Supplementary Information for "No One Mourns the Wicked: The Limits of Partisan Hostility Persisting through Tragedy"

Wayde Z.C. Marsh

August 4, 2025

A Experimental Design

Study I was part of an original survey fielded through the survey firm *Lucid Theorem*. While study II was part of the author's institution's module on the 2021 Cooperative Election Study (CES), with the sample recruited by the survey firm *YouGov*. Both firms recruited the samples from their panel of respondents and compensated them accordingly. The respondents were aware that they were taking part in a research study and given a summary of the study in advance. The studies were both determined exempt by the author's academic institution under IRB protocols 21-07-6733 (study I) and 21-08-6759 (study II) and preregistered at https://aspredicted.org/KJ7_1BN.

RThe data, code, and any additional materials required to replicate all analyses in this article are available at the *Journal of Experimental Political Science Dataverse* within the Harvard Dataverse Network, at: doi: https://doi.org/10.7910/DVN/548AVK. These files include the code and data used in all analysis in this manuscript (Marsh 2025).

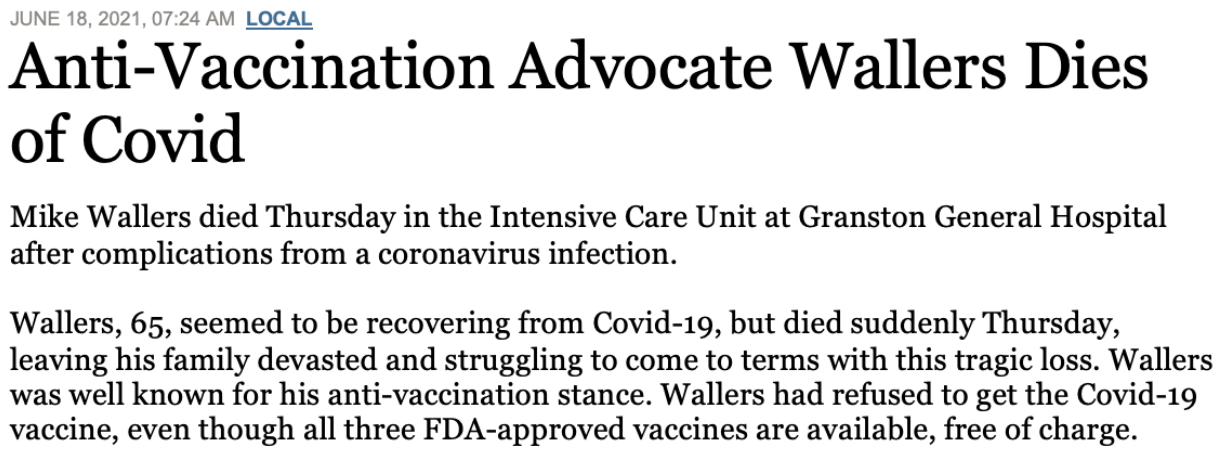
Respondents were first required to read an Informed Consent form and agree that they had read the entire informed consent. Respondents were informed that their participation was completely voluntary and that they were allowed to withdraw from the study at anytime without any impact on their relationship with the academic institution. Respondents were also informed that

they were able to abstain from answering any question. This informed consent document also informed respondents that there were no known risks or direct benefits of the study. Respondents were assured that no identifying information about them would be made public and any views they expressed would be kept completely confidential. Respondents were encouraged to print and save a copy of the informed consent for their records. A full copy of the informed consent is available by contacting the author.

No deception was used in this experiment. Nor did the experiment/survey intervene in political processes. Respondents were given the PI/author's and the IRB's contact information for any concerns or questions. Respondents were compensated for their survey participation by *Lucid Theorem* and *YouGov* directly. The author does not know the exact form or amount of compensation, but was assured it was fair compensation.

The survey in study I used quotas of gender, ethnicity, region, and income, to mimic the U.S. population. Study II was a probabilistic sample meant to be representative of the U.S. population. No social group is disproportionately represented in either sample.

Below are the experimental conditions respondents were randomly sorted to see.


JUNE 18, 2021, 07:24 AM LOCAL

Anti-Vaccination Advocate Wallers Dies of Covid

Mike Wallers died Thursday in the Intensive Care Unit at Granston General Hospital after complications from a coronavirus infection.

Wallers, 65, seemed to be recovering from Covid-19, but died suddenly Thursday, leaving his family devasted and struggling to come to terms with this tragic loss. Wallers was well known for his anti-vaccination stance. Wallers had refused to get the Covid-19 vaccine, even though all three FDA-approved vaccines are available, free of charge.

Figure A.1: Anti-Vaccination Activist Condition

Partisans are identified using the seven point partisan identification item. Partisan identifiers along with leaners are coded as Democrats and Republicans in the analysis unless otherwise

JUNE 18, 2021, 07:24 AM **LOCAL**

Democratic Activist Wallers Dies of Covid

Mike Wallers died Thursday in the Intensive Care Unit at Granston General Hospital after complications from a coronavirus infection.

Wallers, 65, seemed to be recovering from Covid-19, but died suddenly Thursday, leaving his family devasted and struggling to come to terms with this tragic loss. Wallers was well-known for his activism in the Democratic Party.

Figure A.2: Democratic Activist Condition

JUNE 18, 2021, 07:24 AM **LOCAL**

Republican Activist Wallers Dies of Covid

Mike Wallers died Thursday in the Intensive Care Unit at Granston General Hospital after complications from a coronavirus infection.

Wallers, 65, seemed to be recovering from Covid-19, but died suddenly Thursday, leaving his family devasted and struggling to come to terms with this tragic loss. Wallers was well-known for his activism in the Republican Party.

Figure A.3: Republican Activist Condition

JUNE 18, 2021, 07:24 AM **LOCAL**

Democratic Activist, Anti-Vaccination Advocate Wallers Dies of Covid

Mike Wallers died Thursday in the Intensive Care Unit at Granston General Hospital after complications from a coronavirus infection.

Wallers, 65, seemed to be recovering from Covid-19, but died suddenly Thursday, leaving his family devasted and struggling to come to terms with this tragic loss. Wallers was well-known for his activism in the Democratic Party and for his anti-vaccination stance. Wallers had refused to get the Covid-19 vaccine, even though all three FDA-approved vaccines are available, free of charge.

Figure A.4: Anti-Vaccination and Democratic Activist Condition

noted (Klar and Krupnikov 2016).

JUNE 18, 2021, 07:24 AM **LOCAL**

Republican Activist, Anti-Vaccination Advocate Wallers Dies of Covid

Mike Wallers died Thursday in the Intensive Care Unit at Granston General Hospital after complications from a coronavirus infection.

Wallers, 65, seemed to be recovering from Covid-19, but died suddenly Thursday, leaving his family devasted and struggling to come to terms with this tragic loss. Wallers was well-known for his activism in the Republican Party and for his anti-vaccination stance. Wallers had refused to get the Covid-19 vaccine, even though all three FDA-approved vaccines are available, free of charge.

Figure A.5: Anti-Vaccination and Republican Activist Condition

B Sample Statistics

Table B.1: Mean and Standard Deviation of Blame Dependent Variable, by Treatment for Studies I and II

Treatment Group	Mean	Standard Deviation	N	Study
Control	0.38	0.34	397	Study I
Anti-Vax	0.65	0.35	200	Study I
Democrat	0.36	0.35	193	Study I
Republican	0.42	0.36	191	Study I
Anti-Vax Democrat	0.65	0.32	189	Study I
Anti-Vax Republican	0.66	0.33	196	Study I
Control	0.40	0.30	167	Study II
Anti-Vax	0.63	0.34	167	Study II
Democrat	0.35	0.29	169	Study II
Republican	0.46	0.35	168	Study II
Anti-Vax Democrat	0.66	0.34	163	Study II
Anti-Vax Republican	0.72	0.31	166	Study II

Table B.2: Mean and Standard Deviation of Sympathy Dependent Variable, by Treatment for Studies I and II

Treatment Group	Mean	Standard Deviation	N	Study
Control	0.39	0.34	397	Study I
Anti-Vax	0.35	0.34	200	Study I
Democrat	0.38	0.35	193	Study I
Republican	0.37	0.34	191	Study I
Anti-Vax Democrat	0.38	0.35	189	Study I
Anti-Vax Republican	0.38	0.35	196	Study I
Control	0.35	0.28	167	Study II
Anti-Vax	0.32	0.32	167	Study II
Democrat	0.33	0.27	169	Study II
Republican	0.31	0.30	168	Study II
Anti-Vax Democrat	0.28	0.30	163	Study II
Anti-Vax Republican	0.28	0.29	166	Study II

Below I include the exact wording and distributions of each dependent variable across both samples. The mean blame attribution response was 49.9 and 53.3 in studies I and II, respectively. The mean sympathy response was 62.3 and 55.7 in studies I and II, respectively. In figures B.6

Variable	Study I	Study II
Age	46.6	49.9
Female	0.49	0.57
Black	0.12	0.13
Hispanic	0.06	0.05
Education (1-6)	3.27	3.66
Party ID (1-7)	3.67	3.61
Republican (including Leaners)	0.43	0.42
Vaccinated (at least one dose)	0.75	0.76
Covid Death (close friend/family)	0.26	0.28

Table B.3: **Sample statistics and mean values for all relevant variables for studies I and II.** Binary variables (Female, Black, Hispanic, Republican, Vaccinated, and Covid Death) are all proportions of the sample that are in that group. Age is the mean age of each sample in years. Education is the mean education level on a 1 to 6 scale and Party ID is the mean level on a 1 (Strong Democrat) to 7 (Strong Republican) scale.

and B.7, I plot the distribution of responses to the blame attribution and sympathy measures across the whole sample for each study. In figures B.8 and B.9, I provide the results from Tukey Honestly Statistically Different (HSD) tests. These tests are based on pairwise comparisons between all treatment groups on a number of demographic variables and is similar to a multiple group ANOVA. Thes results indicate good balance across the treatment groups in both studies I and II. This indicates that the randomization was effective in creating similar treatment groups across age, level of education, sex, race, ethnicity, and partisan identification.

Blame Attribution dependent variable: "Based on the article you just read, please indicate how much each person or entity is to blame for Mike Wallers' death. - Mike Wallers"

Sympathy dependent variable: "How much sympathy do you have for Mike Wallers?"

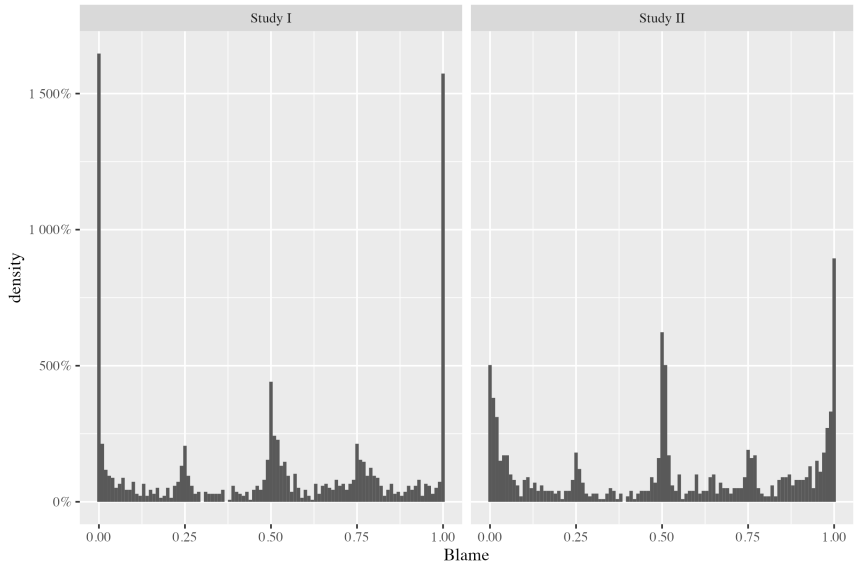


Figure B.6: Distribution of Blame Attribution across Studies I and II

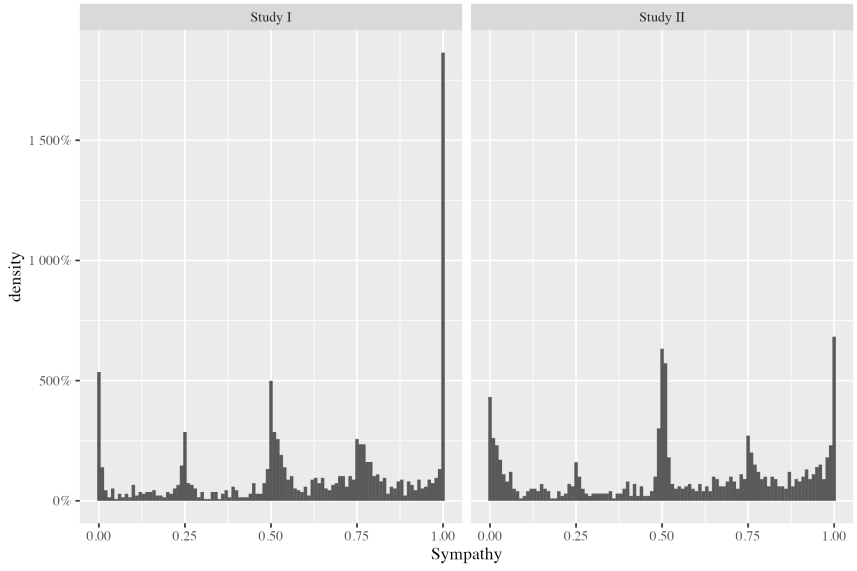


Figure B.7: Distribution of Sympathy across Studies I and II

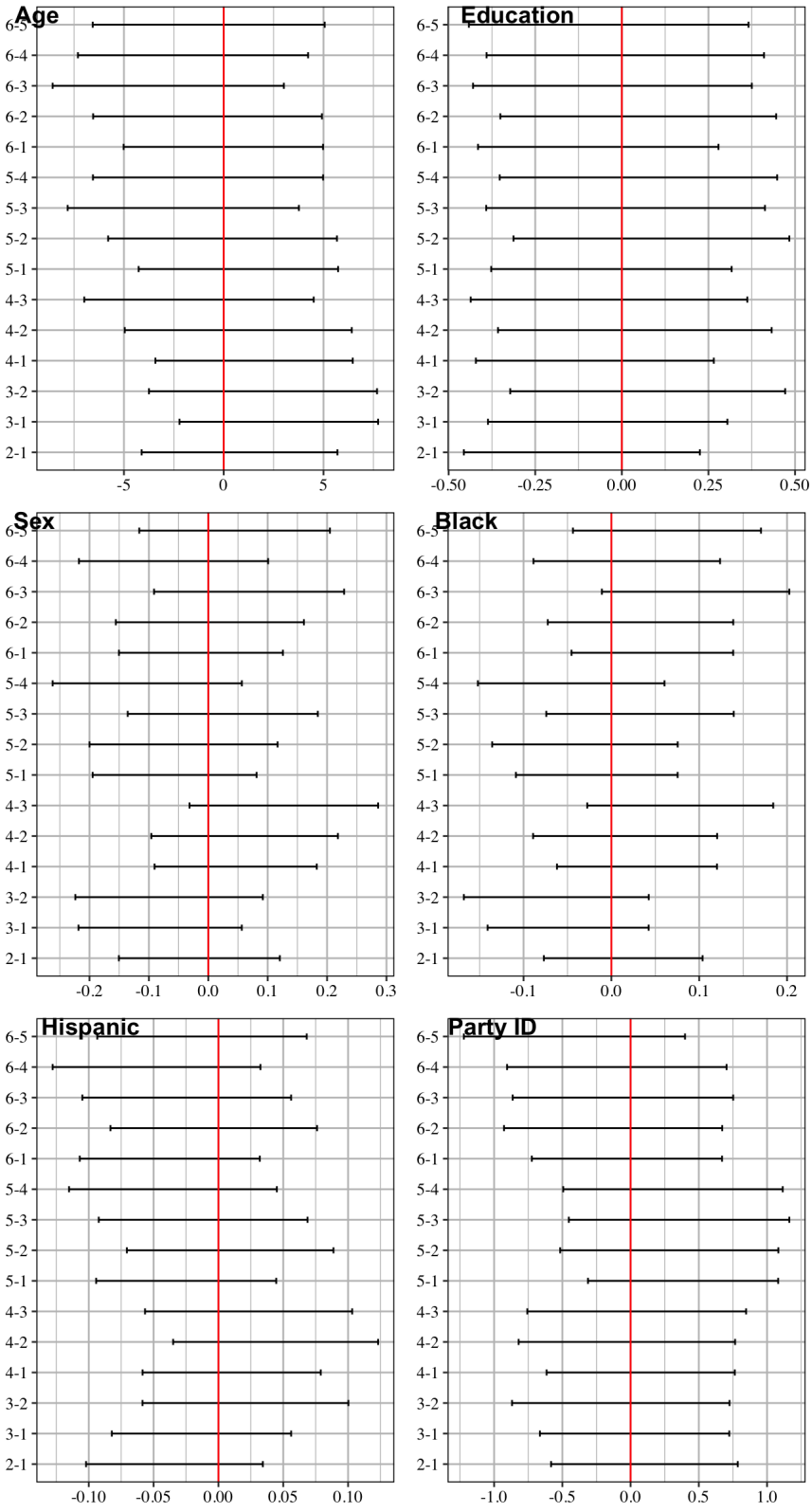


Figure B.8: Tukey HSD Tests, Study I

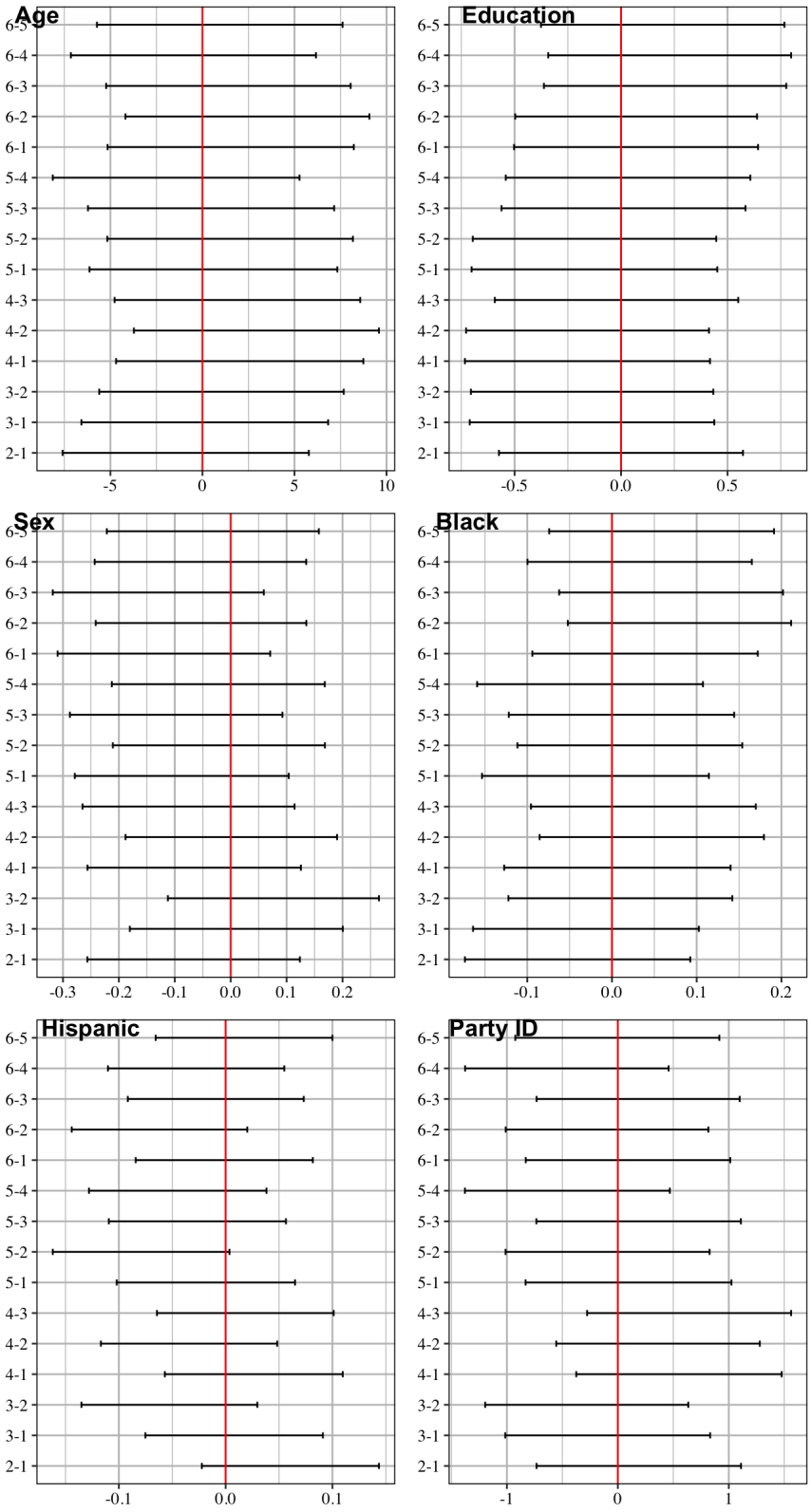


Figure B.9: Tukey HSD Tests, Study II

C Conceptualizing Trauma

Traumatic events, by which I mean events that threaten serious violence or death to a subject or close friends or family members (APA 2013), can shatter individuals' perceptions of how the world works (Janoff-Bulman 1992). This exposure to such threatening experiences may break the frameworks we use to interpret the world around us. Moving beyond a reminder of mortality and threat, trauma exposure is able to break a whole host of social relations and frameworks for survivors. In the wake of trauma exposure, individuals' psychological response mechanisms are typically categorized as existing on scales of posttraumatic stress (PTS) and posttraumatic growth (PTG).

A posttraumatic stress (PTS) response is characterized by isolation, avoidance, distrust, hyperarousal, and depression (APA 2013; Kinzie et al. 1998; Weathers and Keane 2007; Dyb et al. 2014). In turn, these psychological responses may lead to or be associated with important changes in political attitudes and behaviors such as decreased participation in politics (Cohen et al. 2019; Hassell, Holbein, and Baldwin 2020), anger or other negative emotions directed at government (Atkeson and Maestas 2012), or increased conservatism (Davis and Silver 2004; Bonanno and Jost 2006). A posttraumatic growth (PTG) response is characterized by a new sense of personal strength, hope in new possibilities, increased abilities to relate to others, and other positive, pro-social changes (Tedeschi and Calhoun 1996; Calhoun and Tedeschi 2004; Park et al. 2008; Shakespeare-Finch and Barrington 2012). Similarly, these important psychological changes likely correlate with political attitudinal and behavioral changes as well, such as increased participation and social connection for advocacy (Hersh 2013; Marsh 2023).

One of the most important aspects of understanding how a traumatic event may manifest in posttraumatic responses is the type of event. That is, we may expect that a car accident may impact individuals differently than sexual violence, which we may expect may differently impact individuals than a natural disaster might. In considering how trauma shapes politics, it is also

prudent to consider how the public interprets different traumatic events differently due to their connection to government policy, action, and failure.

Following the guidance of Marsh (2022), I propose that there are two major types of traumatic events: 1) natural and 2) anthropogenic. Natural events are random, uncontrollable, and human (elite, or otherwise) culpability for the occurrence and initial consequences of the event are nonexistent or minimal. It is worth noting at this point that this is changing as we learn more about the effect of human activity and inactivity on climate change, which evidence indicates are related to the severity and frequency of natural traumatic events. Within natural events, there are only disasters, events that are unplanned "acts of God," and more or less unexpected, which cause the conditions (death or threatened death) that develop PTS or PTG in individuals. Within anthropogenic events, there are two types of events: disasters and interpersonal tragedies. *Anthropogenic disaster* events are events which would not have occurred without human intervention at some level, but are not intentionally initiated. Rather, such events occur as a result of uncontrolled forces of nature. Examples of events which would often fall into this category are industrial disasters—oil refinery fires, oil spills, or dam failures and bridge collapses. The key distinction of this type of event is that the event occurs only because of human beings, but without a clear perpetrator. Instead, human society in general perpetrates the event directly or indirectly through past and ongoing activity (bridge construction, resource extraction, etc.).

Within anthropogenic interpersonal tragedies, there are two important distinctions between accidental and intentional events. *Anthropogenic interpersonal accidental* events are those which are initiated between two individuals, an individual and a group, or two groups of people, but are not intentional. Accidents involving various types of transportation—cars, trains, airplanes—are the most obvious example of this type. Finally, *anthropogenic interpersonal intentional* events are events purposefully initiated with the intent to cause or cause the perception of threat of death or serious injury by an individual or group of individuals against an individual or group of individuals. On an individual level, murder and rape are examples of this type of event. On a

mass level, mass shootings, terrorist attacks, and war are examples of this type of event.

Considering individual-level effects, the perception of the event as each of these types impacts the likelihood and severity of both PTS and PTG as well as changes in perceptions and expectations of government and views of other political actors and members of one's political community. Likewise, on the mass level, the perception of which type a particular event is structures expectations of government and political elites as well as the possibility of mass PTS and PTG. PTS is most common and most likely to have more severe health and behavioral effects when a traumatic event is *anthropogenic interpersonal intentional* (Santiago et al. 2013; Matthieu and Ivanoff 2006; Lange et al. 2003; Van der Velden et al. 2006). In particular, individuals who have suffered intentional traumatic events experience an increase in PTS symptoms over time after the event, while individuals who experience non-intentional traumatic events experience a decrease in PTS symptoms over time after the event (Van der Velden et al. 2006). PTS is then next most likely and severe for *anthropogenic interpersonal accidental* events. Interpersonal events incur the greatest likelihood and severity of PTS because PTSD is an externalizing condition that results from anger associated with the traumatic event (Muldoon et al. 2017; Galea, Nandi, and Vlahov 2005). *Anthropogenic disasters* are likely to cause PTS, but less so than for either of the interpersonal event types because it lacks the interpersonal dimension (Galea, Nandi, and Vlahov 2005). Least severe, though still likely to cause PTS are *natural disaster* events, because they are not defined by human violence, intention, or negligence and are instead seen as tragic and unfortunate, but often uncontrollable, events.

In the case of a pandemic, we see dynamics of both natural and anthropogenic events in that a pandemic is a natural occurrence, but the spread of the COVID-19 virus is at least partially dependent upon human behavior and government (in)action. That said, diseases spread in nature with and without human intervention. At first many interpreted the pandemic as a natural event, but elites and policy demanders quickly polarized the event by clearly attaching different policy proposals, values, and behaviors to different political parties (and, when relevant, to social

identities attached to those partisan identities).

D Alternative Modeling Approaches

Given that I am manipulating two elements of the treatment in these conditions, I also model the results by interacting an *Anti-Vax* and an *Outpartisan* treatment to estimate the isolated and interactive effects on blame and sympathy towards the victim. These results are presented in tables D.4 (the full samples), D.5 (only respondents who identify as Democrats), and D.6 (only those respondents who identify as Republicans). The results from this model approach support my conclusions derived from the analysis included in the main text of the manuscript.

Table D.4: Modeling Treatments as Interaction, Full Samples

	Study I		Study II	
	Blame	Sympathy	Blame	Sympathy
Anti-Vax Treatment	0.287*	−0.183*	0.213*	−0.180*
	(0.029)	(0.020)	(0.026)	(0.025)
Outpartisan Treatment	0.069*	−0.141*	0.088*	−0.070*
	(0.030)	(0.027)	(0.036)	(0.034)
Anti-Vax × Outpartisan	−0.050	0.088*	0.043	0.003
	(0.043)	(0.038)	(0.051)	(0.048)
Intercept	0.374*	0.730*	0.380*	0.674*
	(0.014)	(0.013)	(0.018)	(0.017)
Obs.	1247	1249	850	848
R2	0.146	0.094	0.125	0.088
R2 Adj.	0.144	0.092	0.122	0.085

* $p < 0.05$

Among all respondents, I find in table D.4 that respondents were more likely to blame the respondent when they received an anti-vax treatment and when they received an outpartisan treatment, though the anti-vax effect is much larger (almost triple the effect of the vicitm being an outpartisan). Respondents were also less sympathetic towards the victim when they were anti-vax and when they were an outpartisan, but these effect sizes are much more similar in magnitude

Table D.5: Modeling Treatments as Interaction, Democratic Respondents

	Study I		Study II	
	Blame	Sympathy	Blame	Sympathy
Anti-Vax Treatment	0.295*	−0.212*	0.249*	−0.290*
	(0.031)	(0.028)	(0.032)	(0.033)
Outpartisan Treatment	0.096*	−0.198*	0.156*	−0.233*
	(0.039)	(0.036)	(0.042)	(0.044)
Anti-Vax × Outpartisan	−0.084	0.113*	0.018	0.109
	(0.057)	(0.052)	(0.058)	(0.060)
Intercept	0.426*	0.752*	0.463*	0.717*
	(0.019)	(0.017)	(0.023)	(0.024)
Obs.	662	663	448	448
R2	0.156	0.137	0.223	0.220
R2 Adj.	0.152	0.133	0.218	0.215

* $p < 0.05$

to one another. Interestingly, only one interaction is statistically significant, for sympathy in study I. This finding (also found in the Democratic subsample, but not among Republicans) indicates that when respondents receive both treatments, they are more sympathetic towards the victim. This is only found in study I. Given this does not replicate and that theoretical explanations cannot explain why this may be, I do not explore what this finding could mean.

When I break down the sample and run the models separately for Democratic respondents in table D.5 and Republican respondents in table D.6, I find that the effects of the anti-vax treatment is consistent across partisans with Republicans and Democrats similarly likely to blame the victim, but Democrats much less sympathetic than Republican respondents. Interestingly, the outpartisan treatment finding in the full sample appears to be almost entirely driven by Democratic respondents. Republican respondents are less sympathetic in study I, but no other effects are statistically significant. And yet, among Democrats, I find that respondents are more likely to blame respondents and much less sympathetic in both studies. It is important to note that why the decrease in sympathy is similar for the anti-vax and outpartisan treatments, the blame attribution effect is much higher for anti-vax conditions than for outpartisan ones.

Table D.6: Modeling Treatments as Interaction, Republican Respondents

	Study I		Study II	
	Blame	Sympathy	Blame	Sympathy
Anti-Vax Treatment	0.261*	−0.179*	0.193*	−0.057
	(0.037)	(0.031)	(0.044)	(0.039)
Outpartisan Treatment	0.005	−0.103*	−0.016	0.086
	(0.048)	(0.040)	(0.055)	(0.049)
Anti-Vax × Outpartisan	0.017	0.083	0.002	−0.084
	(0.068)	(0.057)	(0.080)	(0.071)
Intercept	0.329*	0.740*	0.310*	0.660*
	(0.024)	(0.020)	(0.029)	(0.026)
Obs.	490	491	316	319
R2	0.133	0.084	0.083	0.028
R2 Adj.	0.128	0.078	0.074	0.019

* $p < 0.05$

E Difference-in-Means Tests

In my pre-registration, I indicated that I would compute difference-in-means tests and regression to analyze the results. I opted for regression in the main text and so include the difference-in-means tests here. I use a Tukey HSD test for multiple pairwise comparisons to measure the effect of different treatment conditions.

Table E.1: Tukey HSD difference-in-means test of Blame DV in Study I, among Republican respondents

Treatment Conditions Compared	Estimate	Adj. p-value
2-1	0.24	0.00
3-1	0.00	1.00
4-1	-0.01	1.00
5-1	0.28	0.00
6-1	0.28	0.00
3-2	-0.24	0.00
4-2	-0.25	0.00
5-2	0.04	0.98
6-2	0.04	0.99
4-3	-0.01	1.00
5-3	0.28	0.00
6-3	0.28	0.00
5-4	0.29	0.00
6-4	0.29	0.00
6-5	-0.00	1.00

Table E.2: Tukey HSD difference-in-means test of Blame DV in Study I, among Democratic respondents

Treatment Conditions Compared	Estimate	Adj. p-value
2-1	0.28	0.00
3-1	-0.04	0.92
4-1	0.08	0.34
5-1	0.28	0.00
6-1	0.29	0.00
3-2	-0.32	0.00
4-2	-0.20	0.00
5-2	-0.01	1.00
6-2	0.01	1.00
4-3	0.12	0.10
5-3	0.32	0.00
6-3	0.33	0.00
5-4	0.20	0.00
6-4	0.21	0.00
6-5	0.01	1.00

Table E.3: Tukey HSD difference-in-means test of Blame DV in Study II, among Republican respondents

Treatment Conditions Compared	Estimate	Adj. p-value
2-1	0.16	0.12
3-1	-0.06	0.94
4-1	-0.03	1.00
5-1	0.18	0.07
6-1	0.17	0.09
3-2	-0.22	0.01
4-2	-0.19	0.02
5-2	0.02	1.00
6-2	0.01	1.00
4-3	0.03	1.00
5-3	0.24	0.01
6-3	0.23	0.01
5-4	0.21	0.01
6-4	0.20	0.01
6-5	-0.01	1.00

Table E.4: Tukey HSD difference-in-means test of Blame DV in Study II, among Democratic respondents

Treatment Conditions Compared	Estimate	Adj. p-value
2-1	0.33	0.00
3-1	-0.08	0.47
4-1	0.10	0.25
5-1	0.29	0.00
6-1	0.39	0.00
3-2	-0.41	0.00
4-2	-0.23	0.00
5-2	-0.04	0.97
6-2	0.06	0.73
4-3	0.18	0.00
5-3	0.37	0.00
6-3	0.47	0.00
5-4	0.19	0.00
6-4	0.29	0.00
6-5	0.10	0.23

Table E.5: Tukey HSD difference-in-means test of Sympathy DV in Study I, among Republican respondents

Treatment Conditions Compared	Estimate	Adj. p-value
2-1	-0.10	0.31
3-1	-0.02	1.00
4-1	-0.01	1.00
5-1	0.05	0.89
6-1	0.01	1.00
3-2	0.08	0.72
4-2	0.09	0.62
5-2	0.15	0.06
6-2	0.11	0.42
4-3	0.01	1.00
5-3	0.07	0.80
6-3	0.03	1.00
5-4	0.06	0.86
6-4	0.02	1.00
6-5	-0.04	0.97

Table E.6: Tukey HSD difference-in-means test of Sympathy DV in Study I, among Democratic respondents

Treatment Conditions Compared	Estimate	Adj. p-value
2-1	0.03	0.98
3-1	0.01	1.00
4-1	-0.02	1.00
5-1	-0.05	0.91
6-1	0.01	1.00
3-2	-0.03	1.00
4-2	-0.05	0.89
5-2	-0.08	0.66
6-2	-0.02	1.00
4-3	-0.03	0.99
5-3	-0.05	0.91
6-3	0.00	1.00
5-4	-0.02	1.00
6-4	0.03	0.99
6-5	0.06	0.88

Table E.7: Tukey HSD difference-in-means test of Sympathy DV in Study II, among Republican respondents

Treatment Conditions Compared	Estimate	Adj. p-value
2-1	0.01	1.00
3-1	0.02	1.00
4-1	0.06	0.92
5-1	-0.06	0.90
6-1	0.08	0.74
3-2	0.01	1.00
4-2	0.05	0.96
5-2	-0.07	0.83
6-2	0.07	0.83
4-3	0.04	0.99
5-3	-0.08	0.77
6-3	0.06	0.91
5-4	-0.12	0.29
6-4	0.02	1.00
6-5	0.14	0.14

Table E.8: Tukey HSD difference-in-means test of Sympathy DV in Study II, among Democratic respondents

Treatment Conditions Compared	Estimate	Adj. p-value
2-1	-0.08	0.50
3-1	0.01	1.00
4-1	-0.02	1.00
5-1	-0.07	0.60
6-1	-0.13	0.05
3-2	0.09	0.32
4-2	0.06	0.83
5-2	0.01	1.00
6-2	-0.05	0.88
4-3	-0.03	0.98
5-3	-0.08	0.40
6-3	-0.14	0.02
5-4	-0.05	0.89
6-4	-0.11	0.19
6-5	-0.06	0.80

F Full Model Results

Table F.1: Full OLS results of Effect of Treatments on Blame Attributed to Victim in Study I

	Full Sample	Democrats	Republicans
Anti-Vax	0.276*	0.285*	0.240*
	(0.030)	(0.041)	(0.049)
Democrat	−0.018	−0.040	0.001
	(0.030)	(0.040)	(0.051)
Republican	0.039	0.083*	−0.013
	(0.030)	(0.041)	(0.050)
Anti-Vax Democrat	0.274*	0.280*	0.279*
	(0.030)	(0.043)	(0.049)
Anti-Vax Republican	0.278*	0.294*	0.277*
	(0.030)	(0.040)	(0.052)
Intercept	0.378*	0.439*	0.333*
	(0.017)	(0.023)	(0.030)
Obs.	1360	662	490
R2	0.137	0.157	0.134
R2 Adj.	0.134	0.151	0.125

* $p < 0.05$

Table F.2: Full OLS results of Effect of Treatments on Blame Attributed to Victim in Study II

	Full Sample	Democrats	Republicans
Anti-Vax	0.166*	0.213*	0.183*
	(0.035)	(0.046)	(0.063)
Democrat	−0.039	−0.043	−0.029
	(0.035)	(0.046)	(0.064)
Republican	0.031	0.137*	−0.024
	(0.034)	(0.047)	(0.059)
Anti-Vax Democrat	0.216*	0.244*	0.166*
	(0.035)	(0.043)	(0.065)
Anti-Vax Republican	0.329*	0.404*	0.177*
	(0.036)	(0.045)	(0.064)
Intercept	0.395*	0.483*	0.323*
	(0.024)	(0.031)	(0.043)
Obs.	995	448	316
R2	0.137	0.225	0.083
R2 Adj.	0.133	0.217	0.069

* $p < 0.05$

Table F.3: Full OLS results of Effect of Treatments on Sympathy for Victim in Study I

	Full Sample	Democrats	Republicans
Anti-Vax	−0.186*	−0.206*	−0.214*
	(0.026)	(0.038)	(0.041)
Democrat	0.002	0.049	−0.123*
	(0.026)	(0.037)	(0.043)
Republican	−0.095*	−0.182*	−0.058
	(0.026)	(0.038)	(0.042)
Anti-Vax Democrat	−0.185*	−0.185*	−0.218*
	(0.027)	(0.039)	(0.041)
Anti-Vax Republican	−0.224*	−0.281*	−0.181*
	(0.026)	(0.037)	(0.044)
Intercept	0.721*	0.736*	0.761*
	(0.015)	(0.021)	(0.025)
Obs.	1362	663	491
R2	0.088	0.140	0.088
R2 Adj.	0.085	0.133	0.079

* $p < 0.05$

Table F.4: Full OLS results of Effect of Treatments on Sympathy for Victim in Study II

	Full Sample	Democrats	Republicans
Anti-Vax	−0.152*	−0.285*	−0.002
	(0.033)	(0.047)	(0.056)
Democrat	0.026	−0.002	0.118*
	(0.033)	(0.048)	(0.057)
Republican	−0.053	−0.234*	0.059
	(0.032)	(0.049)	(0.052)
Anti-Vax Democrat	−0.155*	−0.297*	−0.023
	(0.033)	(0.045)	(0.057)
Anti-Vax Republican	−0.225*	−0.415*	−0.049
	(0.034)	(0.047)	(0.057)
Intercept	0.655*	0.719*	0.628*
	(0.023)	(0.032)	(0.038)
Obs.	996	448	319
R2	0.079	0.220	0.034
R2 Adj.	0.074	0.212	0.019

* $p < 0.05$

G Test of Group Empathy Effects

Group empathy can be a powerful tool to decrease political division, especially among members of groups who have experienced oppression or socio-economic inequalities (Sirin, Villalobos, and Valentino 2016; Sirin, Valentino, and Villalobos 2017, 2021).

Studies testing the role of group and collective exposure to trauma and tragedy indicate that those who belong to social groups that have historically experienced hardship, oppression, or trauma are more likely to be more sympathetic towards others who experience such difficulties, even when they are members of a key outgroup (Sirin, Villalobos, and Valentino 2016; Sirin, Valentino, and Villalobos 2017, 2021). Given the findings supporting this group empathy theory model, I expect that respondents who have lost a close friend or family member to COVID-19 will be less likely to blame all victims and more sympathetic towards all victims compared to those who did not lose someone to COVID-19. This item asking about a close friend or family member dying of COVID-19 was asked before treatment, avoiding issues of conditioning on posttreatment variables (Montgomery, Nyhan, and Torres 2018; Klar, Leeper, and Robison 2020).

Finally, figures G.1 and G.2 plot the effects of having had a close friend or family member die of COVID-19 on blame attribution and sympathy. I find no statistically nor substantively meaningful differences between those who experienced a close friend or family member dying of COVID-19 and those who did not. The pattern persists, however, in which respondents blame unvaccinated individuals who are anti-vaccination, but the partisan treatments yield no statistically or substantively meaningful results.

While not exactly group empathy, it could be that vaccinated or non-vaccinated respondents develop a social identity that might condition the effects of these informational cues. I therefore run the same models, but interacting treatment with respondents' vaccination status. These results are in table G.3. While respondents who are not vaccinated are less likely to blame the

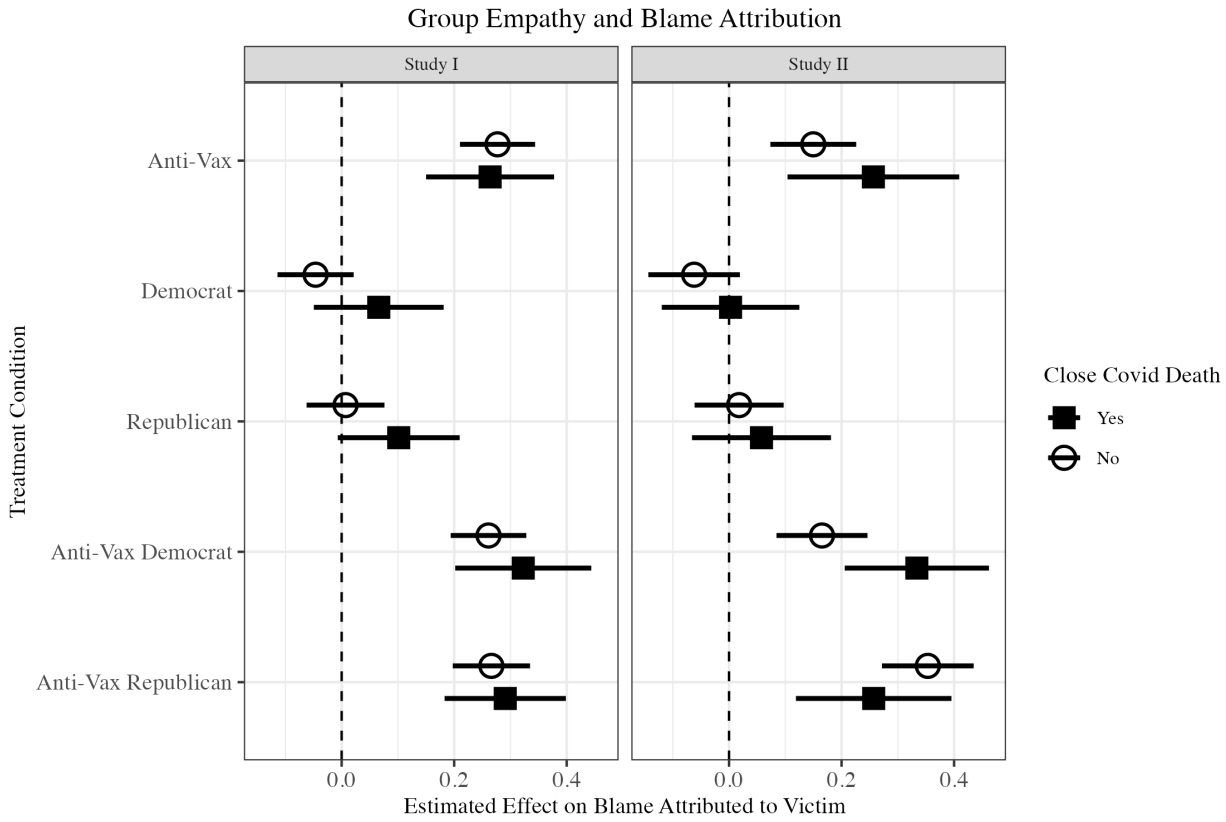


Figure G.1: Effect of Experiencing the Death of a Close Friend or Family Member from COVID on Blame

anti-vaccination and anti-vaccination Republican than vaccinated respondents, they do blame these victims more than the control condition and patterns of sympathy are substantively similar.

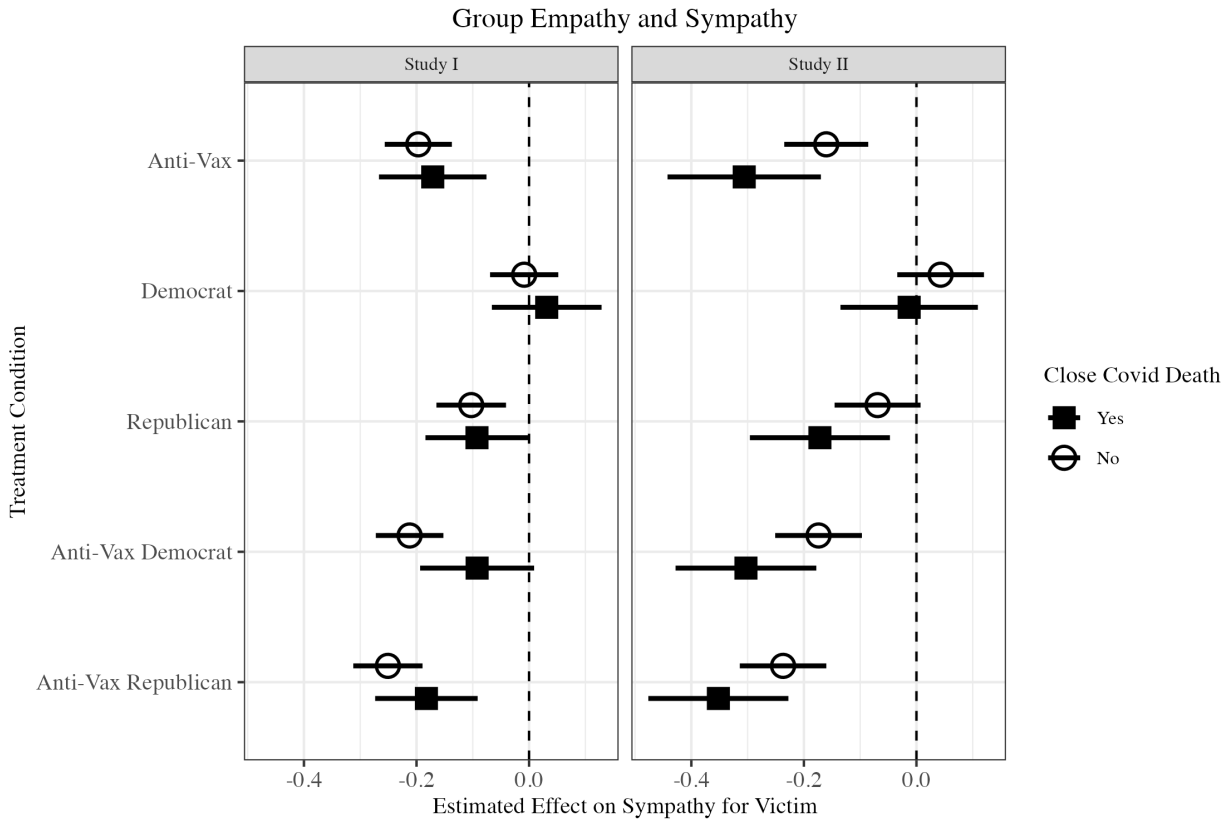


Figure G.2: Effect of Experiencing the Death of a Close Friend or Family Member from COVID on Sympathy

Table G.1: Full OLS Results of Effect of Treatments on Blame Attributed to Victim by Having a Close Friend or Family Member Die from COVID-19 or Not

	Study I		Study II	
	COVID Death	No COVID Death	COVID Death	No COVID Death
Anti-Vax	0.264*	0.277*	0.257*	0.150*
	(0.058)	(0.034)	(0.078)	(0.039)
Democrat	0.066	−0.046	0.003	−0.062
	(0.059)	(0.035)	(0.062)	(0.042)
Republican	0.101	0.007	0.058	0.018
	(0.055)	(0.035)	(0.063)	(0.040)
Anti-Vax Democrat	0.323*	0.261*	0.334*	0.165*
	0.291*	0.266*	(0.065)	(0.041)
Anti-Vax Republican	0.291*	0.266*	0.257*	0.353*
	(0.055)	(0.035)	(0.071)	(0.042)
Intercept	0.421*	0.364*	0.395*	0.395*
	(0.034)	(0.020)	(0.047)	(0.028)
Obs.	348	1007	275	720
R2	0.131	0.144	0.159	0.146
R2 Adj.	0.118	0.139	0.144	0.141

* $p < 0.05$

Table G.2: Full OLS Results of Effect of Treatments on Sympathy for Victim by Having a Close Friend or Family Member Die from COVID-19 or Not

	Study I		Study II	
	COVID Death	No COVID Death	COVID Death	No COVID Death
Anti-Vax	−0.171*	−0.197*	−0.306*	−0.160*
	(0.049)	(0.030)	(0.070)	(0.038)
Democrat	0.031	−0.009	−0.013	0.043
	(0.050)	(0.031)	(0.062)	(0.039)
Republican	−0.093*	−0.103*	−0.172*	−0.069
	(0.047)	(0.032)	(0.063)	(0.039)
Anti-Vax Democrat	−0.092	−0.212*	−0.303*	−0.174*
	(0.052)	(0.031)	(0.064)	(0.039)
Anti-Vax Republican	−0.182*	−0.251*	−0.352*	−0.237*
	(0.046)	(0.031)	(0.063)	(0.039)
Intercept	0.764*	0.709*	0.735*	0.660*
	(0.029)	(0.018)	(0.046)	(0.028)
Obs.	350	1007	274	722
R2	0.077	0.102	0.182	0.097
R2 Adj.	0.063	0.097	0.167	0.090

* $p < 0.05$

Table G.3: Full OLS Results of Effect of Treatments on Blame and Sympathy for Victim by Vaccination Status, Study I

	Blame		Sympathy	
	Vaccinated	Not Vaccinated	Vaccinated	Not Vaccinated
Anti-Vax	0.316*	0.142*	−0.206*	−0.112*
	(0.033)	(0.058)	(0.030)	(0.054)
Democrat	−0.047	0.069	0.033	−0.105
	(0.033)	(0.060)	(0.030)	(0.057)
Republican	0.048	0.068	−0.080*	−0.141*
	(0.034)	(0.056)	(0.031)	(0.053)
Anti-Vax Democrat	0.285*	0.256*	−0.196*	−0.185*
	(0.035)	(0.057)	(0.032)	(0.053)
Anti-Vax Republican	0.319*	0.169*	−0.244*	−0.168*
	(0.034)	(0.057)	(0.031)	(0.054)
Intercept	0.422*	0.252*	0.716*	0.737*
	(0.019)	(0.033)	(0.018)	(0.031)
Obs.	986	323	988	323
R2	0.181	0.072	0.113	0.053
R2 Adj.	0.177	0.057	0.108	0.038

* $p < 0.05$

SI References

APA. 2013. *Diagnostic and Statistical Manual of Mental Disorders*. Arlington, VA: American Psychiatric Association.

Atkeson, Lonna Rae, and Cherie D. Maestas. 2012. *Catastrophic Politics: How Extraordinary Events Redefine Perceptions of Government*. New York: Cambridge University Press.

Bonanno, George A., and John T. Jost. 2006. "Conservative shift among high-exposure survivors of the september 11th terrorist attacks." *Basic and Applied Social Psychology* 28 (4): 311–323.

Calhoun, Lawrence G., and Richard G. Tedeschi. 2004. "The Foundations of Posttraumatic Growth." *Psychological Inquiry* 15: 93–102.

Cohen, Elisha, Anna Gunderson, Kaylyn Jackson, Paul Zachary, Tom S. Clark, Adam N. Glynn, and Michael Leo Owens. 2019. "Do Officer-Involved Shootings Reduce Citizen Contact with Government?" *Journal of Politics* 81 (3): 1111–1123.

Davis, Darren W., and Brian D. Silver. 2004. "Civil Liberties vs. Security: Public Opinion in the Context of the Terrorist Attacks on America." *American Journal of Political Science* 48 (1): 28–46.

Dyb, Grete, Tine K. Jensen, Egil Nygaard, Oivind Ekeberg, Trond H. Diseth, Tore Wentzel-Larsen, and Siri Thoresen. 2014. "Post-traumatic Stress Reactions in Survivors of the 2011 Massacre on Utøya Island, Norway." *The British Journal of Psychiatry: the Journal of Mental Science* 204: 361–367.

Galea, Sandro, Arijit Nandi, and David Vlahov. 2005. "The Epidemiology of Post-Traumatic Stress Disorder after Disasters." *Epidemiologic Reviews* 27: 78–91.

Hassell, Hans J.G., John B. Holbein, and Matthew Baldwin. 2020. "Mobilize for Our Lives?

School Shootings and Democratic Accountability in U.S. Elections." *American Political Science Review* 114 (4): 1375–1385.

Hersh, Eitan D. 2013. "Long-term effect of September 11 on the political behavior of victims' families and neighbors." *Proceedings of the National Academy of Sciences of the United States of America* 110 (52): 20959–20963.

Janoff-Bulman, Ronnie. 1992. *Shattered Assumptions: Towards a New Psychology of Trauma*. New York: Free Press.

Kinzie, David J., Duane Denney, Crystal Riley, James K. Boehnlein, Bentson McFarland, and Paul Leung. 1998. "A Cross-Cultural Study of Reactiviation of Posttraumatic Stress Disorder Symptoms: American and Cambodian Psychophysiological Response to Viewing Traumatic Video Scenes." *The Journal of Nervous and Mental Disease* 186 (11): 670–676.

Klar, Samara, Thomas Leeper, and Joshua Robison. 2020. "Studying Identities with Experiments: Weighing the Risk of Posttreatment Bias Against Priming Effects." *Journal of Experimental Political Science* 7 (1): 56–60.

Klar, Samara, and Yanna Krupnikov. 2016. *Independent Politics: How American Disdain for Parties Leads to Political Inaction*. New York: Cambridge University Press.

Lange, Alfred, Deirdre Rietdijk, Milena Hudcovicova, Jean-Pierre Van De Ven, Bart Schrieken, and Paul M.G. Emmelkamp. 2003. "Interapy: A Controlled Radnomized Trial of the Standardized Treatment of Posttraumatic Stress Through the Internet." *Journal of Consulting and Clinical Psychology* 71 (5): 901–909.

Marsh, Wayde Z.C. 2022. "The Politics of Trauma: Mass Tragedies in Polarized America." Ph.D. diss. University of Notre Dame.

Marsh, Wayde Z.C. 2023. "Trauma & Turnout: The Political Consequences of Traumatic Events." *American Political Science Review* 117 (3): 1036–1052.

Marsh, Wayde Z.C. 2025. "Replication Data for: No One Mourns the Wicked: The Limits of Partisan Hostility Persisting through Tragedy." *Harvard Dataverse. https://doi.org/10.7910/DVN/548AVK*.

Matthieu, Monica, and André Ivanoff. 2006. "Treatment of Human-Caused Trauma: Attrition in the Adult Outcomes Research." *Journal of Interpersonal Violence* 21 (12): 1654–1664.

Montgomery, Jacob M., Brendan Nyhan, and Michelle Torres. 2018. "How Conditioning on Posttreatment Variables Can Ruin Your Experiment and What to Do about It." *American Journal of Political Science* 62 (3): 760–775.

Muldoon, Orla T., Khagendra Acharya, Sarah Jay, Kamal Adhikari, Judith Pettigrew, and Robert D. Lowe. 2017. "Community identity and collective efficacy: A social cure for traumatic stress in post-earthquake Nepal." *European Journal of Social Psychology* 47: 904–915.

Park, Crystal L., Carolyn M. Aldwin, Juliane R. Fenster, and Leslie B. Snyder. 2008. "Pathways to Posttraumatic Growth Versus Posttraumatic Stress: Coping and Emotional Reactions Following the September 11, 2001, Terrorist Attacks." *American Journal of Orthopsychiatry* 78 (3): 300–312.

Santiago, P N, R J Ursano, C L Gray, Robert S. Pynoos, and D Spiegel. 2013. "A Systematic Review of PTSD Prevalence and Trajectories in DSM-5 Defined Trauma Exposed Populations: Intentional and Non-Intentional Traumatic Events." *PLoS ONE* 8 (4): 59236.

Shakespeare-Finch, Jane, and Allysa J. Barrington. 2012. "Behavioural Changes Add Validity to the Construct of Posttraumatic Growth." *Journal of Traumatic Stress* 25 (4): 433–439.

Sirin, Cigdem V., José D. Villalobos, and Nicholas A. Valentino. 2016. "Group Empathy Theory: The effect of group empathy on US intergroup attitudes and behavior in the context of immigration threats." *The Journal of Politics* 78 (3): 893–908.

Sirin, Cigdem V., Nicholas A. Valentino, and José D. Villalobos. 2017. "The Social Causes and Political Consequences of Group Empathy." *Political Psychology* 38 (3): 427–448.

Sirin, Cigdem V., Nicholas A. Valentino, and José D. Villalobos. 2021. *Seeing Us in Them: Social Divisions and the Politics of Group Empathy*. Cambridge University Press.

Tedeschi, Richard G., and Lawrence G. Calhoun. 1996. "The Posttraumtic Growth Inventory: Measuring the Positive Legacy of Trauma." *Journal of Traumatic Stress* 9: 455–471.

Van der Velden, Peter G., Linda Grievink, Rolf J. Kleber, Annelieke N. Drogendijk, Albert-Jan R. Roskam, Frans G.H. Marcelissen, Miranda Olff, Mariel L. Meewisse, and Berthold P.R. Gersons. 2006. "Post-Disaster Mental Health Problems and the Utilization of Mental Health Services: A Four-year Longitudinal Comparative Study." *Administration and Policy in Mental Health and Mental Health Services Research* 33 (3): 279–288.

Weathers, Frank W., and Terence M. Keane. 2007. "The Criterion A Problem Revisited: Controversies and Challenges in Defining and Measuring Psychological Trauma." *Journal of Traumatic Stress* 20 (2): 107–121.

Pre-Registration Reporting Table

Instructions: using the table below, report **all** elements of your pre-registration plan. Then fill out each column to report whether and how those elements appear in your manuscript. Add rows as necessary for additional measures, hypotheses, etc. If a particular reporting category does not apply, enter N/A rather than deleting a row(s). Do **not** delete rows simply because you did not pre-register that information (e.g., sample exclusions). This document will be shared with the editors as well as reviewers.

If you are submitting a pre-registered report (PRR) you will complete this table only when submitting a full version of the manuscript with empirical results after receiving an in-principle acceptance.

URL to public anonymized registration: https://aspredicted.org/KJ7_1BN

Location of URL in manuscript: Footnote 2 on p. 7 in the main text, in Ethics Statement after main text, and on p. 1 in the appendix.

	Specified in pre-registration? (Yes, no)	Reported in manuscript ? (Yes, page(s) in main text; Yes, page(s) in appendix; No)	Deviations (provide justification and location of discussion in the manuscript)
Sampling	Yes	Yes, p. 7 in main text and pp. 1-2 in the appendix	
Sample Exclusions	No	No	
Experimental Conditions	Yes	Yes, pp. 7-8 in main text and pp. 2-4 in the appendix	
Observed Measure 1 [*insert measure label*]	Yes	Yes on p. 9 in main text and pp. 5-7 in the appendix	
Observed Measure 2 [*insert measure label*]	Yes	Yes on p. 9 in main text and pp. 5-7 in the appendix	
Observed Measure 3 [*insert measure label*]	No	No	
Hypothesis 1	Yes	Yes, p. 6 in main text	
Hypothesis 2	Yes	Yes, p. 6 in main text	
Empirical test of H1	Yes	Yes pp. 10-15 in main text and pp. 13-23 in the appendix	
Empirical test of H2	Yes	Yes, pp. 10-15 in main text and pp. 13-23 in the appendix	
Were there studies included in pre-registration that are not reported in the manuscript? (If yes, explain)	Yes, explained on pp. 10-11 in main text and provided in pp. 13-23 in the appendix.		
Additional comments	None		