Punishing Individuals for Their Infirmities: Effects of Personal Responsibility, Just-World Beliefs, and In-Group/Out-Group Status

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This research examined how derogation of cancer victims was moderated by (a) the perceived responsibility of the victim, (b) individual differences in just-world beliefs, and (c) whether the victim was an in-group versus out-group member. Participants formed an impression of an in-group or an out-group member who was known to have a terminal case of cancer. Half of the participants were informed that the target person was partially responsible for this medical condition, whereas the remaining participants were not given this information. Results showed that blaming judgments of high versus low responsibility targets were moderated by just-world beliefs, but this was only true when the person being judged was an out-group member. The implications of these results for research and theory on differential processing of in-group versus out-group members are discussed.

Researchers have long been interested in the way that perceivers react to stigmatizing attributes; that is, characteristics that are perceived to be deviant from culture-specific standards of normalcy (Goffman, 1963; Katz, 1981). One of the major findings to emerge from research in this area is that the mere presence of a stigma can often trigger punitive or blaming responses on the part of social perceivers. For example, people often derogate other people who are perceived to be obese (Crandall, 1994) or who visibly manifest other unusual characteristics, such as disfigurement (Katz, 1981). Nevertheless, it seems likely that such derogation could vary substantially as a function of several different variables. In particular, characteristics of the perceiver, as well as features of the person being judged, could potentially moderate how perceivers react to stigmatized others. The overriding goal of the present article is to verify empirically the nature of some key moderator variables and to examine their specific effects on how people react to stigmatized others.

Theoretical Background

On a priori grounds, we anticipate that at least three factors might moderate the extent to which perceivers will blame stigmatized others: (a) the perceived

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responsibility of the target person for the stigmatizing condition, (b) individual differences among perceivers in just-world beliefs, and (c) whether the target person belongs to an in-group or an out-group. The predictions associated with each variable will be discussed in turn.

**Responsibility**

Research suggests that perceivers are more likely to derogate stigmatized individuals if the target person is perceived to be responsible for his or her condition than if this is not the case (Archer, 1985; Crocker & Major, 1989). For example, perceivers are more likely to derogate obese individuals if such persons are perceived to have control over their weight than if it is caused by some medical condition over which the person has little control (Crandall, 1994.) In the present paradigm, we manipulated perceived responsibility by varying whether the target person either did or did not take prudent steps to avoid contracting a potentially fatal disease (cancer). On the one hand, it would hardly be surprising to find that participants react more negatively to targets perceived to be highly responsible for their medical condition, and indeed this is generally what we found in the present research. A more interesting question, however, concerns what factors might moderate the extremity of participants' response toward high- versus low-responsibility targets. In the discussion to follow, we consider two such possible moderator variables.

**Just-World Beliefs**

A great deal of research has focused on the psychological consequences of *just-world beliefs*; that is, the notion that good things happen to good people and victims get what they deserve (Lerner, 1980). The most well-known effect associated with just-world beliefs is *victim derogation*, in which another person is blamed for his or her own misfortune. As Lerner has noted, however, victim blaming represents only one of a variety of responses that may arise from just-world beliefs. Indeed, several studies have shown that people who score high in just-world beliefs are sometimes *less* likely to blame victims compared to people who score low on this belief system (Maes, 1998).

Particularly important for our purposes is the possibility that the factor considered in the previous section—personal responsibility—might moderate the effects of just-world beliefs on blame. More specifically, we hypothesize that individual differences in just-world beliefs would be positively associated with blaming in those cases when the available evidence leaves plausible opportunity for blaming the person in the first place. In such cases, people who score high in just-world beliefs should be especially willing to seize this opportunity to blame the target. In other cases, however, the available evidence may suggest that there was nothing that the target person could have done to avoid his or her fate. In
such instances, high just-world perceivers may not be able to justify a blaming response and, in fact, may demonstrate greater sympathy for (i.e., less blaming of) the target person compared to perceivers who score low in just-world beliefs. In fact, a recent study by DePalma, Madey, Tillman, and Wheeler (1999) showed some support for this notion. In particular, this study showed that participants who scored high in just-world beliefs responded more negatively to targets who were perceived as responsible for their own fate compared to participants who scored low. However, this pattern was reversed when participants formed impressions of targets who were not responsible for their own misfortune.

Although the DePalma et al. (1999) experiment was conducted in an experimental paradigm quite different from that employed in the present research, it suggested to us that just-world beliefs would be negatively associated with participants’ reactions to high-responsibility targets, but positively associated with low-responsibility targets. This pattern should manifest itself statistically as a Just World $\times$ Personal Responsibility interaction.

**In-Group Versus Out-Group Status**

One way of looking at ideological beliefs is that they represent a kind of heuristic or rule of thumb when forming impressions of others. This seems especially true of just-world beliefs, which represent a rather simplistic belief system (e.g., “Bad things happen to bad people”) that can be used as a heuristic to formulate rapid judgments about complex social situations (Lerner, 1980).

How might this issue be relevant to judgments of in-group members versus out-group members? Previous research and theory in the group-categorization literature suggests that people do not process information about in-group members and out-group members in the same way. In particular, there is some evidence that people are more likely to process information about out-group members in a relatively more heuristic manner compared to out-group members. (For a discussion of this issue and a consideration of some empirical evidence in support of it, see Judd, Ryan, & Park, 1991; see also Hamilton & Sherman, 1994.) Although there may be a number of reasons why people might process information about out-groups in a relatively more heuristic manner than in-groups, Park et al. suggested that the mere fact that the self (by definition) belongs to the in-group might motivate perceivers to be more concerned about being accurate when forming impressions of in-group members as well as to allocate greater attentional resources to the processing of in-group information.

To the extent that there is merit to the idea that just-world beliefs represent a kind of heuristic that might be more relevant to the processing of information about out-groups, this leads to an empirically testable proposition. In particular, the role of just-world beliefs, and their predicted interaction with personality responsibility as described in the earlier section, may only occur when the person
being judged is an out-group member. When judging in-group members, however, just-world beliefs may have less effect, either in their own right or in combination with personal responsibility. This should result in a three-way Personal Responsibility × Just World × In-Group/Out-Group interaction.

Although not qualifying the implications of the considerations raised previously, it is important to note that there is at least one other effect that could be associated with the in-group versus out-group distinction. In particular, over and above the effects of just-world beliefs, participants might demonstrate an in-group favoritism effect (Brewer, 1979; Turner, Brown, & Tajfel, 1979); that is, show greater preference for in-group members compared to out-group members. This would result in a main effect of in-group versus out-group status, over and above any of the predicted effects that were described.²

Summary

Although a great deal of research over the last 30 years has explored the consequences of just-world beliefs, comparatively few studies have operationalized just-world beliefs as a personality variable (cf. Furnham & Procter, 1989). The present work is based on the assumption that measuring individual differences in just-world beliefs will reliably predict participants’ reactions toward another person suffering from a stigmatizing disease. We further anticipate that such effects will be moderated by two key variables. First, just-world beliefs are expected to be positively associated with victim blame when targets are perceived as being responsible for their condition, but the reverse pattern is expected when the target is not responsible. Second, such effects are expected to emerge more strongly when participants judge out-group members rather than in-group members. If so, this will result in a three-way interaction involving all three variables.

The Present Research

In the present research, male or female participants were presented with a short “case history” of a male or female target person who, in all cases, had recently been diagnosed with terminal cancer. The primary dependent variable was the extent to which participants derogated the target person for this health-

²Research in the categorization literature also suggests that people might form more polarized judgments of out-group members compared to in-group members (Linville, 1982; Linville & Jones, 1980). That is, when forming impressions of unambiguously favorable exemplars, perceivers react more favorably to out-group targets than to in-group targets, whereas the opposite pattern arises when the target has favorable features. It should be noted, however, that the present study did not meet the necessary condition to demonstrate a clear-cut example of out-group polarization effects. This is because the target persons in this study were not described in unambiguously favorable versus unfavorable terms, a state of affairs that is central to the demonstration of the out-group polarization effect. In any event, because the pattern of results in our study did not reveal clear evidence in support of an out-group polarization effect, we shall not consider this issue further.
related misfortune. These judgments were examined as a function of three independent variables, including personal responsibility of the target, just-world beliefs, and in-group versus out-group status of the person being judged.

A few considerations concerning our experimental design are worth noting at this point. First, our choice to focus on cancer was driven, in part, by the fact that an important type of stigma is an "abomination of the body" (Goffman, 1963, p. 4), which would of course include many types of diseases. Given the enormous impact of cancer on the health and well-being of individuals in the United States as well as in other countries (e.g., Mehrotra & Mrinal, 1996; Riekse & Holstege, 1996), the extent to which people blame victims of this disease would seem to be important to study for practical as well as theoretical reasons. Given that cancer is most typically perceived as observed among persons over 50 (Riekse & Holstege, 1996), all of the target persons in this study were clearly portrayed as being in their 60s or 70s.

As for our manipulation of in-group versus out-group status, a target person may be an out-group member with respect to one type of social category, but an in-group member with respect to another. For example, a Black female college student may represent, for a White female college student, an in-group member with respect to age, occupation, and gender, but an out-group member with respect to race. By the same token, an elderly person may, from the perspective of a young perceiver, represent an out-group member with respect to age, but an in-group member with respect to gender. Thus, even though the age of the target person was held constant in our design, attention to another important social marker (gender) allowed us to test our hypotheses regarding the effects of in-group versus out-group status.3

Method

Participants and Design

A total of 89 students ranging in age from 17 years to 22 years participated in return for $7. Of these, 12 reported suspicion about the purpose of the study, and

3 Although it is undoubtedly useful to consider how people might react differently to the same disease while varying the age of the target person, such manipulations do create some interpretative problems. For example, although cases of cancer obviously can and do occur among young adults, this disease is far more typical of elderly individuals. This means, unfortunately, that a manipulation of the cancer victim's age would be perfectly confounded with the perceived typicality of the target's condition relative to the age group to which he or she belongs. This means that any difference observed across these two conditions could be a result of the typicality of the target, rather than his or her age per se. Similar confounding would arise when considering diseases perceived to be more common among young adults (e.g., AIDS). Thus, while acknowledging the limits to generalizability that inevitably arise when any variable is held constant in a study, these considerations suggest that orthogonal manipulations of diseases with target age may be less clear cut than would appear at first blush.
their data were not analyzed further. This left a total of 77 participants (54 females and 23 males in the final set of analyses). The design included two manipulated variables that were varied between subjects, including responsibility of disease (high vs. low) and target gender (male vs. female). Other variables included participant gender (male vs. female) and individual differences in just-world beliefs.4

Procedure and Materials

Upon entering the laboratory, participants were ushered into separate cubicles. Participants were informed at the outset that they would be participating in a number of different tasks during the hour-long session. In the first task, participants were given a packet of questionnaires to complete. Of primary interest in the packet was Rubin and Peplau's Just World Scale (1975), which contains 19 six-point Likert scale items that assess global ideas of deserving and justice, such as "I usually get what I deserve." Interitem reliability in this sample was satisfactory (α = .83).5

Target Rating Task

Participants were randomly assigned to one of four target conditions arising out of the combination of responsibility (high vs. low) and target gender (male vs. female). They were presented with a binder of looseleaf pages already open to

4In addition to the three main factors investigated in our research, we also examined several other personality variables in our research that could conceivably moderate how participants might respond to the elderly targets in our study. These include individual differences in health locus of control (Wallston, Wallston, & DeVellis, 1978), participants' beliefs and attitudes toward the elderly (Kafer, Rakowski, Lachman, & Hickey, 1980), as well as more general value systems (e.g., humanism–egalitarianism, Protestant work ethic). Although the internal reliability of these personality scales was generally acceptable (in all cases, α > .80), analyses using these additional measures (on their own as well as in combination with the other variables in our design) failed to yield any theoretically meaningful results in this study. Although it is unclear why these additional measures failed to predict participants' responses in this study, these null results do not qualify or compromise the implications of the main results to be reported.

5Although most of the past work on individual differences in just-world beliefs has employed the Rubin and Peplau (1975) scale, a different version of a just-world scale has been developed recently by Lipkus and his colleagues (e.g., Lipkus, Dalbert, & Siegler, 1996). Although we have used a version of the Lipkus scale in our own research on judgmental phenomena other than victim derogation (Lambert, Burroughs, & Nguyen, 1999), more recent work from our laboratory (Lambert & Raichle, 2000), as well as other researchers (DePalma et al., 1999) have also found that the Rubin and Peplau scale appears to offer superior predictive validity in terms of how people react to victims per se. Indeed, although in the present research we measured just-world beliefs using both instruments, we again found that the Rubin and Peplau scale offered superior predictive power (although the Lipkus et al. scale yielded nonsignificant results in the same direction as the Rubin & Peplau scale). For this reason, we focus on the analyses yielded by the Rubin and Peplau scale only.
The purpose of this research is to understand the processes by which people form impressions of other people. Previous research has shown that a person's visual appearance can have an important impact on the impressions we form about another person. In particular, such images can often elicit emotional responses (positive as well as negative) and can often serve, in part, as the basis for forming impressions of others. In a moment, we are going to provide you with a photograph of a particular individual. We will give you some time to examine this photograph. As you do so, we would like you to look at this image carefully and consider what kind of personality this person is likely to have. . . . We will let you know when to start looking at the image, and also when to stop.

Following these instructions, participants were instructed to flip the page to a photograph and to look at it for 30 s. Four black-and-white photographs were used in the study. All of these photographs were 4 × 6 in. (10 × 15 cm) and were mounted on a white 8 × 11 in. (20 × 28 cm) sheet of paper. Each contained a picture of a healthy White older adult. Two of the photographs pictured older adult men, and two of them pictured older adult women.

Immediately following the presentation of the photographs, participants were presented with a short vignette about the target who was named (depending on the condition to which participants had been assigned) “Mr. Brown” or “Mrs. Brown.” In all cases, this information indicated that the target was dying of throat cancer, but additional information varied in terms of the personal responsibility that participants would be likely to infer on the part of the target. In the high-responsibility condition, the information conveyed that the target person continued to be a fairly heavy smoker throughout much of his life and, hence, failed to take critical steps that may have been able to minimize the probability of the onset of this disease:

Mr. Brown has lived in St. Louis for many years. He has been active in civic groups and raised three children with his wife of 46 years. Two months after this photo was taken, he learned that he has advanced throat cancer and has only 2 to 4 months to live. Although he knew that there was a pronounced history of the disease in his family, he began smoking when he was a young man and continues to smoke a pack of cigarettes a day. Doctors indicate that this is a probable cause for the disease. Mr. Brown has been spending time with his family since he learned of the cancer.
In contrast, the low-responsibility condition indicated that the target person had, in fact, taken prudent steps to avoid the dangers of cancer:

Mr. Brown has lived in St. Louis for many years. He has been active in civic groups and raised three children with his wife of 46 years. Two months after this photo was taken, he learned that he has advanced throat cancer and has only 2 to 4 months to live. He had one great-uncle who died of the disease. Mr. Brown was an occasional smoker until the early 1970s, when he finally decided to quit. Doctors indicate that this is not a probable cause of the disease. Mr. Brown has been spending time with his family since he learned of the cancer.

Participants were given as long as they wished to read the vignettes and were instructed to complete a packet of rating scales when they had finished reading.

**Target Ratings**

Following the presentation of the vignettes, participants were asked to rate the target along a number of dimensions. Participants were first asked to respond to the question “What is your overall reaction to the target?” along an 11-point scale ranging from -5 (very unfavorable) to +5 (very favorable). They were then asked to indicate how much they would like to meet the target if given the chance along a scale ranging from 0 (not at all) to 10 (very much). Following this, participants were presented with five emotions (sympathetic, warm, angry, cold, upset) and were asked to circle any number between 0 (not at all) and 10 (very much) that most accurately captured how they felt about the target person. Participants also rated the target with respect to 14 more general personality traits (e.g., intelligent, kind, confident) along a scale ranging from 0 (not at all) to 10 (extremely).

Finally, two additional sets of questions were included at the end of the packet. First, participants were told “When we hear of people’s misfortunes, we sometimes feel that the person is partially or wholly responsible for what happened to them. In other cases, however, we feel that this person is not at all responsible for these misfortunes.” Following this, participants were asked to respond to two questions (“To what extent do you think that this person is personally responsible for what happened?” and “How much is this person to blame for what happened?”) on a scale ranging from 0 to 10, with higher numbers indicating higher levels of perceived responsibility/blame. The purpose of these questions is, in part, to serve as a manipulation check; that is, as a way of verifying that the high-responsibility target was indeed perceived as more to blame than was the low-responsibility target. On the next page, participants were
asked to guess how old the target person was. Overall, participants inferred that the targets were relatively old ($M = 71.34$ years), confirming our assumptions regarding the effectiveness of conveying the ostensible age of the targets. Inferences of age did not vary as a function of any of the independent variables in our study. Following the completion of the packet, participants were probed for suspiciousness, debriefed, paid for their efforts, and dismissed.

**Scoring of Dependent Variables**

In order to reduce the dependent variables to a smaller number of conceptual components, we analyzed all of the dependent variables (with the exception of the question in which participants guessed the age of the target) via principal-components analyses. Items were assumed to be associated with a particular factor if it loaded .60 or better on that factor. The primary factor to emerge from this analysis (eigenvalue = 7.43) appeared to represent an overall affective response to the target, and included the following items: participants’ overall reaction to the target, their indication of how much they wanted to meet the target, ratings of sympathy, and warmth. An average of these items yielded an overall composite with satisfactory levels of reliability ($\alpha = .77$). Although this primary factor was associated with fewer items than we had anticipated, it did appear to capture meaningful variance with respect to participants’ reactions to the target and, as will be seen presently, analysis of this composite yielded support for our primary predictions. (Supplementary analyses of the data involving other factors, including those involving ratings of blame, will be considered in a separate section.)

**Results**

**Primary Analyses**

Participants’ overall reactions to the target were analyzed as a function of responsibility, in-group versus out-group status of the target, and just-world beliefs. In analyzing our data, we used a hierarchical regression approach as well as ANOVAs in which the just-world variable was dichotomized. Both of these analyses yielded evidence of a three-way interaction involving all three independent variables, and this was true for hierarchical regression ($\beta = 2.47, p = .078$) as well as ANOVAs, $F(1, 69) = 4.63, p = .045$. Although these analyses yielded similar results, the implications of our findings can be seen more clearly using the latter, ANOVA approach.

Earlier in this paper, we suggested that just-world ideology, and its predicted interaction with personal responsibility, might manifest itself more strongly when participants judged out-group, rather than in-group, members. As seen in Figure 1, this is exactly what the data show. Examine first the pattern of data
Figure 1. Overall reaction to target as a function of personal responsibility of the target person, gender-based in-group/out-group status, and individual differences in just-world beliefs. Composite scale ranges from 0 to 10, with higher numbers indicating more favorable reactions to the target.

when participants judged out-group targets. In these cases, the anticipated interaction between just world and personal responsibility emerged. That is, when target responsibility was high, participants reacted more negatively to the target if they scored high in just world than if they scored low. However, this pattern was strongly reversed when target responsibility was low, $F(1, 30) = 10.38, p < .01$, for the relevant two-way interaction in the out-group condition only. Separate analyses of the data from the in-group condition revealed no effects of any sort (all $F$s < 1).

Supplemental Analyses

Judgments of blame were based on an average of the two items that had assessed the personal responsibility of the target person ($r = .90$). Analysis of this composite item revealed only a main effect of responsibility, such that the high-responsibility target was obviously blamed more than was the low-responsibility target ($M = 7.06$ vs. 2.21), $F(1, 69) = 409.15, p < .01$. No other significant effects emerged from these analyses (all $p$s > .20). Finally, additional data analyses were conducted on three other factors that had emerged from the principal-components analyses. These additional factors (all of which accounted for less variance than the first factor on which the primary analyses were based) appeared to represent a global negative affect factor, a perceived competence factor, and the extent to which the target was perceived to be trustworthy. Although analyses of these factors revealed a few two-way interactions, these effects appeared to be devoid of
theoretical meaningfulness, and none of these effects qualified the implications of the main analyses reported previously.6

Discussion

The overall goal of the present research was to gain more insight into the conditions under which perceivers would, or would not, derogate individuals known to possess a stigmatizing condition (cancer). This study indicated that these judgments were influenced interactively by level of personal responsibility, just-world beliefs, and in-group/out-group status. On the one hand, we found that just-world beliefs interacted with personal responsibility such that, compared to participants scoring low in just-world beliefs, participants scoring high in just-world beliefs blamed high-responsibility targets more, but low-responsibility targets less. This pattern converges nicely on a similar pattern of results found by DePalma et al. (1999) in a different experimental paradigm. Nevertheless, this pattern was clearly more pronounced when participants judged (gender-based) out-group rather than in-group members (Figure 1).

It is, of course, important to consider the underlying processes that led to this asymmetry. Previous work in the categorization literature has indicated that people do not process information about out-groups and in-groups in the same fashion (Hamilton & Sherman, 1994). One of the differences to emerge from this literature is that perceivers appear to process information about out-groups in a more heuristic (i.e., less systematic) manner than in-groups and, in addition, appear to be less concerned with being accurate in the former compared to the latter case. This difference could be a result, in part, of the naturally greater relevance of the self to the in-group compared to the out-group (cf. Judd et al., 1991). To date, this literature has previously explored these implications chiefly in terms of the way that perceivers cognitively organize information about social categories, such as explaining why people might organize information about out-groups in a more cognitively simple manner than in-group information (see also Lambert, 1995).

The present results suggest, albeit indirectly, that perceivers may also be more likely to apply simple, heuristic rules to the processing of information about out-groups. As noted earlier, belief in a just world represents a kind of heuristic belief

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6An alternate way of analyzing our data is to examine the effects of participant gender and target gender separately, instead of collapsing these variables into the in-group/out-group distinction. When analyzed in this way, analyses reveal that female participants reacted more favorably to all targets, compared to male participants (M = 6.65 vs. 5.79). In addition, female targets elicited more favorable responses than did male targets (M = 6.85 vs. 5.85, both ps < .05). The precise reasons for these two effects were not clear on a priori grounds, although one possibility is that they reflect cultural differences in the sympathy expected to be expressed by as well as toward women versus men. In any event, however, these two effects do not qualify the conclusions reached from the main analyses.
system in that it represents a rather simple rule (e.g., goodness of outcome equals goodness of character), which perceivers are motivated to preserve, even in the face of possibly contradictory information. To this extent, one might expect that any effects of just-world beliefs might be more pronounced when people are asked to formulate impressions of out-group (rather than in-group) members, and indeed this is what we found in the present research. Nevertheless, relatively little attention has been devoted to the moderating role of in-group versus out-group status in the just-world literature, and for this reason an important goal of future research is to explore the boundary conditions under which these effects do or do not occur.

Although victim blaming is by far the most well-known of effects associated with just-world beliefs, careful inspection of this area of research clearly shows evidence that belief in a just world can, under certain conditions, lead to less (rather than more) blaming of others (see Lerner & Miller, 1978, for a related discussion). In other words, people’s motivation to restore justice may manifest itself in a number of ways, of which blaming the victim is but one example. The pattern of findings in the present study further emphasizes this notion, showing that the effects of just-world beliefs on reactions to victims of cancer were moderated by whether the target person was or was not believed to be responsible for his or her affliction.

Caveats and Directions for Future Research

We believe that these results are heuristically useful in that they provide valuable information as to what variables may moderate the derogation of stigmatized others and, moreover, should stimulate further research in this area in ways that will lend more clarity to our understanding of these considerations. Nevertheless, it is important to explicitly articulate some limitations in our design and to suggest avenues for future research that will be able to address some of these gaps.

First, the fact that only one type of potential stigma (cancer) was studied in our design leaves open the possibility that different processes may well guide people’s reactions to other types of health-related misfortunes. It would be foolish to assume that the processes underlying people’s reactions to cancer would necessarily generalize to all types of health-related misfortunes, and future research is obviously needed to gain clarity into these matters. Second, it is important to acknowledge that our focus was on the perceptions of elderly people by young perceivers. For this reason, it is essential that future work examine the other combinations of perceivers and targets, such as the perception of infirmities among older adults by older adults themselves, or how young perceivers react to infirmities among their own age cohort. These and other related extensions of the present research should be instrumental in gaining further insight into the
boundary conditions under which people respond to the misfortunes of others with sympathy or derision.

References


