

Effect of Just World Belief and Responsibility for Injury on  
Attitudes Toward a Person with a Disfigurement

by

Robin Adkins

A thesis

presented to the University of Manitoba

in partial fulfillment of the thesis requirements for the

degree of DOCTOR OF PHILOSOPHY

in

Department of Psychology



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ISBN 0-315-92286-9

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**EFFECT OF JUST WORLD BELIEF AND RESPONSIBILITY FOR INJURY  
ON ATTITUDES TOWARD A PERSON WITH A DISFIGUREMENT**

**BY**

**ROBIN ADKINS**

**A Thesis submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements for the degree of**

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## Acknowledgements

I would like to thank my advisor, Dr. R. DeLuca, for her guidance. I would also like to thank the members of my committee, Dr. R. Hartsough, Dr. M. Thomas, and Dr. D. Harper for their continued support, suggestions, and flexibility. I would also like to thank Dr. C. Fichten, the external examiner, for her time and insightful comments. Thanks to Dr. R. Roy for helping out.

I would also like to thank my family and friends for their emotional support. I appreciated being able to depend on Paul to handle all the loose ends for me. Special thanks to Liz for all she did to ensure I never gave up.

Finally, I would like to thank Christopher and Laura for their love and support. Both of them helped me in many ways, giving me time to work, encouraging me, believing in me even when I did not, and ensuring I kept things in perspective.

## Abstract

The present study attempted to clarify the discrepancy in how people respond to a person with a disfigurement by examining whether an internal factor (belief in a just world) and/or an external factor (responsibility for the injury) impacted on subjects' responses to a woman with a facial disfigurement. Subjects were 138 male and female university students. The Belief in Just World variable was manipulated by screening subjects and identifying High and Low just world believers. The Responsibility for Injury variable was manipulated by randomly giving subjects 1 of 3 biographical descriptions of the stimulus person, thus creating 3 levels of Responsibility (Internal, No Information, and External). The dependent variables were victim derogation (measured by the Victim Derogation Scale) and blame assigned to the victim (measured by the Victim Blame Scale). Other measures (e.g., the Expectation for Plastic Surgery Scale) were completed as control measures and manipulation checks. The findings showed no difference between High and Low just world believers on the amount they blamed or derogated the victim. It was found that blame increased as Responsibility for Injury increased. It was also found that there was a greater positive view of the person as responsibility decreased. An examination of the control measures indicated that belief in a just world and

responsibility for injury impacted differently upon the rating of victim blame and derogation as expectation of plastic surgery increased.



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Effect of Just World Belief and Responsibility  
for Injury on Attitudes Toward a Person with a Disfigurement

The reaction of people towards victims in general in our society is a crucial issue which merits scrutiny. Negative attitudes on the part of people who surround victims can further add to their suffering. While it seems intuitively correct that people would sympathize with a victim and respond in a positive way toward his or her plight, it has been found that instead many people may blame the victim or assign negative attributions toward him or her (Goffman, 1963; Heider, 1958; Ryan, 1971). It seems that at times innocent victims are blamed for their victimization or may have their character denigrated so as to make it seem that they deserve their fate. The stigmatization of the mentally and physically disabled and the perpetuation of negative stereotypes of victims of the social and economic system are examples of how devastating and pervasive this process can be. A significant aspect of helping victims to improve their lot may be to alter positively the attitudes and behaviours of relatives, friends, and other people and to understand the circumstances under which people will accept or respond positively to a victim and those circumstances that lead to a negative or stereotypic response to the victim.

### Victimization

There are many different categories of victims. Poor people, racial and ethnic minorities, and/or those who are powerless can all be viewed as victims (Rappaport, 1977; Ryan, 1971). However, "victim" can also refer to people who have suffered losses. The victim may have suffered the loss of material wealth, such as someone who has been swindled, or the loss may be less concrete. For example, people with handicaps or disfigurements have experienced losses in terms of health, self-concept, social roles, and acceptance from others (Hamburg, Hamburg, & deGoza, 1953; Hill, 1985; Roeher, 1961).

In western society, physical attractiveness is valued highly (Bernstein, 1976), and there is evidence that individuals who are attractive are viewed as being more intelligent, sociable, competent (Berscheid & Walster, 1974; Cash, Kehr, Polyson, & Freeman, 1977; Dion, 1972; Dion, Berscheid, & Walster, 1972; Feingold, 1992; Miller, 1970; Moore, Graziano, & Millar, 1987), as being evaluated more positively on work application resumes (Dipboye, Arvey, & Terpstra, 1977; Dipboye, Fromkin, & Wibeck, 1975), and earning more money (Frieze, Olson, & Russell, 1991). Thus, the individual whose appearance deviates from what is considered normal may be construed as a victim. Not only will the disfigured or handicapped be disadvantaged in their

interactions with others, Wright (1960) concluded from clinical observations that people with disfigurements and handicaps also idealize the concept of beauty and desire to attain this ideal. When they repeatedly fail to reach this goal, people who are disfigured and handicapped will become dissatisfied, frustrated, and disillusioned. The victimization is not simply the handicap or disfigurement, nor the event of the injury, but the continual suffering endured because of their own and other people's reactions to their appearance.

Burns may be viewed as especially horrific, dirty, or grotesque, and may lead people to reject the person who has been burned to an even greater extent than occurs for victims of other types of disability.

To be burned is an intensely traumatic experience - catastrophic, painful, deforming, debilitating, and even dirty, because of the invariable presence of infection. Further, the burn victim, unlike most other victims of trauma, must continue to wear the badge of his trauma for the rest of his life (Andreasen & Norris, 1972, p. 352).

The event of a burn injury itself is terrifying and painful and only marks the beginning of the suffering to be endured. Burn victims are confronted by pain, fear of death, isolation, forced dependency on medical staff, and repeated operations. They experience losses in many areas of their lives and functioning. Loss of family or friends, either through injuries sustained in the same fire or through an

inability to cope with the burn injury and disfigurement may have occurred. There may have been a loss of function and patients may be unable to return to their former occupations or engage in previously important activities (Hamburg, Hamburg, & deGoza, 1953). Moreover, the patients' sense of self or image of themselves may be spoiled. Courtemanche and Robinow (1989) reported a significant incidence of post-traumatic stress disorder in burn victims. Tucker (1987) also found the prevalence of post-traumatic stress disorder in burn victims increased with time.

In many instances, the burn victim must cope with disability and disfigurement. The extent of the burn can be quite extensive and appearance becomes altered and often grotesque. Self-image is jeopardized not only by the potential disfigurement but also by the loss of the skin as the body boundary and protector. The person's old identity is lost, and she or he needs to develop a new one which incorporates the disfigurement (Hill, 1985). Bernstein (1985) commented that if patients are disfigured, they remain handicapped and may be stigmatized and rejected by a culture that worships physical attractiveness. The stigmatization denies the individual full social acceptance (Bernstein, 1992). The patient's self-concept will need to adjust to her or his altered appearance. The burn patient is clearly not only the victim of a catastrophe and



misfortune but also of great physical and emotional losses.

Advances in the medical care of burns have meant that many more people survive burn injuries that would have been fatal in the past. Yet, these improved survival rates are not matched by equivalent advances in reconstructive surgery. For people who are severely burned, obvious permanent disfigurement will still occur in most instances. Plastic surgery is unable to restore a person's appearance to normal and seeks only to attain flat scars, normal functioning joints, and some approximation to normal appearance (Knudson-Cooper, 1981). Thus, an increasing number of patients survive the burn injury and must cope with the losses, disfigurement, and reactions of others.

The location of a burn injury is likely of importance in how people react to the victim. Facial burns may be most disruptive to people because the face is a symbol of the person's identity, personality, and emotionality (Solnit & Priel, 1975). In addition, the face is important in the acquisition of self and in social interactions (Synnott, 1989). First impressions may be greatly influenced by the appearance of the face because it is the most visible characteristic available on which to base these impressions. Lerner, Karabenick, and Stuart (1973) found that both male and female college students ranked the face as second in importance out of twenty-four body characteristics, with

only overall appearance being ranked higher. Their findings suggested that the face is not only important in the development of initial impressions of people but also continues to be an important variable in determining attractiveness and self-concept.

Richardson, Goodman, Hastorf, & Dornbusch (1961) reported that facial deformities were among the least preferred of all handicaps. MacGregor (1974) reported that facial disfigurement is one of the most anxiety-producing and least tolerated of all possible deformities. It seems that the most visible handicaps are the most socially destructive to people (Aamot, 1978; Albrecht, Walker, & Levy, 1982; Bernstein, 1976; MacGregor, 1974; Siller, 1963).

#### Importance of the Reactions of Others

It is important to consider the reactions of people toward the burn victim not only to better understand the underlying processes of devaluing or blaming the victim, but also because these negative reactions may influence victims' views of themselves. Self-concept and self-esteem are based partly upon the interpretations made about the reactions of others to that person (Bernstein, 1976, 1982, 1992; Kinch, 1963; Schechter, 1961; Schilder, 1950; Schonfeld, 1963). Hentig (1948) proposed that although self-concept is influenced by an inspection of one's own deficits, it is also influenced by suspicious interpretations of other

people's expressions, actions, and words, and by the perceived view of others' attitudes. The person who has been burned must cope with an altered self and adjust his or her self-image, a task that becomes more difficult if other people are rejecting or responding with pity or revulsion. Some of the ways people communicate negative attitudes are through avoidance, anxiety, pity, rejection, and overprotection. A person who has been burned may become aware of the attitudes underlying these behaviours and in turn may feel embarrassed, self-pitying, self-conscious, depressed, and may have a lowered self-image (Elliott & Byrd, 1982). Thus, it would appear that people who have been burned are influenced by the view society expresses regarding their role and status (Roeher, 1961), and that this may force them to question their own self-concept and view themselves with less acceptance.

It would seem that understanding, and perhaps learning how to change, the attributions people assign to the person with a disfigurement may help that person attain a more positive self-concept. It is important to understand how people develop the attitudes they hold.

#### Development of Attitudes

A number of different antecedent conditions (i.e., information, beliefs, or motivation toward a situation) influence the attributions people develop. The attributions

they assign will influence how they behave towards or feel about a person or event. It will also lead them to develop certain expectancies for future actions or outcomes from the person or situation in question (Kelley & Michela, 1980). The assignment of attributions allows individuals to place information that they are presented with into a cause-effect context (Jones, Kanouse, Kelley, Nisbett, Valins, & Weiner, 1972). Cunningham and Kelley (1975) reported that, after reading about situations that had serious consequences, subjects were more likely to believe that they had learned something about the character of the person in the situation. Thus, people confronted with a person who has been burned will seek to understand the disfigurement by inferring some cause for the disability which in turn will influence how they respond to the burned person.

Reviewing the research findings of how people react to victims, specifically the handicapped or disfigured, reveals discrepant findings. The discrepancy in findings in the literature appears to involve at least four different types of results: (1) positive reactions toward the person with a disfigurement or handicap; (2) negative reactions to the person with a disfigurement or handicap; (3) positive attitudes reported by the subjects toward the person with a disfigurement or handicap but negative or stereotypic behavioural responses; and, (4) the type of attitudes or

behavioural responses depends upon different internal or external factors. A brief review of the research findings will help highlight the discrepancy.

### Positive Reactions

There are a small number of studies that suggest a subject may respond favourably or in a positive way to a person with a disfigurement or handicap. Ray (1946, cited in Wright, 1960) reported that subjects do show a positive bias toward a person with a handicap. Ray found that normal subjects, when presented with pictures of either a person with or without a handicap, viewed the person with a handicap to be more conscientious, to be a better friend, to attain higher grades, to be more even-tempered and religious, to party less, and to feel more unhappy. He concluded that subjects tended to assume characteristics about the person with a handicap based on the stereotypic views they held about handicapped groups. Babbitt, Burbach, and Iutovich (1979) found that subjects rated a disabled person in a positive manner. Comer and Piliavin (1975) concurred that in general, normal subjects evaluated a person with a handicap more favourably than a person with no handicap.

Hastorf, Northcraft, and Picciotto (1979) and Strenta and Kleck (1982) found that nondisabled subjects gave more positive feedback to a person with a disability about her

performance on a hand coordination task than to a person without a disability even if the performance was below average. However, Makas (1988) pointed out that this tendency to respond in a helpful way or overly positive manner may be perceived by the person with a disability as an expression of negative attitudes (e.g., the person with a disability may feel that he or she is perceived as being needy or helpless).

Elliott and Frank (1990) reported that when subjects were presented with a person who was depressed or nondepressed and disabled or nondisabled, the subjects were most accepting of the nondepressed person with a disability and least accepting of the person who was depressed and without a disability. The subjects rated the nondepressed disabled person more positively than a "normal" person (i.e., nondepressed and nondisabled).

### Negative Reactions

Some research has indicated that people respond in a negative manner to a person with a disfigurement or handicap. One type of study examining the attitudes of people to the handicapped requires subjects to preferentially rank pictures of normal, handicapped, disfigured, and obese people. The consistent finding was that subjects preferred the normal figure over all others (Goodman, Dornbusch, Richardson, & Hastorf, 1963; Maddox,

Back, & Liederman, 1968; Matthews & Westie, 1966; Richardson, 1971; Richardson, Goodman, Hastorf, & Dornbusch, 1961). Aamot (1978) also demonstrated that normal subjects reacted differently to pictures of people with facial disfigurement than pictures of normal faces. Subjects took longer to identify the sex of the person in the picture when the face was deformed.

Studies have also shown that normal subjects have negative attitudes toward the handicapped or disfigured. Fichten, Robillard, and Judd (1989) reported that nondisabled subjects believed that peers with disabilities were different from nondisabled people in a variety of negative ways including being more socially anxious, more uneasy about dating, dating less frequently, and fitting a "handicapped" stereotype. They also found that nondisabled subjects were more ill at ease with a person with a disability than a person without a disability. MacGregor (1974) reported that her sample of normal subjects responded with a high percentage of unfavourable responses and cultural stereotyping (e.g., low SES and low IQ) when shown pictures of three individuals with facial disfigurements. Fichten and Amsel (1986) found that subjects not only attributed fewer socially desirable traits to a person with a disability than an able-bodied person but they also attributed more socially undesirable traits to a person with

a disability. Bull (1979) found that the number of scars on a confederate's face (either 0, 1, or 2) was positively correlated with the judgments of such characteristics as dishonesty, number of friends, and lack of sense of humour. Russell, Lenel, Spicer, Miller, Albrecht, and Rose (1985) indicated that a person with a handicap was evaluated more negatively for the same level of performance on a math test than a normal person.

There has been evidence that people's behaviour toward a person with a handicap or disfigurement is influenced by the disability. Piliavin and Piliavin (1975) reported that subjects were less willing to help a person with a facial disfigurement than an unmarked person. They suggested that there was a high cost to intervening because of the stigma attached to the disfigurement which involved feelings of distaste, revulsion, and uneasiness. Edelman, Evans, Pegg, and Tremain (1983) found that the presence of a physical stigma led to a decrease in helping behaviour and eye contact. They proposed that the decrease in eye contact can be a nonverbal sign of embarrassment. However, Shaw, Humphreys, McLouglin, and Shimmins (1980) examined the effect of facial deformity on petitioning and they found no differences in the number of evasions experienced by either a petitioner with or without a disfigurement nor were there any consistent differences in the number of endorsements



each collected. Shaw, et. al. hypothesized that there were three possible explanations as to why people responded equally to the petitioners, i.e., because (1) they could decrease the stress associated with interacting with a person with a disfigurement by looking at the individual beforehand, (2) the encounter was too brief, or (3) curiosity won over revulsion. These findings suggested that, for some reason, people did not avoid interacting with a petitioner with a deformity as had been hypothesized.

It also appears that people with handicaps or disfigurements are aware of other people's negative reactions to them. From clinical experience and interviews, MacGregor, Abel, Bryt, Lauer, and Weissmann (1953) and Thurer (1980) found that people with a visual disfigurement feared the negative traits that are assigned to them because of the disability.

The above studies all support the view that people react negatively to or hold negative attitudes about people with disfigurements or handicaps. A larger body of research suggests that even when a response to a person with a disfigurement or handicap is positive, there may be a negative or stereotypic behavioural response to the person.

#### Positive Attitudes and Stereotypic Behaviour Responses

Some studies suggest that a subject may give a positive rating to person with a disfigurement or handicap and yet

not respond to the victim in a "normal" manner. Altman (1981) concluded from a review of the literature that people see a person with a handicap as "different" and assign stereotypic characteristics to him or her such as dependency, isolation, and sadness. Asch (1984) concurred that people do react in a stereotypic manner to people with handicaps and, that even when these reactions are positive, normal interactions are hindered. Children also tend to see people with handicaps as "different" from themselves and the beliefs they hold can be restrictive for the person with a handicap (Furnham & Gibbs, 1984; Hazzard, 1983). Fine and Asch (1981) concluded that the non-handicapped insist that the handicap is the predominant characteristic by which the individual is labelled, and they respond to the label and not the person.

Other research has specifically focused on the interactions between normal subjects and confederates with a handicap (Kleck, 1966; Kleck, 1968; Kleck, Ono, & Hastorf, 1966; Strenta & Kleck, 1984). In studies by Kleck and his colleagues, the reactions and behaviour of the normal subjects were recorded during interactions with a confederate with or without a handicap. The results indicated that subjects became more stressed when the confederate with a handicap entered the interview room and they terminated the conversation sooner. However, the

ratings subjects gave the confederate tended to show a positive bias toward the person with a handicap as measured by an attitude scale completed after interacting with the confederate with a handicap. Subjects also expressed opinions that were viewed as less representative of actual opinions and instead tended to be distorted in a direction that was seen as being kind to the person with a handicap (e.g., indicated that dancing, physical attractiveness, and dating were not as important to them as compared to what was reported by subjects in the non-handicapped condition).

Doob and Ecker (1970) supported the finding that people feel uncomfortable with a person with a disability (a confederate wearing an eyepatch) in a face-to-face interaction, and concluded that people felt sorry for the person with a disability. The findings of Tagalakis, Amsel, and Fichten (1988) supported the view that there are differences in the attitudes and behaviours of people toward people with handicaps. They found a sympathy effect (i.e., a person with a handicap was evaluated more positively than a normal person) at the end of a telephone interview for a job, yet when subjects hired someone, they chose the normal person over the applicant with a handicap. The results of all these studies suggest that normal subjects found it uncomfortable to interact with people with disabilities.

Utilizing an actual pedestrian scene, Rumsey, Bull, and

Gahagan (1982) examined people's reactions to disfigurements in a real life setting. They found subjects stood furthest from a person with a disfigurement when the disfigurement was permanent (birthmark) than temporary (bruising). They suggested two explanations as to why the confederate with a disfigurement was avoided: (1) because subjects felt uncomfortable, both wanting to stare at the novel appearance of the person with a handicap but not wanting to appear rude; or (2) because subjects were aware that a disfigurement could happen to them.

It does seem possible that people feel uncomfortable when interacting with a person with a disfigurement or handicap. A study involving 16 subjects with visual disabilities interviewed by Davis (1961) found that the person with a disability identified normals as having difficulty interacting with them as betrayed by slips of the tongue and revealing gestures. Fichten (1986) and Fichten, Amsel, Robillard, and Tagalakis (1991) found that subjects without a disability interacting with a person with a disability listed more negative thoughts about the interaction and about the person with a disability. The subjects also showed fewer positive thoughts about themselves in the situation (Fichten, 1986). Fichten, Robillard, Tagalakis, and Amsel (1991) reported that subjects felt less at ease with a peer with a disability and

felt less comfortable when anticipating interacting with a peer with a disability. The subjects also had fewer positive thoughts about interacting with a person with a disability and Fichten, Robillard, Tagalakis, and Amsel (1991) found these thoughts reflected an assumption that the individual with a disability was not normal (e.g., the peer with a disability would feel out of place). Even though subjects know what are appropriate behaviours, these behaviours may be inhibited by negative attitudes toward the person with a disability, or incorrect assumptions about people with disabilities, or social anxiety (Fichten & Bourdon, 1986).

The above studies all present the view that people react to people with handicaps in a stereotypic manner which serves to both reduce the individuality of the person with a handicap and to restrict the range of social roles and opportunities available to that person. Although people may report having positive attitudes towards people with disfigurements or handicaps, they act in a manner that suggests they feel uncomfortable with the person with a disfigurement or handicap.

#### Reactions Dependent on Internal and External Factors

Studies involving the just world hypothesis suggest that the internal factor of a belief in a just world influences how people react to victims. The just world

hypothesis (Lerner, 1970) proposes that people want to maintain a belief in a just world. When confronted by victims they try to restore a sense of justice by helping the victim. Yet, if the cost of help is too high, or would be unable to completely eliminate suffering permanently, the option to help is ineffective in maintaining a belief in a just world (Berscheid & Walster, 1967; Miller, 1977a, 1977b). When people are unable to effectively help a victim, or indirect contact with the victim does not allow for any compensation, they must choose alternate ways to handle the injustice encountered.

People can restore a sense of justice when they are unable to help the victim by; (1) punishing the harmdoer, (2) reinterpreting or minimizing the outcomes so that the victim's fate is now seen as having some desirable results, (3) reinterpreting the cause or somehow viewing the behaviour of the victim as responsible for the suffering, or (4) questioning the character of the victim (Chaiken & Darley, 1973; Fine, 1979, 1982, 1983; Lerner, 1980; Rubin & Peplau, 1975; Walster, Berscheid, & Walster, 1973). Thus, according to the just world hypothesis, there are a variety of ways in which people may respond to a victim.

Not all people need to use these mechanisms to maintain a just world belief because not all people believe equally in a just world. People who believe strongly in a just

world differ in their attitudes toward victims and are likely to have more negative attitudes towards the victims than people who do not have as strong a belief in a just world (Furnham & Gunter, 1984; Phares & Wilson, 1972). Thus, how people respond to a victim depends on the strength of their belief in a just world.

A second theory that examines why different people react differently to a victim is the ambivalence-amplification theory (Katz & Glass, 1979). The ambivalence-amplification theory explores how people react to a stigmatized person by considering under what circumstances subjects respond negatively toward a person with a disfigurement or handicap and when they respond favourably toward the person with a disability. The ambivalence-amplification theory focuses on the ambivalence that people feel toward people with handicaps or disfigurements. On the surface, people may show positive attitudes and appear kind or embarrassed but they have deeper feelings of repugnance, abhorrence, and revulsion (Kashani, 1986; Katz & Glass, 1979). Despite personal feelings of revulsion, pity, or curiosity, it is socially acceptable to feel compassion for people with handicaps, and so people are placed into an ambivalent situation. Public verbalized attitudes are positive while deeper un verbalized feelings may be rejecting. Wertlieb (1985) commented that negative

attitudes and actions are generally not demonstrated blatantly in personal contacts with people with handicaps because it is not socially acceptable to do so. Yet, he pointed out that the evidence does indicate the existence of prejudice and discrimination toward people with handicaps in terms of fewer educational opportunities, fewer job opportunities, and lower SES. He concluded that the role for the person with a handicap person is complicated by the ambiguity inherent in interactions with other people.

The ambivalence that is experienced creates a tendency for either extremely positive or negative responses toward a stigmatized person. Gibbons, Stephan, Stephenson, and Petty (1980) proposed that people resolve the conflict between feelings of sympathy and aversion by magnifying either the positive or negative components of the ambivalent attitudes and denying the other component. Whether the positive or negative components are magnified depends on the situation.

A study by Katz, Glass, Lucido, and Farber (1977) explored the situations that elicit negative or positive reactions to victims with handicaps. They required normal subjects to deliver loud or mild noise signals to confederates with or without handicaps using an ESP learning task paradigm. When the subjects were asked to rate the confederate, the findings indicated that the least favourable post-evaluation occurred for the confederate with



a handicap under the noxious feedback condition. Katz, et. al. concluded that the degree of denigration related to the amount of ambivalence subjects felt toward the person with a handicap. When subjects could not react in a manner that was acceptable to themselves, that is either through avoidance of the person with a handicap or through sympathy, the ambivalence they experienced was highlighted and they derogated the person with a handicap to restore some balance. By highlighting the negative attitudes toward a person with a handicap they were able to accept their punishing actions toward that person. It would appear that they assumed that the person with a disability had negative characteristics that made her or him more deserving of the noxious feedback.

Kerr, Bull, MacCoun, and Rathborn (1985) found that subjects acting as mock jurors were less likely to convict a perpetrator when the victim was careful and took precautions than when the victim was careless. However, if the victim was unattractive and disfigured, subjects responded in the opposite direction, that is the more careful the victim was the more likely they were to convict the perpetrator. Subjects could resolve the ambivalence they felt toward the victim either by highlighting blame and derogation (as shown by the finding that subjects convicted the perpetrator less when the victim was careful) or by having sympathy reactions

and responding more positively, which appeared to be activated only when the victim was unattractive and disfigured.

Carver, Glass, and Katz (1978) found evidence that people rated Blacks positively partly because they wished to appear socially desirable by demonstrating a lack of prejudice by overreacting positively to the stigmatized person. However, Carver, et. al. did not find this to be the case for attitudes to people with handicaps. Instead, they concluded that the positive ratings of people with handicaps accurately represent subjects' conscious feelings either because: (1) subjects are repulsed by the stigmatized person but distort these feelings of aversion unconsciously; or (2) subjects have a bias wherein people with handicaps are regarded more favourably than the majority group of people without handicaps. This means that people may not be consciously aware of any negative feelings toward people who are handicapped which makes it difficult for researchers to study reactions or to change stereotypic beliefs.

Langer, Taylor, and Chanowitz (1976) did find some support for the view that concerns for social desirability may impact on peoples' public reactions to people who are handicapped. They proposed that people want to stare at a person with a handicap because of her or his unusual appearance but staring is not socially sanctioned and may be

viewed negatively. Thus, people feel discomfort when interacting with a person with a handicap because of ambivalent desires (to stare and to behave in a socially accepted manner) and the discomfort will lead to behaviours ranging from complete withdrawal to minimization of interactions. Langer, et. al. found that subjects spent three times longer looking at a photograph of a person with a handicap when they thought that no one was looking than when they believed they were being observed. In addition, when subjects were permitted to view a person (either normal, pregnant, or with a handicap) through a one-way mirror with whom they would later be interacting, there were no significant differences in the distance they sat from each of the confederates. However, when they were not given the opportunity to see the person prior to the interaction, subjects sat closest to the normal confederate and furthest from the person with a handicap. Evaluations of the confederate after the interactions did not demonstrate any derogation toward the person with a handicap and in fact there was a slight positive evaluation. Langer, et. al. attributed this positive reaction to overcompensation.

Further evidence of the importance of social sanctions can be seen in the work of Scheier, Carver, Schulz, Glass, and Katz (1978). Scheier, et. al. differentiated subjects on levels of private self-consciousness (either high or low)

and found that subjects who had a high level of private self-consciousness responded to a person with a handicap most favourably. In fact, high private self-consciousness subjects rated the person with a handicap higher than either their rating of a confederate without a handicap or the low self-consciousness subjects' ratings of either a person with or without a handicap. Scheier, et. al. concluded that high self-consciousness subjects felt sympathy for the person with a handicap which lead them to overcompensate for any negative stereotyping by rating the person with a handicap more positively. Sagatun (1985) warned that the social rules that discourage staring or require people to "be kind" to people with handicaps lead to avoidance or infantilizing of the person with a handicap. He found that normal confederates who commented on another confederate's disability were liked least by subjects because they felt the normal confederate had violated norms or invaded the privacy of the person with a handicap.

A third theory was developed by Weiner (1980) and serves to increase the understanding of people's reactions to people with handicaps. The theory of attributional analysis originally focused on motivation, achievement, and emotion. He proposed that causes are imposed by an observer to account for the relationship between an action and an outcome (Weiner, 1986). He divided causality into three

dimensions: (1) locus which refers to whether a cause is perceived to be within (internal) or outside (external) the person; (2) stability which refers to whether the cause is perceived as temporary or relatively enduring; and, (3) controllability which refers to whether the cause is subject to volitional influence. Through his research, it has been suggested that people feel anger when causes are seen to be controllable and internal and they feel pity when causes are stable and uncontrollable (Weiner, 1986; Weiner, Graham, & Chandler, 1982; Weiner, Graham, & Stern, 1982). Weiner, Graham, and Chandler (1982) report that 24% of their subjects recalled experiencing pity when they interacted with a person with a physical disability.

Weiner, Perry, & Magnusson (1988) have focused an attributional analysis on the people's reactions to different stigmas. Stigma can be viewed as a negative outcome, and the perceived cause of the stigma should determine the affective reactions toward that stigmatized person, future expectations, and various behavioural responses. Weiner, et. al. found that when the cause of a stigma was seen to be controllable, measures of responsibility, anger, and blame increased and measures of liking, personal assistance, and charity decreased. Weiner, et. al. also discussed the importance of considering the onset of the stigma and responsibility for offset, i.e.,

treatment or rehabilitation.

A number of empirical studies have examined peoples' reactions to people with handicaps or disfigurements and the factors that influence the reactions. Snyder, Kleck, Strenta, and Mentzer (1979) considered the possibility that although people are unwilling to admit it, they desire to avoid contact with people who are handicapped. The findings demonstrated that subjects avoided the confederate who was handicapped more often if the decision to do so was also the decision between viewing two movies, one with the person who was handicapped as another viewer and one with the person without a handicap being the other viewer. Thus, the subjects' avoidance of the handicapped person could masquerade as movie preference. Snyder, et. al. concluded that when subjects were able to satisfy the hidden motive of avoiding the person with a handicap without causing it to become visible, they opted for this alternative. Stovall and Sedlacek (1983) reported that subjects had negative attitudes toward a person with a handicap in situations where close personal contact was required but subjects demonstrated positive attitudes when they were not forced into close contact.

The context of the interaction can be important to how people respond to a person with a handicap or disfigurement. Further, McQuilkin, Freitag, and Harris (1990) found that

college students who had unfavourable attitudes towards people with handicaps were also found to be self-blaming, guilt-prone, insecure, worrying types of individuals with a strong sense of obligation, high expectations of self, and feelings of being unaccepted in groups. Individuals with favourable attitudes were described as being self-assured, secure, free of guilt, untroubled, self-satisfied, and have a mature, unanxious confidence in themselves. Thus, it does seem that internal, personal traits may be related to attitudes toward people with handicaps or disfigurements.

In addition to internal person traits being important, other research has shown that the type of disfigurement or handicap will also impact on how people react to the stigmatized person. Albrecht, Walker, and Levy (1982) and Richardson (1971) both found that people who are stigmatized due to physical impairment are not an undifferentiated group but rather that different types of disability cause different degrees of social stigma. It would appear that people tend to perceive these subgroups of people with disabilities as having different degrees of negative qualities. In the Albrecht, et. al. study (1982), one hundred and fifty managers of corporations were shown a list of various disabled and deviant groups and asked (1) to complete a social distance scale, (2) to indicate which of the disabled and deviant groups the managers felt were most

responsible for the stigmatizing condition from a list of six specific groups, and (3) to answer two open-ended questions to test the managers' personal perceptions for rejection. Albrecht, et. al. found that there was greater rejection of those people with visible disfigurements than people with nonvisible or degenerative conditions. The authors concluded that it was the perceived disruption of social interactions that was the best explanation of the differential social distance from individuals with different stigmas.

It does seem that many studies suggest that there is not a single, simple reaction to people who are handicapped and disfigured. Instead, reactions may vary depending on internal or external factors. Gordon, Minnes, and Hoden (1990), from their work in developing a scale to assess attitudes toward persons with a disability, concluded that the attitudes toward people with disabilities are multidimensional and difficult to measure on a single scale.

#### Purpose of the Present Study

The present research was an attempt to clarify why a discrepancy in how people respond to a person with a disfigurement or handicap has developed in the literature and to gain some insight into the factors that contribute to positive or negative responses toward the person with a disfigurement or handicap. The present research tested the



proposition that not all people react in the same way to a person who is disfigured or handicapped and that different factors may impact on how a subject responds to a person with a disfigurement. Specifically, the present research manipulated a personal or internal factor (belief in a just world) and a situational or external factor (responsibility for the injury) and examined the impact of these variables on how people responded to a female with a facial disfigurement in terms of victim derogation and the blame assigned to the victim. A female was used because research has indicated that it is more disruptive to view a woman with facial deformity than a man (Aamot, 1978).

#### Independent Measures

Belief in a just world. The BJW variable stems from Lerner's just world hypothesis as described previously. The just world hypothesis states that people find it difficult to accept that the world is an arbitrary one, governed by random reinforcements. Instead, according to the just world hypothesis, one believes that there is some stable, orderly connection between efforts and outcomes, be they rewarding or punishing. People are motivated to believe that this holds true for not only themselves but for other people as well (Lerner, 1980; Lerner & Matthews, 1967; Lerner & Simmons, 1966; Rubin & Peplau, 1973). Proponents of the just world hypothesis claim that people are inclined to feel

that goodness, beauty, and virtue are causally connected; likewise, misery, ugliness, and suffering are connected (Heider, 1958; Lerner, 1980; Lott & Lott, 1986). The question arises as to how people can perceive undeserved misfortune and yet maintain the sense of order instilled by a belief in a just world. Lerner (1980) suggested that people recognize that it is not a totally just world, but yet, not an entirely unjust world. He proposed that people separate the environment into two worlds; a world where people get what they deserve and the world of victims who do not get deserved outcomes and cannot affect their fates in any meaningful way. Thus, people can view the inhabitants of the world of victims as being different from themselves. Therefore, victims are not necessarily subject to the same rules and this allows people to tolerate the misfortunes of others without sacrificing a belief in a just world. It would seem logical that one would attempt to evaluate a victim and one's own suffering differently on the same criteria.

As mentioned previously, people can restore a sense of justice in a number of ways including helping the victim, punishing the harmdoer, reinterpreting the victimization so that the victim's fate is seen as having some desirable results, holding the behaviour of the victim as responsible for the suffering, and derogating the victim (Chaiken &

Darley, 1973; Fine, 1979, 1982, 1983; Lerner, 1980; Rubin & Peplau, 1975; Walster, Berscheid, & Walster, 1973).

Not all people are equally likely to derogate an innocent victim (Lerner & Miller, 1978). People vary in the strength of their belief in a just world and the Belief in Just World scale (BJW) was devised by Rubin and Peplau (1973, 1975) to assess individual differences. Rubin and Peplau (1975) presented evidence that there are relatively stable individual differences in the belief in a just world and that these differences underlie the ways people react to victims. Research has also indicated that other personality traits are correlated to a belief in a just world. Thus, there may be an association between the belief in a just world, other stable personality traits, and reactions to victims.

High just world (defined as people who score high on the BJW scale) have been shown to share other personality characteristics including; internality (Collins, 1974; Hafer & Olson, 1989; Hochreich, 1972; Mahler, Greenberg, & Hayashi, 1981; Rubin & Peplau, 1973, 1975; Zuckerman & Gerbasi, 1977a, 1977b), religiosity (Rubin & Peplau, 1973, 1975; Sorrentino & Hardy, 1974), political conservatism (Furnham & Gunter, 1984; Smith & Green, 1984; Wagstaff, 1983; Wagstaff & Quirk, 1983; Zuckerman & Gerbasi, 1977a), authoritarianism (Furnham & Procter, 1989; Rubin & Peplau,

1975), and a stronger belief in the work ethic (Smith & Green, 1984). Phares and Wilson (1972) supported the view that internal (and subsequently high just world believers) were more likely than externals to hold a victim responsible for her or his fate and to devalue that person. Sorrentino and Hardy (1974) concluded that highly religious people, who were also high just world believers, showed less compassion towards a victim than non-religious people. Furnham and Gunter (1984), Smith (1985), and Wagstaff (1983) reported that strong believers in a just world had more negative attitudes toward the victims of poverty than low believers. Furnham (1985) found that South African young adults and school children scored higher than a matched sample of British young adults and school children. He concluded that the belief in a just world helped people in an unjust society justify the status quo, i.e., people could maintain the view that the victims of society deserve their fate. In another study, Miller, Smith, Ferree, and Taylor (1976) found that high just world believers derogated a patient with various physical complaints more than low believers.

It seems to be a logical extension of the research examining the belief in a just world to consider differences between high and low just world believers in their responses to a person with a facial disfigurement. In particular, it would be of interest to consider whether people use the

mechanisms of blaming and/or derogating a victim differentially depending on the strength of their belief in a just world as measured by scores on the BJW scale. The hypothesis being tested was that high just world believers would be more likely to derogate a victim than low just world believers. It was predicted that High just world believers would tend to use the mechanism of derogation to restore a belief in a just world. The High just world believers would not need to blame the victim for the victimization because a belief in a just world could be maintained by devaluing the victim.

Responsibility for victimization. People are not always logical and sophisticated in how they process information to determine cause and effect. Even in situations where it is clear that no one is to blame or hold responsible for an outcome, people insist on doing so (Kelley, 1972). It is plausible that the attribution of responsibility for victimization may influence how people respond to victims.

According to the just world hypothesis, if people can hold the victim responsible for the suffering, then there will be no need to denigrate the victim. Lerner (1980) proposed that when subjects were confronted by a victim, the need to explain the suffering and maintain a sense that somehow the victim deserved the pain led subjects to distort

information. When the behaviour of the victim was held accountable for the suffering, no devaluation of her character needed to occur. Lerner and Matthews (1967) also found that in the condition where the confederate was seen to be responsible for her own fate, there was no need to devalue her.

Research concerning rape and the attribution of responsibility support the just world hypothesis and emphasize the importance of the attributions of causality for a victimization. Jones and Aronson (1973) found that the more respectable the victim was, the greater the fault or responsibility that was attributed to her. Supporting this view, Burt (1980) found that people do accept the "rape myth" which refers to the idea that the victim somehow deserves to be raped or does something to cause the assault. Moreover, Best and Demmin (1982) found that subjects tended to assume that an occurrence of rape is not bound to happen (situationally given) rather than someone is at fault or to blame (personally driven). Indeed, a great deal of research does consistently indicate that the victim is held responsible for the rape (Acock & Ireland, 1983; Bolt & Caswell, 1981; Burt, 1980; Calhoun, Selby, Cann, & Keller, 1978; Calhoun, Selby, & Waring, 1976; Jones & Aronson, 1973; Kanekar & Kolsawalla, 1980; Luginbuhl & Mullin, 1981; Pallak & Davies, 1982; Richardson & Campbell, 1982; Smith, Keating,

Hester, & Mitchell, 1976; Wyer, Bodenhausen, & Gorman, 1985). These findings emphasize how the innocent victim can be held responsible for her situation even when the attribution of responsibility is illogical.

There appears to be two issues in the discussion of responsibility in the literature. First, responsibility can reflect the attribution of causality subjects make about the victimization, i.e., who or what is responsible for the particular incident. Responsibility may be positive, negative, or neutral, in connotation. Second, there is the concept of blame which has an implied negative connotation. People do not "blame" someone for events with positive or neutral outcomes. Only when the outcome is negative is blame or fault ascribed.

People determine an individual's blameworthiness by evaluating the extent to which the individual's actions caused the negative outcomes (responsibility) and evaluating the validity of excuses and justification (Bell, 1989). Harvey and Rule (1978) and Pallak and Davies (1982) concluded that responsibility and blame do differ. Similarly, Collings and Payne (1991) differentiated between causal responsibility and moral responsibility (blame). Whitehead (1976) found that although blame and responsibility had a high positive correlation, only the measure of blame was influenced by severity. Responsibility

is merely an assessment of the victim's causal role and judgments are based on both the victim's actions and the context of the situation. Blame, however, involves a moral evaluation based primarily on the victim's actions.

The differences between responsibility and blame described in the literature lead to these concepts being examined as two separate constructs in the present study. The relationship between responsibility for causing a burn injury and subjects' tendency to blame the victim for the injury was investigated. The hypothesis predicted that the amount subjects held a victim responsible for causing her injury would impact on the amount of blame they assigned to her. Specifically, it was predicted that subjects who were lead to believe the victim was responsible for the injury would blame her more and therefore need to derogate her less than subjects who did not hold her responsible for the injury.

Interaction between independent variables. The relationship between the effects of Belief in a Just World and Responsibility for Injury may also impact on subjects' responses to the victim. High just world believers will need to restore a sense of justice when confronted by the victim used in the present study, i.e., a woman with a facial disfigurement. High just world believers can either blame or derogate the victim as a way to maintain a view of



a just world (Fine, 1979, 1983; Lerner, 1980; Rubin & Peplau, 1975). It was predicted that subjects who believe strongly in a just world and who see the victim as responsible for her injury would be most likely to use blame as a measure to restore a belief in a just world. This prediction was based upon the assumption that people will blame a victim before they will derogate the victim in order to maintain a view of a just world (Fine, 1979, 1983; Lerner, 1980). Thus, High just world believers who are told responsibility for the injury is internal would have little or no need to derogate the victim because they could blame the victim for causing her victimization as a way to restore justice. However, subjects who are strong just world believers and are lead to believe the injury was not caused by the victim would be forced to derogate the victim as a way to maintain a sense of justice. These subjects should not blame the victim for the injury because of the manipulation of responsibility to make the injury appear to be outside of the victim's control.

According to Lerner and Miller (1978) and Rubin and Peplau (1973, 1975), not all people believe strongly in a just world nor need to act to maintain a sense of justice. Low just world believers would not need to respond in the same way as High just world believers because the Low just world believers would have less need to maintain a belief in

a just world. Derogating the victim would not be expected because low just world believers do not need to believe that the victim must have some negative personal characteristics that makes her or him deserve the negative outcomes (i.e., disfigurement from the burn injury). Subjects with a low belief in a just world and who were told the victim was somehow responsible for the injury would be likely to respond to the information of causal responsibility and blame the victim. They would blame the victim because they would see the victim's actions as responsible for the negative outcomes (Bell, 1989). For subjects with a Low belief in a just world but who were told the victim had no responsibility in causing her injury assigning blame to the victim would not be expected because there would be no causal responsibility on the part of the victim for the injury and therefore no need for subjects to assign moral responsibility or blame (Collings & Payne, 1991). In fact, these subjects might react overly positively to the victim (i.e., rate her more positively than an average university student) because of a sympathy effect (Gibbons, Stephan, Stephenson, & Petty, 1980; Tagalakis, Amsel, & Fichten, 1988).

In a situation where people do not know how a person was disfigured or who was responsible for the occurrence of the injury, the attribution of causality would be of

particular interest because this situation more closely reflects what happens in reality. The just world hypothesis proposes that people prefer to blame a victim's behaviour rather than devaluing the victim. Thus, high just world believers who are not given any information about the cause of the injury should blame the victim and should not need to resort to devaluing her personality in order to restore a sense of justice. Low just world believers do not have the same need to restore a sense of justice and other theories might offer insight in predicting how these subjects would respond. Attribution research suggests that when there is limited data available to people, then, they tend to attribute the characteristics of a person more to dispositional factors (Harvey & Weary, 1984; Kashima, Siegal, Tanaka, Kashima, 1992; Kelley, 1972). Thus, it seems possible that people with low belief in a just world who are given no information about the cause of the injury would show a moderate degree of victim derogation. Further, based on the findings of Walster (1966) and Sadow (1983) that when consequences of an event are serious there is a greater tendency to assign responsibility to the victim, it is expected that there will be a moderate degree of blame assigned to the victim.

### Hypotheses

Following from the review of the literature, there are

eight hypotheses that were generated regarding how belief in a just world and responsibility for injury would impact on subjects' ratings of blame and derogation toward a facially disfigured victim. The hypotheses are:

Hypothesis 1: High just world believers would derogate the victim and therefore blame her less than low just world believers.

Hypothesis 2: Subjects in the Internal condition would blame the victim more and derogate her less than subjects in the External or No Information conditions.

Hypothesis 3: High just world believers in the Internal Responsibility condition would blame the victim more than any other condition and they would show little, if any, derogation of the victim.

Hypothesis 4: High just world believers in the External Responsibility condition would derogate the victim more than any other condition and would show little, if any, blaming of the victim.

Hypothesis 5: Low just world believers in the Internal Responsibility condition would blame the victim more than any other condition except for High/Internal. It was anticipated that

there would be no victim derogation occurring in this condition.

Hypothesis 6: Low just world believers in the External Responsibility condition would rate the victim more positively than in any other condition and would rate the victim more positively than they rated the average university student. It was anticipated that there would be no blaming of the victim.

Hypothesis 7: High just world believers in the No Information Responsibility condition would show high levels of blame and little derogation.

Hypothesis 8: Low just world believers in the No Information Responsibility condition would show a moderate degree of derogation and a moderate degree of blame.

## Method

### Subjects

Male and female subjects were solicited from the University of Manitoba undergraduate psychology student pool. There were two phases in the selection of subjects for the study. Initially, 389 students were screened to differentiate between High and Low Just World believers.

Eligible subjects were then contacted to request their participation in the second phase of the research. Students received credit for their participation to partially fulfil a course requirement.

Ideally, to ensure adequate power to allow for the rejection of a false null hypothesis, 25 subjects per condition were required. The calculation of power was based on estimates of the expected differences between population means and the standard deviation of the population (see Feldt & Mahmoud, 1958; Winer, 1962 for discussions of power) which were derived from the findings of past research and theoretical issues. However, because many eligible subjects had completed their required credits for courses and were not interested in continuing in the present study, the final sample consisted of 23 subjects per cell for a total of 138 subjects. Subjects were randomly assigned to one of six conditions.

Screening. Students received one credit hour for their participation in the screening process. Subjects were told that they would be required to complete one short screening questionnaire and that they might then be eligible to participate in the second phase of the study. Subjects were tested in large groups and were asked to complete the Belief in Just World scale (BJW). In addition, they were asked to include their names and phone numbers so they could be

contacted at a later date if they were eligible to continue in the second phase of the research. Subjects also completed a demographic sheet which asked for age, gender, marital status, and parents' education and occupation level.

After the screening process was completed, the mean and standard deviation for the sample on the BJW scale were calculated. Past research has used the measure of median score to divide subjects into high and low just world believers (Dion & Dion, 1987; Rubin & Peplau, 1973; Zuckerman, 1975), but such a method may not indicate any meaningful differences between many of the subjects in the two groups. Instead, the present research used the 25th percentile and the 75th percentile as cut-off points. Subjects whose score fell above the 75th percentile were classed as high just world believers and subjects whose score fell below the 25th percentile were classed as low just world believers. When potential subjects were identified, they were contacted by phone by the experimenter. Subjects were told that they could participate in the second phase of the study if they so desired and they were advised that they could earn an additionally credit hour for their participation. Eligible subjects who refused to participate in the second phase or did not show up for a session were noted to allow for some comparison between subjects who did participate and those

who did not.

Second Phase of the Study. Based on the screening results, subjects were identified as either High or Low just world believers. There were a number of measures employed in the second phase. Various demographic material was collected from all subjects including gender, age, faculty, and experience with a person with a disfigurement or handicap. The two dependent variables included; (1) the Victim Derogation Scale adapted from Lerner and Matthews (1967), and (2) the Victim Blame Scale adapted from Pallak and Davies (1982). Four additional measures were included to serve as manipulation checks and to provide additional information that could be useful for the interpretation of unexpected results. These measures were (1) the Impact of Disfigurement scale considered the impact of the disfigurement on the subjects and was developed by Aamot (1978), (2) the Expectations of Plastic Surgery Scale developed by Adkins (1987) and later modified (Adkins, 1988), (3) Identification with the Victim measure which consisted of two questions asking subjects how much they identified with the stimulus person, and (4) an open-ended question asked of No Information subjects to determine how they thought the burn injury had occurred.

#### Independent Variables

BJW Scale. The BJW scale (see Appendix A) consists of



20 statements to which subjects rate their degree of agreement or disagreement based on a six-point continuum. Scores can range from 20 (low belief in a just world) to 120 (high belief in a just world) or mean item scores between 1 (low belief in a just world) to 6 (high belief in a just world). Ahmed and Stewart (1985) conducted a factor analytic and correlational study of the BJW scale and concluded that the scale measures a unitary personality trait with individual differences along a continuum. Ma and Smith (1985) used a sample of Taiwanese college students and found that the BJW scale was cross-culturally reliable and that its underlying concepts are shared across cultures. O'Quin & Volger (1990) found the BJW scale to be reliable when used with college students.

The mean item scores reported by Rubin and Peplau (1975) on the BJW scale based on a sample of 90 male and 90 female undergraduates at Boston University was 3.08 indicating some tendency to reject a belief in a just world. They reported a wide distribution of total scores ranging from total rejection to total acceptance of the items within the BJW scale. The range of means on individual items described by Hyland and Dann (1987) was somewhat narrower and ranged between 2.6 to 4.8. Rubin and Peplau (1975) found that the scale had high internal consistency with the coefficient alpha being equal to .80. These findings

suggested that the BJW scale is a valid and reliable instrument.

Pilot work with University of Manitoba undergraduates on the BJW scale (Adkins, 1988) found that the mean score was 3.56 which indicated that there was no tendency to either reject or accept a belief in a just world. Individual items did demonstrate a wide distribution of scores similar to what was reported by Rubin and Peplau (1975). The distribution for the pilot sample (N=51) showed about one-half of the subjects falling around the mean, with almost one-quarter of the total subjects falling in each tail of the distribution 1 standard deviation above and below the mean. The proportion of subjects in each tail was relatively equal.

Responsibility for injury. The responsibility for injury was manipulated by varying the information presented to subjects in the biographical descriptions. In the Internal condition, subjects were told that the person was burned when she left hot fat on the stove to answer the phone. She was burned in the resulting grease fire. In the No Information condition, subjects were not given any information about how the burn injury occurred. In the External condition, subjects were informed that the woman was burned through an accidental fire which she had no responsibility for causing (see Appendix B for exact

descriptions). The No Information condition most resembled the situation in the natural environment where people do not typically know how someone was disfigured. The Internal/External conditions were included because Lerner (Lerner & Miller, 1978; Lerner, 1980) hypothesized that people prefer to blame victims' behaviour for their situation rather than derogating the victims.

#### Dependent Variables

Victim Derogation Scale. The Victim Derogation Scale required subjects to initially rate the average female university student on 15 bipolar adjective pairs which lie on a 7-point continuum (see Appendix C). Subjects were then required to rate the stimulus person (a woman with a moderate facial disfigurement and described in biographical hand-outs) on the same 15 adjective pairs. The victim derogation score was calculated by subtracting the Victim score from the Average Student score. Scores could range from 15 (positive rating) to 105 (negative rating). Although specific analyses of the validity and reliability of this scale have not occurred, versions of the Victim Derogation Scale have been used frequently in the work of Lerner and his colleagues with a high degree of success (Lerner & Simmons, 1966; Lerner & Matthews, 1967; Lerner, 1971). The exact adjective pairs used in the present study varied somewhat from those used in previous work. Although

eight pairs were the same, some had been deleted and replaced with adjectives that had stronger empirical support. All adjective pairs were selected from adjectives that rated highly on likeableness/dislikeableness and meaningfulness (Anderson, 1968) and imaginability (Hampson, 1982). This measure is based on the Likert-type scale.

Victim Blame Scale. The Victim Blame Scale (see Appendix D) was based on scales used in the work of Pallak and Davies (1982), Chaiken and Darley (1973), and Smith, Keating, Hester, and Mitchell (1976). Again, it was necessary to modify the items somewhat to make them appropriate for the present research. The scale had high face validity. Item three was included as a manipulation check on the independent variable of responsibility for injury and was not included in the total Victim Blame Scale score. There is no reliability and validity information available on this scale although it has been used and has been able to show significant differences between subjects in past research (Pallak & Davies, 1982; Chaiken & Darley, 1973; Smith, Keating, Hester, & Mitchell, 1976). Scores could range from 7 (low impact) to 28 (high impact).

#### Manipulations Checks and Control Measures

Demographic information. In the screening phase, SES information, age, and gender was analyzed to ensure that there was no systematic bias between High and Low BJW

subjects and those participants who were not eligible, or who did not wish to continue in the study (see Appendix E). Demographic material (age, gender, faculty, and experience with people with facial disfigurements or handicaps) was collected in the second part of the study because it could potentially be informative to examine the effect of such specific demographic material post hoc (see Appendix F). For example, age sometimes has been shown to impact on BJW scores with older people being less accepting of the just world belief (Dion & Dion, 1987). Yet, the ages of subjects in the present sample were quite homogeneous because all subjects were drawn from Introductory Psychology courses which generally represent similar age ranges. Collecting information concerning age could be of importance if, for example, the older subjects tended to be classed as Low just world believers and younger subjects were classed as High just world believers.

In the present research, gender was not used as an independent variable because of the findings that men and women do not respond differently on the BJW scale or to a person with a handicap (Furnham & Pendred, 1983; Hazzard, 1983). However, gender was included as a control measure to be examined post hoc to ensure that there were no systematic differences between men and women and their attitudes.

Information on faculty was collected to ensure that

students in health-related faculties, such as nursing, were not over-represented. Adkins (1987) did not find faculty to vary greatly amongst the undergraduate student pool nor to influence reactions to a person with a disfigurement.

Finally, information on experience with people with disfigurements or handicaps was gathered to allow for further exploration of any unexpected results. For example, Sloan and Gruman (1983) reported that experience with a particular illness positively affected an individual's reaction toward that illness and a patient suffering from the illness. However, Hazzard (1983) did not find that previous experience with a person with a handicap altered children's views of the disabled.

Impact of Disfigurement scale. The Impact of Disfigurement scale (Aamot, 1978) acted as a check to ensure that the disfigurement did impact on the subjects (see Appendix G). Scores could range from 6 (little impact) to 42 (large impact). Factor analysis on this scale has yielded two factors; (1) degree of disfigurement (tapped by questions 1, 2, and 6), and (2) degree of social handicap (tapped by questions 3, 4, and 5). The coefficient of reliability reported by Aamot was +.81 and there was no significant difference between the responses given by male and female subjects. Adkins (1987) used this scale to ensure that a slide of a woman with a facial disfigurement

(the same slide used in the present research) did impact on the subjects. Assessing the impact of the disfigurement on subjects allowed for the identification of subjects who did not view the stimulus person as disfigured and thus might not have seen her as a victim and been threatened by her. Therefore, their sense of justice would not have been violated. Further, some subjects may have denied the disfigurement and its impact on the stimulus person's life in order to maintain their sense of a just world.

Expectations of Plastic Surgery Scale. The Expectations of Plastic Surgery Scale (see Appendix H) was developed to examine peoples' expectations of plastic surgery (Adkins, 1987). Work with the Expectation of Plastic Surgery Scale has shown that the scale can differentiate between 3 slides of women with a disfigurement who varied in the degree of their disfigurement. The woman in one slide was clearly seen by subjects (N=28) to be less disfigured (as measured by the Impact of Disfigurement scale [Aamot, 1978]) and the total scores on the Expectations of Plastic Surgery Scale were comparably lower. Thus, because the woman in the slide was seen as less disfigured, people did not expect plastic surgery to be able to improve her appearance greatly. In contrast, when a slide presented a woman who was seen to be quite disfigured, the total Expectations of Plastic Surgery Scale scores were higher

suggesting that people expected that plastic surgery would be able to enhance greatly her appearance. Although this scale has been used in the past, additional work (Adkins, 1988) has led to the deletion of one item (which asked subjects to estimate the number of operations still required) and altered wording for two items. Scores range from 5 (low expectations of plastic surgery) to 35 (high expectations of plastic surgery).

Identification with victim measure. Identification with the victim was assessed by asking subjects to rate how much they identified with the stimulus person (see Appendix I). This measure was included for additional information because it has been suggested that if subjects do not feel any similarity to the victim, the need to restore balance in the just world belief decreases (Chaiken & Darley, 1973; Lerner & Matthews, 1967; Lerner & Miller, 1978). Both situational and personal similarity were tested although it has been suggested that it is situational similarity and not the perception of similar personal attributes that is important (Lerner & Matthews, 1967).

Open-ended question. The open-ended question only was used with subjects in the No Information condition (see Appendix J). Subjects were asked to describe how they thought the stimulus person had been burned. This question was included to examine if subjects viewed the victim's



actions as being responsible or partly responsible for her injury, or if they described the injury as being due to an uncontrollable accident. This information allowed for the examination of how subjects in the No Information conditions attributed responsibility and if these attributions impacted on whether or not subjects derogated and/or blamed the victim.

#### Procedure

After the screening process, the experimenter contacted the required number of low and high just world believers. Subjects were informed that they were eligible to continue in the study and would be required to attend a one half-hour session to examine how accurate people are in making decisions about a person's personality. Subjects who were willing to participate were asked to attend the session and were given a choice of times.

Subjects were tested in groups of 5 to 15 in different classrooms at the University of Manitoba. Subjects were told that the purpose of the study was to examine how accurate people are in their evaluation of a person's personality based on first impressions (see Appendix K for complete instructions). Subjects were shown a slide of a woman with a moderate degree of facial disfigurement and were given a brief biographical description of her (see Appendix B). The slide was obtained from the University of

Michigan Burn Center in Ann Arbor, Michigan. The victim shown in the slide was burned in a house fire as a child and had received treatment for her burns. Permission to use the slide was obtained from the woman, and the slide has been used in past research (Adkins, 1987, 1988). The experimental manipulation was achieved by handing out different biographies of the woman. These different biographical descriptions, contained in a booklet with the demographic sheet and all scales, were randomly handed out to subjects when they entered the room to participate in the study. Subjects did not look at the biographical descriptions or any of the scales until the study began. The instructions were read to them. Then they looked at the slide and read the biographical information. Subjects then were asked to answer some questions about the person. The questionnaires included the Victim Derogation Scale and the Victim Blame Scale which were the two dependent measures (see Appendix C and D). The Impact of Disfigurement scale, Expectations of Plastic Surgery scale, identification with the victim, and an open-ended question for those subjects in the No Information condition were included to serve as manipulation checks or to provide information that could be useful in explaining unexpected results. The order of presentation of the scales within the booklets was not varied. It is possible that there may have been some

confounding effect due to the order of presentation of the scales but this was not controlled.

### Experimental Design

As described earlier, there are two independent variables in the present study, BJW (two levels - High/Low) and responsibility for injury (three levels - Internal/No Information/External), creating a 2 x 3 factorial design with 6 cells. Equal cell sizes were maintained to avoid violations of the assumption of homogeneity of the variance-covariance matrix.

The two levels of BJW were manipulated by screening subjects beforehand and identifying High and Low BJW subjects. The levels of responsibility for injury were manipulated directly by varying the information subjects received in the biographical descriptions about the stimulus person.

### Analyses

The data were tested at alpha equal to .05. The focus of the analysis was on the main effects of BJW, the main effects of Responsibility for Injury, and the interaction between these two independent variables on the dependent measures. A two-way multivariate analysis of variance was used to test the overall hypotheses. The overall multivariate analysis of variance considers all the dependent variables as a composite variable and does not

examine each individual dependent variable independently. Tabachnick and Fidell (1983) stated that the multivariate analysis of variance is an appropriate alternative to multiple univariate analysis of variance because it guards against Type I error. The method used to test the hypotheses in the overall multivariate analysis of variance was the Wilks' lambda statistic (Harris, 1975; Tabachnick & Fidell, 1983). In cases where there were unequal cell sizes on some secondary post hoc analyses, Pillai's Trace statistic was opted for because it is more robust (Tabachnick & Fidell, 1983).

Post hoc comparisons were necessary when the overall null hypotheses were rejected. These comparisons allowed for the opportunity to explore the source(s) of the significant overall test. The Tukey test was used in the present research.

Subjects who rated low on the Impact of Disfigurement scale were not included in the main analyses because the disfigurement may not have been severe enough to impact on these subjects and therefore they would not see the woman portrayed in the slide as a victim who had suffered. Only 2 subjects were excluded from the analyses based on this restriction. Impact scores in the study ranged from 8 to 35. It was also necessary to check that subjects in the Internal and External conditions responded as expected on

the manipulation check item (#3 which asked how responsible they felt the person was for the injury) included on the Victim Blame Scale. It appeared that the responsibility manipulation was successful and no subjects needed to be excluded based on this criterion.

## Results

### Screening

The Belief in Just World Scale was administered to 389 subjects. The mean for the group was 73.70 with a standard deviation of 9.56. Subjects with scores of 68 (the 25th percentile) and below were classed as Low Just World Believers (Low BJW) and subjects with scores of 79 (the 75th percentile) and above were classed as High Just World Believers (High BJW). The average mean for each item was 3.69 ( $N = 389$ ) which indicated a slight tendency to accept a just world. There was a range in average mean item scores from 1.15 to 5.21 and the mode, median, and mean were all relatively equal (75, 74, and 73.70 respectively).

An analysis was completed to consider whether the subjects classed as High and Low BJW were significantly different from each other on age, sex, or SES. It was also possible to compare the two BJW groups to subjects who were not classified as either High or Low BJW. Age and sex were treated as discrete variables. There were no significant

differences between the three groups on age  $\chi^2$  (6,  $N = 389$ ) = 7.37,  $p < .29$  or sex  $\chi^2$  (2,  $N = 389$ ) = .06,  $p < .97$ . SES was treated as a continuous variable and an analysis of variance was used to test the hypothesis that the three groups were different from each other. The analysis of variance was not significant,  $F$  (2) = 2.83,  $p < .06$ .

#### Second Phase of the Research

A comparison between High and Low BJW subjects who were involved in the second phase of the study was undertaken to ensure there was no systematic bias present in the samples. There was no significant difference between High and Low BJW subjects on faculty,  $\chi^2$  (8,  $N = 138$ ) = 8.71,  $p < .37$ . Only one subject was in a health-related faculty; the majority of students were in Arts ( $N = 89$ ) or Science ( $N = 25$ ). A chi-square was used to ensure that there was an equal distribution of female and male subjects between conditions. The chi-square was not significant,  $\chi^2$  (1,  $N = 138$ ) = 0.00,  $p < 1.00$ . Age was treated as a continuous variable and an analysis of variance was conducted. The analysis of variance was significant,  $F$  (1) = 6.30,  $p < .01$ . Subjects were older in the Low BJW conditions ( $M = 20.57$ ) than the High BJW conditions ( $M = 19.07$ ).

The unexpected overrepresentation of older subjects in the Low BJW conditions led to the question of whether these older subjects responded differently on the dependent

variables and manipulation checks than the younger subjects. Age was broken into two categories; older group (subjects 22 years and older) and younger group (subjects between 18-22 years). It was found that the only significant difference between the two groups was on the measure of identification with the stimulus person,  $F(1) = 6.56, p < .01$ . The older subjects identified with the stimulus person more ( $M = 4.0$ ) than did the younger subjects ( $M = 2.9$ ). There was no difference in how older and younger subjects responded on any other measure (including Victim Blame Scale, Victim Derogation Scale, Expectations of Plastic Surgery Scale, Impact of Disfigurement scale, BJW). Overall, these results suggested that age was not a confounding variable in the present research.

An analysis was conducted to examine whether there were any differences on age, sex, SES, and BJW scores between (1) subjects who were involved in the study, (2) those subjects who did not participate either because they were unwilling or did not show up for their session, and (3) those subjects who were eligible but could not be reached by phone to request their participation. Fifty-eight subjects who were eligible to participate either did not show up for their session or were unwilling to participate in the second phase of the research. Only nine eligible subjects could not be reached by phone to request their participation. There were

no differences between these groups on age,  $F(2) = 1.71$ ,  $p < .18$ , sex,  $F(2) = .11$ ,  $p < .90$ , SES,  $F(2) = 1.18$ ,  $p < .32$ , BJW scores,  $F(2) = .64$ ,  $p < .53$ , and attendance,  $F(2) = 1.07$ ,  $p < .34$ .

An examination of the correlation coefficients between all variables found a weak correlation between the two dependent variables ( $r = .25$ ). There was a strong negative correlation between Responsibility for Injury and Victim Blame Scale scores ( $r = -.75$ ) which indicated that as blame decreased, Responsibility also decreased (the negative correlation was due to coding of Responsibility categories with the most responsible condition being assigned the lowest number and the least responsible condition assigned the highest number code).

### Main Effects

Hypothesis One. A two-way multiple analysis of variance was used to test hypothesis one, that high just world believers will derogate the victim and therefore blame her less than low just world believers. The hypothesis was not supported by the main effect analysis,  $F(2, 131) = .59$ ,  $p < .55$ .

Examination of the means as seen in Table 1 shows that High BJW subjects ( $M = 46.09$ ) evaluated the stimulus person



less positively than Low BJW subjects ( $M = 43.96$ ) as would be predicted. However, both of these ratings represent a slightly positive view (i.e., score below 50 on the Victim Derogation Scale) and there was no derogation of the disfigured person. There were no differences between the amount of blame Low and High BJW subjects assigned to the stimulus person (see Table 1).

Table 1

Group Means and Standard Deviations for BJW by Variables Victim Derogation Scale and Victim Blame Scale

	BJW	
	High	Low
Victim Derogation Scale	46.09	43.96
(s.d.)	(12.63)	(13.18)
Victim Blame Scale	11.58	11.20
(s.d.)	(5.30)	(5.06)

Hypothesis Two. Hypothesis two, that subjects in the Internal condition will blame the victim more and derogate her less than subjects in the External or No Information conditions, was partially supported. A significant main effect for Responsibility was found,  $F(4, 262) = 40.85$ ,  $p < .0001$ . Examination of the analyses of variance identified the differences as occurring on the dependent variable Victim Blame Scale (Victim Blame Scale).

Tukey tests indicated that each of the three levels of Responsibility were significantly different from each other on Victim Blame Scale. Table 2 presents a comparison of group means to investigate the direction of the effect. It was found that as responsibility increased, scores on the Victim Blame Scale increased (see Table 2).

Table 2

Group Means and Standard Deviations for Variable Victim Blame Scale by Responsibility for Injury

<u>Responsibility</u>	<u>Victim Blame Scale</u>	
	<u>Mean</u>	<u>Standard Deviation</u>
Internal	16.91	3.75
External	7.41	3.08
No Information	9.85	2.79

Subjects in the Internal condition did blame the victim more ( $M = 16.91$ ) than subjects in the No Information condition ( $M = 9.85$ ) and subjects in the No Information condition blamed the victim more than subjects in the External condition ( $M = 7.41$ ). However, subjects in the Internal condition gave the least positive rating ( $M = 47.74$ ) to the victim on the Victim Derogation Scale while subjects in the External condition rated her most positively ( $M = 42.89$ ) and subjects in the No Information condition rated her the most positively ( $M = 41.74$ ).

Interaction Effects

Hypotheses three to eight focused on the interaction effects of BJW and Responsibility on Victim Derogation Scale and Victim Blame Scale. The interaction effect was not significant,  $F(4, 262) = 1.04$ ,  $p < .39$  which means that

these hypotheses were not supported. However, an examination of the group means was undertaken to observe any trends in the data.

Table 3 presents the groups means and standard deviations for all cells in the study. The present research is exploratory and it seemed prudent to examine the group means even when the analyses did not identify significant findings. In this way, trends in the data could be identified to see if these trends offered any support of the hypotheses (see Table 3).

Table 3

Group Means and Standard Deviations for Variables Victim Blame Scale and Victim Derogation Scale by BJW and Responsibility for Injury

Responsibility	BJW	
	High	Low
Internal		
Victim Derogation Scale	48.78	46.70
(s.d.)	(10.65)	(12.08)
Victim Blame Scale	17.70	16.13
(s.d.)	(3.24)	(4.13)
No Information		
Victim Derogation Scale	47.13	41.74
(s.d.)	(11.98)	(10.18)
Victim Blame Scale	10.00	9.70
(s.d.)	(2.47)	(3.65)
External		
Victim Derogation Scale	42.35	43.43
(s.d.)	(14.58)	(10.76)
Victim Blame Scale	7.04	7.78
(s.d.)	(2.62)	(2.97)

Hypothesis Three. Hypothesis three proposed that

High/Internals would blame the victim more than any other condition and would show little, if any, derogation of the victim. High/Internals were found to blame the victim most ( $M = 17.70$ ) but showed the least positive rating of the stimulus person ( $M = 48.78$ ).

Hypothesis Four. Hypothesis four anticipated that High/Externals would derogate the victim more than any other condition and would show little, if any, blaming of the victim. Contrary to the hypothesis, subjects in the High/External condition gave the stimulus person one of the most favourable ratings ( $M = 42.35$ ). As predicted, there was little blaming of the victim ( $M = 7.04$ ).

Hypothesis Five. Hypothesis five predicted that Low/Internals would blame the victim more than any other condition except for High/Internal. It was anticipated that there would be little or no victim derogation occurring in this condition. As predicted, Low/Internals did assign high levels of blame to the victim ( $M = 16.13$ ), and they responded quite positively to her ( $M = 46.70$ ).

Hypothesis Six. Hypothesis six predicted that Low/Externals would rate the victim more positively than in any other condition and would rate the victim more positively than they would rate the average university student. It was anticipated that there would be no blaming of the victim. The results did show that Low/Externals

rated the victim positively ( $M = 43.43$ ) but this was not the most positive rating of all the conditions. The amount of blame was low ( $M = 7.78$ ) as predicted.

Hypothesis Seven. Hypothesis seven predicted that High/No Information subjects would show high levels of blame and little derogation of the victim. Subjects in the High/No Information condition did show moderate levels of blame ( $M = 10.00$ ) and, relative to the other cells, did not show as positive a rating of the victim ( $M = 47.13$ ) which was not hypothesized.

Hypothesis Eight. Hypothesis eight predicted that Low/No Information subjects would show a moderate degree of derogation and a moderate degree of blame. Low/No Information subjects did show a moderate level of blame ( $M = 9.70$ ) but presented the most positive rating of the victim ( $M = 41.74$ ).

#### Lack of Derogation

Unexpectedly, there were no significant differences between any groups of subjects on the variable Victim Derogation Scale, the measure of victim derogation. A score of 50 on Victim Derogation Scale would indicate neither a positive nor negative rating of the person and scores above would be indicative of a negative rating or derogation of the person. Confidence intervals were constructed around each group mean for variable Victim Derogation Scale to

determine if the neutral value of 50 was included in the interval or not. If 50 was included, it would mean that the sample was likely to be from a population that has neither positive or negative attitudes toward the victim. If 50 is not included, then the sample is different from a neutral population. The High/Internal (CI =  $44.20 \leq 50 \leq 51.90$ ), High/No Information (CI =  $41.97 \leq 50 \leq 52.29$ ), and the Low/Internal (CI =  $41.50 \leq 50 \leq 51.90$ ) conditions had confidence intervals that did include the value of 50. The High/External (CI =  $36.07 \leq 50 \leq 48.63$ ), Low/No Information (CI =  $34.76 \leq 50 \leq 48.72$ ), and Low/External (CI =  $36.74 \leq 50 \leq 48.07$ ) conditions showed significantly positive attitudes compared to the neutral value of 50.

Another method to further examine Victim Derogation Scale was to create arbitrarily three levels of the variable representing three different views of the stimulus person and then use the new categories as an independent variable. The three levels of the new variable (View) were (1) positive view (scores on the Victim Derogation Scale of 44 and below), (2) neutral view (scores on the Victim Derogation Scale between 45 and 55 inclusive), and, (3) derogatory view (scores on the Victim Derogation Scale of 56 and above). A multiple analysis of variance was utilized to examine the effect of different types of View on the different variables including Victim Derogation Scale,



Victim Blame Scale, Expectations of Plastic Surgeon, Impact of the Disfigurement, Similarity both to the person (SP) and situation (SE), and experience with people with disfigurements or handicaps. The overall multivariate analysis of variance was significant, Pillai's Trace  $F(18, 256) = 1.81, p < .02$ . The significant analyses of variance were on Victim Blame Scale,  $F(2) = 5.75, p < .004$ , Sim (total Identification score),  $F(2) = 5.10, p < .007$ , SE (Identification with the situation),  $F(2) = 5.93, p < .003$ , and SP (Identification with the stimulus person),  $F(2) = 3.42, p < .04$ . For Victim Blame Scale and SE, Tukey tests showed that the significant comparisons were between the Positive View and Derogatory View conditions and between Positive View and Neutral View conditions. The significant comparisons for SP and Sim were between the Positive and Derogatory View conditions. Table 4 presents the group means of these four variables.

Table 4

Group Means and Standard Deviations for View on Victim Blame Scale (VBS), Identification (Sim), Identification with Situation (SE), and Identification with Person (SP)

<u>Variables</u>	<u>View</u>		
	<u>Positive</u>	<u>Neutral</u>	<u>Negative</u>
VBS	9.89	12.30	13.32
(s.d.)	(4.94)	(5.00)	(5.10)
Sim	8.80	7.87	7.04
(s.d.)	(2.56)	(2.26)	(2.85)
S.E.	5.48	5.28	4.07
(s.d.)	(7.91)	(1.61)	(2.05)
S.P.	3.33	2.59	2.96
(s.d.)	(1.50)	(1.45)	(1.43)

To further examine subjects' derogation of the stimulus person, the Victim Derogation Scale was separated into the rating of the stimulus person and the rating of the university student. The two ratings were treated as separate dependent variables. Thus, instead of having one composite Victim Derogation Scale score, there were two scores; Victim Derogation Scale - Stimulus Person (VDS-S); and, Victim Derogation Scale - University Student (VDS-U). A two-way multivariate analysis of variance examined the effects of BJW, Responsibility for Injury, and the interaction effect of BJW and Responsibility for Injury on the dependent variables Victim Derogation Scale - Stimulus

Person, Victim Derogation Scale - University Student, and Victim Blame Scale. There was a significant main effect for BJW,  $F(3, 130) = 4.46, p < .005$ . The analyses of variance identified the difference as occurring on both Victim Derogation Scale - Stimulus Person,  $F(1) = 5.22, p < .02$  and Victim Derogation Scale - University Student,  $F(1) = 11.05, p < .001$ . The Tukey tests confirmed that there was a significant comparison between both levels of BJW for both of these dependent variables. The group means are reported in Table 5 and showed that High BJW subjects rated the stimulus person significantly higher than Low BJW subjects and rated a university student significantly higher than Low BJW subjects.

There was a significant main effect for Responsibility for Injury,  $F(6, 260) = 27.36, p < .0001$ . The analyses of variance identified variable Victim Derogation Scale - Stimulus Person,  $F(2) = 3.57, p < .03$  and Victim Blame Scale,  $F(2) = 107.35, p < .0001$  as significant. The Tukey tests could not identify a significant comparison on Victim Derogation Scale - Stimulus Person making these results difficult to interpret. For Victim Blame Scale, the significant comparisons and group means are identical to those reported before (see Table 2). There was a non-significant interaction effect,  $F(2, 260) = 1.29, p < .26$ .

Table 5

Group Means and Standard Deviations for Variables Victim Derogation Scale - Stimulus Person (VDSS), Victim Derogation Scale - University Student (VDSU), and Victim Blame Scale (VBS) by BJW and Responsibility for Injury

Responsibility	BJW	
	High	Low
Internal		
VDSS	74.43	70.87
(s.d.)	(8.52)	(11.74)
VDSU	73.39	69.74
(s.d.)	(8.87)	(14.66)
VBS	17.70	16.13
(s.d.)	(3.24)	(4.13)
No Information		
VDSS	78.17	78.09
(s.d.)	(13.06)	(13.72)
VDSU	76.52	69.01
(s.d.)	(10.45)	(11.52)
VBS	10.00	9.70
(s.d.)	(2.47)	(3.65)
External		
VDSS	83.22	73.39
(s.d.)	(11.65)	(9.72)
VDSU	76.74	68.30
(s.d.)	(10.42)	(10.37)
VBS	7.04	7.78
(s.d.)	(2.02)	(3.00)

The correlation coefficients did identify a negative weak correlation between Victim Derogation Scale - Stimulus Person and Victim Blame Scale ( $r = -.32$ ) which indicates that as the positive rating of the stimulus person decreases, the Victim Blame Scale scores increase. There was a moderate correlation between Victim Derogation Scale - Stimulus Person and Victim Derogation Scale - University Student ( $r = .40$ ) which indicates that as scores on Victim Derogation Scale - Stimulus Person increase, scores on Victim Derogation Scale - University Student also increase.

#### Effect of Expectations of Plastic Surgery

A post-hoc examination of Expectations of Plastic Surgery Scale scores was undertaken because there was no derogation of the victim. It was important to determine if High BJW and Low BJW subjects responded differently on the Expectations of Plastic Surgery Scale scale because it is possible that if High BJW subjects believe that plastic surgery can compensate the victim, they will have no need to derogate or blame her. There were three classes of Expectations of Plastic Surgery Scale scores defined: (1) Low (scores from 1 to 5 inclusive); (2) Moderate (scores from 6 to 10 inclusive); and, (3) High (scores of 11 and above).

A two-way multivariate analysis of variance was conducted using BJW, Responsibility for Injury, and

Expectations of Plastic Surgery Scale as independent variables and Victim Blame Scale and Victim Derogation Scale as dependent variables. In all analyses using Expectations of Plastic Surgery Scale as independent variable, Pillai's Trace was used as the rejection criterion because of unequal cell sizes (Tabachnick & Fidell, 1983). The only significant effects were for the main effect of Responsibility for Injury,  $F(4, 242) = 17.15, p < .0001$ , and the three-way interaction between all independent variables,  $F(10, 242) = 2.32, p < .01$ . The variable Victim Blame Scale accounted for the significant effects for Responsibility,  $F(2) = 111.51, p < .0001$  and for the three-way interaction  $F(11) = 1.96, p < .04$ . The results of Tukey tests indicated that all three levels of Responsibility were significantly different from each other. The group means for Victim Derogation Scale and Victim Blame Scale are presented in Table 6. It does not appear that Expectations of Plastic Surgery caused High BJW subjects to respond differently than Low BJW subjects.

Table 6

Group Means and Standard Deviations for Victim Derogation Scale (VDS)  
and Victim Blame Scale (VBS) by Expectations of Plastic Surgery Scale,  
Responsibility for Injury, and BJW

Resp.	Expectations of Plastic Surgery Scale					
	Low		Moderate		High	
	HighBJW	Low BJW	High BJW	Low BJW	High BJW	Low BJW
Internal						
VDS	43.75	49.00	51.15	47.26	53.50	39.00
(s.d.)	(7.96)	(4.24)	(11.90)	(12.76)	(3.54)	(1.31)
VBS	17.50	12.00	18.46	16.00	13.50	21.50
(s.d.)	(3.38)	(4.24)	(2.99)	(3.74)	(.71)	(3.54)
N	8	2	13	19	2	2
No Info						
VDS	47.75	48.50	46.80	40.06	-	45.00
(s.d.)	(8.76)	(15.33)	(13.67)	(16.82)	-	(0)
VBS	11.50	8.25	9.20	9.94	-	11.00
(s.d.)	(1.41)	(2.63)	(2.57)	(3.92)	-	(0)
N	8	4	15	18	0	1
External						
VDS	46.50	43.18	41.36	42.45	38.67	57.00
(s.d.)	(6.33)	(13.42)	(14.78)	(7.43)	(9.61)	(0)
VBS	6.33	7.54	7.00	8.09	8.67	7.0
(s.d.)	(1.75)	(2.81)	(2.96)	(3.36)	(2.31)	(0)
N	6	11	14	11	3	1

Although the three-way interaction effect was not significant for Victim Derogation Scale, an examination of group means showed that for High/Internal subjects, derogation increased and blame decreased as Expectations of

Plastic Surgery Scale scores increased, yet for High/External subjects derogation decreased and blame remained constant as Expectations of Plastic Surgery Scale scores increased. It is difficult to see trends in the No Information conditions, partly because there are no subjects in one cell due to the post-hoc nature of the analysis. For Low/Internals, derogation decreased as Expectations of Plastic Surgery Scale scores increased and blame increased. Derogation is the highest for Low/Externals when Expectations of Plastic Surgery Scale scores are greatest although blame remains constant for all levels of Expectations of Plastic Surgery Scale scores.

Following the finding of the analyses for Victim Derogation Scale and Victim Blame Scale, a multivariate analysis of variance was examined the main and interaction effects of Expectations of Plastic Surgery Scale, BJW, and Responsibility for Injury on Victim Derogation Scale - Stimulus Person, Victim Derogation Scale - University Student, and Victim Blame Scale. The main effect for Responsibility for Injury was significant,  $F(6, 240) = 11.97, p < .0001$ . An analysis of variance showed a significant Responsibility for Injury effect for variable Victim Derogation Scale - Stimulus Person,  $F(15, 363) = 2.03, p < .03$ . Tukey tests did not identify any significant comparisons between the different levels of Responsibility



for Injury for Victim Derogation Scale - Stimulus Person.  
There was a significant three-way interaction effect,  $F(11)$   
 $= 1.96$ ,  $p < .04$ . The group means need to be reviewed to  
examine the direction of these effects (see Table 7).

Table 7

Group Means and Standard Deviations for Variables Victim Derogation Scale - Stimulus Person (VDSS), and Victim Derogation Scale - University Student (VDSU) by Expectations of Plastic Surgery Scale, BJW, and Responsibility for Injury

Resp.	Expectations of Plastic Surgery Scale					
	Low		Moderate		High	
	BJW					
	High	Low	High	Low	High	Low
Internal						
VDSS	77.88	69.50	72.23	71.21	75.00	69.00
(s.d.)	9.37	2.12	8.31	12.31	1.41	16.97
VDSU	72.63	68.50	73.07	71.11	78.50	58.00
(s.d.)	9.27	2.12	9.34	15.59	4.95	5.66
N	8	2	13	19	2	2
No Info.						
VDSS	75.75	72.75	79.47	78.61	-	90
(s.d.)	10.74	4.11	14.33	15.01	-	-
VDSU	73.50	71.25	78.13	68.39	-	85
(s.d.)	11.39	11.76	9.93	11.46	-	-
N	8	4	15	18	0	1
External						
VDSS	82.00	73.55	86.42	72.63	70.67	80.00
(s.d.)	12.71	9.71	10.43	10.42	8.33	-
VDSU	78.50	69.82	77.86	65.09	68.00	87.00
(s.d.)	6.63	10.42	11.63	8.89	8.54	-
N	6	11	14	11	3	1

Effect of Identification Scores

Identification scores were examined because of the lack of derogation of the victim. It has been proposed (Chaiken & Darley, 1973; Lerner & Matthews, 1967) that subjects who do not identify with a victim are not motivated to devalue that victim. A multiple analysis of variance was used to assess the effect of BJW and Responsibility for Injury on identification. There were three identification scores defined (a) total identification score (Sim), (b) identification with the situation (SE), and (c) identification with the stimulus person (SP). There was no significant main effect for BJW,  $F(3, 130) = 0.61, p < .61$ . Identification to the victim did not appear to influence ratings on the Victim Derogation Scale. There was a significant main effect for Responsibility for Injury,  $F(6, 260) = 3.55, p < .002$ . There also was no significant interaction between Responsibility for Injury and BJW,  $F(6, 260) = 1.67, p < .13$ . Analyses of variance showed a significant Responsibility effect for variable Sim and SE but not for SP. Tukey tests identified the significant comparisons for both Sim and SE to be between the Internal and External groups. Internals identified less ( $M = 7.15$ ) than Externals ( $M = 9.09$ ), and specifically Internals identified less ( $M = 4.32$ ) than Externals ( $M = 5.96$ ) with the stimulus person's situation. The correlation

coefficients demonstrated a high positive correlation between total identification scores Sim and SE ( $r = .82$ ) and a somewhat weaker correlation between Sim and SP ( $r = .68$ ). However, there was virtually no correlation between SE and SP ( $r = .14$ ).

Effect of Impact of Disfigurement and Experience with Handicaps

There was no evidence of any significant effect for Impact of Disfigurement on BJW,  $\chi^2(1, N = 138) = 0.19, p < .66$  or on Responsibility,  $\chi^2(2, N = 138), p < .54$ , or for Experience with the Handicapped on BJW,  $\chi^2(1, N = 138) = 0.30, p < .59$  or on Responsibility,  $\chi^2(2, N = 138) = 1.39, p < .50$ .

No Information Condition

High and Low BJW subjects did not respond significantly differently from each other on how responsible, as indicated by the response to item number 3 on the Victim Blame Scale, they held the victim for her injury,  $F(1) = 0.08, p < .78$ .

Only 4 of 46 subjects did not complete the open-ended question. The majority of subjects ( $n = 36$ ) specified the injury was a result of an accident. Five subjects specified a housefire, one subject attributed the injury to an argument, and one subject thought violence had been involved. Fifteen subjects believed the injury was due to an external cause (e.g., a car accident where the victim was a passenger, a freak accident, or an explosion) and nine

subjects identified an internal cause (e.g., spilling hot water on self, operating a barbecue, fooling around with hot oil). Seventeen subjects felt the injury had occurred when the stimulus person was a child.

#### Discussion

The findings of the present study are complicated and the discussion has been broken down to clarify the important points. First, the effect of a belief in a just world on how people react to a person with a disfigurement will be explored. Second, there will be an examination of the affect of responsibility for injury on peoples' responses. The results showed an unexpected relationship between derogation and blame which will also be examined. The interaction of belief in a just world and responsibility for injury on victim derogation and blame will also be considered and compared to what had been predicted. The present study found a lack of derogation of the victim which was unexpected and the lack of derogation will be discussed. Findings involving the control measures of expectation of plastic surgery, identification with the victim, and the open-ended question will also be explored. Finally, a summary of the findings and suggestions for future research will be presented.

#### Belief in Just World

The results of the study showed that High and Low just

world believers responded to the stimulus person in similar ways on the Victim Derogation Scale and the Victim Blame Scale. According to these findings, a belief in a just world does not appear to influence peoples' attitudes toward a person with a disfigurement or the amount of blame they assign to that person for the injury. The examination of the results does show a trend for High BJW subjects to respond less positively to the stimulus person than Low BJW subjects. There was no difference in the amount of blame assigned.

It may be that the derogation and blame measures used in the present research were not sensitive enough to detect differences between these two groups. However, there are other possible explanations for the lack of differences between High and Low BJW subjects. The mean on the BJW Scale of the screened sample was higher than what has been reported in the past (Rubin & Peplau, 1975; Adkins, 1988). This suggests that the sample as a whole had a tendency to accept a belief in a just world. It may be that the range of BJW scores were skewed to an acceptance of a just world and limited the differences between High and Low BJW subjects. That is, Low BJW subjects may have had relatively lower BJW scores than those subjects identified as High believers in the present study but still may have tended to accept a just world. Thus, differences between the BJW

groups may have been somewhat artificial which would minimize differences in attitudes and responses to the stigmatized person.

The question of why the sample of subjects tended to believe in a just world more than samples in past studies does arise. Research using a variety of populations has found some differences in an acceptance of a just world (O'Quin & Volger, 1990). However, the sample used by Adkins (1988) was similar to the present sample and drawn from the same university population rendering this explanation unlikely. A second explanation for the slight tendency to accept a just world could relate to a trend in the population to be more likely to believe in a just world. Rubin and Peplau (1975) reported a mean on the Belief in a Just World Scale that showed less acceptance of a just world than identified by Adkins (1988); Adkins (1988) reported less acceptance of a just world than was found in the present study. It may be that the current economic recession has led to an increase in conservative views among college students which in turn has led to a slight change in the acceptance of a belief in a just world (Furnham & Gunter, 1984; Smith & Green, 1984).

There also have been criticisms of the BJW Scale that may be important to consider. Furnham and Procter (1989) reported that the BJW Scale is not a unitary measure as has

been described by Ahmed and Stewart (1985). Furnham and Procter suggested that a person can have just world beliefs in some domains as measured by the BJW Scale but not on others. Connors and Heaven (1987) described two parts to the BJW Scale. One part measures a belief in a just world and the other part measures a belief in an unjust world. The unjust world belief is not explicitly measured by the BJW Scale. Furnham and Procter (1989) have proposed that there might be a third world, neither just nor unjust but random. The random world view is not assessed by the BJW Scale. Thus, short-comings with the BJW Scale could contribute to the present problems in identifying differences between high and low just world believers.

Further investigation did locate some differences between High and Low BJW subjects. When the Victim Derogation Scale composite score was divided into its two component scores (Victim Derogation Scale - Stimulus Person and Victim Derogation Scale - University Student), it was found that High BJW subjects rated both the stimulus person and the university student more positively than Low BJW subjects. The positive ratings High just world believers assigned to both the stimulus person and an average university student could reflect the finding by Zuckerman (1975). Zuckerman found that high just world believer college students were more likely to offer help when the



examination period was near than low just world believers. At other times in the school year, there was no difference. He proposed that the difference in rates of helping responses was because those who believe in a just world tend to behave in altruistic ways in times of need in order to make themselves more deserving. The timing of the present research was near to the end of term and the onset of exams. Perhaps, the time affected on the attitudes High BJW subjects expressed toward the stimulus person with a disfigurement and an university student in general, leading the subjects to feel that if they were "kind" and reacted positively toward people, then they would be rewarded with better grades. In the future, especially when working with the just world hypothesis, it would be important to ensure that the research was not conducted concurrently or near to exams.

#### Responsibility for Injury

The findings of the present study indicated that as responsibility increased, blame increased. It would appear that if people believe that an individual is responsible for an injury that leads to negative outcomes (i.e., disfigurement), they are more likely to blame that individual.

Responsibility may be positive, negative, or neutral but blame has an implied negative connotation. In the

present research, blame and responsibility were highly correlated. It was found that when subjects held someone responsible for an injury, they also had a greater need to assign blame, which has a negative moral evaluation, to that person. The outcome of the injury was negative so that the responsibility for the injury appeared to have a negative connotation. Thus, the distinction between blame and responsibility may not have been great in the present study because of the negative outcome inherent in the study, that is, the burn injury.

Although blame and responsibility may have overlapped in the present study, they were not identical concepts and the relationship was not perfect. This may indicate that there still are some differences between blame and responsibility. Blame and responsibility should be examined separately to increase the understanding of how these concepts may be different and how each affects the other, especially when responsibility is related to a neutral or positive outcome. Also, it seems important to clearly define these two concepts. Blame gives a sense that someone has done something wrong. Responsibility does not necessarily give the same impression. The question to be asked in future research is if the difference is real and/or influencing subjects or are the two concepts treated more or less equivalently by the subjects.

The relationship between blame and responsibility in the present study could suggest that people may feel the stimulus person deserved the negative outcome of the burn incident. In research looking at subjects' responses to victims of rape, Burt (1980) found that people did think the victim somehow deserved to be raped or did something to cause the incident. This type of blaming of a victim may decrease peoples' investment to help the victim because they feel he or she is to blame for the victimization. Blame does have a sense of moral responsibility (Collings & Payne, 1991) and so by blaming the victim, people may be assigning some negative attributes to him or her. It may lead to the idea that the resulting disfigurement is the victim's punishment for the burn incident.

Although the results of the main analysis suggested that changes in the level of responsibility for the injury did not seem to influence how much people derogated the individual, some further investigation of the results did show an interesting relationship. Examination of the component Victim Derogation Scale scores (i.e., Victim Derogation Scale - Stimulus Person and Victim Derogation Scale - University Student) indicated that the level of responsibility did affect how people responded to the stimulus person and it appeared that in general there was a greater positive view of the person as responsibility

decreased. When the subjects held the stimulus person as responsible for her injury, they were more likely to derogate her, i.e., see her in a less positive light. The finding suggests that when people believe that a person is not responsible for the injury, they respond to her in a more positive manner than when they believe that the person was somehow responsible for the victimization.

#### Relationship Between Blame and Derogation

It has been hypothesized in the literature (Chaiken & Darley, 1973; Fine, 1979, 1982, 1983; Lerner, 1980; Rubin & Peplau, 1975; Walster, Berscheid, & Walster, 1973) that victim derogation is not the only mechanism available to people as a tool to restore a sense of justice and derogation will be used only when no other explanation is feasible. One alternate way to restore a sense of justice is to blame the victim.

An examination of the relationship between blaming the victim and derogating her was possible by dividing Victim Derogation Scale into three separate categories (1) Positive, (2) Neutral, and (3) Negative Views. The results suggested that subjects with a positive view of the victim blamed her less than subjects with a neutral or negative view. The findings of the present study indicated that as derogation increased, blame increased. This was an unexpected result because research based on the just world

hypothesis would have predicted that if subjects blamed the victim they would not need to derogate her. It may be that the reason derogation increased as blame increased was because the two concepts of derogation and blame overlapped and were both aspects of the same factor. However, the overlapping of blame and derogation seems to be an unlikely explanation because the correlation between the measures of blame and derogation was weak.

The ambivalence-amplification theory would explain the finding that derogation and blame both increased as a result of people resolving ambivalence toward the stimulus person by highlighting blame and derogation (Kerr, Bull, MacCoun, & Rathborn, 1985). Katz, Glass, Lucido, and Farber, (1977) found that the least favourable post-evaluation ratings of a person with a disability occurred under conditions where the subjects had to deliver noxious feedback to the person with a disability. When subjects could not react in a way that was acceptable to themselves (i.e., sympathy), the ambivalence was highlighted and the person with a disability was derogated and subjects were able to accept their punishing actions toward the person with a disability. In the present study, in the conditions where subjects blamed the stimulus person most, the negative aspects of the ambivalence would be amplified and derogation would occur. Thus, in conditions where the stimulus person was blamed for

the injury, subjects could resolve their ambivalent feelings by derogating the stimulus person.

Attributional analysis (Weiner, 1980, 1986) would also be able to explain why derogation increased as blame increased. The attributional analysis would suggest that when causes for victimization were seen to be controllable and internal, measures of responsibility, anger, and blame would increase and measures of liking, personal assistance, and charity would decrease (Weiner, Perry, & Magnusson, 1988). Thus, when blame was greatest people would be expected to rate the victim unfavourably, as found in the present research.

#### Interaction of BJW and Responsibility for Injury

It was found that there was no interaction effect between BJW and Responsibility for Injury on the dependent measures which means that belief in a just world and responsibility for injury did not impact on each other to influence responding. This could have been due to a number of reasons including (1) problems with the BJW Scale as described earlier, (2) insensitivity of the two dependent measures (Victim Blame Scale and Victim Derogation Scale), (3) high just world believers responding differently than predicted because of the timing of the research near to the examination period (Zuckerman, 1975), and (4) involvement of a third factor, such as expectations of plastic surgery,

that mediated the relationship between BJW and Responsibility for Injury. Although there was no significant interaction, an examination of the results did highlight some interesting trends in the data. In general, the trends in the data suggested that the hypotheses might be useful in predicting the amount of blame assigned to the stimulus person but would not be as useful in predicting the amount of derogation.

High just world believers who were told the stimulus person was responsible for the injury did show the highest level of blame, as predicted, but unexpectedly gave the highest relative level of derogation. It should be noted that the strong just world believers who believed the victim was responsible for the injury still did not derogate (i.e., as based on ratings from the Victim Derogation Scale) the victim but showed a neutral rating of her. Also, an examination of the component Victim Derogation Scale scores for the stimulus person and the average university student showed that subjects in this group responded in a similar manner to both. In fact, it does seem that the subjects did show little derogation of the stimulus person as compared to a university student.

As predicted, high just world believers who were told the stimulus person was not responsible for the injury showed little blaming of the victim. However, they showed a

low relative level of derogation which was not predicted. In fact, the rating of the victim on Victim Derogation Scale by high just world believers in the External Responsibility of Injury condition was found to show noticeably positive attitudes toward the victim. In other words, people responded in a more positive way toward the stimulus person than an university student. As mentioned previously, it is possible that the timing of the research was an important factor and influenced the responses of High just world believers because High BJW subjects may have felt that by responding positively to the stimulus person, they would be more likely to deserve good grades during exams (Zuckerman, 1975). It is also possible that the information contained in the biographical descriptions may have been a confounding factor and ameliorated the effect of the disfigurement. That is, given the characteristics of the stimulus person described in the biographical information, subjects may have seen the stimulus person positively and showing more positive attributes than most people. It is unfortunate that a comparison to an ideal person was not included to further clarify this point.

Low just world believers who were told the responsibility for the injury was internal did blame the victim more than subjects in any other condition except High BJW subjects in the Internal condition. However,



unexpectedly, Low just world believers in the Internal condition had one of the higher derogation scores. Again, although the derogation score was higher as compared to other groups, it did not reflect a negative rating of the stimulus person but a neutral view. It may be that the unexpected positive ratings from High just world believers made it appear that the Low just world believers were responding in a negative manner to the stimulus person. In fact, it may be that the responses of the Low just world believers were as would be expected, i.e., little or no derogation. In reviewing the results, it does appear that Low BJW subjects in the Internal condition did respond to the stimulus person in a neutral manner.

Low just world believers who were told that the responsibility for the injury was external to the stimulus person gave one of the three most positive ratings given to the stimulus person. It had been predicted that these subjects would give the most positive rating of the stimulus person over any other group. While such a positive rating was found, it was not the most positive rating which may have been a result of subjects in other conditions responding in a more positive manner than predicted. There was little blaming of the victim as predicted. It would appear that low just world believers who believe responsibility for the injury is external had little need to

blame the victim because responsibility for the injury was external to the stimulus person and the subjects did not need to use blame as a way to restore a sense of a just world. These individuals could accept that accidents happen to a person whether he or she deserved the negative outcome.

Low just world believers given no information about responsibility showed a moderate degree of blame toward the stimulus person as predicted. These low just world believers did not show any degree of derogation and in fact were found to give the most positive rating to the stimulus person which was not predicted. People with a low belief in a just world but with no information about responsibility for injury tended to place some blame on the victim for causing the injury. These people also seemed to respond in a stereotypic positive manner or perhaps showing a tendency to act kindly toward the person with a disfigurement (Asch, 1984; Makas, 1988; Tagalakis, Amsel, & Fichten, 1988). They did rate the stimulus person more positively than an average university student which may support the view that the subjects responded in an overly positive manner. Thus, although low just world believers with no information about responsibility for the injury may seem to have responded in a positive manner to the victim, they do respond to the victim as being "different" from most people which may hinder normal interactions and represent a form of

stigmatization (Asch, 1984).

High just world believers given no information about responsibility for injury showed a relatively moderate level of blame and not the high level of blame predicted. These high just world believers also showed a relatively high amount of derogation compared to the other groups although the actual rating showed neutral attitudes toward the stimulus person. It did appear that high just world believers given no information about responsibility for the injury preferred to assign blame to the victim than to derogate the victim in order to maintain a belief in a just world as had been anticipated. However, the amount of blame was not as high as predicted which may mean that the high just world believers used alternative methods to maintain a sense of justice. It may be that the high just world believers with no knowledge of how the injury was caused were able to also reinterpret or minimize the outcome of the injury so that the victim's fate was seen as having some desirable results (Lerner, 1980).

Importantly, for the No Information condition, people who believed strongly in a just world responded similarly to those people who held the victim responsible for the injury (i.e, did not differentiate between the stimulus person and the average university student) and seemed to put the responsibility on the victim for the injury. Low just world

believers given no information responded as did people who were told the injury was not caused by the victim (i.e., rated the stimulus person notably higher or more positively than an average university student) and seemed to rate the victim positively. Thus, a belief in a just world does seem to affect peoples' responses when they do not have any information about the cause of the injury. The belief in a just world may influence how people assign responsibility for a stigma which then may affect how they respond to the stigmatized person.

Overall, there is a trend in the results that suggests responsibility for injury affects peoples' ratings of a person with a disfigurement and an average university student depending on the amount the people believe in a just world. However, the direction of the trend was not as predicted by the just world hypothesis. Low just world believers given no information about responsibility and High just world believers who were told responsibility was external to the victim did not show the greatest levels of derogation of the victim as predicted. Instead, these people gave the most positive ratings of the victim. The High just world believers given no information about responsibility and both the High and Low just world believers who were told responsibility for the injury was internal gave the three least positive ratings to the

stimulus person although it had been hypothesized that these groups would have more favourable responses. These unexpected results suggest that the just world hypothesis was ineffective in predicting how differing beliefs in a just world and different expectations about responsibility for an injury would affect peoples' responses to a victim. However, as mentioned previously, the timing of the research may have had an effect on how High just world believers reacted to the stimulus person. Zuckerman (1975) found that high just world believers were more likely to offer help when the examination period was near than low just world believers. The timing of the present research was near to the end of term and the onset of exams. Perhaps, the time affected the attitudes High BJW subjects expressed toward the stimulus person and an university student in general, leading them to feel that if they were "kind" and reacted positively toward people, then they would be rewarded with better grades.

A second explanation for the unexpected findings could be that people may show positive attitudes yet also have private, nonverbalized feelings of rejection or revulsion, a position held by proponents of the ambivalence-amplification theory (Kashani, 1986; Katz & Glass, 1979; Katz, Glass, Lucido, & Farber, 1977). The ambivalence between these two opposite attitudes (private rejection and public acceptance)

toward a stigmatized person creates a tendency for people to either magnify the positive or negative components of the ambivalent attitudes and deny the other component. External subjects in the present study should have felt ambivalent toward the stimulus person, for despite personal feelings of revulsion, pity, or embarrassment created by the reaction to the disfigurement, it is a social expectation to feel compassion for the disfigured. These subjects, according to the ambivalence-amplification theory, responded in an overly positive manner to the stimulus person as compared to an university student because they highlighted the positive components of the ambivalence. Internal subjects might be predicted to highlight the negative components of the situation and therefore respond negatively toward the stimulus person. This was not the case and Internal subjects gave similar ratings to both the stimulus person and an university student. It may be that the subjects were not forced to highlight the negative aspect of the ambivalence because they still could respond to the victim in a socially acceptable manner, i.e., by rating her positively.

Weiner (1980) would undoubtedly suggest that the External subjects who thought that responsibility was external would be more likely to feel pity and respond in an overly positive manner toward the stimulus person (i.e.,

rate the stimulus person more positively than an average university student) as seen in the present study. However, Weiner would predict that the Internal subjects who thought responsibility was internal would be more likely to respond with anger or unfavourably toward the stimulus person. This was not supported by the present study, although the Internal subjects did not respond as positively as the External subjects. It may be that people tend to respond to a victim in an overly positive manner except when they believe that the stigma is controllable. Then, the negative attributions minimize the expression of overly positive attitudes that may be seen to be socially appropriate yet do not lead to the expression of negative attitudes.

#### Lack of Derogation

There seemed to be a lack of derogation toward the stimulus person overall and the differences between subjects in the various conditions were minimal. It was found that the Victim Derogation Scale scores were not significantly different from a neutral position or were in a positive direction. The question arises as to why there was no derogation reported. Although there are differences in the way subjects responded to the stimulus person as compared to an university student in general, the difference may not be great enough to be meaningful. The findings may support a view that people do not in fact respond in a negatively or

positively stereotypic manner to people with disfigurements or handicaps, but instead react to the stigmatized person approximately the same way as to everyone else. Again, having not included a third rating on the Victim Derogation Scale for an ideal person was unfortunate. It may have been clearer if the stimulus person was idealized (i.e., rated closely to the rating for an ideal person).

There are concerns with the interpretation of no differences between how people react to a stigmatized person and nonstigmatized people. Firstly, there are differences between conditions in the present study. As discussed previously, although subjects who were told the responsibility for injury was internal may not have responded to victims in a negative or positive manner, subjects who were told the responsibility for injury was external did respond in a magnified positive manner. It was suggested that when compared to the positive ratings given by External subjects, it may be that the neutral responses of the Internal subjects represents some derogation. Thus, Internal subjects may "derogate" the victim while External subjects reacted favourably to her. However, it may also be that these overly positive attitudes shown by the External subjects mask other, more negative and private attitudes.

Secondly, studies have reported that the beliefs and experiences of people with handicaps or disfigurements



regarding how others react toward them (MacGregor, 1974) indicate that in real life interactions, some negative reactions do occur. It would seem misleading to disregard these subjective reports and conclude that society does not discriminate against people with disfigurements or handicaps. Perhaps the negative attitudes that victims report being expressed against them are more precisely stereotypic responses. People may not berate the person with a disfigurement but may respond to her or him in a constricted manner, that is they respond to the disfigurement and not to the person (Asch, 1984; Fine & Asch, 1981).

Thirdly, the way people actually behave and feel toward a person with a disfigurement and their reported attitudes may differ. There is the problem of self-report measures. In particular, it may be difficult to obtain an accurate reflection of peoples' "true" attitudes and ways they interact with people who have handicaps because these attitudes and reactions may be distorted to allow for socially desirable responses. For example, Gargiulo and Yonker (1983) found no difference between four groups of teachers in their self-reported attitudes toward teaching special needs children but on a physiological index, a difference between the groups was evident. Kleck (1968) and Kleck, et. al. (1966) concurred that subjects may express

positive attitudes toward a person with a handicap but in interactions with that person they respond with greater stress and discomfort than in interactions with people who do not have a handicap.

Finally, the derogation scale (Victim Derogation Scale) used in the present research may not have been an effective measure of derogatory attitudes. Although it was similar to a scale used by Lerner and his colleagues (Lerner & Simmons, 1966; Lerner & Matthews, 1967) either the differences in the adjective pairs or in using a real-life victim rather than an "experimental" victim may be responsible for its possibly limited usefulness in the present study. Surprisingly, the present subjects rated the university student lower than the stimulus person and in some cases rated the university student quite negatively. Other research by the present author (Adkins, 1987) found that a similar sample of subjects devalued the same stimulus person on a semantic differential scale composed of similar adjective pairs. However, the subjects in the earlier study rated the stimulus person and a friend of theirs in general and not a university student. Unfortunately, the inclusion of a third scale to assess how subjects would rate a friend or an ideal person did not occur in the present work and it is impossible to determine if the stimulus person would have received higher or lower ratings than the friend or an ideal

person.

An examination of the raw data in the earlier research (Adkins, 1987) showed that subjects did rate the stimulus person less positively than they rated a friend in general but that these ratings were still in a positive direction. The question becomes whether a person can be considered "derogated" if people respond positively to them although not as positively as they may respond to other people. The term "derogated" may be misleading because of the negative connotations it possesses. It appears that it is important to consider absolute and relative ratings of a stigmatized person in future research. For example, interpretations of results may conclude that a victim was derogated when in fact the subjects still gave her or him positive ratings although lower than given to a comparison person. Some of the contradictory results in the current literature may simply reflect a difference in how subjects were asked to rate a stigmatized person. Attitude scales may detect positive attitudes to the stigmatized person, semantic differential scales comparing ratings given to the stigmatized person and a friend may show negative ratings to the stigmatized person, and semantic differential scales comparing the stigmatized person and someone in general may show no differences or slight positive reactions toward the stigmatized person.

Effect of Expectations of Plastic Surgery

Lerner has proposed that if people can compensate a victim, then there will be no need for them to either derogate or blame the victim. It had been reported (Adkins, 1987) that people hold unrealistic expectations of plastic surgery and that people with highly unrealistic expectations are more likely to manifest negative attitudes toward a person with a disfigurement on self-report attitude measures. It was hypothesized in the present research that high just world believers who held unrealistically high expectations of plastic surgery would not have a need to derogate or blame the victim because they believe the victim can be compensated, i.e., the disfigurement can be improved.

It was found in the present study that there was a three-way interaction between Expectations of Plastic Surgery Scale, Responsibility for Injury, and BJW on Victim Derogation Scale and Victim Blame Scale which indicates that expectations of plastic surgery, belief in a just world, and how responsible the victim is held for the injury influence each other to affect how people respond to a victim. The important conditions seem to be the Internal Responsibility for Injury conditions. High BJW subjects showed a decrease in blame assigned to the victim when expectations of plastic surgery were high (as measured by high Expectations of Plastic Surgery Scale scores). However, for Low BJW

subjects, blame increased as expectations of plastic surgery increased. It could be projected that High BJW subjects have less need to blame the victim when expectations of plastic surgery are high because they feel the victim can be compensated for her injury. However, Low BJW subjects with high expectations of plastic surgery, may blame the victim both for the injury and for not taking all available steps (i.e., further plastic surgery) to improve her appearance.

The results show a fascinating interaction on Victim Derogation Scale. For High just world believers told that responsibility for injury was internal, derogation increased but blame decreased as expectations of plastic surgery increased; for Low just world believers told responsibility is internal, derogation decreased but blame increased as expectations of plastic surgery increased. For High BJW subjects in the External condition, derogation decreased as expectations of plastic surgery increased while blame remained constant; for Low BJW subjects in the External condition, derogation increased as expectations of plastic surgery increased and blame remained constant. It does appear that peoples' beliefs about the benefits of plastic surgery for the stimulus person affected their ratings of derogation and blame. Furthermore, for Low and High BJW subjects, the effect of expectations of plastic surgery is

different. This finding may be important for a number of reasons.

Firstly, the differential effect of expectations of plastic surgery on subjects responding may be useful in explaining some of the contradictory findings reported in the literature. Studies have not always considered the effect of responsibility for the victimization or stigma on subjects' responses or controlled for responsibility. This means that studies may have found varying results dependent on the implicit or explicit responsibility for the victimization or stigmatization that is held by the subjects. The effect of expectations of plastic surgery may suggest that it is not only responsibility for causing the victimization or stigma but also responsibility for not ending or improving the situation that is relevant. Even when no information is given, subjects will assign some causation for an event and factors such as BJW may influence which subjects will hold the victim responsible and which subjects will not hold the victim responsible. As discussed previously, High just world believers given no information about responsibility for injury seemed to follow the Internal Responsibility pattern while Low just world believers given no information tended to follow the External Responsibility pattern. Thus, BJW affected results by influencing how the subjects viewed the responsibility for

victimization and, as shown by Expectations of Plastic Surgery Scale scores, their belief that the victimization was reversible.

Secondly, there appears to be no body of research that has considered the importance of expectations of plastic surgery or attempted to control for different expectations between subjects. Manipulations of such internal variables as BJW or expectations of plastic surgery, or beliefs about how avoidable the victimization was, could be important. For example, Weiner, Perry, and Magnusson (1988) did report relative differences between subjects' reactions to stigma groups with some perceived as more controllable (mental or behavioural stigmas) and the stimulus person rated less positively than when the stigmas were perceived as more uncontrollable (physical). Clearly, they found that subjects assign different attitudes and beliefs to different stigmas. The burn injury used in the present study was a physical stigma which could explain why there was a lack of derogation because it may have been seen as uncontrollable and subjects responded with pity and rated the stimulus person favourably. Weiner, et. al. concluded that the controllability of onset of a stigma (i.e., responsibility for injury in the present research) is an important factor on the reactions of liking, pity, anger, and help-giving. Thus, the more an individual is perceived to be responsible

for the injury or to have been in control of the onset, the more negative the reactions will be. Weiner, et. al. suggested that offset (reversibility of injury) is a factor that needs to be examined more carefully in research. In the present study, expectations of plastic surgery represented some measure of reversibility of the stigma such that subjects with high expectations of plastic surgery might have expected that the disfigured person had some control over improving appearances. Subjects with high expectations of plastic surgery may be more likely to assign negative attributions to a person because they believe she or he could lessen the stigma if it was so desired.

Thirdly, recognizing the importance of expectations of reversing the stigma may increase the understanding of reactions and attitudes toward people with handicaps and disfigurements. The influence of expectations of plastic surgery may offer professionals a clearer idea of how to mediate and alter negative or stereotypic attitudes. It may be necessary to confront unrealistic expectations in order to significantly effect on attitudes toward people with handicaps.

Adkins (1987) reported that as expectations of plastic surgery increase, negative attitudes toward a victim also increase. The present findings supported this view with the recognition that the effect of expectations of plastic



surgery may be most pronounced when the subjects also believe strongly in a just world and that the injury was caused by the victim. High and Low BJW subjects in the External responsibility for injury conditions showed an increase in derogation but constant ratings of blame as expectations of plastic surgery increased. Derogation decreased and blame increased for Low just world believers told the responsibility for the injury was internal as expectations of plastic surgery increased. Both derogation and blame increased as expectations of plastic surgery increased for High BJW subjects in the Internal condition.

The Expectations of Plastic Surgery Scale measure was included in the present study as a manipulation check and was not manipulated directly. Any conclusions based on the findings involving Expectations of Plastic Surgery Scale need to be tentative because cell sizes were not equal, there were not an adequate number of subjects in each cell, and there were few subjects with high Expectations of Plastic Surgery Scale scores. However, the results are intriguing and hopefully will encourage further work in the area. Researchers exploring attitudes toward people with disfigurements need to consider, and hopefully assess and/or control for, peoples' expectations of plastic surgery. The subjects' expectations of plastic surgery may significantly affect the attributions they assign to the person with a

disfigurement.

#### Effect of Identification with the Victim

In the present study, there was no significant effect for BJW on identification (i.e., ratings of how similar subjects see themselves to the stimulus person) which indicates that High and Low BJW subjects identify with the victim to the same extent. There was a significant effect for responsibility showing that as responsibility for injury increased, people rated themselves as being less similar to the stimulus person. People are more likely to identify with a stigmatized person when the cause for the injury is seen as external to the victim. The component scores of the identification measure, identification with the stimulus person and identification with the situation, showed an interesting pattern. Similarity with the situation was also significantly related to responsibility, such that as responsibility for injury increased, similarity with the situation decreased. However, there was no significant effect between responsibility and similarity to the person. Apparently, the important factor in identification in the present study was situational similarity and not similarity to the person.

The findings of the present study showed that as situational similarity increased, responsibility decreased and that this pattern was more pronounced for High BJW

subjects than for Low BJW subjects. Apparently, High BJW subjects are less likely to see themselves as similar to the victim's situation when Responsibility is Internal than Low BJW subjects. High BJW subjects were less likely to believe that they could cause a similar situation to happen to them. Low BJW subjects were more likely to accept that they could also cause such an injury. High just world believers may need to believe that the accident would unlikely happen to them as a way to maintain a sense of a just world by not believing that such an event could happen to them. When people are not threatened by a victimization, they will have less need to restore a sense of justice (Lerner, 1980).

#### Open-Ended Question

The No Information condition comments did show that a large number of subjects specified that the injury was due to an accident. It is important to note that both internal and external causes were labelled by subjects as accidents. This may be important in future research because the present findings suggest that not all accidents are caused by external factors. People seem to class events as accidents even if the victim was directly responsible for the event (e.g., fooling around with hot oil). From the results it appears that accident can refer to either events that are controllable or uncontrollable. Researchers must be clear in how they identify responsibility for the outcomes of an

event, because subjects can assign either internal or external causes to an accident.

The second interesting finding was that all but two subjects were able to hypothesize about the cause of the injury. This finding does support the view that subjects do attribute cause to an event even when there is no information given (Harvey & Weary, 1984; Kelley & Michela, 1980). Subjects do seem to be able to draw cause and effect conclusions even when there is no information given about causal events. Clearly, future research should consider subjects' desire to attribute cause and effect even when the study does not require them to do so. Subjects may be drawing causal conclusions that then influence how they react to the victim in the study. The subjects' attributions may be important variables in how they respond to the experimental variables.

#### Summary

The results of the present study indicated that there were no differences between High and Low BJW subjects on the amount they derogated or blamed a victim. However, it was found that High BJW subjects responded more positively to both the university student and the stimulus person than Low BJW subjects. It was suggested that the limited findings with BJW might reflect a sample with a tendency to accept a belief in a just world so that differences between High and

Low BJW subjects were artificial and did not identify large differences in how the two groups viewed the world. Also, it was suggested that the timing of the research, near to exams, could have led High BJW subjects to respond positively to people in general because individuals who believe in a just world tend to behave in an altruistic way in times of need in order to make themselves more deserving.

There was a main effect for Responsibility on the dependent variable Victim Blame Scale. It was found that blame increased as responsibility for the injury increased. To further examine derogation, the Victim Derogation Scale component scores were used as dependent variables. A significant main effect was identified, with variables Victim Derogation Scale - Stimulus Person and Victim Blame Scale being identified as significant and it appeared that there was a greater positive view of the person as responsibility decreased.

There was no significant interaction effect. Further analyses using the component Victim Derogation Scale scores as dependent variables did show that subjects in External Responsibility conditions and Low BJW subjects in the No Information condition rated the victim more positively than an average university student. Internal subjects and High BJW subjects in the no information condition rated the victim and the university student approximately the same.

It seemed that when responsibility for victimization is seen to be outside the victim subjects may respond in an overly positive way toward the victim. When the victim is seen to be in some way responsible for the victimization, subjects do not respond in an overly positive manner. Also important for the No Information conditions was the level of BJW such that High BJW subjects followed the Internal responsibility pattern and Low BJW subjects followed the External responsibility pattern.

An examination of the control measures indicated that expectations of plastic surgery may be important in how people reacted to the victim. There was a significant three-way interaction between the Expectations of Plastic Surgery Scale, Responsibility, and BJW on Victim Derogation Scale and Victim Blame Scale. It seemed that the level of BJW and Responsibility impacted differently upon the ratings of victim derogation and blame as expectations of plastic surgery increased. It may be difficult to develop a universal theory of peoples' attitudes toward people with handicaps and disfigurements and there may be too many variables involved for a simple synthesis. For example, it seems that variables such as a belief in a just world and expectations of plastic surgery impact on peoples' responses to a person with a disability in different ways.

In sum, according to the results of the present study,

it is clear that responsibility affects blame and there is a suggestion that responsibility may influence the degree of denigration toward a victim. Belief in a just world may be important in determining how subjects use information presented to them when responsibility for the injury is unclear. People who believe strongly in a just world may be more likely to assume internal responsibility while people who do not have a strong belief in a just world might assume external responsibility and rate the victim overly positive. Also, the belief in a just world appears to influence subjective expectations (i.e., expectations of plastic surgery) which affects the subjects' attitudes toward a victim.

The present study has identified a number of potential areas for future research. First, it would seem that further work on the expectation of plastic surgery and the impact on peoples' attitudes towards people with disfigurements would be beneficial. The scale needs to be refined, and tested for reliability, validity, and use with different populations. It would be interesting to divide subjects into groups with high, moderate, or low expectations of plastic surgery and then examining how the subjects responded to a person with a disfigurement. Based on the findings of the present study, it would also be interesting to manipulate an external factor, such as

responsibility for injury, in addition to the expectations of plastic surgery.

Second, the use of the term derogation is common in the literature examining attitudes towards people with disfigurements or handicaps. Yet, the present results point out that different measures may be identifying different phenomena. When using a semantic differential scale, as in the present study, types of comparisons groups are important. Results may be different if subjects are asked to rate the victim and a friend or the victim and a person in general. Researchers should be clear in explaining which technique they utilize because the different techniques may yield different results. Also, it would be beneficial to explore what scores are positive, negative, or neutral on a scale. For example, in the present study even when the stimulus person was apparently derogated as assessed by the semantic differential measure, closer inspection suggested that the score was in fact a neutral rating, neither positive or negative. Again, further work refining derogation scales used in the studies with a variety of subjects would be appropriate.

Third, the present study did not find differences in attitudes toward the victim as expected between High and Low BJW subjects. It is possible that the BJW Scale does not identify high just world believers as defined by Lerner



(1980). There have been criticisms of the BJW Scale (Connors & Heaven, 1987; Furnham & Procter, 1989) and further work to explore exactly what variables the BJW Scale does identify could be insightful.

Fourth, blame and responsibility do seem to be related at least when the outcome of an action is negative. However, this is not necessarily the case when the outcome of an action is not negative. Continued research on the differences between blame and responsibility, when they are similar and when they are different, would be appropriate.

Fifth, researchers need to be clear in manipulations of responsibility. Subjects seem to interpret accidents as being either internal or external. Thus, researchers who set up an accident but do not clearly consider responsibility for outcome or check to ensure that subjects assign responsibility as the researchers are anticipating may make erroneous assumptions.

In attempting to examine attitudes towards people with disfigurements or handicaps in a controlled setting, most researchers depend on paper-and-pencil attitude measures. However, the attitudes that people describe in this situation may not accurately reflect how they would behave or feel in an actual interaction with a person with a disfigurement or handicap. Making the situation more realistic and using a variety of measures including some

behavioural measure would be two ways to improve research in the area. The present study did use a real victim and in this way attempted to approximate a more real-life situation.

The present research does show the importance of examining what factors affect the attitudes toward a person with a disfigurement. The findings support the view that responsibility for injury influences how people respond to a person with a disfigurement. It also appears that internal factors such as belief in a just world and expectations of plastic surgery do effect how people react. Undoubtedly, different factors interact and there is not necessarily a single and simple relationship between factors that influence responding to a victim but a complex relationship involving a number of different factors.

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Appendix A

Please circle the number that best describes the degree of your agreement or disagreement with each of the 20 items listed below. Be sure to circle one number for each question.

1. I've found that a person rarely deserves the reputation he has.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

2. Basically, the world is a just place.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

3. People who get "lucky breaks" have usually earned their good fortune.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

4. Careful drivers are just as likely to get hurt in traffic accidents as careless ones.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

5. It is a common occurrence for a guilty person to get off free in Canadian courts.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

6. Students almost always deserve the grades they receive in school.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

7. Men who keep in shape have little chance of suffering a heart attack.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

8. The political candidate who sticks up for his principles rarely gets elected.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

9. It is rare for an innocent man to be wrongly sent to jail.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

10. In professional sports, many fouls and infractions never get called by the referee.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

11. By and large, people deserve what they get.

1	2	3	4	5	6
Agree					Disagree
Disagree					Strongly

12. When parents punish their children, it is almost always for good reasons.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

13. Good deeds often go unnoticed and unrewarded.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

14. Although evil men may hold political power for a while, in the general course of history good wins out.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

15. In almost any business or profession, people who do their job well will rise to the top.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

16. Canadian parents tend to overlook the thing most to be admired in their children.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

17. It is often impossible for a person to receive a fair trial in Canada.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

18. People who meet with misfortune have often brought it on themselves.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

19. Crime doesn't pay.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

20. Many people suffer through absolutely no fault of their own.

1	2	3	4	5	6
Agree					Disagree
Strongly					Strongly

Appendix BBiographical Information

Lynn is a 20 year old woman living in Winnipeg. She was born in Winnipeg and has lived here all her life. Lynn did quite well throughout school. She graduated from high school 2 years ago and is enrolled in the Arts program at the University of Winnipeg. She works part-time in a store, a job which she likes. Lynn is single and lives in a multi-person dwelling. She is basically in good health despite her facial disfigurement resulting from a burn. Lynn was burned when she left hot grease on the stove unattended while she answered the telephone. Her interests include reading, tennis and music.

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Biographical Information

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Attitudes Towards

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1	2	3	4	5	6	7
Selfish						Unselfish
1	2	3	4	5	6	7
Cheerful						Gloomy
1	2	3	4	5	6	7
Unpleasant						Pleasant
1	2	3	4	5	6	7
Honest						Dishonest
1	2	3	4	5	6	7
Trustworthy						Untrustworthy
1	2	3	4	5	6	7
Rude						Polite
1	2	3	4	5	6	7
Immature						Mature
1	2	3	4	5	6	7

Please circle the number that best describes how you feel about the questions asked. Do not leave any out. Do not circle more than 1 number for any question. Please do not look back and forth through the pairs of words. Work at a fairly high speed. Do not worry or puzzle over individual items but give your first impressions

How Would You Describe the Person on the Screen

Sincere							Insincere
1	2	3	4	5	6	7	
Intelligent							Unintelligent
1	2	3	4	5	6	7	
Cold							Warm
1	2	3	4	5	6	7	
Friendly							Unfriendly
1	2	3	4	5	6	7	
Unhappy							Happy
1	2	3	4	5	6	7	
Responsible							Irresponsible
1	2	3	4	5	6	7	
Likeable							Unlikeable
1	2	3	4	5	6	7	
Cruel							Kind
1	2	3	4	5	6	7	

Attitudes Towards

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Selfish							Unselfish
1	2	3	4	5	6	7	
Honest							Dishonest
1	2	3	4	5	6	7	
Trustworthy							Untrustworthy
1	2	3	4	5	6	7	
Rude							Polite
1	2	3	4	5	6	7	
Immature							Mature
1	2	3	4	5	6	7	

Appendix D

How much to blame was Lynn for her burn injury?

1	2	3	4	5	6	7
Not at all			Somewhat			Totally to
to blame			to blame			blame

2. How careless do you think Lynn is?

1	2	3	4	5	6	7
Very						Very
careful						careless

3. How responsible do you think Lynn is for her injury?

1	2	3	4	5	6	7
Totally			Somewhat			Not at all
responsible			responsible			responsible

4. How much do you think Lynn's being burned is due to chance?

1	2	3	4	5	6	7
Totally due			Somewhat due			Not at all
to chance			to chance			to chance

5. How much do you consider the burn injury to be Lynn's fault?

1	2	3	4	5	6	7
Not at all			Somewhat			Totally
her fault			her fault			her fault

Appendix EDemographic Information

Name: \_\_\_\_\_ (please print)

Phone number: \_\_\_\_\_

Best times to reach you by phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sex: M            F

Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married  
                  \_\_\_\_\_ Seperated  
                  \_\_\_\_\_ Divorced  
                  \_\_\_\_\_ Widowed  
                  \_\_\_\_\_ Living as married  
                  \_\_\_\_\_ Never married

Mother's Occupation: \_\_\_\_\_

Mother's Education Level:

\_\_\_\_\_ less than grade 7  
\_\_\_\_\_ junior high (grade 9)  
\_\_\_\_\_ partial high school (grade 10, 11)  
\_\_\_\_\_ high school  
\_\_\_\_\_ partial university (at least 1 year)  
\_\_\_\_\_ university graduate  
\_\_\_\_\_ graduate professional training

Father's Occupation: \_\_\_\_\_

Father's Education Level:

- \_\_\_\_\_ less than grade 7
- \_\_\_\_\_ junior high (grade 9)
- \_\_\_\_\_ partial high school (grade 10, 11)
- \_\_\_\_\_ high school
- \_\_\_\_\_ partial university (at least 1 year)
- \_\_\_\_\_ university graduate
- \_\_\_\_\_ graduate professional training

Thank you for your assistance. Please use the bottom of this sheet (and the back if you need to) for any comments about the study.



Appendix F

Demographic Information

Sex:           M                   F

Faculty: \_\_\_\_\_

Age: \_\_\_\_\_

Rate the extent of your experience with disfigured or handicapped people?

1	2	3	4	5	6	7
None at			Moderate			great
all						deal

Please describe these experiences (e.g., how long did you know the person, what relationship was the person to you - friends? coworkers? family? acquaintances?)

Thank you for your assistance. Please use the bottom of this sheet (and the back if you need to) for any comments about the study or guesses at the hypothesis we are considering.

Appendix G

Please read the following statements and use the 1 to 7 point scale listed below to indicate for each question how you feel about the person in the picture.

Rating scale:

1	2	3	4	5	6	7
None			Moderate			Very Large

- \_\_\_\_\_ 1. Extent of women's disfigurement.
- \_\_\_\_\_ 2. Impact of disfigurement.
- \_\_\_\_\_ 3. Impact of disfigurement on woman's social contact.
- \_\_\_\_\_ 4. Impact of disfigurement on woman's job.
- \_\_\_\_\_ 5. Impact of disfigurement on women's marriage.
- \_\_\_\_\_ 6. Impact of disfigurement on woman's self-concept.

Appendix H

Please read each of the following 5 statements and circle the number that best describes how you feel about the person shown in the slide.

1. What would you describe as the present level of this person's attractiveness as compared to other people in general (where 7 represents an ideal level of attractiveness)?

1	2	3	4	5	6	7
Unattractive			Average:			Very
			About the			attractive
			same as most			(Ideal
			people			Attractiveness)

2. After all possible plastic surgery is completed, what would you estimate to be the expected level of this persons attractiveness as compared to other people in general (where 7 represents an ideal of attractiveness)?

1	2	3	4	5	6	7
Unattractive			Average:			Very
			About the			attractive
			same as most			(Ideal
			people			Attractiveness)

3. How much do you believe this person's appearance could be improved through further plastic surgery?

1	2	3	4	5	6	7
Not at			Somewhat			A great
all						deal

4. What would you estimate as the present extent of this person's disfigurement?

1	2	3	4	5	6	7
None			Moderate			Very
						Large

5. What would you estimate to be the expected level of disfigurement after all plastic surgery is completed?

1	2	3	4	5	6	7
None			Moderate			Very
						Large

Appendix I

1. How much do you identify with Lynn?

1	2	3	4	5	6	7
Not at			Somewhat			A great
all						deal

2. Do you think that you could have been burned as Lynn was?

1	2	3	4	5	6	7
Probably						Not very
						likely

Appendix J

How do you think or imagine Lynn was burned?

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Appendix K

## Instructions to Subjects

This study is to consider the ability of people in making decisions about a person based on limited information.

People engage in this type of activity continually and this study is to consider how accurate peoples' assumptions are.

Many groups of subjects will be tested over the next weeks in this study so we remind you not to discuss this experiment with anyone else. Since each group is presented with a person to assess, you may unfairly bias other subjects by discussing your experiences with them.

In a moment I will show you a slide of a person, let you read a brief description of that person and then ask you to quickly complete some questionnaires. What is important is your first impressions, so don't deliberate too long over any one item on any questionnaire.

Please note:

1. Answer all question. It may be difficult, but there are no right answers, so do try. We want your opinions based on the limited information you are presented with.
2. Be honest. Present your real impressions not what you think we are looking for.
3. Circle one number on the scale for each question. Circle a number and not some point in between two numbers.

Please note the first and second questionnaires use the same

instructions. The first one asks you to rate the average female university student and the second asks you to rate the person on the screen.

Now please consider the slide being presented. This is Lynn. If you look at the first page of the package of materials given (labelled BIOGRAPHICAL INFORMATION) you will find a brief description of Lynn. Please read this carefully and then fill in the questionnaires. Feel free to consult the bibliographical information or picture when filling in the questions. But don't deliberate too long or flip back and forth between questions. Remember we want your first impressions.

Time is given for subjects to complete these questionnaires. The forms filled in will include the Victim Derogation Scale, the Victim Blame Scale and for the No Information conditions, the question regarding how the injury occurred. When everyone is finished, the next set of instructions will be presented.

Thank you for filling in those questionnaires. We now have three brief questionnaires and one short demographic sheet for you to complete. These are in the envelopes. On the end and back of the demographic sheet there is room for your comments and any guesses about the hypothesis you may have. Please remain so that the study may be briefly explained to you.

Time will be given for subjects to fill in the required demographic material, the scale to assess the impact of the disfigurement, the Expectations of Plastic Surgery Scale, and the



identification measure. When completed a debriefing will occur for all subjects.