

# Taking care of you and me: How choosing for others impacts self-indulgence within family caregiving relationships

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## Full length article

# Taking care of you and me: How choosing for others impacts self-indulgence within family caregiving relationships



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## ABSTRACT

Consumers frequently make choices for family members they take care of or from whom they receive care (e.g., their children or partner), yet marketing research has given little attention to how these other-oriented choices might impact the chooser's self-indulgence. In this research we consider familial caregiving relationships as a relevant and ubiquitous context of other-oriented choices and identify the role of the chooser (i.e., caregiver versus care-receiver) as an important moderator that determines when virtuous other-oriented choices within caregiving relationships lead to licensing and when they encourage consistent virtuous consumption behaviors.

Three studies demonstrate that making virtuous food choices for others affect the chooser's subsequent self-regulatory behavior in two ways: After making a virtuous choice for a care-receiving other (e.g., a young child), caregivers (e.g., parents) are more likely to license, and thus to subsequently self-indulge (Study 1, 3). In contrast, care-receivers are more likely to act consistently with an initial virtuous choice for the caregiver and thus are less likely to self-indulge (Study 2, 3).

Our findings extend research on moral licensing and consistency effects by demonstrating that—within familial caregiving relationships—the degree to which one receives and provides care may determine when choosers engage in licensing and when they act consistently with an initial virtuous other-oriented choice.

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## 1. Introduction

*“Call it a clan, call it a network, call it a tribe, call it a family. Whatever you call it, whoever you are, you need one.” (Jane Howard)*

Most of us live the majority of their life surrounded by others. The place we call home is often the place where we take care of others (e.g., our children), or are being taken care of by others (e.g., our parents). Within our families, we take care of each other, support each other, but also—quite frequently—make choices on behalf of each other. For example, when going grocery shopping or preparing meals, we do not make choices solely for ourselves, but also for others around us. We buy

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snacks for our children and prepare dinner for our partner. In doing so, we try to accommodate their indulgences (e.g., buying their favorite chocolate), but also consider it as our duty to keep them fit and healthy (e.g., by providing healthy meals).

But how will making virtuous, healthy choices for others impact our subsequent personal consumption choices and behavior? Will these choices inspire us to also choose healthy? Or will it set us free to self-indulge? And—relatedly—will choosing healthy for your care-receiving children result in similar consequences as choosing healthy for your caregiving parents?

Previous research offers equivocal answers to these questions. On the one hand, literature on behavioral consistency (Cialdini, Trost, & Newsom, 1995; Festinger, 1957) would predict that virtuous other-oriented acts inspire similar virtuous consumption behavior thereafter. This is because people have a strong motivation for consistency and perceive violations of consistency motives as strongly aversive (Higgins, 1987). For example, Cornelissen et al. (2008) showed that participants who were reminded of their earlier ecological efforts were more likely to engage in pro-environmental behavior than participants who were not. Given this overt need for consistency, one would expect that making a healthy choice for others may highlight the chooser's self-conception as a person who cares about health and motivates him or her to act in line with this self-view.

On the other hand, literature on moral licensing predicts that past virtuous other-oriented deeds absolve someone to engage in more immoral or less positive target behavior thereafter (Merritt, Effron, & Monin, 2010; Mullen & Monin, 2016). This “licensing effect” has been repeatedly documented across a variety of domains (e.g., prejudice, self-control, or honesty) involving vice-virtue conflicts (Baumeister & Juola Exline, 1999). For example, Monin and Miller (2001), in one of the first demonstrations of the moral licensing effect, found that men were more likely to display prejudice in hiring decisions after being given the chance to establish moral credentials as a non-prejudiced person. Similarly, Khan and Dhar (2006) demonstrated that individuals who imagined that they had helped a foreign student understanding a lecture—a virtuous other-oriented behavior—subsequently donated less to charity and were more likely to choose an indulgent product (a designer jeans) than a utilitarian product (a vacuum cleaner). Thus, based on a moral licensing explanation, one could expect that after making a healthy virtuous other-oriented choice, choosers are more likely to self-indulge (Merritt et al., 2010).

Considering moral licensing and consistency literature, one might wonder under which conditions a virtuous other-oriented choice will facilitate self-indulgence and under which conditions it will lead to consistent virtuous consumption behavior. In this research, we draw on literature on caregiving relationships and suggest that self-indulgence will especially occur after making virtuous choices for a care-receiving close other. As care-receiving others constitute an important part of a caregiver's self-identity, they could potentially serve as a means to resolve the caregiver's subsequent personal vice-virtue dilemma. As such, preparing a healthy snack for one's children might set someone free to subsequently self-indulge. At the same time, this kind of mental maneuvering is less likely to occur after making a choice for someone who takes care of you.

Within this research, we thus suggest and consistently find that after making a virtuous choice for a care-receiving other (e.g., a young child), caregivers (e.g., parents) are more likely to license, and thus to subsequently self-indulge. By contrast, care-receivers are likely to act consistently with their initial virtuous food choice for the caregiver, and thus are less likely to self-indulge.

Theoretically, the findings of this research shed light on how interpersonal dynamics in social relationships impact self-regulation (Fitzsimons & Bargh, 2003; Fitzsimons & Finkel, 2011; Hofmann, Finkel, & Fitzsimons, 2015). To date, the majority of marketing research primarily focused on how individual consumer decision-making influences self-regulation. Yet, as social beings, consumers are very often—directly or indirectly—influenced by others around them—particularly by close others (Cavanaugh, 2016; Simpson, Griskevicius, & Rothman, 2012). It is therefore important to understand how individual decisions operate within dyads and dyads involving close others in particular.

Recent research on self-regulation within dyads has mostly considered parallel self-control decisions (i.e., two individuals within a dyad making the same decision in parallel; Lowe & Haws, 2014) or two individuals making joint self-control decisions (Dzhogleva & Lambertson, 2014). In contrast, we consider a sequential dyadic decision context—where a consumer first makes a choice between a vice option and a virtuous option for a close other, and subsequently makes a choice for him or herself.

Moreover, we consider a widely prevalent but surprisingly under-researched relationship context—family caregiving. While we do know that partners influence each other's decision-making within dating and marriage relationships (Cavanaugh, 2016; Dzhogleva & Lambertson, 2014; Hasford, Kidwell, & Lopez-Kidwell, 2017; Simpson et al., 2012), little is known about how caregiving roles within familial relationships impact decision-making and self-regulatory processes. This research provides initial empirical evidence that providing and receiving care—which is often characteristic of certain roles within a familial relationship context—triggers dynamics that subsequently impact individual self-regulation by the relationship partners involved.

Relatedly, we add to marketing research on parent-child roles and parental decision-making (Durante, Griskevicius, Redden, & Edward White, 2015; Moore, Wilkie, & Desrochers, 2016; Nenkov & Scott, 2014). Specifically, our findings highlight that parents' choices for their children do not only affect the children's consumption outcomes (Durante et al., 2015; Nikiforidis, Durante, Redden, & Griskevicius, 2018) but may equally well affect the parent's subsequent consumption behavior. In this context, research by Li, Haws, and Griskevicius (2018) shows that adopting a parenting motivation—a set of affective and cognitive mechanisms aimed to take care of the young—increases present bias among mothers, who are especially concerned about their child's immediate needs. Still, it remains unclear how acts of other-oriented choice making—within a

caregiving context—impact subsequent decision making among caregivers and care-receivers and, relatedly, affect their subsequent likelihood to self-indulge.

Lastly, the current work contributes to literature on self-regulation and moral licensing by identifying the role of the chooser in a caregiving relationship (i.e., caregiver versus care-receiver) as an important moderator that determines when virtuous other-oriented choices within caregiving relationships lead to licensing and when they encourage consistent virtuous consumption behaviors.

Our findings also suggest implications for marketing management. Our work underscores the value of managers giving consideration to consecutive choices. Online retailers, for example, often recommend products to a user based on a set of items known to be of interest to this user. To do so, algorithms identify items that are currently in the shopping cart (e.g., healthy food for kids), and—based on these items—generate a list of additional relevant items for the user (e.g., hedonic self-gifts). Also online advertising might benefit from our findings. For example, online retailers of hedonic consumer goods (e.g., self-gifts) might benefit from placing ads on websites that sell healthy food for care-receiving others (healthy animal food, or nutritious baby food). In this context, companies could consider adding cues to the advertisement that signal a logic of “I deserve it”. Finally, marketing practitioners who are concerned with their customer’s well-being, might consider adding reminders of healthy consumption for caregiving others. Such reminders could stress the importance of taking good care of one’s own body: A baby food cookbook, for instance, could include healthy recipes for the mother.

In the following, we characterize the nature of caregiving relationships, explain how providing care and receiving care fundamentally shapes caregiving relationships, and attempt to extract from literature how involving care-receiving others in one’s own self-regulatory process can impact self-indulgence. We then present three studies in which we ask participants to make a food choice for a care-receiving other (i.e., a child, a pet) or a caregiving other (i.e., a parent) respectively, and study how this initial other-oriented choice subsequently impacts the chooser’s personal consumption choices. We test the latter in self-regulation domains that are related to the initial other-oriented choice, as well as in self-regulation domains that are not related to the initial other-oriented choice.

## 2. Caregiving relationships, moral licensing and consistency behavior

The Oxford Dictionary defines a caregiver or “carer” as a person who regularly looks after a child or a sick, elderly, or disabled person. Caregiving is driven by a pro-social orientation, tenderness, and benevolence—it is about doing good for someone else over a longer period of time (Buckels et al., 2015; Kleinman, 2012; Kleinman, 2013; Overall & Sibley, 2008). Giving care is closely tied to one’s personal identity. It can be considered as an important way to give meaning to one’s own life (Baumeister et al., 2013). For example, being able to take care of one’s children—to make sure they are healthy and feel good—is seen as a highly relevant and meaningful activity.

It is important to note that the form of caregiving we are investigating in this research is conceptually different from merely providing aid (Walker & Pratt, 1991; Walker, Pratt, & Eddy, 1995). When providing aid individuals *situationally* care for others who momentarily face expertise-related, health-related, or emotional coping deficits in a specific context (Arora & McHorney, 2000; Ward & Lynch, 2018). For the sake of clarity, we refer to this type of “situational caregiving” as “providing aid” in the remainder of this article. In contrast to providing aid, caregiving in our study context involves relatively stable context-invariant levels of dependency on another person for a range of activities essential for daily living over prolonged periods of time—typically in a family context. As such, familial caregiving relationships—such as parent–child relationships—are characterized by low levels of dependency on behalf of the caregiver and high levels of dependency on behalf of the care-receiver (Bornstein, 1992).

In the current research, we propose that the role of the individual in the caregiving relationship (i.e., caregiving role versus care-receiving role) moderates how other-oriented choices in caregiving relationships will influence the chooser’s subsequent self-regulation. That is, caregiving—and specifically making virtuous choices on behalf of others who depend on your care—triggers dynamics that enable the caregiver to feel morally licensed to self-indulgence. Conversely, we predict that this type of mental maneuvering is less likely to occur when making choices for caregiving individuals (e.g., your parents, or a partner who takes care of you).

### 2.1. A caregiver’s perspective

Caregiving relationships involve stable context-invariant levels of dependency. Caregiving thus implies that a caregiver provides nurturance and protection to a vulnerable, dependent care-receiver who may be mentally or physically limited, or otherwise cannot make well-informed choices (Liu, Dallas, & Fitzsimons, 2019; Rusbult & Van Lange, 2003). It involves looking after the care-receiving other, acting in the other person’s long-term interest, and—frequently—making well-intended choices on behalf of the other.

In this context, Liu et al. (2019) illustrate that caregivers—when making choices for care-recipients—do not only consider the recipient’s preference but at the same time their own preference in deciding on what is a safe and responsible choice option for the care-receiver. Caregiving can thus be associated with the caregiver’s responsibility for the care-receiver’s well-being (Li, Haws, & Griskevicius, 2018; Liu et al., 2019). Vulnerability in children elicits strong caring, protective behaviors in mothers and fathers (Bornstein, 1992; Buckels et al., 2015). In a food consumption context, research has shown that

caregiving parents—when being exposed to a menu which provides calorie information—seem to order healthy, lower-calorie meals for their dependent children (Tandon et al., 2010), and generally make healthy rather than unhealthy choices for their child if they believe that self-control is a limited resource (Mukhopadhyay & Yeung, 2010).

Taking responsibility and acting in the best long-term interest of a care-receiver is not only expected from caregivers but is often defining the caregiver's identity (Bhattacharjee, Berger, & Menon, 2014, Study 3). Relatedly, research has shown that particularly care-receiving others—whom one feels responsible for—are often integrated in the caregiver's self-concept and thus form a part of a caregiver's "extended self" (Brummelman et al., 2013; Thai et al., 2019). Making a responsible, virtuous, and moral choice for a care-receiver may thus particularly serve to boost the caregiver's moral self-concept.

Providing optimal and good care towards a vulnerable close other can be seen as a personal duty that could enable caregivers to establish "moral credits" (Monin & Miller, 2001) and thus to feel licensed to consume indulging unhealthy foods (Conway & Peetz, 2012; Effron, Cameron, & Monin, 2009; Jordan, Mullen, & Murnighan, 2011; Mullen & Monin, 2016). Along the same line, individuals who wish to self-indulge in the future may equally well distort the evaluation of their past other-oriented acts to justify subsequent self-indulgence (e.g., Effron, Monin, & Miller, 2013).

Note that self-licensing after an other-oriented choice may be especially prevalent among caregivers because of their relatively high level of control over resources. Parental food choices, for example, are known to have a strong impact on children's immediate eating behaviors and to even affect their future eating habits (Gibson, Wardle, & Watts, 1998; Moore et al., 2016). Caregivers can often be relatively certain that the care-receiver will comply with the virtuous choices made for him or her. Thus, caregivers are more likely to consider the initial other-oriented virtuous choice act as completed, rather than intended. In accordance with prior research emphasizing that other-oriented deeds need to be completed—rather than simply intended—to encourage moral self-licensing (Weibel, Messner, & Brügger, 2014), one can thus expect that caregivers are more susceptible to moral self-licensing.

Lastly, good caregiving has been considered a moral experience by scholars in medical anthropology (Kleinman, 2012, 2013). Likewise, the moral identity scale (Aquino & Reed, 2002) includes adjectives such as "compassionate" and "caring", and some authors define moral behavior as behavior that is socially responsive to the needs of others (Kohlberg, 1968; Rest, 1980). Research on moral licensing predicts that moral thoughts, but not positively valenced thoughts, about the self in general lead to moral licensing (Jordan et al., 2011).

Taken together, good caregiving towards a close, dependent other (e.g., making a healthy choice for one's child) seems to be an inherently moral, other-oriented behavior which could serve as a "license" to self-indulge. We thus suggest that caregivers are more likely to indulge after an initial virtuous (compared to vice) other-oriented choice for a care-receiver.

We hypothesize:

**H1:** Caregivers are more likely to self-indulge after making a virtuous consumption choice for a care-receiver than after making a vice consumption choice, or no consumption choice.

## 2.2. A care-receiver's perspective

From the care-receiver's perspective, making a virtuous choice for the person whose care one depends upon will not easily lend itself to licensing effects. Care-receivers are dependent on a caregiver for protection, nurturance, and support (Bornstein, 1992). To secure care and maintain their nurturing relationship with the caregiver, the care-receiver usually accommodates to the caregiver. The care-receiver will thus rather act consistently with his or her caregiver to promote and safeguard their relationship.

Research has indeed shown that opting for a strategy of accommodation in dependency dilemmas is associated with more positive appraisals of such situations (Overall & Sibley, 2008). Relatedly, children have been consistently found to reciprocate intentional beneficial acts towards them (Vaish, Hepach, & Tomasello, 2018). This is in line with literature in developmental and social psychology showing that care-receivers are more likely to comply with and yield to caregivers they depend upon (Bornstein, 1992). In the present research this implies that care-receivers should be more likely to comply with their caregiver's inferred health goal (Aarts, Gollwitzer, & Hassin, 2004) in an effort to affiliate with caregivers and maintain a favorable relationship with them. Consequently, care-receiving others should be more likely to act consistently and thus opt for a similar virtuous choice option as they chose for the caregiver. Previous research confirms that individuals indeed use consumption in service of affiliation (Lee & Shrum, 2012; Mead et al., 2011) and closeness (Woolley & Fishbach, 2016).

Furthermore, since caregivers oftentimes act as role models for care-receivers—e.g., parents often act as role models for their children (Anderson & Cavallaro, 2002; Wiese & Freund, 2011)—making a virtuous choice for a caregiver might make the norms and standards of the latter more salient. Salient norms—especially when linked to individuals one identifies with—are more likely to be acted upon (Goldstein, Cialdini, & Giskevicius, 2008), and to activate a so-called "rule-based mindset". Adopting a rule-based mindset—evaluating personal behavior against a salient rule or norm (Alexander & Moore, 2008; Cornelissen, Bashshur, Rode, & Le Menestrel, 2013)—has been found to encourage behavioral consistency in the context of moral decision-making (Cornelissen et al., 2013).

We hypothesize:

**H2:** Care-receivers are less likely to self-indulge after making a virtuous consumption choice for a caregiver than after making a vice consumption choice, or no consumption choice.

### 2.3. The current research

We test our predictions in a series of framed field studies and one laboratory study. As we focus on caregiving as our focal construct (and not situational aid), we take advantage of existing, caregiving relationships between a caregiver (e.g., parent, pet owner) and a care-receiver (e.g., young child, pet) to assess how making virtuous choices for others is associated with subsequent licensing behavior by caregivers (Study 1) and consistency behavior by care-receivers (Study 2). Specifically, choosers in Study 1 (i.e., parents) have a care responsibility towards the choice target who is vulnerable and dependent on their care (i.e., children). Their role as a caregiver is chronically salient on a day-to-day basis. In this choice scenario, we expect that making a virtuous other-oriented choice—rather than an indulgent vice choice—for the care-receiving other is positively correlated with subsequent self-indulgence. Conversely, the choosers in Study 2 (students) receive care from the choice target (their parents). In this choice scenario, we expect and find that choosers are more likely to act consistently with their initial virtuous (versus indulgent) other-oriented choice and thus subsequently engage in virtuous (versus indulgent) consumption behavior themselves. In Study 3 we recruit 204 parent–child dyads and demonstrate that within dyads, the role of the chooser (i.e., caregiving role versus care-receiving role) determines whether the initial other-oriented choice increases or decreases subsequent self-indulgence. Furthermore, we show that the effects of other-oriented choice on self-indulgence are not domain-specific but also hold across self-regulation domains. Moreover, Study 3 includes a no-choice control group to provide further evidence of licensing effects among caregivers and consistency effects among care-receivers.

## 3. Study 1

Study 1 focused on a traditional caregiving situation: a parent taking care of a young child. Parent–child relationships are asymmetrical in the sense that children are typically vulnerable and dependent on their parents (Bornstein, 1992; Buckels et al., 2015; DeHart et al., 2003).

Furthermore, Study 1 considered a common dilemma in the domain of food consumption: Consumers' conflict between the immediate (pleasure) benefits of indulgent foods and the long-term health benefits of healthy food options (Vohs & Heatherton, 2000). Typically, choosing the healthy option is considered the virtuous, moral choice whereas choosing the unhealthy option signifies a vice consumption choice (Baumeister & Juola Exline, 1999; Conrad, 1994).

In Study 1, which was conducted in a kindergarten in Australia, we asked parents to choose between a virtuous healthy snack (grapes) and a vice unhealthy snack (gummy worms) for their child (the care-receiver). Self-indulgence was unobtrusively measured by weighing the amount of candy eaten by the parent (the caregiver) while filling out a subsequent questionnaire. We expected that a caregiving parent who initially chose the grapes for the dependent care-receiving child would display a greater likelihood to subsequently self-indulge than a parent who initially chose the unhealthy snack for the child.

### 3.1. Participants

We approached 70 mothers and fathers (45 women,  $M_{\text{age}} = 35.3$ ,  $SD = 5.29$ ) who were on their way to pick up their child from a kindergarten in Australia. Children's age at this kindergarten ranged from one to five years. All participants were either the biological father or mother of the child they picked up. The study was conducted on several consecutive days.

### 3.2. Materials and procedure

Parents were approached one by one when they arrived at the kindergarten to pick up their child and were asked whether they would be willing to participate in a study involving food tasting. If a parent agreed to participate, they were guided to a table in a separate room close to the entrance area, and informed that—as a thank you for their kindness to participate in our study—they were free to choose one of two snacks for the child they were about to pick up. We offered gummy worms (unhealthy snack) and grapes (healthy snack) in equally sized, closed plastic containers. We selected grapes as a healthy, virtuous snack option based on previous studies (Fedorikhin & Patrick, 2010). While participants were making the choice, the research assistant discretely left the room to ensure privacy. After making the choice, participants were asked to put the snack for the child away for later and were guided to an area which was set up as a food tasting booth. A table was positioned in a quiet corner far from the entrance to ensure silence and privacy. On the table, we had placed two bowls with 300 g of peanut chocolates which were covered with cling film. One bowl was filled with 300 g of colorful M&Ms while the other bowl contained 300 g of brown unbranded peanut chocolates. A laptop was placed next to the bowls for participants to fill in the survey. The experimenter removed the cling film from the bowls and opened the survey for the participant.

First, participants were asked to rate their momentary feelings of happiness and guilt on a 5-point scale (1 = very slightly or not at all; 5 = extremely). Furthermore, participants rated in how far they felt “helpful”, “warm”, and “compassionate”, measured on 5-point scales (1 = very slightly or not at all; 5 = extremely). The last three items constitute a measure of an altruistic self-concept and thus, represent an opportunity of positive self-affirmation ( $\alpha = 0.81$ , Khan & Dhar, 2006).

Subsequently, participants were asked to start the food tasting. For this, they answered a sequence of questions tapping into their food tasting experience (e.g., questions about the texture and taste of the chocolate snacks as well as their willingness to pay for them). It was stressed that they could eat as many of the chocolate snacks as they wanted.

Participants also answered all items of the restrained eating scale (Herman & Polivy, 1975;  $\alpha = 0.79$ ), six items assessing general health consciousness (e.g., “I’m generally attentive to my inner feelings about my health”;  $\alpha = 0.80$ ) measured on a 7-point scale (1 = strongly disagree; 7 = strongly agree), and a question on the time they had eaten their last meal. Finally, they answered several demographics questions concerning their child and themselves.

Upon finishing the survey, parents were thanked and debriefed and went to pick up their child. We then weighed the bowls of chocolate snacks to determine the amount consumed. The weight difference (in grams) represents the dependent variable in our study and serves as a measure of self-indulgence (e.g., Shiv & Fedorikhin, 1999).

### 3.3. Results

#### 3.3.1. Consumption

In total, 37 parents (53%) chose gummy worms for their child and 33 parents (47%) chose the grapes. Our data showed results consistent with our prediction: Parents who first chose grapes for their child subsequently consumed significantly more grams of chocolates ( $M = 56.55$ ,  $SD = 30.19$ ) than parents who chose gummy worms for their child ( $M = 36.80$ ,  $SD = 30.12$ ),  $t(68) = 2.74$ ,  $p = .01$ ,  $d = 0.66$ , 95% confidence interval [CI] [5.35, 34.16]. No consumption outliers with consumption values more than three standard deviations away from the mean consumption value in our sample were detected. Similarly, including potential other confounding factors that may affect self-indulgence, such as gender, restrained eating, the time since the last meal, and general health consciousness did not yield any significant main effects or interaction effects with other-oriented choice on self-indulgence. We also found no evidence that guilt, positive mood or positive self-affirmation mediated the effect of other-oriented choice on self-indulgence. Detailed analyses can be found in the web appendix (cf. 1.3 Covariate Analyses).

### 3.4. Discussion

Overall, our analyses revealed correlational results consistent with hypothesis 1 and provided initial correlational evidence for our prediction. Caregiving choosers (i.e., parents) were significantly more likely to self-indulge after making a virtuous choice for their care-receiving counterparts (i.e., children).

To test the robustness of our finding, we conducted another study (Study 1b) with 72 mothers at a public swimming pool in Europe. Again, our results showed that mothers who first chose a healthy snack (i.e., grapes) for their young child were subsequently more likely to self-indulge. The details of this study can be found in the web appendix (cf. 2. Study 1b).

A possible limitation of the present studies is that we could not verify whether the child rather than the parent consumed the snack that was initially chosen. Therefore, we conducted an additional study (Study 1c) which ensured that the snacks chosen for the care-receiving other will be consumed exclusively by the choice target rather than the chooser. Specifically, we asked dog owners to choose between a healthy and an unhealthy snack for their dog and measured the chooser’s subsequent personal choice between a healthy and an unhealthy snack option to capture self-indulgence. Our findings replicated the effect observed in Studies 1 and 1b: Dog owners who made a healthy choice for their dog were significantly more likely to self-indulge than dog owners who made an indulgent choice for their dog. The details of this study can be found in the web appendix (cf. 3. Study 1c).

## 4. Study 2

While Study 1—as well as the additional studies reported in the web appendix—focused on the downstream consequences of making virtuous healthy choices for care-receiving others, Study 2 considered choices for caregivers. Specifically, we predicted care-receiving choosers to be significantly less likely to self-indulge after making an initial healthy other-oriented choice (H2)—and thus to display behavioral consistency rather than licensing. In a controlled laboratory study, we asked undergraduate students to make a choice (healthy vs. unhealthy) for a caregiving close other (i.e., their parents). Nowadays—given rising tuition fees and housing costs—undergraduate students are generally still financially dependent on their parents (Goudreau, 2011; Hughes, 2018; Kahn, Goldscheider, & García-Manglano, 2013; Schneider, 2000). Specifically, we asked students to choose between two restaurant vouchers for their parents. The two restaurants in the choice set were framed as serving relatively healthy versus unhealthy meals respectively. Subsequently, we measured students’ self-indulgence by weighing the amount of chocolates (in grams) they consumed while filling out a subsequent—purportedly unrelated—questionnaire. We expected that students who had chosen the healthy restaurant for their parents would be less likely to subsequently self-indulge than students who had chosen the unhealthy restaurant voucher for their parents. Similar to Study 1, we measured guilt, happiness, and perceived warmth, helpfulness and compassion—the latter three items were averaged into an altruistic self-concept score (Khan & Dhar, 2006).

## 4.1. Method

### 4.1.1. Participants

We invited 118 undergraduate students (69 female,  $M_{\text{age}} = 20.11$ ,  $SD = 1.29$ ) from a European University to our research lab in return for course credit.

### 4.1.2. Materials and procedure

Upon arrival in our lab, undergraduate students—who were one year from graduation at that time—were assigned to individual cubicles and informed that they would participate in a series of unrelated studies. For the first part of the study, they received an information sheet which informed them that the university was thinking about introducing a gift for students' parents at the graduation ceremony. Two restaurant vouchers served as gift options. Participants were asked to make a choice between these two restaurant vouchers for their parents. One restaurant option was framed as relatively healthier (“a chain of restaurants which serves healthy foods”) than the second vice option (“chain for pure indulgence”). A separate pretest ( $N = 72$ ) confirmed that the healthy restaurant option was perceived as significantly healthier ( $M = 6.07$ ,  $SD = 1.14$ ) on a 7-point scale ranging from 1 (very unhealthy) to 7 (very healthy) than the unhealthy restaurant option ( $M = 4.68$ ,  $SD = 1.29$ ),  $t(71) = 10.32$ ,  $p < .01$ ).

After making a choice, participants were asked if they were able to give the voucher to their parent. This question merely had logistical reasons as only students who could actually give the voucher to their parents were considered for analysis. Then students indicated to what extent they felt “compassionate”, “helpful”, and “warm” (Khan & Dhar, 2006;  $\alpha = 0.67$ ). Furthermore, participants rated momentary feelings of happiness and guilt on a 5-point scale (1 = very slightly or not at all; 5 = extremely). We then measured level of relationship closeness with their parent with the Inclusion of Other in the Self scale (IOS) (Aron, Aron, & Smollan, 1992). The Inclusion of the Other in the Self scale involves selecting one of seven Venn diagrams. These diagrams depict two circles of which one represents the self and the other represents the close other (parent in this study). The diagrams vary in their degree of overlap (1 = far apart; 8 = complete overlap). Higher scores therefore indicate greater incorporation of the parent into the self (Agnew et al., 1998). After filling in these measures, participants were informed that they completed the first study.

Subsequently, participants were introduced to a purportedly unrelated study: a chocolate tasting. The research assistant therefore distributed a bowl of chocolate pearls (300 g) and asked participants to fill out a survey comprising several measures regarding the look, taste, and texture of the chocolates. Participants were informed that they could eat as many chocolates as wanted. At the end of the session, after a number of filler measures, we administered the restraint eating scale (Herman & Polivy, 1975;  $\alpha = 0.74$ ) and asked participants to rate their current level of hunger on a 7-point scale (1 = not hungry at all; 7 = very hungry) and eleven items that measured health consciousness (e.g., “Living life in the best possible health is very important to me,”  $\alpha = 0.71$ ) on 7-point scales (1 = strongly disagree; 7 = strongly agree). In addition, participants were asked to fill out some unrelated personality measures. Upon completion of the survey, students were thanked and debriefed.

## 4.2. Results

### 4.2.1. Consumption

To make our design equivalent to Study 1, we first checked if participants were able to give the voucher to their parents. All participants confirmed that they could do so. One participant failed to make a voucher choice for his parents and was thus excluded. Furthermore, there was one participant who reported allergies that could influence his consumption, and one participant with consumption values more than three standard deviations from the mean consumption values in our sample. These two participants were excluded, leaving 115 cases for analysis. Our results indicated that 44 participants had chosen a healthy restaurant voucher for their parents and 71 participants had chosen an unhealthy voucher for their parents. An independent samples t-test revealed a significant effect of choice, such that choosing the indulgent restaurant voucher for the parents was associated with higher levels of chocolate consumption by the chooser (the student) ( $M = 17.41$ ,  $SD = 17.48$ ) than when first choosing a healthy restaurant voucher ( $M = 10.88$ ,  $SD = 10.73$ ;  $t(113) = 2.23$ ,  $p = .028$ ,  $d = 0.45$ , 95% CI  $[-12.33, -0.73]$ ). The students were thus less inclined to engage in self-indulgent consumption behavior—consistent with the virtuous consumption choice they made for their parents— and in line with our predictions.

As previous studies show that restrained eaters differ from unrestrained eaters with respect to their eating behavior (Herman & Mack, 1975), we included restrained eating as a covariate in the analysis. In a similar way, we accounted for gender and health consciousness. None of the covariates or their interaction terms with choice had a significant effect on the amount of chocolates consumed and are therefore not discussed further. Detailed analyses can be found in the web appendix (cf. 4.4 Covariates).

Like in Study 1, we conducted additional analyses to investigate if interpersonal closeness moderated the effect of other-oriented choice on subsequent self-indulgence. Yet, our analyses did not provide evidence for such an assumption. Furthermore, we found no evidence for significant differences in guilt, nor significant differences in positive affect between healthy and unhealthy other-oriented choosers. Detailed analyses can be found in the web appendix (cf. 4.1 Additional Analyses).



### 4.3. Discussion

In this study, students (i.e., care-receivers) were less likely to self-indulge after making a healthy restaurant choice for their parents—a result which contrasts our findings regarding caregiving choosers in Study 1. Specifically, care-receivers seem to display consistency behavior, rather than licensing, after making a healthy choice for a caregiving other. Together, Studies 1 and 2 provided correlational evidence that the chooser's role within a caregiving relationship (i.e., a care-receiving role versus a caregiving role) seems to be an important driver in determining the effect of virtuous other-oriented choices on subsequent self-indulgence. Yet, Study 1 and 2 both suffered from issues of self-selection. That is, participants selected themselves into the healthy other-oriented choice or the unhealthy other-oriented choice condition. In Study 3, we aimed to resolve these self-selection concerns by randomly assigning participants to either a healthy other-oriented choice, an unhealthy other-oriented choice, or a no-choice control condition. We added the no-choice control condition to provide further evidence of licensing and consistency respectively (Mullen & Monin, 2016). Furthermore, the design of this study allowed us to provide evidence that the licensing effects of Study 1 and the consistency effects of Study 2 are not unique to idiosyncrasies of the respective study designs. Specifically, Study 3 uses a dyadic study design. That is, we recruit caregivers and care-receivers in one study and randomly assign them to the respective choice conditions.

## 5. Study 3

Study 3 served four purposes. First, to address possible self-selection concerns in the previous studies, we manipulated (instead of measured) the initial other-oriented choice. Participants were asked to make a choice between two healthy choice options (healthy choice condition), two unhealthy choice options (unhealthy choice condition), or did not make an initial other-oriented choice (control condition).

Second, we investigated in how far our previously-found effects also generalize to situations in which the chooser's opportunity to self-indulge occurs in self-regulation domains unrelated to the initial other-oriented food choice (i.e., across different product categories). For this purpose we asked participants to indicate their relative preference for a variety of vice or virtue choice options in different product categories (i.e., movies, snacks, magazines, newspapers, museums) that we selected based on previous research (e.g., Khan & Dhar, 2007; Lu, Liu, & Fang, 2016).

Third, we included a control “no choice” condition to provide further evidence for licensing among caregivers and consistency behavior among care-receivers (Mullen & Monin, 2016). Specifically, we expected caregivers to self-indulge more, and care-receivers to self-indulge less after making a healthy other-oriented choice, compared to making no initial other-oriented choice. Including a no-choice control condition also allowed us to explore how self-indulgence differed between the unhealthy other-oriented choice condition and the no-choice control condition. In this research, we did not make explicit a priori predictions about possible differences in self-indulgence between the unhealthy other-oriented choice condition and the no-choice control condition. On the one hand, we know from prior research that consumers by default tend to choose more vice products when choosing a gift for someone else compared to when choosing for themselves (Laran, 2010; Lu et al., 2016). As such, making an unhealthy other-oriented choice would thus signify a default. Consequently, participants in the unhealthy choice condition should act similarly to the no choice control condition. On the other hand, the initial unhealthy other-oriented choice might feel like losing moral credits (Effron & Monin, 2010; Merritt et al., 2010) for caregivers. Consequently, they should be less likely to self-indulge. Care-receivers, by contrast, should join their caregivers in choosing unhealthy, in line with behavioral consistency—and thus may be more likely to self-indulge. In the two latter cases, we should thus observe a decrease (increase) in self-indulgence in the unhealthy other-oriented choice condition, compared to control, among caregivers (care-receivers). Study 3 provides some exploratory insights on which of these two possibilities holds in our study context.

Fourth, we recruited parents and their child and either randomly assigned the parent–child dyad to the healthy other-oriented choice condition, the unhealthy other-oriented choice condition, or the control condition. Thus, in line with our research focus on long-lasting caregiving relationships, we again relied on natural pre-existing care roles. Importantly, and in contrast to Study 1 and Study 2, we rely on a dyadic study design and test our hypothesized licensing and consistency effects in one study including both caregivers and care-receivers.

### 5.1. Method

#### 5.1.1. Participants

For this framed field study, we recruited 408 parents and children (204 parents: 106 women,  $M_{\text{age}} = 50.08$ ,  $SD = 3.81$ ; 204 children: 90 women,  $M_{\text{age}} = 17.13$ ,  $SD = 1.18$ ) at a European University during an information event for prospective students. In return for participation, individuals could take part in a lottery for one of five products (see dependent measure in the web appendix (cf. 5.2 *Dependent Measure Stimuli*) and one of two digital cookbooks for the choice target (child or parent respectively). We used a 3 (no choice, healthy choice, unhealthy choice)  $\times$  2 (caregiver vs. care-receiver role) design with choice manipulated and care role measured (i.e., participants were either the caregiving parent or the care-receiving child). The parent–child dyads were randomly assigned to one of the three choice conditions. Each parent–child dyad was composed of one parent (mother or father) and one child.

### 5.1.2. Materials and procedure

Four research assistants randomly approached a parent and their child and asked them if they were willing to participate in a short research study. If a parent–child dyad agreed to participate, the research assistants guided the parent and the child to separate tables that were standing apart from each other so that the participants could not observe each other's answers. On the table, participants found one of the six versions<sup>2</sup> of a paper pencil survey and were asked to complete the survey at their own pace. After providing informed verbal consent to participate in our research study, participants reported if they were a parent or a student. Then they were asked to write about a caregiving scenario (parent version) or a care-receiving scenario (student version), respectively. In the caregiver (parent) scenario, participants were asked to recall and write about how they were taking care of their son/daughter: “Please think and write about how you take care of your son/daughter who is with you today. Please describe how s/he depends on you (e.g., for psychological support, financially, etc.)” In the care-receiving recall scenario, participants were asked to recall and write about a situation in which their parent who accompanied them to the information event takes care of them: “Please think and write about how one of your parents—who is with you today—takes care of you. Please describe how you depend on this parent (e.g., for psychological support, financially, etc.)” After completing the writing task, participants reported the name of their child (caregiver version)/ their parent (care-receiver version) that accompanied them. Subsequently, the parent–child dyads were assigned to the healthy, unhealthy, or no choice control condition. Parents and students of the same dyad were assigned to the same other-oriented choice condition. In the two choice conditions, we asked all participants to choose a cookbook for their family member. Parents (caregivers) were thus asked to choose a cookbook for their son or daughter. Students (care-receivers) were asked to make a choice for their parent. We informed them that their chosen cookbook would be sent to the choice target—as an e-book—upon completion of the study.

In the healthy choice condition participants could choose from two healthy cookbook options (“Happy Healthy Food” and “Eating Green and Healthy”), while in the unhealthy choice condition, participants could choose from two cookbook options with relatively more unhealthy dishes (“Desirous Delicious Food” and “Creamy Delicious Dinners”). Participants could check the covers of the cookbooks (for exact stimuli see web appendix 1.5.1) to facilitate their choice making.

In the control conditions<sup>3</sup>, participants were neither exposed to the caregiving/care-receiving writing scenario nor did they make a cookbook choice for their family member. Instead, they were simply asked to write about a mundane situation: “Please think and write about a mundane situation in which everything just worked out as usual. This could be a situation in which you were doing the chores or cleaning the house.”

Subsequently all participants rated how dependent they felt (e.g., for psychological support/financially) on their parent (student version)/on their child (parent version) who was with them on that day (1 = not at all dependent, 7 = very dependent). This item served as a check if students indeed felt more (less) dependent on their parents (child) and thus qualify as care-receivers (caregiver) based on our definition. Then participants completed several demographic questions. Lastly, participants in the healthy and unhealthy conditions indicated if the person they made a cookbook choice for faced any dietary restrictions that may have impacted their choice.

Afterwards, we administered the dependent measure. This measure was introduced as a “thank you” for participation. Specifically, participants were informed that they would participate in a lottery for one product from the following product categories: Movie Voucher, Magazine Voucher, Snack Box Voucher, Museum Voucher, Newspaper Voucher. They then indicated their relative preference for option A or Option B in each product category on a 9-point scale ranging from 1 (virtuous option A) to 9 (vice option B). The product categories and options were chosen based on previous research (Khan & Dhar, 2007; Lu, Liu, & Fang, 2016) which used a similar measure (Lu et al., 2016; for the exact stimuli see the web appendix (cf. 5.2 *Dependent Measure Stimuli*). Finally, participants indicated for which of their product choices they would prefer to receive the voucher and reported their e-mail address so that we could send them the voucher and the digital cookbook.

## 5.2. Results

*Level of dependency.* As predicted, prospective students (care-receivers) reported being significantly more dependent on their parents (caregivers) than parents reported being dependent on their child ( $M_{\text{care-receiver}} = 4.60$ ,  $SD = 1.32$  vs.  $M_{\text{caregiver}} = 3.12$ ,  $SD = 1.91$ ,  $F(1, 406) = 83.36$ ,  $p < .001$ ,  $\eta_p^2 = 0.17$ ). This effect was not moderated by choice ( $F(2, 402) = 0.31$ ,  $p = .736$ ).

*Consumption.* Preference ratings were measured for each of the five product categories separately: Movie Voucher, Magazine Voucher, Snack Box Voucher, Museum Voucher, Newspaper Voucher. Following the approach taken by Lu et al. (2016), we calculated an index, averaging the preference ratings for the five product categories ( $\alpha = 0.60$ ). A higher score indicates a relatively higher preference for vice products.

Then we investigated the dyadic structure of our data. First, we tested the assumption of nonindependence in dyadic data analysis (Kenny, Kashy, & Cook, 2006); that is to what extent the preference ratings of a parent and a child–distinguishable members of the same dyad are non-independent (Kenny et al., 2006). We find that the preference ratings of students and

<sup>2</sup> The versions included: (1) Caregiver, healthy choice, (2) Caregiver, unhealthy choice, (3) Control (parent version), (4) Care-receiver, healthy choice, (5) Care-receiver, unhealthy choice, (6) Control (student version).

<sup>3</sup> Note that we had two different versions for the control conditions due to the item asking participants to report their level of dependency on their parent (student version)/their child (parent version).

parents of the same dyad were (marginally) significantly correlated for all five product categories ( $r_{movie} = 0.23, t(202) = 3.41, p < .01$ ;  $r_{magazine} = 0.21, t(202) = 3.02, p < .01$ ;  $r_{snackbox} = 0.21, t(202) = 3.05, p < .01$ ;  $r_{museum} = 0.15, t(202) = 2.10, p < .05$ ;  $r_{newspaper} = 0.12, t(202) = 1.70, p < .10$ ) as well as for the average preference rating ( $r = 0.27, t(202) = 4.03, p < .001$ ). This non-independence of the observed preference ratings of the parent and child asks for a dyadic analysis approach (Kenny et al., 2006). A linear mixed model (LMM) analysis with the averaged preference ratings across product categories as dependent measure (Lu et al., 2016) yielded results in line with predictions. For the LMM analysis we relied on restricted maximum likelihood estimation with 2000 bootstrapping samples and bias-corrected confidence intervals. This analysis revealed a significant Other-Oriented Choice  $\times$  Care Role interaction effect for the average preference rating:  $F(2, 402) = 6.68, p = .001$ , see Fig. 1.

For caregivers, the planned contrast comparing the healthy other-oriented choice condition to the other two conditions provided support for hypothesis 1, ( $F(1, 402) = 9.169, p = .003$ ). In line with licensing, caregiving parents demonstrated a higher relative preference for vice products after making a healthy cookbook choice for their child ( $M_{healthy\ choice} = 4.28, SD = 2.09$ ) than the other two conditions ( $M_{unhealthy\ choice} = 3.47, SD = 1.57; M_{no\ choice} = 3.55, SD = 1.81$ ). Specifically, caregiving parents displayed a higher relative preference for vice products after making a healthy cookbook choice for their child than if they did not make an initial choice for their child ( $M_{healthy\ choice} = 4.28, SD = 2.09$  vs.  $M_{no\ choice} = 3.55, SD = 1.81, t(1, 402) = -1.79, p = .037$ ). Furthermore, caregivers displayed higher relative preference for vice products after making a healthy cookbook choice for their child than after choosing the cookbook with unhealthy recipes ( $M_{healthy\ choice} = 4.28, SD = 2.09$  vs.  $M_{unhealthy\ choice} = 3.47, SD = 1.57, t(1, 402) = -2.178, p = .015$ ), in line with H1 and Study 1. No significant differences in self-indulgence were evident when comparing caregivers who made an initial unhealthy choice for their child and caregivers who made no initial other-oriented choice ( $M_{unhealthy\ choice} = 3.47, SD = 1.57$  vs.  $M_{no\ choice} = 3.55, SD = 1.81, t(1, 402) = 0.71, p = .761$ ). This finding provides some exploratory evidence that while a virtuous cookbook choice (compared to no choice) increased self-indulgence, an initial other-oriented unhealthy choice does not seem to deduct moral credits for caregivers.

For care-receivers, the planned contrast comparing the healthy choice condition to the other two choice conditions yielded results in line with behavioral consistency and hypothesis 2. In particular, care-receivers demonstrated a lower relative preference for vice products after making a healthy cookbook choice for their parent ( $M_{healthy\ choice} = 4.79, SD = 1.60$ ) than the other two choice conditions ( $M_{unhealthy\ choice} = 5.22, SD = 1.61; M_{no\ choice} = 5.44, SD = 1.63$ ),  $F(1, 402) = 4.56, p = .033$ . Specifically, the care-receivers (prospective students) who made an initial virtuous healthy choice for their parents displayed a significantly lower relative preference for the vice consumption options ( $M_{healthy\ choice} = 4.79, SD = 1.60$ ) than prospective students who did not make an initial other-oriented choice ( $M_{no\ choice} = 5.44, SD = 1.63, t(1, 402) = -2.10, p = .018$ ). Furthermore, students who made a healthy choice subsequently showed a lower preference for the vice consumption options than students who made an unhealthy choice for their parents ( $M_{healthy\ choice} = 4.79, SD = 1.60$  vs.  $M_{unhealthy\ choice} = 5.22, SD = 1.61, t(1, 402) = -1.284, p = 0.10$ ). The difference in relative preference for vice consumption options between participants in the no choice condition and participants in the unhealthy other-oriented choice condition was not significant ( $M_{no\ choice} = 5.44, SD = 1.63$  vs.  $M_{unhealthy\ choice} = 5.22, SD = 1.61, t(1, 402) = -0.019, p = .425$ ). Therefore, the consistency effect among care-receivers only seemed to hold for virtuous consumption behavior but was not evident for vice consumption behavior. That is, while students did comply with an initial healthy other-oriented choice (compared to no choice) for the caregiver by self-indulging less afterwards, they did not self-indulge significantly more after making an initial unhealthy choice (compared to

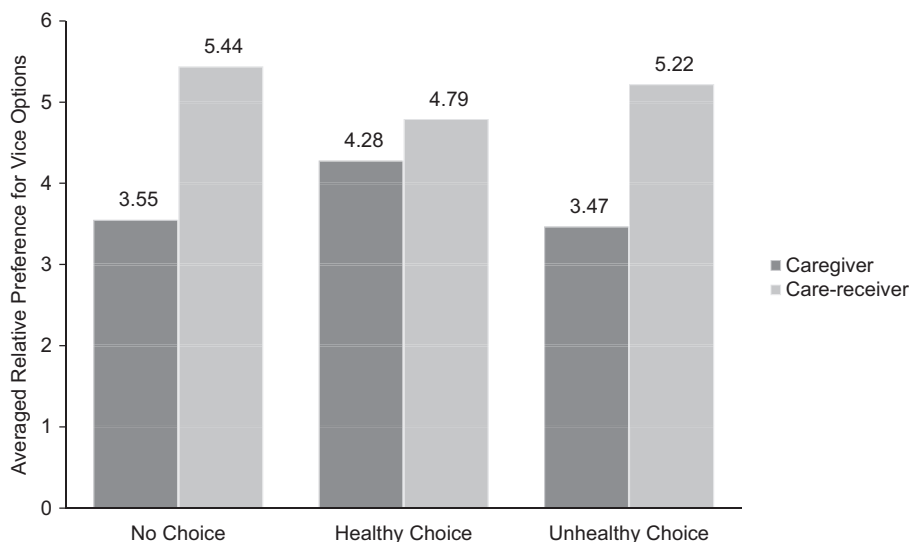


Fig. 1. Effect of other-oriented choice on preference for vice options as a function of care role.

no choice) for the caregiver. Note that the overall means in our analysis indicate that in absolute terms caregivers generally preferred virtuous options over vice options more than care-receivers did (i.e., means are below the scale-midpoint). Yet, in relative preference terms—which was the focus of our analyses—we do observe consumption effects in line with H1 and H2.

Lastly, we also conducted the analyses for each product category separately. Note however that doing so ignores the fact that the participants' preference ratings for the five product categories were not independent (i.e., every participant rated his/her preference for each of the five product categories, so the preference ratings are correlated). A total of five linear mixed model (LMM) analyses with the preference ratings for each product category separately as dependent measure, other-oriented choice (healthy vs. unhealthy vs. no choice) as between-dyad fixed factor, care role (care-receiver vs. caregiver) as within-dyad fixed factor, and dyad membership as a random factor, yielded results similar to the averaged measure for most but not all product categories (see Table 1 for details). Overall, the effects seemed to be strongest for snacks (healthy snacks vs. unhealthy snacks) and magazines (Psychology Today/Science vs. Vogue/Motorsports). We speculate that this may be because these product categories were most relevant in a caregiving context and best capture the nurturing aspect of providing good care (i.e., providing good nutrition to stay healthy and good education to be successful later in life).

### 5.3. Discussion

In Study 3 we randomly assigned parent–child dyads to either a healthy other-oriented choice condition, an unhealthy other-oriented choice condition, or a no choice control condition. We included a no choice control condition in this study to determine if the effect of other-oriented choice on self-indulgence represents licensing among caregivers and consistency behavior among care-receivers (see also Mullen & Monin, 2016 for a discussion on the problem of “donut designs”). Furthermore, Study 3 addressed the self-selection issues of Studies 1 and 2 by randomly assigning participants to a healthy choice condition, an unhealthy choice condition, or a no choice control condition.

Study 3—similar to Studies 1 and 2—relied on pre-existing caregiving relationships. Accurately representing the provision of long-lasting care for a close family member is difficult to achieve through experimental manipulations. Still, recruiting parent–child dyads allowed us to conclude—at least to some extent—that the effects in Study 1 and Study 2 were not simply an artifact of relationship-specific factors or idiosyncrasies of the different study designs. Lastly, Study 3 also showed that our effects do not only hold when the other-oriented choice and the subsequent self-indulgence opportunity occur within the same domain (food) but are also evident for non-food product categories (e.g., magazines).

In sum, the results of Study 3 provide evidence consistent with our theorizing. Caregivers were significantly more likely to self-indulge (i.e., they displayed higher relative preference for vice products) after making a healthy other-oriented choice than when not making an initial other-oriented choice or when making an unhealthy other-oriented choice for the care-receiver, in line with predictions by licensing theory. At the same time, we find evidence for a consistency effect among care-receivers when comparing healthy choosers and non-choosers. When comparing healthy and unhealthy care-receiving choosers, we observe the same the behavioral consistency effect as in Study 2—albeit weaker. This could be the result of the physical proximity of caregivers and care-receivers while completing the study, which was not case in Study 2. That is, care-receivers may have been influenced by the mere presence of their caregivers. Specifically, previous research has shown that the mere presence of caregivers or reminders of one's caregivers can encourage virtuous behaviors (Fitzsimons & Bargh, 2003; Shah, 2003). Thus, the mere presence of their parent may have encouraged students to choose

**Table 1**  
Mean Preference for Vice Option in Each Product Category.

Product Category	Statistical Test	No Choice	Healthy Choice	Unhealthy choice
Movie	$F(2, 402) = 0.11, p = .90$	Caregiver	3.21	3.07
		Care-receiver	5.21	4.99
Magazine	$F(2, 402) = 3.53, p = .03$	Caregiver	3.26	3.211
		Care-receiver	5.66	5.37
Snack box	$F(2, 402) = 6.82, p = .001$	Caregiver	3.48	3.18
		Care-receiver	5.84	5.82
Museum	$F(2, 402) = 1.24, p = .29$	Caregiver	4.39	4.10
		Care-receiver	5.89	5.16
Newspaper	$F(2, 402) = 2.67, p = .07$	Caregiver	3.43	3.76
		Care-receiver	4.61	4.76

**Table 2**  
Summary of Results, Experiments 1 – 3 including studies in the web appendix.

Study	Respondent role, context	First choice set	Dependent measure	Means (SD)/% consumption/choice	Cell sizes	Statistical test results consumption
<b>1</b>	Parents (CG*), Kindergarten	Gummy worms (UH) vs. grapes (H)	Amount of M&Ms Consumed (in grams)	$M_{\text{healthy}} = 56.55 (30.19)$ $M_{\text{unhealthy}} = 36.80 (30.12)$	$n_{\text{healthy}} = 33$ $n_{\text{unhealthy}} = 37$	$t(68) = 2.74,$ $p = .01$
<b>1b</b>	Mothers (CG), Swimming Pool	Gingerbread (UH) vs. grapes (H)	Amount of Chocolate Consumed (in grams)	$M_{\text{healthy}} = 17.12 (22.10)$ $M_{\text{unhealthy}} = 9.04 (12.82)$	$n_{\text{healthy}} = 26$ $n_{\text{unhealthy}} = 46$	$t(70) = 1.71,$ $p = .097$
<b>1c</b>	Dog Owners (CG), Park	Healthy vs. unhealthy dog treat	Choice of Chocolate Bar (vs. Fruit)	Healthy dog treat = 76% Unhealthy dog treat = 45%	$n_{\text{healthy}} = 25$ $n_{\text{unhealthy}} = 31$	$\chi^2(1) = 5.19,$ $p = .023$
<b>2</b>	Students (CR), Lab	Healthy vs. unhealthy Restaurant vouchers	Amount of Chocolate Consumed (in grams)	$M_{\text{healthy}} = 10.88 (10.72)$ $M_{\text{unhealthy}} = 17.41 (10.73)$	$n_{\text{healthy}} = 44$ $n_{\text{unhealthy}} = 71$	$t(113) = 2.23,$ $p = .028$
<b>3</b>	Parents (CG) and Students (CR), University Open Day	Cookbooks with healthy vs. unhealthy recipes	Averaged relative preference for vice versus virtue options for: Movies, Magazines, Snacks, Museums, Newspapers	CG (parents): $M_{\text{healthy}} = 4.28 (2.09)$ $M_{\text{no choice}} = 3.55 (1.81)$ $M_{\text{unhealthy}} = 3.47 (1.57)$  CR (students): $M_{\text{healthy}} = 4.79 (1.60)$ $M_{\text{no choice}} = 5.44 (1.63)$ $M_{\text{unhealthy}} = 5.22 (1.61)$	CG (parents): $n_{\text{healthy}} = 72$ $n_{\text{unhealthy}} = 71$ $n_{\text{no choice}} = 61$  CR (students): $n_{\text{healthy}} = 72$ $n_{\text{unhealthy}} = 71$ $n_{\text{no choice}} = 61$	$F(2, 402) = 6.68,$ $p = .001^a$

Note. \*CG denotes “care-giving”, CR denotes “care-receiving”, UH stands for “unhealthy choice” and H stands for “healthy choice”. Standard deviations can be found in parentheses.

<sup>a</sup> Refers to the Other-Oriented Choice  $\times$  Care Role interaction effect.

more virtuously than they otherwise would have after making a choice for their caregiver. In Table 2 the interested reader can find a summary of the results of experiments 1–3 and the studies discussed in the web appendix.

## 6. General discussion

Literature on the moral licensing effect has established that performing virtuous other-oriented deeds can encourage subsequent vice or immoral behavior (Mullen & Monin, 2016). Research on moral consistency, in contrast, argues that virtuous other-oriented behavior triggers individuals to act in a consistent virtuous manner thereafter (Efron & Conway, 2015). Previous research has started to delineate conditions under which individuals engage in moral licensing and conditions under which they act consistently after performing virtuous other-oriented acts (Mullen & Monin, 2016). The majority of these studies has identified moderators that act on the individual level—such as goal commitment or identity relevance (Efron et al., 2009; Efron & Conway, 2015; Mullen & Monin, 2016)—or situational factors that facilitate moral licensing over moral consistency (Efron & Monin, 2010; Mullen & Monin, 2016). Yet, less is known about interpersonal factors that may explain when individuals license and when they engage in morally consistent behavior.

In this research, we identify the role of the chooser (i.e., a caregiving role versus a care-receiving role) as a relationship-specific interpersonal factor that moderates licensing and consistency effects in caregiving relationships. We document in three studies that caregivers who take care of the choice target (e.g., parents, pet owners) are more likely to self-indulge after making a virtuous healthy other-oriented choice (Study 1 and Studies 1b-c in the web appendix (cf. 2. Study 1b and 3. Study 1c), in line with moral licensing. Conversely, care-receivers who receive care by the choice target are more likely to match an initial virtuous healthy other-oriented choice with lower levels of subsequent self-indulgence (Study 2), in line with behavioral consistency. Study 3—a framed field experiment—provides partial causal evidence of the moral consistency and licensing effects observed in studies 1 and 2 by recruiting caregivers and care-receivers in one study and randomly assigning parent–child dyads to one of three choice conditions: An initial healthy other-oriented choice, an initial unhealthy other-oriented choice, or no choice. Furthermore, it shows that the moral licensing and consistency effects observed in studies 1 and 2 are generalizable to situations in which the initial other-oriented virtuous choice and the subsequent act of self-indulgence occur in unrelated self-regulation domains (i.e., across different product categories). The results of Study 3 allow for the conclusion that licensing is present among caregivers but absent among care-receivers. Furthermore, it suggests that care-receivers are less likely to self-indulge after making a virtuous healthy other-oriented choice than after making no other-oriented choice or a vice unhealthy other-oriented choice for a caregiver, in line with behavioral consistency. In this research, we have not made specific a priori predictions about the position of the no-choice control condition relative to the unhealthy other-oriented choice condition. Yet, our empirical findings suggest that both caregivers and care-receivers do not exhibit significantly different levels of self-indulgence after making an unhealthy other-oriented choice than after making no

choice. We speculate that this is because individuals—in general—tend to opt for the more hedonic choice options when choosing for someone else (Lu et al., 2016). If choosing unhealthy is considered as the default, it is less likely to trigger dynamics in subsequent individual choice making. Yet, more research is needed to shed light on this finding.

### 6.1. Theoretical and practical implications

This research contributes to literature in several ways. First, we answer recent calls for empirical research in the domain of other-oriented choices in caregiving relationships (Liu et al., 2019) by providing insights on how virtuous other-oriented choices affect the chooser's subsequent likelihood to self-indulge. To date, literature has established how choices for others differ from personal choices (Choi et al., 2006; Laran, 2010; Polman, 2012; Polman & Emich, 2011) and how other-oriented choices may affect the chooser-choice target relationship in a gift-giving context (Aknin & Human, 2015; Chan & Mogilner, 2016). Instead, we are focusing on day-to-day choices rather than choices for special occasions, such as gifts. Our findings are thus relevant for daily consumption behaviors.

In the context of close relationships, previous research has focused on how choices for others influence self-indulgence when these choices are consumed jointly (Dzhogleva & Lamberton, 2014; Etkin, 2016; Wu, Moore, & Fitzsimons, 2018) or in parallel (Hasford et al., 2017), or on how these choices affect subsequent self-regulation by the choice target (e.g., Fitzsimons & Finkel, 2011; Fitzsimons & Shah, 2008; Laran, 2010). Yet, little research—with some notable exceptions (see also Liu et al., 2013; Polman & Vohs, 2016)—has investigated how making choices for others influences the chooser. In this research, we are shedding light on how other-oriented choices within close familial caregiving relationships influence the chooser and thereby acknowledge the interdependent nature of decision-making within this particular relationship context. We thus contribute to emerging research which considers the dyadic nature of consumption choices within close relationships (Cavanaugh, 2016; Simpson, Griskevicius, & Rothman, 2012).

Relatedly, we contribute to literature on parent-child roles in decision-making. This literature primarily focuses on the implication of parental choices for children (e.g., Durante et al., 2015; Moore et al., 2016; Nikiforidis et al., 2018). Yet, to the best of our knowledge, no research to date has taken a dyadic perspective and considered how other-oriented choice-making within caregiving relationships influences subsequent self-indulgence by the chooser as a function of the care role this chooser holds within the relationship.

Moreover, we contribute to literature on self-regulation and licensing in consumer decision making by considering interpersonal characteristics—the role of the chooser (i.e., caregiving role versus care-receiving role) within familial caregiving relationships—as a boundary condition of the moral licensing effect. Previous research on self-regulation has established that relationship factors such as relationship length (Etkin, 2016), interpersonal closeness (Tu, Shaw, & Fishbach, 2016), self-construal (Wu et al., 2018), and relationship power (Laurin et al., 2016) influence decision-making and self-regulation in relationships. However, none of these studies has considered the relationship context we are investigating in this study: familial caregiving relationships. This is surprising given that caregiving and care-receiving is an omnipresent central aspect of human relationships (Bornstein, 1992). Taking care of one's children, for example, is a central aspect of life for many middle-aged consumers. The number of years we take care of our children easily stretches two decennia, and recent numbers indicate that this period is only increasing over the years (Vespa, 2017). The same applies to taking care of the elderly. In an aging society, elderly care within a family context is becoming more frequent and important. In Europe, the old-age dependency ratio—people aged 65 and above relative to those aged 15 to 64—is projected to increase by 21.6 percentage points, from 29.6% in 2016 to 51.2% in 2070 (European Commission, 2018). Similarly, the number of Americans aged 65 or older is projected to more than double from 46 million in 2016 to over 98 million by 2060 (Mather, 2019). Although this research mainly focused on a caregiving context involving young and dependent care-receivers, we anticipate similar effects in a caregiving context involving elderly care-receivers (e.g., elderly parents) who are highly dependent on caregivers (e.g., their adult children) for their physiological and psychological wellbeing on a daily, long-lasting basis (e.g., when they suffer from Alzheimer's disease or similar diseases). Specifically, we expect adult children to feel licensed to self-indulge after making healthy choices for their care-receiving elderly parents. Furthermore, we expect elderly parents to act consistently with their initial other-oriented choice for their caregiving adult child. Yet, future research is needed to test this possibility. This research should also take into consideration the variation in care needs among the elderly. While taking good care is important, we have only begun to understand how good caregiving affects our own consumption behavior and self-indulgence.

### 6.2. Limitations and future research

Despite careful execution of our studies, there is a possible alternative explanation for our licensing findings. Specifically, psychological reactance may explain our licensing effects among caregivers. Chartrand, Dalton, & Fitzsimons (2007) show that—when primed with controlling others—individuals are more likely to act contrary to their inferred goals, in line with reactance theory (Brehm, 1966). To the extent that depending on care from others signals such a reduction in freedom and is thus undesirable (Murray, Holmes, & Collins, 2006; Overall & Sibley, 2008), caregivers are unlikely to act consistently with a virtuous choice directed at a care-receiver. It is thus plausible that caregivers are likely to distance themselves from care-receivers and thus make choices opposing those they initially made for the care-receiving other. If this alternative explanation were true, we would not only expect that caregivers who make a healthy other-oriented choice make more indulgent choices than if they do not make an initial choice, but also that caregivers are more likely to engage in subsequent

virtuous consumption behaviors after making an unhealthy other-oriented choice. However, in Study 3, we do not find a significant difference in relative preference for vice consumption options when comparing caregivers who made an unhealthy cookbook choice for their child and caregivers who made no initial other-oriented choice—speaking against this possibility.

Our findings also raise interesting avenues for future research. First, the main aim of this research was to shed light onto the effect of choosing for others on the chooser's subsequent likelihood to self-indulge within an important and relevant context—caregiving relationships. Still, the exact underlying processes for licensing among caregivers and behavioral consistency among care-receivers are not yet fully understood. We welcome future research to further examine why caregiving choosers are more likely to self-indulge after making a healthy other-oriented choice and, conversely, why care-receivers are more likely to match a healthy other-oriented choice.

Second, the findings of this research are restricted to virtuous other-oriented choices in the context of indulgent eating behavior. Yet, we expect to observe similar effects in other domains. To give one example: it might be the case that applying sunscreen (Ein-Gar, Goldenberg, & Sagiv, 2012) to one's children, might impact the caregiver's self-regulation struggle (i.e., the immediate desire to enjoy the nice weather versus going through the hassle of applying sunscreen to protect you from long-term negative health consequences). As a preliminary exploratory study, we approached 120 young women on a sunny beach day, of whom 60 were mothers who had applied sunscreen to their children. Consistent with our prior findings, we found that women who applied sunscreen to their children were subsequently significantly less likely to apply sunscreen to themselves ( $\chi^2(1) = 17.08, p < 0.001, 95\% \text{ CI } [0.08, 0.41]$ ) than women who did not engage in this initial virtuous other-oriented act of sun protection—in line with what our results in studies 1 and 3 predict. We invite future research to examine similar scenarios that require trade-offs between short-term desires and long-term goals in the context of initial other-oriented actions, and to investigate the effect on the actor's subsequent self-regulatory behavior.

Third, it remains unclear in how far our findings generalize to other caregiving contexts. As outlined in the theoretical introduction, this research focuses on a context that involves stable, context-invariant levels of dependency on another person for daily life. We hereby focused on familial relationships as these types of relationships are prototypical for this research context. Still, future research should investigate whether our findings would extend to caregiving situations that situate outside a familial context, such as teacher-student, nurse-patient, or charity worker-disadvantaged member of a community relationships. All these latter examples of caregiving can be characterized by a pro-social orientation, tenderness, benevolence and doing good for (Buckels et al., 2015; Kleinman, 2012; Kleinman, 2013; Overall & Sibley, 2008). Still, such professional caregiving relationships do not involve the same degree of closeness and kinship as familial relationships do. As such, one might feel less personal identification with the choices being made for the care-receiver or caregiver, respectively. It remains open for future research whether the latter is a necessary condition for our findings to hold.

Relatedly, professional caregiving relationships often do not exclusively involve selfless nurturing acts—instead, the caregiving in such relationships is usually reimbursed financially and is temporally limited. This may change the moral nature of caregiving in professional caregiving relationships. Clot, Grolleau, & Ibanez (2013), for instance, showed that participants who helped cleaning a riverbank—a virtuous act—were only more likely to license (i.e., to subsequently keep money to themselves instead of donating it to charity) if the act of cleaning the riverbank was unpaid. Similarly, performing community service was found to only increase participants' subsequent self-indulgence if the community service was voluntary but not if it was imposed as a penalty (Khan & Dhar, 2006). These findings imply that our observed licensing effect among caregivers may not be evident in professional caregiving relationships that are characterized by caregiving duties as part of a job description. Still, future research is needed to explore if the effects we observe in a familial caregiving context generalize to other (professional or non-professional) caregiving relationships.

Lastly, future research could also explore if the effects we observe are also evident when activating a care motivation among non-parents. Although the effects of care motivation on subsequent behavior are strongest among parents (Hofer, Buckels, White, Beall, & Schaller, 2018; Schaller, 2018), it would be worthwhile investigating whether manipulating care motivation among non-parents—for instance by cute animal pictures or pictures of infants (Li et al., 2018)—might elicit similar effects on individual behavior as reported in this research.

### 6.3. Conclusion

In sum, making choices for caregiving others and care-receiving others happens on a daily basis. It is thus important to investigate potential downstream consequences of these choices—not only for the choice target, but also for the chooser. Choices for care-receiving others are made with careful thought, and often with the best intentions. Still, our research shows that these good intentions might harm the caregiving chooser. This is a relevant finding considering that most of the other-oriented choices we make, happen in a caregiving context. We sincerely hope that the findings reported in the research will inspire future marketing research to delve into this under-researched, but exciting and relevant area.

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## Appendix A. Supplementary material

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ijresmar.2020.10.008>.

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