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RESEARCH ARTICLE

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Previously endured distress reduces the quality of the compassion extended toward sufferers of workplace distress

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Summary

In difficult times, how can we alleviate employees' distress? Lay beliefs suggest that high-quality compassionate responses come from those who have "been there" before. According to hot–cold empathy gap theory, however, firsthand experience with another's distress may activate distorted memories of past distress, leading people to underestimate the severity and difficulty of another's current distress. Grounded in a relational perspective of compassion, we examine how sufferers experience the quality of actions taken to alleviate their distress (i.e., compassion action quality; CAQ), along with the responders' perceptions of their own responses (i.e., self-efficacy). Across three studies, we find that sufferers experience lower CAQ from responders who have (vs. have not) previously endured a similar distress. We examine three mechanisms that explain the negative effect of previously endured distress on CAQ, based on responders' self-focus, validation of sufferer's distress, and self-efficacy. We also examine the boundary conditions of this effect and find that it is distress specific. Specifically, this effect does not hold when responders who previously endured distress respond to sufferers who are currently enduring a *different* type of distress. These findings advance organizational research on compassion and inform efforts to improve people's capacity to alleviate distress at work.

KEYWORDS
compassion, hot-cold empathy gap, prosocial behavior, self-focus, validation, workplace distress

1 | INTRODUCTION

Employees are experiencing distress at unprecedented rates, with 44% of people reporting work as a major stressor in their lives (Gallup State of the Global Workplace Report, 2023). Distress at work can range from excessive work (e.g., increased hours or urgency) to insufficient work (e.g., reduced hours or threats of layoffs) to unpleasant working conditions (e.g., interpersonal conflicts, bullying, and abusive supervision). Recent reports show that 62% of employees experience extreme levels of distress that they feel is outside of their control (American Institute of Stress, n.d.), demonstrating that distress is a significant and inescapable reality of organizational life (Frost et al., 2000).

One antidote to distress is compassion, as it "can help to make a heavy burden of suffering more bearable … [It] is a healing force that is indispensable in organizations "(Frost et al., 2006: 843). While many well-founded perspectives on compassion exist (e.g., Lazarus, 1991), our study is grounded in a specific case of the broader construct of compassion—the relational perspective on compassion (Dutton et al., 2014; Kanov et al., 2004; Reich, 1989). This perspective proposes that it is critical to go beyond the responder's ability to be empathic (i.e., emotionally or cognitively relate to another's difficult experiences; Clark et al., 2019), by also exploring the *enacted* motivation to alleviate the distress of others (Dutton et al., 2014; Worline & Dutton, 2017). Hence, our paper draws on research that defines compassion as empathy in action (Boyatzis et al., 2005; Trzeciak et al., 2023),

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whereby responders emotionally relate to and *act* in an attempt to alleviate the distress of others (Atkins & Parker, 2012; Dutton et al., 2014; Frost et al., 2000; Kanov et al., 2017; Worline & Dutton, 2017; Wuthnow, 1991). However, focusing solely on the responder's compassionate actions provides an incomplete perspective of how compassion unfolds in interpersonal interactions, given the inherently relational nature of compassion (Gilbert, 2019), thus highlighting the need to bring into consideration the sufferer's experience when we examine compassion. We introduce the term *compassion action quality* (CAQ) to capture sufferer's experiences of compassionate attempts. We define CAQ as the extent to which a sufferer experiences a responder's compassionate attempts as distress alleviating.

Where might quality compassionate responses come from? On the one hand, lay beliefs may lead us to believe that those who have previously endured distress will be more likely to demonstrate quality compassion toward those who are experiencing a similar distress. For instance, prior research has found that people who previously endured distress show increased feelings of empathy for sufferers who are experiencing a similar event (Barnett et al., 1986; Batson et al., 1996; Eklund et al., 2009), heightened appreciation of the effects of social pain (Nordgren et al., 2011), increased sense of responsibility for others dealing with such distress (Christy & Voigt, 1994; Lim & DeSteno, 2016; Staub & Vollhardt, 2008; Vollhardt & Staub, 2011), and greater likelihood of intervening on behalf of sufferers who are dealing with the same kind of distress (Christy & Voigt, 1994). This body of research suggests that previously endured distress is perceived to be beneficial from the *responder's* perspective, particularly as it pertains to their motivation to help.

On the other hand, this perceived benefit may not necessarily extend to sufferers themselves. We argue that previously enduring similar distress may help responders *feel* better suited to offer compassion, while also running the risk of downplaying the uniqueness of the sufferers' actual current experience and misjudging the type of responses sufferers are seeking (Chochinov, 2022; Sherf & Morrison, 2020; Zhang et al., 2022). This can undermine responders who previously endured distress from providing effective responses to those who are currently struggling to endure a similar distress. This potential incongruity illuminates the need to examine the potential gap between the responder's *perception* of being effective and the sufferer's *experience* of the responder's actions. To examine this incongruity, we bring into focus the *sufferer's* experience. Specifically, by considering the sufferer's experience, we may illuminate a potential gap between a responder's perceptions of their effectiveness (i.e., self-efficacy [SE] defined as "beliefs in one's capabilities to mobilize the motivation, cognitive resources and courses of action needed to meet given situational demands"; Wood & Bandura, 1989, p. 408) and the sufferer's actual experience (i.e., CAQ). In doing so, we lead a charge for more precise evaluation of how people provide and receive compassion as a safeguard against workplace distress.

To examine the effect of previously endured distress on CAQ, we bring together two lines of research: *comforting relationships* and *hot–cold empathy gap*. First, we draw on the comforting relationship literature (Burleson, 2009; Miller & Stiver, 1997) to illuminate what kind of behaviors are likely to demonstrate high CAQ by alleviating sufferers' distress. The comforting relationships literature focuses on the conditions and processes that facilitate emotional support or relief from distress (Burleson, 2009; Fletcher, 1998; Miller & Stiver, 1997). This literature suggests that comfort is experienced when responses are sufferer-centric (i.e., responses wherein the sufferer is the focus of attention rather than the responder's own experience) and validating (i.e., responses that recognize the sufferer's experience as reasonable and legitimate; Edmond & Keefe, 2015, Fletcher, 1998; Jones & Wirtz, 2006; Miller & Stiver, 1997). Second, to uncover the mechanisms that shape the responders' compassion attempts, we build on hot–cold empathy gap theory (Loewenstein, 1996) which illuminates how responders who have (vs. have not) previously endured distress relate to the distress of sufferers who are currently enduring distress. More specifically, this literature points to three mediators that shape the effect of previously endured distress on CAQ: the responder's self-focus (vs. focusing on the sufferer), validation of the sufferer's distress, and self-efficacy around their ability to help.

Exploring the effect of previously endured distress on CAQ makes three key contributions to compassion and work-related distress research. First, as Gilbert (2017) proposes, to understand how compassion manifests in the real world, we ought to explore both how compassion is extended by responders and how it is received by those who are suffering. Yet, much of the research on compassion has focused on those attempting to offer compassion, ignoring the sufferer's perspective (Gilbert, 2019). Examining only the responder's perspective implies that sufferers are passive recipients of responders' compassion attempts and that "sufferers will be open to, ready for, or accepting of [any] compassionate responses" (Dutton et al., 2014, p. 295). In contrast to this "overly idealistic and unproblematic" depiction of compassion bestowed onto sufferers (Kanov et al., 2017, p. 4; Simpson et al., 2014), by also focusing on the sufferers' experience of CAQ, we can have a more nuanced and accurate view of how compassion unfolds in social interactions. Focusing on CAQ creates room for the possibility that responses to a sufferer may not always be effective in alleviating distress, regardless of the responder's intentions. Specifically, by focusing on CAQ, we move away from the depiction of sufferers as passive recipients of compassionate actions, and instead regard them as agentic actors in the relational compassion process. Including the sufferer's experience can demonstrate when a compassionate action is not a categorically "positive" resource by default, while highlighting that the value of the action ought to be determined by how the sufferer experiences it (i.e., CAQ). This more holistic, relational view of compassion can potentially highlight when compassionate actions are experienced as being less effective than the responder perceives.

Second, our research focuses on responders' behaviors—specifically, the quality of the responses they offer to sufferers. This is in contrast to the majority of the prior research which explores the impact of previously endured distress on non-behavioral outcomes

such as affect and attitudes (e.g., intention to help, felt empathy or sympathy; Clark et al., 2019). Moreover, the studies that do utilize behavioral indicators tend to operationalize compassionate behaviors solely in terms of quantity, such as size of charitable giving (e.g., Lim & DeSteno, 2016) or amount of time spent meeting with recipients of bad news (e.g., Molinsky et al., 2012). Instead, our research, utilizing the relational perspective of compassion, focuses on the *quality* of compassionate actions as experienced by the sufferer (i.e., CAQ), as well as the responder's belief in the efficacy of their compassionate action (i.e., SE). Accounting for both the sufferer's experience and the responder's perspective reflects the inherently relational nature of compassion.

Third, exploring the effect of previously endured distress on the responder's SE alongside CAQ can demonstrate the potential gap between the responder's *belief* in their effectiveness in alleviating another's distress (i.e., responder's SE) and their *actual* effectiveness in doing so (i.e., sufferer's CAQ rating). While it is possible that there is alignment between the responder's *perception* of their effectiveness and the sufferer's *experience* of the responder's effectiveness, it could be that these two experiences are not aligned. Responders rarely receive feedback about their attempts at compassionate actions, so the potential gap between responder's SE and sufferer's CAQ rating can provide clues into when and why attempts to alleviate the sufferer's distress may fall short and why well-intentioned, yet less effective, attempts continue to persist.

We test our hypotheses across three complementary studies. In Study 1, we test the effect of previously endured distress (social exclusion) on CAQ assessed by a single sufferer who is currently enduring social exclusion at work. This study tests three mechanisms underlying this effect: responder's self-focus, validation, and self-efficacy. In Study 2, within the context of multiple sufferers experiencing a variety of distressing work-related situations, we conduct a dyadic study to examine the effect of previously endured work-related distress on CAQ and the three mechanisms underlying this relationship. To examine the generalizability of our findings and address specificity, Study 3 examines the boundary conditions of previously endured distress on CAQ and considers how previously endured distress of similar or different type (social exclusion or abusive leadership) influences CAQ. In all three studies, we directly assess the possible gap between the responder's *perceptions* of their effectiveness (SE) and the sufferers' *experience* of the responder's effectiveness (CAQ). See Figure 1 for our theoretical model.

2 | COMFORTING RELATIONSHIPS AND COMPASSION ACTION QUALITY

We draw on the comforting relationships literature to understand how sufferers experience responders' attempts to alleviate their distress (Burleson, 2009; Miller & Stiver, 1997). This literature points to *sufferer-centric action* and *validation* as two dimensions that can enable distress alleviation.

First, sufferer-centric action refers to responses wherein the sufferer is the focus of attention rather than focusing on the responder's own experience. Gilbert (2017) argued that "it is easy to make errors in how we think other people think or feel if we only use our own (egocentric) knowledge, experience and judgment (projection)" (p. 57). In such situations, responders may inadvertently fail to comfort sufferers' distress. In contrast, alleviating distress is enabled when responders deliberately turn toward suffering as experienced by a sufferer (Gilbert & Choden., 2013). Centering responders' attention on the sufferer recognizes that every person's suffering is unique, which helps sufferers feel seen and heard (Fletcher, 1998). A sufferer-centric focus directs the responder's attention to sufferer's unique experiences and preferences, and can lead to tailored support that better meets the sufferer's needs (Burleson, 2009; Worline & Dutton, 2017).

Second, validation represents an additional dimension that is key to comfort. Validation involves recognizing sufferers' perspective, affirming their lived experience of distress, and acknowledging their experience as reasonable and legitimate (Edmond & Keefe, 2015). When a person experiencing distress feels understood and validated by others, it will likely influence their emotional state and their behaviors more positively compared to when responders do not fully understand them (Edmond & Keefe, 2015). Prior research shows that validation has a soothing effect (Edmond & Keefe, 2015), as it demonstrates the responder's understanding of the sufferer's distress (Laurenceau et al., 1998). Validation has many comforting benefits for the sufferer (e.g., Fruzzetti & Shenk, 2008; Linton et al., 2012; Reis & Patrick, 1996; Vangronsveld & Linton, 2012), including leading to lower levels of psychological distress (e.g., Bohart & Greenberg, 1997; Edmond & Keefe, 2015).

Put together, sufferer-centric responses that validate sufferers' experiences can help alleviate distress by helping sufferers feel "understood, accepted, heard, or seen" (Fletcher, 1998, p. 174), and empowering them to more effectively cope with the distress they are facing (Miller & Stiver, 1997).

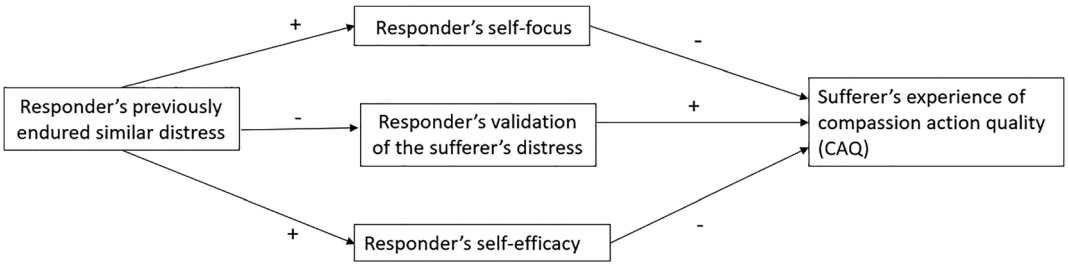

FIGURE 1 Theoretical model.

3 | HYPOTHESES DEVELOPMENT

Research from the responders' perspective points to the limitations of responses from those who have previously endured distress when responding to others' distress. For example, Ruttan et al. (2015) tested the effect of observers' previously endured distress on their evaluation of a person who was currently enduring similar distress. They found that observers who previously experienced unemployment (versus those who never endured unemployment or were currently enduring unemployment) made less favorable evaluations of the man struggling with unemployment and assessed his unemployment woes as being less difficult to overcome. Similarly, Koo et al. (2023) examined how wealthy individuals (born rich versus those who became rich over time) made negative judgments about people in poverty. They found that those who previously endured poverty and later became rich (versus being born rich) perceived improving one's socioeconomic conditions as *less* difficult. Underestimating the difficulty of overcoming poverty predicted less empathy and perceived sacrifices by the poor, more internal attributions for poverty, and less support for resource redistribution (Koo et al., 2023). While these studies focus on the responder and do not take into account the sufferers' experience, they demonstrate that having previously endured distress may contribute to responders making *less accurate* evaluations of sufferers and the magnitude of their distress.

Why might responders who previously endured distress make less accurate evaluations of sufferers and their distress? *Hot–cold empathy gap theory* (Loewenstein, 1996, 2005) explains why those who previously endured distress may unfavorably evaluate sufferers who are currently struggling to endure a similar distress. In essence, responders make judgments about sufferers by considering their own past experiences with suffering. When people are *currently in distress*, they are in a hot affective state. When people have previously endured distress but are *not currently in distress*, they are in a cold affective state. Thus, when responders attempt to understand sufferers who are currently enduring distress similar to one they have already endured, they recall (implicitly or explicitly) their own past experiences with this similar distress. These recollections serve as a situational prime. However, people's memories for affective states are state dependent (Loewenstein, 1996); thus, when reflecting on one's own past distress experiences from a *current cold affective state* (i.e., no current distress), people who previously endured distress tend to *underestimate* the severity and difficulty of their own past distress (Loewenstein, 1996; Ruttan et al., 2015). This distorted recollection of one's past distress (i.e., *"It wasn't that hard"*) may therefore serve as a situational prime, and when combined with the knowledge of one's own ability to successfully endure the distressing event (i.e., *"I got through it"*) may negatively impact responses to sufferers in distress. According to hot–cold empathy gap theory, those who previously endured distress are more likely to judge the distress of sufferers who are currently in distress as less severe and less difficult to overcome (i.e., *"It's not that hard, why can't you get through it?"*). We argue that the responder's cold-state appraisals (i.e., no current distress) of the sufferer may, in turn, negatively impact the quality of their response toward sufferers who are currently enduring a similar distress.

In contrast, responders who have never endured the same distress as the sufferer is currently enduring cannot draw upon any first-hand past experiences. At first glance, this may seem like a disadvantage—people without this previously endured distress experience may not be qualified to help alleviate the sufferer's distress. However, lacking first-hand experience with the specific type of distress that sufferers are enduring also means lacking situational primes that can distort assessments of sufferers' distress. Thus, those who have never endured a similar distress are less likely to underestimate the severity and difficulty associated with enduring a distress they have never experienced. The lack of expertise with the similar distress allows the responder to more readily accept the sufferer's experience at face value without imposing their own prior experience. In other words, given that these responders are not "experts" in this suffering, they are less likely to make miscalculated inferences about the sufferer's experience (e.g., Zhang et al., 2022). In sum, we propose that:

> **Hypothesis 1.** Responders who have (vs. have not) previously endured distress will exhibit behaviors that are experienced as being lower (vs. higher) CAQ toward sufferers who are currently enduring a similar distress.

4 | MECHANISMS OF THE PREVIOUSLY ENDURED DISTRESS EFFECT ON COMPASSION ACTION QUALITY

Building on hot–cold empathy gap theory (Loewenstein, 1996) and the comforting relationships literature (Burleson, 2009; Miller & Stiver, 1997), we introduce three mechanisms that explain the effect of previously endured distress on CAQ. Two of the mechanisms are based on the responders' behaviors (self-focus and validation), and one is based on the responders' perceptions of their behaviors (SE).

4.1 | Self-focus

We propose that greater *self-focus* by the responder explains the effect of previously endured distress on CAQ. Self-focus involves a preoccupation with one's own experiences at the expense of devoting attention to, or concern for, another's experience (Berkowitz, 1972). Self-focus, whether self-reported or experimentally manipulated, can undermine prosocial behavior (Berkowitz, 1972). The majority of the literature on self-focused attention has illuminated the negative consequences at the individual level (e.g., Mor & Winquist, 2002); far less is known about the negative consequences of self-focused attention at the interpersonal level (Lyubomirsky & Nolen-Hoeksema, 1995). Given the increasingly relational nature of work (Cross et al., 2006), understanding the interpersonal consequences of self-focused attention is particularly important for workplaces.

The negative consequences of self-focused attention can be explained through hot–cold empathy gap theory (Loewenstein, 1996; Nordgren et al., 2011; Ruttan et al., 2015). According to hot–cold empathy gap theory, those who previously endured distress turn their attention inward (i.e., focusing on their *own* past experience with the similar distress) rather than outward (i.e., focusing on the *sufferer's* current experience with distress; Loewenstein, 1996). Under these conditions, previously endured distress is made salient, leading responders to engage in automatic information processing (Bargh et al., 2012). In turn, automatic processing can cause responders to draw from their own previously endured distress when responding to others and overestimate the similarity between their past distress experiences and the distress another is currently enduring (Dunning et al., 2001).

In addition to hot–cold empathy gap theory, the comforting relationships literature (Burleson, 2009; Miller & Stiver, 1997) can also help us make sense of the negative consequences of self-focused attention. Specifically, comforting relationships research explains why compassionate actions that exhibit self-focus are less likely to alleviate sufferers' distress. First, prior research suggests that comfort is experienced when individuals feel seen and heard (Fletcher, 1998). Thus, responses that exhibit greater self-focus direct attention toward the responder, rather than to the sufferer (Berkowitz, 1972), and are thus less likely to make the sufferer feel seen and heard. Second, according to the comforting relationship literature, a sufferer's experience of relief depends on the responder's ability to address the sufferer's specific needs (e.g., Burleson, 2009; Miller & Stiver, 1997). However, responses that exhibit self-focus are generally focused on the responder's past needs (Nickerson, 1999) and are less attuned to the sufferer's present needs (Gilbert, 2017); thus, these responses are less likely to be comforting for the sufferer. For these reasons, we propose that:

> **Hypothesis 2.** Responders who have (vs. have not) previously endured a similar distress will exhibit lower (vs. higher) CAQ toward sufferers who are currently enduring a similar distress due to responders' greater self-focus.

4.2 | Validation

We propose that validation is a second mechanism that explains the effect of previously enduring distress on CAQ. Validation involves actively communicating that a person's experience is understandable and legitimate (Edmond & Keefe, 2015; Koerner & Linehan, 2004; Linehan, 1997). Validation helps reaffirm people's "interpretation of a distressful event they endured" (Eaton, 2013, p. 274). As described in the prior section, according to hot–cold empathy gap theory (Loewenstein, 1996), responders who previously endured distress draw on their constrained recollection of their own previously endured distress when responding to others. As a result of recalling one's previously endured similar distress (i.e., one's past hot-state) from one's current cold-state (i.e., no current distress), people are more likely to make inaccurate assessments of others' current distress, and judge it to be less severe and less difficult to overcome. Prior research suggests that "those who have successfully overcome a difficult challenge, are less likely to adopt the perspective of those struggling through the same challenges they endured" (Zhang et al., 2022, p. 91; see also Lim et al., 2020), and are less likely to acknowledge and affirm a sufferer's experience (Engel, 2015; Koo et al., 2023; Ruttan et al., 2015). For example, Koo et al. (2023) and Ruttan et al. (2015) tested and found that those who previously endured a distress (poverty or unemployment) tend to underestimate the severity and difficulty of overcoming their past distress, which has implications for how they respond to others who are currently experiencing similar difficulties. Hot–cold empathy gap research also finds that previously endured distress is associated with harsher judgments of those who are currently struggling to endure a similar distress (Ruttan et al., 2015). According to Engel (2015), this behavior is emblematic of emotional invalidation, in which the sufferer's emotional experiences are rejected, ignored, or judged. Thus, we posit that responders who previously endured distress will demonstrate less validation of the emotions, thoughts, and experiences endured by sufferers who are currently facing a similar distress.

Responses that exhibit less validation of the sufferer's distress are less likely to alleviate the sufferer's distress for a number of reasons. Comforting relationships research finds that sufferers experience relief when they feel "understood [and] accepted" by the responder (Fletcher, 1998, p. 174; Miller & Stiver, 1997). Validation suggests to the sufferer that the responder understands their emotions, thoughts, and actions without judgment (Engle, 2015; Koerner & Linehan, 2004), and recognizes the sufferer's experience as reasonable and legitimate (Edmond & Keefe, 2015). When responders acknowledge the sufferer's emotional experience, they convey their responsiveness (Laurenceau et al., 1998; Maisel et al., 2008) and signal that they are willing to expend personal resources (time, energy, and attention) to meet the sufferer's needs (Yu et al., 2021). Responses that exhibit less validation are less likely to demonstrate sensitivity and openness to the sufferer's experience, which are critical dimensions of quality compassionate actions (Dutton et al., 2014; Frost, 1999; Miller & Stiver, 1997). Hence, responses that convey less validation of the sufferer's distress often do not fully acknowledge the nuances of the sufferer's struggles, and therefore are likely to be experienced by the sufferer as representing lower CAQ. Thus, we propose that:

> **Hypothesis 3.** Responders who have (vs. have not) previously endured a similar distress will exhibit lower (vs. higher) CAQ toward sufferers who are currently enduring a similar distress due to responders exhibiting less validation of sufferer's distress.

4.3 | Self-efficacy

Although the theorizing we presented above points to the likelihood of lower quality of compassion attempts extended by responders who previously endured distress, such responders may still choose to

engage in attempts to alleviate others' distress (Christy & Voigt, 1994; Vollhardt & Staub, 2011; Zaki, 2020). Why is this the case? We propose that responders who previously endured distress may have greater *self-efficacy* when assessing their ability to respond to others who are enduring similar distress. This greater self-efficacy may be due to responders feeling more capable of alleviating the sufferer's distress given their own previous experience of distress. Afterall, prior experience with a task can contribute to greater self-efficacy. For instance, Sherer et al. (1982) proposed that people feel more competent about performing a task when they have previously performed a similar task. Indeed, Davison et al. (2000) found that responders who previously had (vs. had not) endured distress believed that they had a more accurate sense of others' needs and perceived that they would respond more appropriately to the distress of another. Similarly, Dutton et al. (2006) studied compassionate actions extended to fire victims in a university dorm. In this study, responders who previously endured a fire (vs. those who had not) reported a greater sense of knowledge and insights into the needs of fire victims and felt that they would respond more appropriately to those currently struggling to endure the similar distress. Moreover, according to the hot–cold empathy gap theory, those who previously endured distress tend to underestimate the severity and difficulty of overcoming the distress currently endured by others (Loewenstein, 1996). When a responder appraises another person's distress as being less difficult to overcome, they are more likely to experience greater self-efficacy in their ability to help address the distress.

Atkins and Parker (2012) argue that when individuals feel greater self-efficacy in supporting others currently enduring distress, they are more likely to take action to attempt to alleviate the sufferers' distress. That said, there are a number of reasons why a responder's greater self-efficacy may be associated with lower CAQ. Greater expertise, and the self-efficacy associated with it, can result in incorrect inferences about the type of advice and feedback novices are seeking (Sherf & Morrison, 2020; Zhang et al., 2022). This can hinder responders who previously endured distress from providing effective responses to those who are currently struggling to endure a similar distress. Additionally, people often engage in "emotional reasoning," whereby they interpret a situation through how they *feel* rather than through the objective facts of the situation (Beck et al., 1985). Thus, responders may mistakenly interpret their felt self-efficacy as evidence of *actually* being helpful to the sufferer. For these reasons, we propose that responders who have overcome their own distress are likely to feel more efficacious in supporting others who are currently enduring such distress. We propose that this prior experience may cause overconfidence, which will lead responders to make incorrect assumptions about the sufferers' needs, which in turn can result in lower CAQ. Thus, we propose that:

> **Hypothesis 4.** Responders who have (vs. have not) previously endured a similar distress will have greater (vs. lesser) perceived self-efficacy when responding to sufferers, and this perception will be negatively related to the sufferer's experience of the responder's CAQ.

5 | STUDY 1

5.1 | Study 1 method

5.1.1 | Procedure and sample

We collected data via Prolific, an online data collection tool that recruits individuals from a variety of occupations and industries to participate in online studies. We recruited 220 U.S. adult residents to complete the Time 1 survey; 130 participants completed both Time 1 (T1) and Time 2 (T2) surveys. Five participants failed attention checks and were omitted from this study. Subsequent analyses included the remaining 125 participants who attentively completed both surveys ($M_{age} = 45.09$, $SD_{age} = 7.12$; 50.4% men; 75.2% White; 92.8% employed full time, 7.2% employed part time).

Experimental stimulus

We conducted five pilot interviews with individuals from the first author's personal network who were currently struggling with social exclusion at work to learn about their lived experiences. We focused on social exclusion as it is a common form of distress in workplaces that carries negative effects for employees (e.g., O'Reilly & Banki, 2016; Pereira et al., 2013; Renn et al., 2013).

Out of these five interviewees, we selected "Amanda" [pseudonym], a 36 year-old woman currently enduring ostracism at work. Amanda was open to writing about her current lived experience of ostracism at work and reviewing participants' responses to her distress.[1] Thus, we invited Amanda, our sufferer, to write a 700–900 word description of her distressing experience of ostracism at work, which we used as the stimulus for Study 1 (See Appendix A).

Experimental procedure

Study 1 spanned two waves of data collection. At T1, participants played Cyberball (a well validated social exclusion online game for experimental research on the effects of ostracism; Hartgerink et al., 2015; Williams & Jarvis, 2006) for 3 min with two ostensibly real (but actually programmed) players. We used a between subjects design and randomly assigned participants to the *exclusion* condition (which began with four tosses that included the participant followed by 26 tosses passed between the two programmed players, thus excluding the participant) or the *inclusion* condition (where participants received the ball in about one third of the trials). To enhance the realism of the game, we included a 1- to 3 seconds delay after each of the programmed players' tosses. After completing the Cyberball game, the participants reported the percentage of tosses each of the three players received, the extent to which they felt included in the game, and their mood after playing the game. To conceal the true nature of the study, the participants were not debriefed until after T2.

[1] Gilbert et al. (2011) proposed that fear of compassion may shape the sufferer's openness to compassion. After our initial interview, we asked our pilot interviewees to complete Gilbert's fear of receiving compassion from others scale, which is rated on a 5-point Likert scale. Amanda demonstrated low fear of receiving compassion from others (1.78).

Following Nordgren et al.'s (2011) protocol, 1 week later (T2), the participants recalled the impact of the Cyberball game. Next, the participants read about Amanda's distressing work experience and asked if they were interested in responding to Amanda. Those who expressed interest in responding to her were invited to write an email that would be anonymously forwarded to Amanda. The messages participants wrote for the sufferer represent communicative *acts* (i.e., an utterance or set of utterances that we use to perform some sort of linguistic action or function in communication; Austin, 1975). The words we use—and how we use them—matter immensely because they shape the way we perceive the world and participate within it (Pagel, 2013) and hold the potential to harm or heal others (Volkow et al., 2021). Emails can therefore serve as a valuable and ecologically valid tool for assessing CAQ.

At T2, the participants also completed a survey including validated scales on compassion. According to self-perception theory (Bem, 1967), people infer their attitudes by observing their behaviors. Thus, it is possible that the participants' appraisals of their compassionate actions shape their empathic concern, rather than the other way around. To address this possible reverse causality, we counterbalanced the order of our measures. The participants were randomly assigned to either report on study measures before they took any action or respond behaviorally first and then complete the study measures. We forwarded responders' emails to Amanda, who then rated how much each email alleviated her distress.

5.1.2 | Measures

Sufferer's experience of compassion action quality

We introduced the CAQ items to Amanda, who was unaware of the research question of our study, and asked her to rate *her* experience of responders' replies to her. Specifically, Amanda evaluated CAQ by rating (1 = *not at all* to 7 = *very much*) the extent to which she experienced each responder's reply to her as "compassionate," "helpful," and made her feel "understood," "better about the situation," "better about herself," "stronger," and "inspired" ($\alpha = .97$). Amanda completed her ratings of these responses in random order over a period of 7 days. Amanda's review sheets of the responders' replies included the time of her ratings, which we used to rule out an order effect.

Self-focus

To examine self-focus,[2] we used Linguistic Inquiry and Word Count (LIWC), which is considered to be the gold standard in software for analyzing word use (Pennebaker et al., 2015) and a reliable and valid tool to capture attentional focus (Tausczik & Pennebaker, 2010). Following the research of others who have used LIWC to measure self-focus (e.g., Brockmeyer et al., 2015; Jarrold et al., 2011), the relative proportion of first-person singular pronouns in participants' responses (e.g., "I", "me", "mine") was used as the measure of self-focus.

Validation

To examine validation,[3] two independent coders (unaware of the research purpose) rated the extent to which responders' emails expressed validation of Amanda's distress (1 = *not at all* to 7 = *very much*), operationalized as acknowledgment and acceptance of her experience. The two coders met to discuss any disagreements and reached high inter-rater reliability (Cohen's $\kappa = .94$). We averaged their scores to construct our variable of validation.

Self-efficacy

We adapted items from Cameron and Payne's (2011) perceived efficacy of helping scale (1 = *not at all* to 7 = *extremely*). The participants were asked to reflect on how well they believed they could "be effective in helping Amanda" and "make a difference by helping Amanda". These items loaded on a single factor and were averaged ($\alpha = .87$). We counterbalanced the presentation of the self-efficacy measure and the invitation to respond to Amanda.

5.1.3 | Manipulation and attention checks

After playing Cyberball (T1), the participants used a slider to estimate the percentage of tosses that went to them and other players. They also rated perceived exclusion (1 = *not at all* to 7 = *very much*) in response to three statements: "You were ignored by other participants during the game." "…excluded during the game," and "…included by other participants during the game" (reverse-coded). The participants reported their mood using two items used by Nordgren et al. (2011): "The Cyberball game made me feel" on a scale from −25 (*very bad*) to 0 (*neither bad nor good*) to 25 (*very good*). The second mood item assessed this same item on a scale from −25 (*very negative*), to 0 (*neither negative nor positive*), to 25 (*very positive*). The participants also answered these same questions at T2. As a manipulation check, we compared the differences in participants' responses at T1 and T2. To assess empathy gap, at T2 we also assigned participants to complete six items from Batson et al. (1996) empathic concern scale ($\alpha = .93$), rating how they felt (e.g., "moved") while reading Amanda's description of her experience (1 = *not at all* to 7 = *extremely*). For an attention check, we asked the participants to select a specific response option for a scale item and respond to a visual attention check.

[2]To further validate our measure of self-focus, we also employed an alternative measure for self-focus. We instructed two independent coders to rate self-focus or the extent to which (1 = *not at all* to 7 = *very much*) the email discussed the responder's own past experiences and feelings in their response to Amanda (Cohen's $\kappa = .92$). We averaged the coders' scores to measure self-focus. LIWC self-focus measure (reported in text) and the independent coder's self-focus assessment were highly correlated ($r = 0.84$, $p = .00001$).

[3]To further validate our measure of validation, we also had Amanda rate the responses for validation. We report the two coders' validation scores in text in order to avoid a same source method bias, when the mediators and dependent variables are all measured by the same source. Notably, the correlation between Amanda's validation measure and the two-coders' measure was high ($r = 0.89$, $p < .001$).

5.2 | Study 1 results

5.2.1 | Manipulation check

The participants in the exclusion condition ($n = 61$) estimated that they received a significantly smaller percentage of the total throws ($M_{exclusion} = 18.39$, $SD = 8.03$) relative to participants in the inclusion condition ($n = 64$; $M_{inclusion} = 42.78$, $SD = 15.18$; $t[123] = -11.30$, $p < .001$, 95% CI [−28.67, −20.10], Cohen's $d = 2.00$). The participants felt more ignored in the exclusion ($M_{exclusion} = 5.92$, $SD = 1.04$) than in the inclusion condition ($M_{inclusion} = 1.80$, $SD = 1.04$; $t[123] = 22.15$, $p < .001$, 95% CI [3.75, 4.50], Cohen's $d = 3.96$). Moreover, the participants in the exclusion condition felt less included ($M_{exclusion} = 2.75$, $SD = 0.92$) in the game than the participants in the inclusion conditions ($M_{inclusion} = 6.39$, $SD = 0.91$; $t[123] = -22.04$, $p < .001$, 95% CI [−3.96, −3.31], Cohen's $d = 3.97$. Thus, the manipulation was successful.

In the inclusion condition, there was no significant difference between the participants' self-reported mood at T1 ($M_{inclusion} = 5.38$, $SD = 7.97$) and their T2 recall of T1 mood ($M_{inclusion} = 5.19$, $SD = 7.12$; $t[63] = 1.14$, $p = .14$, 95% CI [−1.51, 2.43], Cohen's $d = 0.03$). However, consistent with hot–cold empathy gap theory, the participants in the exclusion condition did not accurately recall how the Cyberball game affected their mood; their recalled mood assessment at T2 ($M_{exclusion} = 3.25$, $SD = 1.07$) was significantly higher (i.e., more positive) than their mood reported immediately following Cyberball at T1, which was more negative ($M_{exclusion} = -5.28$, $SD = 6.23$; $t[60] = -9.80$, $p < .001$, 95% CI [−10.28, −6.78], Cohen's $d = 1.89$). These results indicate that the exclusion manipulation was successful and that the excluded participants had difficulty recalling the severity of the distress they experienced during the Cyberball task just 1 week later.

To test an order effect, we counterbalanced the order of our measures and randomly assigned half of the participants to report empathic concern before they responded to Amanda's description of her experience. We did not find an order effect ($p > .10$). Empathic concern toward Amanda, who was currently enduring social exclusion, was lower among participants in the previously endured social exclusion condition ($M_{exclusion} = 4.71$, $SD = 1.40$) than those in the inclusion condition ($M_{inclusion} = 5.05$, $SD = 1.40$; $t[123] = 2.05$, $p = .04$, 95% CI [0.15, 0.73], Cohen's $d = 0.24$). These findings support hot–cold empathy gap theory and replicate the results of prior hot–cold empathy gap studies (e.g., Nordgren et al., 2011; Ruttan et al., 2015).

5.2.2 | Sufferer's experience of compassion action quality

Fourteen participants chose to not write an email to Amanda but did complete the rest of the survey. Most participants ($n = 111$; 88.8%) opted to write Amanda an email ($M_{length} = 75.82$ words, $SD_{length} = 58.06$). We found a significant difference in email length between conditions; responders in the previously excluded condition wrote longer emails ($M_{exclusion} = 86.15$ words, $SD = 54.10$) compared to those in the inclusion condition ($M_{inclusion} = 64.34$, $SD = 57.49$; $t[108] = 2.18$, $p = .03$, 95% CI [2.02, 41.59], Cohen's $d = 0.37$). However, as predicted (H1), responders in the previously endured exclusion condition offered responses that were rated by Amanda as being lower in CAQ ($M_{exclusion} = 2.73$, $SD = 1.27$) compared to the responses Amanda received from the responders in the inclusion condition ($M_{inclusion} = 3.62$, $SD = 2.27$; $t[108] = -2.69$, $p = .01$, 95% CI [−1.53, −0.23], Cohen's $d = 0.48$).

5.2.3 | Mediation

We first examined the correlations between our dependent variables and the mechanisms proposed. Self-focus and CAQ were inversely related ($r = -0.52$, $p < .001$). Validation and CAQ were positively related ($r = 0.45$, $p < .001$). Self-efficacy and CAQ were unrelated ($r = 0.04$, $p = .65$). Validation and self-focus were inversely related ($r = -0.25$, $p < .001$). Validation and self-efficacy were unrelated ($r = -0.12$, $p = .22$). Finally, self-focus and self-efficacy were positively related ($r = 0.32$, $p < .001$).

As predicted, we also found a significant difference in self-focus; responders in the previously endured exclusion condition exhibited higher self-focus[4] ($M = 0.055$, $SD = 0.01$) than responders in the inclusion condition ($M = 0.02$, $SD = 0.003$; $t[71.29] = 21.42$, $p < .001$, 95% CI [0.02, 0.04], Cohen's $d = 5.06$). Also as predicted, responders exhibited lower validation[5] in the previously excluded condition ($M_{exclusion} = 2.88$, $SD = 1.21$) than the inclusion condition ($M_{inclusion} = 3.56$, $SD = 1.70$; $t[109] = -2.54$, $p = .01$, 95% CI [−1.20, −0.15], Cohen's $d = 0.46$).

As predicted, responders in the previously endured exclusion condition exhibited greater self-efficacy ($M_{exclusion} = 4.54$, $SD = 1.54$) than responders in the inclusion condition ($M_{inclusion} = 3.57$, $SD = 1.80$; $t[123] = 3.20$, $p = .002$, 95% CI [0.37, 1.57], Cohen's $d = 0.57$).

We then tested whether responders' self-focus (H2), validation (H3) of the sufferer's distress, and self-efficacy (H4) mediated the relationship between the experimental condition and CAQ. To test these parallel indirect effects, we used PROCESS Model 4 (Hayes, 2013) with 10,000 bootstrap samples using 95% bias-corrected bootstrap confidence intervals.

Self-focus[6] was higher among responders who previously endured exclusion than responders in the inclusion condition

[4]We reran the analysis with an alternative measure for self-focus (i.e., self-focus as rated by two independent coders) and found similar results. Responders in the previously endured condition exhibited greater self-focus ($M_{exclusion} = 3.36$, $SD = 1.28$) than responders in the inclusion condition ($M_{inclusion} = 2.49$, $SD = 1.17$; $t[93.21] = 2.71$, $p = .01$, 95% CI [0.23, 1.51], Cohen's $d = 0.71$).

[5]We reran the analysis with an alternative measure for validation (i.e., validation as rated by Amanda) and found similar results. Responders in the previously endured condition exhibited lower validation ($M_{exclusion} = 1.88$, $SD = 1.21$) than responders in the inclusion condition ($M_{inclusion} = 2.53$, $SD = 1.68$; $t[88.63] = -2.27$, $p = .025$, 95% CI [−1.20, −0.82], Cohen's $d = 0.44$).

[6]There were similar effects when we examined this mediation effect with the independent coders' rating of self-focus (*Effect* = 0.42, bootstrapped $SE = 0.15$, 95% bootstrapped CI [−0.73, −0.14]).

($B = 0.91$, $SE = 0.32$, $p = .009$, 95% CI [0.12, 1.56]). There was a significant negative effect of self-focus on CAQ ($B = -0.11$, $SE = 0.05$, $p = .03$, 95% CI [−0.21, −0.01]). Additionally, there was a significant indirect effect of previously endured exclusion on CAQ through self-focus (*Effect* = −1.08, bootstrapped $SE = 0.14$, 95% bootstrapped CI [−1.08, −0.28]), supporting H2.

Validation was lower among responders in the previously endured exclusion condition than those in the inclusion condition ($B = -1.00$, $SE = 0.28$, $p < .001$, 95% CI [−1.56, −0.43]). There was a significant positive effect of validation on CAQ ($B = 0.14$, $SE = 0.05$, $p = .005$, 95% CI [0.03, 0.43]). Additionally, there was a significant indirect effect of previously endured exclusion on CAQ through validation[7] (*Effect* = −0.14, bootstrapped $SE = 0.07$, 95% bootstrapped CI [−0.32, −0.03]), supporting H3.

There was a significant effect of previously endured exclusion on self-efficacy ($B = 0.61$, $SE = 0.30$, $p = .04$, 95% CI [0.02, 1.20]), but no significant effect of self-efficacy on CAQ ($B = -0.01$, $SE = 0.05$, $p = .87$, 95% CI [−0.09, 0.10]), and no effect of self-efficacy on the association between previously endured exclusion and CAQ (*Effect* = 0.00, bootstrapped $SE = 0.03$, 95% bootstrapped CI [−0.06, 0.08]). H4 was partially supported, indicating that responders who previously endured distress reported greater self-efficacy of helping the sufferer. However, the results also revealed that responders' self-efficacy of helping the sufferer was not associated with the sufferer's actual experience of relief, demonstrating a gap between responder's self-efficacy and sufferer's experience of responders' attempts.[8]

5.3 | Study 1 discussion

The results of Study 1 demonstrated that responders who previously endured distress (vs. those who have not) demonstrated lower (vs. higher) CAQ to the sufferer. We found that self-focus and validation served as mechanisms mediating this effect. Moreover, we found that responders who previously endured distress (vs. those who have not) reported greater self-efficacy for helping a sufferer currently enduring a similar distress. Together, these results suggest that previously endured distress is a double-edged sword that can help responders feel efficacious and also lead responders to overestimate their own ability to alleviate others' distress. In this study, we examined multiple responses to a sufferer, whereby the sufferer rated multiple responses to their distress. While this approach is ecologically valid (i.e., sufferers often share their distress on social media or with a group of friends and then receive numerous responses), there may be concerns regarding habituation, order effects, and fatigue due to the number of responses the sufferer received.

6 | STUDY 2

To address potential concerns regarding the reliability and generalizability of our Study 1 findings, we designed a dyadic study, Study 2, with a sufficiently large number of sufferers to test our key hypotheses. Additionally, to address concerns of a single operationalization of CAQ, in Study 2 we introduce an additional operationalization of CAQ: the amount of time *sufferers* intend to spend with others who are also currently enduring distress. Previous empirical work on compassion has addressed how compassion is a function of time spent with the victim of negative news (Folger & Skarlicki, 1998; Molinsky et al., 2012), such that more time spent together indicates greater compassion to sufferers. Applying this perspective to the sufferer, we propose an indirect and sufferer-centric indicator of CAQ: the amount of time sufferers are willing to dedicate to others currently enduring distress (after reading a response to their own distress). According to conservation of resources (COR) theory (Hobfoll, 1989; Hobfoll et al., 2018), individuals seek to obtain, retain, protect, and foster that which they value. COR theory addresses how, in times of distress—during which individuals experience a lack of resources—people engage in defensive attempts to conserve their remaining resources. In contrast, in times of comfort, people will be less likely to conserve their resources. Hence, we propose that when a sufferer experiences higher (vs. lower) CAQ from a responder, the sufferer's distress will be alleviated enough to free them from defensive conservation of their resources (in this case, their time) and motivate (vs. demotivate) them to spend time supporting others who are currently enduring distress. Thus, we propose that the amount of time *the sufferers* intended to spend with others currently enduring distress, after they read the responder's reply to them, will serve as an alternative indirect measure of CAQ. In Study 2, we test the effect of previously endured distress on CAQ and the mediating effects of self-focus, validation, and responders' self-efficacy using two operationalizations of CAQ (sufferers' ratings and sufferers' intended time spent with others currently enduring distress).

6.1 | Study 2 method

6.1.1 | Procedure and sample

This study included a prescreener and three phases, each described in the succeeding texts. This study was pre-registered in advance (https://aspredicted.org/ba9wx.pdf).

Prescreener

We conducted a prescreener of 1600 U.S. adults on Amazon Mechanical Turk (via CloudResearch). This prescreener was designed

[7]There were similar effects when we examined this mediation effect with Amanda's rating of validation (*Effect* = −0.36, bootstrapped $SE = 0.18$, 95% bootstrapped CI [−0.76, −.042]).
[8]It could be the case that responders who previously endured distress experienced negative emotional responses in response to reading the description of our sufferer, that in turn undermined their ability to offer higher CAQ to sufferers. To rule out this possibility, we administered the PANAS scale (Watson et al., 1988) promptly after responders read the sufferer's description. We calculated the negative affect score based on the 10 negative affect items (e.g., jittery, upset, ashamed). We found no significant difference in negative affect across the experimental conditions. We reran the analyses controlling for the negative PANAS and found the same pattern of results reported above. Analyses are available upon request from the authors.

to assess the participants' experiences with a number of difficult work-related situations (See Appendix B), whether "currently experiencing" (Condition A: Currently enduring), "experienced in the past" (Condition B: Previously endured), or "never experienced" (Condition C: Not previously endured).

For each of the distressing work situations that the participant indicated occurred in the *past*, we assessed how long ago it occurred, how distressing it was for the person at the time it happened, and how distressing it is for the person currently. For each of the situations that the participant indicated they were *currently* experiencing, we asked them to rank order them from most distressing to least distressing. Then, we had the participant write about the situation that they indicated was the most distressing and rate their current distress (0 = *not at all* to 10 = *very much*). Importantly, we asked all participants if they would be willing to anonymously share their experience with someone else (in writing) in a separate follow-up study. We also assessed the participants' gender, native language, and English proficiency.

Inclusion criteria for subsequent phases

The prescreener was used to determine eligibility for subsequent phases of the study. The participants had to be proficient in English and be willing to anonymously share their distressing experience with someone else in writing. Additionally, we wanted to ensure that the participants in our study had roughly equivalent distress ratings regarding their difficult work-related situation, both for those currently enduring and for those who previously endured. Specifically, for participants to be eligible for Condition A (Currently enduring), their severity rating of current distress had to be a 7 or higher on a 10-point scale. We arrived at these pre-registered cutoffs using the literature from the subjective units of distress scale (SUDS; Wolpe, 1969), which considers distress "severe" when it is rated 7 (or above) out of 10. For the participants to be eligible for Condition B (Previously endured), their severity rating of *current* distress had to be a 0 (i.e., a current cold state) on a 10-point scale, but their response regarding how distressing the situation was *at the time it happened* had to be a 7 or higher (i.e., a past hot state) on a 10-point scale. Finally, for participants to be eligible for Condition C (not previously endured), their severity rating of current distress had to be a 0 on a 10-point scale, and either have not previously endured distress or if experienced past distress, it was not higher than a severity of a 3 on a 10-point scale.

Phase 1 – Soliciting letters from sufferers in condition A: currently enduring

In the first phase of the study, we invited 229 participants to provide a letter describing their current workplace distress (M_{length} = 77.72 words, SD = 30.86) and complete a survey. Of the 229 invited, 192 completed the survey before it closed, 48 hours after the invitation was sent out. The sample included 54.7% women, M_{age} = 40.49 (SD = 10.18), 74% White, 65% fully employed outside of MTurk, 15% employed part time, 5% self-employed outside of MTurk, and 15% self-employed full time on MTurk.

Procedure and measures

The participants first completed the Positive and Negative Affect Schedule (PANAS; Watson et al., 1988) using two 10-item scales to measure both positive and negative affect, with each item rated on a 5-point scale (1 = *very slightly or not at all* to 5 = *extremely*). Next, the participants wrote about their most stressful work situation and were reminded that this would be shared anonymously with another person. As indicated in our pre-registration, while not used or analyzed in this paper, the participants also completed (in randomized order) a number of additional measures.[9]

Matching Phase 1 letters for Phase 2 data collection

Using a random number generator, the letters collected from Condition A participants were randomly assigned to be matched with a participant in Condition B or C for Phase 2 of the study. In the case of Condition B, these participants were invited to participate in the study because their previously endured workplace situation matched a participant in Condition A (Currently enduring) and their severity rating was a 7 or higher on a 10-point scale at the time the participant experienced the distressing workplace situation. For example, if a participant in Condition A was recently furloughed from their job, and they were randomly assigned to Condition B, they were then matched with a participant from Condition B who previously was furloughed from their job and rated the distress as being 7 or higher at the time they were furloughed. In the case of Condition C, these participants were invited to participate in the study because they were not currently experiencing a distressing workplace situation, and they either never have experienced a distressing workplace situation or the distressing workplace situation they experienced in the past was not severe (3 or less on a 10-point scale).

Phase 2 – Soliciting responses from responders in Condition B: previously endured and Condition C: not previously endured

In the second phase of the study, we invited a total of 192 participants ($n_{Condition\ B}$ = 96, $n_{Condition\ C}$ = 96) to provide a response to a letter from Phase 1 regarding a person's workplace distress (length of responder's letters: M_{length} = 86.84 words, SD = 31.3; $Min.$ = 22, $Max.$ = 198) and complete a survey. In six letters ($n_{Condition\ B}$ = 3, $n_{Condition\ C}$ = 3), the responder misunderstood the instructions for the letter (e.g., writing a response to the person who caused harm to the participant in Condition A, rather than writing a response back to the participant themselves). Thus, we invited another six responders (who had already completed the initial prescreener) to provide response letters ($n_{Condition\ B}$ = 3, $n_{Condition\ C}$ = 3). The final sample comprised 192 respondents, 52.9% men, M_{age} = 39.65 (SD = 11.09), 74.3% White, 57% fully employed outside of MTurk, 10% employed part-time, 10% self-employed outside of MTurk, and 23% self-employed full time on MTurk.

[9]Perspective taking and empathic concern (Davis, 1980), altruistic personality (Rushton et al., 1981), Big Five personality traits (Gosling et al., 2003), fear of compassion for others and from others (Gilbert et al., 2011), and emotion regulation (Gross & John, 2003). All participants concluded by providing basic demographic information.

Procedure and measures

Similar to Phase 1, responders first completed the PANAS scale (Watson et al., 1988), then they were told that they would see a short paragraph written by a real person. The responder then saw the letter from their matched dyad partner from Phase 1 of the study. Next, responders were asked to write an email back to the sufferer. Responders were told that their responses would be anonymously forward to the sufferer so that they could read it. We intentionally did not provide any further guidance aside from "write an email". Responders could spend as much time as they wished writing the email.

After writing the letter back to their sufferer from Phase 1, responders were asked, "To what extent have you experienced difficulties similar to those experienced by this person?" (1 = *no similar difficulties* to 7 = *very similar difficulties*). If the responder selected any response aside from "1", they were asked, "When did you experience this?" (using the same scale in prior studies: 5 = *1–6 months ago*, 4 = *7–12 months ago*, 3 = *13–24 months ago*, 2 = *2–4 years ago*, 1 = *4 + years ago*). Next, responders were asked a few questions (in randomized order) about what they wrote in their email to their sufferer in Phase 1. To measure self-efficacy, we adapted items from Cameron and Payne (2011) perceived efficacy of helping 7-point Likert scale (1 = *not at all* to 7 = *very much*) as we used in Study 1. Finally, responders were asked to complete all of the same self-report measures as described in Phase 1, presented in randomized order. All responders concluded by providing basic demographic information and were thanked for their participation and debriefed.

Phase 3: Soliciting sufferers' ratings of letters from responders

Since the letters from the responders in Phase 2 were received very quickly (155 of the 192 letters were received on the first day), Phase 3 was launched in parallel with Phase 2. As soon as a letter arrived from Phase 2, it was reviewed by us and sent to the sufferer in Condition A. All 192 sufferers from Condition A received letters back within a week of writing their original letter. Of the 192 Condition A sufferers who received letters back, 183 sufferers (95.31%) participated in Phase 3 of the study: 91 sufferers who were matched with responders in Condition B (previously endured similar distress) and 92 sufferers who were matched with responders in Condition C (no previously endured similar distress).

Procedure and measures

First, sufferers completed the PANAS scale (Watson et al., 1988); then, sufferers were reminded of their original letter and told that a real person read what they wrote and responded to them. Sufferers were then presented with the letter sent to them from their Phase 2 responder. Next, sufferers were asked a few questions (in randomized order) about what they thought of the letter. We used the same CAQ items used in Study 1 (α = .93). In this study, we also offered an additional operationalization of CAQ grounded in COR theory. Once sufferers read and rated the letter they were asked: "Would you be willing to help someone else who is also currently experiencing work related distress?" (*Yes/No*, in randomized order). If "No" was selected, sufferers were asked to describe the reason for their choice. If "Yes" was selected, sufferers were asked to indicate how much time in minutes, indicate their time zone, and look at the calendar and indicate all available time slots they are available to chat and they are willing to spend helping someone else who is currently enduring work-related distress (Compassion Action Time; CATime). Finally, they were thanked for their participation and debriefed.

Similar to Study 1, we used LIWC (Pennebaker et al., 2015) for a measure of *self-focus*.[10] To measure *validation*, as in Study 1, two independent coders unaware of the purpose of the study read the sufferers and responders' letters and assess the extent to which (1 = *not at all* to 7 = *very much*) participants' emails expressed validation of sufferers. The two coders met to resolve differences and reached high inter-rater reliability (Cohen's $\kappa = 0.92$). We also invited each sufferer to rate the extent to which responders' emails expressed validation of his/her distress ("After reading the letter writer's response to you, you feel validated"; 1 = *not at all* to 7 = *very much*). The correlation between the sufferer's rating and the coders' validation rating was $r = 0.56$, $p < 0.01$.

6.2 | Study 2 results

Responders' letters were on average 86.84 words ($SD = 31.30$). We found no relationship between the length of the sufferer's original letter and the responders' letters ($r = 0.03$, $p = .72$; 95% CI [−0.12, 0.17]).

As differences in responses to sufferers' distress could have been impacted by the responders' affect, we examined responders' negative affect using items from the PANAS scale (Watson et al., 1988). Eight[11] of the negative affect items loaded on one factor and were aggregated (α = .87). There was no difference in negative affect between responders who previously did (vs. did not) endure distress, $t[190] = -0.43$, $p = .66$; 95% CI [−0.14, 0.09], Cohen's $d = .08$. There were no differences in the length of letters written by responders who previously did (vs. did not) endure distress, $t[190] = -1.55$, $p = .12$, 95% CI [−15.86, 1.86], Cohen's $d = 0.23$.

6.2.1 | Sufferer's experience of compassion action quality

As predicted (H1), responders who previously endured distress wrote letters that were experienced by the sufferer as being lower CAQ

[10]Following the procedure used in Study 1, we created an alternative measure of self-focus and instructed these two independent coders to rate self-focus, the extent to which (1 = *not at all* to 7 = *very much*) the email discussed the participant's own past experiences and feelings in their response (Cohen's $\kappa = 0.91$). The correlation between the LIWC self-focus measure and the independent coder's self-focus assessment was $r = 0.83$, $p < .001$.

[11]Two of the PANAS negative affect items (guilty and afraid) did not load with the remaining eight affect items. We omitted these two items from our negative affect measure and used the average of the eight affect items that loaded on one factor and demonstrated high reliability.

TABLE 1 Study 2: Means, standard divisions, and correlations.

	Mean	SD	1	2	3	4	5
1. Self-focus	0.10	0.10	–				
2. Validations rated by coders	2.97	1.64	−.52**	–			
3. Validation rated by a sufferer	4.23	1.39	−.40**	.56**	–		
4. Self-efficacy	4.51	1.10	.04	−.06	−.07	–	
5. Compassion action quality (CAQ)	4.92	1.30	−.58**	.62**	.59**	.05	–

**$p < .001$.

($M_{\text{Condition B}} = 4.30$, $SD = 1.30$) compared to letters sent by responders who have not endured distress ($M_{\text{Condition C}} = 5.54$, $SD = 1.23$; $t[190] = -6.58$, $p < .001$, 95% CI [−1.61, −0.86], Cohen's $d = 0.97$).

We examined the correlations between our dependent variable (CAQ) and the mechanisms proposed, see Table 1.

In line with our prediction, there was a significant difference in self-focus across conditions; responders who previously endured distress exhibited higher self-focus ($M_{\text{Condition B}} = 0.13$, $SD = 0.14$) than responders who have not endured distress condition ($M_{\text{Condition C}} = 0.06$, $SD = 0.07$; $t[129.25] = 4.02$, $p < .001$, 95% CI [0.10, 0.35], Cohen's $d = 0.63$).

In line with our prediction, there was a significant difference in validation as rated by two independent coders across conditions; responders who previously endured distress exhibited lower validation ($M_{\text{Condition B}} = 1.72$, $SD = 1.18$) than responders who have not endured distress condition ($M_{\text{Condition C}} = 4.23$, $SD = 1.46$; $t[174.19] = -12.79$, $p < .001$, 95% CI [−2.90, −1.13], Cohen's $d = 1.89$). In contrast, there was no difference in validation as rated by the sufferers across the experimental conditions; responders who previously endured distress exhibited similar levels of validation of the sufferer's distress ($M_{\text{Condition B}} = 4.28$, $SD = 1.35$) compared to responders who have not endured distress ($M_{\text{Condition C}} = 4.19$, $SD = 1.43$; $t[190] = -0.43$, $p = .67$, 95% CI [−4.84, 0.31], Cohen's $d = 0.06$).

As hypothesized, there was a significant difference in self-efficacy across conditions; responders who previously endured distress exhibited higher self-efficacy ($M_{\text{Condition B}} = 5.91$, $SD = 0.94$) than responders who have not endured distress condition ($M_{\text{Condition C}} = 3.10$, $SD = 1.21$; $t[169.43] = 17.54$, $p < .001$, 95% CI [2.48, 3.12], Cohen's $d = 1.08$).

6.2.2 | Mediation

Although we used a dyadic design, our participants (sufferers and responders) were strangers who had never interacted with each other before, so we have reasons to assume that the results are not affected by non-independence that could occur from voluntary linkage (i.e., links between friends or individuals who share a personal bond that developed over time), kinship linkage (i.e., links that occur between family members), experimental linkage (i.e., a relationship created in a lab), or yoked linkage (i.e., links created due to both parties being exposed to the same environmental stimuli; Kenny et al., 2020). To check for possible independence, we nested the data and ran SEM analyses. We found no significant dyadic effect.[12]

We tested whether responders' self-focus, validation of the sufferer's distress, and self-efficacy mediated the relationship between experimental condition and CAQ. To test these parallel indirect effects, we used PROCESS Model 4 (Hayes, 2013) with 10,000 bootstrap samples using 95% bias-corrected bootstrap confidence intervals.

In line with our prediction (H2), self-focus[13] was higher among responders who previously endured distress than responders who never endured distress ($B = 0.07$, $SE = 0.02$, $p = .001$, 95% CI [0.04, 0.10]). There was a significant negative effect of self-focus on CAQ ($B = -3.92$, $SE = 0.56$, $p < .001$, 95% CI [−5.04, −2.80]). Additionally, there was a significant indirect effect of previously endured distress on CAQ through self-focus (*Effect* = −0.27, bootstrapped $SE = 0.69$, 95% bootstrapped CI [−4.18, −0.14]).

As predicted (H3), validation (as coded by the two independent coders) was lower among participants who previously endured exclusion (vs. inclusion condition; $B = -2.51$, $SE = 0.20$, $p < .001$, 95% CI [−2.90, −2.12]). We also observed a significant positive effect of validation as coded by independent coders on CAQ ($B = 0.65$, $SE = 0.04$, $p < .001$, 95% CI [0.56, 0.74]). Additionally, as predicted, we found a significant indirect effect of previously endured exclusion on CAQ through validation as coded by the independent coders, *Effect* = −1.63, bootstrapped $SE = 0.18$, 95% bootstrapped CI [−2.01, −1.30]. We reran this analysis using the validation measure as rated by sufferers. In contrast to our prediction (H3), there was no significant effect of previously endured distress (vs. no previously endured distress) on validation of the sufferer's distress ($B = -0.24$, $SE = 0.26$, $p = .37$, 95% CI [−0.75, 0.28]). There was a significant positive effect of validation on CAQ ($B = 0.42$, $SE = 0.04$, $p < .001$, 95% CI [0.35, 0.50]). Additionally, there was no significant indirect effect of previously endured distress on CAQ through validation (*Effect* = −0.10, bootstrapped $SE = 0.11$, 95% bootstrapped CI [−0.32, 0.12]).

As predicted, self-efficacy was higher among responders who previously endured distress than responders who never endured

[12]These results are available from the authors upon request.

[13]The results reported in this manuscript are built on the LIWC measure, but similar results were demonstrated when we reran the analysis using the independent coders self-focus measure. These results are available from the authors upon request.

distress ($B = 2.80$, $SE = 0.15$, $p < .001$, 95% CI [2.48, 3.12]). However, there was no significant effect of self-efficacy on CAQ ($B = 0.05$, $SE = 0.08$, $p = 0.51$, 95% CI [−0.10, 0.21]), demonstrating a gap between responder's rating of their self-efficacy for helping the sufferer and sufferer's experience of responders' attempts. Additionally, there was no significant indirect effect of previously endured distress on CAQ through self-efficacy (*Effect* = 0.15, bootstrapped $SE = 0.21$, 95% bootstrapped CI [−0.58, 0.25]). These results lend partial support to H4.

6.2.3 | An alternative indirect measure of sufferer's experience of compassion action quality

As predicted (H1), sufferers who received a reply from a responder who previously endured distress (Condition B) intended to set aside *less* time (in hours; hereafter CATime) to support others who are currently enduring distress ($M_{\text{Condition B}} = 10.30$, $SD = 7.99$) than CATime from sufferers who received letters from responders who have not endured distress in the past (Condition C; $M_{\text{Condition C}} = 15.78$, $SD = 17.90$; $t[126] = -2.67$, $p = .008$, 95% CI [1.43, 9.52], Cohen's $d = 0.40$). These findings offer additional support for the proposed hypothesis that responders who previously endured distress (vs. those who have not endured such distress) offered responses to sufferers currently enduring distress that the sufferer's experienced as being lower in CAQ.

We reran our mediation analyses and found similar results. In line with our prediction (H2), self-focus was higher among responders who previously endured distress compared to responders who had never endured distress ($B = 0.06$, $SE = 0.03$, $p = .004$, 95% CI [0.00, 0.12]). There was a significant negative effect of self-focus on CATime ($B = -4.32$, $SE = 0.25$, $p \leq .001$, 95% CI [−4.64, −3.33]). Additionally, there was a significant indirect effect of previously endured distress on CATime through self-focus (*Effect* = −0.60, bootstrapped $SE = 0.13$, 95% bootstrapped CI [−0.88, −0.34]).

As predicted (H3), we observed a significant positive effect of validation as coded by the two independent coders on CATime ($B = 7.82$, $SE = 0.72$, $p < .001$, 95% CI [6.39, 9.25]). Additionally, as predicted, there was a significant indirect effect of previously endured exclusion on CATime through validation, as coded by the two independent coders (*Effect* = −19.67, bootstrapped $SE = 2.56$, 95% bootstrapped CI [−24.91, −14.92]). In contrast to our original prediction (H3) and in line with the findings on CAQ described above, there was no effect of previously endured distress (vs. not previously endured distress) on validation of the sufferer's distress as rated by sufferers ($B = -0.66$, $SE = 0.47$, $p = .16$, 95% CI [−1.60, 0.28]). There was a significant positive effect of validation rated by sufferers on CATime ($B = 0.55$, $SE = 0.18$, $p = .03$, 95% CI [0.19, 0.91]). Additionally, there was no significant indirect effect of previously endured distress on CATime through validation rated by sufferers (*Effect* = .49, bootstrapped $SE = 1.25$, 95% bootstrapped CI [−3.00, 2.33]).

The results lend partial support to H4. As predicted, self-efficacy was higher among responders who previously endured distress than responders who never endured distress ($B = 2.80$, $SE = 0.15$, $p = .001$, 95% CI [2.48, 3.12]). There was also a marginally significant effect of self-efficacy on CATime ($B = 2.12$, $SE = 1.17$, $p = .07$, 95% CI [−0.20, 4.45]). Additionally, there was no significant indirect effect of previously endured distress on CATime through self-efficacy (*Effect* = 5.96, bootstrapped $SE = 3.51$, 95% bootstrapped CI [−3.96, 13.18]).

6.3 | Study 2 discussion

The results of Study 2 lend additional support to our original prediction (H1) and demonstrated that responders who previously endured distress (vs. those who have not) exhibited behaviors that were experienced by sufferers as being lower in CAQ (as we found in Study 1). Study 2 also lends support to the prediction that self-focus (H2) will mediate the effect of previously endured distress on CAQ. We replicated these findings when we used an indirect measure of CAQ (H1, H2), namely sufferer's intended time allocated to help others who are currently enduring similar distress (CATime). Importantly, CATime is an indirect indicator and byproduct of the sufferer's experience of the responder's CAQ.

As in Study 1, we found that validation, as rated by two independent coders, mediated the effect of previously endured distress on CAQ (supporting H3). Importantly, in contrast to our prediction (H3), we found that when validation was rated by sufferers, validation did not mediate the effect of previously endured distress on CAQ. This result may be a byproduct of the raters' point of reference. Study 2 participants (i.e., sufferers) each rated a single response, so it is possible that they may have measured their experience against the possibility of receiving *no response* to their distress. Thus, receiving *any* response (versus the potential of receiving no response) made sufferers feel seen and validated, thus informing their perceptions of validation. In contrast, having access to a range of responses––as was the case for Amanda in Study 1 and the two independent coders in Study 2––may implicitly cause comparisons across responses, as well as lessen the possibility of comparing these responses to the counterfactual of receiving no response at all.

7 | STUDY 3

A remaining question pertains to boundary conditions of the negative effect of previously endured distress. In Study 3, we sought to examine the extent to which the negative effect of previously endured distress on CAQ generalizes to influence the responder's CAQ toward others enduring *different* types of distress. Given hot–cold empathy gap theory (Loewenstein, 1996), we propose that the negative effect of previously endured distress will be limited to similar, but not to different or unfamiliar, types of distress. Specifically, we expect that responders who previously endured a similar (vs. different) distress would use their previously endured experience as a point of reference. Hot–cold empathy gap theory (Loewenstein, 1996) addresses

how previously endured distress leads to biased recollection of the severity and difficulty associated with the previously endured distress. Thus, we argue that using past similar distress experiences as a reference point will likely lead a responder to have greater self-focus and lower validation toward the recipient currently enduring similar distress, as demonstrated in Studies 1 and 2. Moreover, we expect that responders who previously endured a similar (vs. different) distress will demonstrate greater (vs. lower) self-efficacy about helping sufferers enduring similar distress. In contrast, when a responder encounters a sufferer currently enduring distress that is *unfamiliar* (based on the responder's past distress experiences), the responder will be less likely to demonstrate the hot–cold empathy gap because there is no prior experience to draw upon as a situational prime. Thus, we propose that in such a situation, responders who previously endured a different distress will demonstrate lower self-focus and greater validation, which will translate to more effective alleviation of the sufferer's distress and, in turn, will result in higher CAQ. In sum, we propose that the negative effect of previously endured distress on CAQ is *distress specific*. Therefore, we hypothesize:

> **Hypothesis 5.** Responders who previously endured similar (vs. different) distress will demonstrate higher self-focus (H5a), less validation (H5b), and greater perceived self-efficacy (H5c) toward sufferers who are currently enduring similar (vs. different) distress and thus offer lower (vs. higher) CAQ to sufferers.

7.1 | Study 3 method

7.1.1 | Procedure and sample

We conducted a 2 (previously endured distress: have or have not) × 2 (scenario type: responding to similar or different distress) between-subjects design. We followed the same Cyberball protocol described in Study 1. In this study, at T2, the participants read a description of distress written by one of two sufferers, representing one of two scenario types: similar distress (social exclusion; Sufferer #1, see Appendix A) or a different distress (abusive leadership; Sufferer #2, see Appendix C). The four conditions are labeled as follows: Condition 1 ($n = 85$) – previous endured social exclusion responding to a sufferer currently enduring social exclusion (i.e., responding to similar distress), Condition 2 ($n = 86$) – previous endured social exclusion responding to a sufferer currently enduring abusive leadership (i.e., responding to different distress), Condition 3, control ($n = 84$) – previously included responding to sufferer currently enduring social exclusion, and Condition 4, control ($n = 86$) – previously included responding to a sufferer currently enduring abusive leadership.

At T2, the participants completed the same items related to CAQ as Study 1. Those who expressed interest in responding to the sufferer were invited to write an email that would be anonymously forwarded to the sufferer (both of whom were nicknamed "Amanda"). Like Study 1, responders' emails were forwarded to the respective sufferer, who then rated how much each email alleviated their distress.

Participants

The participants were 352 U.S. adults recruited through a Qualtrics panel. Two participants completed only T1. Nine participants began the T2 survey but were not interested in responding to Amanda and did not write an email but completed the rest of the survey. The final sample consisted of 341 participants ($M_{age} = 41.23$, $SD = 5.12$; 50.8% women; 75.07% White; 88.56% full-time employees, and 11.43% employed part time).

7.1.2 | Measures

Sufferer's experience of compassion action quality and mediators

The sufferers evaluated CAQ using the same items from Studies 1 and 2 ($\alpha = .95$). We again used LIWC (Pennebaker et al., 2015) to measure self-focus.[14] We recruited two additional independent coders who employed the same approach to rate the extent to which participants' emails expressed validation as we did in Studies 1 and 2 (Cohen's $\kappa = 0.92$).

Manipulation and attention checks

We followed the same manipulation protocol described in Study 1 assessing the percentage of tosses and mood of participants promptly after the Cyberball (T1) and a week later (T2). To check the manipulation and attention, we used the same approach as described in Study 1. All participants passed these attention checks.

7.2 | Study 3 results

7.2.1 | Manipulation check

Compared to the participants in the inclusion condition ($n = 170$), the participants in the previously endured exclusion condition ($n = 171$) estimated that they received a smaller percentage of the total throws ($M_{exclusion} = 18.18$, $SD = 6.47$, $M_{inclusion} = 43.21$, $SD = 11.95$; $t[274.64] = -25.54$, $p < .001$, 95% CI [−26.96, −23.10], Cohen's $d = 2.60$), felt more ignored ($M_{exclusion} = 5.88$, $SD = 1.18$, $M_{inclusion} = 1.69$, $SD = 1.29$; $t[339] = -31.25$, $p < .001$, 95% CI [−4.45, −3.92], Cohen's $d = 3.38$), and felt less included in the game ($M_{exclusion} = 2.61$, $SD = 0.08$, $M_{inclusion} = 6.38$, $SD = 0.90$; $t[172.18] = 54.00$, $p < .001$,

[14] We again used an alternative measure of self-focus and instructed these two independent coders to rate *self-focus*, the extent to which (1 = *not at all* to 7 = *very much*) the response discussed the participant's own past experiences and feelings in their response to Amanda (Cohen's $\kappa = 0.94$). We averaged their scores to measure self-focus. LIWC self-focus measure and the independent coder's self-focus assessment were highly correlated ($r = 0.82$, $p = .00001$). The results reported in this manuscript are built on the LIWC measure, but similar results were obtained when we reran the analysis using the independent coders self-focus measure. These results are available from the authors upon request.

95% CI [3.63, 3.90], Cohen's $d = 4.23$). These results indicate that the manipulation was successful.

In the inclusion condition, there was no significant difference between participants' self-reported mood at T1 ($M_{\text{inclusion T1}} = 5.63$, $SD = 8.82$) and their T2 recall of T1 mood ($M_{\text{inclusion T2 recall of T1}} = 6.17$, $SD = 6.91$; $t[169] = -0.59$, $p = .56$, 95% CI [−2.36, 1.27], Cohen's $d = 0.07$). However, the participants in the exclusion condition did not accurately recall how Cyberball affected their mood; their recalled mood assessment at T2 ($M_{\text{exclusion T2 recall of T1}} = 3.21$, $SD = 1.27$) was significantly higher than their mood reported immediately following Cyberball at T1 ($M_{\text{exclusion T1}} = -5.27$, $SD = 5.44$; $t[170] = -19.58$, $p < .001$, 95% CI [−9.33, −7.62], Cohen's $d = 2.14$). Overall, these results indicate that the exclusion manipulation was successful and that the excluded participants had difficulty appreciating the severity of the distress they experienced during the Cyberball task just 1 week later (i.e., evidence of a hot–cold empathy gap).

7.2.2 | Sufferer's experience of compassion action quality

The participants expressing interest in responding to Amanda wrote her an email ($M_{\text{length}} = 75.68$ words, $SD = 47.74$, *Min.* = 1, *Max.* = 206.84). When examining email length, there were no differences across the conditions ($F(3, 338) = 1.88$, $p = .13$, 95% CI [−0.01, 0.05], $\eta^2 = .016$).

Responders who previously endured social exclusion (i.e., similar distress) offered responses that were rated by the sufferer as being *lower* in CAQ ($M_{\text{condition 1}} = 2.89$, $SD = 1.16$) than responses offered by responders in the previously included condition responding to social exclusion recipients ($M_{\text{condition 3}} = 4.09$, $SD = 2.08$; $t[167] = -5.19$, $p = .01$, 95% CI [−1.02, −0.39], Cohen's $d = 0.71$). In support of H1, we also found that responders who previously endured a different distress offered replies that were experienced by the sufferer as being *higher* in CAQ ($M_{\text{condition 2}} = 4.11$, $SD = 1.87$) than responses offered by responders who previously endured similar distress ($M_{\text{condition 1}} = 2.89$, $SD = 1.16$; $t[169] = 5.11$, $p < .001$, 95% CI [0.74, 1.64], Cohen's $d = 0.78$). The sufferer's experience of CAQ from responders who previously endured a different distress ($M_{\text{condition 2}} = 4.11$, $SD = 1.87$) were equivalent to the sufferer's experience of CAQ from responders who have not endured distress before ($M_{\text{condition 3}} = 4.09$, $SD = 2.08$, $M_{\text{condition 4}} = 4.30$, $SD = 2.03$; $t[168] = -0.65$, $p = .52$, 95% CI [−0.82, 0.42], Cohen's $d = 0.10$).

As predicted (H5a), there was a significant difference in self-focus; responders in the previously endured similar distress exhibited higher self-focus ($M_{\text{condition 1}} = 0.08$, $SD = 0.02$) than responders in the previously endured different distress condition ($M_{\text{condition 2}} = 0.03$, $SD = 0.02$; $t[169] = 16.35$, $p < .001$, 95% CI [0.04, 0.06], Cohen's $d = 0.53$). As predicted (H5b), when responding to those currently experiencing social exclusion, responders exhibited lower validation in the previously endured *similar* distress ($M_{\text{condition 1}} = 1.85$, $SD = 1.30$) compared to responders in the previously endured *different* distress condition ($M_{\text{condition 2}} = 3.49$, $SD = 1.44$; $t[169] = -7.82$, $p < .001$, 95% CI [−1.52, −0.87], Cohen's $d = 1.37$). Moreover, as predicted (H5c), responders who previously endured similar distress report higher self-efficacy ($M_{\text{condition 1}} = 5.98$, $SD = 0.58$) compared to responders who previously endured different distress condition ($M_{\text{condition 2}} = 3.49$, $SD = 0.88$; $t[146.73] = 21.77$, $p < .001$, 95% CI [2.26, 2.71], Cohen's $d = 3.32$).

7.2.3 | Mediation

We then tested whether responders' self-focus and validation of the sufferer's distress mediated the relationship between experimental condition and CAQ. To test these parallel indirect effects, we used PROCESS Model 4 (Hayes, 2013) with 10,000 bootstrap samples using 95% bias-corrected bootstrap confidence intervals.

As predicted (H5a), self-focus was higher among responders who previously endured *similar* distress compared to responders who previously endured *different* distress ($B = 0.89$, $SE = 0.32$, $p = .01$, 95% CI [0.20, 1.64]). There was also a significant negative effect of self-focus on CAQ ($B = -0.56$, $SE = 0.04$, $p \leq .001$, 95% CI [−0.76, −0.39]). Additionally, there was a significant indirect effect of previously endured similar (vs. different) distress on CAQ through self-focus (*Effect* = −0.42, bootstrapped $SE = 0.10$, 95% bootstrapped CI [−0.82, −0.14]).

As predicted (H5b), validation was lower among responders who had previously endured *similar* (vs. *different*) distress ($B = -2.00$, $SE = 0.55$, $p < .001$, 95% CI [−2.57, −1.42]). There was also a significant positive effect of validation on CAQ ($B = 0.15$, SE = 0.06, $p = .005$, 95% CI [0.02, 0.41]). Additionally, there was a significant indirect effect of previously endured similar (vs. different) distress on CAQ through validation (*Effect* = −0.15, bootstrapped $SE = 0.07$, 95% bootstrapped CI [−0.31, −0.29]).

As predicted (H5c), self-efficacy was higher among responders who previously endured *similar* distress compared to responders who previously endured *different* distress ($B = 1.30$, $SE = .13$, $p \leq .001$, 95% CI [1.05, 1.56]). There was also a significant negative effect of self-efficacy on CAQ ($B = -0.27$, $SE = 0.08$, $p = .002$, 95% CI [−0.43, −0.10]), demonstrating a gap between responder's self-efficacy for helping a sufferer and said sufferer's experience of responders' attempts. Additionally, there was a significant indirect effect of previously endured similar (vs. different) distress on CAQ through self-efficacy (*Effect* = −0.35, bootstrapped $SE = 0.11$, 95% bootstrapped CI [−0.58, −0.11]).

Note that to enable sufferers to rate the CAQ of responses tailored for this specific distress, sufferer #1 rated responses to social exclusion distress (Conditions 1 and 3) and sufferer #2 rated responses to abusive leadership (Conditions 2 and 4). As each sufferer coded the responses to their distress description only, individual differences between sufferers could have impacted the difference in ratings of CAQ across the distress conditions. To address this concern, we recruited two additional coders, unaware of the research questions, to rate CAQ for all four conditions using the same scale used by the sufferers (Cohen's $\kappa = 0.94$). We reran the mediation analyses

with this CAQ measure and found similar results. Results for this measure are available in Appendix D.

7.3 | Study 3 discussion

Study 3 examined the possible boundary conditions of the effect of previously endured distress on the hot–cold empathy gap. As predicted, we found that in this context, responders who previously endured *different* distress demonstrated lower self-focus and greater validation, which translated to more effective alleviation of the sufferer's distress, and in turn resulted in the sufferer's experience of greater CAQ. The findings from this study replicate the results in Studies 1 and 2 where validation mediated the effect between previously endured distress on CAQ. This study provides mounting evidence for the notion that when sufferers receive and rate multiple replies to their distress, they may compare these responses, which may influence their sense of validation. This study also found that the potential detrimental effect of heightened self-efficacy on CAQ is demonstrated when responders previously endured *similar* but not *different* distress than that currently endured by a sufferer.

8 | GENERAL DISCUSSION

Lay beliefs often lead us to believe that those who have "been there" and have previously endured a similar distress will be more effective in responding to those who are currently struggling to endure a similar distress; however, the findings from the present research, taking a relational perspective of compassion, cast doubt on this popular notion. Across a series of three studies examining responses to multiple sufferers enduring different types of distress, we develop and test theory about the effects of previously endured distress on the quality of compassionate actions. The present research moves away from prior work that has operationalized compassion from the perspective of responders—including their affective experience, forecasting intentions, and attitudinal measures. Instead, through a relational lens of compassion (Dutton et al., 2014), we measured the *quality* of the responder's compassionate action to examine how compassion attempts are actually received and experienced by sufferers themselves (i.e., CAQ).

The results of our studies converged to show that those who previously endured a similar distress offer compassionate actions that are experienced by sufferers currently enduring such distress as being lower in quality (i.e., less alleviating of their distress). Interestingly, while responders who previously endured distress reported greater self-efficacy for helping a sufferer enduring similar distress, in reality—according to the sufferers in all three of our studies—they did not offer responses that were more alleviating of distress. This gap between the responder's self-efficacy and the sufferer's experience reveals a gap between responders' perceived versus actual effectiveness. Across all three studies, we found that responders' self-focus and validation explained this effect. We found similar effects when we use an alternative indirect measure of CAQ (namely CATime).

Importantly, Study 3 examined the boundaries of this finding by demonstrating that responders' previously endured distress impacted CAQ toward sufferers who are currently enduring similar distress, and that the effect on CAQ does not generalize to sufferers experiencing a different type of distress. Together, these results demonstrate that previously enduring a particular type of distress can undermine—rather than enhance—the ability to alleviate the distress of others enduring a similar distress.

8.1 | Theoretical implications

Our study offers several contributions to theory and research on compassion, empathy, and comforting relationships. Our study makes three key contributions to compassion research. First, existing research has typically focused on responders' intentions or perceptions of their attempts to respond with empathy or compassion without examining whether these actions *actually* alleviate the sufferers' distress. This approach assumes that the responder's perspective is of primary importance when considering compassion. While it is important to consider responders' experiences, focusing solely on their intentions and beliefs provides an incomplete understanding of how the relational process unfolds, rendering sufferers as passive participants in the compassion process. Taking a relational perspective of compassion, our study challenges this framing, instead centering sufferers as active agents who interpret responders' compassion attempts with discernment.

Framing sufferers as active participants in the compassion process open several new avenues for research. Our study illuminated the agentic role sufferers play in interpreting responders' compassion attempts; it is possible that sufferers may play an active role earlier in the compassion process as well. Compassion scholars suggest that noticing others' distress can be a portal for compassion (Worline & Dutton, 2017) that cannot open unless sufferers express their distress in ways that are legible to others (Dutton et al., 2014; Kanov et al., 2017). Although sufferers may understand that the expressions of their distress can potentially activate compassion, they may also be cognizant of the uncertainty and risks associated with disclosing their distress at work (Frost et al., 2000; Kanov et al., 2017). For instance, sufferers may wonder whether their distress is going to be used or manipulated in some way, or may worry about their future prospects within the company having disclosed their distress. For these reasons, sufferers expressing distress demonstrate profound vulnerability and courage. Thus, by first acknowledging sufferers as active participants along the compassion process, future research may examine *when, how, and to whom* sufferers disclose their distress at work.

Moreover, whereas prior research uncovered the personal context (e.g., individual differences and organizational role) impacting responder's likelihood of noticing distress and emotionally, cognitively and behaviorally respond to sufferers (e.g., Atkins & Parker, 2012; Frost et al., 2000; Mikulincer & Shaver, 2005), little is known about the personal context of sufferers along the compassion process (Dutton et al., 2014). This is a significant oversight as it ignores the

conditions that explain *when* and *why* sufferers may be propelled (or not) to disclose their distress, which only then opens up the opportunity for others to engage in the compassion process. For example, individual differences in *vulnerability* (i.e., the tendency to be open and transparent with others; ten Have, 2014) may explain why some sufferers may be more likely to disclose their distress. Similarly, *emotional expressivity* (i.e., the ability to communicate emotional states; Friedman et al., 1980, Gross, 1999; Kennedy-Moore & Watson, 1999) can also explain why some sufferers can effectively express their distress, which can facilitate responders' noticing. Importantly, sufferers who are more open about their distress may have different needs from those who tend to conceal their distress, and this may shape their assessments of CAQ.

Second, while relational compassion scholars invite us to consider sufferers as agentically receiving and reacting to responders' compassion attempts (Kanov et al., 2017), little insight is offered to explain *how* and *why* certain compassion actions are positively or negatively received. To address this gap, we introduced the term CAQ and explore *when* sufferers favorably interpret responders' compassion attempts. Across three studies, we found that sufferers rate CAQ with discernment. This finding is important as it demonstrates that compassion actions are not a categorically "positive" resource by default, and highlights which aspects of compassionate action can be especially beneficial for the alleviation of distress. Moreover, our studies demonstrate two features of compassion action––low self-focus and high validation––that sufferers experience as alleviating (i.e., high CAQ). Our studies illuminate important implications for the study of validation. We found that ratings of validation differ when a single response (Study 2, rated by sufferer) or multiple responses (Studies 1, 2 [rated by coders], and 3) are rated. This difference can be explained by the point of reference for the rater. Rating a single response stands in contrast to the possibility of receiving *no* response. Therefore, receiving any response can enhance a sufferer feeling validated and thus inform validation ratings. In contrast, when assessing validation across multiple responses, the level of validation across replies is implicitly considered. This finding suggests that validation is not defined a priori but is shaped by its context (multiple or a single response). We call for future research on validation to acknowledge the potential impact of response contexts on validation assessments.

Furthermore, while self-focus and validation begin to illuminate which aspects of compassion responses are most effective in alleviating distress, these mechanisms may not offer a comprehensive depiction of the features underlying comforting compassionate action. Future research may explore additional features of responders' compassionate actions that can be associated with high CAQ. For example, cultivating hope can help alleviate a sufferer's distress and empower them to agentically face their suffering. Tracy and Huffman (2017: 46) proposed that "when someone is in despair and suffering is seen as permanent or fixed, it is difficult for anyone to effectively relate or act on their behalf. Yet, hope limbers the affordances available for communicating care". Responders who previously endured distress and overcame it are well positioned to help create a hopeful vision for the future for those currently enduring similar distress. Recent research on hope theory has emphasized the important role that external agents can have in generating hope (Bernardo, 2010). Thus, future research may explore examining hope (including locus-of-hope; Bernardo, 2010) as a mediator of previously endured distress on CAQ and examines hope's potential in attenuating the negative effect of previously endured distress on CAQ.

Third, by exploring both the responder's and sufferer's perspectives, we join a small yet growing body of compassion research that depicts compassion as a mutual process in which both the responder and the sufferer play important roles along the compassion process (e.g., Dutton et al., 2014; Kanov et al., 2017; Reich, 1989; Tracy & Huffman, 2017). Examining both the responder's and the sufferer's perspective afforded us the opportunity to identify when and why responders and sufferers perspectives on the value of compassionate action uncover a *gap* between the sufferer's experiences (i.e., CAQ) and responder's belief in their effectiveness (i.e., SE). Kanov et al. (2017) propose that compassion depends on noticing suffering, feeling empathic concern, sensemaking, experiencing a felt responsibility to alleviate other's distress, and acting. Our study suggests that compassion does not rest solely on the responders' perceptions, intentions, or behavioral approach. Rather, when taking a relational perspective of compassion, compassion also requires responders to deeply understand sufferers' unique needs and preferences so that compassionate attempts alleviate rather than inflame the sufferer's distress (i.e., interpersonal attunement; Pöppel et al., 2022). Across three studies, we found that previously endured distress is associated with greater self-efficacy. Yet, we also found that responder's self-efficacy was unrelated (Studies 1 and 2) or negatively associated with CAQ (Study 3), demonstrating a gap between responder's self-efficacy and sufferer's experiences of responders' response. These results suggest that previously endured distress is a double-edged sword that on the one hand can help responders feel efficacious but on the other hand can lead responders to miscalculate their own ability to alleviate others' distress. Moreover, demonstrating the gap between responders' assessment of their ability to alleviate sufferers' distress versus sufferers' actual experiences of such efforts (i.e., CAQ) calls our attention to the possible ripple effects of such a pattern and the relational consequences that may ensue. Future research could explore how sufferers' real-time reactions to responders' efforts to alleviate their distress could impact the responders' engagement in compassion in subsequent encounters, either with the sufferer or with others who are enduring the same distress. Moreover, future research may explore how a sufferer's feedback might impact responder's engagement with compassion. Exploring such feedback loops could illuminate the calibration processes underlying compassion.

Our findings also contribute to empathy research and complement previous studies on hot–cold empathy gaps, which addresses how previously endured distress can negatively impact participants' evaluations of a sufferer currently enduring distress (e.g., Koo et al., 2023; Ruttan et al., 2015). Specifically, our findings bring in the perspective of the sufferer and illuminate additional ways that hot–cold empathy gaps can shape responses from those who have

previously endured distress. Our series of studies extends current research on hot–cold empathy gaps in two key ways. First, we identified an important boundary condition that shapes the emergence of hot–cold empathy gaps: the degree of similarity between a responder's previously endured distress and a sufferer's current distress. Second, we answer calls to examine the mechanisms between empathy and consequential outcomes (e.g., Clark et al., 2019). Specifically, we advance research on empathy, compassion, and comforting relationships by shedding light on the mechanisms that explain why previously endured distress may impede effective compassion.

Finally, our findings inform the comforting relationships research more broadly. Bolino and Grant (2016) proposed that this area of research has focused primarily on positive outcomes while overlooking the unintended negative consequences of prosocial behavior. Our study illuminates both positive and unintended negative effects of responders' attempts to compassionately respond to others in need. Specifically, acts intended to ease distress may be experienced differently by sufferers. These findings challenge the idealistic and unproblematic depiction of compassion evident in the literature (Kanov et al., 2017; Simpson et al., 2014) and join a small but growing body of work on the unintended consequences of compassionate actions (e.g., Hideg & Ferris, 2016; Lee et al., 2023; Lupoli et al., 2017, 2020). This paper also answers the call for research in organizational behavior to use experimental designs which allow for causal inferences as well as utilizing convergence-based methods that take into account the perspective of the responder as well as the experience of the sufferer (Clark et al., 2019; Gilbert, 2017, 2019).

8.2 | Practical implications

The present research informs efforts to enhance compassion in organizations and improve the lives of those in need. First, our findings suggest that it would be wise to challenge the axiom that it "takes one to know one." When employees in distress rely on those who have previously endured a similar distress, they may overlook opportunities to receive high-quality support from others in their organization. Thus, organizations might address employee distress arising from difficult events (such as those described in Appendix B) by mobilizing allies who have not endured these specific kinds of distress. The present findings can also inform HR managers' choices regarding mentoring matching programs and buddy programs to better support employees who are currently enduring distress and cultivate conditions that can help distressed employees feel seen and known at work. Expanding the pool of compassion responders to include those who have not endured a sufferer's distress could translate to not only more resources for alleviating distress but also higher CAQ for those in need. Such an approach can also broaden the relational connection between employees who might not otherwise connect with each other due to lack of shared distress experiences.

Second, the present research also begins to challenge the "golden rule" of treating others the way that you want to be (or were) treated. Although it can be helpful to put yourself in someone else's shoes, doing so can actually lead to making assumptions based on *your* own perspective—not theirs (Cozma, 2022). In contrast, the comforting relationship literature highlights the importance of utilizing the "platinum rule" of treating each person uniquely in the way that they would like to be treated (Carnegie, 1936; Chochinov, 2022). In an attempt to cultivate compassion in organizations, HR managers may seek to train employees regarding the principles of compassion that can alleviate sufferer distress. Our study proposes that sufferer-centric (rather than self-focus) validating responses can offer high CAQ, thus offering guidelines for organizational members enacting the platinum rule. This valuable insight can help HR managers train others, especially organizational leaders, whose behaviors can role-model high quality compassionate responses to another's suffering (Dutton et al., 2006). Focusing on leaders is especially important as leaders have the opportunity to shape the organizational context in ways that can facilitate the expression of suffering and compassion in organizations (for reviews, see Dutton et al., 2014; Lilius et al., 2011).

Third, rarely do responders receive feedback regarding the quality of their compassion attempts. It may come as a surprise to them that they demonstrate greater self-focus, for example, when they have previously endured a similar distress to the sufferer. The present research suggests that responders could actively solicit feedback from sufferers, rather than relying on their own flawed self-assessment. Additionally, this research suggests that the sufferer could also voluntarily provide feedback to the responder regarding how they experienced the responder's compassion attempts. Opening up these communication channels between the responder and the sufferer can influence subsequent interactions between the two individuals, or even future interactions between the responder and another sufferer. We foresee that this type of open communication could help resolve the gap that we observed between the responder's perception of their SE and the sufferer's experience of CAQ. We encourage organizational leaders and HR managers to cultivate psychologically safe settings that can not only enable sufferers to vulnerability and safely express their distress but also enable honest feedback conversations that can help responders hone their skill to better meet sufferer's needs.

8.3 | Limitations and direction for future research

Like any research, the studies presented in this paper have limitations. Across our three studies, we explored how enduring distress affected CAQ in a single interaction. While the response provided by responders with previously endured distress may not necessarily make the sufferer feel better (as indicated by CAQ), it is possible that it can have other advantages that we did not measure, providing useful information or strategies for the future. Moreover, taking a longitudinal perspective can uncover the downstream consequences of such interactions. For example, while recipients may indeed prefer to be validated (Edmond & Keefe, 2015) rather than having their experiences minimized or invalidated, there is some research that suggests that validation can have unfavorable downstream

consequences (e.g., increasing revenge motivation; Eaton, 2013). Given that the current studies examined the immediate experience of the sufferer after a response rather than any potential downstream consequences of the response, this is an interesting opportunity for future research to consider.

Another factor that might shape CAQ is the relationship between responders and sufferers. The present studies focused on responders who were strangers to the sufferer. Our stimulus materials mirror how people often seek help from strangers (e.g., Shapiro, 1980) and also aligns with the growing tendency of sufferers to seek help from strangers (Kuenh, 2011; Tanis, 2007; Zhao et al., 2021), particularly through online platforms such as Glassdoor, Blind, Fishbowl, and Reddit. How might CAQ differ when responders and sufferers share a high-quality connection characterized by mutuality, positive regard, and vitality (Dutton & Heaphy, 2003)? People who share high-quality connections feel more emotionally attached to one another (Kahn, 1998) and are more likely to notice, feel for, and act to alleviate the distress of those with whom they are closely connected (Lilius, 2012). As high-quality connections are built on respectful engagement characterized by attentive listening and authentic communication (Stephens et al., 2011), responders who share a high-quality connection with a sufferer may be more likely to be aware of the sufferer's needs and preferences. Hence, an existing high-quality connection may moderate the effect of previously endured distress on the sufferer's experience of the CAQ offered by the responder. Thus, future research might include study designs with sufferers and responders who have an existing high-quality connection.

Lastly, the present research examined responses to work-related distress including social exclusion (Studies 1 and 3), as well as a variety of difficult work-related situations (Study 2) such as difficulties with a boss or being fired, injury impacting work, and major changes in work responsibilities (Appendix B). However, given that employees' personal lives often spillover into their professional lives (e.g., Crouter, 1984), future research may examine how colleagues provide comfort to each other when distress is not work related (e.g., a colleague going through a divorce or experiencing a health issue).

9 | CONCLUSION

When we are overwhelmed by our distress, others may play a critical role in helping alleviate our pain. Most of us intuitively believe that those who have "been there" (i.e., previously endured distress) will be more compassionate toward others who are struggling to endure distress (Ruttan et al., 2015). But does it take one having "been there" to provide comfort to another? Taking a relational perspective of compassion, across three studies we demonstrated that responders who previously endured distress offer compassionate actions that are less alleviating of sufferers enduring similar (but not different) distress, in part due to self-focus and lack of validation of sufferers' distress. In an age of unprecedented levels of workplace distress (Gallup State of the Global Workplace Report, 2023), we hope these findings can inspire organizations and their members to reimagine how compassion can be cultivated in organizations and consider untapped resources that those who have not "been there" can offer.

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CONFLICT OF INTEREST STATEMENT

The authors have no conflict of interest to declare. We certify that the submission is original work and is not under review at any other publication.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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APPENDIX A

Study 1 experimental stimulus – ostracism at work sufferer's description.

I was recruited to a sales position at a mid-sized news media company. A former colleague of mine from a previous company knew my work ethic and expertise was exactly what they needed as the company was moving into the digital space. I eagerly relocated with my child to a new state to take the job, and was excited for the new opportunity and motivated to succeed.

Upon my arrival, I was introduced to the "team" I would work with in a weekly sales meeting. I was asked to tell a bit about myself, and enthusiastically talked about my background and how excited I was to be there. I was immediately met with blank stares. Crickets. I was totally embarrassed and extremely nervous, and that was just the first half hour. Of the 10 other salespeople at the company, only one introduced himself to me within my first month there, and that was only because we sat right next to one another. One of my colleagues didn't so much as utter a word to me for nearly 8 months, and only then to inform me that she would be taking a very large account from me. I tried to befriend my coworkers, but time and again my attempts were rebuffed or flat out ignored.

Despite my ambition, I made every attempt to avoid stepping on toes. When an industry in our area had been deregulated, offering a very exciting opportunity to develop new business, I waited six weeks to see if any of my co-workers would step up to take advantage of the situation. When none of them pursued it, I got to work developing a new product to meet the needs of a large number of clients in the industry. Soon after launching the project, I discovered that a significantly less experienced employee - who worked in a different area of the company unrelated to the product - had been meeting with our mutual manager. They discussed the project and essentially removed a portion of it from my plate without my knowledge, thus taking credit for this bold, new idea. When I learned that they had been brainstorming about my product, I asked why I hadn't been included in the discussion. My coworker said "Oh, don't be like that," and when I expressed that I didn't approve of what they'd come up with, I was told "Well, it's two against one, you don't have a choice." The manager was standing right next to him, laughing. I was absolutely stunned. Paralyzed. I felt like a bolt of electricity had been shot up my spine. I was beet red and shaking; I felt completely powerless. Even when I take initiative to make something for myself, I'm disregarded and pushed off of my own projects.

We work in close rows of cubicles, and I often overhear my colleague whispering and gossiping about me. If I make a sale, speak up in a meeting, or do anything of value, I'm picked apart, teased, or joked about behind my back. It is humiliating and demoralizing. When it was time for a company party for a well-liked employee who was leaving the company, not only was I not included on the email invite, but they didn't even include me on the sign-up sheet that went around for people to bring dishes to the potluck. These people see me five days a week, yet I may as well not be here. It was like a Freudian slip; even if it was an unintentional omission, the message was clear: "We don't want you here, you're not one of us." It has gotten to the point where I struggle every morning just to get out of bed, so filled with anxiety and dread at having to force myself to face people who so clearly dislike me.

When I started in this industry, I loved every minute of it, and there are aspects that I still enjoy, but working in this environment is downright painful. I realize that work is work, and I have a fulfilling life outside the office, but being forced to go to work at a place where I am unwanted, excluded, gossiped about, conspired against, or even downright bullied, is absolute torture. I know I can't work like this forever, but I'm just not sure what to do next.

APPENDIX B

Study 2 list of difficult work-related situations.

- Personal injury or illness impacting your work
- Fired from your job
- Laid off from your job
- Furloughed from your job
- Major changes in responsibilities at work
- Major changes in your work hours or conditions
- Difficulties with your boss
- Spouse/partner losing their job

APPENDIX C

Study 3 Abusive leadership sufferer's description.

"I work in a regional office for a global firm and love the industry I am in. I love the creative aspect of my job, I enjoy interacting with my clients and really love my colleagues – no doubt this could have been a dream job. A few years ago, our old branch manager retired and the firm recruited a new manager to lead our regional office. He was a top marketing executive with a great reputation in the sales field."

Dave is all about productivity. He comes into the office extra early just to make sure everybody else arrives on time. That in itself seems reasonable to me. But very quickly I learned that his reaction to the slightest deviation from his expectations is far from reasonable. If someone walks in a minute late, he tears into them. No questions asked. I am a punctual person and often get to the office 10 to 15 minutes early, which he would not bother acknowledging or celebrating in any way. One day I got there ten minutes late, as I was delayed behind a bad traffic accident. He pretty much lashed out in front of the WHOLE office. I gently said I was sorry to arrive late and I was not even late to a meeting or anything specific. I continued to share that the road heading in was packed after a bad car accident involving multiple casualties, thinking he will have some sympathy. "Why do you think I should care about your lame excuses, show up on time!" He screamed, turned back, got into his office and slammed the door behind him. I felt so embarrassed, the entire floor was watching this unfold and I felt so humiliated. Later I realized we lost an account that was not even mine, and he totally took that frustration on me. When a printing job took a tad longer to finish he laughed- "Were you held by multiple casualties at the copier machine room, too?". At first I tried to tell myself these are just minor comments I should just ignore, but must admit that these comments are getting under my skin.

I take pride in the quality of the work I do, and have been the top performer in my office for years. You'd think a boss who values productivity will acknowledge that … but no!. Dave likes me as much as he likes anyone, but he still insults me on a daily basis and tells me I am an idiot at least a couple of times a week. He says things like "Pick up the pace, Amanda, or I'll find somebody who can actually do the job more than you do!" … When I came to ask for his advice about a hiccup my team had with an account he said: "Can you drop the drama queen façade?". I really don't know what I've done to lead this person to treat me this way.

I used to love our weekly meetings and was energized by our team discussions, but since Dave took over I learned to dread them. During these meetings, Dave would treat one person like a hero and another person like a total loser who wasn't doing anything right and was going to bring the team or even the whole business down. We're talking full-on hazing in a group setting. I can't even count the times I had the "pleasure" of being that punching bag who he considered to be the loser of the meeting. Not surprisingly, there wasn't a lot of substance behind why an individual was being praised or hazed so much; it was just a management technique. I can't recall a single time he bothered giving me credit for excellent work I accomplished-like locking in an account my peers tried to work on for a year. All I get is him putting me down in front of others, blaming me for others' mistakes, sometimes I'll be put down for things HE screwed up, which he so rarely takes responsibility for.

I used to have this spring in my step heading into the office, but since Dave started running our office I feel more stressed than ever, my heart is beating a million miles per hour, and I feel I can barely contain my anxiety during my work day. I know I can't work like this forever, but I'm just not sure what to do next.

APPENDIX D

Study 3, mediation analyses using CAQ measure rated by two independent coders

To rule out the sufferer's effect, we recruited two independent coders unaware of the research questions to rate the CAQ of all responses generated for conditions 1–4. These coders used the same CAQ items used by sufferers (Cohen's $\kappa = 0.94$). Below we offer the results of the mediation built on this operationalization of CAQ, revealing a similar pattern we report in the paper when we tested the mediation built on CAQ derived from the sufferers' ratings.

We tested whether responders' self-focus and validation of the sufferer's distress mediated the relationship between experimental condition and CAQ coder's measure. To test these parallel indirect effects, we used PROCESS Model 4 (Hayes, 2013) with 10,000 bootstrap samples using 95% bias corrected bootstrap confidence intervals.

As predicted (H5a), self-focus was higher among responders who previously endured *similar* distress compared to responders who previously endured *different* distress ($B = 1.65$, $SE = 0.21$], $p < .001$, 95% CI [1.23, 2.06]). There was also a significant negative effect of self-focus on CAQ ($B = -.39$, $SE = 0.08$, $p < .001$, 95% CI [−0.55, −0.23]). Additionally, there was a significant indirect effect of previously endured similar (vs. different) distress on CAQ through self-focus (*Effect* = −0.65, bootstrapped $SE = 0.16$, 95% bootstrapped CI [−0.98, −0.37]).

As predicted (H5b), validation was lower among responders who had previously endured *similar* distress compared to responders who had previously endured *different* distress ($B = -0.39$, $SE = 0.81$,

$p < .001$, 95% CI [−0.55, −0.23]). There was also a significant positive effect of validation on CAQ ($B = 1.64$, SE = 0.21, $p < .001$, 95% CI [1.23, 2.06]). Additionally, there was a significant indirect effect of previously endured similar (vs. different) distress on CAQ through validation (*Effect* = −0.65, bootstrapped *SE* = 0.16, 95% bootstrapped CI [−0.99, −0.36]).

As predicted (H5c), self-efficacy was higher among responders who previously endured *similar* distress compared to responders who previously endured *different* distress ($B = 1.78$, $SE = .26$, $p \leq .001$, 95% CI [1.37, .163]). There was also a significant negative effect of self-efficacy on CAQ ($B = -.19$, $SE = 0.09$, $p = .028$, 95% CI [−0.37, −0.02]), demonstrating a gap between responder's self-efficacy and sufferer's experience of responders' attempts. Additionally, there was a significant indirect effect of previously endured similar (vs. different) distress on CAQ through self-efficacy (*Effect* = −0.34, bootstrapped *SE* = 0.16, 95% bootstrapped CI [−0.68, −0.03]).