On Responsibility Inferences and the Perceived Moral Person

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Abstract
Empirical evidence, primarily from social psychological research, is presented to illuminate the layperson’s judgments of responsibility. Among the differentiations examined are effort versus ability as causes of achievement performance, causal versus outcome evaluation, biologically- versus behaviorally-based stigmas, stigma onset versus stigma offset, welfare recipients versus the poor, and retributive versus utilitarian punishment goals. Finally, the determinants of being judged a moral person are considered.

As a social psychologist, I will not focus my attention on feelings of personal responsibility, but rather on how one infers the responsibility of others and determines if another is or is not a moral person. This has great implications for personal life meaning, and self- and other-perception share many common properties. My more specific goals are to bring to your attention evidence regarding:

a) Some behaviours, states, and antecedent conditions that promote responsibility judgments for others;
b) Some strategies people use to mitigate these judgments;
c) Some emotional and behavioral consequences of holding others responsible or not; and
d) More speculatively, the determinants of considering others as moral or immoral beings.

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Achievement Evaluation
Responsibility judgments are most frequently associated with interpersonal transgressions, which vary greatly and can include criminal encounters as well as the relatively benign act of arriving late for an appointment. But there are many situations in which responsibility beliefs are elicited even though another individual is not directly victimized (although “society” may be regarded as damaged). Achievement settings provide one such context.

In his classic book, The Protestant Ethic and the Spirit of Capitalism, Max Weber (1904) called attention to the association between achievement strivings and morality. He argued that it is a moral duty to put forth effort and to strive for success. In support of this line of reasoning, a large number of research studies (see review in Weiner, 1986) have documented the intuitively evident – the person who fails to put forth effort and performs poorly is held responsible for that outcome and is reprimanded or punished. This contrasts with failure caused by the absence of ability or aptitude, which is construed as not controllable by the failing person, thus abrogating judgments of responsibility and, in turn, precluding punishment. One illustrative type of research investigation that supports these conclusions asks for evaluative feedback (say, from +5 to –5) to students described, for example, as follows: 1) Student A: High in ability, low in effort, failing an exam 2) Student B: Low in ability, high in effort, failing an exam 3) Student C: High in ability, low in effort, succeeding at an exam

You might do this now. It is expected that the reader (just as the participants in this research) will recommend a harsher evaluation to Student A than to Student B. Student A is more responsible for failure and is less moral than Student B because the
cause of the negative outcome is controllable and “it could have been otherwise.” Controllable failure, in turn, will be punished more than uncontrollable failure.

It also is the case that the combination of lack of effort accompanied by success (Student #3) is evaluated more positively (or, less negatively) than lack of effort accompanied by failure (Student #1). This finding documents that outcome also is a determinant of appraisal, which is the case in nonachievement as well as in achievement contexts. Thus, for example, a fireman who risks his life and saves a child receives a hero’s medal; the one who fails with the same risk merely is consoled. Similarly, although two drivers may be equally guilty of breaking the law because of fast driving, only the driver of the car that happens by chance to hit a child is severely punished. Outcome severity (degree of failure, seriousness of a transgression) thus is another determinant of morality.

Research also has documented that people believe it “fair” to punish lack of effort more harshly than lack of ability when these are specified or implied as the causes of failure (Farwell & Weiner, 1996). In these investigations, participants judge combinations of teacher evaluations such as these:

1) Student A has high ability, did not put forth effort, and failed an exam. Evaluative feedback from the teacher was –4.
1a) Student B has low ability, put forth much effort, and failed an exam. Evaluative feedback from the teacher was –1.

How fair was the teacher? Please respond to that now.

2) Student A has high ability, did not put forth effort, and failed an exam. Evaluative feedback from the teacher was –1.

2b) Student B has low ability, put forth much effort, and failed an exam. Evaluative feedback from the teacher was –4.

How fair was the teacher?

I feel quite sure that the responses of the reader will again be similar to those of the typical college students who serve as research participants in most of these investigations. That is, it will be regarded as “fair” or just if the teacher evaluated the lack of effort student more severely than the student lacking in ability, so that evaluation of Pair #1 will be judged as fairer than teacher evaluation for Pair #2.

Even given lack of effort, strategies are available that reduce inferences of personal responsibility. Excuses can be provided such as “I became ill” or “The library was closed because of an electrical outage,” thus transforming not studying from a controllable to an uncontrollable act. In addition, justifications can be offered that appeal to higher moral goals as a means of reducing responsibility. For example, “I helped my hospitalized grandmother”, reduces the responsibility of the pupil for failing to put forth sufficient effort (if this account is accepted), even though the lack of effort nonetheless is perceived as controllable. Individuals have as part of their arsenal of interpersonal strategies a variety of impression management techniques that are used to reduce inferences of personal responsibility and the understood consequences of these inferences (Weiner, 1995).

Not surprisingly, expected negative reactions to lack of effort also are taken into account when individuals describe the causes of their failure to others (see Juvonen, 2000). Even young children communicate different causes of failure to teachers and peers, telling teachers that they “could not” and peers that they did not try. That is, they anticipate the negative
reactions of teachers to not trying, realizing that this results in a judgment of responsibility and harsh punishment.

**Stigmas**

Now I will turn my attention from achievement striving to an entirely different domain, that of stigmatization, but again examining judgments of responsibility and beliefs about morality. A stigma embraces any mark or sign for an undesirable perceived deviation from a norm. That is, the stigma typically defines the person as not only deviant, but in some way flawed or “spoiled.” Stigmas differ on many characteristics, including their visibility or concealability, the danger posed by the person, the difficulty of normal social interaction with that individual and on and on. In addition, and most pertinent in this context, stigmas differ in the perceived responsibility of the person for having this plight. Here again moral judgments are rendered although no personal transgression has been reported.

Simple experimental procedures illustrate the differential beliefs about the personal responsibility of the stigmatized for their condition (see Weiner, Perry, & Magnusson, 1988). Participants may, for example, be given a list of stigma labels, with no other information, and then merely asked how responsible are the individuals for having this state or condition (on a scale ranging, say, from “not at all” to “entirely”). In addition, other ratings might be obtained, including the amount of sympathy they experience for these individuals and the extent to which they would be willing to provide them with help.

In such investigations, it has been consistently found that stigmas having a biological (somatic, genetic) source give rise to inferences of nonresponsibility. For example, Alzheimer’s disease, blindness, cancer, heart disease, paraplegia, and so on elicit beliefs of nonresponsibility. On the other hand, stigmas with a behavioral component that is regarded as causal, including AIDS, alcoholism, drug use, and obesity, give rise to judgments of personal responsibility. The former stigmas are construed as “sickness,” whereas the latter are markers of “sin” – there is a moral failure. Given a biologically-based stigma, the person is regarded as having no choice or volitional control over the plight, whereas among the behaviorally-based stigmas, it is presumed that volitional alteration in behavior (e.g., don’t engage in permissive sex, eat less, etc.) could have prevented the onset of and/or eliminated the aversive condition (see review in Weiner, 1995). Note that contrasting biologically- versus behaviorally-based stigmas is conceptually similar to the distinction between ability and effort as causes of failure in the achievement domain. That is, lack of ability, like Alzheimer’s disease, is regarded as uncontrollable, whereas drug use is considered similar to lack of effort in that both are regarded by the layperson as controllable. Hence, they bring about similar reactions and share conceptual or genotypic similarity.

In this context, a distinction between responsibility for the onset versus the offset of the stigma also is of value (Brickman et al., 1982). For example, one may be responsible for the onset of AIDS, but then not responsible for its offset. Alcoholics Anonymous makes this same assumption regarding excessive drinking (although, in the eyes of the lay public, the person also is responsible for drinking offset. After all, there are Mothers Against Drunk Driving, but not Mothers against Alzheimer’s Patients). Given either onset or offset responsibility, the stigmatized person is reacted to as a “sinner.”

Many (but not all) of these responsibility inferences can be altered with
specific information that contradicts the a priori beliefs regarding the cause of the stigma (Weiner et al., 1988). For example, AIDS can be described as due to a blood transfusion, as opposed to the typical construal of transmission through sexual behavior. This results in great changes not only in responsibility beliefs, but also in reported sympathy, intentions to help, and other judgments as well. In a similar manner, cancer traced to smoking as opposed to living in a polluted environment, or heart disease attributed to an unhealthy lifestyle as opposed to a genetic predisposition, produce quite disparate psychological reactions. Thus, even biological or somatic stigmas can be perceived as subject to volitional control and the person is then regarded as responsible for this condition. However, it should be recognized that causal change might not alter all reactions to the stigmatized person. For example, children can be taught to attribute obesity to uncontrollable rather than to controllable factors (a thyroid dysfunction rather than over-eating), yet they still do not want overweight others as their friends (Ansbury & Tiggeman, 2000).

For some conditions, however, changing responsibility and moral judgments is difficult, or perhaps impossible, to accomplish (see Weiner et al., 1988). For example, a person with Alzheimer’s disease is unlikely to be blamed (given the public understanding of this condition), and it is equally improbable that a child abuser will be regarded as not responsible for this deed.

Mental illnesses, which comprise one class of stigmas, also are of interest in terms of responsibility beliefs of the layperson. Depression often is regarded as controllable and the person is held responsible for continued sadness (Hooley & Licht, 1997). Schizophrenia, on the other hand, is likely to be considered uncontrollable when the symptoms are “active” or “positive” such as hallucinations, but less so when the symptoms are “passive” or “negative” such as social withdrawal (Weisman & Lopez, 1997). Parents of schizophrenics differ greatly regarding their perceptions of responsibility for this illness, with some expressing criticism toward their ill family members for not overcoming their plights, whereas others are accepting of an uncontrollable condition (Lopez, Nelson, Mintz, & Snyder, 1999).

Laypersons also make a distinction between individuals on welfare and the poor, although these are very overlapping stigmatized populations (Rasinski, 1989). Persons described as on welfare (which, at its inception, was targeted to assist widows) are reacted too much more negatively than individuals described as poor. In contrast to the poor, welfare recipients are seen as responsible for their problems. More specifically, they are perceived as not working, whereas the poor are thought to be working but not receiving sufficient wages to provide for a decent life.

Examples of these contrary stereotypes exist in political rhetoric that surrounds the welfare and poverty issues. In two different speeches, President Bush reinforced these very different images of welfare recipients and the poor. With respect to welfare, Bush warned: "Those who remain on welfare … if you refuse to help yourself, then Texas cannot help you" (Bush, 1999, Jan. 27). Regarding poverty, he stated in a later speech: “We will rally the armies of compassion in our communities to fight a very different war against poverty” (Bush, 1999, July 22). This conjures a contrasting image of the helpless poor.

Democrats also have reinforced these stereotypes. Former President Clinton strategically named his welfare reform policy the “Personal Responsibility and Work Opportunity Act,” noting that: “Our
welfare reform proposal will embrace two simple values: work and responsibility” (Clinton, 1995). This sentiment implies that the new American welfare policy will no longer be handouts to the lazy.

**Individual Differences in Responsibility Inferences**

Thus far it has been implied that all persons react similarly in, for example, not holding the poor responsible for their condition but condemning those on welfare. However, this is not the case. Reactions to the stigmatized may vary, and one predictor of the differential reactions is the political ideology of the respondents (in spite of the similarity in the Bush-Clinton quotes given above). Considering poverty, conservatives tend to attribute this state to causes such as self-indulgence (drinking and drugs) and laziness, beliefs implicating personal responsibility. On the other hand, liberals are more likely to view the poor as victims of society (no job opportunities, inadequate education, etc; Skitka & Tetlock, 1993). Indeed, for a wide variety of negative situations or conditions, conservatives tend to perceive the cause as more controllable than do liberals, thereby ascribing greater responsibility and immorality to the person in need. For example, research has documented that conservatives are more likely to hold the obese responsible for their weight problem than are liberals (Crandall & Martinez, 1996). Overweight female children even receive less financial support from conservative as opposed to liberal parents (Crandall, 1995).

**Consequences of Responsibility Judgments**

I have thus far addressed some of the antecedents that promote responsibility judgments, such as perceptions of control, stigma label, and type of mental illness. I next consider the consequences of these judgments, for examining the results of responsibility inferences provides the opportunity to present a more complete meaning of this construct. Consequences were frequently alluded to in the prior discussion, but they were not explicitly examined. Let me first turn to emotional consequences, followed by a discussion of punishment for transgressions.

There is high agreement among emotion theorists that a number of affects are linked with judgments of personal responsibility, with two of the most prominent being anger and sympathy (Roseman, Spindel, & Jose, 1990). Anger is an accusation or a value judgment that follows from the belief that another person “could and should have done otherwise” (Averill, 1982). When persons report instances of anger, they most often include accusations of voluntary and unjust behavior, such as another telling a lie, or unintended behavior that nonetheless is perceived as controllable, such as coming late for an appointment because of oversleeping. Lack of effort elicits anger among teachers and parents, as does obesity when the related other is over-eating. Sympathy, on the other hand, follows when the plight of another is uncontrollable. Thus, athletic failure because of a physical handicap, school failure because of a lack of aptitude, and obesity because of an overactive thyroid, are prototypical predicaments that elicit sympathy.

It also is known that, in addition to emotions, both pro-social behavior (help giving) and anti-social behavior (aggression) are greatly influenced by perceptions of responsibility although, of course, there are many determinants of these actions. For example, we are more likely to give charity to the blind than to those having AIDS, to paraplegics rather than to alcoholics, and the like. That is, we support sickness but not sin. Sickness is associated with nonresponsibility
and sympathy, whereas sin is linked to responsibility and anger.

**Philosophies of Punishment**

In addition to emotions and broad behavioral domains such as helping and aggression, responsibility judgments are directly linked to beliefs about punishment. Philosophers have pointed out that two types of goals guide punishment: utilitarian and retributive. Utilitarian goals consider the costs and the benefits of the punishment; the focus is on the future, with aims reached through a reduction in the likelihood of a misdeed by the perpetrator and/or by others in society. The second major category of punishment is retribution, which pertains to avenging a past wrong (“just desserts”) rather than being concerned with the subsequent consequences of the punishment.

How might the utilitarian-retribution distinction be related to inferences of responsibility? It appears that social transactions deemed controllable by the actor, that is, those negative actions that result in inferences of personal responsibility and immorality, elicit anger and retributive responses. On the other hand, uncontrollable transgressions do not give rise to judgments of responsibility and therefore elicit sympathy and utilitarian concerns. Of course, punishment can (and does) serve both goals, but nonetheless it is important to know which of the aims is more salient in any given situation. There is specificity concerning which goal of punishment is predominant, with the aim dependent on aspects of the situation, and specifically a function of perception of responsibility for the transgression.

**The Moral Person**

Now I want to briefly examine one final issue – whether moral judgments should be linked solely with positive thoughts and/or positive actions, or might such judgments have greater complexity. In the discussion of achievement motivation it was argued that when students do not try, evaluation is effected by task outcome, so that the failing person is evaluated more harshly than is the student who succeeded. Taking actions and outcomes into account in moral evaluation is evident in nonachievement-related contexts as well. Imagine the following three individuals:

1) Person A thinks benevolent thoughts about others. However, she does not act upon these thoughts.
2) Person B thinks benevolent thoughts about others. She is known to help others in distress.
3) Person C does not think benevolent thoughts about others. Nevertheless, she has been known to help others in distress.

If you are asked which of these three individuals is most moral, my intuition is that certainly Person B and perhaps even Person C would receive more votes than Person A. Good thoughts without correspondent actions may not qualify one as (very) moral, whereas neutral thoughts with pro-social actions may well define one as a moral person.

Now let’s consider the case of evil thoughts and transgressions (as contrasted with the prior comparison of “good” thoughts and pro-social behaviors). Compare the following two individuals:

1) Person A has strong inner desires to engage in sexual behavior with children. He calls these his “demons” and says he lives life “one day at a time” fighting these demons. He has never engaged in such behavior.
2) Person B has no desire to engage in sexual acts with children. He never has engaged in such behavior.

Which of these individuals do you regard as more moral? That is intuitively less clear and in need of empirical study.
There are some hints in the literature, however. Persons who overcome behavioural stigmas, such as the recovered alcoholic, the model citizen who formerly was a drug addict, the long-distance runner who at one time was obese because of overeating, and the previously lazy person who now employs many in her firm, are very admired and often are perceived as “cultural heroes” (particularly by Conservatives; see Sniderman, Piazza, Tetlock, & Kendrick, 1991). These reformed persons are perceived as fully responsible for the offset of their immoral ways.

These data suggest that the person fighting demons and not acting immorally might be regarded as a very moral being, in spite of (or because of) having evil thoughts. That is, the inhibition of immoral desires, just as the overcoming of prior immoral actions, may enhance inferences of morality, indicating that morality cannot be solely tied to positive thoughts and beneficial actions. In sum, there are complex and subtle antecedents associated with responsibility beliefs, inferences of morality, and perceived life meaning.

References


