of helping forward, particularly for recipients who previously received dependency-oriented help (Chapter 2), and investigated -in a field study among aid recipients- the impact of training others (i.e., helping forward) after receiving training (Chapter 4). In the following, I explain how helping forward can empower aid recipients and the potential benefits of peer-to-peer helping networks.

Paying help forward or helping forward is a widely discussed initiative that encourages people to pay it forward to multiply kindness (Waller, 2019). The idea of paying help forward is that a help recipient helps a second person. The second person helps forward a third person, and so forth. In this way, the help can have a ripple effect that can be felt beyond its starting point. Practitioners reason that this type of intervention has the benefits of passing help through society at a higher ratio. In one study, nurses trained people in Botswana on awareness and prevention of HIV/AIDS and Sexually Transmitted Infection (STI), and the trainees subsequently trained their peers (Norr, Norr, McElmurry, Tlou, & Moeti, 2004). The results indicated that participants increased their knowledge about HIV/AIDS and STI transmission and prevention.

Practitioners have been using this type of intervention, and the ripple effects are evident: there are more potential recipients and helpers as people help forward (Norr et al., 2004; Waller, 2019). However, little is known about the psychological consequences of helping forward. I expected that helping forward has additional psychological self-enhancing benefits, since giving help in itself could boost the empowerment, image, and status of recipients. Research showed that providing help is related to better mental and physical health for the helper (Post, 2005), positive affect (Musick & Wilson, 2003), well-being (Schwartz, Keyl, Marcum, & Bode, 2009), confidence, and self-esteem (Midlarsky, 1991; Schwartz & Sendor, 1999), as well as public prestige (van Leeuwen & Täuber, 2010). Helping improves helpers' status, reputation, and image, whereas receiving it marks dependency and inferiority to the helper (Barclay, 2010; Hardy & van Vugt, 2006; Nadler & Halabi, 2006), especially if the help is dependency-oriented. Helping others allows recipients to switch from the psychologically threatening role of help recipient to the psychologically empowering and status-enhancing role of help provider. Therefore, I expected that helping forward, after having received help, would be psychologically empowering and status-enhancing.

I also proposed creating peer-to-peer helping networks as strategies to empower recipients and multiply help. In such networks, recipients receive autonomy-oriented help from experts (e.g., programs for "cooking on a budget") and help peers in a recursive process. These networks could be a means of group improvement. Educators have used peer helping to strengthen students' knowledge (Henrikse, 1991). Developmental aid settings have also used peer helping to reach populations in difficult access areas (Norr et al., 2004). I expected such a strategy to be effective because (a) the initial autonomy-oriented help is empowering, (b) providing subsequent help is empowering and could restore the recipient's empowerment and status, and (c) the exchange of help ultimately occurs between ingroup members, implying a high level of mutual trust and a transfer of knowledge among communities.

In Maribel's example, ten community members received training on coffee production, and later they trained others from the community who later worked on the coffee farm. Participants of this project improved their living standards. Also, others from the community benefited because the participants of the project improved the roads

and other living conditions of the community. In this example, training forward happened naturally among community members. To my knowledge, this dissertation is the first to test the potential psychological benefits of helping forward in laboratory and field studies.

## Poverty Aid and Feelings of Empowerment

One aim of this dissertation was to understand how recipients who live in poverty and cannot easily reject aid experience the help. More research needs to address how people living in poverty psychologically react to receiving help, since most of the research on intergroup helping focuses on populations that do not live in poverty.

Moreover, most attention has been devoted to the economic indicators of poverty (Diener & Seligman, 2004; World Bank, 2014). The World Bank (2019) defines extreme poverty as living on less than US\$1.90 per day. As I argue in this dissertation, poverty is much more than not having enough financial resources. The situation of people living in poverty is complicated and differs in many ways from people not living in poverty. People living in poverty cannot satisfy basic needs, such as adequate nutrition, housing, health, education, clothing, water, adequate roads, and other basic facilities and necessities (Lemieux & Pratto, 2003). Impoverished environments are linked to poor health, low education, and less access to job opportunities (McDonough & Berglund, 2003). Poverty can affect individuals' stress levels and well-being, and in general negatively affect their physical and psychological health (Fell



*Children from a community in the Comarca Ngäbe-Buglé attending a school.*

& Hewstone, 2015; Haushofer & Fehr, 2014; McDonough & Berglund, 2003). People living in poverty also experience stigma and negative stereotyping from other groups (Fell & Hewstone, 2015). All the problems they face can lead them to experience less confidence and power (Narayan et al., 2000). Unsurprisingly, these issues can affect their economic decisions (Haushofer & Fehr, 2014). People need to deal with constant obstacles, trying to satisfy basic needs first, instead of having the luxury of investing in long-term outcomes.

According to the World Bank (2019), there has been a marked reduction in poverty worldwide. In 2015, 836 million people (10% of the world's population) lived on less than \$1.90 a day compared to 1.85 billion (36% of the world's population) in 1990. Numerous programs have helped people in poverty, and their benefits are evident (Banerjee et al., 2015; Pronyk et al., 2012). However, little is known about how this help affected recipients psychologically. World leaders agree that it is imperative to pay more attention to their programs' psychological impact (World Bank, 2014). They suggest that studies should focus not only on finding strategies to increase the wealth of those living in poverty but also on strategies to increase the feelings of empowerment and autonomy of the recipients. As research showed, these psychological variables are essential predictors of several positive outcomes. Empowerment is positively related to positive behavioral changes (Graves & Shelton, 2007) and increased job performance, satisfaction, and productivity (Kirkman & Rosen, 1999; Liden, Wayne, & Sparrowe, 2000; Seibert, Silver, & Randolph, 2004). Empowered individuals perceive themselves to have personal power and control over their life and environment (Hansen, 2015). A sense of power and control is related to self-esteem and optimism (Diehl & Hay, 2010; Skinner, 1996) and serves as a protective coping mechanism against stress (Lazarus & Folkman, 1984). Having a





perception of control helps people cope with threats (Averill, 1973); for instance, they can find means to improve their social standing more easily by engaging in collective actions. In this dissertation, personal psychological empowerment refers to several indicators, such as feeling self-confidence, self-competence, personal control, perceived power, and the perceived capacity to influence one's outcomes (Hansen, 2015; Kabeer, 1999).

The challenging conditions in which people living in poverty live and the lack of access to resources that other groups have, make it almost impossible to escape poverty. Not having enough resources impairs the possibility of having an independent income, which can lead to dependence, disempowerment, and helplessness (Kabeer, 1999; Kabeer & Mahmud, 2004). A study with 20,000 individuals living in poverty from 23 countries found that the most profound feeling among participants was powerlessness (Narayan et al., 2000). People living in these conditions need dependency-oriented help initially, but receiving it for long periods may lead to aid-dependence and a continuation of the status quo. They have few options to acquire independence, and autonomy-oriented help can give them the means to improve their socioeconomic status and the psychological tools, such as empowerment, to challenge existing barriers. Although the importance of empowerment and other psychological variables is evident, few studies investigated how receiving different types of help relates to empowerment for people living in poverty.

The IHRS threat to self-esteem model proposes that receiving help for prolonged periods will reinforce the recipient's reliance on the helper, mainly when recipients believe that they cannot change the situation regardless of their effort (Nadler & Fisher, 1986). However, when recipients perceive that their efforts ultimately contribute to solving the difficulty (i.e., high feelings of empowerment), recipients might strive to achieve independence from the helper. Studying the impact of help is not only novel and original, but also necessary in order to find strategies to support recipients in the long run and generalize those findings to other parts of the world.

## Research Context

I aimed to contribute to the current research body on helping by investigating people's reactions to help from an intergroup perspective. To this end, part of the research was conducted in a laboratory experiment in the Netherlands with Dutch students. The field studies were conducted with Ngäbe-Buglé Indigenous<sup>1</sup> groups living in extreme poverty in Panama.



*Panama has been one of the fastest growing economies worldwide, but it has sharp regional social inequalities.*

In Central America, Panama has a strategic geographical position that contributed to its fast economic growth. Despite this economic growth, 18.7% of the Panamanian population live in poverty (World Bank, 2017). Moreover, the country has one of the highest social inequality levels in Latin America (World Bank, 2017). Poverty and inequality in Panama are reflected in disparities in access to education, healthcare, economic resources, job opportunities, infrastructure, and facilities (World Bank, 1999). Poverty is concentrated in rural areas, particularly the rural Indigenous areas: 70% of the

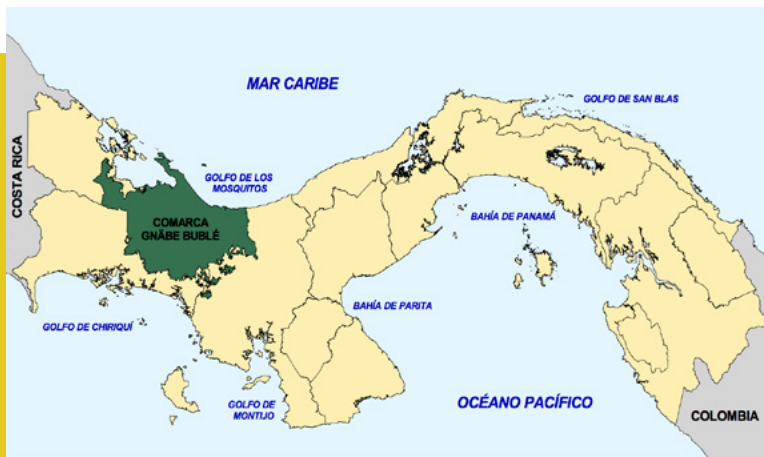
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<sup>1</sup> Discussions exist regarding the usage of the word Indigenous, Aboriginal, or First Nation person. I used the term Indigenous because, at the time this project was carried out, the communities that were part of this project referred to themselves in Spanish as "Indígenas," translated to English as "Indigenous." I chose to use the term the participants of this project use to refer to themselves.

Indigenous population live in poverty (World Bank, 2017) and have the most impoverished living standards (World Bank, 1999). Indigenous groups in Panama have been subject to discrimination and institutionalized oppression that contribute to social and economic marginalization (Bourgois, 1988).

Since 1972, the Panamanian government recognized Indigenous territories as Comarca (World Bank, 2007). The Comarca's political structure consists of elected local and regional leaders who form a general assembly (Congreso General); however, the national government still controls public expenditure and tax revenues.

This dissertation aimed to understand how Ngäbe group members living in poverty experience the help they receive. The Comarca Ngäbe-Buglé, established in 1997, is located in western Panama and covers 6,994 km<sup>2</sup> on the Central Cordillera's Pacific and Caribbean slopes.



*Map showing the location of the Comarca Ngäbe-Buglé in Panama. Reprinted from Instituto Nacional de Estadística (2012a).*

The Comarca Ngäbe-Buglé is subdivided into seven regions: Besikó, Kankintú, Kusapín, Mirono, Mūna, Nole Duima, and Nūrūm. The research presented in Chapter 3 was conducted in the region of Besikó, and the research presented in Chapter 4 was

conducted in the region of Mūna. Both regions are located on the Pacific slope. The land is a combination of grass and tropical forest, and there are dry (December to April) and wet seasons (May to November).



*Map showing the location where the two field studies were conducted at the Comarca Ngäbe-Buglé in Panama. The study in Chapter 3 was conducted in Besikó region and the study in Chapter 4 was conducted in Mūna region. Reprinted from Instituto Nacional de Estadística (2012b).*

The Ngäbe and Buglé groups constitute the largest Indigenous groups in the country but are also one of the poorest: 93.8% live in poverty (Diéguez, 2015). They have higher mortality rates (5.9 vs. 4.9), lower life expectancy at birth (69 years vs. 77 years), and less access to electricity (91% vs. 3.5%) than the non-Indigenous groups of the country (Davis, 2011). The Ngäbe-Buglé population has shown low diet diversity, inadequate intake of energy, fat, and several vitamins and minerals, as well as a very high prevalence of chronic malnutrition in pre-school children (Ortega, Fontes, Sinisterra, Valdés, 2006; Payne, Koski, Ortega-Barria, Scott, 2007). They are one of the groups with less access to resources, such as water, electricity, sanitation, paved roads, schools, and hospitals (World Bank, 2017). This group relies on aid to survive the harsh conditions that they are exposed to. Maribel's family, for instance, had difficulties satisfying their household's basic needs without food vouchers.

In 2005, the government implemented a Conditional Transfer (CT) program in the Comarca Ngäbe-Buglé to address the high levels of poverty and malnutrition. Only

impoverished households were selected for the CT program. There are two variants of the program. The cash transfer program provides households US\$50 per month and is present in four of the seven regions in the Comarca. The voucher program provides households with the equivalent of \$50 per month in vouchers to be exchanged at local stores in the other three regions. Cash or voucher transfers are provided to a designated person from each household, and in exchange, the family must be up-to-date on their health care checks, and children must attend school. CT programs are still in operation in Panama to date.

CT programs are operational in at least 20 other countries in various forms (Fiszbein & Schady, 2009; Gelan, 2006; Handa & Davis, 2006). Studies have shown crucial benefits of CT programs, such as an increase in students' school attendance (Schultz, 2000; Skoufias, Parker, Behrman, & Pessino, 2001), a reduction in children's labor market participation (Skoufias, 2001), and a reduction in child mortality associated with poverty-related causes such as malnutrition and diarrhea (Rasella, Aquino, Santos, Paes-Sousa, & Barreto, 2013). Although studies show significant positive effects of CT programs (e.g., Behrman, Parker, & Todd, 2005; Behrman, Sengupta, & Todd, 2000; Das, Do, & Özler, 2005; Rawlings & de la Briere, 2006; Schubert & Slater, 2006; Skoufias, 2001; Soares, 2012), the lack of attention for the programs' long-term psychological effects means that little is known about the mental state of the recipients who rely on this help for long periods. Although CT program participants are expected to gain independence from the program, there is no conclusive evidence that CT programs have improved households' capacity to generate their income (Godoy, 2005; Villatoro, 2005).

To understand the psychological effects of receiving continuous help, I focused part of my dissertation on studying how aid impacts Ngäbe groups who lived in extreme poverty and were receiving CT help for an extended period. Most of Ngäbe population share similar race, ethnic background, culture, tradition, language, road access to communities, access to health services, education, and other critical demographic indicators. For the other part of my dissertation, I studied the consequences of receiving help and helping forward in a laboratory study conducted in the Netherlands.

## Overview of the Chapters

This dissertation is one of the first to investigate the psychological consequences of receiving help with complementary laboratory and field studies. The studies are presented in three empirical chapters. Table 1.1, at the end of this chapter, includes an overview of the research questions and the main results of the studies. Some of the chapters will overlap in their theoretical background. This overlap is necessary to enable each chapter to be read separately. In the following, I summarize the chapters' empirical key research aims and stress some concluding remarks.

The research goal of Chapter 2 was to investigate, in a laboratory experiment, the consequences of receiving autonomy- or dependency-oriented help and the impact of (anticipating) helping forward. I expected that autonomy-oriented help would positively affect participants' self-competence, feelings of respect, positive feelings, and evaluation of the helper compared to dependency-oriented help. I also expected that the anticipation of future helping would lead to a more positive evaluation of the helper. After helping forward, participants would feel more self-competent than before helping, and this effect would be more pronounced among former recipients of dependency-oriented help than autonomy-oriented help. I argued that helping forward could be a strategy to improve and restore recipients' self-competence, in particular, after having received dependency-oriented help.

The research goal of Chapter 3 was to understand the consequences of receiving autonomy- or dependency-oriented help for conditional transfer recipients from Ngäbe-Buglé communities that live in poverty in Panama. I reasoned that autonomy-oriented help is related to crucial psychological tools that empower help recipients' and enhance the beliefs that a change is possible. I expected autonomy-oriented help (cash transfers and training) to be related to more autonomy, empowerment, life improvements, and change beliefs than dependency-oriented help (voucher transfers). Moreover, I explored if an indirect effect of empowerment would explain the relationships between the type of help received and the perception of life improvements and the beliefs that an individual and a family change are possible. This field study aimed to provide evidence on the benefits of autonomy-oriented help and of feelings of empowerment.

The research goal for Chapter 4 was to investigate the effects of receiving (additional) autonomy-oriented help (training) and helping forward on a quasi-experimental field study with conditional cash transfer recipients from Ngäbe-Buglé communities that live in poverty in Panama. I expected that receiving training would lead to more empowerment, autonomy and change beliefs than not receiving it. Also, after training forward, participants would report higher feelings of empowerment, autonomy, and change beliefs than before training forward.

In the Discussion section, I summarized the key findings of the studies. I discussed some broader implications, such as how recipients' culture or being a recipient of dependency-oriented help affect recipients' reactions to autonomy-oriented help. I also discussed some structural barriers to the provision of autonomy-oriented help and how intergroup helping can challenge existing social inequality. I next explained some strengths and limitations. I further argued that to understand help recipients' reaction to help and generalize these results to other parts of the world, we need to use complementary research methods and understand the needs of the populations with different cultures and backgrounds. I ended this dissertation with some suggestions on how autonomy-oriented help can empower recipients and contribute to improving the status and social standing of groups at a disadvantage.



**Table 1.1. Summary of the empirical chapters.**

	<p>Autonomy- or dependency-oriented help: Effects of receiving help and helping others</p> <p><b>Chapter 2</b></p>
<b>Research Questions</b>	<ol style="list-style-type: none"> <li>1. What are the psychological consequences of receiving autonomy- or dependency-oriented help?</li> <li>2. Could helping forward increase recipients' self-competence, in particular for recipients who previously received dependency-oriented help?</li> </ol>
<b>Main Findings</b>	<ol style="list-style-type: none"> <li>1. Autonomy-oriented help recipients felt more positive about seeking help, more respected and had higher self-competence feelings, than dependency-oriented help recipients.</li> <li>2. Participants who received autonomy-oriented help evaluated the helper more positively, perceived the helper as more qualified, and with better intentions to help than participants who received dependency-oriented help.</li> <li>3. Participants who anticipated helping evaluated the helper more positively than participants who did not anticipate helping.</li> <li>4. Participants reported higher self-competence and more similarity to the helper after helping than before helping.</li> <li>5. Although all participants felt more self-competent after helping, this increase was more pronounced for dependency-oriented help recipients.</li> </ol>



<p>A field study of the social psychological consequences of receiving autonomy- or dependency-oriented aid in Panama</p> <p><b>Chapter 3</b></p>	<p>A field study of the psychological consequences of receiving and giving autonomy-oriented help</p> <p><b>Chapter 4</b></p>
<p>How do people living in poverty react psychologically to dependency- and autonomy-oriented aid?</p>	<ol style="list-style-type: none"> <li>1. What are the psychological consequences of receiving autonomy-oriented help for people who live in poverty and rely on cash transfers?</li> <li>2. What are the psychological consequences of helping forward?</li> </ol>
<ol style="list-style-type: none"> <li>1. Autonomy-oriented help recipients (i.e., cash transfers) reported stronger feelings of autonomy, empowerment, and improvement of household living conditions than dependency-oriented help recipients (i.e., vouchers).  Unexpectedly, no significant difference was found between cash and voucher recipients on their reported change beliefs.</li> <li>2. Participants who had recently received skills training (i.e., autonomy-oriented help) reported greater feelings of autonomy, empowerment, personal change beliefs, and family change beliefs than participants who had not received skills training.  Unexpectedly, no significant difference was found between receiving and not receiving training on their reported life improvement.</li> </ol>	<ol style="list-style-type: none"> <li>1a. Participants who received the training perceived themselves to be more capable of teaching than the participants who did not receive the training.</li> <li>1b. After taking the training, participants perceived themselves to be more competent than before taking the training.</li> <li>2. Participants who trained others after receiving training reported higher levels of perceived self-confidence and change beliefs at time 3 compared to time 2.  No other evidence was found to support Hypotheses 1 and 2.</li> </ol>



## Chapter 2

# AUTONOMY- OR DEPENDENCY-ORIENTED HELP: EFFECTS OF RECEIVING HELP AND HELPING OTHERS



This Chapter is based on Alvarez, K. & Leeuwen, E. (2015).

## 2. Autonomy- or dependency-oriented help: Effects of receiving help and helping others

**Abstract** This paper shows that receiving help could be psychologically harmful for recipients, and passing on help to others after receiving help (“helping forward”) is a good strategy to improve and restore help recipients’ self-competence. Participants ( $N = 87$ ) received autonomy- or dependency-oriented help and anticipated helping forward or not. Compared to receiving autonomy-oriented help, receiving dependency-oriented help negatively affected participants’ self-competence and their evaluation of the helper. Anticipation of future helping increased the liking for and evaluation of the helper. After paying help forward, participants felt more self-competent than before helping, and this effect was more pronounced among former recipients of dependency-oriented help. These results show that helping forward can negate the psychological threat associated with receiving help.

**Keywords** Receiving help, helping, autonomy-oriented help, dependency-oriented help, paying help forward

Helping interactions are very common, ranging from small, informal acts of assistance to large scale institutionalized policies. The United Nations’ Millennium Development goals, for example, include helping countries reduce poverty levels, and providing primary education and health care worldwide. Yet despite the widespread prevalence of help efforts, both at a small and a large scale, researchers and practitioners have been pointing to the downside of help exchanges for more than a decade (Buchanan, 2010; Deelstra et al., 2003; Halabi, Nadler, & Dovidio, 2011; Lee, 1997; Nadler, 2002; Schneider et al., 1996). Receiving help could increase feelings of dependency and incompetence (Alvarez & van Leeuwen, 2011; Halabi et al., 2011; Nadler, 2002), as a result of which help offers may be declined (Lee, 1997). For instance, the 2005 Hurricane Katrina was one of the most destructive and costly natural disasters. However, when Cuba was the first

country to offer help to the US, the US declined this offer. Another problem with aid is that recipients can become dependent upon the aid, instead of empowered and self-sufficient (Khumalo, 2003; Halabi & Nadler, 2010). These reactions raise the question: How can we shape our help efforts such that recipients can enjoy the instrumental benefits of help, without suffering the negative side-effects in terms of depressed self-competence and negative interactions with the helper? In this paper, we explore the degree to which receiving help allows recipients to retain their sense of autonomy and maintain a positive relationship with the helper. Moreover, we examine a strategy to improve help-recipients' self-competence by providing recipients with the opportunity to help others in the future.

## Consequences of Receiving Help

Helping relations are inherently unequal, and typically portray the provider of help as competent and powerful, while the recipient is cast in a dependent and incompetent role (Gilbert & Silvera, 1996; Hardy & van Vugt, 2006; Lee, 1997; Nadler, 2002; van Leeuwen & Täuber, 2011). Accepting help creates an inequitable relationship with the helper and promotes feelings of indebtedness if recipients are unable to reciprocate (Buunk, Doosje, Jans, & Hopstaken, 1993; Greenberg & Westcott, 1983; Gross & Latane, 1974; Hatfield & Sprecher, 1983; Midlarsky, 1991). These feelings of inequity and indebtedness are likely to lead to negative affect (Buunk et al., 1993), distress (Hatfield & Sprecher, 1983) and negative evaluations of the helper (Gross & Latane, 1974; Midlarsky, 1991). The evaluation of the helper influences recipients' responses. For example, people are more likely to refrain from seeking help from others with whom they have a conflictive relationship (van Leeuwen, Täuber, & Sassenberg, 2011). Conversely, students who perceived their teachers as more supportive seek more teachers' help (Karabenick & Sharma, 1994). Moreover, help that conveys negative information about the self could decrease feelings of self-esteem, self-competence, and positive affect, and increases stress (Deelstra et al. 2003; Halabi et al., 2011; Schneider et al., 1996). These consequences can have profound adverse effects on the recipients. For example, lower self-esteem is related to less effective coping strategies to alleviate stress (Solomon, Greenberg, & Pyszczynski, 1991), lower academic achievements (Lockett & Harrell, 2003), and more depression (Brown,

Bifulco, Harris, & Bridge, 1986). Given the profound negative consequences of receiving help for recipients and their relationship with the helper, it seems imperative that we learn more about the factors that can avert these problems.

## **Autonomy- vs. Dependency-Oriented Help**

Nadler (2002), in his model of intergroup helping, distinguished between *autonomy-oriented help*, which refers to the provision of tools or the means that allow recipients to solve their problems on their own, and *dependency-oriented help*, which refers to the provision of full solutions to a problem. Whereas dependency-oriented help might have a higher short-term instrumental value, autonomy-oriented help is more respectful of the recipients' need for autonomy, which will reduce the likelihood of needing assistance in the future (Alvarez & van Leeuwen, 2011; Nadler, 2002). Literature shows that people are more reluctant to seek dependency- than autonomy-oriented help, because dependency-oriented help emphasizes status inequality (Nadler, 1997, 2002; van Leeuwen et al., 2011). However, whereas previous researchers have explored the likelihood of seeking or providing autonomy- or dependency-oriented help, little is known about the psychological consequences of receiving both types of help. One study found that participants who received autonomy-oriented help felt more competent and positive after receiving it than those who received dependency-oriented help (Alvarez & van Leeuwen, 2011). Related research showed that recipients who received help from a helper who had a personal choice and internal motivation to help experienced better wellbeing, higher self-esteem and responded more positively to the helper than recipients who received help from a helper who had no personal choice to help (Weinstein & Ryan, 2010). Moreover, in practical settings, developmental aid agencies recognize the importance of autonomy-oriented help, such as providing technical assistance for capacity development, over dependency-oriented help (Godfrey et al., 2002). These results demonstrate the importance of help recipients' sense of autonomy.

Since little is known about how autonomy- and dependency-oriented help influence recipients' self-competence and their evaluations of the provider of help, our first aim

was to study the consequences of receiving autonomy- or dependency-oriented help on a range of psychological variables. In line with previous research (Alvarez & van Leeuwen, 2011), the recipients of this help would feel more positive and competent than recipients of dependency-oriented help, because of the self-enhancing properties of autonomy-oriented help. We also reasoned that providing autonomy-oriented help requires more effort and better ability to explain the solution to a problem than providing complete answers. Finally, because autonomy-oriented help is more respectful of recipients' autonomy, the helper who provides this help would be better evaluated and more liked than the dependency-oriented helper.

## Helping Forward

A second aim of the current research was to investigate the effects of providing subsequent help to others as a mean of improving self-competence among recipients of (in particular) dependency-oriented help. The notion of paying help forward has been acknowledged for many years. In Catherine Ryan Hyde's (1999) novel that turned into a movie titled "Pay It Forward", a 12-year-old character comes up with the idea of offering three good deeds to others in response to a good deed that one receives. This fictional tale describes the notion of paying help forward. In a nutshell, paying help forward means that one person helps a second person, the second person pays the help forward to a third person, etcetera.

Paying help forward interventions have been used among practitioners. For instance, nurses in Botswana trained peer group leaders on HIV/AIDS and Sexually Transmitted Infection (STI) awareness and prevention (Norr et al., 2004). These peer group leaders subsequently trained their co-workers. This intervention proved to be successful at increasing knowledge about HIV/AIDS and STI transmission and prevention, and increased positive attitudes towards condom usage. However, this study did not evaluate the psychological consequences of paying help forward for the *providers* of help. According to practitioners, paying it forward has the benefit of passing help and knowledge through the society at a higher ratio. That is, as people help forward, there will be more potential recipients and helpers. As an example, peer leaders continued

to train co-workers on HIV/AIDS intervention even though the research funding had finished (Norr et al., 2004). We expected an additional psychological benefit of paying help forward: The notion of helping forward may have self-enhancing properties for the recipient of help, because providing help in itself is empowering and could restore the recipient's image and status.

Research showed that providing help can be beneficial for the providers' feelings of self-worth (Midlarsky, 1991; Schwartz, Keyl, Marcum & Bode, 2009), mental health, wellbeing and quality of life (Post, 2005; Schwartz & Sendor, 1999), longevity (Brown, Nesse, Vinokur & Smith, 2003) and fewer depressive symptoms (Musick & Wilson, 2003). Having the opportunity to change roles from recipient to provider may reduce the self-threat related to seeking and receiving help, and boost self-competence. Moreover, research showed that helping is a means of improving reputation and public prestige (van Leeuwen & Täuber, 2011, 2012; Hardy & van Vugt, 2006), which implies that helping forward would allow former help recipients to restore their status and increase self-competence. To our knowledge, no research has been conducted on the potential psychological merits of paying help forward for the recipients.

Many studies focused on reciprocity (e.g., Buunk et al., 1993; Greenberg, 1980; Greenberg & Westcott, 1983; Gross & Latane, 1974; Hatfield & Sprecher, 1983; Midlarsky, 1991; Zhang & Epley, 2009). Research on reciprocity norms showed that individuals are aware that one should repay the person who helped them to avoid feelings of indebtedness (Buunk et al., 1993; Hatfield & Sprecher, 1983; Midlarsky, 1991). However, reciprocity is not the same as helping forward. In reciprocal relationships, there is a mutual exchange of favors, such as "I scratch your back and you scratch mine" (Hatfield & Sprecher, 1983). Contrary to reciprocity, helping forward means that the help is passed to another person, different from the person who has provided initial assistance. This set-up may have some practical advantages over reciprocity. First, in case recipients cannot return the favor to the initial helper, recipients could "return" the help to a third person. Second, since helping forward implies that the help is passed to others on, it has the potential to disseminate the help to many more individuals. Our aim was to investigate if helping forward is an effective strategy to increase self-competence and to reduce the threat of receiving dependency-oriented help. We additionally aimed to understand if just the



mere anticipation of helping forward would have a buffering effect on the evaluation of the helper.

## Overview of the Study and Hypotheses

We had four goals for this study. First, we wanted to explore the psychological consequences of receiving help for participants' self-competence and their evaluation of the helper. Using an elaborate puzzle-solving paradigm successfully employed in the past (Alvarez & van Leeuwen, 2011), participants in this study sought and received either dependency- or autonomy-oriented help (depending on the condition) to solve difficult puzzles and responded to a questionnaire that measured their reactions to the help. In line with previous research (Alvarez & van Leeuwen, 2011), we predicted that recipients of autonomy-oriented help would feel more positive about seeking help, and more respected and self-competent after receiving help, than recipients of dependency-oriented help (*Hypothesis 1a*). Regarding the evaluation of the helper, we predicted that participants would view the autonomy-oriented helper as putting more effort into helping, as more qualified, and evaluate the helper more positively and as more desirable to interact with, than the dependency-oriented helper (*Hypothesis 1b*).

Our second goal was to test the positive effects of paying help forward on recipients' self-competence. After receiving help in an initial puzzle-solving task, all participants were requested to provide help to other participants in a subsequent task. We assessed their responses to providing help. Because of the self-enhancing properties of providing help, we expected that subsequent helping would boost help recipients' self-competence (*Hypothesis 2a*). Also, since participants would become helpers themselves after receiving help, we expected an increase in participants' perceived similarity to the helper (*Hypothesis 2b*). To this end, self-competence and perceived similarity to the helper were measured twice: once directly after receiving help, and again after providing help to other participants.

We further expected that the self-competence restoring effect of paying help forward would be particularly effective among prior recipients of dependency-oriented help, who suffered the greatest decline in self-competence as a result of receiving help. Paying

help forward allows them to restore their initially depressed self-competence. We thus expected that recipients of dependency-oriented help would feel more positive about subsequently helping other participants than recipients of autonomy-oriented help (*Hypothesis 3a*), and that the self-competence boosting effect of paying help forward would be higher among former recipients of dependency-oriented help than among former recipients of autonomy-oriented help (*Hypothesis 3b*).

Finally, we investigated the effect of the mere anticipation of paying help forward as means of improving the relationship between helper and recipient. Research on reciprocity has shown that individuals like a helper more when they are able to reciprocate the help (Gross & Latane, 1974) and that available help is refused when individuals are unable to reciprocate (Midlarsky, 1991). Although reciprocity is not the same as paying help forward, and to our knowledge no research to date has investigated the effect of anticipating to help; it seems plausible that the anticipation of helping others in the future could buffer against the negative effects of receiving help for the relationship with the helper, in the same way as reciprocity can. We thus manipulated participants' awareness of the fact that, after receiving help, they would have an opportunity to help others (that is, all participants would, in the end, be asked to help others, but only half of the participants were aware of this potential for future helping in the beginning of the study when they were still receiving help themselves). We predicted that the anticipation of future helping would result in a better evaluation of and more liking for the helper (*Hypothesis 4*).

## Method

### Participants and design

The study was conducted at the VU University Amsterdam, with 87 undergraduate students (57 females, 30 males,  $M_{age} = 20$ ,  $SD = 2.16$ ) who arrived at the laboratory and volunteered to take part of the experiment in exchange for a small fee. Participants were randomly assigned to a 2 (Help type: autonomy-oriented help or dependency-oriented help)  $\times$  2 (Anticipation of helping or no anticipation of helping) between-participants experimental design.

## Procedure

Participants arrived at the laboratory and were seated in separate cubicles with a computer that provided them with instructions, tasks, and questionnaires. Participants worked on a help-receiving task, for which they had to complete 10 logical-mathematical puzzles (see Alvarez & van Leeuwen, 2011). Participants who were unable to complete a puzzle could ask for a help card and try again. After the fourth attempt to solve a puzzle (with a maximum of two help cards), participants were automatically redirected to the next question.

Participants were told that a trained peer, who had previous experience and training in problem solving, created the help cards. Literature shows that people prefer to receive help from individuals they perceive to have more expertise and knowledge (Hofmann, Lei, & Grant, 2009; Nadler et al., 2003; Karabenick, 2003; Newman & Goldin, 1990), and people would seek information from co-workers who have more expertise in a specific job (Morrison, 1993). Thus, to avoid status incongruent behavior (see Alvarez & van Leeuwen, 2011; Nadler, Fisher, & Itzhak, 1983; Nadler, 1997; Nadler et al., 2003), the helper was portrayed as a peer with more relevant experience in the task than the help recipients. Although the trained peer had special expertise and knowledge on the task, this trained peer was another student from the VU University Amsterdam, similar to the participant in every other aspect and assumed to be of comparable station. The helper's name was gender consistent. Participants were assured that the help cards were accurate.

The *type of help* was manipulated by presenting in the help cards a hint that could assist to solve the problem (autonomy-oriented help condition), or the complete answer to the puzzle (dependency-oriented help condition). The second help card provided a second hint, or the answer again (depending on the condition). In the *anticipation of helping* condition, participants were informed before the first set of puzzles for which they could seek and receive help that, in a second part of the study, they would be given an opportunity to create help cards for future participants. In the *no anticipation of helping* condition, participants were also informed of the existence of a second part of the study, but no mention was made of any opportunity to provide future help.

Participants then performed a second task, consisting of 10 new logical-mathematical puzzles, with neither help nor feedback on their performance<sup>2</sup>. After completing these puzzles, the computer randomly chose 3 puzzles that the participants answered correctly. All participants were then asked to provide help cards, which could be either hints or answers, for other participants. We counted how many hints or answers participants provided, and measured their psychological reactions in a subsequent questionnaire<sup>3</sup>.

### Measures

A questionnaire assessed the dependent variables on 7-point scales (1 = *not at all*, 7 = *very much*). Participants were asked to what extent they felt they received a *hint* ("The help that I received while working on the puzzles looks more like a hint than a complete answer") or a *complete answer* ("When I requested a help card while I was working on the puzzles, I felt I received a complete answer"). *Perceived instrumentality* of the received help was measured with 3 items (e.g., "The help I received while working on the puzzles always directly enabled me to answer the puzzle correctly"  $\alpha = .65$ ). *Perceived educational value* of the received help was measured with 4 items (e.g., "The help that I received while working on the puzzles generally gave me more insight into the problem",  $\alpha = .89$ ). *Feeling positive about seeking help* were measured with 3 items (e.g., "I enjoyed requesting the help cards",  $\alpha = .82$ ). *Feeling incompetent after receiving help* was measured with 2 items (e.g., "The help that I received often gave me the feeling that I was not capable of solving the problems on my own"  $r = .52$ ). *Feeling respected after receiving help* was measured with 2 items (e.g., "The help that I received often gave me the feeling that I was respected"  $r = .66$ ). *Self-competence* was measured with 7 items (e.g., "After working on the puzzles for a while, I felt pretty competent",  $\alpha = .91$ ). The previous variables were assessed with scales adopted from Alvarez and van Leeuwen (2011).

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<sup>2</sup> Analysis of variance revealed no significant effect of our manipulations on participants' performance during the second task. Overall participants provided  $M = 4.60$  ( $SD = 1.88$ ) correct answers.

<sup>3</sup> We computed 2 variables, one counting the number of hints and one counting the number of answers a participant provided. The analysis revealed no significant effect of our manipulations. Overall, participants provided more hints ( $M = 2.11$ ,  $SD = .90$ ) than answers ( $M = .89$ ,  $SD = .90$ ;  $F(1, 70) = 33.87$ ,  $p < .001$ ,  $\eta^2 = .33$ ).

How much *effort the helper put into creating the help cards* was measured with 3 items ( $\alpha = .94$ , e.g., "The helper worked hard in creating the help cards"). *Helper's qualification* was measured with 4 items (e.g., "The helper is qualified to make the help cards",  $\alpha = .84$ ). *Helper's good intentions to help* were assessed with 2 items (e.g., "The helper wanted other people to be able to solve the puzzles",  $r = .50$ ). *Desire for future interaction with the helper* was measured with 2 items (e.g., "I feel that I would very much enjoy working with the helper in the future",  $r = .58$ ). *Positive evaluation of the helper* was measured with 4 items (e.g., "Indicate how would you describe the helper after the received help card..." "nice",  $\alpha = .70$ ). *Perceived similarity to the helper* was measured with 5 items (e.g., "The helper is similar to me",  $\alpha = .92$ ). How much the participants *liked the helper's help* was measured with 4 items ( $\alpha = .92$ , e.g., "I think that the help cards created by the helper were really good").

### *Helping forward*

After creating the help cards following the second task a second questionnaire was administered assessing, again, participants' *self-competence* ( $\alpha = .84$ ) and *perceived similarity to the helper* ( $\alpha = .93$ ). Additionally, we measured *positive feeling after helping* with 3 items (e.g., "Having the opportunity to create help cards made me feel good"  $\alpha = .89$ ). Participants were then thanked for their participation, debriefed and paid.

## Results

Unless otherwise indicated, all variables were analyzed in separate 2 (Help Type) x 2 (Anticipation of Helping) between participants' analyses of variance.

### Checks

Significant main effects of Help Type (Table 2.1) revealed that autonomy-oriented help was felt more like a hint, less like an answer, and was viewed as less instrumental and more educational than dependency-oriented help. This shows that the manipulation of help type was successful.

**Help type**

Significant main effects of Help Type (Table 2.1) showed that participants who received autonomy-oriented help felt more positive about seeking help, less incompetent, more respected after receiving help, had higher self-competence, evaluated the helper more positively, liked the help better, and felt that the helper put more effort into creating the help cards than participants who received dependency-oriented help. Moreover, participants who received autonomy-oriented help perceived the helper as more qualified, as having better intentions to help and as more similar to the helper than participants who received dependency-oriented help. These results are in line with *Hypotheses 1a* and *b*.

**Table 2.1. Main effects of the type help received**

	autonomy-oriented help	dependency-oriented help	<i>F</i> (1, 83)	$\eta_p^2$
	<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )		
<b>Checks</b>				
receiving a hint	5.12 (1.10)	1.66 (1.57)	144.40***	.64
receiving a complete answer	3.98 (1.68)	6.66 (.94)	84.21***	.50
instrumentality of the help	4.22 (1.03)	6.22 (1.09)	76.43***	.48
educational value of the help	5.16 (.73)	2.10 (1.34)	197.91***	.70
<b>Reactions to help type</b>				
feeling positive about seeking help	5.16 (1.09)	3.86 (1.73)	17.13***	.17
feeling incompetent after receiving help	3.43 (1.44)	4.34 (1.66)	7.37**	.08
feeling respected after receiving help	4.42 (.76)	2.73 (1.28)	54.53***	.40
self-competence	3.60 (1.10)	3.08 (1.29)	4.02*	.05
positive evaluation of the helper	4.92 (.48)	4.42 (1.42)	5.49*	.06
effort put into creating the help	4.59 (.83)	2.63 (1.84)	40.78***	.33
helper's qualification	5.04 (.95)	3.34 (1.52)	38.91***	.32
helper's good intentions to help	4.78 (.89)	3.95 (1.58)	8.64**	.09
liking helper's help	5.13 (.97)	2.55 (1.55)	95.66***	.54
desire for future interaction with the helper	3.98 (1.16)	3.04 (1.56)	9.85**	.11
perceived similarity to the helper	2.97 (1.09)	2.43 (1.12)	4.97*	.06

Note: \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

**Anticipation of future helping**

A significant main effect of Anticipation of Helping (Table 2.2) revealed that participants who expected to help liked the help better and evaluated the helper more positively than the ones who did not expect to help at a later stage. These results support Hypothesis 4. Unexpectedly, participants who anticipated helping perceived that the help had more educational value than participants who did not anticipate helping.

**Table 2.2. Main effects of anticipation of helping**

	anticipation of helping	no anticipation of helping		
	<i>M (SD)</i>	<i>M (SD)</i>	<i>F</i> (1, 83)	$\eta_p^2$
educational value of the help	3.99 (1.82)	3.23 (1.88)	10.87**	.12
liking helper's help	4.27 (1.79)	3.37 (1.76)	11.07**	.12
positive evaluation of the helper	5.02 (.79)	4.31 (1.23)	10.91**	.12

Note: \*\**p* < .01

**Effects of helping forward**

The responses of participants who answered at least 3 puzzles correctly were analyzed (*N* = 74). Cell sizes ranged from 17 to 20 participants.

*Self-competence*, as measured directly after receiving help (Time 1) and after helping (Time 2), was submitted to a repeated measure analysis of variance as the two levels of a within-subjects factor (Helping), with Help Type and Anticipation of Helping as between-subjects factors. The analysis revealed a significant main effect of Helping. Supporting *Hypotheses 2a*, participants reported higher *self-competence* after helping than before helping (Table 2.3). This finding is in line with our reasoning that paying help forward allows recipients to boost their self-competence.



*Perceived similarity*, as measured directly after receiving help (Time 1) and after helping (Time 2) were submitted to a repeated measure analysis of variance as the two levels of a within-subjects factor (Helping), with Help Type and Anticipation of Helping as between-subjects factors. The analysis revealed a significant main effect of Helping. Participants perceived to be more *similar to the helper* after helping than before helping (Table 2.3). This finding supports *Hypothesis 2b*.

**Table 2.3. Main effects of helping forward**

	before helping	after helping		
	<i>M (SD)</i>	<i>M (SD)</i>	<i>F (1, 70)</i>	$\eta_p^2$
self-competence	3.33 (1.28)	4.54 (.83)	91.38***	.57
perceived similarity to the helper	2.69 (1.15)	2.93 (1.17)	4.11*	.06

Note: \* $p < .05$ , \*\*\* $p < .001$ .

### Helping forward to restore self-competence

A significant interaction of Helping and Help Type for self-competence was found ( $F(1, 70) = 6.30$ ,  $p < .05$ ,  $\eta^2 = .08$ ). Although the effect of Helping was significant for both dependency-oriented and autonomy-oriented help, the increase was more pronounced with respect to dependency-oriented help (from  $M = 3.05$ ,  $SD = 1.33$  to  $M = 4.59$ ,  $SD = .79$  for dependency-oriented help receivers; from  $M = 3.61$ ,  $SD = 1.17$  to  $M = 4.49$ ,  $SD = .87$  for autonomy-oriented help receivers). This finding is in line with our reasoning that paying help forward allows recipients of dependency-oriented help to restore their depressed self-competence, supporting *Hypothesis 3b*.

How *positive participants felt after helping* was analyzed in separate 2 (Help Type) x 2 (Anticipation of Helping) between participants' analyses of variance. A significant main effect of Help Type revealed that, compared to autonomy-oriented help, participants who previously received dependency-oriented help *felt more positive after helping* ( $M_{\text{dependency}} = 4.68$ ,  $SD = 1.29$  vs.  $M_{\text{autonomy}} = 4.03$ ,  $SD = 1.26$ ;  $F(1, 70) = 4.44$ ,  $p < .05$ ,  $\eta^2 = .06$ ). This result supports *Hypothesis 3a*.

## Discussion

The effectiveness of help is not always apparent, as recipients' status, independence and self-competence is often depressed by the mere act of seeking and receiving help (Deelstra et al., 2003; Lee, 1997; Nadler, 2002; Schneider et al., 1996). Research so far has focused on the likelihood of seeking or providing help (Nadler, 1997, 2002; van Leeuwen et al., 2011; van Leeuwen & Täuber, 2011, 2012), but surprisingly, few studies investigated the psychological consequences of receiving help and the factors that can improve recipients' self-competence (but see Alvarez & van Leeuwen, 2011). To understand how help is more likely to succeed in empowering aid recipients, we extensively studied the consequences of receiving two types of help that largely influence helping interactions: autonomy- and dependency-oriented help (Nadler, 1997, 2002; Nadler & Halabi, 2006). Moreover, we investigated the impact of helping forward as a strategy to boost and restore recipients' self-competence.

As the results from this study demonstrated, receiving autonomy-oriented help was more positive for the relationship with the helper and was less psychologically harmful for recipients than receiving dependency-oriented help. Although dependency-oriented help provides a short-term solution to the problem, it might neither help the recipient reach independence nor establish good relationships with the helper. These findings complement existing research that demonstrated a general preference among help seekers for autonomy-oriented help over dependency-oriented help (Nadler, 1997; van Leeuwen et al., 2011).

Despite its apparent merits, the provision of autonomy-oriented help is often not possible or even desirable. For example, when the need for help is urgent (i.e., after natural disasters), dependency-oriented help is the most effective way of providing immediate aid. Also, when the need for instrumental advancement is high, people more often seek dependency- than autonomy-oriented help (van Leeuwen et al., 2011). It is therefore imperative that we advance our understanding of how to reduce the threat associated with receiving dependency-oriented help. As the current research demonstrates, paying help forward can be an effective strategy to overcome the self-competence suppressing effects of receiving dependency-oriented help. Once they had helped other

participants, recipients of dependency-oriented help showed a greater improvement in self-competence than recipients of autonomy-oriented help. This finding is important as it shows a way of negating the threat of receiving dependency-oriented help when recipients simply do not have a choice in what type of help they receive.

In addition to the benefits of paying help forward, the mere anticipation of future helping also generated several promising responses. Participants who were anticipating helping others in the future evaluated both the helper and the help they received more positively than participants who did not expect future helping. Moreover, participants expecting future helping also reported feeling that the help they received had more educational value compared to participants who were not anticipating future helping. It is possible that participants who anticipated future helping were paying more attention to the material on the help cards, since they would have to create similar help cards for others soon. This suggests an unexpected but positive side-effect of the anticipation of future helping: Recipients of help will pay more attention to the help they receive. Future research might explore if this effect extends to actual learning and improvement of skills.

*"Peer-to-peer helping networks"*, in which recipients receive help from qualified helpers, and subsequently help others in a recursive process, could be a strategy to empower recipients and multiply the help. Some caution needs to be observed, however, before implementing this strategy. Although peer helping has been widely used in practical settings (i.e., Norr et al., 2004), and has been argued to have the potential to spread help (e.g., knowledge, materials) to many people, to our knowledge it is still unknown how to maintain a chain reaction of good deeds. As the current study showed, once people have helped they may feel the benefits of helping. However, it is possible that people will refuse helping forward, especially if the requested assistance requires much effort or resources from them.

Moreover, research has demonstrated that people are less likely to pay kindness forward than greed. Gray, Ward, and Norton (2014) found that people who received greedy divisions of money were more selfish in their subsequent dealings, while people who received generous divisions of money were not more generous to third parties, but

provided equal divisions of outcomes. Although helping forward could have positive outcomes for the recipient, it is important to determine which variables encourage chains of forward helping in the long run.







## Chapter 3

# A FIELD STUDY OF THE SOCIAL PSYCHOLOGICAL CONSEQUENCES OF RECEIVING AUTONOMY- OR DEPENDENCY-ORIENTED AID IN PANAMA



This Chapter is based on Alvarez, K., van Leeuwen, E., Montenegro-Montenegro, E., & van Vugt, M. (2018).

### 3. A field study of the social psychological consequences of receiving autonomy- or dependency-oriented aid in Panama

**Abstract** This field study investigated the consequences of receiving poverty aid through Conditional Transfer programs in the form of autonomy-oriented help (i.e., cash) or dependency-oriented help (i.e., vouchers) in communities living in poverty in Panama. The empowering effects of autonomy- (vs. dependency-) help have so far only been studied in laboratory settings, or in settings where help could easily be refused. Little is known about the reactions of people who rely on help for extended periods of time. This study provides insights into how aid recipients are influenced by the type of aid they receive. Results showed that, as expected, recipients of cash reported more autonomy, empowerment and life improvements than recipients of vouchers. Training, another type of autonomy-oriented help, was positively related to empowerment, personal and family change beliefs. These findings illustrate the benefits of autonomy-oriented help programs in empowering people from communities living in poverty, who rely on aid for extended periods of time. We also discuss the notion of peer-to-peer helping networks as means of group improvement.

**Keywords** Receiving help, autonomy-oriented help, dependency-oriented help, helping forward, empowerment, change beliefs, extreme poverty, Panama

There are numerous poverty aid programs worldwide, yet little is known about the psychological impact of these programs. Usually, development programs' discourses are dominated by the opinions and perspectives of the helpers, ignoring the needs and wishes of the aid recipients (Narayan, Chambers, Shah, Petesch, 2000). Understanding the needs and perspectives of people living in poverty is an important condition for aid



effectiveness. We studied the social psychological consequences of Conditional Transfer programs in a field study conducted in Ngäbe-Buglé communities in Panama, which are among the poorest communities in Latin America (Olfarnes, 2007). Conditional Transfer programs provide cash or voucher benefits upon recipients' meeting certain requirements. We reasoned that aid recipients who receive a more autonomy-oriented type of help (i.e., cash or trainings) would report stronger feelings of empowerment, a greater improvement of their lives, and stronger beliefs that a change is possible, than recipients who receive a more dependency-oriented type of help (vouchers).



*Most families in the Comarca Ngäbe-Buglé live under difficult conditions.*

## The Context

Recently the World Bank acknowledged the scarcity of psychological research on aid programs, highlighting the importance of attention to human behavior and the social and psychological reactions to development policies (World Bank, 2014). Understanding the psychological impact of a program is imperative since, although programs can

be beneficial in some ways, they may carry negative psychological consequences for the recipients. As an example, microfinance programs, which provide loans to the impoverished households to start small businesses, yield a positive impact on the households' income (Hulme & Moore, 2007), yet borrowers often suffer from high psychological pressure due to the strict repayment policies (Biswas, 2010; Buncombe, 2010; Field, Pande, Papp, & Park, 2012).

The *Conditional Transfer* (CT) program is a type of program that is active in at least 20 countries. The program provides stipends or vouchers for food and domestic products to extremely poor households in return for certain actions, such as enrolling children into school and attending regular health check-ups (Gelan, 2006; Handa & Davis, 2006; Lagarde, Haines, & Palmer, 2009; Fiszbein & Schady, 2009). Many studies have illustrated important benefits of CT programs, such as helping younger generations achieve higher education and better health, and improving households' overall income. Research showed an increase in students' school attendance (Schultz, 2000; Skoufias, Parker, Behrman, & Pessino, 2001), a reduction in children's labor market participation (Skoufias, 2001), and a reduction in child mortality associated with poverty-related causes such as malnutrition and diarrhea (Rasella, Aquino, Santos, Paes-Sousa, & Barreto, 2013). Although this program has been extensively studied and important benefits for recipients have been demonstrated (e.g., Behrman, Parker, & Todd, 2005; Behrman, Sengupta & Todd, 2000; Rawlings & de la Briere, 2006; Das, Do, & Özler, 2005; Schubert & Slater, 2006; Skoufias, 2001; Soares, 2012), little is known about its effects on recipients' general belief that the program has allowed them to improve their living conditions, and the belief that they can become self-sufficient in the future. Participants in CT programs are expected to gain independence from the program, but there is no conclusive evidence that CT programs have improved households' capacity to generate their own income (Godoy, 2005; Villatoro, 2005). Depending on aid



could have profound negative consequences for people's psychological well-being, communities' development, and countries' economies.

From the psychological literature on helping, we know that receiving help can undermine recipients' self-image and reputation (Nadler, 2014), and that it can increase dependence on the provider (Nadler, 2002, 2014; Nadler & Halabi, 2006). People often reject needed help if it is self-threatening (e.g., Ackerman & Kenrick, 2008; Lee, 1997; van Leeuwen, Täuber, & Sassenberg, 2011). For example, prior research found that students avoid seeking help in class to protect their feelings of self-competence (Butler & Neuman, 1995; Ryan & Pintrich, 1997), that women refrain from seeking help from men to disconfirm women's dependency stereotype (Wakefield, Hopkins, & Greenwood, 2012), and that people avoid seeking dependency-oriented help from other groups when group image concerns were activated by relational conflict (van Leeuwen et al., 2011). Studies showed that publicly providing help can boost one's reputation (i.e., the competitive altruism hypothesis, Hardy & van Vugt, 2006), and that it is influenced by more factors than recipients' needs alone (van Vugt & Hardy, 2009). Just as giving help is positive for helpers' reputation and status (Hardy & van Vugt, 2006; Hopkins et al., 2007), receiving it can mark a lack of resources, inferiority, and dependency on the helper (Nadler & Fisher, 1986). These lines of research illustrate the importance of considering the recipients' needs and their psychological reactions to the received help when implementing aid programs.

Although the aforementioned studies are fairly informative, they were mainly conducted in laboratory settings or in settings where aid can be rejected without having profound consequences for the welfare of recipients. Yet in impoverished areas, aid is crucial for survival, and refusing it might not be an option. This leaves us with a number of crucial questions. For example: How do people living in extreme poverty react psychologically to receiving continuous help? What aspects of the aid programs strengthen recipients' beliefs that improvement of their living conditions is possible? One potential outcome is that aid recipients believe that they are able to change their situation, because the program enhances their feelings of empowerment. We argue that these feelings of empowerment are an important condition for the success of CT programs.

## The Role of Empowerment

Empowerment is an important condition for improving the lives of the impoverished. Empowerment is a broad concept. In poverty research empowerment has been primarily studied from an economics perspective, focusing mainly on the recipients' ability to take decisions and make strategic choices. In the psychological field empowerment is broadly described as the process of gaining power or control over one's life (Conger & Kanungo, 1988), believing in one's abilities (Kark, Shamir, & Chen, 2003) and having a proactive approach to life (Zimmerman, 1995). In this study individual psychological empowerment is defined as the awareness of personal control and the confidence in having the capacity to influence individual outcomes (Hansen, 2015). Psychological empowerment is an important precursor for several positive outcomes, such as improved individual job performance and satisfaction (Seibert, Silver & Randolph, 2004), increased productivity and organizational commitment (Kirkman & Rosen, 1999) and positive behavioral changes (Graves & Shelton, 2007).

A possible outcome of feeling empowered is the belief that a positive change to one's life is an actual possibility (i.e., change beliefs). Research on collective action has demonstrated that feeling empowered greatly influences social change, because for social change to occur, not only do social movements need to have power, but their individual members should also be subjectively empowered (Drury & Reicher, 2005; Drury & Reicher, 2009). The perception of increasing self-power allows people with few resources to gain autonomy over their lives and contribute to life improvement and changes in social standing.

Unfortunately, impoverished people rarely feel empowered. Narayan et al. (2000) interviewed over 20,000 people from 23 countries living in poverty in order to investigate their perspectives and feelings about their situation. This study found that impoverished individuals perceived low well-being or poor quality of life as much more than just material scarcity; the common theme underlying their experiences is feelings of powerlessness. Although empowerment is a bit of a "buzzword" used in international development policies (Cornwall & Brock, 2005; Sen, 1997), few studies have investigated the factors that influence aid recipients' feelings of psychological empowerment, and

the role of empowerment in the success or failure of aid programs. A CT program evaluation in Mexico showed that, after the program started, female aid recipients reported behaviors that could be considered “empowering” (Skoufias, 2001). Such behaviors include being able to leave the house more often, having more opportunities to speak out in groups, becoming more educated through workshops, and having more control over household expenditures. However, the study did not investigate women’s perception of psychological empowerment or which aspects of the program explained why these women engaged in such behaviors.

Although the previous studies explained some of the benefits of feeling empowered, one important question remains: what factors influence aid recipients’ feelings of empowerment and change beliefs? As we argue in the following section, empowerment depends, in part, on the type of aid being provided.

## The Social Psychology of Helping

According to Nadler (2002; 2014) different types of help could have different psychological consequences for recipients. *Dependency-oriented help* offers a complete solution to a problem and serves short-term purposes for its high instrumentality, yet it reinforces dependency and inferiority, and implies a view of recipients as unable to contribute towards solving their problems. *Autonomy-oriented help*, on the other hand, offers tools, hints or resources to independently solve a problem. It is less instrumental, but might be more empowering, self-supportive and effective in the long run than dependency-oriented help (Nadler, 2002).

Studies show the positive effects of autonomy-oriented help. For instance, being trained in job searching skills was demonstrated to boost general feelings of self-efficacy (Eden & Aviram, 1993). Training interventions for entrepreneurship have several important benefits, such as increased self-efficacy and goal intentions, more job creations, and business success (for an overview see Frese, Gielnik, & Mensmann, 2016). Women who participated in microfinance programs that included a training component reported higher levels of personal control beliefs than non-participants (Hansen, 2015). Experimental studies

showed that participants who sought and received autonomy-oriented help (a hint) to solve difficult puzzles felt greater self-competence, empowerment, and positivity, and felt more respected than those who sought and received dependency-oriented help (an answer; Alvarez & van Leeuwen, 2011, 2015, Chapter 2). Together, these results attest to the important contribution of autonomy-oriented help for people's feelings of empowerment.

Although the previously mentioned studies provide important insights into the psychological effects of receiving and seeking help, the results do not automatically generalize to situations in which people rely on help for prolonged periods of time. People living in extreme poverty are exposed to physical, psychological and financial deprivation and can usually not afford the luxury of rejecting the type of help that is on



*Examples of projects of textile arts and crafts at the Comarca Ngäbe-Buglé.*



offer, thereby impairing the control they have over their circumstances. When people feel that they have no control over their situation, they may start behaving in a helpless manner. This inaction, also called learned helplessness (Seligman, 1972), can lead people to overlook opportunities for change and behave as if they are unable to change the situation.

## Overview of the Field Study and Hypotheses

Panama has been one of the fastest growing economies worldwide, but it has sharp regional social inequalities (World Bank, 2017). Overall, 18.7% of the Panamanian population lives in poverty (World Bank, 2017). Poverty is more pronounced in Indigenous areas (World Bank, 2017); for instance, 93.8% of the Ngäbe-Buglé population lives in poverty (Diéguez, 2015). CT programs in Panama help households living in extreme poverty to satisfy basic needs. There are two variants of this program: the cash transfer that provides \$100.00 cash every two months, and the voucher program that provides the equivalent value in vouchers every two months which can be used at local shops to acquire food or domestic products. Only people living in extreme poverty can receive CT benefits. The decision of which communities receive cash or vouchers was made randomly at the start of the CT program (J. Torregróza, Ministry of Social Development, personal communication, January 18, 2010)<sup>4</sup>.

One important underlying difference between cash and vouchers is the degree of autonomy they afford recipients. We argue that cash transfers provide more autonomy and freedom to recipients than vouchers, because cash can be invested according to individual households' needs, compared to voucher transfers that give fewer choices to recipients to decide how to use the help. We therefore consider aid in the form of cash more autonomy-oriented than aid in the form of vouchers. Of the two types of aid, cash therefore has the most potential to empower recipients.

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<sup>4</sup> According to the Ministry of Economy and Finances of Panama, the minimum income per person needed per month to satisfy basic food expenses is \$143.50 in urban areas and \$106.49 in rural areas (Diéguez, 2017).



*Houses at the Comarca Ngäbe-Buglé.*

In addition to receiving cash or voucher transfers, some households received training on topics such as agriculture, art-crafts, administration, or cooking. Typically, a representative from the government approaches the communities and invites community members to workshops and training given by experts in specific fields. Training is an autonomy-oriented type of help, as it teaches skills and knowledge. We also investigated the effects of participating in such trainings, in addition to receiving CT benefits, and reasoned that receiving training would lead recipients to feel more empowered, and would increase their belief that improvement is possible.

The field setting allowed us to test the following hypotheses. First, we predicted that cash recipients would experience stronger feelings of autonomy than voucher recipients (*Hypothesis 1*). Second, we expected that cash recipients would experience stronger feelings of empowerment as compared to voucher recipients (*Hypothesis 2*). We also expected that, as compared to voucher recipients, cash recipients would experience greater improvement in their household living conditions since entering the CT program, and report a greater belief that a change in their social standing is possible (*Hypothesis 3*).

With respect to training, we expected that recipients who had recently received skills training (e.g., in agriculture, administration, or baking) would feel more empowered



than recipients who had not received such training (*Hypothesis 4*). Aid recipients who received training were also expected to report a greater improvement in their living conditions, and to hold a stronger belief that change in their social standing is possible than recipients who had not received training (*Hypothesis 5*)<sup>5</sup>.

To evaluate the general impact of the CT program, we also measured people's satisfaction with the program. We further assessed a number of demographic variables to examine the comparability of the communities who received either cash or vouchers.

## Method

### Participants and design

The cross-sectional field study was conducted in Panama, at the Comarca Ngäbe-Buglé, Besikó District. In Besikó, four regions receive cash only and four regions receive vouchers only. For our sample, we randomly chose one region that receives cash (Soloy,  $N = 814$  households) and one region that receives vouchers (Niba;  $N = 606$  households; Contraloría General de la República de Panamá, 2010).

The selected area contained communities that live in extreme poverty, received either cash or vouchers (not both), and were similar in most other important aspects such as ethnic background, language, culture, infrastructure and poverty level<sup>6</sup>. Using a random number generator, we selected 18 villages (out of a total of 59) within Niba and

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<sup>5</sup> We additionally explored the degree to which empowerment mediated the effects of (i) type of help on the perception of improving one's life because of the aid, and (ii) type of help and the beliefs that personal and family changes are possible. These results are included in the supplementary materials (Appendix 3.2).

<sup>6</sup> To further ensure that participants from both regions were comparable, interviewers used a checklist to select households with certain characteristics. We selected only houses that have earthen floors, no drinkable water, no electricity, that were within 3 hours walking distance of a road, that have access to schools and a health center, and that received a conditional transfer at the time of data collection.

9 villages (out of a total of 26) within Soloy. Households within each village were selected by choosing one house every 5 houses, starting from the first marked house. Between 20% and 27% of households per selected village participated in the study. Within each household, we selected only the direct recipients of the conditional transfers. Because CT benefits are usually awarded to the mother of each household -in order to encourage women's participation and reduce the gender gap (Fiszbein & Schady, 2009)- most of our sample consisted of women. However, if a man is the primary caretaker of the children, he will receive the conditional transfer benefits. The total sample consisted of  $N = 154$  Ngäbe participants ( $n = 77$  cash and  $n = 77$  voucher recipients; 145 females, 9 males,  $M_{\text{age}} = 41$ ,  $SD = 12.86$ ).

### Procedure

Native Ngäbe interviewers, fluent in Spanish and Ngäbere (participants' native language), conducted the structured interviews. Prior to data-collection, interviewers received extensive training in how to conduct the interviews. Interviewers approached participants at their houses and introduced themselves as representatives of a research project from the university. Participants' signed a consent form to participate in the study after interviewers explained the study in Spanish or Ngäbere. All participants consented. The person who was the primary recipient in the program was interviewed, in the participant's language. The interview lasted approximately 45 minutes. Upon



*Meeting with interviewers and project members at the Comarca Ngäbe-Buglé.*

completion, participants received an incentive that consisted of a small educational gift for their children (e.g., notebooks, coloring books, crayon and pencils). Participants were thanked and debriefed.

## Measures

As a check, participants were asked if they received cash or voucher transfers. Participants were also asked if they had participated in any training or workshop, or received technical assistance to learn a skill (e.g., agriculture, art crafts, administration, or cooking) within the past 2 years.

**Demographics.** Participants were asked for their age, gender, number of children, land ownership and use of the land, employment status, business ownership, income, literacy, and year in which they started the program (Appendix 3.1 contains a list of the items).

**Measures.** Unless otherwise indicated, all dependent measures were assessed on 5-point scales (1 = *not at all*, 5 = *very much*). Scales were created by averaging the items (Appendix 3.1 contains a list of the items).

Participants were asked to what extent they felt the conditional transfer program provided them with *autonomy* ("How much freedom or independence do you feel you have in deciding how to use the money [voucher] from the transference?" (1= *none*, 5 = *completely*). *Empowerment* was measured with 5 items (e.g., "To what extent do you think ... your current socioeconomic status is something that you are able to improve by yourself";  $\alpha = .77$ ). *Life improvement* was measured with 2 items ("To what extent do you feel that having received the conditional cash [voucher] transference has helped to improve the living conditions of the people in your household?";  $r = .45$ ). *Personal change beliefs* were measured with 3 items (e.g., "To what extent do you feel that something you are doing right now will improve your own chances of getting a (better) paid job in the future?";  $\alpha = .74$ ). *Family change beliefs* were assessed with 3 items (e.g., "To what extent do you feel that something you are doing right now will improve the chances for one or more members in your household to become independent of government aid in the future?";  $\alpha = .79$ ).

One graphic item measured participants' *satisfaction*<sup>7</sup> with the program ("Please choose the face that comes closest to expressing how satisfied you feel about the conditional cash [vouchers] transfer you receive"; a face was depicted accordingly, ranging from a sad face to a happy face).

## Results

### Preliminary analyses

**Demographics.** Using independent sample *t*-tests, we compared the two help type conditions (cash or voucher recipients) on a number of demographic variables. No significant difference between cash and voucher recipients was found with respect to participants' age, the number of children ( $M = 3.81$ ,  $SD = 1.96$ ; min = 1, max = 9), year in which participants started the CT program, employment status (97% did not have a job), having a (family) business (87% did not own a business), nor land ownership (56% owned a land). Of participants who owned land, almost everyone used it for agriculture (99%), and some of them also used it to raise animals (18%).

Cash recipients reported a significantly higher income<sup>8</sup> than voucher recipients ( $M = 1.45$ ,  $SD = .68$  vs.  $M = 1.16$ ,  $SD = .25$  respectively;  $t(136) = 3.49$ ,  $p < .01$ ). This difference is probably due to cash transfers adding up to cash recipients' total income. It is important to note that 98% of recipients scored 1 or 2 on this 6-point scale (1 = < \$50, 2 = \$50 - \$200), indicating a low to very low income. A significant difference was also found for literacy: more cash recipients were literate (23%) than voucher recipients (13%;  $t(146) = 2.72$ ,  $p < .01$ ).

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<sup>7</sup> Some participants mentioned that they did not understand the meaning of the faces, probably because of their lack of exposure to such faces. Interviewers then focused on the number rating the answers.

<sup>8</sup> 16 participants did not answer the question regarding their income.

To conclude, both groups were comparable with respect to their age, number of children they have, year they started the CT program, employment status, and business and land ownership, yet cash recipients were somewhat more wealthy (probably due to their cash endowment) and were more often literate.

**Satisfaction.** Results showed no significant difference between cash and voucher recipients with regard to their satisfaction with the program ( $M = 4.61$ ,  $SD = .78$ ). On average, participants reported feeling very satisfied, which could be expected given that the program fulfills basic needs for survival.

### Effects of help type

In Hypotheses 1, 2 and 3, we predicted that cash recipients would experience more feelings of autonomy, empowerment, perceive to have more improvements in their living conditions since entering the CT program, and have stronger beliefs that a change is possible, compared to voucher recipients.

**Analyses.** Multiple imputations were first implemented to handle 24.36% of missing values using the package MICE 2.25 (van Buuren & Groothuis-Oudshoorn, 2011) for R 3.2.3 (R Core Team, 2015). Thus, 100 imputed data sets were generated under the assumption of missing at random mechanism (MAR) by including several auxiliary variables related to the missing patterns. An inclusive approach was used to add as many auxiliary variables as possible to recover the missing information (Little, Jorgensen, Lang, & Moore, 2013; Enders, 2010; Collins, Shafer, & Kam, 2001).

To control for possible individual differences in help type, Propensity Score Matching (PSM) was performed (Rosenbaum & Rubin, 1983). A Propensity Score (PS) matches cash and voucher participants based on important individual covariables (Rosenbaum, 2005). A full match model was estimated to obtain a propensity score for each participant. The PS was used as a weight for further analysis in all regression models by converting the PS ( $\pi_i$ ) to an odds scale ( $\pi_i / 1 - \pi_i$ ). Thus, participants in the cash group get a weight of 1 whereas the members of the voucher group receive an odds value (Hirano, Imbens, & Ridder, 2003). The variables included in the PSM analysis were: age, sex, year, number of children, having a job, having a business, owning a land, income and literacy. The

package MatchIt 2.4.21 (Ho, Imai, King, & Stuart, 2011) was used to perform PSM analysis.

In addition, an intra-class correlation including village as the cluster variable was calculated to account for this source of variance. The results showed that autonomy (ICC = .31), empowerment (ICC = .33) and life improvement (ICC = .23) presented a large ICC value, whereas personal change beliefs (ICC = .19) and family change beliefs (ICC = 0.06) showed a smaller ICC value. This means that there is variance accounted for at a second level, therefore a multilevel analysis might be suitable for the data (Hayes, 2006). However, these results were unexpected and the research design did not include second level predictors or specific second level hypothesis. In addition, the small sample size at the second level (27 villages) makes it difficult to estimate a multilevel level model with enough statistical power (Maas & Hox, 2004). Nonetheless, to account and control for the source of variance at the second level, we conducted a linear mixed-effects model that includes a random intercept but keeps the slopes fixed. The linear mixed-effects models were estimated using the *lme4* package (Bates, Maechler, Bolker, & Walker, 2015) as provided in R (version 3.3.2) for statistical computing (R Development Core Team, 2016). In addition, the random effects were tested using likelihood ratio test (LRT) comparing a simple model excluding the random effect versus a model including the random effects. Since the regression models were estimated using multiple imputed data sets, we pooled the point estimates using Rubin's rule (Rubin, 1987) via the package MICE 2.25 (van Buuren & Groothuis-Oudshoorn, 2011).

**Results.** We performed a random-effects model for each dependent variable (autonomy, empowerment, life improvement, personal change beliefs and family change beliefs) to test the relevance of a random effect. The LRT showed that it is pertinent to include a random effect for autonomy ( $\chi^2_{(1)} = 5.61, p < .05$ ), empowerment ( $\chi^2_{(1)} = 5.62, p < .05$ ), personal change beliefs ( $\chi^2_{(1)} = 7.73, p < .01$ ) and life improvement ( $\chi^2_{(1)} = 11.39, p < .001$ ); whereas it was not meaningful to include a random effect for family change beliefs ( $\chi^2_{(1)} = 0.0002, p = 0.99$ ). Because autonomy is an ordinal variable, the proportional odds model was implemented (Anderson, Kim, & Keller, 2014). Based on these statistical tests, we report the results of the random-effects model of empowerment, autonomy, life improvement and personal change beliefs and, of the linear regression of family change beliefs. The estimates of the regressions were not standardized.

A significant effect of help type on the reported level of *autonomy* showed that cash recipients reported more autonomy in using the help than voucher recipients ( $\beta = 1.14$ ,  $p < .01$ , OR = 3.14). These results support our prediction that, of the two types of help, cash provides recipients with more autonomy than vouchers (Hypothesis 1). Consistent with predictions, cash recipients felt more empowered than voucher recipients ( $\beta = 2.75$ ,  $p < .05$ ), confirming Hypothesis 2. Cash recipients also reported more improvement of household living conditions than voucher recipients ( $\beta = 0.92$ ,  $p < .05$ ), which is consistent with Hypothesis 3. Unexpectedly, no significant difference was found between cash recipients and voucher recipients with respect to their reported personal change beliefs ( $\beta = 0.29$ ,  $p = .66$ ) or family change beliefs ( $\beta = 0.14$ ,  $p = .75$ ). An overview of the relevant means is presented in Table 3.1.

**Table 3.1 Means (and standard deviations) as a function of help type**

	Cash recipients	Voucher recipients
	<i>M (SD)</i>	<i>M (SD)</i>
autonomy to use the transfer	3.95 (1.48)	3.04 (1.40)
empowerment	3.57 (.83)	3.16 (1.01)
life improvement	4.06 (.75)	3.64 (.82)
personal change beliefs	3.26 (1.03)	3.06 (.90)
family change beliefs	3.43 (1.08)	3.20 (.87)

In sum, these results fully confirmed Hypothesis 1, Hypothesis 2 and partly confirmed Hypothesis 3. Cash transfers were associated with more autonomy, empowerment and perceived life improvement. Individual and family change beliefs, however, were not different between cash and voucher recipients.

### Effects of training

In Hypotheses 4 and 5, we predicted that recipients who received training in the two years prior to data collection (in addition to receiving cash or voucher benefits), would feel

more empowered, perceive more improvement in their life conditions, and have stronger beliefs that personal and family changes are possible, compared to recipients who did not receive training. In total 31% ( $N = 48$ ) of participants indicated having received any type of training in the past years. Cash and voucher receivers did not differ in how much training they received,  $t(152) = 1.04$ ,  $p = .30$ .

As expected, a significant difference between having received training and not having received training was found with respect to feelings of autonomy, empowerment, personal and family change beliefs. Participants who had participated in one or more trainings reported more feelings of autonomy ( $\beta = 1.19$ ,  $p < .05$ ,  $OR = 3.27$ ) than participants who had not participated in a training. Participants who had received training also felt more empowered ( $\beta = 2.26$ ,  $p < .05$ ), experienced more personal change beliefs ( $\beta = 2.15$ ,  $p < .001$ ), and reported stronger family change beliefs ( $\beta = 2.34$ ,  $p < .001$ ) than participants who had not received training. Unexpectedly, no significant difference was found with respect to reported life improvement ( $\beta = 0.25$ ,  $p = .43$ ). An overview of the relevant means is presented in Table 3.2.

In sum, results confirmed Hypothesis 4 and partly confirmed Hypothesis 5. Participants who had received training experienced more autonomy, more empowerment, and a stronger belief that they can have an individual and a family change compared to

**Table 3.2 Means (and standard deviations) as a function of training**

	Received training	Did not receive training
	<i>M (SD)</i>	<i>M (SD)</i>
autonomy to use the transfer	4.08 (1.43)	3.21 (1.47)
empowerment	3.73 (.77)	3.20 (.98)
life improvement	4.01 (.80)	3.78 (.81)
personal change beliefs	3.53 (.97)	2.99 (.93)
family change beliefs	3.85 (.91)	3.07 (.92)



participants who had not received training. Unexpectedly, no effect was found for participants' perception of life improvement.

## Discussion

According to the United Nations' Millennium goal report of 2015, extreme poverty worldwide has decreased from 1.9 billion in 1990 to 836 million in 2015. Numerous programs have helped these groups and their benefits are evident (Pronyk et al., 2012; Banerjee et al., 2015). However, aid does not always have the desired results: Recipients of aid frequently fail to achieve independence after the programs end (Coates, Renzaglia, & Embree, 1983; Easterly, 2014; Moyo, 2009; Munk, 2013; Pulley, 1989). Social psychological research has pointed out that help can have unexpected negative side-effects for recipients, such as dependency, decreased self-competence, and reinforcement of unequal status hierarchies (Halabi, Dovidio, & Nadler, 2016; Nadler, 2002; 2016; Schneider, Major, Luhtanen, & Crocker, 1996). Although there are important concerns about aid programs' psychological and social effectiveness (World Bank, 2014) -and much research has provided valuable information about this (e.g., Nadler, 2014)- the social psychological research has primarily investigated helping interventions in situations where help can be refused. These settings do not necessarily reflect realistic situations, in which people often depend on help for their physical and psychological well-being. In those situations, people typically do not have the luxury of refusing help, and rely on continuous support for extended periods of time. This field study was, to the best of our knowledge, the first of its kind to investigate the psychological consequences of receiving autonomy- versus dependency-oriented help among aid recipients in impoverished communities.

### Discussion of main findings

In line with previous results and our predictions, this study found that cash was perceived as more autonomy-oriented than vouchers. Moreover, cash recipients reported feeling more empowered, and having greater improvements in their life, than voucher recipients. These results are consistent with experimental studies that found that participants who received autonomy-oriented help to solve difficult puzzles felt more self-competent and empowered than participants who received dependency-oriented help (Alvarez &

van Leeuwen, 2011, 2015, Chapter 2). Although cash should by no means be construed in terms of autonomy type of help only (indeed, whereas cash recipients are free to spend the money as they see fit, the immediate need for life's necessities means that they are unlikely to invest the majority of it in a manner that directly contributes to their growing independence), it is *more* autonomy-oriented than vouchers for food or domestic products. What matters here is perhaps not so much the actual freedom that recipients have in how to use the help they receive, but the psychological freedom they experience as recipients of this type of help. Autonomy-oriented help signals to recipients that they are capable of making important decisions on their own. This important psychological message, in turn, could empower them to assume control over their lives.

Receiving training, a different type of autonomy-oriented help, was positively related to empowerment and the belief that a change is possible both at the personal and family level. However, training was not related to life improvement, possibly because training programs do not necessarily improve one's living condition or health immediately. But training programs provide tools that can enhance the recipients' skills, knowledge, cognitive functions, personal control, and self-efficacy (see Blattman, Fiala, & Martinez, 2013; Eden & Aviram, 1993; Frese, Gielnik, & Mensmann, 2016; Hansen, 2015; Heyn, Abreu, & Ottenbacher, 2004 for more information). Training has the potential to contribute to a real sense of independence among recipients, by strengthening human capabilities and promoting actions that can change recipients' future status. Although the results of training need to be interpreted with some caution, due to the small sample size of people having received training in our research, several studies have shown the numerous benefits of having received some form of training (e.g., Eden & Aviram, 1993; Frese, Gielnik, & Mensmann, 2016; Hansen, 2015).

The fact that so few recipients had received training in our own research points to a structural problem with the provision of training programs and their acceptance by recipients in communities living in poverty. This is particularly problematic as one of the main goals of CT programs in Panama is to provide skills training, such as learning new agriculture techniques or enhancing their job seeking skills (MIDES, 2008).

## Practical implications

Although the CT program in Panama was initially intended to last 5 years (Fiszbein & Schady, 2009), the program has continued for more than 10 years at the time of writing this paper. Only 3% of the recipients in our sample were in paid employment. Previous research showed that CT programs were ineffective in improving one's financial independence (Godoy, 2005; Villatoro, 2005). Whereas establishing independence is an important aim of CT programs, to the best of our knowledge, none of the recipients in actuality had gained independence since entering the program. The dependence of recipients on aid is a critical negative side effect of such programs. In her controversial book *Dead Aid*, Dambisa Moyo (2009) wrote that more than US\$1 trillion had been invested in developmental assistance to Africa, and yet the recipients of this aid are not showing major improvements in terms of self-sufficiency. The author argues that aid had promoted dependency, fostered corruption, hindered economic growth and perpetuated poverty. All of these findings are worrisome and call for new measures to encourage recipients' self-sufficiency and avoid long-term dependence on aid.

In our view, relief aid, which is mainly of a dependency nature, is required in crisis situations or in extreme poverty conditions where people struggle to satisfy their basic needs. Yet when the immediate crisis is over, and the situation becomes more stable, moving towards an autonomy-oriented approach that empowers recipients (e.g., capability trainings, funds for investment, farming supplies) would promote independence and a change in recipients' lives. In our study, cash transfers were perceived as more autonomy-oriented than vouchers and had more benefits for recipients in terms of empowerment and perceived improvements in their life. Yet receiving cash exclusively was not enough to encourage recipients' belief that a change in their situation is possible. One explanation for these results is that offering cash also has some dependency features, and therefore does not offer all the psychological benefits of a more autonomy-oriented help. Another explanation might be that the amount of cash received is not enough to invest or otherwise utilize in a manner that can help them achieve a real change.

As an illustration, in a small study in London, 13 homeless men received 3000 pounds in cash with no strings attached from a local charity (Bregman, 2013). They were free

to decide how to use this money. A year later, 11 of the 13 had moved off the streets, had a place to sleep, were enrolled into classes, had learned new skills, received treatment for drug abuse, and had made concrete plans for their future (Bregman, 2013). Although these results need to be interpreted with caution due to the small sample size, they suggest that cash of an amount that supersedes the fulfillment of immediate short-term needs can be utilized by recipients to genuinely change their lives. A study in Uganda further explored this idea (Blattman, Fiala, & Martinez, 2013). Groups of people were invited to submit grant proposals for training programs or business start-ups. The treatment group received unsupervised grants of around \$7500 on average per group (\$382 per person). Results showed that grant recipients spent 11% of the money on training, 52% on tools, and 13% on materials. After four years, the treatment group practiced more skilled trade, had increased business assets, worked more hours, and had increased their earnings compared to a control group (Blattman, Fiala, & Martinez, 2013). These results clearly undermine the widely-held presumption that people living in poverty are not able to handle money properly (e.g., Mani, Mullainathan, Shafir, & Zhao, 2013; Vohs, 2013). Giving impoverished individuals the opportunity to make their own decisions regarding how to use the help they receive can allow them build confidence in their choices and feel more empowered.

CT programs are not meant to be used as investments; therefore, it is understandable that providing larger amounts of cash might not be an option. However, combining CT programs that help satisfy households' basic needs together with other programs that provide larger sums of money for investments and training programs (see Banerjee, Duflo, Chattopadhyay, & Shapiro, 2011 for an example) might give recipients the opportunity to autonomously manage their resources. Being able to invest in what they value as most essential would thereby increase their feelings of power and motivation to improve their situation.

Increasing feelings of power or empowerment is an important outcome of receiving autonomy-oriented help. Several studies have explained the benefits of feeling empowered (e.g., Conger & Kanugo, 1988; Drury & Reicher, 2009; Israel, Checkoway, Schulz, & Zimmerman, 1994; Seibert, Silver, & Randolph, 2004; Zimmerman, 1990). For instance, the mere belief in one's ability to engage in a behavior can lead to a behavioral change

(Bandura, 1993), such as positive health behavior change (Strecher, DeVellis, Becker, & Rosenstock, 1986) or academic accomplishments (Bandura, 1993). Understanding the consequences of feeling empowered is important, especially for recipients of poverty aid, who often suffer from feelings of powerlessness (Narayan et al., 2000). In our view, empowerment contributes to the concrete belief that a positive change in social standing is a real possibility. We tested and found (see supplement Appendix 3.2) that empowerment mediated the effect of (i) type of help on the perception of improving one's life because of the aid, and (ii) type of help and the beliefs that personal and family changes are possible. Specifically, empowerment explained the relationship between help type and life improvement, and help type and both change beliefs. Empowerment is therefore related to a belief that change is possible, which might be an important precursor for actual change. Although this model provides valuable information, due to the cross-sectional nature of our data we cannot demonstrate causal effects. Future studies should examine the link between empowerment, change beliefs and actual change in longitudinal experimental studies.

### **Limitations and suggestions for future research**

This study has a number of limitations. By the time the data was collected, all comparable communities were receiving conditional transfers. Therefore, no baseline measurement before the program started was collected. Because the study design is of a cross-sectional nature, it is not possible to determine temporal or causal relationships. For instance, although having received training correlated positively with empowerment, we cannot state conclusively that participating in one or more trainings actually resulted in stronger feelings of empowerment. For example, it is also possible that empowered individuals were more motivated to take advantage of available trainings. Future studies could help generate causal conclusions about CT programs.

Another limitation of the current study concerns the generalizability of the findings to other populations. For instance, the sample consisted mainly of women, because mothers of the households are the primary CT receivers (Fiszbein & Schady, 2009). Men might react differently to the program in some respects, for example by feeling contempt or anger about relying on aid for an extended period of time. Research showed that males, compared to females, tend to seek less help for emotional problems (Möller-Leimkühler,

2002) and have more negative attitudes towards seeking professional psychological assistance (Good, Dell, & Mintz, 1989). Future research should investigate whether men respond similarly to women receiving long-term aid.

### **Conclusion**

We wish to conclude with the following question: What determines whether an aid program is successful? This study showed the benefits of autonomy-oriented help and the importance of empowering aid recipients. Program evaluations need to consider all aspects of the programs and the possible unexpected reactions, especially the psychological ones, towards receiving aid. In our study, overall satisfaction was high between both groups, but that does not mean the program is successful in making recipients independent. Likewise, increased health care and school attendance can coincide with increased feelings of dependency and helplessness. Ignoring the psychological impact of a program can lead us to overlook unintended consequences. Does an aid program empower and motivate changes among recipients? What aspects of the program enhance human capabilities and promote opportunities to the impoverished? Future studies should look into how a program's success could be measured.

## Supplementary Materials

### Appendix 3.1

#### List of demographic variables

##### Number of children

How many children do you have living in your household?

##### Land ownership

Do you own land to work on? (yes/no). If participants answered yes to this question, they were asked, "For what do you use this land?" (agriculture, raise animals, others, do not use the land). Participants could choose more than one option.

##### Employment status

Do you have a paid job at the moment? (yes/no)

##### Business ownership

Do you or a family member have a business? (yes/no)

##### Income

What is the household's monthly income, in average? (1= < \$50, 2= \$50 - \$200, 3= \$200 – \$400, 4= \$400 – \$600, 5= \$600 - \$800, 6 = > \$800)

##### Literacy

Do you know how to read and write? (yes/no)

##### Year in which participants started the CT program

When did you start receiving the conditional transfer benefits?

**List of items****Empowerment**

To what extent do you think that...

1. you should do everything in your power to improve your socioeconomic status
2. your current socioeconomic status is the result of something you did during your life
3. your current socioeconomic status is something that you are able to improve by yourself
4. you could easily escape from your current socioeconomic status if you wanted to
5. your current socioeconomic status will change

**Personal change beliefs**

To what extent do you feel that something you are doing right now will improve your own chances ...

1. of getting a (better) paid job in the future
2. of becoming independent of government aid in the future
3. to escape poverty in the future

**Family change beliefs**

To what extent do you feel that something you are doing right now will improve the chances for one or more members in your household ...

1. of getting a (better) paid job in the future
2. to become independent of government aid in the future
3. to escape poverty in the future

**Life improvement**

To what extent do you feel that having received the conditional cash [voucher] transference has helped to improve...

1. the living conditions of the people in your household
2. the general health of the people in your household



## Appendix 3.2

### Exploratory analyses: Indirect effect of empowerment

Empowerment influences whether a person believes that it is possible to engage in actions to positively change one's lives. Such actions could subsequently lead to the improvement of one's life or status. Psychologically empowered individuals develop a sense of personal mastery, and consider that they are capable of achieving their goals and proactively approach life circumstances (Conger & Kanungo, 1988). Empowerment has been related to many positive outcomes, such as more productivity, job satisfaction, organizational commitment (Kirkman & Rosen, 1999) and positive changes for children who had behavioral problems (Graves & Shelton, 2007). Because of the psychological importance of this variable, we argue that these feelings of empowerment contribute to the concrete belief that a positive change in social standing is a real possibility. Therefore, we explored the extent to which empowerment mediated the relationships between (i) type of help and the perception of improving one's life because of the aid, and (ii) type of help and beliefs that personal and family changes are possible.

**Analyses.** To test the extent to which empowerment explained the relationship between help type, life improvement, and change beliefs, we used confirmatory factor analysis (CFA) and structural equation modeling (SEM). SEM models were estimated using the Lavaan package (Rosseel, 2012) and the SemTools package (SemTools Contributors, 2016).

In order to evaluate the model fit, we used the Tucker-Lewis Index (TLI) and Comparative Fit Index (CFI). Values closer to .95 are considered models with an acceptable goodness of fit (Hu & Bentler, 1999). Likewise, we employed the Root Mean Square Error of Approximation (RMSEA) that measures the lack of fit in a model compared to a perfect (saturated) model (Browne & Cudeck, 1992). Values of .06 or less indicate a good-fitting model relative to the model degrees of freedom (Hu & Bentler, 1999).

The Monte Carlo Method for Assessing Mediation (MCMAM) was implemented to estimate the 95% confidence intervals of the indirect effects. The online utility created by Selig and Preacher (2008) was used for this purpose. The MCMAM comprises

the estimation of a distribution using the parameter estimates and their asymptotic variances and covariance. Thus, random draws from the joint distribution of a and b are simulated and repeated a large number of times. The resulting distribution of the a\*b values is used to estimate a confidence interval around the observed value of a\*b (Selig & Preacher, 2008).

**Results.** The measurement model demonstrated acceptable fit ( $\chi^2(60) = 99.90, p < .001$ , RMSEA = .07 [0.042-0.088], CFI = .93, TLI = .91). All indicators loaded significantly onto their target latent variables. The results suggested that empowerment, both change beliefs and life improvement can be considered as separate constructs. Refer to Table 3.3 for latent factor correlation between items.

The model is presented in Figure 3.1. The model fit for the indirect effect model was acceptable ( $\chi^2(69) = 109.74, p = .001$ , RMSEA = .06 [0.039-0.082] CFI = 0.93, TLI = 0.91). Results indicate a significant indirect effect of help type on change beliefs by empowerment ( $b = .31(0.13), p = .008, CI [0.68, 0.61]$ ), an indirect effect of help type on family change beliefs by empowerment ( $b = 0.12(0.07), p = .043, CI [0.008, 0.274]$ ) and an indirect effect of help type on life improvement by empowerment ( $b = 0.25(0.12), p = .019, CI [0.05, 0.52]$ ).

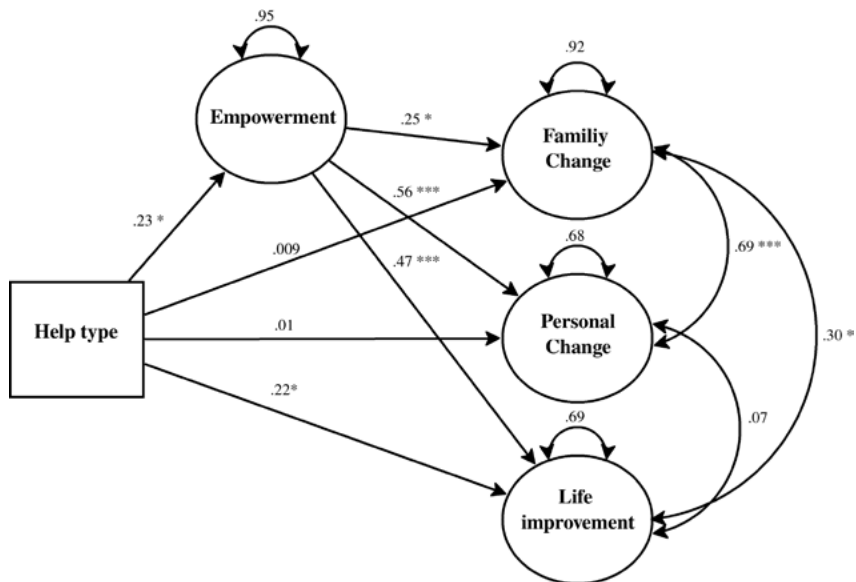
**Table 3.3. Latent factors correlation**

	1	2	3	4
1. Life improvement	-			
2. Empowerment	0.52**	-		
3. Personal Change	0.34**	0.56**	-	
4. Family Change	0.40*	0.26*	0.70*	-

\*\* $p < .01$ , \* $p < .05$

Once the confidence intervals of the indirect effects were estimated, a nested model was fitted to examine the direct effect of help type on life improvement, personal and family change beliefs. In this model we fixed the direct effect paths to zero and compared this model versus the model where these paths were freely estimated. The LRT test showed that there is no significant misfit if direct effects are fixed to zero ( $\Delta\chi^2(3) = 5.644, p = .129$ ). In other words, we have evidence that the variance of the outcomes is significantly explained by the indirect paths. In sum, empowerment explained the relationship between help type and life improvement, and help type and change beliefs.

**Figure 3.1. Effect of help type mediated by empowerment.**



## Discussion

Although many studies have explained the benefits of feeling empowered, few psychological studies have captured the consequences of feeling empowered for CT aid recipients living in poverty. As shown in this study, feelings of empowerment are a key factor in the recipients' life improvements and in their belief that changes are possible. Empowerment explained the relationships between help type and life improvement, and help type and change beliefs. This data cannot demonstrate that empowerment is related to actual change, however, it shows that empowerment is related to a belief that a change is possible, which might be an important precursor for actual change.

These results provide valuable information of how CT recipients experience the help they receive, yet this model has several limitations. Due to the nature of our data (i.e., cross-sectional) we cannot demonstrate causal effects. Moreover, this model does not have a perfect fit. However, we believe this model is a good approximation taking into account the population we had access to (e.g., low-income participants with low literacy rate) and it should be evaluated in the context of the research design and the difficulties to collect the data in the traditional communities. It is important to mention that alternative models are plausible. Although based on the theory, empowerment seems to better explain these relationships, perhaps other variables, such as life improvement, could mediate the effects of help type and change beliefs. Future studies should examine the link between empowerment, change beliefs and actual change in longitudinal experimental studies.





## Chapter 4

# A FIELD STUDY OF THE PSYCHOLOGICAL CONSEQUENCES OF RECEIVING AND GIVING AUTONOMY-ORIENTED HELP



This Chapter is based on Alvarez, K., van Leeuwen, E., Montenegro-Montenegro, E., & van Vugt, M. (2021).

## 4. A field study of the psychological consequences of receiving and giving autonomy-oriented help

**Abstract** There is a scarcity of research investigating the reactions to receiving autonomy-oriented help for people living in poverty who rely on cash benefits for extended periods. This quasi-experimental field study provides insights into how recipients of cash transfers react to receiving and giving autonomy-oriented help. Results showed that participants who took part in the training (i.e., autonomy-oriented help) perceived themselves to be more competent after the training compared to before. Also, participants perceived themselves to be more capable of teaching than the participants who did not take the training. Moreover, participants who trained others after receiving training reported higher self-confidence and change beliefs after training others than before. This study illustrates the empowering effects of autonomy-oriented help and training forward for recipients who rely on cash for extended periods.

**Keywords** Receiving help, autonomy-oriented help, helping forward, training, empowerment, extreme poverty, Panama

Ten percent of the world's population lives in poverty (World Bank, 2019). Living in poverty refers to having less than US\$1.90 per day (World Bank, 2019). However, poverty is much more than lacking financial resources. It means that 734 million people cannot satisfy the most basic needs of food, water, housing, safety, education, mental and physical health. Poverty levels and the success of poverty alleviation programs are commonly measured in terms of economic indicators (Diener & Seligman, 2004; World Bank, 2014), while social and psychological indicators have received little attention. Although aid programs have helped improve the financial standing of many worldwide (Banerjee et al., 2015; Pronyk et al., 2012), the psychological effects of these programs are largely unknown (World Bank, 2014). Paying more attention to aid's psychological impact is





*Community at the  
Comarca Ngäbe-Buglé.*

crucial since programs can have a positive impact to some extent, but affect recipients psychologically (World Bank, 2014). For instance, although microfinance programs improve people's income (Banerjee et al., 2015; Hulme & Moore, 2007; Pronyk et al., 2012), strict repayment policies can lead to recipients' psychological pressure (Biswas, 2010; Buncombe, 2010; Field, Pande, Papp, & Park, 2012).

Research in social psychology shows that help can be positive or negative to recipients, depending on several factors, such as the type of help received. For instance, studies have highlighted the self-supporting benefits of an empowering, autonomy-oriented type of help and its potential to improve recipients' situation in the long run (Alvarez & van Leeuwen, 2015, Chapter 2; Alvarez et al., 2018, Chapter 3; Jackson & Esses, 2000; Nadler, 2002). In the current study, we aimed to validate the positive effects of receiving autonomy-oriented help, for impoverished groups that rely upon help for extended periods. We expected that receiving autonomy-oriented help would boost recipients' feelings of empowerment, autonomy, and their belief that an improvement in their social standing is possible compared to not receiving this help. We also aimed to understand the consequences of helping forward, as a strategy to empower recipients and multiply the help.

## The Consequences of Receiving Help

Aid can help improve recipients' life in many ways, such as improving the economic situation of people living in poverty (Banerjee et al., 2015; Banerjee et al., 2011) and their well-being (Bhanot, Han, & Jang, 2018). For instance, microfinance programs increase profits of pre-existing businesses (Banerjee, Duflo, Glennerster, Kinnan, 2014). Training programs increase women's empowerment (Huis, Lensink, Vu, & Hansen, 2019). Although help is often beneficial, research showed that it can threaten recipients' feelings of autonomy (Halabi, Dovidio, & Nadler, 2012; Halabi, Dovidio, & Nadler, 2016; Nadler & Halabi, 2015), self-competence, empowerment (Alvarez & van Leeuwen, 2015, Chapter 2), self-esteem, and emotions (Schneider, Major, Luhtanen, & Crocker, 1996). For instance, aid programs are often provided for extended periods and rarely establish the recipient's independence in the long-term (Coates, Renzagli, & Embree, 1983; Godoy, 2004; Munk, 2013; Villatoro, 2005).

One factor that largely influences recipients' reactions to aid is the type of help offered. *Dependency-oriented help* (e.g., full solutions to a problem) solves the problem in the short-term, but is less empowering and portrays recipients negatively (Nadler, 2002). In contrast, *autonomy-oriented help* (e.g., providing tools, resources, knowledge, or the means with which recipients can use to solve their problems) is more beneficial to



*Some members of the community at the Comarca Ngäbe-Buglé have businesses with their family or other community members. This woman is working on textile arts and craft.*

recipients' feelings of empowerment, self-esteem, and image than dependency-oriented help (Alvarez & van Leeuwen, 2015, Chapter 2; Alvarez et al., 2018, Chapter 3; Jackson & Esses, 2000; Nadler, 2002; Nadler & Halabi, 2015). Autonomy-oriented help provides more autonomy to recipients, portrays them in a more positive light, and recipients use the tools, resources, or knowledge given by the helper to solve the issue as they see fit.

The benefits of receiving autonomy-oriented help are documented. For example, in two separate experimental studies, participants could voluntarily request help to solve challenging puzzles (Alvarez & van Leeuwen, 2011, 2015, Chapter 2). Participants received either autonomy- or dependency-oriented help to solve the puzzles. The authors found that participants who received autonomy-oriented help felt more autonomous, empowered, and respected than participants who received dependency-oriented help. In another study, women living in poverty who participated in a microfinance intervention (i.e., autonomy-oriented program) experienced an increase in their control beliefs compared to a control group that did not participate in the program (Hansen, 2015). Another field study, conducted among Ngäbe-Buglé population living in poverty, showed that people receiving autonomy-oriented help (i.e., cash, training) felt more empowered than people receiving dependency-oriented help (i.e., vouchers; Alvarez et al., 2018, Chapter 3). These studies provide crucial information on how aid recipients experience the type of help they receive.

The current study extends this research by focusing on how people relying on cash transfers experience seeking and receiving (additional) autonomy-oriented help. Conditional Transfer (CT) programs provide either \$100 to families living in extreme poverty or the equivalent sum in vouchers every two months, in return for regular use of health care and mandatory school attendance of the recipients' children. Similar programs are also implemented in other countries worldwide (Gelan, 2006; Handa & Davis, 2006; Fiszbein & Schady, 2009). As compared to voucher transfers that can be exchanged for specific products at local stores, cash benefits are more autonomy-oriented and empowering probably because they provide the freedom to invest according to recipients' needs (Alvarez et al., 2018, Chapter 3). Nevertheless, continuously receiving conditional cash benefits might have some dependency features, and therefore it may not offer all the psychological benefits of a more autonomy-oriented help (Alvarez et

al., 2018, Chapter 3). For instance, exclusively receiving cash transfers is not related to holding a greater belief that change is possible, while receiving cash transfers and training is related to having more personal and family change beliefs (Alvarez et al., 2018, Chapter 3). Although recipients of cash transfers are free to invest the money as needed, the amount of money received might not be enough to both satisfy their basic needs whilst also allowing them to invest in a manner that contributes to their independence. Moreover, receiving aid for an extended period can lead to dependence on the aid. To our knowledge, few to no households have achieved financial independence from CT programs (Alvarez et al., 2018, Chapter 3; Godoy, 2005; Villatoro, 2005).

We reasoned that cash transfers are more psychologically positive for recipients when provided with additional autonomy-oriented help, such as training programs, resources, or investment funding. In this study, we investigated the psychological benefits of voluntarily seeking and receiving autonomy-oriented help (i.e., training) for people who rely on cash benefits. We conducted a quasi-experimental field study, with a pre- and post-test design. The study design allows us to compare the effects of receiving autonomy-oriented help versus not receiving such help (control group), and observe the changes that occur after receiving autonomy-oriented help (Brown, 2006). To our knowledge, this is the first study to validate the positive impact of receiving additional autonomy-oriented help using this study design in a natural context.

## Helping Forward

Another aim of this study was to examine the potential psychological benefits of helping forward. Helping forward implies that people who previously received help now extend a helping hand to others. Besides the clear advantage of multiplying the help, helping forward allows recipients to switch from the psychologically threatening role of help recipient to the psychologically empowering and status-enhancing role of help provider. Several studies attest to the many benefits of providing help. For instance, studies show that helping can improve helpers' positive affect (Musick & Wilson, 2003) and well-being (Schwartz, Keyl, Marcum, & Bode, 2009), and has been related to both good psychological and physical health (Post, 2005). Helping can also boost providers'

status and reputation (Barclay, 2010; Hardy & van Vugt, 2006; van Leeuwen & Täuber, 2011), confidence, self-awareness, and self-esteem (Schwartz & Sendor, 1999). Training others also leads to a better understanding (Cohen, Kulik, & Kulik, 1982) and learning of the material (Hoogerheide et al., 2016).



*Household at a community that receives Conditional Transfers (CT). The wall on the left-hand side is made of mud. The wall on the right-hand side is made of bricks and cement. The house owner and other community members received equipment and a training on creating bricks and building houses. Afterward, the group trained other community members, shared the equipment and together created more bricks and built their houses.*

We expected that helping forward, after having received help, has additional self-enhancing properties, because providing help in itself is empowering and could enhance the recipient's image and status. One experiment specifically investigated the notion of providing help after receiving help (Alvarez & van Leeuwen, 2015, Chapter 2). Participants (university students) received help on help cards to solve difficult puzzles and, afterwards, were asked to create help cards for fellow participants, thereby helping others. The results indicated that helping others after receiving help led to an increase in participants' feelings of self-competence and perceived similarity to the helper (Alvarez & van Leeuwen, 2015, Chapter 2). Although this laboratory study provides

insights into the benefits of helping forward, it may not fully reflect the reality of people who live in poverty and rely on help for survival. Therefore, the current field study aimed to investigate, in a natural setting, the potential benefits of helping forward. We expected that voluntarily helping forward would be more psychologically empowering than not helping forward.

## Psychological Empowerment

People living in poverty lack access to the resources needed to satisfy basic needs such as adequate nutrition, housing, health care, clothing, and facilities (Lemieux & Pratto, 2003), and therefore often need aid to satisfy them. In addition, they are affected by a lack of basic needs services and experience psychological hardship. They often feel powerless and perceive that these feelings of powerlessness contribute more to their low quality of life and well-being than material scarcity (Narayan, Chambers, Shah, & Petesch, 2000).

Before people can influence their living conditions, they need to have a sense of power and confidence to change their life outcomes (Kabeer, 1999). Psychological empowerment can influence people's future. Research has linked psychological empowerment to increased job performance (Seibert, Silver, & Randolph, 2004), productivity (Kirkman & Rosen, 1999), and behavioral changes (Graves & Shelton, 2007). Research on collective action is a good example of how empowerment influences one's outcomes, showing that for social change to occur, individual members of a group need to feel empowered (Drury & Reicher, 2005; Drury & Reicher, 2009).

The psychological literature offers numerous definitions for individual empowerment, and it has been related to different constructs such as self-confidence, agency, competence, and capacity (e.g., Hansen, 2015; Malhotra, Schuler, & Boender, 2002; Narayan, 2005). We focused on four main psychological constructs as indicators of empowerment: 1) participants' self-confidence in their perceived capacity, 2) competence or ability to know how to use specific knowledge and skills to complete a task effectively, 3) perceived capacity to teach or to pass those skills and knowledge on

to others, and 4) feelings of power<sup>9</sup>. We also measured feelings of autonomy to make decisions on their own. Moreover, we measured their belief that change is possible (Alvarez et al., 2018, Chapter 3).

## Overview of the Study and Hypotheses

Our main goal was to investigate the impact of receiving autonomy-oriented help on feelings of empowerment of people who live in poverty and receive conditional cash transfers. This study was conducted among Indigenous Ngäbe-Buglé communities in Panama, who are an ethnic minority with limited access to wealth and resource in the country. Panama's fast economic growth has marked social inequalities (World Bank, 2017); for instance, 18.7% of the non-Indigenous population lives in poverty, while 93.8% of the Ngäbe-Buglé population lives in poverty (Diéguez, 2015). Most Ngäbe-Buglé population have been on the receiving end of a CT program for over ten years. Although two variants of CT programs exist (i.e., \$100 cash or equivalent of \$100 voucher every two months), in the current study, we sampled only Ngäbe households who live in poverty and receive conditional cash transfer benefits.

Ngäbe-Buglé communities lack necessary facilities such as electricity, paved roads, and drinkable water (Davis, 2011). They have a lower life expectancy, higher mortality rate, less access to health care and educational opportunities, fewer job opportunities, and fewer economic resources than non-Indigenous groups in Panama (Davis, 2011). Ngäbe-Buglé people face disproportional social and economic inequalities that impair them from satisfying their families' basic needs, negatively affecting their lives and well-being. Their children face multiple risk factors due to poverty, poor health, and malnourishment (Davis, 2011).

In this study, we conducted a meeting with local authorities and community leaders to explore the communities' needs and decide what type of training to provide. We

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<sup>9</sup> We measured feelings of power, but we could not analyze this variable further because the measurement model did not converge.



*Children studying at a school at the Comarca Ngäbe-Buglé.*

decided on a training program about childcare knowledge and childhood early stimulation<sup>10</sup>. Poverty risk factors impair children's early stimulation and developmental potential (Baker-Henningham & López Bóo, 2010). Lack of early stimulation and poor early development has profound implications for poverty persistence among adults who grew up in impoverished environments. Children living in poverty who are less stimulated do worse at school and have lower earning in adulthood than children who are more stimulated (Baker-Henningham & López Bóo, 2010). Early childhood stimulation interventions show many benefits for children and parents. Early childhood stimulation training programs improve children's development, which can, in turn, have essential benefits later in life (Baker-Henningham & López Bóo, 2010). These interventions also help parents perceive that they can positively influence their children's early development and life (Baker-Henningham & López Bóo, 2010).

In this study's training program, all trainers were female experts in Early Childhood Stimulation and had previous experience working in rural communities. The experts in early childhood stimulation created and adapted a training program from UNICEF and UDELAS University of Panama (Golcher, 2009), that was previously implemented in other Indigenous communities in Panama. The training focused on parents and caretakers, and taught them basic knowledge about pregnancy, newborns' developmental stages until 3 years of age and children's well-being. The training was interactive, involved hands-

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<sup>10</sup> In this chapter, this training program will be called training on childcare.



on practical and educational activities. For instance, trainers taught participants how to stimulate babies and children, create toys with household materials, provide healthy nutrition, or recognize warning signs that show the child needs experts' attention. Participants also received a book on childcare prepared by UNICEF (Golcher, 2009) and other materials for the training, such as a backpack, notebooks, etcetera.



*Experts in early childhood stimulation creating the training program.*

The study consisted of three subsequent assessments of three groups that live in similar conditions. Group 1 took training on childcare and trained forward. Group 2 took training on childcare but did not train forward. Group 3 (control group) did not take training or train forward. For an overview of the study design, please refer to the next section and Table 4.1. First, we expected that participants who take the training would report higher levels of perceived self-confidence, competence, capacity to teach, autonomy, and change beliefs than participants in the control group (*Hypothesis 1a*). We expected that, after taking the training, participants would report higher levels of perceived self-confidence, competence, capacity to teach, autonomy, and change beliefs than before taking the training (*Hypothesis 1b*).

Second, we expected that participants who train forward would report higher levels of perceived self-confidence, competence, capacity to teach, autonomy, and change beliefs than participants who do not train forward (*Hypothesis 2a*). After training forward,

we expected that participants would report higher levels of perceived self-confidence, competence, capacity to teach, autonomy, and change beliefs, than before training forward (*Hypothesis 2b*).

## Method

### Participants and design

The study was conducted in Panama, at the Comarca Ngäbe-Buglé. We randomly selected four townships (“corregimientos”) out of nine townships in Müna District<sup>11</sup> to participate in the study. Each township functions independently (e.g., each has its school and a different governmental representative), but the townships are close in physical distance. We chose this approach to ensure that the groups were similar to each other in terms of culture, education, and social and geographic background, but at the same time, participants would not be aware of other groups’ treatment. The initial total sample<sup>12</sup> consisted of 315 Ngäbe recipients of conditional cash transfers, 146 from group 1 (Chichica township), 119 from group 2 (Kikari township) and 50 from group 3 (Dikeri township); 210 females, 105 males,  $M_{\text{age}} = 35$ ,  $SD = 10.93$ , min = 18, max = 65). In addition, 84 participants from group 4 (Cerro Caña township)<sup>13</sup> were included as recipients of the training provided by group 1.

To keep the groups comparable, only Ngäbe households living in poverty that received conditional cash transfer benefits were sampled. Due to the nature of the training on childcare, only participants expecting a baby, or who had or were taking care of children younger than three years old, could participate in the study.

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<sup>11</sup> We selected nine townships that had a road to access the training location, given that trainers, research assistants, and materials had to be transported to the training location.

<sup>12</sup> The sample sizes of groups 1 and 2 were bigger because we expected higher attrition due to voluntary participation in the training.

<sup>13</sup> Participants from group 4 did not fill in the questionnaire for this study.

## Procedure

Before conducting the study, the local authorities and community leaders provided consent and decided what type of training to provide. Houses were randomly selected from the chosen townships to recruit participants. Native Ngäbe interviewers, who fluently read, write and speak Spanish and Ngäbere (Ngäbe's population native language), approached the selected houses to recruit participants. All interviewers studied professional Ngäbere language at the Intercultural Educational Bilingual program from UDELAS University. Before data collection, interviewers received extensive training in conducting structured interviews.



*A crucial part of this study was translating the questionnaires from Spanish to Ngäbere with expert translators. The expert translator who collaborated with us is one of the main promoters, teachers, and writers of Ngäbere written language.*

The questionnaires were translated and back-translated from Spanish to Ngäbere with an expert translator and eight students from the Intercultural Educational Bilingual program, and inconsistencies were resolved after discussion. The questionnaires contained both languages, Spanish and Ngäbere. Participants, translators, and interviewers were blind to the hypotheses and the conditions.

To recruit participants and collect the *intake*, interviewers approached participants at their houses during the first week of the study. Interviewers provided information about the study in Spanish or Ngäbere and obtained participants' consent to participate in the study. After participants agreed to participate in the study, the interviewers conducted a

pre-test or intake interview (time 1) with participants from the three groups. Interviewers read the questionnaire to participants and noted down participants' answers. After the intake, participants from groups 1 and 2 were invited to participate in the two-day training on childcare given at their local school.

**Receiving autonomy-oriented help.** Participants from groups 1 and 2 voluntarily reported at the training facilities two weeks after their intake. Although all participants from groups 1 and 2 who took the intake were invited to the training, only 86 participants of group 1 (63%) and 54 participants from group 2 (47%)<sup>14</sup> attended the training session. After finishing the training, participants completed a second questionnaire with the interviewer (time 2 measurement) and were thanked for their participation. After, participants were invited to return to the venue two weeks after the training.



*Participants attending a training session.*

<sup>14</sup>  $n = 11$  participants from group 1 and  $n = 5$  participants from group 2 did not take the questionnaire at time 1, because they were not available to take the interview at their houses at the time of the first measurement. However, they received the invitation to participate in the training. These participants attended the training at time 2.

**Training forward.** Sixty participants (44%) from group 1 voluntarily reported at the venue and attended the training forward session. Before approaching the venue, participants were not informed that they would train forward to avoid the effects of anticipating helping forward (see Alvarez & van Leeuwen, 2015, Chapter 2) and to keep groups 1 and 2 comparable up until before the training forward intervention. As soon as participants arrived at the venue, they were asked if they would like to train other participants. Participants were informed that if they did not want to train others, they could go to another room to review the material with an expert trainer (see Group 2 intervention) and receive the same materials and incentives that the other participants would receive. All of the participants chose to train forward. Each participant from group 1 taught the content of the childcare training to one participant from group 4<sup>15</sup>.



*Participants training forward another person*

Two expert trainers were in each room with the participants to answer participants' questions. Five participants from group 1 asked a question before training others, but no participant asked questions once they began to train others. Participants were given the same materials that experts used during the previous training, such as pamphlets, booklets, hand-made toys, and flipchart papers. For instance, smaller versions of the

<sup>15</sup> The participants from group 4 that could not be matched with a participant from group 1 took the training with an expert trainer in another room. Participants from group 4 did not fill in the questionnaire for this study.

flipchart papers used by the expert trainers were created so that the participants could use them one on one. After training group 4, participants completed a second questionnaire with the interviewers (time 3 measurement).

Forty-eight participants from group 2 (42%) approached the school two weeks after the second measurement, but in contrast to group 1, participants from group 2 did not train any others. As in group 1, two expert trainers were in each room to answer participants' questions. We decided to have a set-up similar to group 1 to keep both conditions comparable and only vary the training forward intervention. One participant asked two questions, and 8 participants asked one question to the experts. Participants then completed a second questionnaire with the help of the interviewers (time 3 measurement).



*An interview with a participant*

**Control group.** Group 3 served as a control group and received no training before the measurements. Two weeks after participants from this group completed the first questionnaire, they were approached at their houses again and asked to complete a second questionnaire with the interviewers (time 2 measurement;  $n = 50$ ). Two weeks after that, interviewers approached participants once again and asked them to complete the third questionnaire with the interviewers (time 3 measurement;  $n = 50$ ). After having been debriefed at the end of the study, participants from group 3 were invited to the training program and received the same training and materials that groups 1 and 2 received.

Because this training was not part of the hypotheses, no data were collected after this training, and the participants' attendance was not tracked.

After completing each of the questionnaires, participants from all groups received a small gift for their participation, such as notebooks, books, school material, educational toys, a backpack, booklets, and pamphlets from UDELAS. At the end of the study, all participants were thanked, debriefed, and given a certificate for their training participation.

**Table 4.1. Study design**

	Time 1 (week 1)	Time 2 (week 3)	Time 3 (week 5)
Group 1	Intake (Monday- Thursday)	Training and second measurement (Saturday)	Training forward and third measurement (Saturday)
Group 2	Intake (Monday- Thursday)	Training and second measurement (Sunday)	Reviewing the material and third measurement (Sunday)
Group 3	Intake (Monday- Thursday)	Second measurement (Wednesday - Friday)	Third measurement (Wednesday - Friday)

## Measures

**Demographics.** In the time 1 measurement, participants were asked for their age, gender, number of people living in their household, number of children living in their household, number of rooms in the house, education level (1= *no education*, 5 = *high school education or higher*), and perceived socioeconomic status (1 = *very poor*, 5 = *very rich*). Appendix 4.1 contains a list of the items.

**Dependent measures.** Answers to all dependent variables were assessed on 5-point scales (1 = *not at all*, 5 = *very much*, see Appendix 4.1). Before analyzing the means differences, each scale was tested for measurement reliability. Also, all measurement

models were tested for invariance<sup>16</sup>. Tables 4.2 to 4.6 (Appendix 4.2) report the model fit and the model fit comparisons of the configural, weak, and strong invariance models. Partial invariance (weak or strong partial invariance) was accepted when the test showed that some indicators were not invariant over time or between groups.

*Self-confidence* was measured with 4 items (e.g., "To what extent are you confident in your capacity to take good care of babies' and children's needs?"; time 1  $\alpha = .79$ , time 2  $\alpha = .76$  and time 3  $\alpha = .83$ ). This measurement model did not hold the weak invariance and strong invariance assumptions. A weak partial invariant and a strong partial invariant model were accepted (see Table 4.2, Appendix 4.2).

*Competence* was measured with 3 items (e.g., "To what extent do you know how to take care of babies and children?"; time 1  $\alpha = .80$ , time 2  $\alpha = .75$  and time 3  $\alpha = .80$ ). This measurement model held the weak invariance assumption, but some intercepts did not hold the strong invariance assumption. A strong partial invariant model was accepted (see Table 4.3, Appendix 4.2).

*Capacity to teach* was measured with 3 items (e.g., "To what extent do you feel prepared to explain others about childcare?"); time 1  $\alpha = .79$ , time 2  $\alpha = .77$  and time 3  $\alpha = .82$ ). This measurement model did not hold the weak invariance and strong invariance assumptions. A weak partial invariant and a strong partial invariant models were accepted (see Table 4.4, Appendix 4.2).

*Autonomy* was measured with 3 items (e.g., "To what extent do you feel that you can decide on your own how to how to stimulate babies, so that they can have an adequate early development?"); time 1  $\alpha = .77$ , time 2  $\alpha = .62$  and time 3  $\alpha = .75$ ). This measurement model held the weak invariance assumption, but some intercepts did not hold the

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<sup>16</sup> We also measured other variables such as participants' feelings of power, control, self-esteem, perceived impact on their child's life, satisfaction, optimism, social change, motivation to take the training, and willingness to take more training after receiving training. However, since these constructs' measurement models did not converge or the model was very poor, we could not analyze these variables further.



strong invariance assumption; therefore, a strong partial invariant model was accepted (see Table 4.5, Appendix 4.2).

*Change beliefs* were measured with 3 items (Alvarez et al., 2018, Chapter 3) (e.g., “To what extent do you feel that something you are doing right now will improve your own or your family’s chances of getting a (better) paid job in the future?”; time 1  $\alpha = .76$ , time 2  $\alpha = .76$  and time 3  $\alpha = .85$ ). This measurement model held a full weak invariance and a full strong invariance (see Table 4.6, Appendix 4.2).

## Results

### Preliminary analyses

Using ANOVA, we compared the three groups on several demographic variables. No significant difference was found between groups 1, 2, and 3 for participants’ age, the number of people living in the household ( $M = 6.38$ ,  $SD = 2.75$ ; min = 1, max = 19), number of children in the household ( $M = 3.55$ ,  $SD = 2.15$ ; min = 0, max = 13)<sup>17</sup>, number of rooms in the house ( $M = 1.79$ ,  $SD = .97$ ), and perceived status ( $M = 2.29$ ,  $SD = .80$ ). Groups 1 and 2 were similar with respect to gender, but group 3 differed from group 1 and 2 in having a relatively higher number of female participants (62% females in Group 1, 65% females in group 2 and 86% females in group 3);  $F(2, 312) = 5.26$ ,  $p < .01$ ,  $\eta_p^2 = .033$ . The groups also differed with respect to education level ( $M_{G1} = 3.25$ ,  $SD = 1.33$ ,  $M_{G2} = 2.54$ ,  $SD = .96$  and  $M_{G3} = 2.63$ ,  $SD = .99$  respectively;  $F(2, 295) = 13.095$ ,  $p < .001$ ,  $\eta_p^2 = .082$ ). Group 1 participants reported having higher education than group 2 and 3 participants. Group 2 and 3 participants did not differ in their education level.

The assumption of measurement invariance was tested by fitting five nested models that evaluate the items’ psychometric equivalence and the means and covariance structure of the latent factors (Little, 1997; Little, 2001; Meade et al., 2008, Cheung & Rensvold, 2002). First, a configural model was estimated to evaluate if the same factorial structure can be used between the three different groups and over time. Second, based on the

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<sup>17</sup> 5 participants did not have children, but they took care of a child of a family member.

configural invariance test's results, a weak invariance model tested the null hypothesis that all factor loadings are equivalent between the three groups and measurement time-points. Third, once the weak invariance was held, a strong invariance model tested the null hypothesis of intercept equivalence between groups and overtime (Little, 1997; Little, 2013; Meredith, 1993). The nested model configural invariance, weak invariance, and strong invariance models were evaluated using the difference in CFI ( $\Delta$ CFI). A difference larger than 0.01 was considered a large misfit due to the lack of invariance (Cheung & Rensvold, 2002). Partial invariance (weak or strong partial invariance) was accepted when the test showed that some indicators were not invariant over time or between groups (Tables 4.2 - 4.6, Appendix 4.2).

The missing data patterns were handled using Full Information Maximum Likelihood (FIML). This approach allowed us to use the information included in the model to deal with the missing values. This is a procedure based on the advantages of maximum likelihood estimation by maximizing the ML function for each observation using all the information available in the model (Enders, 2010; Graham, 2012).

**Test of hypotheses, panel models.** The equality of latent means over time, and between groups was tested, implementing a Log-likelihood Ratio Test (LRT). This test assumes a chi-square ( $\chi^2$ ) difference distribution. A chi-square difference test could be used to statistically compare two different models (e.g., original and its nested model). In order to conduct a chi-square difference test, the difference between the chi-square values of the two models and the difference in the degrees of freedom was calculated. Then, the chi-square difference value was tested based on the degrees of freedom difference. The original model fitted the data significantly better than the nested model if the chi-square difference value was significant.

All latent factors were identified, fixing the latent variance to one and the latent mean to zero; changes were made when testing strong invariance and the equality of latent means. To report the latent mean of the constructs, we identified the model using the effects-coding method of identification. This method allowed to estimate a latent mean that did not have an arbitrary mean, instead, the latent mean was represented in the same metric of the indicators (Little, Slegers, & Card, 2006).

In sum, the latent mean of each group was tested across time and between groups. The analyses were conducted controlling for time 1 (for the analysis of time 2), and time 1 and 2 (for the analysis of time 3). When estimating each model, the non-invariant indicators were freely estimated, to account for partial invariance.

### Receiving autonomy-oriented help

To test Hypothesis 1, we first compared participants at time 2 who took the training (group 1 and 2) to the control group (group 3), controlling for time 1. We expected that participants in groups 1 and 2, who had both received training, would report higher levels of perceived self-confidence, competence, capacity to teach, autonomy, and change beliefs at time 2 than participants in the control group 3 (Hypothesis 1a). Second, we compared the difference before and after taking the training, controlling for time 1. We expected that after taking the training, participants in groups 1 and 2 would report higher levels of perceived self-confidence, competence, capacity to teach, autonomy, and change beliefs as compared to before taking the training (Hypothesis 1b). Note that, at time 2, the treatment of groups 1 and 2 had been identical so far. Refer to Table 4.7, Appendix 4.3 for the latent means.

**Self-confidence.** Participants in group 1 reported higher levels of perceived self-confidence than participants in group 3 at time 2 ( $\chi^2(163) = 248.08, p < .001$ ). The differences between participants in groups 2 and 3 ( $\chi^2(163) = 235.73, p = .19$ ) and between participants in groups 1 and 2 ( $\chi^2(163) = 236.99, p = .08$ ) were not significant. The evidence partially supports Hypothesis 1a. Although participants in group 1 reported higher perceived self-confidence than those in control group 3, participants in group 2 did not differ from participants in group 3.

Group 2 participants reported higher levels of perceived self-confidence at time 2 compared to time 1 ( $\chi^2(163) = 239.30, p < .05$ ), however group 1 participants showed no difference between time 1 and 2 ( $\chi^2(163) = 235.82, p = .18$ ). Group 3 participants reported lower levels of perceived self-confidence at time 2 than at time 1 ( $\chi^2(163) = 261.19, p < .001$ ). The evidence partially supported Hypothesis 1b. Although participants in group 2 reported higher perceived self-confidence at time 2 than time 1, participants in group 1 did not show this boost. Participants in the control group 3 reported lower perceived

self-confidence at time 2 compared to time 1.

**Competence.** No significant differences were found between participants in groups 1 and 3 ( $\chi^2(78) = 147.33, p = .18$ ), groups 2 and 3 ( $\chi^2(78) = 146.17, p = .43$ ) and groups 1 and 2 ( $\chi^2(78) = 147.01, p = .23$ ) in their reported competence about childcare. These findings do not support Hypothesis 1a.

Participants in groups 1 and 2 reported higher levels of perceived competence about childcare at time 2 as compared to time 1 ( $\chi^2(78) = 149.67, p < .05$  and  $\chi^2(78) = 155.13, p < .01$  respectively). Participants in group 3 reported lower levels of perceived competence about childcare at time 2 as compared to time 1 ( $\chi^2(78) = 150.84, p < .05$ ). These results provided evidence to support Hypothesis 1b.

**Capacity to teach.** Participants in groups 1 and 2 reported higher levels of perceived capacity to teach about childcare as compared to participants in group 3 ( $\chi^2(78) = 147.10, p < .05$  and  $\chi^2(78) = 146.62, p < .05$  respectively). Participants in groups 1 and 2 showed no significant difference ( $\chi^2(78) = 140.84, p = .99$ ). These results provided evidence to support Hypothesis 1a.

Participants in groups 1 and 2 did not differ between time 1 and 2 in their reported capacity to teach about childcare ( $\chi^2(78) = 142.31, p = .23$  and  $\chi^2(78) = 140.90, p = .80$  respectively). Group 3 participants reported lower perceived capacity to teach about childcare at time 2 as compared to time 1 ( $\chi^2(78) = 152.00, p < .001$ ). These findings do not support Hypothesis 1b.

**Autonomy.** No significant differences were observed between participants in groups 1 and 3 ( $\chi^2(75) = 111.31, p = .07$ ) and group 2 and 3 ( $\chi^2(75) = 108.70, p = .43$ ) in their reported feelings of autonomy. Participants in group 1 reported more autonomy than the participants in group 2 ( $\chi^2(75) = 115.60, p < .01$ ). These findings do not support Hypothesis 1a.

Group 2 participants reported higher feelings of autonomy at time 2 as compared to time 1 ( $\chi^2(75) = 117.44, p < .01$ ), however group 1 participants did not show difference between time 1 and 2 ( $\chi^2(75) = 108.11, p = .86$ ). Group 3 participants reported lower feelings

of autonomy at time 2 as compared to time 1 ( $\chi^2(75) = 114.55, p < .05$ ). The evidence found did not fully support Hypothesis 1b.

**Change beliefs.** Participants in group 2 reported higher change beliefs as compared to participants in group 3 ( $\chi^2(78) = 109.08, p < .05$ ). No differences were observed between participants in groups 1 and 3 ( $\chi^2(78) = 106.70, p = .07$ ) and groups 1 and 2 ( $\chi^2(78) = 103.57, p = .63$ ) in their reported change beliefs. These results only provide partial support for Hypothesis 1a.

Group 1 and 2 participants did not differ in their reported change beliefs between time 1 and 2 ( $\chi^2(78) = 103.80, p = .49$  and  $\chi^2(78) = 103.77, p = .51$  respectively). Unexpectedly, participants in group 3 reported higher change beliefs at time 2 than at time 1 ( $\chi^2(78) = 110.01, p < .05$ ). These findings do not support Hypothesis 1b.

**Conclusion.** In sum, participants who received the training (groups 1 and 2) perceived themselves to be more capable of teaching about childcare than the control group. This evidence partly supports Hypothesis 1a. Furthermore, participants in groups 1 and 2 reported higher perceived competence about childcare at time 2 than time 1, partly supporting Hypothesis 1b. However, support for Hypotheses 1a and 1b was limited to these measures and did not extend to feelings of self-confidence, autonomy or change beliefs. Unexpectedly, the control group reported lower feelings of perceived self-confidence, competence, autonomy, and capacity to teach childcare at time 2 compared to time 1. Participants in group 3 also reported higher change beliefs at time 2 than at time 1.

## Helping forward

To test Hypothesis 2, we first compared the differences between participants who trained forward (group 1 at time 3) and participants who did not train forward (groups 2 and 3 at time 3), controlling for time 1 and 2. We expected that participants in group 1 would report higher levels of perceived self-confidence, competence, autonomy, change beliefs, and capacity to teach than participants in groups 2 and 3 (Hypothesis 2a). Second, we compared the difference before (at time 2) and after training forward (at time 3), controlling for time 1 and 2. We expected that participants in group 1 would report higher levels of perceived self-confidence, competence, autonomy, change

beliefs, and capacity to teach after training forward as compared to before training forward (Hypothesis 2b). Refer to Table 4.7, Appendix 4.3 for the latent means.

**Self-confidence.** Participants in groups 1 and 2 reported higher levels of perceived self-confidence at time 3 than participants in control group 3 ( $\chi^2(163) = 243.01, p < .01$  and  $\chi^2(163) = 240.26, p < .05$ , respectively). However, participants in groups 1 and 2 did not differ significantly from each other ( $\chi^2(163) = 234.27, p = .60$ ). This finding does not support Hypothesis 2a, since we expected that participants in group 1 would report more self-confidence at time 3 than those in group 2.

Participants in group 1 reported higher levels of perceived self-confidence at time 3 as compared to time 2 ( $\chi^2(163) = 239.76, p < .05$ ). Groups 2 and 3 participants showed no significant difference between time 2 and 3 ( $\chi^2(163) = 234.63, p = .42$  and  $\chi^2(163) = 237.07, p = .08$  respectively). These results are in line with Hypothesis 2b, indicating that participants in group 1 reported higher levels of perceived self-confidence after training forward.

**Competence.** No significant difference was found for participants' perceived competence at time 3 between group 1 and 3 ( $\chi^2(78) = 148.64, p = .08$ ), group 2 and 3 ( $\chi^2(78) = 148.54, p = .08$ ) and group 1 and 2 ( $\chi^2(78) = 145.56, p = .96$ ). The evidence found does not support Hypothesis 2a.

No difference was observed in the reported levels of perceived competence about childcare between time 2 and 3 for participants in groups 1, 2 and 3 ( $\chi^2(78) = 148.41, p = .09$ ;  $\chi^2(78) = 145.99, p = .52$  and  $\chi^2(78) = 146.27, p = .40$  respectively). These findings do not support Hypothesis 2b.

**Capacity to teach.** No significant difference was observed between participants in groups 1 and 3 ( $\chi^2(78) = 143.56, p = .10$ ), groups 2 and 3 ( $\chi^2(78) = 141.32, p = .49$ ) and groups 1 and 2 ( $\chi^2(78) = 142.02, p = .28$ ). Participants in group 1 did not differ from participants in group 3, thereby not supporting Hypothesis 2a.

Participants in group 2 reported higher levels of perceived capacity to teach about childcare at time 3 as compared to time 2 ( $\chi^2(78) = 147.25, p < .05$ ). Participants in groups 1 and 3 showed no significant difference between time 2 and 3 ( $\chi^2(78) = 142.42, p = .21$  and  $\chi^2(78) = 141.01, p = .68$ , respectively). No evidence was found to support Hypothesis 2b.

**Autonomy.** Participants in group 2 reported stronger feelings of autonomy than those in group 3 ( $\chi^2(75) = 112.21, p < .05$ ) and group 1 ( $\chi^2(75) = 113.17, p < .05$ ). No difference was observed between participants in groups 1 and 3 ( $\chi^2(75) = 109.48, p = .24$ ). The evidence found does not support Hypothesis 2a.

Participants in group 2 reported stronger feelings of autonomy at time 3 as compared to time 2 ( $\chi^2(75) = 116.59, p < .01$ ). Participants in groups 1 and 3 showed no significant difference between time 2 and 3 ( $\chi^2(75) = 111.43, p = .07$  and  $\chi^2(75) = 110.52, p = .12$  respectively). No evidence was found to support Hypothesis 2b.

**Change beliefs.** No significant difference was found for participants' change beliefs at time 3 between group 1 and 3 ( $\chi^2(78) = 103.48, p = .70$ ), group 2 and 3 ( $\chi^2(78) = 103.34, p = .94$ ) and group 1 and 2 ( $\chi^2(78) = 103.41, p = .78$ ). The evidence found does not support Hypothesis 2a.

Participants in group 1 reported higher levels of change beliefs at time 3 as compared to time 2 ( $\chi^2(78) = 112.21, p < .01$ ). Unexpectedly, participants in group 2 reported lower levels of change beliefs at time 3 as compared to time 2 ( $\chi^2(78) = 111.33, p < .01$ ). Participants in group 3 showed no significant difference between time 2 and 3 ( $\chi^2(78) = 104.43, p = .30$ ). These results provide some evidence to support Hypothesis 2b, although the decrease in change beliefs for group 2 was not expected.

**Conclusion.** In sum, these results do not provide evidence to support Hypothesis 2a. At time 3, participants in groups 1 and 2 reported more perceived self-confidence in the control group; however, group 1 and 2 participants did not differ. Participants in group 1 did not differ from those in group 3 at time 3 for the other variables.

Evidence was found to support Hypothesis 2b for perceived self-confidence and change beliefs. Participants in group 1 reported higher levels of perceived self-confidence and change beliefs at time 3 than time 2. However, unexpectedly group 2 participants reported lower levels of change beliefs at time 3 than time 2. No other evidence was found to support Hypothesis 2b.

## Discussion

Over the years, Western countries have invested more than US\$1 trillion in developmental aid, yet this aid not always show significant improvements in terms of recipients' autonomy and independence of the programs (Coates et al., 1983; Moyo, 2009; Munk, 2013). Most programs are implemented without considering the psychological impact on recipients (World Bank, 2014). Understanding the psychological impact of a program is imperative since programs could be beneficial to some extent, for example in improving households' income (Banerjee et al., 2015; Hulme & Moore, 2007). However, aid can affect recipients psychologically as well. Research showed that help can influence recipients' self-esteem, self-competence and autonomy (Alvarez & van Leeuwen, 2015, Chapter 2; Nadler & Halabi, 2015; Schneider et al., 1996), independence (Coates, Renzagli, & Embree, 1983), and stress levels (Biswas, 2010; Buncombe, 2010).

One crucial factor that influences how recipients react to aid is the type of help provided. Research showed that autonomy-oriented help (e.g., knowledge, skills, tools or means to solve a problem as recipients see fit) leads to higher feelings of empowerment, self-worth, and positive self-image than dependency-oriented help (Alvarez & van Leeuwen, 2015, Chapter 2; Alvarez et al., 2018, Chapter 3; Nadler, 2002; Nadler & Halabi, 2015). Autonomy-oriented help provides autonomy to recipients and portrays them in a more positive light. In this quasi-experimental field study, we reasoned that providing autonomy-oriented help (training) to conditional cash recipients would increase recipients' feelings of empowerment, autonomy, and change beliefs.

### Discussion of main findings

First, we expected that conditional cash recipients who participate in the training program



on childcare knowledge and childhood early stimulation (i.e., autonomy-oriented help) would report higher feelings of perceived self-confidence, competence, capacity to teach, autonomy, and change beliefs than participants who did not participate in the training (Hypothesis 1a). We also expected that after taking the training, participants would report higher levels of perceived self-confidence, competence, autonomy, change beliefs, and capacity to teach than before taking the training (Hypothesis 1b). Results indicated that participants reported feeling more competent after taking the training (at time 2) than before the training (time 1). In addition, participants who took the training reported more capacity to teach than participants who did not take the training. Although these findings partially supported Hypothesis 1, no further support was found for perceived self-confidence, autonomy, and change beliefs. Since no further evidence was found for these expectations, providing only partial support to our first hypothesis, these results need to be taken cautiously.

This study found partial evidence of the empowering benefits of autonomy-oriented help. Receiving training impacted recipients' competence and perceived capacity to teach. Competence refers to the perceived ability to use specific skills and knowledge to achieve a task. The capacity to teach refers to the perceived ability to pass those skills and knowledge on to others. These two variables, which are essential indicators of empowerment, are related to the engagement on behaviors that promote one's status (Alvarez et al., 2018, Chapter 3; Eden & Aviram, 1993; Frese, Gielnik & Mensmann, 2016; Hansen, 2015; Heyn, Abreu, & Ottenbacher, 2004). Perceived competence is a strong predictor of individual achievement and intrinsic motivation (Deci & Ryan, 1980; Vallerand & Reid, 1984; Yeung, Craven & Kaur, 2014). Just the belief in one's competence to engage in a behavior could lead to a change (Bandura, 1993; Strecher, DeVellis, Becker, & Rosenstock, 1986). Although receiving a one-day training was not enough to boost all psychological variables, it was enough to positively influence some critical aspects of empowerment.

Furthermore, feeling more capable of stimulating and taking care of their children and teaching others these skills is vital for both children and parents. Early childhood stimulation improves children's development, which can significantly benefit children later in life (Baker-Henningham & López Bóo, 2010). Moreover, parents who take this type

of training feel more positive about influencing their children's fate (Baker-Henningham & López Bóo, 2010). Early childhood stimulation training is a starting point towards children's life improvement and positively impacts parents' perceived competence.

It is important to note that, unexpectedly, participants from the group that did not receive training reported feeling less perceived self-confidence, competence, autonomy, and capacity to teach at time 2 than before the training at time 1. In contrast, participants who had received training did not report such a decrease. During data collection, to our knowledge, no major event occurred within the community that could explain the decline for the control group from time 1 to time 2. An explanation for these results is that probably the participants of the control group experienced hope and expectations for being part of a study at time 1. However, after not seeing any change at time 2, their expectations and hope declined, affecting the measured psychological variables. During intake, participants were asked if they have participated in previous studies. None of the participants were part of a study before. These results make us question the effects of mere participation in a study for participants who are rarely part of studies. Future studies should consider the impact of participating as a control group for this population.

We had also expected that training others after receiving training themselves would boost participants' feelings of perceived self-confidence, competence, capacity to teach, autonomy, and change beliefs compared to not training others (Hypothesis 2a). We had also expected that participants who trained forward would report higher levels of perceived self-confidence, competence, autonomy, change beliefs, and capacity to teach after training forward (time 3) compared to before training forward (time 2; Hypothesis 2b). In support of these expectations, after training forward, participants reported higher feelings of self-confidence and change beliefs than before training forward. Helping forward did not improve all psychological variables, yet it influenced participants' self-confidence and change beliefs. Once participants helped, they experienced some of the benefits of helping. These results are promising and show that helping forward has an empowering potential. Although we focused on self-confidence and change beliefs at an individual level, helping forward could multiply the help and promote group improvement via peer-to-peer helping networks. We explained these

networks in the next section. Despite the effects on self-confidence and change beliefs, no other significant difference was found for perceived competence, autonomy, and capacity to teach. Since no further evidence was found for these expectations, providing only partial support to our second hypothesis, these results need to be taken cautiously.

Several factors could explain why the results did not fully support our hypotheses. In this study, participants relied on continuous conditional cash transfer for extended periods, which may have affected their reactions to additional autonomy-oriented help. Alvarez et al. (2018, Chapter 3) found that cash benefits are more autonomy-oriented and empowering than voucher benefits. Cash recipients have more freedom than voucher recipients to spend the money as they see fit. However, cash alone was not related to recipients' belief that a change in their situation is possible. Although cash covers basic households needs, the amount received might not be enough to be invested in helping recipients achieve independence and a real change. Moreover, none of the study participants achieved financial independence, and only 3% were in paid employment (Alvarez et al., 2018, Chapter 3). Previous research showed that few to no households had achieved independence from conditional transfer programs (Godoy, 2005; Villatoro, 2005). Cash might not provide all the psychological benefits of a more autonomy-oriented form of help, such as training, resources or funds for investment. Relying on such aid for long periods can have negative psychological consequences. Perhaps, receiving continuous cash benefits affected participants' motivation to take advantage of the training.

Research in academic settings (Hamilton, 2013) suggested that perhaps receiving continuous financial benefits creates the conditions for people to lower their efforts to improve their lives, because recipients feel satisfied with their current condition. Hamilton (2013) found that receiving parental financial aid discouraged students' achievements. Although students who received more parental financial aid met the academic requirements to stay in school, they showed less academic effort. As parental financial aid increased, students' GPA decreased. The author argued that these students felt satisfied with a minimum outcome instead of using their parents' resources to maximize their academic work. This study was conducted in an educational context; however, these findings point to the possibility that receiving continuous cash transfers can have

an impact on recipients. Further research needs to investigate the role of receiving continuous cash benefits in using other autonomy-oriented help.

Another two reasons for finding partial support for the hypotheses are that perhaps the length of the interventions and the time between completing the interventions and the measurements were not enough. First, the current study's training program consisted of a one-day training session that perhaps was not long enough to positively influence other psychological domains. Previous studies showed that training has the potential to enhance recipients' skills, competence, empowerment, and self-efficacy (see Alvarez et al., 2018, Chapter 3; Eden & Aviram, 1993; Frese, Gielnik & Mensmann, 2016; Hansen, 2015; Heyn, Abreu, & Ottenbacher, 2004; for more information). However, people from these studies received training for several days. It is possible that participants in our study needed longer training to understand and rehearse the material. Similarly, perhaps participants who trained forward did not have sufficient time to learn the material adequately enough to teach it to others.

Second, perhaps the time between completing the interventions and the measurements was not enough to let participants incorporate the learned skills into their daily lives and experience its psychological benefits. The second measurement was taken after receiving the training, and the third measurement was taken after the training forward intervention. Possibly a measurement taken farther in time could have shown the other psychological effects of the interventions. Future studies should consider how the length of their programs and the length of time between the intervention and the measurement influence participants' responses to the intervention. Also, studies should measure the effects of autonomy-oriented help and training forward over a more extended period.

### **Theoretical and practical implications**

People living in poverty often experience feelings of powerlessness (Narayan et al., 2000) and the help they received can perpetuate poverty (Moyo, 2009). It is imperative to find strategies to support these groups in an empowering way. Although cash benefits are more empowering than dependency-oriented help (Alvarez et al., 2018, Chapter 3), providing additional autonomy-oriented help could further psychologically benefit recipients. Perhaps receiving additional autonomy-oriented help -such as funds for

investment, resources, equipment, access to better infrastructure, and training- can be more psychologically empowering than receiving just training or funds. For example, Banerjee et al. (2011) found that providing considerable sums of money for investment and training programs to people living in poverty improved recipients' economic situation and positively impacted their health. The current study found partial evidence that combining cash and training can be more beneficial than receiving cash alone. Future studies should investigate the cumulative impact of receiving additional autonomy-oriented help.

Although autonomy-oriented help is beneficial to recipients, this type of help is not always accessible to recipients or accepted by everyone. In our study, the attrition rate was high, regardless of choosing the training with the community leaders. Only 63% of participants from one group and 47% of participants from the other group attended the training sessions. The low participation in training is common in other programs. For instance, in another field studies with recipients living in poverty, only 31% of the participants received any training in the past years (Alvarez et al., 2018, Chapter 3). These results point to a structural problem in the provision and the acceptance of training programs. Understanding the barriers recipients face is crucial for the long-term effectiveness of the programs. Perhaps people may not approach the training center because of the challenging conditions and difficult access to the training centers. Therefore, improving access should be a priority before implementing training programs.

Another barrier that might contribute to the low acceptance of autonomy-oriented help by recipients is the helpers' limited knowledge of the preferences of recipients, which leads to the provision of unwanted or unneeded help. Commonly, the situation, living conditions, and culture of those who provide aid are dissimilar to those living in poverty. Often, helpers cannot understand the recipients' circumstances (Narayan et al., 2000); therefore, they may not always provide support that reflects recipients' needs and preferences. Although we discussed the training with the leaders in our study, we did not directly ask the people who received it which training they would have preferred. All participants responded in the intake that they were interested in the training; however, perhaps they were not sufficiently motivated to approach the venue to take part in it. Perhaps, instead of discussing the training preferences with the community leaders,

future programs could directly ask participants for their preferences. For instance, future programs could set up booths that participants can approach to anonymously request the type of training before implementing the programs. In this way, the help responds directly to the recipients' needs and preferences.

Finally, the purpose of aid programs should be to ultimately promote recipients' well-being, independence, and change at an individual and group level. We propose a strategy for individual and collective improvement: peer-to-peer helping networks.

We reasoned that helping forward can scale to peer-to-peer networks where recipients receive help from experts and subsequently help peers. Besides multiplying the help among community members, these networks can be individually and collectively positive for three main reasons. First, the received help is empowering. For instance, recipients from a community can receive training or funds for investment.

Second, providing help is empowering and can reduce the psychological threat of receiving help. Many studies show the positive effects of providing help on mental health (Post, 2005), well-being (Schwartz, Keyl, Marcum, & Bode, 2009), and self-confidence (Midlarsky, 1991). Recently, a study conducted with 80,000 people from 76 countries found a relationship between prosociality and labor market success (Kosse & Tincani, 2020), demonstrating the benefits of helping. Alvarez & van Leeuwen (2015, Chapter 2) directly tested the notion of helping forward and found that participants who received help and subsequently helped others experienced higher self-competence after helping than before helping. Our study results indicate that the initial autonomy-oriented help is (partially) empowering, and providing subsequent help is also (partially) empowering.

Third, although an outgroup expert may deliver the initial help, the help exchange eventually occurs between ingroup members such as neighbors or family members. Ingroup members are more trusted (Brewer, 1999), better evaluated (Otten & Moskowitz, 2000), and better cared for (Levine, Prosser, Evans, & Reicher, 2005; Stürmer, Snyder, Kropp, & Siem, 2006) than outgroup members; therefore implying higher mutual trust between helpers and recipients. Recipients might experience the help exchange more positively since receiving help from ingroup members is less psychologically threatening

than receiving help from outgroup members (Halabi, Nadler, & Dovidio, 2011).

We further reasoned that peer-to-peer helping networks could positively influence intragroup dynamics and promote social change. Social change occurs when individual members are subjectively empowered and, as part of a group, they bring about change together (Drury & Reicher, 2005). To the extent that people increasingly experience individual empowerment, they might influence neighbors and engage in more efforts to change their group status as a result. For instance, in efforts for social change, community members can request more autonomy-oriented help for the community (e.g., training, funding opportunities, better infrastructure) or organize collective actions.

Peer-to-peer helping networks have the potential to multiply the help and empower individuals and groups. To our knowledge, this study is one of the first to investigate the potential psychological benefits of helping forward in a quasi-experimental field study. Future studies should investigate the effect of helping forward on communities' group advancement, social change, and collective actions, as well as the variables that determine under which conditions recipients help forward.

### **Limitations and suggestions for future research**

This quasi-experimental field study provided valuable field data; however, this data tends to be less controlled than the data from laboratory-controlled environments. Some measurement models could not be analyzed because the constructs did not converge, or the models were poor. It could be argued that some variables in the questionnaire did not adequately reflect the population's background in terms of culture, language, ethnicity, education, economic status, and social context. We took this limitation into account when designing the study. The instrument was adapted to the population, translated and back-translated with the help of Native speakers, and tested to determine appropriate measurement models. However, it is possible that our instrument did not reflect the non-Western background of our population. Although this could be a limitation, it also reflects the need for better understanding of this population's needs. Most research in social psychology studies people who live in Western nations, and most theories are derived based on the results of this population (Muthukrishna et al., 2020). More research among the non-Western population is needed to have a broader

understanding of human behavior across the globe. Therefore, although some of our measurements did not reach validity standards, we argue that one major strength of this study is that it investigated how a population that has rarely been studied reacts to aid. Moreover, the information derived from this questionnaire is valuable and can be adapted to be used in future studies.

The attendance to the training and the training forward intervention was voluntary. The study set-up creates self-selection of participants who chose to attend the training. Because of the self-selection process, the conclusions derived from this study cannot be generalized to people who do not choose to participate in training programs. Therefore, this study's results can only be generalized to participants who choose to take training and live in similar conditions.

Finally, we argued that training forward could be a means to multiply the help and empower participants. However, this study could find only partial support for our hypothesis. Perhaps the reason is because participants in our study were not asked to retrieve the information before teaching it to others. A standard way of retrieving information in educational contexts is reading a text and writing down as much of the information as the person could recall without viewing the text (Blunt & Karpicke, 2014). In a study (Koh, Lee, & Lim, 2018), a control group did not teach or retrieve information, a second group retrieved the information while teaching, a third group taught the material using teaching notes without retrieving the information, and a fourth group did not teach but practiced retrieving the information. This study found that the two groups that retrieved the information outperformed the control group and the group that taught without retrieving it. In our study, participants were asked to teach the material to others using the trainers' notes. The results from Koh, Lee, and Lim (2018) suggest that perhaps participants in our study could have benefited more from training forward if they were asked to retrieve the information before teaching it or if participants created their own teaching material. Future studies in this context should investigate the potential benefits of asking participants to retrieve the information before training forward.



### **Concluding remarks**

This study is the first of its kind to conduct a quasi-experiment to understand the effects of receiving and giving autonomy-oriented help for aid recipients living in poverty. It provides partial evidence on the positive effects of receiving autonomy-oriented help and of helping forward. The novel methodology from this study could be used and adapted to future studies with a similar population. We discussed that helping forward can build sustainable peer-to-peer helping networks that can reduce the threat of receiving help, empower recipients and groups, and multiply the help. More social-psychological research should focus on the needs and perspectives of recipients living in poverty to promote these groups' well-being, empowerment, autonomy, change, and status improvement in the long run.



## Supplementary Materials

### Appendix 4.1

#### List of demographic variables

##### **Number of children**

How many children do you have living in your household?

##### **Number of people living in their household**

How many people live in your household?

##### **Number of rooms for sleeping in their household**

How many rooms for sleeping does your house has?

##### **Education level**

Which is your maximum level of education? (1= *no education*, 5 = *high school education or higher*).

##### **Perceived economic status**

How do you judge your current economic status (1 = very poor, 5 = very rich)

## List of items

### Perceived self-confidence

To what extent are you confident ...

1. in your capacity to take good care of baby's needs?
2. that you can take care of your baby?
3. that you have the capacity to improve or stimulate babies and children skills (e.g., language and motor skills)?
4. that you can recognize if a baby or child under 3 years old is not speaking or moving correctly for his/her age?

### Perceived competence

To what extent do you know...

1. about babies and children development?
2. how to take care of babies and children?
3. how to stimulate babies and children? For instance, stimulate speaking and motor abilities.

### Perceived capacity to teach

To what extent...

1. have you tried to teach or share to others about childcare and children development?
2. do you feel confident about your ability to teach others about childcare?
3. do you feel prepared to explain others about childcare?

### Perceived autonomy

To what extent do you feel that you can decide on your own ...

1. how to take care of newborn or children till 3 years old?
2. how to stimulate babies, so that they can have an adequate early development?
3. when your babies and children till 3 years old need to be taken to a doctor?

### Change beliefs

To what extent do you feel that something you are doing right now will improve your own or your family's chances ...

1. of getting a (better) paid job in the future
2. of becoming independent of government aid in the future
3. to escape poverty in the future

## Appendix 4.2

Table 4.2. Invariance test between groups over time for perceived self-confidence

	Model	$\chi^2$	<i>df</i>	<i>p</i>	RMSEA	RMSEA 90% CI	TLI	CFI	$\Delta$ TLI	$\Delta$ CFI
1	Null model	1442.017	262							
2	Configural model	157.999	117	.007	.058	.031-.080	.922	.965		
3a	Weak invariance	200.519	140	.001	.064	.043-.083	.904	.949	-.018	-.017
3b	Weak partial invariance <sup>1</sup>	186.247	134	.002	.061	.038-.081	.913	.956	-.009	-.01
4a	Strong invariance	244.307	163	.000	.069	.050-.086	.889	.931	.024	.025
4b	Strong partial invariance <sup>2</sup>	216.072	154	.001	.062	.041-.081	.911	.947	.003	.008

<sup>1</sup> Item 3 time 1 and item 3 time 3 were freely estimated.

<sup>2</sup> Item 3 time 3, item 4 time 2 and item 4 time 3 were freely estimated.

**Table 4.3. Invariance test between groups over time for perceived competence**

	Model	$\chi^2$	<i>df</i>	<i>p</i>	RMSEA	RMSEA 90% CI	TLI	CFI	$\Delta$ TLI	$\Delta$ CFI
<b>1</b>	Null model	881.623	108	.000						
<b>2</b>	Configural model	78.039	45	.002	.084	.051–.114	.861	.960		
<b>3</b>	Weak invariance	100.975	60	.001	.081	.052 –.108	.871	.950	.01	-.01
<b>4a</b>	Strong invariance	142.529	78	.000	.089	.065 –.112	.843	.922	.031	.033
<b>4b</b>	Strong partial invariance <sup>1</sup>	114.524	70	.001	.078	.051–.103	.879	.946	-.005	.008

<sup>1</sup> Item 3 time 1, item 3 time 2 and item 3 time 3 were freely estimated.

**Table 4.4. Invariance test between groups over time for perceived capacity to teach**

	Model	$\chi^2$	<i>df</i>	<i>p</i>	RMSEA	RMSEA 90% CI	TLI	CFI	$\Delta$ TLI	$\Delta$ CFI
<b>1</b>	Null model	830.598	108	.000						
<b>2</b>	Configural model	81.438	45	.001	.088	.057- .118	.855	.958		
<b>3a</b>	Weak invariance	109.562	60	.000	.089	.062 -.115	.852	.943	-.015	-.003
<b>3b</b>	Weak partial invariance <sup>1</sup>	102.388	57	.000	.087	.059-.114	.857	.948	.002	-0.01
<b>4a</b>	Strong invariance	141.751	78	.000	.089	.065-.111	.853	.927	.004	.021
<b>4b</b>	Strong partial invariance <sup>2</sup>	125.121	72	.000	.084	.059 -.108	.868	.939	.009	-0.01

<sup>1</sup> Item 2 time 2 was freely estimated

<sup>2</sup> Item 2 time 3 and item 3 time 1 were freely estimated

**Table 4.5. Invariance test between groups over time for autonomy**

	Model	$\chi^2$	df	p	RMSEA	RMSEA 90% CI	TLI	CFI	$\Delta$ TLI	$\Delta$ CFI
1	Null model	636.301	108	.000						
2	Configural model	53.800	45	.173	.043	.00 – .08	.953	.987		
3	Weak invariance	70.808	60	.160	.041	.00 – .076	.957	.984	.004	-.003
4a	Strong invariance	124.609	81	.001	.072	.045 -.096	.872	.934	.085	.05
4b	Strong partial invariance <sup>1</sup>	86.700	72	.114	.044	.00 – .075	.951	.978	.006	.006

<sup>1</sup> Item 2 time 3, item 3 time 1 and item 3 time 3 were freely estimated.

**Table 4.6. Invariance test between groups over time for change beliefs**

	Model	$\chi^2$	df	p	RMSEA	RMSEA 90% CI	TLI	CFI	$\Delta$ TLI	$\Delta$ CFI
1	Null model	890.587	156	.000						
2	Configural model	62.612	45	.042	.061	.012-.095	.917	.976		
3	Weak invariance	82.162	60	.030	.059	.019-.089	.922	.970	.005	-.006
4	Strong invariance	108.969	81	.021	.057	.024-.083	.927	.962	-.005	.008

## Appendix 4.3

Table 4.7. Latent means and standard deviations

	<b>Time 1</b>	<b>Time 2</b>	<b>Time 3</b>
	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>
<b>perceived self-confidence</b>			
Group 1	3.70 (1.03)	4.02 (0.71)	4.07 (0.78)
Group 2	3.52 (0.84)	3.99 (0.81)	4.13 (0.80)
Group 3	3.87 (0.77)	3.59 (0.68)	3.64 (0.93)
<b>perceived competence</b>			
Group 1	3.64 (0.98)	3.84 (0.88)	4.12 (0.99)
Group 2	3.42 (1.07)	3.81 (0.82)	3.98 (0.87)
Group 3	3.90 (0.53)	3.79 (0.75)	4.02 (0.76)
<b>perceived capacity to teach</b>			
Group 1	3.38 (1.08)	3.89 (0.82)	4.10 (0.88)
Group 2	3.00 (1.16)	3.68 (0.96)	3.80 (0.86)
Group 3	3.36 (0.96)	3.28 (1.00)	3.05 (0.84)
<b>perceived autonomy</b>			
Group 1	3.60 (1.06)	4.02 (0.59)	4.19 (0.92)
Group 2	3.65 (0.81)	4.01 (0.84)	4.46 (0.48)
Group 3	4.07 (0.65)	3.77 (0.40)	3.98 (0.54)
<b>change beliefs</b>			
Group 1	4.17 (0.74)	4.23 (0.75)	4.30 (0.74)
Group 2	3.76 (0.83)	4.22 (0.71)	4.21 (0.83)
Group 3	3.77 (0.70)	3.85 (0.54)	3.91 (0.43)







# RETHINKING AID: AN APPROACH TO REDUCING SOCIAL INEQUALITY



## 5. Rethinking aid: An approach to reducing social inequality

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“Overcoming poverty is not a gesture of charity. It is an act of justice. It is the protection of a fundamental human right, the right to dignity and a decent life. While poverty persists, there is no true freedom”.

**Nelson Mandela (2005)**

Although there is significant progress in poverty reduction worldwide (World Bank, 2019), 836 million people do not have access to basic services and cannot satisfy their needs. Help can have important benefits, such as economic improvement of recipients (e.g., Banerjee et al., 2015; Pronyk et al., 2012), however, help can threaten recipients psychologically (Deelstra et al., 2003; Moyo, 2009; Nadler, 2014; Schneider et al., 1996; Wang et al., 2014) and (in)advertently maintain social inequality (Dovidio, Gaertner, & Abad-Merino, 2017; Hopkins et al., 2007; Jackson & Esses, 2000; Nadler, 2002; van Leeuwen, 2017). As research showed, receiving help may threaten the self-competence, self-worth, empowerment, autonomy, and image of recipients (Alvarez & van Leeuwen, 2011, 2015, Chapter 2; Deelstra et al., 2003; Lee, 1997; Nadler, 2014; Nadler & Fisher, 1986; Nadler & Halabi, 2006; Schneider et al., 1996).

World leaders and researchers suggest that we need to pay more attention to the psychological impact of aid programs and find strategies to increase recipients' empowerment and psychological well-being (Diener & Seligman, 2004; World Bank, 2014). Having an empowered self-concept is crucial for social change because psychologically empowered individuals are more likely to engage in collective actions to change the status quo (Drury & Reicher, 2005; Drury & Reicher, 2009). To avoid the adverse psychological consequences of help and improve recipients' situation in the long run, we need to understand how help affects recipients psychologically. The main aim of this dissertation was to understand the psychological consequences of receiving help. I studied these consequences using a social psychological intergroup helping framework. I theorized that receiving autonomy-oriented help and helping forward would boost recipients' empowerment, autonomy, among other psychological indicators. These

feelings, in turn, can influence recipients' independence and change in their socio-economic status. I investigated my hypotheses with complementary laboratory studies in the Netherlands and field studies in Panama.

In this chapter, I discuss the main empirical findings. I then discuss some broader implications of this dissertation, such as how recipients from other cultures or long-term aid recipients might experience autonomy-oriented help. I explain some structural barriers to autonomy-oriented help provision. I also discuss how advantaged groups can maintain social inequality and how they can challenge the system that perpetuates it. I end this chapter with some strengths and limitations, and tentatively propose some solutions to effectively offer help that will promote recipients' autonomy and empowerment for a more equal and equitable society in the long run.



*Houses at the Comarca  
Ngábe-Buglé*

## Overview of the Main Empirical Findings

### Consequences of receiving help

Researchers have expressed regret for not focusing enough on the consequences of help (e.g., Nadler, 2014; Wakefield & Hopkins, 2017). This dissertation is one of the first to show, in a combination of laboratory and field studies, how recipients experience help.

Across three chapters, we found support for the hypothesis that autonomy-oriented help can psychologically empower recipients.

In Chapters 2 and 3, I focused on the consequences of receiving dependency-oriented help (e.g., “giving a man a fish”) or autonomy-oriented help (e.g., “teaching a man to fish”; Nadler, 2002). Dependency-oriented help gives recipients a complete solution to solve an immediate problem and has high short-term instrumentality, but can psychologically threaten recipients (Alvarez & van Leeuwen, 2011; Nadler, 2002, 2014). Autonomy-oriented help provides the means, tools, resources, or skills to help recipients solve the problem independently. This help does not solve the issue immediately but allows recipients to be part of the solution and become independent in the long run (Alvarez & van Leeuwen, 2011; Nadler, 2002, 2014).

Chapter 2 investigated, in a laboratory study with Dutch students, the consequences of receiving either autonomy-oriented help (i.e., hints) or dependency-oriented help (i.e., the complete answer). Participants could voluntarily request help to solve difficult puzzles and randomly received either autonomy- or dependency-oriented help. The results showed that participants who received autonomy-oriented help felt more positive about seeking help, more respected, and more self-competent than participants who received dependency-oriented help. Moreover, autonomy-oriented help recipients evaluated the helper better, and perceived the helper as more qualified, and with better intentions to help than dependency-oriented help recipients.

A field study presented in Chapter 3 investigated how recipients who live in poverty in Panama and rely on long-term help experience autonomy- (i.e., cash, training) or dependency-oriented-help (i.e., vouchers). The results showed that cash recipients felt more autonomy, empowerment, and greater life improvements than voucher recipients. Moreover, participating in training programs was related to more autonomy, empowerment, and change beliefs than not participating in training programs.

Chapter 4 further investigated, with a quasi-experimental field study in Panama, the consequences of receiving training (i.e., autonomy-oriented help) for cash benefits recipients. We expected that receiving additional autonomy-oriented help would

psychologically benefit recipients more than not receiving this help. We found partial support for our hypotheses. Results indicated that participants felt more competent after taking the training than before taking the training. Also, participants who took the training felt more capable of teaching others than those who did not take it.

### **Helping forward**

Previous research showed that providing help in itself is positive to recipients in terms of improved well-being (Schwartz, Keyl, Marcum, & Bode, 2009), self-worth (Midlarsky, 1991), mental health (Post, 2005), and labor market success (Kosse & Tincani, 2020). In Chapters 2 and 4, I investigated the consequences of helping forward. In Chapter 2, participants received autonomy- or dependency-oriented help to solve difficult puzzles and either anticipated or did not anticipate helping forward after solving the puzzles. Participants who expected to help forward liked and evaluated the helper more positively than the ones who did not expect to help forward. Participants who anticipated helping forward also perceived that the help they received had more educational value than participants who did not anticipate helping forward. In the end, all participants were asked to help forward (regardless of what they anticipated), and after helping forward, they felt more self-competent and more similar to the helper than before helping forward. Moreover, although all participants felt more self-competent after helping forward, this increase was more pronounced for dependency-oriented help recipients. These results indicate that helping forward can be a good strategy to improve and restore recipients' self-competence after receiving potentially self-threatening help.

In Chapter 4, I aimed to replicate the findings presented in Chapter 2 in a field study among cash recipients in Panama. Participants voluntarily took a training (i.e., autonomy-oriented help) and subsequently were asked to train others. We found partial support for our hypotheses. Results indicated that participants who trained forward, after first receiving training themselves, reported higher self-confidence levels and change beliefs after training forward than before training forward.

### **Type of help and empowerment**

The present work points towards the importance of autonomy-oriented help for the psychological empowerment of recipients. Empowerment is a significant predictor of

positive behavioral changes (Graves & Shelton, 2007), improved job performance and productivity (Kirkman & Rosen, 1999; Liden, Wayne & Sparrowe, 2000), optimism (Diehl & Hay, 2010; Skinner, 1996) and better-coping strategies to reduce stress (Lazarus & Folkman, 1984). In this dissertation, we focused on the impact of help on several indicators for psychological empowerment, such as feelings of self-confidence, self-competence, perceived power, and perceived capacity to influence one's outcomes (Hansen, 2015; Kabeer, 1999).

In Chapter 3, we explored the degree to which empowerment explained the relationship between help type and the perception of improving one's life because of the aid, and between help type and the belief that change is possible. The results showed that empowerment explained the relationship between the type of help received and life improvement, and the type of help received and change beliefs. That is, receiving autonomy-oriented help was related to more feelings of empowerment, and empowerment was related to life improvement and a belief that changes are possible. Empowerment and change beliefs are essential precursors for actual change. To our knowledge, this is one of the first studies to investigate how receiving different types of help relates to empowerment, and how empowerment relates to change beliefs and perceived life improvements.

## **Conclusions**

Receiving autonomy-oriented help is empowering to recipients. Helping forward can boost recipients' feelings of self-competence, self-confidence, and change beliefs, and can negate the psychological threat associated to receiving dependency-oriented help. Feeling psychologically empowered is related to more change beliefs and life improvements. Psychologically empowered individuals are more likely to engage in actions that can change their individual and social standing (Drury & Reicher, 2005; Drury & Reicher, 2009).

Maribel's example (Chapter 1) summarizes the importance of receiving autonomy-oriented help and helping forward. Her community first received vouchers (i.e., dependency-oriented help) to satisfy households' basic needs. They later received training, equipment, and contacts of potential customers and partners (i.e., autonomy-



oriented help). Autonomy-oriented help allowed them to help others within the community to establish a coffee farm and sell the product abroad, providing enough income to improve the living conditions of the community' households.

It is important to note that, although the results from this dissertation indicate that autonomy-oriented help is empowering to recipients, receiving dependency-oriented help is not problematic, per se. From these findings, it is clear that autonomy- and dependency-oriented help are more and less appropriate at certain times. Dependency-oriented help is sometimes required; people first need to solve the problem at hand to have space and possibilities to focus on long-term solutions. For instance, in crises, people need help until their situation is stable.

## **Broader Implications**

Below I discuss some broader theoretical, empirical, and societal implications. Although the knowledge derived from this dissertation applies to various social contexts, my main focus was on how help can empower and change the social standing of members of disadvantaged groups.

### **How culture influences recipients' reactions to help**

Culture, norms, reality, and self-construal can influence recipients' preferences and reactions to help. Self-construal refers to how individuals represent their sense of self. Individuals with independent self-construal are more likely to focus on themselves and their internal attributes, perceiving traits, abilities, and values as central to their sense of self (Giacomin & Jordan, 2017). Whereas, individuals with interdependent self-construal are more likely to focus on others, perceiving their relationships with others, social roles, and group memberships as central to their sense of self (Giacomin & Jordan, 2017).

Komissarouk and Nadler (2014, study 1) found that participants primed with interdependent self-construal had a higher preference for dependency-oriented help than the participants primed with independent self-construal. In contrast, participants primed with independent self-construal had a higher preference for autonomy-oriented

help than those primed with interdependent self-construal. The authors argued that people with an independent self-construal would seek more autonomy-oriented help to work on a problem independently because this self-construal is linked to independence, autonomy, and mastery. Individuals with interdependent self-construal would seek more dependency-oriented help because this self-construal is linked to achieving common group goals and avoiding mistakes that could affect the group (Komissarouk & Nadler, 2014).

In this dissertation, our lab and field studies with Western and non-Western participants indicate that recipients experienced psychological benefits from receiving autonomy-oriented help. We did not measure help preference *per se*, but we measured satisfaction with the help and the impact of receiving help. In Alvarez et al. (2018; Chapter 3), dependency- and autonomy-oriented help recipients from Panama felt equally satisfied with the help they received. However, receiving autonomy-oriented help was related to more empowerment, self-competence, respect, autonomy, and change beliefs than receiving dependency-oriented help (Alvarez & van Leeuwen, 2015, Chapter 2; Alvarez et al., 2018, Chapter 3). I reasoned that, after receiving autonomy-oriented help, participants experienced the psychological freedom and benefits that autonomy-oriented help provides.

It is also possible that what matters most for people with interdependent self-construal is that they receive help that can encourage group interactions and improve the community as a whole (e.g., group training, funds to invest in community projects). We did not measure if participants used the help they received for collective improvement, and future studies could address this question. However, people with interdependent self-construal regularly socialize with neighbors and family, and their goal is to achieve common group goals (Komissarouk & Nadler, 2014). Perhaps participants shared the autonomy-oriented help with their neighbors or collectively used the benefits. For example, people from Sagreja and Naranjal communities in Panama used conditional cash for community projects (Alvarez et al., 2016). Over time, they established chicken farms and agriculture projects for the community. I reasoned that autonomy-oriented help allowed recipients to decide how to use the help, collectively or individually. People with interdependent self-construal might

value the help that can be used for community improvement more than the help that can be used for individual purposes. However, because of a lack of research with this population, it is crucial to have more understanding about the preference for help and reaction to help for people with interdependent self-construal. Studies should answer questions such as what matters most for these recipients: the type of help they receive, or the possibility to use the help they receive collectively?



*Examples of an agricultural project of deepwater rice and a chicken farm. The community members use the rice and chickens for personal consumption and to sell outside the community.*

### **Dependency-oriented help recipients**

Numerous programs provide dependency-oriented help (Alvarez et al., 2018, Chapter 3; Moyo, 2009). Research showed that receiving dependency-oriented help can negatively affect recipients' feelings of competence, autonomy, self-image, self-worth, and empowerment (Alvarez & van Leeuwen, 2011, 2015, Chapter 2; Halabi, Dovidio, & Nadler, 2016; Nadler & Halabi, 2006; Nadler & Fisher, 1986). People can avoid seeking this type of help (Butler & Neuman, 1995; Ryan & Pintrich, 1997; Wakefield, Hopkins, & Greenwood, 2012) and reject it if it is self-threatening (Ackerman & Kenrick, 2008; Lee, 1997; van Leeuwen, Täuber, & Sassenberg, 2011). It can be argued that relying on dependency-oriented help for prolonged periods of time affects recipients' acceptance of, and motivation to use autonomy-oriented help.

Although the previous explanation is plausible, I argue that receiving autonomy-oriented help would empower dependency-oriented help recipients since recipients would utilize the help to carry out their solutions and achieve their goals. The study presented in Chapter 3 (see also Alvarez et al., 2018) investigated the consequences of receiving autonomy-oriented help for dependency-oriented help recipients. This study showed that recipients who also received training felt more empowered and held greater change beliefs than recipients who did not receive training. However, these data are cross-sectional and the analyses correlational, so no causal conclusions could be drawn.

Based on the dissertation's findings, I argue that if helpers choose to provide dependency-oriented help initially, then subsequently moving towards an autonomy-oriented approach is crucial to promote independence and a change in their social standing. Autonomy-oriented help would provide recipients with the psychological freedom to use the help as they see fit. Maribel's community, mentioned in Chapter 1, received dependency-oriented help (i.e., vouchers), but only when they received autonomy-oriented help could the community start generating income on their own. At the end of this chapter, I propose how autonomy-oriented help can be most empowering to recipients. Regardless of autonomy-oriented help's promising results, future studies should experimentally test the effects of receiving autonomy-oriented help for long-term dependency-oriented help recipients.

### **Some structural barriers to receiving autonomy-oriented help**

Autonomy-oriented help is not always accessible to the ones who need it. For instance, the leading training institute in Panama, the Instituto Nacional de Formación Profesional y Capacitación para el Desarrollo Humano (INADEH), trained less than 1% of the Ngäbe-Buglé population (INADEH, 2015). A high percentage (69%) of participants in Chapter 3 did not receive training programs. The fact that a small percentage of people from these areas receive training is particularly problematic, as one of the main goals of CT programs is to provide skills training to recipients (MIDES, 2008).

Usually help is provided by higher-status groups, sometimes ignoring the living conditions and reality of recipients (Narayan et al., 2000). For instance, people living

in poverty in rural areas have different life experiences than non-impooverished people with a high socioeconomic status. They usually have more difficulty accessing facilities, such as roads, electricity, and drinkable water, in comparison to people who do not live in poverty (Haushofer & Fehr, 2014; Lemieux & Pratto, 2003; McDonough & Berglund, 2003). One of the consequence of ignoring the living conditions of recipients is that very often recipients do not have access to autonomy-oriented help. For example, training programs are often offered outside the community's living area, instead of providing training programs in their area (INADEH, 2015). This forces the members of the community to travel, often over a serious distance. When the community lives in an area of difficult access, traveling causes problems because it incurs extra costs and may require individuals to request time off work or bring their children to the training centers. In short, these programs are not considering the living conditions and circumstances of recipients. This lack of understanding of recipients' living circumstances and reality affects their access to autonomy-oriented help. Practitioners should consider recipients' specific experiences and investigate ways to overcome the structural obstacles they encounter.



*Many of the roads at the Comarca Ngäbe-Buglé get flooded every year. Moving from one place to another becomes a dangerous and difficult task.*

### **Intergroup helping to challenge social inequality**

Mandela said that "overcoming poverty...is an act of justice...". We all are responsible for creating a just and equal society. To reduce poverty and establish an equal and

equitable society, we need to understand social inequality as a product of a system that maintains and perpetuates inequality and inequity. Group-based inequalities should also be analyzed from a macro-level. A micro-level analysis presumes that certain groups cannot improve because of individual factors (e.g., the presumption that people living in poverty cannot handle money properly, see Mani, Mullainathan, Shafir, & Zhao, 2013; Vohs, 2013). A macro-level analysis would focus on how the system created group-based inequalities.

It is well-known that belonging to the advantaged high-status group provides many advantages, material, resources, and psychological benefits (Correl & Park, 2005; Sidanius & Pratto, 1999). Advantaged groups have more access to resources, wealth, health services, facilities, and opportunities than disadvantaged groups (Sidanius & Pratto, 1999). Belonging to an advantaged or disadvantaged group influences people's behavior, actions, and how they perceive themselves and others. People tend to allocate more access to resources, opportunities and benefits, and are more helpful to others with whom they share a common identity (Dovidio, Gaertner, & Abad-Merino, 2017; Levine, Prosser, Evans, & Reicher, 2005; Stürmer, Snyder, Kropp, & Siem, 2006; Zagefka, Noor, & Brown, 2013). For instance, Nazroo (2003) found that racial and ethnic minority groups receive fewer socioeconomic and health benefits than majority groups, are more prone to living in poverty and are often perceived as inferior to the majority group in their region. The disparity in resource allocation and access to opportunities maintains a systemic advantage to the ingroup majority group over the outgroup minority group (Dovidio, Gaertner, & Abad-Merino, 2017). These benefits can accumulate over time, providing a further advantage to the majority group.

In the following, I discuss how perceived entitlement to help could be a strategy that recipients use to challenge inequality and negate the psychological threat of receiving help. I then explain how intergroup helping could maintain and perpetuate social inequality by providing dependency-oriented help and maintaining harmonious relations with low-status groups to (in)advertently undermine social change actions. Finally, I suggest how advantaged groups can establish a system that achieves true equality and equity across groups via autonomy-oriented help.

*Psychological resistance and help entitlement*

Members of disadvantaged groups suffer from significant structural inequality and often need the assistance of advantaged group members. They might face a dilemma between not wanting to rely on dominant groups' help and their need for help. Although help recipients might experience a psychological threat to receiving help and would prefer to reject it (Willis & DePaulo, 1991), they often need assistance and cannot refuse it. However, that does not mean that they cannot engage in other strategies to reduce the psychological threat of receiving help from dominant advantaged groups.

Members of disadvantaged group often engage in strategies to signal discontent with the disparity in the allocation of benefits, opportunities, resources, and legal rights (Dovidio, Gaertner, & Abad-Merino, 2017; Täuber, 2017). Psychological resistance is a form of opposition that protects members of disadvantaged group from psychological damage without openly challenging social inequality (Hollander & Einwohner, 2004; Leach & Livingston, 2015; Reicher, 2004). Resistance can come in many forms. For instance, Black women resist and challenge power inequality using different hairstyles (Weitz, 2001), or people use humor or singing to challenge ideologies that support subordination (Hollander & Einwohner, 2004).

Another resistance strategy is to resist help. Even when recipients are in high need of assistance, recipients sometimes resist aid offers when they perceive that the helpers aim to harm the recipients' group (Mashuri et al., 2020). Also, disadvantaged groups can communicate disagreement with the status quo by avoiding the help provided by advantaged groups (Täuber, 2017). Advantaged groups are expected to help disadvantaged groups, and that this help ought to be accepted (Täuber, 2017). Seeking and accepting help from the advantaged group can be threatening to recipients; providing help communicates superiority and power, while seeking help communicates inferiority and dependence on the helper (Nadler, 2002; Wakefield, Hopkins, & Greenwood, 2012). By avoiding help, disadvantaged groups can signal that they refuse to perform their respective role assigned by society and disagree with the prescribed status quo (Täuber, 2017).

Groups weigh the instrumental benefits against the psychological costs and decide to avoid or accept the help (Täuber, 2017). When the instrumental benefits outweigh the psychological costs, groups need to accept the help. However, this help is psychologically threatening to recipients. I reason that in situations when avoiding or rejecting help is unavoidable, recipients might resort to a psychological strategy: feeling entitled to receive help because they ought to be compensated. Advantaged or fortunate groups secured their position due to the greater access and control over resources, leaving other groups disadvantaged (Leach, Snider, & Iyer, 2002). Disadvantaged groups not only need help but are entitled to it (Täuber, 2017; Leach, Snider, & Iyer, 2002). Thus, disadvantaged groups might accept the offers of help because they feel they are entitled to this help as a form of compensation.

A study in Panama (Alvarez et al., 2016) found preliminary support for this idea. This study compared how Indigenous Ngäbe-Buglé and non-Indigenous group members experienced the help they received. Both groups received the same type of help and experienced similar poverty levels. However, the Indigenous group differed in ethnicity from the majority group, whereas the non-Indigenous group was part of the majority group of the country. Also, the Indigenous group members had less access to resources, fewer opportunities, less social and political inclusion, and were less represented in the country than their non-Indigenous counterpart (Contraloría General de la República de Panamá, 2010; Davis, 2011; Diéguez, 2015; Vakis & Lindert, 2000). Although Indigenous groups in Panama have autonomy over their territory, they have little power over the negotiations related to their territory's development and projects (Wickstrom, 2003). Alvarez et al.'s (2016) study found that Indigenous community members felt more entitled to receiving governmental help and had less appreciation for this help than non-Indigenous community members. Indigenous community members felt they deserved to be compensated by advantaged groups for the systemic advantage experienced by dominant groups. Future studies should investigate which psychological means recipients use to reduce the threat of receiving help, and if feeling entitled to receiving help is one of those means.

In the following, I discuss some of the strategies that advantaged group members can engage in to (in)advertently maintain power and dominance over low-status groups.



*Dependency-oriented help to maintain social inequality*

The provision of dependency-oriented help maintains and reaffirms inequality between groups, power relations, and existing status hierarchies. Dependency-oriented help reinforces donors' superiority and status and negatively affects recipients' image and self-perception (Coates, Renzaglia & Embree, 1983; Halabi, Dovidio & Nadler, 2016; Halabi & Nadler, 2017; Jackson & Esses, 2000; Nadler, 2002; Wakefield, Hopkins, & Greenwood, 2012). For instance, economic and power inequality is maintained by providing immigrants with less empowering forms of help that solve recipients' immediate problems but do not improve their status (Jackson & Esses, 2000). Moreover, lower-status groups are often offered dependency-oriented help. Nadler and Chernyak-Hai (2014) found that individuals in lower-status groups, compared to those in higher-status, were more often frequently offered dependency-oriented help because they were perceived as more dependent and less competent. In contrast, individuals in higher-status groups, compared to individuals in lower-status, were more often offered autonomy-oriented help because they were perceived as more competent (Nadler & Chernyak-Hai, 2014).

Being provided with dependency-oriented help implies a perception that one lacks the ability (Nadler, 2014). Dependency-oriented help recipients are perceived as dependent and lacking ability, shaping dominant and disadvantaged groups' perceptions and behavior in ways that benefit the dominant group. Helping improves helpers' status, reputation, image, and positive feelings (Barclay, 2010; Hardy & van Vugt, 2006; Musick & Wilson, 2003; Post, 2005; Schwartz & Sendor, 1999; van Leeuwen, & Täuber, 2010), whereas receiving it is related to a negative self-perception, and marks dependency and inferiority to the helper, reinforcing the status quo (Alvarez & van Leeuwen, 2015, Chapter 2; Alvarez et al., 2018, Chapter 3; Nadler, 2014; Nadler & Halabi, 2006; Wakefield, Hopkins, & Greenwood, 2012).

*Harmonious intergroup relations to maintain structure inequality*

Other strategies to unintentionally or strategically maintain social inequality are ones that encourage intergroup harmony, such as positive contact or emphasizing group similarities. Although these strategies improve intergroup attitudes and relations, they can undermine disadvantaged group members collective action intentions, and impair their motivation to challenge the status quo (Dixon, Levine, Reicher, & Durrheim,

2012; Saguy, Tausch, Dovidio, & Pratto, 2009). Promoting harmonious relations between groups reduces attention to structural inequality, collective identification, and negative stereotypes of the outgroup (Gaertner & Dovidio, 2012; Wolsko, Park, & Judd, 2006). However, for collective change to occur, disadvantaged groups need to maintain a strong perception of injustice, strong collective identification, and hold the dominant outgroups accountable for the unjust system (Simon & Klandermans, 2001; Stürmer & Simon, 2004). To challenge the existing status quo, disadvantaged groups need to perceive the disparities between groups, but when groups emphasize harmony between them, disadvantaged groups are less likely to work towards achieving equality across groups (Wright & Lubensky, 2009).

Moreover, to challenge existing inequalities, advantaged group members should also recognize disparities and examine how their privileged position supports the system. A recognition of one's advantaged group status and its accompanying privilege may encourage advantaged group members to help lift disadvantaged group members' status (e.g., via autonomy-oriented help). However, although privilege is real, recognizing one's privilege is difficult because it implies that one's achievements are unearned (Droogendyk, Wright, Lubensky, & Louis, 2016) and sharing privileges also means having less privilege.

System-justifying ideologies that focus on group similarities, such as colorblindness and assimilation, deny group disparities and reduce ingroup identification (Wright & Lubensky, 2009). These ideologies impair disadvantaged groups' actions to challenge the existing status quo (Wright & Lubensky, 2009) and advantaged groups' actions to seek social change and true equality between groups (Droogendyk, Wright, Lubensky, & Louis, 2016). Morton and Postmes (2011) showed that the notion of shared humanity protects advantaged group members from feeling collective guilt, remorse, and responsibility for past wrongdoings, mainly when their groups' moral integrity was open to question. Usually, the members of the majority group prefer to emphasize common group identity and ideologies that focus on group similarities, whereas minority groups prefer multicultural orientations that recognize, respect, and value their racial and ethnic differences (Dovidio, Gaertner, & Abad-Merino, 2017; Wolsko, Park, & Judd, 2006; Wright & Lubensky, 2009). Focusing on subgroup identities and increasing the salience

of group-based inequalities is more likely to promote actions to challenge the existing status quo (Wright & Lubensky, 2009).

Well-intentioned procedures, such as helping behaviors, can elicit positive feelings among recipients and promote harmonious relationships between dominant and disadvantaged groups, undermining groups' motivation to challenge the social standing of members of disadvantaged groups (Dovidio, Gaertner, & Abad-Merino, 2017). Members of dominant groups can engage in actions, such as token gestures, that show their prosocial efforts, but ultimately deny the access to the means that can increase the status of the members of disadvantaged groups (Dovidio, Gaertner, Ufkes, Saguy, & Pearson, 2016). For instance, advantaged group members might give donations instead of providing access to education and job opportunities to disadvantaged group members. The provision of help by advantaged groups is perceived as supportive and generous and implies that the helper has resources that the recipient lacks and needs, preserving their positive image. Meanwhile, recipients are expected to appreciate the assistance and have positive feelings towards the benefactors (Dovidio, Gaertner, & Abad-Merino, 2017). Intergroup helping can keep harmonious intergroup relationships that preserve the status quo and promote compliance and conformity to a system that systematically benefits the advantaged groups.

I do not mean that all positive contact and intergroup helping should be avoided or will always impair actions to improve the status quo. Discouraging positive cross-group contact and intergroup helping are not reasonable solutions. Intergroup helping can reduce social inequality and improve the status of disadvantaged groups when given under the right conditions. In the following, I offer some tentative suggestions on how intergroup helping can be framed to challenge the existing status quo.

### *Challenging social inequality*

Ample research has investigated the strategies advantaged group members use to maintain and reinforce status inequality (e.g., strategic helping, Hopkins et al., 2007; van Leeuwen, 2007; van Leeuwen, 2017; van Leeuwen & Täuber, 2010). However, little is known about strategies that can encourage the engagement of advantaged group members in the reduction of group inequality. Based on previous research, I reason that

positive cross-group contact and intergroup helping could, under the right conditions, empower disadvantaged group members and promote social change. What are these conditions?

First, advantaged group members should perceive the injustice in the system and avoid system-justifying approaches that ignore systematic group-based inequalities. Advantaged groups tend not to recognize their privileges and fortune (Leach, Snider, & Iyer, 2002). They tend not to perceive themselves as members of a privileged group and try to minimize the perceived discrepancy between their group and others because accepting disparity could lead to challenges to the existing hierarchy (Leach, Snider, & Iyer, 2002). When advantaged groups are unaware of their privileges, they are less willing to support social equality efforts (Leach, Snider, & Iyer, 2002). Making privilege visible is essential to promote equality and efforts at social justice. Thomas & McGarty (2018) showed that when advantaged group members perceived the injustice in the system, felt anger, and had stronger change beliefs, they were more likely to engage in actions to reduce inequality than in the provision of benevolent support (i.e., charity). When advantaged groups perceive the injustice in the system, they might be more willing to take direct actions to remove systemic inequality. For instance, they can provide autonomy-oriented help to make a difference in recipients' life. Autonomy-oriented help can improve recipients' psychological well-being and socio-economic status in the long run.

Second, advantaged groups should communicate their disapproval of the structural disparities between groups. Supportive contact implies that advantaged group members explicitly communicate their opposition to inequality (Droogendyk, Louis, & Wright, 2016). Studies showed that the undermining effect of positive contact on collective action (Wright & Lubensky, 2009) was eliminated when advantaged group members stated their support towards disadvantaged groups (Becker, Wright, Lubensky, and Zhou, 2013). Also, collective action engagement increased when advantaged group members demonstrated their engagement in supporting social change and reducing inequality (Droogendyk, Louis, & Wright, 2016). Supportive contact empowers people from disadvantaged group (Droogendyk, Louis, & Wright, 2016) and may also increase trust from disadvantaged groups on advantaged groups. Trust plays a crucial role in

how help offers are appraised (Hofmann, Lei, & Grant, 2009; Morrison, 1993; Mashuri et al., 2020). Moreover, by voicing their support, other members of the advantaged group might recognize the injustice and privilege, increasing the likelihood that other advantaged group members engage in efforts to promote equality.

To summarize, if advantaged group helpers are more aware of the injustice and privilege, they may be more likely to challenge the unequal system. One way to challenge the system is by providing autonomy-oriented help that reduces structural inequality in the long run. If advantaged group members openly recognize inequality, provide autonomy-oriented help, and directly communicate their support for social change, disadvantaged group members could experience more trust in the helpers' motives, empowerment, and engagement in collective action. At the end of this chapter, I offer suggestions on how autonomy-oriented help should be conceptualized to promote recipients' empowerment and engagement in actions that challenge inequality. However, more research is needed since, to my knowledge, there is insufficient research providing evidence for these hypotheses.

## **Strengths and Limitations, and Suggestions for Future Research**

In this section, I first explain some limitations and strengths of this dissertation. I then discuss some directions for future research. Finally, I tentatively propose how autonomy-oriented help should be conceptualized and propose potential solutions to promote individual and group empowerment and change.

### **Complementary research methods**

A significant strength of this dissertation is that the different methodologies used to investigate the impact of aid on recipients allowed us to establish more robust and generalizable findings. Having complementary research designs was the most appropriate to understand this phenomenon from a scientific point of view. Each of the methods used in this dissertation has its strengths and weaknesses. I chose the methods depending on our research questions, the target groups, and the possibility of

conducting the study.

The laboratory experiment (Chapter 2) provided a valid test of causal relationships between the variables of interest. However, having self-selected university students might not be considered representative of the overall population. Moreover, comparing the results from laboratory and field studies is difficult given that our laboratory study participants relied on help for a short term during a task, while our field studies participants relied on help for an extended period of time. Nevertheless, I took these limitations into account. I made sure to have a well-designed laboratory experiment to isolate the causal effect of interest and provided essential insights about a prevalent effect that can be transferred to other situations outside the lab. Laboratory studies provide in a controlled environment insightful causal information inaccessible through field research. I further investigated the effects found in the laboratory study in a naturalistic setting. I showed that most results from the lab study hold in contexts outside the lab.

In addition to a controlled laboratory study, I conducted a cross-sectional, correlational field study (Chapter 3) and a quasi-experimental field study with a pre-test, post-test design (Chapter 4). These studies emphasized the role and relevance of social contexts. One advantage of the study presented in Chapter 3 is that it was conducted in a natural environment. We looked at the type of help the population received and determined how the different types of help were related to several psychological outcomes. However, because of the correlational design of the study, we could not demonstrate causal effects. Two major advantages of the study presented in Chapter 4 are that it employed a quasi-experimental between-subjects design, and that had a pre-test and post-test. This study showed the change between the groups that received the interventions and the control group. However, the quasi-experimental nature implies that we could not assign participants to conditions randomly, making it possible that there were other differences between conditions that could have affected our dependent variables. Nevertheless, we took this limitation into account and ensured that the groups were as similar as possible. In addition, we had a pre-test – post-test design to determine how much of a change there was between the measures.

A practical strength of this dissertation is that community leaders and members, governmental authorities, policy makers, and local universities were involved in the design, execution, and dissemination of the design and results of the field studies. Over 200 local students, research assistants, interviewers, trainers, coordinators at the communities, and other personnel participated in these studies, contributing to the scientific development of the country. I spent months at the communities to understand their needs and conditions. I gained a deep understanding of the participants due to the thorough involvement and proximity to the study area. Spending much time in the communities also allowed me to design and validate the measuring instruments. However, this type of research is costly and time-consuming. Collecting data in remote communities was challenging, given that the study areas were difficult to access and had few facilities (e.g., roads, electricity, water). During my time at the communities, I experienced the impact of natural disasters, accidents, damage to instruments and materials because of the weather conditions, problems with the transportation, riots, and lack of basic services, just to name a few. Controlling for external variables that can alter the nature of the research was also a challenge. For instance, an event can occur during data collection that can influence the results. Nevertheless, we took this limitation seriously and, to our knowledge, no major event occurred during data collection that could alter the nature of the research. Regardless of the challenges of conducting field studies, this type of research is crucial to understanding social issues and contributing to the generalization of the research findings.

### **Understanding societal issues worldwide**

In the following section I discuss some insights derived from my years of experience doing fieldwork in Panama, and not on research conclusions based on the work presented in this dissertation. I reason that societal issues and people's needs could be better understood through the generalization of research, the integration of disciplines, and the use of complementary methodologies.

*Generalization of research.* Most theories and research methods in social psychology are derived from studies conducted in Western nations (Muthukrishna et al., 2020). This approach presents one social reality, that may be different from the rest of the population of the world. For instance, navigating the reality in Amsterdam, the Netherlands, requires

varying skill sets different from the unique reality of people living in Managua, Nicaragua. Because most research is conducted and distributed with a specific population, evidence could be biased, and the interpretation of data and theories reflect only a small portion of the globe. How can we claim generalizable psychological processes worldwide when global diversity is rarely taken into account?

Furthermore, since most social psychology theories are derived from the Western population (Muthukrishna et al., 2020), not enough is known about the non-Western population's help preferences and reactions to aid. Culture is a fundamental dimension of people's cognition, emotion, motivation, and behavior (Markus & Kitayana, 1991). It is crucial to find an intersection between psychological processes and social and cultural processes to examine helping relations and the reactions to help.

*Interdisciplinarity.* Usually, cognitive, clinical, and social psychologists, anthropologists, economists, and sociologists tend to set-up boundaries between disciplines; this tendency is further reinforced by journals specialized in each field. Learning from and connecting with neighboring disciplines is crucial to investigating societal issues from macro- and micro-level points of view. Looking at societal issues through diverse scientific lenses is indispensable for the emergence of new ideas, understanding the issues from different perspectives, and providing suggestions and solutions to our society's issues. To my knowledge, not enough interdisciplinary research has investigated helping interactions and the consequences of receiving help.

*Complementary methodologies.* Non-Western populations have different cultures, life experiences, norms, and self-construal levels than the Western population. Perhaps including complementary quantitative and qualitative methodologies would be most appropriate for understanding the unique reality of each society. A qualitative approach enables to focus on attitudes, behaviors, and emotions particular to the population that is studied and determine appropriate measurements (Silverman, 2001). For instance, participants in the study presented in Chapter 3 did not understand the meaning of the graphic faces depicted to measure participants' satisfaction (Alvarez et al., 2018), probably because of their lack of exposure to such faces. A qualitative approach would help us identify patterns, behaviors, customs, traditions, practices, and life experiences



that characterize the population and identify more valid measures, research designs, and theories.

Similarly, a qualitative approach will be more suitable for describing autonomy-oriented help's characteristics to determine the most critical aspects of the help. For instance, as previously discussed, using the help collectively might be what makes this help more empowering for recipients with interdependent self-construal. Qualitative research encourages researchers to choose research questions that explore constructs linked, such as type of help, to reveal the process that creates that linkage and the functions it serves (Silverman, 2001). This approach will help us understand the nuances of dependency- and autonomy-oriented help and conceptualize them better. Future research should move beyond the description of differences between two types of help and describe forms and processes of relations among different help categories. Below I explain some steps we can take towards a new conceptualization of autonomy-oriented help.

### **Conceptualization of autonomy-oriented help**

Autonomy-oriented help is more than the mere provision of tools, skills, or resources to solve the problem independently. I propose that autonomy-oriented help be conceptualized in broader terms to include all the factors that determine when this help is more empowering. To be autonomy-oriented, it needs to 1) reflect recipients' current needs and desires, 2) be provided in a psychologically safe environment, and ultimately 3) provide recipients with the means to work on their solutions.

Not accepting or utilizing training offered is an example of why we need to clearly define what encompasses autonomy-oriented help. Training programs often have low participation and high attrition rates (INADEH, 2015; Yates & Okello, 2012). One possible reason is that the help offered does not meet recipients' needs and preferences. Research on assumptive help showed that receiving unsolicited help, which is unrequested help that does not reflect people's needs, is psychologically costly for stigmatized (Schneider et al., 1996) and low-status groups (Halabi, Nadler, & Dovidio, 2011). For example, Black American students who received unsolicited help from a White American student reported lower self-esteem and more negative affect than Black

American students who did not receive help (Schneider et al. 1996). When the help does not consider recipients' needs, it conveys the assumption that the helper knows what is best for the recipient. Assumptive help poses a threat to recipients' freedom to decide what is best for themselves. When the recipient negotiates with the helper how they want to be helped (i.e., negotiating style), the recipient experiences more freedom and empowerment than when the recipient receives assistance without negotiating their preferences with the helper (i.e., didactic style, Asser, 1978). Understanding the recipients' perspectives and interests when designing and planning strategies is crucial (Yates & Okello, 2012). The higher the motivation to take training, the more people attend to it (Tharenou, 2010) and use it (Norr et al., 2004).

For example, Maribel's community, mentioned in Chapter 1, took training on coffee production and received essential equipment. After the training, they needed to improve the production equipment and get contacts to sell the coffee beans. Her community was offered entrepreneurship training, but they rejected this training because it was not needed. When they received the needed help, they managed to grow and expand the coffee farm. As another example, one of our collaborators informed me about a training program on healthy eating habits by the Ministry of Health in Panama (Leandro, personal communication, 2015). The trainers suggested adding more fruits and vegetables to participants' diet and taught them different ways to prepare them. However, vegetables and fruits get spoiled quickly in warm, humid weather outside a refrigerator. Participants can only consume these products when they were freshly grown on land. So, even if participants would like to include more of these vegetables and fruits in their diet, they could not do so because they did not have refrigerators, electricity, or fertile land to grow the vegetables and fruits. This program failed to understand the recipients' needs. Instead of training, they needed electricity for their houses, refrigerators, or access to land to grow vegetables and fruits.

Second, recipients need to feel psychologically safe when requesting help. For instance, public help is more self-threatening than private help, especially if it is dependency-oriented (Nadler, 2014). Publicly providing help improves helpers' reputation and status (Hardy & van Vugt, 2006; Hopkins et al., 2007), whereas receiving it implies a lack of resources and the recipient's inferiority (Nadler & Fisher, 1986). Being publicly offered

unwanted or unneeded help could be psychologically threatening to recipients and be consistent with dependency-oriented help. Seeking and receiving help is an open admission of not being able to solve their issue alone. When the help is self-threatening, people refuse it to protect the self (Nadler & Halabi, 2006). However, public assumptive help offers places recipients in a difficult position. Refusing help can be perceived as an offensive act (Rosen, Mickler, & Collins, 1987), which can lead to helpers offering less help in the future and having a negative perception of the recipient. Rejecting aid is not always possible or desirable, especially when people need it to improve their social standing. Recipients need to balance their autonomy, image, and goal of solving their problems while maintaining positive relationships with the helper.

Third, as conceptualized in this dissertation, autonomy-oriented help provides recipients with the resources, skills, tools, or means to solve their problems independently (Nadler, 2002). This help should allow recipients to use the help as they see fit, to achieve their goals on their own. It “teaches a man to fish, to feed him for a lifetime”.

To summarize, I propose that autonomy-oriented help should include in its conceptualization that this help should 1) reflect recipients' needs, 2) be offered in a psychologically safe context, and 3) ultimately give recipients autonomy to carry out their solutions. I also propose to move beyond the term “help” and reframe the perception of recipients from passive recipients to *active agents* who have a voice at the table and are working towards improving their social standing. Recipients should actively participate in the process, from choosing the help to the implementation and usage of the help. When recipients are part of the solution via autonomy-oriented help, being helped becomes a collaborative process based on equality and mutual respect. Under these conditions, the help is autonomy-oriented, and the experience becomes more empowering and positive for recipients, encouraging actions to improve recipients' individual and group status, and achieve true equality.

Autonomy-oriented help can take many forms depending on recipients' needs. Advantaged group helpers can give funding, access to education and training, infrastructure, facilities, equipment, job opportunities, or their engagement in socio-political actions to reduce inequality and improve recipients' group status. As discussed

throughout this chapter, advantaged group members have more advantages than disadvantaged group members (Sidanius & Pratto, 1999). For example, in a university context, these advantages grant students from the advantaged group more access to employment opportunities after finishing their studies. Keeping this in mind, the university could provide autonomy-oriented help to students from disadvantaged groups in order to allow them to flourish and contribute to the university and the society in their unique way. Students can be trained and mentored according to their needs, culture, and background, and receive access to the facilities and resources they require. Professors can learn more about their students' culture and needs to ensure an enriching and fulfilling environment. The university could also ensure that students can access support groups that promote the well-being and empowerment of students from disadvantaged groups. Students from disadvantaged groups can be invited to network meetings and conferences, and be introduced to relevant professionals to give them a better chance of succeeding after finishing their studies. Professors can also communicate their support for social change and engage in actions such as promoting a petition to hire students from disadvantaged groups after completing their studies. Students from disadvantaged groups should, at all times, be part of the decision regarding how they want to participate, be helped, and should always be given a voice. Since students from disadvantaged groups have fewer privileges and access to opportunities than students from advantaged groups, it is crucial to recognize this lack of privilege, talk about inequity and inequality of opportunities, and provide autonomy-oriented help that would eventually help improve the status -perhaps also group status- of the students in the long run.

### **Peer-to-peer helping networks**

I also theorized in this dissertation that helping forward, via peer-to-peer networks, can be a valuable tool to promote individual and group empowerment, multiply the help, promote collective action, and improve the status of disadvantaged groups. In a peer-to-peer networks, recipients receive autonomy-oriented help from experts and subsequently help peers in turn. The initial help should be autonomy-oriented and meet the requirements mentioned above: reflect on recipients' needs, be psychologically safe, and give recipients the autonomy to work towards the solution in a collaborative process. Recipients of the initial help will pass on help such as knowledge of training,

share the equipment after using it, contribute to community projects after receiving funding, or, at a macro-level, support other groups in gaining equality. Members from Maribel's community (Chapter 1) received training on coffee production, and the attendees trained their peers in turn. The newly trained peers joined the project and together expanded the coffee bean production. The initial help reached more people in the community, and providing help in itself was empowering.

Helping forward can also have additional benefits by improving the relationship with the helper. Alvarez and van Leeuwen (2015, Chapter 2) found that when recipients of aid anticipated helping others in return, they evaluated the helper more positively and reported liking them more. These results indicate that helping forward can potentially improve recipients' relationship with the helpers. However, since this study only focused on anticipation and did not measure recipients' evaluation of the helper after actually helping forward, future studies should test this.

Moreover, receiving and giving autonomy-oriented help can empower individuals personally, and in turn, individual empowerment can promote social change (Drury & Reicher, 2005). For instance, people can influence neighbors and, as part of a group, bring about change together. Perhaps, ingroup contact derived from the helping interactions can boost collective identity, leading to collective actions (Doosje, Spears & Ellemers, 2002). Empowered group members can organize themselves to request what is needed to improve their social standing. As an example, a collaborator from this dissertation informed me that the community that received the training and trained forward in the study in Chapter 4 requested that the Ministry of Health hire more experts in childhood development and early stimulation at the community health center (Pinto, personal communication, 2019). Although the request of more experts might indicate that recipients pulled together to take actions and requested specialists to help their children's lives, we cannot claim that our intervention led to this request, and this communication was not part of the study. Peer-to-peer networks are promising, however, more research needs to investigate their psychological benefits, and if they lead to a better relationship with the helpers, more identification with the ingroup and more collective actions designed to improve their group's status.

**Concluding remarks**

This dissertation contributed to understanding how recipients react to help in a laboratory study with Dutch students and field studies with people living in poverty in Panama. This dissertation generalized the findings to a population that is less frequently studied and cannot easily reject help without having consequences. The results showed the empowering effects of receiving autonomy-oriented help and how helping forward can be used to reduce the threat of receiving help.

As Nelson Mandela said, poverty reduction is an issue of justice, and we all need to act now. Advantaged groups have a responsibility to reduce social inequality and improve the status of recipients in disadvantaged groups in the long run. Understanding advantaged groups' privilege and their role in the persistence of social inequality can prompt these groups to provide autonomy-oriented help.

Autonomy-oriented help should be a collaborative process that considers the particular characteristics and needs of recipients, be given safely, and allow recipients to work as they see fit towards the solution of their problems. We should move beyond the term help recipients to participating active agents who can voice their needs and concerns. More interdisciplinary research needs to be conducted in Western and non-Western populations to gain a broader understanding of helping interactions and the reactions to receiving help. More research should investigate, using complementary methodologies, the conditions under which autonomy-oriented help is more empowering and able to promote status change. I firmly believe that science is a valuable channel to promote positive social change, and it is our responsibility to conduct more research that reflects social needs.







# SUMMARY



This dissertation aimed to understand the psychological impact of receiving and giving help in laboratory and field studies. I focused on recipients' responses to autonomy- and dependency-oriented help (Nadler, 2002). Dependency-oriented help provides a complete solution to a problem. Although this help has high short-term instrumentality, it can negatively affect recipients' feelings of self-competence, autonomy, self-esteem, and image (Alvarez & van Leeuwen, 2011; Jackson & Esses, 2000; Nadler, 2002; Nadler & Halabi, 2015). In contrast, autonomy-oriented help does not solve the problem immediately. However, it allows individuals to gain the skills or tools to carry out the solutions to their problems and achieve their goals. Although this type of help is more psychologically supportive than dependency-oriented help, a full solution to a problem is required in crises or in extreme conditions where people need help for their survival. However, when the situation becomes more stable, an autonomy-oriented response can empower recipients and help them recover and challenge their social standing.

To understand the psychological impact of receiving help I first investigated the consequences of receiving help and helping others in an experimental laboratory study in the Netherlands (Chapter 2). We hypothesized and found that recipients of autonomy-oriented help (i.e., hints to solve a task) felt more positive about seeking help, more respected, had higher self-competence, and evaluated more positively the helper than recipients of dependency-oriented help (i.e., an answer to a task). Furthermore, after having received help to complete the task, participants helped others forward. We hypothesized and found that participants showed an increase in their reported feelings of self-competence and perceived similarity to the helper after helping forward than before helping forward. Although all participants felt more self-competent after helping forward, this increase was more pronounced for participants who previously received dependency-oriented help.

One of my main focuses in this dissertation was to understand how people in disadvantaged groups experience help, and how help can improve their social status in the long run. Thus, part of the dissertation was conducted with people living in poverty in Panama. Poverty affects 736 million people worldwide, which means that 10% of the world's population lives with less than \$1.90 a day (World Bank, 2019). People living in poverty receive help for their survival, yet little is known about its psychological

impact (World Bank, 2014). Help is beneficial to some extent but can affect recipients psychologically (Nadler, 2002). Most evaluations of poverty aid focus on the economic impact of their programs. Poverty levels are calculated by the minimum income required by a family to satisfy their basic needs (World Bank, 2019). However, living in poverty is much more than economic scarcity. Living in poverty means struggling to satisfy basic needs that the rest of the population takes for granted (Lemieux & Pratto, 2003). People living in poverty are denied access to water, electricity, roads, transport, food, health care, education, etcetera. Not surprisingly, poverty is related to adverse physical and psychological health (Fell & Hewstone, 2015; McDonough & Berglund, 2003; Haushofer & Fehr, 2014), low educational and professional achievements (McDonough & Berglund, 2003), being stereotyped and stigmatized by other groups (Fell & Hewstone, 2015), and having fewer feelings of confidence and power (Narayan et al., 2000). Moreover, most of the studies that focused on the psychological impact of receiving help were conducted with a population that does not live in impoverished conditions.

To understand how people living in poverty experience aid I conducted two field studies in Panama. In a correlational field study (Chapter 3), we hypothesized and found that recipients of autonomy-oriented help (i.e., cash) reported stronger autonomy, empowerment, and improvement of household living conditions than recipients of dependency-oriented help (i.e., vouchers). Furthermore, people who participated in training programs experienced greater autonomy, empowerment, and personal and family change beliefs than people who had not participated in training programs.

The second field study builds on the idea that autonomy-oriented help and helping forward promotes recipients' empowerment and change beliefs. We examined, in a quasi-experimental field study, the consequences of receiving autonomy-oriented help (i.e., training) and helping forward for people who are receiving cash transfers for an extended period (Chapter 4). We hypothesized that receiving training would be empowering to recipients, as measured by several psychological indicators. We found partial support for this hypothesis. Participants who received training felt more capable of teaching than participants who did not receive training. After taking the training, participants felt more competent than before taking the training. Also, we hypothesized that teaching the material that participants recently learned would boost their feelings

of empowerment. We found partial support for this hypothesis. The results indicated that participants who trained others felt more self-confident and reported greater change beliefs after training forward than before training forward. No other evidence was found to support the hypotheses fully.

At the end of this dissertation, I discussed the importance of conducting more interdisciplinary studies and using complementary research methods to understand the consequences of receiving and giving help. Studies should focus not only on the experience of Western population but also on non-Western populations that differ in culture, background, language, geographical regions, and probably psychological reactions to several phenomena.

I also discussed how advantaged groups maintain social inequality, and proposed some suggestions on how these groups can challenge the system and promote equality and equity via autonomy-oriented help. I explained that autonomy-oriented help should reflect the needs of the recipients, be offered in a psychologically safe context, and give recipients the means to solve their problems as they see fit. I also proposed that recipients should be considered active agents who can voice their needs and concerns, and work towards improving their social standing in a collaborative process, based on equality and mutual respect. I concluded this dissertation with Nelson Mandela's quote that reminds us that "Overcoming poverty is not a gesture of charity. It is an act of justice". As a society, we need to think about our responsibility to challenge the status quo and reduce inequality. Advantaged groups should offer autonomy-oriented help that empowers disadvantaged groups and encourages actions to improve their individual and group status.





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# ABOUT THE AUTHOR



Since a very young age, Katherina has an interest in social topics. Her work has focused on social and structural inequality, inequity, discrimination, and poverty in Panama, her home country, and around the globe.

Katherina started her career as a psychologist at the University of Panama, where she graduated with honors. She then specialized in cognitive behavioral therapy. Living in Panama, Katherina had several jobs, including working as a school psychologist, a psychologist at the University of Panama, a psychologist at the Women Rehabilitation Center, and providing psychological counseling. She also collaborated with members of rural communities in Panama and volunteered for environmental and animal protection organizations.

Her scientific curiosity and desire to gain understanding of how to improve the status of groups in disadvantage prompt her to apply and obtain an AlBan Scholarship and a Rutgersfund Scholarship to study for a Research Master's in Social Psychology at the VU University, Amsterdam. After graduating (Cum Laude and giving the Valedictorian speech), she was involved in diverse projects. She worked for a research marketing company while continuing her involvement with the VU University. During this period, she was awarded a grant from the SENACYT Institute in Panama to conduct field research, and this grant marked her start towards her Ph.D. path. She was later awarded a Mozaiek, NWO research grant to fund her Ph.D. studies.

During her dissertation, she collaborated with researchers from the Netherlands, the US, and Panama. Besides her research and academic work, she coordinated the logistics and organization of fieldwork, led teams of over 25 members, and mentored and trained students, interviewers, and research assistants on social psychology, research skills and methods, data collection, and data analyses. She also had the opportunity to disseminate her work to academics and a broader audience, including conferences, communities in Panama, governmental institutes in Panama, and media.

After the completion of the grant, Katherina continued working on the dissertation while engaging in other projects and jobs. She worked as a lecturer at Leiden University and VU University.



Katherina founded a company that provides research consultancy. She conducts studies to evaluate various organizations' programs, activities, and services. Katherina also promotes equality, equity and inclusive practices in organizations, schools and other contexts worldwide. In addition, she mentors and teaches private clients on their research projects, research skills and methods, writing, and analyzing databases. She also designs and facilitates training programs.

When she is not working as a psychologist and researcher, she works as a dog trainer and behavior consultant. She is specializing in behavioral and anxiety-related issues on dogs. She currently lives in Amsterdam with her partner and heart dog.

## Publications

Alvarez, K., & van Leeuwen, E. (2011). To teach or to tell? Consequences of receiving help from experts and peers, *European Journal of Social Psychology, 41*, 397 – 402. doi: 10.1002/ejsp.789

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Alvarez, K., van Leeuwen, E., Montenegro-Montenegro, E., & van Vugt, M. (2021) A field study of the psychological consequences of receiving and giving autonomy-oriented help. Unpublished manuscript.

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