Terror Management and Attributions of Blame to Innocent Victims:
Reconciling Compassionate and Defensive Responses

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In this article, 4 studies test the hypothesis that reminders of personal death bias the normative attribution process and increase the motivation to blame severely injured, innocent victims. In Studies 1 and 2, primes of death led to greater attributions of blame to severely injured victims but did not significantly influence attributions of blame to either mildly injured victims or negatively portrayed others. In Study 3, primes of death led to greater attributions of blame to victims of circumstance but did not influence attributions of blame to victims who were explicitly responsible for their condition. In Study 4, innocent victims who were severely injured elicited more death-related cognitions than did victims who were responsible for their condition or who were only mildly injured. These findings indicate that the predictions of normative models of attribution may be moderated, and even overturned, when observers are reminded of their personal death such that defensive needs override rational inferential processes.

Keywords: terror management, attribution, blame, just-world

The relationship between fear of death and the blaming of victims has been a pivotal ingredient in much philosophical and literary thinking. In The Plague, for example, Camus (1948/1991) made use of a bubonic plague epidemic to raise questions about the rationalization of undeserved, capricious suffering. In particular, Father Paveloux, the religious authority who cannot accept a reality in which bad things happen to good people, admonishes his congregation: “Calamity has come on you, my brethren, and my brethren, you deserved it” (p. 94). The random, senseless killing of the plague seems to pose a threat to fundamental human beliefs and motivates an attempt to find justice in the pestilence: “[T]he just man need have no fear, but the evildoer has good cause to tremble” (p. 95). Thus, the plague becomes easier to digest—it has a reason and it will have an end once its purpose is completed.

It seems that Camus’s (1948/1991) insight into this fearful and defensive aspect of human nature when confronted with the threat of death is also manifest in more mundane encounters with suffering others. The literature on reactions to victims suggests that the encounter with victims, especially those who have visible, physical injuries, often involves significant discomfort and the fleeting thought “I’m glad it’s not me.” However, this sense of relief may be accompanied by feelings of guilt for having a selfish rather than a compassionate response (e.g., Zola, 1984). To avoid the negative emotions ensuing from the dissonance between culturally prescribed values of compassion and the experience of personal distress, observers may opt to psychologically and behaviorally distance from victims (e.g., Bennett & Dunkel-Schetter, 1992; Pyszczynski, Greenberg, Solomon, Sideris, & Staubing, 1993). The reasons why people exhibit the tendency to flee from victims, and even more important, what psychological mechanisms enable them to justify their rejection, remain to be seen.

One possibility that has been raised in the literature is that severe trauma disrupts observers’ illusion of invulnerability and exposes them to the possibility that such a calamity could also befell them (e.g., Janoff-Bulman & Yopyk, 2004; Novak & Lerner, 1968; Roessler & Bolton, 1978). Moreover, the encounter with the fragility and vulnerability of another may spark the unsettling awareness of personal mortality (e.g., Hirschberger, Florian, & Mikulincer, 2005; Livneh, 1985; Stangor & Crandall, 2000). The current research examines, from the perspective of terror management theory (TMT; e.g., Greenberg, Pyszczynski, & Solomon, 1997), whether the motivation to deny personal mortality stimulates the rejection of victims. Specifically, on the basis of attribution theory, the current research examines whether the awareness of personal death induces greater victim blaming that may provide a sense of moral justification that stands in the way of feeling callous or ruthless.

Ambivalent Reactions to Victims

Victims with severe and irreversible physical injuries pose a unique problem to nondisabled observers. On the one hand, these victims have experienced considerable misfortune in their lives and are therefore deserving of kindness and compassion from others. However, nondisabled observers often experience ambivalent feelings toward victims and seem hesitant to extend to them feelings of warmth and compassion. It is well documented that reactions toward unfortunate others are characterized by negative reactions such as ignoring, shunning, and distancing (e.g., Bennett & Dunkel-Schetter, 1992; Jones et al., 1984; Katz, 1981).

Are observers oblivious to the suffering of others, or are they unaware of the impact their rejection has on victims? It does not seem likely that observers naively distance from victims without realizing the consequences of their actions. Rather, they may be
motivated by a need to justify their behavior. As Crandall (2000) contended, “people, in the process of stigmatizing others, believe that the rejection, avoidance, and inferior treatment they dole out to stigmatized others are fair, appropriate, judicious—in other words, justified” (p. 126).

These justification ideologies as Crandall (2000) described them are elaborate rationalizations that serve not only to create a physical and psychological chasm between observer and victim but also to provide explanations for why victims have earned their fate and deserve their suffering. Thus, the psychological benefits of victim blaming are twofold: First, the observer is shielded from the awareness that a similar fate may befall him or her, and second, the observer may reject and distance from the victim without experiencing any pangs of conscience.

However, it would be an oversimplification to assert that observers always reject victims. In fact, much of the literature on reactions to victims has indicated that emotional and attitudinal ambivalence characterize reactions to victims with feelings ranging from compassion and care to disgust and aversion (e.g., Carver, Glass, & Katz, 1978; Katz, 1981; Scheier, Carver, Schulz, Glass, & Katz, 1978). According to Hafer and Bégue (2005), observers are torn between feelings of perceived injustice, which elicit compassionate feelings, and between the need to believe in a just world, which leads to victim blaming. What are the conditions that determine whether an observer will respond with compassion or with rejection toward victims of misfortune? One possible answer to this question is offered by attribution theory, which has attempted to outline the evaluative processes that underlie attitudes toward misfortunate others.

Attributions of Blame

Attribution theory is largely based on Kelly’s (1955) person-as-scientist metaphor and posits that people are engaged in a rational process of investigation to better comprehend their physical and social environment. Although there are several different attribution theories, they are all concerned with understanding the causal structure of the social world (Weiner, 1992). Most attribution theorists realize that human behavior is not always rational, however, the possible biases that may influence attributional process are often treated as exceptions to rational norms and not as central variables in the attributional process (Alicke, 2000).

The rational decision stage models have delineated the process rational perceivers undergo when making judgments of blame (e.g., Shaver, 1970; Weiner, 1995). For example, according to the research of Weiner and his associates (e.g., Weiner, 1980; Weiner, Perry, & Magnussen, 1988), perceptions of control over the outcome moderate the effect of victim blaming, such that those who are perceived to be responsible for their condition elicit more blame, whereas those who are perceived to be innocent victims elicit more sympathy.

However, according to Alicke (2000), these theories do not account for psychological processes that may lead to a deviation from rational evaluations. According to his culpable control model, when observers are motivationally biased they process information in a blame-validation mode. Under these conditions observers process the evidence relevant to the person’s responsibility in a biased manner by “exaggerating the actor’s volitional or causal control, by lowering their evidential standards for blame, or by seeking information to support their blame attribution” (Alicke, 2000, p. 558). The culpable control model does not suggest that normative stage theories are invalid but rather that emotional and motivational biases deserve a more prominent place in these theories.

Some earlier theories of blame have taken into account motivational biases that may influence observers’ judgment such as defensive attribution (e.g., Shaver, 1970) or the need to believe in a just world (Lerner & Miller, 1978). Accordingly, observers will display biased inferential processes when they feel personally threatened by the victim or when the victim threatens their belief system. Under these circumstances, blame may be attributed to a victim not on the basis of objective evidence but rather because of observers’ need to feel safe and protected. For example, defensive attribution research has shown that severity of injury is associated with greater attributions of blame (e.g., Burger, 1981; Robbennolt, 2000), and the just-world hypothesis predicts greater blame assignment to innocent victims (e.g., Lerner & Miller, 1978).

It is noteworthy, that some of the predictions of the above motivational theories seem to be inconsistent with the predictions of normative stage models. For example, the defensive attribution hypothesis predicts that severity of outcome will be associated with greater attributions of blame. However, stage models such as Weiner’s (1995) theory contend that severity of outcome is associated with more sympathy to the victim. Similarly, just-world theory posits that innocent victims elicit more blame as they threaten the belief in a just world, whereas Weiner’s theory posits that innocent victims elicit less blame because of the straightforward and logical conclusion that an innocent victim is, in fact, innocent of any wrongdoing.

The culpable control theory of blame (Alicke, 2000) offers a solution to the inconsistency of these models by suggesting that normative decision stage models, such as Weiner’s (1995) theory, may best explain observers’ judgments when observers are in a neutral emotional and motivational state. In this case, they are likely to make judgments on the basis of the objective evidence with a minimal involvement of factors that may bias the process. However, when observers are in a motivationally active state, the personal motivations of the observer may override the rational processes that rely on factual evidence, and, instead, personal motivations such as the need to feel safe or to maintain one’s beliefs may take precedence and distort inferential processes. Under these circumstances, the predictions of motivational theories, such as the defensive attribution hypothesis and the just-world theory, may best explain the attributional process.

Although the culpable control model contributes to the understanding of blame attributions by combining normative blame theories with motivational theories, it is still not clear which are the factors that bias motivational processes and induce a blame-validation mode. The current research proposes that observers’ fluctuating and seemingly inconsistent responses to victims may be a function of the degree to which they perceive a threat to their own physical integrity and a threat to their fundamental beliefs about justice. Accordingly, the theoretical and empirical framework of TMT (e.g., Greenberg et al., 1997) is used to examine whether brief reminders of personal mortality bias attributional processes toward physically injured victims.
According to TMT (e.g., Greenberg et al., 1997; Solomon, Greenberg, & Pyszczynski, 1991), humans are caught in an intolerable paradox—they cherish life but are aware of the fact that life is transient and temporary. The paradox is manifested in the instinctual drive to sustain life that is frustrated by the realization that efforts to hold on to life are doomed, at some point, to fail. The inability to escape this predestined fate could potentially render humans helpless and consumed with terror.

As there is no solution to the problem of death itself, humans have devised elaborate symbolic defense mechanisms that function to remove thoughts of death from conscious awareness. This denial of death, as Becker (1973) described it, is an ongoing dynamic process that functions to enable psychological equanimity and conscious oblivion. On the basis of these theoretical ideas, TMT postulates that two psychological constructs function as primary defense mechanisms against the anxiety associated with death awareness—cultural worldview validation and self-esteem enhancement. Embracing the cultural worldview or possessing high self-esteem is associated with more successful efforts at keeping death out of focal attention.

Worldviews are symbolic social constructions of reality that are specific to a certain culture and may be threatened by a different conception of reality that is not compatible with it. For this reason, TMT has suggested that the encounter with a worldview-denying other may be particularly threatening and may lead to distancing, derogation, and even aggression against the other, especially when death is salient (Greenberg et al., 1997).

Terror management defenses have been conceptualized as a dual process model wherein proximal and distal defenses take place in a temporal sequence (Pyszczynski, Greenberg, & Solomon, 1999). The initial and direct form of defense, the proximal defense, attends to conscious death concerns and attempts to remove conscious death-related thoughts from awareness. This may be achieved by actively suppressing death concerns (Arndt, Greenberg, Solomon, Pyszczynski, & Simon, 1997), by distraction (Greenberg, Pyszczynski, Solomon, Simon, & Breus, 1994), by shifting to an external focus of attention and avoiding self-reflective thought (Arndt, Greenberg, Simon, Pyszczynski, & Solomon, 1998), or by biasing inferential processes to deny one’s vulnerability (Greenberg, Arndt, Simon, Pyszczynski, & Solomon, 2000).

The second line of defense, the distal defense, emerges only after participants are distracted from death-related thoughts and when these thoughts start to resurface but are not in focal attention (Arndt et al., 1997; Greenberg et al., 2000). Distal defenses are symbolic in nature and consist of attempts to embed oneself in a symbolic construct of meaning that offers death transcendence through literal and symbolic immortality (Pyszczynski et al., 1999). The defense of the cultural worldview has been identified as a primary distal terror management mechanism.

Accordingly, terror management studies have consistently shown that when primed with death people exhibit a stronger identification with their worldview and respond more negatively to people or information that may compromise the veracity of the worldview. For example, studies have shown that when primed with death, Christian participants rated Christian targets more positively and Jewish targets more negatively (Greenberg et al., 1990); American participants reacted more negatively to an anti-American essay writer (e.g., McGregor et al., 1998); German participants chose to sit further away from a Turkish confederate (Ochsmann & Mathy, 1994); and White American participants expressed more sympathy toward a White racist (Greenberg, Schimel, Martens, Pyszczynski, & Solomon, 2001). The effects of death primes on worldview validation are not limited to group relations but also affect the need to uphold central values and beliefs. Accordingly, recent studies have found that primes of death increase the need to believe in a just world and in a benevolent causal order of events in the social world (Landau et al., 2004, Studies 5–7).

Terror Management and Attribution

The current research set out to understand the relationship between normative stage models of attribution of blame, such as Weiner’s (1995) theory, and between motivational accounts of attribution that represent a deviation from normative rational processes such as defensive attribution (e.g., Shaver, 1970) and the need to believe in a just world (e.g., Lerner & Miller, 1978). Biases to attributional processes may stem from the nature of the target, the characteristics or state of the observer, or the interaction between the two. The present study suggests that victims suffering from severe physical injuries may bias inferential processes in two different ways: either by increasing compassion toward victims or by increasing feelings of aversion and rejection toward them. The emotional, cognitive, and motivational state of the observer may moderate these different responses.

On the basis of TMT, it is proposed that brief reminders of personal death may bias attributions of blame toward victims suffering from severe physical injuries because of the activation of proximal and distal terror management defenses. People with severe physical injuries pose a troubling reminder of the fragility and the vulnerability of the human body (e.g., Hirschberger et al., 2005). The encounter with a severely injured victim under death-salient conditions elevates the awareness that one is physically fragile and susceptible to severe injury and death. This awareness may activate proximal terror management defenses that include the biasing of rational inferential processing to deny one’s vulnerability (Greenberg et al., 2000). The current research suggests that these biased inferential processes may take the form of greater attributions of blame toward a severely injured victim.

Moreover, severely injured victims, primarily those who are not responsible for their condition, threaten the belief in a just world—a world in which people get their just deserts (e.g., Hafer & Bégue, 2005). The belief in a just world is an important component of the cultural worldview, as it conveys that the world has order, logic, and meaning and that one is protected from randomness and happenstance (e.g., Landau et al., 2004). Thus, under death-salient conditions, observers are motivated to assign more blame to severely injured victims, especially those who are innocent, to restore the veracity of just-world beliefs. Overall, the current research posits that the defensive assignment of blame to victims involves both proximal and distal terror management mechanisms because a meaningful world is one in which people can anticipate, understand, and avoid real threats. However, a meaningful conception of a just world provides more than an illusory assurance of physical safety—it grants assurance that life
is meaningful, that other people will get their just deserts, and that one will survive in perpetuity beyond his or her physical demise.

Some initial evidence supports the above conclusions and indicates that primes of death led men, but not women, to report less compassion toward members of their cultural in-group with physical disabilities, but primes of death did not influence their compassion toward members of their cultural out-group with physical disabilities (Hirschberger et al., 2005, Studies 1 and 2). Further, the exposure to in-group people with physical disabilities led men to experience elevated death-related cognitions and fears (Studies 3 and 4). Moreover, Landau and his colleagues (2004) have shown that primes of death led observers high in personal need for structure (PNS) to be more interested in discovering negative information about an innocent victim (Study 5) and that a positively portrayed innocent victim led participants high in PNS to experience elevated death-related cognitions (Study 6). These findings provide an empirical foundation for the contention of the current study that innocent victims pose a threat to terror management mechanisms and may bias the processes proposed by normative models of attribution (e.g., Weiner, 1995; Weiner et al., 1988).

On this basis, it is hypothesized that under death-nonsalient conditions observers’ sense of personal vulnerability and the need to believe in a just world are low and they will judge a victim according to the logic of the evidence provided to them—an innocent victim will be judged less severely than a guilty victim, and a severely injured victim will be judged less severely than a mildly injured victim (e.g., Weiner et al., 1988). However, when death is salient observers will be motivated to attribute more blame to a severely injured innocent victim. The current research examines whether this effect will completely override the predictions of the rational model or whether death primes will only moderate the predictions of the rational model such that severely injured innocent victims will elicit a less sympathetic response than they do when death is not salient.

Study 1

The basic premise of the current research is that primes of death induce attributions of blame toward physically injured victims, especially if the injury is severe and irreversible. To examine this claim, Study 1 compares the impact of death primes on attributions of blame toward a victim with a permanent physical disability and toward a victim with a mild and reversible injury. Further, to control for the possibility that mortality salience may heighten attributions of blame toward any negatively portrayed other because of impatience or general negativity, a second control condition was included with a description of a clumsy person because previous research has indicated that negative attitudes exist toward clumsiness (Taylor & Mettee, 1971). Participants read a target description of a day in the life of the target person (disability, light injury, clumsy) that, in the case of the two injuries, offered no information about the causes of the condition (e.g., congenital, accident) or about victim responsibility. All three descriptions were identical aside from the defining characteristic of the target. Accordingly, it was hypothesized that primes of death would elicit greater attributions of blame only toward the target with a permanent and severe disability and not toward the other two targets.

**Method**

**Participants.** One hundred forty-two Israeli undergraduate students from Bar-Ilan University (88 women, 51 men, and 3 participants who did not report their gender), ranging in age from 18–49 (Mdn = 23 years) participated in the study for course credit.

**Materials and procedure.** The study was presented as a study of personality and social attitudes and was conducted in small groups (5–10 participants). In each group participants were randomly assigned to experimental conditions. Participants were given a packet of questionnaires and were asked to complete them at their own pace while making sure to follow the order of the questionnaires. The first questionnaire was a bogus personality inventory intended to disguise the goal of the study.

Then participants were randomly assigned to one of two experimental conditions. In the mortality salience condition (N = 68), participants answered the following open-ended questions: “What do you think happens to you as you physically die and once you are physically dead?” and “Please briefly describe the emotions that the thought of your own death arouses in you.” In the pain salience condition (N = 74), participants received the same open-ended questions with all references to death replaced with “severe dental pain.” This procedure has been successfully used in numerous terror management studies (e.g., Florian & Mikulincer, 1997; Greenberg et al., 1990). Following the mortality salience induction, all participants completed a 19-item filler scale on leisure time activities. This scale was included as a distraction task because previous studies have shown that mortality salience effects occur after people have been distracted from thoughts of their own death (e.g., Greenberg et al., 1994).

After completing the distracting task, participants were presented with a vignette describing an individual (“Dan”) who was portrayed as either clumsy or who had a physical disability or a mild injury. The target was described as being in the same age group as participants, and the story was depicted as a true story with all details accurate except for the target’s name, which had been changed to avoid identification. The vignette included a description of a typical day in the life of the target (e.g., “Dan likes to sit at cafes and watch people and often takes the bus and goes to Tel-Aviv”) and the difficulties the target faces on a daily basis (e.g., “picking up a fork that fell in a restaurant”).

Next, participants completed a six-item Attribution of Blame Scale that measured the extent to which they attributed blame to the victim (“Dan is to blame for his condition”; “Dan could have done more to avoid his condition”; “The difficulties Dan experiences at a restaurant are his own fault”; “Dan is a victim of circumstances he has no control over”; “Dan is responsible for ending up like this”; “Dan experiences difficulties participating in many activities because of his bad luck”). Responses were made on a 7-point scale, ranging from 1 (strong disagreement) to 7 (strong agreement). A total attribution of blame score was computed by averaging responses on the six items (after reverse scoring two items). Higher scores indicated greater attribution of blame. In the present sample, the internal consistency of the scale was high with a Cronbach’s alpha of .86. After participants completed this scale, they filled out a short demographic sheet, were debriefed, and were thanked for their participation.

**Results and Discussion**

A 2 × 2 analysis of variance (ANOVA) was conducted with prime condition (death, pain) and target characteristics (physical disability, mild injury, clumsy) as the factors. Attribution of blame scores served as the dependent measure. This analysis yielded a significant main effect of target characteristic, F(2, 136) = 73.42, p < .001. Planned contrasts were conducted by comparing the physical disability condition with the two control conditions as well as by comparing the two control conditions. This analysis revealed that, overall, participants assigned significantly less blame to the physically disabled target (M = 2.93, SD = .58) than
to the mildly injured target \((M = 4.43, SD = .98), t(139) = 8.56, p < .001\), and the clumsy target \((M = 4.77, SD = 1.13), t(139) = 10.53, p < .001\), with a marginally significant difference between the clumsy target and the mildly injured target, \(t(139) = 1.65, p = .10\). This main effect was moderated by a significant Prime Condition \(\times\) Target Characteristic interaction, \(F(2, 136) = 3.31, p < .05\). Tests for simple main effects revealed that when the target had a physical disability mortality salience led to greater attributions of blame compared to the control condition \(F(1, 136) = 9.88, p < .01\). There were no significant differences between the mortality salience and control condition when the target was described as mildly injured \(F(1, 136) = .59, p = ns\), or clumsy \(F(1, 136) = 1.13, p = ns\). (See Table 1 for means and standard deviations.)

Overall, these results suggest that targets with physical disabilities elicit the least amount of blame compared with targets with mild injuries or targets that are negatively portrayed. These findings support normative stage theories of attribution that posit that severe outcomes elicit more sympathy and less blame and that factors that are perceived to be under the targets’ control (i.e., clumsiness) elicit more blame (e.g., Weiner et al., 1988). However, death primes lead to significantly greater attributions of blame compared with the control condition only toward a target with a physical disability and not toward the other two targets. Thus, people with disabilities seem to elicit more sympathy and are generally assigned less blame for their condition. However, when observers are reminded of their own mortality, people with physical disabilities pose a threat to terror management mechanisms and consequently are more likely to be blamed for their condition. These findings support motivational theories of blame and indicate that the rational process suggested by normative theories may be biased when observers are reminded of their mortality and are exposed to a severely injured victim. One should note that although death primes moderated the impact of target characteristics on attributions of blame, they did not overturn the normative process such that people with disabilities elicited more blame than the other targets.

**Study 2**

In Study 2, we attempted to replicate the findings of Study 1, with the following three major differences:

1. Study 2 was conducted on a sample of American undergraduate students lending the findings cross-cultural validity.

2. In Study 2, target descriptions focused on the event that led to the injury (being hit by a car) and not on a general description of the target as in Study 1.

Focusing on the injury increases confidence that it is physical disability that induces greater blame when death, and not negative target characteristics, is salient. Moreover, the use of a different scenario supports the contention that the results are due to the severity of injury and are not limited to a specific scenario. As in Study 1, target descriptions in Study 2 did not include information about victim responsibility for the accident.

3. The mortality salience manipulation used in Study 2 is a novel method developed for that study and examines whether the results were specific to a certain priming method.

As in Study 1, the hypothesis of Study 2 was that primes of death will increase attributions of blame only toward a severely injured target and not toward a mildly injured target. On the basis of the findings of Study 1, it was also hypothesized that regardless of prime condition, physical disability will induce less blame than mild injury in accordance with normative models of attribution.

**Method**

**Participants.** Eighty-seven American undergraduate students from the University of California, Berkeley (45 women, 41 men, and 1 participant who did not indicate his or her gender), ranging in age from 19–36 \((Mdn = 21)\) participated in the study for course credit.

**Materials and procedure.** The study was presented as a study of personality and social attitudes and was conducted in small groups \((5–10 participants)\). In each group, participants were randomly assigned to experimental conditions. Participants were given a packet of questionnaires and were asked to complete them at their own pace while making sure to follow the order of the questionnaires. The first questionnaire was a bogus personality inventory intended to disguise the goal of the study.

Next, participants were assigned to either the mortality salience or the pain salience conditions. For the present study, a new, implicit, mortality salience prime was developed on the basis of Bargh, Chen, and Burrows’s (1996) word-scramble task. The task was presented to participants as an individual differences in cognition task, and the instructions read as follows: “The following sentences have been scrambled out of order. Please unscramble them in a way that makes sense.” The task consists of 23 sentences out of which 7 have a death-related meaning in the mortality salience condition (e.g., “I had a dream last night about dying”) or a pain-related meaning in the pain-salience condition (e.g., “I am not looking forward to my root canal”). The other 16 sentences were neutral in meaning and identical in both conditions (e.g., “I will wash my new car this weekend”).

A pretest on 47 undergraduate students that did not participate in other parts of this research was conducted to examine whether this new mortality salience prime elicited thoughts of death. The participants were randomly divided into a mortality salience \((N = 22)\) or pain salience \((N = 25)\) condition and were asked to complete the word-scramble task. The dependent measure was the number of death-related completions in a word-stem completion task. Previous research has shown that this measure is a reliable indicator of the accessibility of death-related thoughts (e.g., Greenberg et al., 1994). An independent samples \(t\) test revealed that the death salience

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1 In all four studies there were no significant main effects of gender and no significant interactions between gender and any of the other independent variables.
condition elicited significantly more death-related completions ($M = 1.73$, $SD = .7$) than did the pain salience condition ($M = 1.04$, $SD = .93$), $t(45) = 2.82, p < .01$.

Following the death prime, participants received a short description of a student from their university who crossed a street and got hit by a vehicle. Half of the students read a description that ended with the victim becoming severely disabled: “She was rushed to the hospital where it was determined that the injury was severe. She had fractures in several vertebrae of her upper spine and would remain confined to a wheelchair for the rest of her life.” The other half read a description that ended with the student being only mildly injured: “She was rushed to the hospital where it was determined that she was only mildly injured. Tests revealed that she had not hurt any vital organs and was expected to fully recover within a few weeks.” The scenarios did not include any information that revealed the responsibility of the victim for the accident.

Participants were asked to complete a shortened four-item, English version of the Attribution of Blame Scale used in Study 1. This scale consisted of the four general attribution of blame items used in Study 1 and did not include two items that were specific to the scenario used in Study 1 (e.g., “The difficulties Dan experiences at a restaurant are his fault”). Responses were made on a 7-point scale, ranging from 1 (strong disagreement) to 7 (strong agreement). A total attribution of blame score was computed by averaging responses on the four items (after reverse scoring one item). Higher scores indicate greater attribution of blame. In the present sample, the internal consistency of the scale was acceptable with a Cronbach’s alpha of .72. Then, participants completed a short demographic sheet, were debriefed, and were thanked for their participation.

**Results and Discussion**

A $2 \times 2$ ANOVA with mortality salience (death, pain) and outcome severity (severe injury, mild injury) as factors was conducted with attribution of blame as the dependent variable. This analysis revealed a significant main effect for scenario outcome, $F(1, 83) = 7.7, p < .01$, indicating that participants attributed more blame to the target with the mild outcome ($M = 2.93$, $SD = 1.03$) than to the target with the severe outcome ($M = 2.32$, $SD = 1.13$).

The above main effect was moderated by a significant Mortality Salience $\times$ Outcome interaction, $F(1, 83) = 8.26, p < .01$. As can be seen in Table 2, tests for simple main effects indicated that when the accident resulted in a severe injury, mortality salience led to significantly greater attributions of blame compared with attributions in the pain salience condition, $F(1, 83) = 5.22, p < .05$. However, when the accident resulted in a mild injury, a marginally significant trend indicated that mortality salience led to lower attributions of blame than occurred in the control condition, $F(1, 83) = 3.1, p = .08$.

To examine the hypothesis that under death-nonsalient conditions a severe outcome will elicit lower attributions of blame than will a mild outcome, we conducted additional tests for simple main effects on the mortality salience and the pain salience conditions. These analyses revealed that in the death-nonsalient condition more blame was attributed to the mildly injured victim compared with that attributed to the severely injured victim, $F(1, 83) = 15.68, p = .001$. No significant differences were found between these victims in the mortality salience condition (see Table 2 for means and standard deviations).

Overall, the findings of Study 2 replicated the findings of Study 1 on a different cultural sample by using an implicit death prime and different scenario than in Study 1. The results of Study 2 indicate that a target with a severe injury elicits lower attributions of blame than does a target with a mild injury. However, death primes led to greater attributions of blame toward a target with a severe injury and not toward a target with a mild injury. These findings indicate that normative attributional processes are disrupted when observers are primed with death such that they are motivated to blame a severely injured victim, and to some extent may also be motivated to lower attributions of blame toward a mildly injured victim.

**Study 3**

Research has shown that the devaluation of victims is motivated by the need to believe that the world is a just and safe place, where people get what they deserve (e.g., Lerner & Simmons, 1966). When exposed to information that threatens this belief, observers are motivated to make attributions about people and circumstances that restore the veracity of the just-world belief (Godfrey & Lowe, 1975; Lerner & Miller, 1978). Ironically, an innocent victim may pose a greater threat to the belief in a just world than does a blameworthy victim, as he or she exposes observers to the reality of their own vulnerability and susceptibility to severe misfortune. A blameworthy victim, on the other hand, offers reassurance that one has control over one’s destiny and that serious misfortune can be avoided.

From a terror management perspective, the threat posed by an innocent victim may be amplified when death is salient, as this information interferes with the need to deny the fragility of the human body and its susceptibility to death (e.g., Goldenberg, Pyszczynski, Greenberg, & Solomon, 2000) as well as the need to believe that the world is a just and fair place where everyone gets their just deserts (Landau et al., 2004). If terror management defenses function to provide an illusion of control over the uncontrollable reality of eventual death, innocent victims threaten these defenses and expose observers to the truth of their fragile, mortal nature.

Accordingly, Study 3 examines whether the findings obtained in Studies 1 and 2—that death primes elicit attributions of blame toward severely injured and not moderately injured victims—will hold true only when the victim is clearly innocent of any wrongdoing.

**Method**

Participants. One hundred sixty-nine Israeli undergraduate students (41 men, 128 women), ranging in age from 18–48 ($Mdn = 22$) participated in the study for course credit.

Materials and procedure. The study was presented as a study of personality and social attitudes and was conducted in small groups (5–15 participants). In each group, participants were randomly assigned to ex-

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**Table 2**  
*The Impact of Mortality Salience and Scenario Outcome on Attributions of Blame*

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<th>Injury type</th>
<th>Pain salience</th>
<th>Mortality salience</th>
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<td></td>
<td>$M$</td>
<td>$SD$</td>
</tr>
<tr>
<td>Severe</td>
<td>1.92</td>
<td>0.94</td>
</tr>
<tr>
<td>Mild</td>
<td>3.19</td>
<td>1.08</td>
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</table>
perimental conditions. Participants were given a packet of questionnaires and were asked to complete them at their own pace while making sure to follow the order of the questionnaires. The first questionnaire was a bogus personality inventory intended to disguise the study’s goal.

Next, participants were assigned to either the mortality salience (N = 81) or the pain salience (N = 88) conditions, according to the same procedure used in Study 1. Following the distraction task, participants read a short description of an automobile accident that was formatted as a newspaper article to increase its credibility. These descriptions served to manipulate both outcome severity (severe, mild) and driver responsibility (careful driver, reckless driver).

To manipulate driver responsibility, the driver (Yuval) was described as driving through an intersection on the way back home from work. In the careful driver condition, he was described as . . . crossing the intersection on a green light and driving within the speed limit, when suddenly a vehicle rushed toward him from his left side. The vehicle was speeding and ran a red light, and there was nothing Yuval could do to avoid the accident.

In the reckless driver condition, Yuval was described as . . . crossing the intersection at high speed after the light had turned red, when suddenly another vehicle rushed toward him from his left side. The other vehicle had crossed on a green light and was not speeding, but it was too late. Nothing could be done to avoid the accident.

To manipulate severity of outcome, an interview with the head of the hospital’s intensive care unit was described. In the mild outcome condition he described the victim (driver) in the following manner:

He was very lucky and only mildly injured. He has some superficial wounds and a broken leg. We expect him to be released from the hospital in a few days, and within a few weeks he is expected to fully recover.

In the severe outcome condition, the patient is described in the following manner:

His spinal cord is damaged, and his condition is severe. We are doing everything we can to help, but he is likely to stay paralyzed from the neck down for the rest of his life.

After reading the accident descriptions, participants completed the same 4-item scale used in Study 2 that assesses attribution of blame. In the present sample, the internal consistency of the scale was acceptable with a Cronbach’s alpha of .75. Then, participants filled out a short demographic sheet, were debriefed, and were thanked for their participation.

**Results and Discussion**

A 2 × 2 × 2 ANOVA was conducted with mortality salience (death, pain), accident outcome (severe injury, mild injury), and driver’s responsibility (reckless, careful) as the factors. Attributions of blame served as the dependent variable. The analysis yielded a significant main effect of driver responsibility, indicating that significantly more blame was attributed to the reckless driver (M = 4.37, SD = .98) than to the careful driver (M = 2.91, SD = 1.05), F(1, 161) = 88.99, p < .001. This finding indicated that the manipulation of driver responsibility was successful. A marginally significant main effect of mortality salience, F(1, 161) = 2.77, p < .10, was also obtained indicating that primes of death led to slightly greater attributions of blame (M = 3.79, SD = 1.18) than did primes of physical pain (M = 3.49, SD = 1.3). These main effects were moderated by a marginally significant Driver Responsibility × Accident Outcome interaction, F(1, 161) = 3.19, p = .08, and the expected three-way interaction between mortality salience, accident outcome, and driver responsibility, F(1, 161) = 4.38, p < .05.

To examine the source of this significant interaction, two separate ANOVAs were conducted with mortality salience and accident outcome as the factors. The first was conducted on the mild injury condition and the second on the severe injury condition. The error term of the three-way interaction was used in each of these analyses.

The ANOVA conducted on the mild injury condition yielded a significant main effect for driver responsibility, F(1, 161) = 67.8, p < .001, with the reckless driver eliciting more attributions of blame (M = 4.53, SD = .88) than the careful driver (M = 2.81, SD = 1.04). There were no other significant main effects and no significant interaction. However, the ANOVA conducted on the severe injury scenario yielded a significant main effect of mortality salience, F(1, 161) = 4.38, p < .05, indicating that attributions of blame were significantly greater in the mortality salience condition (M = 3.87, SD = .99) than in the control condition (M = 3.4, SD = 1.36). This finding replicates the results of Study 2. In addition, a significant main effect of driver responsibility was obtained, F(1, 161) = 28.18, p < .001, with the reckless driver eliciting more attributions of blame (M = 4.21, SD = 1.05) than the careful driver (M = 3.02, SD = 1.06). These main effects were moderated by a significant Mortality Salience × Driver Responsibility interaction, F(1, 161) = 5.13, p < .05.

Tests for simple main effects revealed that when the victim drove recklessly, mortality salience did not lead to greater attributions of blame than did the pain salience condition, F(1, 161) = .02, p = ns. However, in line with the hypothesis, when the victim drove carefully, mortality salience led to greater attributions of blame compared with the pain salience condition, F(1, 161) = 9.15, p < .01. Additional tests for simple main effects were conducted to examine whether mortality salience in the careful driver condition led to more defensive blaming of a severely injured victim compared with blaming of a mildly injured victim. As expected, the analysis revealed that when death was salient, severely injured victims elicited greater attributions of blame than did mildly injured victims, F(1, 161) = 10.9, p = .001. No significant differences were found between these groups, or in the reckless driver condition, when death was not salient. (See Table 3 for means and standard deviations.)

The results of Study 3 supported the hypotheses and indicated, as in Studies 1 and 2, that mortality salience increased attributions of blame toward severely injured victims. Study 3 adds to the findings of the previous two studies by indicating that this response takes place, in particular, toward innocent victims. Moreover, by specifying victim responsibility in Study 3, mortality salience not only moderated the normative attributional process as in Studies 1 and 2 but also produced a full defensive attribution response: Participants attributed more blame to the severely injured innocent victim under mortality salience conditions compared with blame attributions in both the control condition and the mildly injured victim condition. However, it should be noted that the normative pattern of results obtained in Studies 1 and 2, wherein severely injured victims elicited lower attributions of blame than did mildly injured victims, was not obtained in Study
3. It seems that when victim responsibility is specified, mortality salience increases attributions of blame to severely injured victims but that the greatest level of death-related cognitions would be elicited by severely injured victims who are innocent. Thus, the design of Study 4 was a $2 \times 2$ experimental design with target condition (severe, mild) and victim’s responsibility (innocent, guilty) as the factors. The accessibility of death-related cognitions served as the dependent variable.

### Method

**Participants.** One hundred forty-nine Israeli undergraduate students (36 men, 105 women, and 8 who did not indicate their gender), ranging in age from 19–50 ($Mdn = 23$) participated in the study for course credit.

**Materials and procedure.** The study was presented as a study of personality and social attitudes and was conducted in small groups (10–20 participants). In each group, participants were randomly assigned to experimental conditions. Participants were given a packet of questionnaires and were asked to complete them at their own pace while making sure to follow the order of the questionnaires. The first questionnaire was a bogus personality inventory intended to disguise the study’s goal.

Next, participants were randomly assigned to target outcome and victim responsibility conditions and received the same vignettes as in Study 3. After reading the target descriptions, the accessibility of death-related thoughts was assessed by a Hebrew version of the word-completion task, which had been constructed in English (e.g., Greenberg et al., 1994) and successfully used in Hebrew (e.g., Florian et al., 2002) on an Israeli sample. In our study, the task consisted of 19 Hebrew word fragments that participants were asked to complete with the first word that came to mind by filling in one missing letter. Eight of the 19 Hebrew fragments could be completed with either neutral or death-related Hebrew words. For example, participants saw the Hebrew fragment –VEL and could complete it with the Hebrew word HVEL (cord) or with the death-related EVEL (mourning).

The possible death-related words were the Hebrew words for death, mourning, cadaver, grave, killing, dying, grief, and skeleton. The dependent measure was the number of death-related Hebrew words with which a participant completed the fragments. This score could range from 0 to 8.

Then, participants completed a demographic sheet, were debriefed, and were thanked.

### Results and Discussion

To examine whether victim responsibility and outcome severity influenced the accessibility of death-related cognitions, a $2 \times 2$ ANOVA was conducted with outcome severity (severe injury, light injury) and victim responsibility (responsible, not responsible) as the factors. The accessibility of death-related cognitions served as the dependent variable. The analysis yielded a significant main effect of outcome severity, $F(1, 145) = 9.2$, $p < .01$, indicating that severely injured victims elicited significantly higher levels of death-related cognitions ($M = 1.77, SD = 1.1$) than did mildly injured victims ($M = 1.27, SD = .89$). This main effect was moderated by the expected Victim Responsibility $\times$ Outcome Severity interaction, $F(1, 145) = 4.18$, $p < .05$. Tests for simple main effects revealed that when the outcome was severe, innocent victims elicited significantly higher levels of death-thought accessibility than did accountable victims, $F(1, 145) = 4.83$, $p < .05$. However, when the outcome was mild there was no significant influence of target responsibility, $F(1, 145) = .32, p = ns$ (see Table 4 for means and standard deviations). Additional tests for simple main effects indicated that outcome severity had a significant influence on death-related cognitions only when the victim was innocent, $F(1, 145) = 12.19, p = .001$. When the victim was

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responsible for the accident, outcome severity had no significant influence on death-related cognitions, $F(1, 145) = .52, p = ns$. Overall, these findings support the hypotheses and add further validity to the results of Study 3 by indicating that severely injured victims, especially those who were innocent of any wrongdoing, elicited higher levels of death-related cognitions than did other victims.

**General Discussion**

Reactions to misfortunate, suffering others are a window through which to observe the discord between acute defensive needs and basic human values. Although most cultural and religious teachings emphasize altruism and compassion, victims often experience derogation and rejection, only adding insult to their injury. The central premise of the current research was that the need to deny personal mortality motivates observers to relax their values of kindness and compassion in favor of self-protective needs.

Two models of attribution were examined in the current research to explain the wavering and seemingly inconsistent reactions to victims described in the literature (e.g., Jones et al., 1984; Katz, 1981; Wright, 1983). The first model, the rational, normative model, suggested that (a) observers would have more positive reactions toward innocent victims compared with victims who are responsible for their fate; and (b) observers would have more positive reactions toward victims of severe misfortune compared with those experiencing mild consequences because a severe misfortune involves more suffering on behalf of the victim.

The second model, the defensive model, predicted that under mortality salience conditions (a) innocent victims threaten terror management needs and consequently would elicit negative reactions in the form of greater attributions of blame; and (b) severe consequences are more personally threatening than mild, reversible consequences and thus would also elicit more attributions of blame from observers.

Although these two models seem to contradict one another, the current series of studies yielded evidence that provides support for both. Specifically, the normative model was supported by the findings that when death was not salient (a) less blame was attributed to a victim suffering from severe consequences than to a victim suffering from mild consequences (Studies 1 and 2), and (b) less blame was attributed to innocent victims compared with victims responsible for their condition (Study 3). One should also note that in Study 2 mortality salience led to lower attributions of blame toward a mildly injured victim (at marginal significance) compared with the control condition. A similar direction was also observed in the careful driver condition of Study 3, wherein mildly injured victims elicited slightly less blame in the mortality salience condition. However, there was no such direction in Study 1. Future research should examine the conditions under which death primes led to more positive responses toward victims that do not compromise terror management mechanisms (e.g., mildly injured victims).

The defensive model was supported by the findings that (a) primes of death led to greater attributions of blame toward a victim suffering from a severe injury but not toward a victim suffering from a mild injury or toward a negatively portrayed other (Studies 1 and 2), (b) primes of death led to more defensive attribution toward an explicitly innocent victim suffering from a severe injury but not toward a victim who could be held accountable for a severe injury or any victim (innocent or accountable) incurring a mild injury (Study 3), (c) exposure to a severely injured innocent victim elicited the highest level of death-related cognitions compared with both mildly injured victims and victims accountable for their condition.

**Death and Attitudinal Ambiguity**

The above findings support the hypothesis that death salience moderates the relationship between outcome severity, victim responsibility, and attributions of blame. Moreover, these findings concur with a long tradition in the rehabilitation and social psychology literatures suggesting that observers’ reactions to victims are characterized by emotional and attitudinal ambivalence (e.g., Hafer & Bégue, 2005; Wright, 1983).

However, previous research had not clearly specified the conditions that underlie emotional and attitudinal approach and avoidance. The major contribution of the current series of studies is in proposing a model that predicts when observers are likely to exhibit sympathetic and caring responses and when they are likely to go as far as to blame the victim. The results of the four studies reported here suggest that the ambivalence experienced toward victims may be based on motivated biases that distort the normative attribution process. Although severely injured and innocent victims usually elicit more sympathy and less blame (e.g., Weiner et al., 1988), death salience increases attributions of blame toward these victims. It should be noted that in Studies 1 and 2 mortality salience increased attributions of blame toward severely injured victims compared with the control condition, but it did not overturn the normative pattern of results such that severely injured victims elicited greater blame than did mildly injured victims. Only in Study 3, wherein victim responsibility was clearly specified, did mortality salience increase attributions of blame toward the severely injured innocent victim such that they were greater even compared with the mildly injured victim. The results of Study 4 further establish this conclusion and indicate that the severely injured innocent victims elicited the highest levels of death-related concerns. This pattern of results seems to suggest that only when both severity of outcome and victim responsibility are spelled-out does mortality salience increase attributions of blame to the extent that the predictions of the normative models of blame are overturned. In this case, the results seem to support the defensive attribution hypothesis (e.g., Robbennolt, 2000), which suggests that outcome severity will be associated with greater attributions of blame.

<table>
<thead>
<tr>
<th>Injury type</th>
<th>Reckless driver</th>
<th>Careful driver</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
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<tr>
<td>Severe</td>
<td>1.48</td>
<td>0.98</td>
</tr>
<tr>
<td>Mild</td>
<td>1.32</td>
<td>0.91</td>
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These findings appear to reflect the dilemma between compassion and rejection. By adding information on victim responsibility in Study 3 to the information on outcome severity in Studies 1 and 2, the threat is amplified and the need to defend the self overrules the rational process of feeling more compassion toward innocent victims. One should also note that the normative model of attribution was only partially supported in Study 3. Whereas reckless behavior elicited more blame than did careful behavior, mild outcomes did not elicit more blame than did severe outcomes as in Studies 1 and 2. It seems that the effect of mortality salience on attributions of blame toward the severely injured innocent victim was large enough to overturn the general tendency to attribute less blame to innocent victims.

Moreover, the systematic progression of the first three studies clarifies the logic by which observers resolve the sympathy-blame dilemma when death is salient. In Study 1, participants read an ambiguous description of a target with a disability with no specific information about causes or consequences of the disability. In Study 2, more information was provided about the circumstances of the accident, yet the responsibility of the victim for the accident was left ambiguous. Only Study 3 provided explicit information about victim responsibility. However, in all three studies, death primes led to greater attributions of blame toward the victim. It seems that when death was salient observers were motivated to resolve the ambiguity surrounding the victim’s responsibility and tended to blame victims unless there were mitigating circumstances that made it clear that their (observers’) sense of personal safety was not compromised. A closer look at the targets in Studies 1, 2 and 3, who did not elicit defensive attribution when death was salient, completes this picture. In all three studies, the mildly injured victim did not elicit defensive attribution, because a mild injury does not pose a threat to terror management mechanisms. In Study 3, the explicitly responsible victim (reckless driver) did not elicit greater attributions of blame when death was salient, because knowing that a victim was responsible for his or her fate is consistent with the need to believe that people get their just deserts (e.g., Lerner, 1980) and removes the threat that one may be subject to severe misfortune caused by erratic circumstances.

**Levels of Death Awareness and Reactions to Victims**

The relationship between death awareness and reaction to victims that emerges from the current research is in keeping with the findings of Hirschberger et al. (2005), who also revealed a similar relationship between death awareness and compassion toward victims in a series of four studies. In Hirschberger et al.’s research, death awareness was associated with less compassionate reactions to victims. Similarly, in the current research, death awareness was associated with more attribution of blame. One important difference, however, between the current research and Hirschberger et al. is that in the latter research similarity to victim and gender differences moderated the relationship between death primes and compassion to victims, such that the effects were observed only among men and only toward in-group people with disabilities. It is likely that gender differences in emotional expression, and particularly in the expression of compassion that were measured in Hirschberger et al.’s research, were responsible for the gender differences that were obtained in that research but were not obtained in the current research.

Similarly, in Landau et al.’s (2004) research death salience was associated with a greater interest in negative information about an innocent victim (Study 5), and a positively portrayed innocent victim elicited greater death-thought accessibility than a negatively portrayed innocent victim (Study 6). These findings are in line with the pattern of results of Study 4 in the current research. Landau et al.’s findings for positively portrayed victims paralleled the current findings on severely injured innocent victims. These results support the importance of just-world beliefs to terror management defenses. However, in Landau et al. this effect was only observed among people high in personal need for structure. The current research extends these findings by manipulating victim responsibility and outcome severity and by measuring a direct response, attribution of blame, to the victim.

**The Illusion of Control and Existential Terror**

The realization that one is susceptible to severe misfortune as a result of random, meaningless causes over which one has little or no control can be extremely troubling for an organism motivated to deny death. The gravity of this psychological problem is most evident among victims of severe trauma, whose reaction is often characterized by feelings of terror, disillusionment, and meaninglessness (e.g., Janoff-Bulman, 1989, 1992). The experience of trauma shatters the fundamental illusion of safety, security, and control that most people are protected with, that which enables them to conduct their everyday lives with relative psychological equanimity. Victims of trauma are forced to come to terms with the unbearable randomness of injury and with the realization that the world is not safe and that humans are weak and fragile (Janoff-Bulman & Yopyk, 2004).

It is not surprising, then, that observers witnessing the suffering of innocent victims react by attempting to find justice in the tragedy. The thought that severe misfortunes happen capriciously is intolerable, and observers are compelled to believe that the victim has somehow merited his or her fate. Indeed, a large body of research has documented the tendency to derogate victims’ personalities (e.g., Stokols & Schopler, 1973) or to ascribe prior misdeeds to victims in order to justify their suffering (e.g., Hafer, 2000; Lerner & Miller, 1978).

According to Janoff-Bulman and Yopyk (2004), people are aware of the fact that terrible, capricious misfortunes may happen in the world, they just refuse to acknowledge that such misfortunes may happen in their world. On the basis of dual-process models that distinguish between explicit, rational modes of thinking and implicit, experiential modes of thinking (e.g., Epstein, 1998), they propose that although people may be consciously, rationally aware of the possibility of severe misfortune, at the experiential, gut level, they maintain a belief that they are safe and invulnerable.

The above analysis is in line with a series of studies indicating that terror management defenses operate under experiential, implicit forms of cognitive processing (Simon et al., 1997). Thus, even though an observer rationally understands that a victim is innocent and that bad things may happen for no apparent reason, primes of death threaten the implicit belief that the world is fair and that one is safe. From a terror management standpoint, the belief in a just world is a fundamental component of death denial, as the uncontrollable and unpredictable nature of the world signifies the essence of human existential fears. Uncontrollable causes
of misfortune pose a grave threat to a death-denying organism because they imply that anyone, including oneself, may be a victim of severe calamity and ultimately of death. Consequently, observers are compelled to resolve the incongruence between the implicit need to feel invulnerable and the explicit evidence that suggests innocent people may be victims of severe misfortune. When faced with the choice of denying one’s own invulnerability or denying a victim’s innocence, it appears that under death-salient conditions observers tend to choose the latter option.

The denial of a reality wherein bad things may happen capriciously enables observers to resolve the dilemma between compassion and rejection. If victims are responsible for their fate then rejection becomes justifiable. As Becker (1973) contended “cultural illusion is a necessary ideology of self-justification” (p. 189)—the illusion of a just world is a self-deceptive belief that makes victim blaming reasonable.

**Limitations**

Before reaching any final conclusions, one should keep in mind several limitations of the current research. First, there are various kinds of victims that may suffer from different types of misfortunes ranging from physical ailments to financial losses. The focus of the current research is on victims suffering from physical injuries. Future studies should examine whether the impact of death on defensive attribution is specific to physical forms of victimization or whether it would be obtained in other cases of victimization as well. Second, the current studies were conducted with college student samples. Although one advantage of this research is that both American and Israeli samples were recruited, lending the findings cross-cultural validity, future studies should examine other age and socioeconomic groups. Third, all four studies relied on self-report measures and on hypothetical scenarios with victims. To deal with this limitation the following steps were taken: (a) two different death primes were used to ensure that the effects were not specific to a certain prime; and (b) the scenarios in Studies 2, 3, and 4 were presented and formatted to look like newspaper articles to make them appear more real. Future studies should attempt to examine the impact of death on reactions to victims by using behavioral paradigms with real or confederate victims.

Aside from the above methodological issues, there are also several conceptual issues regarding the concordance of the current findings with previous terror management research that merit attention. First, previous research has indicated that thoughts of death compared with thoughts of paralysis led participants who had been made to feel creative indicate more social consensus with their attitudes (Arndt, Greenberg, Solomon, Pyszczynski, & Schimel, 1999). At first sight, these findings seem to imply that thoughts of paralysis are not related to death anxiety and thus may undermine the central premises of the current research. However, the findings of Arndt et al. (1999) merely indicated that priming thoughts of personal death induce a stronger response than do primes of paralysis. Moreover, an extensive body of research conducted by Goldenberg and her colleagues (for a review see Goldenberg et al., 2000) and previous research conducted by Hirschberger et al. (2005) indicate that the physical, vulnerable nature of the human body elicits mortality concerns.

In the same vein, there may seem to be a logical inconsistency between the findings of Study 3 and Study 4. Namely, in Study 4 the severely injured innocent victim elicited the highest levels of death-related cognitions. Thus, one might argue that in Study 3 this victim should have induced higher blame attributions even in the pain salience condition. This argument may be extended to previous research that has indicated that relationship problems (Florian, Mikulincer, & Hirschberger, 2001), sex (Goldenberg et al., 1999), and physical disability (Hirschberger et al., 2005) also elicited increased levels of death-related cognitions. However, according to TMT, primes of personal death are unique and cannot be substituted by any of these other threats (e.g., Greenberg et al., 1997). It seems that to obtain a terror management response, the level of death accessibility must pass a certain threshold. This level is obtained with direct reminders of personal death and not with other constructs that are more indirectly related to death. Future research should examine the differences between direct mortality primes and other constructs that are associated with death-thought accessibility but that do not seem to have the same impact as mortality salience primes.

Another avenue of research that may seem inconsistent with the current findings concerns the impact of death primes on the punishment of social transgressors. This research has consistently documented that primes of death led to more severe evaluations of transgressors and to the recommendation of harsher punishments (e.g., Florian & Mikulincer, 1997; Florian et al., 2001; Rosenblatt, Greenberg, Solomon, Pyszczynski, & Lyon, 1989). However, in Study 3 of the current research, mortality salience did not induce more attributions of blame toward a reckless driver. The central difference between the current study and previous research is the focus on victim rather than on perpetrator. It seems that to assuage threats to terror management, one must be assured that perpetrators will pay for their crimes and that victims have in some way merited their fate. A victim that is clearly guilty validates just-world beliefs, does not pose a threat to terror management mechanisms, and thus does not induce further blame when observers are primed with death. Ironically, innocent victims pose a threat to the terror management need to believe in a just world that is akin to a criminal getting away with a crime, and thus these victims, and not others, induce more blame when death is salient.

**Conclusions**

The current research provides a comprehensive theoretical perspective that may settle the apparent disagreement between research traditions that have documented the tendency to blame victims and those that have revealed compassionate, caring responses toward them. Identifying terror management defenses as a moderator of reactions to victims may help explain how people, who may otherwise be kind, gentle, and honest, display behaviors that appear cold and callous. It seems that normative models of attribution, which are based on rationality and on predominant social values, are distorted when observers are confronted with reminders of their own death. In this case, a tension arises between normative values and defensive needs that may be resolved by asserting that an innocent victim is in fact guilty. This mechanism of moral disengagement (see Bandura, 1990) enables observers to psychologically detach from aversive reminders of personal death.
without feeling that they are violating cultural norms about justice and compassion. The above analysis suggests that the distinction between defensive and nondefensive modes may be a useful way to conceptualize many complex human behaviors and seems to support Becker’s (1975) contention that “it is the disguise of panic that makes men live in ugliness and not the natural animal wallowing” (p. 169). The results of the current research place TMT as an effective framework that may provide an explanation for when and why people act inconsistently and, sometimes, in clear violation of normative thinking and moral reasoning.

References


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