Benefit Finding Promotes Moral Obligations
to Other Victimized Groups

By

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Abstract

Reminders of past injustice against one's ingroup propels group members to seek meaning. A central means of that is benefit finding, which involves thinking about positive consequences of negative events. The meaning derived from benefit finding may include lessons learned, strength gained, and so forth. Prior research demonstrates that focusing on the lessons derived from past victimization can promote feelings of moral obligation among members of victimized groups toward other victims of injustice. We test the effect of benefit finding on moral obligations toward other minorities in a set of three experiments. In Studies 1 ($N = 92$ Jewish Americans) and 2 ($N = 306$ American gay men), we conceptually replicate previous findings by measuring moral obligations toward other minority groups after a direct manipulation of benefit finding. Consistent with previous work, participants randomly assigned to consider the positive consequences of a past negative experience reported higher moral obligations to members of other minority groups than participants who thought about negative consequences of the same negative event. In Study 3 ($N = 269$ American gay men), we extend this line of research by testing the influence of perceived severity (of injustice) in the relationship between benefit finding and moral obligations toward other minority groups. We found evidence of unique mechanisms through which benefit finding and perceived severity predict moral obligations; specifically, the indirect effect of benefit finding on moral obligations was mediated by posttraumatic growth, and the indirect effect of perceived severity on moral obligations was mediated by just world beliefs. We discuss future directions for this research, including direct comparisons between victims and observers of injustice, and implications, such as promoting solidarity between members of different marginalized groups.

Keywords: morality, benefit finding, intergroup relations, just world beliefs

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Benefit finding promotes moral obligations to other victimized groups

Observers of injustice experience a threat to just world beliefs when they perceive undeserved suffering, which prompts a search for meaning. People may accomplish this via sense-making (i.e., identifying causal attributions about the event) or benefit finding (i.e., identifying positive implications as a result of having come through the event). Victim-blaming, as part of sense-making, satisfies this motive by asserting that victims brought the harm on themselves; however, victim-blaming is not the only way to make meaning of injustice (Hafer & Bégue, 2005). Research on moral obligations focuses on benefit finding as an alternative means of restoring observers' just world beliefs (Warner & Branscombe, 2011). Observers manage and restore their sense of global justice by perceiving victims as having ultimately gained something from their tragic experiences (Lerner, 1980). Indeed, believing that victims receive compensation for their suffering (i.e., benefit finding) may attenuate threats to just world beliefs among observers of injustice, because observers imbue the negative experiences with positive meaning (e.g., victimization leads to growth). The higher moral obligations (HMO) hypothesis suggests observers finding benefits for victims also entails greater expectations of subsequent moral behavior on the part of those victims (Warner & Branscombe, 2011; Fernández, Branscombe, Saguy, Gomez, & Morales, 2014).

Benefit Finding

We define benefit finding as the process of attributing positive consequences to negative events (Affleck & Tennen, 1996). For example, one might believe that victims of bullying acquire 'thicker skin' from the experience. Numerous studies have investigated this process among patients with serious illnesses. Specifically, breast cancer survivors exhibit a tendency to

identify benefits following their battle with cancer (for a meta-analytic review, see Helgeson, Reynolds, & Tomich, 2006). Common themes in benefit finding narratives include improved wisdom, morality, strength, relationships, and meaning, all of which help to redeem the bad suffered with good (McAdams, 2008). Findings among victims themselves indicate mental health benefits of doing so. For example, one longitudinal study showed that greater benefit finding during the first year after breast removal surgery predicts lower levels of distress and depression several years later (see Carver & Antoni, 2004).

Group-based suffering can also prompt benefit finding. For example, the descendants of Holocaust Survivors could make meaning of their group's past suffering by thinking about how Jewish people today possess positive qualities—a more connected community, resilience, and strength—as a consequence of past suffering. Third-party observers of such harm can also engage in benefit finding on behalf of victims. Several studies on the perceived moral obligations of victimized groups (to behave more ethically than non-victimized groups) have theorized that higher moral obligations are a consequence of the meaning making process that allows people to preserve just-world beliefs; this hypothesis has been empirically supported for both observers (Warner & Branscombe, 2012) and victims (Warner, Wohl, & Branscombe, 2014) of unjust suffering. Importantly, the authors identify benefit finding as a mediator of the relationship between exposure to injustice and the imposition of higher moral obligations. Results from this line of research suggest that benefit finding allows people to make meaning of unjust suffering, thereby regulating and restoring just-world beliefs.

Observer Perspective

Much of the research on the HMO hypothesis has focused on observers' responses to victims of injustice. These studies examine the conditions and processes by which observers of unjust suffering assign higher moral obligations to victims of injustice. In one set of experiments, Warner and Branscombe (2011) exposed participants to a vignette involving an incident of physical (Experiments 1 and 3) or sexual (Experiment 2) abuse. Participants were randomly assigned to focus on the meaningfulness of the abuse for the victim or the perpetrator; Experiment 3 also included a control condition with no meaning focus. Participants consistently reported higher levels of benefit finding (e.g., belief that the victim should have grown from the experience) and moral obligations (e.g., belief that the victim should behave ethically) in the victim meaning focus condition than the other condition(s) across all three experiments. The researchers identified benefit finding as a mediator in the relationship between meaning focus and moral obligations.

The benefit finding process also had implications for how observers respond to victims. In addition to meaning focus, Experiments 2 and 3 also manipulated future harm-doing by the victim and measured participants' desire for social distance from the original victim. Participants reported greater desire for social distance from victims who commit future harm compared to non-victims who do so, and this effect was exaggerated when participants focused on meaning for the victims. Indeed, observers responded most negatively to victims who commit future harm after focusing on the meaning of victimization for that person. This is because such subsequent harm-doing on the part of victims violates observers' expectations of moral conduct. Further studies supported these findings by demonstrating similar effects among observers exposed to historically victimized groups (Warner & Branscombe, 2012) and their descendants (Branscombe, Warner, Klar, & Fernández, 2015). Together, these studies suggest observers'

responses to victims of injustice stem from observers' motivation to believe the world operates in a just manner.

Another series of studies examined whether third-party observers impose similar moral obligations on members of stigmatized groups (Fernández et al., 2014). The researchers found that participants, who were majority group members, held stigmatized group members to a higher moral standard than members of a non-stigmatized group. For example, participants expected people with dwarfism, relative to a non-stigmatized group (people age 17-23), to show greater tolerance toward immigrants, another stigmatized group. Consistent with prior research on moral obligations, the HMO effect was driven by benefit finding. That is, participants' assignment of greater moral obligations to stigmatized group members occurred through the process of believing targets of stigma should derive benefits from their stigmatization. Furthermore, stigmatized group members who violated these expectations of tolerance were judged as more immoral than non-stigmatized group members showing the same intolerance. It is also worth noting that the HMO effect did not occur when observers believed the suffering of stigmatized group members was ongoing, because groups that have not overcome their suffering cannot have yet derived benefits. These findings suggest people hold members of stigmatized groups to a particularly high moral standard when their suffering is perceived as in the past, which obliges them to subsequently treat other stigmatized groups with kindness.

Victim Perspective

Although several lines of research have explored these psychological processes among observers, only one has done so for victims. This research investigates the conditions under which members of historically victimized groups feel morally obligated to assist other victimized

groups (Warner, Wohl, & Branscombe, 2014). Warner and colleagues (2014) recruited Jews (Experiments 1 and 2) and women (Experiments 3 and 4) as participants in four experiments. In Experiment 1, the researchers exposed Jewish participants to reminders of the Holocaust and manipulated the lesson focus (i.e., focusing on lessons for the victim group, Jews, or the perpetrator group, Germans, today). Focusing on lessons for their ingroup, compared to the outgroup, led victim group members to feel higher moral obligations toward other suffering groups. These findings were replicated in Experiment 3, in which women focused on their collective history of discrimination by men. Importantly, Experiment 2 showed that the HMO effect did not occur when the suffering outgroup was described as adversarial. For example, after reflecting on the lessons of the Holocaust for Jews today, Jewish participants were randomly assigned to read about the suffering of one of three groups: Palestinians (adversarial victims of Israeli-Palestinian conflict), Sudanese (non-adversarial victims of Darfur conflict), or Chinese (non-adversarial victims of natural disaster). As the researchers predicted, after focusing on their own victimization history, Jewish participants reported higher moral obligations to assist Sudanese and Chinese victims than Palestinian victims.

Experiments 3 and 4 also demonstrated the importance of perceived similarity between the victim group engaging in benefit finding and the salient, suffering outgroup. In Experiment 4, Warner and colleagues manipulated lesson focus, similarly to previous studies, in which participants focused on lessons of victimization for the victim ingroup, women, as compared to the perpetrator outgroup, men. The effect of lesson focus on women's self-reported moral obligations toward African Americans depended on the extent to which female participants perceived African Americans as having a similar history of oppression as women. The results also replicated the adversary effect described in the previous set of experiments. When African

Americans were portrayed as an adversary of women, moral obligations were lower than when they were not so portrayed. Overall, these studies extended HMO research by investigating the HMO effect from the victim group's perspective, showing that perceived adversarial histories are a boundary condition for the HMO effect among victims, and identifying benefit finding and perceived similarity as mediators in the relationship between lesson focus and moral obligations toward a suffering outgroup.

Overview of Current Studies

We expand upon Warner and colleagues' findings by addressing several critical gaps in the victim perspective studies. First, researchers did not directly manipulate benefit finding, so we cannot infer a causal relationship between benefit finding and moral obligations. Second, the existing studies only examine self-imposed moral obligations; this contrasts with the observer perspective studies, which conceptualize moral obligations as an externally imposed imperative to behave ethically. Third, the process through which benefit finding affects moral obligations remains relatively unexplored for victims. Indeed, benefit finding may serve unique functions for observers and victims.

We present results from three experiments. First, we conceptually replicate findings from Warner, Wohl, and Branscombe (2014) by directly manipulating benefit finding and measuring its impact on moral obligations toward members of other victimized groups (Study 1). Second, we replicate our findings with a different sample and include a control condition for the benefit finding manipulation (Study 2). Finally, we test whether the perceived severity of the injustice experienced alters the relationship between benefit finding and moral obligations for members of victimized groups (Study 3). Perceived severity has not yet been directly manipulated in moral

obligation research and, according to just world theory, should have a counterintuitive effect on moral obligations; instead of discouraging benefit finding, and thus moral obligations, we predict a hydraulic response whereby higher levels of severity pose a greater threat to just world beliefs, which promotes higher levels of benefit finding, and thus moral obligations.

Study 1

We aimed to conceptually replicate findings from Warner, Wohl, and Branscombe (2014) by directly manipulating benefit finding and measuring its impact on moral obligations toward members of other victimized groups. We hypothesized that participants who engage in benefit finding will feel more obligated to behave morally toward other minority groups than participants in a comparison condition.

Method

Participants. Ninety Jewish Americans ($N = 92$) from a Jewish Community Center in Ohio received $1.00 for completing a survey study online via Qualtrics. Participants were 46.7% female, age 19 – 64 ($M = 30.7$, $SD = 9.7$), and 100% white.

Procedure. The survey was ostensibly about anti-Jewish bullying in public schools. After completing the consent form, all participants read a brief, fake story about a young, Jewish child being bullied for being Jewish. Participants were asked to imagine that the victim was their younger self. After reading the passage, participants were randomly assigned to complete one of two writing tasks, designed to directly manipulate benefit finding (see Appendix A for manipulation materials). In the Positive condition, participants wrote three ways the bullying incident could ultimately strengthen them by promoting their ability to confront future adversity. In the Negative condition, participants wrote three ways the bullying incident could ultimately

weaken them by hindering their ability to confront future adversity. After the writing task, participants completed a manipulation check and all dependent measures. Finally, participants received a full debriefing and payment for their time.

Measures.

Benefit finding. Five items were adapted from Warner and colleagues (2014) to measure benefit finding (Cronbach's α = .79). Participants used a 1 (strongly disagree) to 7 (strongly agree) Likert scale to respond to each item (e.g., *Jewish people who have suffered in the past should become stronger*).

Moral obligations. Four items were adapted from Warner and colleagues (2014) to measure moral obligations toward other minority groups (Cronbach's α = .74). Participants used a 1 (strongly disagree) to 7 (strongly agree) Likert scale to respond to each item (e.g., *Having reflected on being bullied, I must take care not to inflict suffering upon other minority people*).

Results

An independent samples *t*-test between experimental conditions on the benefit finding measure confirmed that the benefit finding manipulation succeeded ($t(90) = 3.17$, $p = 0.002$). Participants in the Positive condition reported more benefit finding ($M = 5.28$, $SD = 0.98$) than participants in the Negative condition ($M = 4.65$, $SD = 0.91$). An additional *t*-test on the same groups supported our main hypothesis ($t(90) = 2.05$, $p = 0.043$): participants in the Positive condition reported higher moral obligations toward other minority groups ($M = 5.89$, $SD = 0.82$) than participants in the Negative condition ($M = 5.51$, $SD = 0.96$).

Discussion

Study 1 built upon prior research by directly manipulating benefit finding and measuring self-reported moral obligations toward other minority groups. Although the results supported our hypothesis, the comparison group used (i.e., thinking about negative consequences of discrimination) could account for the findings. That is, our manipulation prevented us from determining whether thinking about positive consequences of having suffered increased moral obligations, or if thinking about negative consequences decreased moral obligations, or both occurred. We designed Study 2 to address this point of uncertainty.

Study 2

We sought to replicate our initial findings with a different sample. We did this in Study 2 by adapting our initial design for a sample of gay men. Consistent with Study 1, we hypothesized that participants who engage in benefit finding (i.e., Positive condition), relative to participants who do not engage in benefit finding (i.e., Negative and Control conditions), will feel more obligated to behave morally toward other minority groups.

Method

Participants. Gay American men ($N = 306$) recruited from Amazon Mechanical Turk received $0.75 for completing a survey study online via Qualtrics. Participants filled out demographic information before and after the survey. Respondents were excluded from final analyses if they did not self-identify as a gay man (25 participants were heterosexual or female) or did not complete the writing task (3 participants wrote "none" instead of following instructions). After applying these exclusion criteria, the sample decreased from 306 to 278. The final sample ($N = 278$) was 77.3% white and age $18 – 71$ ($M = 31.4$, $SD = 8.6$).

Procedure. The survey from Study 1 was adapted for gay male participants. Participants were again given an instance of a gay male being bullied when young, and asked to imagine this had happened to them. No significant changes were made to the design (see Appendix B for manipulation materials).

Measures.

Benefit finding. Five items were adapted from Warner and colleagues (2014) to measure benefit finding (Cronbach's α = .82). Participants used a 1 (strongly disagree) to 7 (strongly agree) Likert scale to respond to each item (e.g., *Gay men who have suffered in the past should become stronger*).

Moral obligations. Four items were adapted from Warner and colleagues (2014) to measure moral obligations toward other minority groups (Cronbach's α = .85). Participants used a 1 (strongly disagree) to 7 (strongly agree) Likert scale to respond to each item (e.g., *Having reflected on being bullied, I must take care not to inflict suffering upon other minority people*).

Results

A one-way ANOVA between experimental conditions (Positive, Negative, and Control) on benefit finding confirmed that the manipulation succeeded ($F(2,275) = 4.95$, $p = 0.008$). Post hoc analyses using Tukey's HSD showed that participants in the Positive condition ($M = 5.20$, $SD = 1.09$) scored significantly higher on benefit finding than participants in the Negative ($M = 4.81$, $SD = 0.99$) and Control ($M = 4.77$, $SD = 0.94$) conditions. There was no statistically significant difference between the Negative and Control conditions on benefit finding.

An additional one-way ANOVA by experimental condition on moral obligations supported our main hypothesis ($F(2,275) = 3.46$, $p = 0.033$). Post hoc analyses using Tukey's

HSD showed that participants in the positive ($M = 5.75$, $SD = 1.00$) condition reported higher moral obligations toward other minority groups than participants in the negative ($M = 5.34$, $SD = 1.12$) condition ($p < .05$). However, neither the Positive nor the Negative conditions differed significantly from the Control ($M = 5.59$, $SD = 1.05$) condition.

Discussion

Results from Studies 1 and 2 supported our main hypothesis. Across both studies, participants who wrote about the positive consequences (e.g., strength gained, lessons learned) of experiencing bullying based on their group membership, compared to participants who wrote about negative consequences (e.g., pain, rejection), reported greater obligations to behave morally toward other minority groups. These studies conceptually replicated findings from Warner and colleagues (2014), and extended this line of research by directly manipulating benefit finding in different social groups.

Contrary to our predictions, moral obligations did not differ between the Positive and Control conditions. The relative subtlety of the manipulation used in these studies (i.e., thinking about bullying) compared to prior research on moral obligations (e.g., thinking about a whole group suffering genocide) might account for this discrepancy. Another possibility is that the Control condition task did not sufficiently engage participants to prevent them from engaging in meaning-making, including benefit finding. Nonetheless, we found consistent support for the causal effect of benefit finding on moral obligations across Studies 1 and 2 in the Positive condition, relative to the Negative condition. We designed Study 3 with a more engaging Control condition and included a new factor, injustice severity, whose effects on moral obligations have not yet been tested. Intuitively, one might assume that perceptions of relatively high severity would be an obstacle to benefit finding and thus to moral obligations; however, a just world

approach would predict the opposite effect. Greater severity should elicit greater threats to just world beliefs, which should require greater meaning-making (e.g., benefit finding) to compensate for the just world threat. We test this idea in Study 3 by including direct manipulations of both benefit finding and perceived severity of injustice.

Study 3

Prior research on moral obligations has tested the HMO hypothesis in the context of a wide range of negative events, including a great deal of variation in the severity of injustice associated with each event. However, these studies experimentally controlled for injustice severity by instructing participants to focus on the same event or experience within a particular study. The effect of injustice severity on moral obligations has not been experimentally tested to date, as a result.

A just-world approach would suggest that more severe forms of injustice require greater meaning making efforts to compensate. This type of compensatory effect has been documented for victims of stressful life events (McFarland & Alvaro, 2000). The drive to make meaning of past injustice should rise in concert with the severity of the injustice, because more egregious forms of injustice should pose a greater threat to just-world beliefs. To test this hypothesis, we designed an experiment in which we manipulate two factors: injustice severity and benefit finding. We predicted that participants exposed to more severe injustice should feel greater moral obligations toward other minorities than participants exposed to a less severe injustice. Consistent with Studies 1 and 2, we also predicted a main effect of the benefit finding manipulation on moral obligations. Study 3 used a different manipulation of benefit finding and included a control condition. Finally, we predicted an interaction between the benefit finding and

injustice severity experimental conditions on moral obligations, because injustice severity should have a greater impact on moral obligations when participants engage in meaning-making.

We also examined the mechanisms through which benefit finding and perceived severity influence moral obligations by measuring posttraumatic growth and just world beliefs, which, despite their theoretical importance, have not been measured in moral obligation research to date. We reasoned that reminders of harm and injustice against one's group should threaten victims' just world beliefs, and greater injustice should predict lower just world beliefs. Benefit finding may serve as an opportunity for members of the victimized group to attenuate this threat to just world beliefs by believing that personal growth emerged from their past suffering (i.e., posttraumatic growth) and, consistent with the HMO hypothesis, we predicted moral obligations would increase as a result. Finally, we included a measure of collective guilt to see whether victims assigned guilt to their group for failing to assist other minorities, as observers did in previous studies (Warner & Branscombe, 2012).

Method

Participants. Gay American men ($N = 320$) recruited from Amazon Mechanical Turk received $1.00 for completing a survey study online via Qualtrics. Participants filled out demographic information before and after the survey. Respondents were excluded from final analyses if they did not self-identify as a gay man (27 participants were heterosexual or female), failed an attention check (18 participants could not identify the message to which they were exposed in the manipulation of severity), or failed to follow directions for the writing portion of the experiment (6 participants submitted irrelevant information, such as random numbers or

letters). After applying these exclusion criteria, the sample decreased from 320 to 269. The final sample ($N = 269$) was 70.6% white and age 18 – 65 ($M = 32.1$, $SD = 9.3$).

Design. The experiment used a 2 (injustice severity: high vs low) x 2 (meaning: benefit finding vs control) design. We chose a control condition comparison for benefit finding rather than the Negative condition used in Studies 1 and 2. This allowed us to potentially rule out the lingering alternative explanation for the findings in Studies 1 and 2 (i.e., the Negative condition decreased moral obligations, instead of the Positive condition increasing moral obligations). Participants were randomly assigned to conditions for both manipulations (see Appendix C for manipulation materials).

Procedure. The survey was ostensibly created to learn about the experiences of gay men. Participants read a selective summary of results from a recent meta-analysis on the mental health consequences of internalized homophobia (Newcomb & Mustanski, 2010). In the low severity condition, the summary highlighted a relatively weak relationship between internalized homophobia and anxiety symptoms; in the high severity condition, the summary highlighted a relatively strong relationship between internalized homophobia and depression symptoms. After reading about the results of the study, participants completed an attention check to ensure they saw the key finding reported in the manipulation (i.e., a weak or strong effect of internalized homophobia on mental health). We reasoned that participants, having experienced some degree of homophobia in their lifetime, should attribute greater severity to experiences with more deleterious consequences for mental health. Next, participants completed a brief writing task designed to manipulate their meaning-making strategy. In the benefit finding condition, participants wrote five ways that overcoming stigmatization shaped who they are today; in the control condition, participants wrote five reasons why others stigmatized them for being gay.

After completing the writing task, participants completed a manipulation check (the benefit finding scale used in Studies 1 and 2) and all dependent measures. The same demographic check used in Study 2 was used to minimize identity fraud.

Measures. The survey included the central measures from previous studies (i.e., benefit finding, moral obligations), in addition to others described below. Measures of ingroup identification and ingroup bolstering were included on an exploratory basis. See Appendix D for a full list of items used in the survey.

Benefit finding. Five items were adapted from Warner and colleagues (2014) to measure benefit finding (Cronbach's α = .87). Participants used a 1 (strongly disagree) to 7 (strongly agree) Likert scale to respond to each item (e.g., *Gay men who have suffered in the past should become stronger*).

Moral obligations. Four items were adapted from Warner and colleagues (2014) to measure moral obligations toward other minority groups (Cronbach's α = .88). Participants used a 1 (strongly disagree) to 7 (strongly agree) Likert scale to respond to each item (e.g., *Having reflected on discrimination, I must take care not to inflict suffering upon other minority people*).

Posttraumatic growth. Ten items from the posttraumatic growth inventory short form (Cann et al., 2010) measured perceived growth following a negative life event (Cronbach's α = .87). Participants used a 1 (strongly disagree) to 7 (strongly agree) Likert scale to respond to each item (e.g., *I know better that I can handle difficulties*). We a priori predicted that the two items measuring religious/spiritual growth would not load on the same factor as the other items due to the history of antagonism between homosexuality and many forms of institutionalized religion. We included all ten items in the survey to empirically test this prediction.

Just world beliefs. Four items from the distributive justice subscale of the justice beliefs scale (Lucas et al., 2011) measured general beliefs about the fairness of outcomes that they receive (Cronbach's α = .92). Participants used a 1 (strongly disagree) to 7 (strongly agree) Likert scale to respond to each item (e.g., *I usually receive the outcomes that I deserve*).

Collective guilt. Four items measuring collective guilt for failing to assist other minority groups (Cronbach's α = .84). Participants used a 1 (strongly disagree) to 7 (strongly agree) Likert scale to respond to each item (e.g., *As a gay man, I would feel guilty if I failed to assist other suffering minorities*).

Group identification. Twelve items assessing identification with gay men (Cronbach's α = .79) were responded to on a 1 (strongly disagree) to 7 (strongly agree) Likert scale (e.g., *I identify with other gay men*).

Ingroup bolstering. Four items measuring the extent to which participants believed gay men disproportionately possess qualities associated with benefit finding (Cronbach's α = .81). Participants used a 1 (strongly disagree) to 7 (strongly agree) Likert scale to respond to each item (e.g., *Compared to most groups, gay men tend to be more resilient*).

Perceived severity. One item measuring the perceived severity of the "mental health consequences of internalized homophobia." Participants used a 1 (low) to 7 (high) Likert scale to respond to the item.

Personal experience of homophobia. One item measuring the perceived severity of "the feelings and/or experiences that you had in mind during the writing activity." Participants used a 1 (low) to 7 (high) Likert scale to respond

Personal impact of homophobia. One item measuring the perceived severity of "the negative impact of homophobia in your life." Participants used a 1 (low) to 7 (high) Likert scale to respond to the item.

Results

Factor Analysis. A principal components analysis of the ten items measuring posttraumatic growth yielded two factors with an eigenvalue greater than one; as predicted, the two items measuring religious/spiritual growth loaded on a second factor. After removing these items, the remaining eight items loaded onto a single factor. The eight-item measure of posttraumatic growth was retained to simplify the factor structure and used for all subsequent analyses.

Preliminary Analyses. Table 1 shows the overall means, standard deviations, and correlations between all dependent measures. Table 2 shows descriptive statistics for all dependent measures by condition. Table 3 includes ANOVA results for all dependents measures.

Severity. A between-subjects ANOVA by severity conditions (Low = 0; High = 1) on a single item measure of perceived severity confirmed that the severity manipulation succeeded ($F(1,267) = 113.57$, $p < 0.001$). We then analyzed the other two items related to the severity manipulation, personal experience (i.e., the severity of events or feelings that participants had in mind) and personal impact (i.e., the severity of homophobia's negative impact in each participant's life), to show that the manipulation reflected differences in the perceived *consequences* of homophobia rather than differences in the severity of the *specific events or feelings* that participants recalled during the survey. Consistent with our predictions, there was a main effect of the severity manipulation on personal impact ($F(1,267) = 4.54$, $p = 0.034$), but not

on personal experience ($F(1,267) = 2.78$, $p = 0.096$). An ANOVA between severity conditions supported our primary hypothesis ($F(1,267) = 5.25$, $p = 0.023$): participants in the High Severity condition ($M = 6.06$, $SD = 0.90$) reported higher moral obligations toward other minority groups than participants in the Low Severity condition ($M = 5.79$, $SD = 0.99$). Just world beliefs also differed by severity condition ($F(1,267) = 4.44$, $p = 0.036$): participants in the High Severity condition ($M = 4.42$, $SD = 1.47$) reported lower belief in a just world than participants in the Low Severity condition ($M = 4.77$, $SD = 1.25$). A significant main effect of the severity manipulation on group identification ($F(1,267) = 4.91$, $p = 0.028$) showed that participants in the High Severity condition reported higher levels of identification with gay men ($M = 4.90$, $SD = 0.88$) than participants in the Low Severity condition ($M = 4.67$, $SD = 0.75$). There were no statistically significant differences in ingroup bolstering or collective guilt by severity condition.

A path analysis using just world beliefs as a mediator indicated a significant indirect effect of severity condition on moral obligations (see Figure 1). Severity condition predicted lower just world beliefs ($b = -.35$, $SE = .17$, 95% CI $= -.68, -.01$), and just world beliefs predicted, albeit marginally significant, higher moral obligations ($b = .08$, $SE = .04$, 95% CI $= .00, .16$). The indirect effect was tested using a bootstrapping estimation procedure with 5000 samples; results indicated a statistically significant indirect coefficient ($b = -.03$, $SE = .02$, 95% CI $= -.07, .00$).

Meaning. A between-subjects ANOVA by meaning conditions (Control = 0; Benefit Finding = 1) on a measure of benefit finding confirmed that the meaning manipulation succeeded ($F(1,267) = 7.33$, $p = 0.007$). Posttraumatic growth also differed by meaning condition ($F(1,267) = 9.76$, $p = 0.002$): participants in the Benefit Finding condition ($M = 3.51$, $SD = 0.85$) reported more posttraumatic growth than participants in the Control condition ($M = 3.16$, $SD = 0.96$).

There were no statistically significant differences in group identification, ingroup bolstering, or collective guilt by meaning condition.

Although there was no direct effect of meaning condition on moral obligations, a path analysis including posttraumatic growth as a mediator indicated a significant indirect effect of meaning condition on moral obligations (see Figure 2). Meaning condition predicted higher posttraumatic growth ($b = .34$, $SE = .11$, 95% CI = .13, .56), and posttraumatic growth predicted higher moral obligations ($b = .46$, $SE = .07$, 95% CI = .33, .61). The indirect effect was tested using a bootstrapping estimation procedure with 5000 samples; results indicated a statistically significant indirect coefficient ($b = .16$, $SE = .05$, 95% CI = .07, .26).

Discussion

Study 3 built upon the current work by including a direct manipulation of perceived severity. There was no evidence of an interaction between the experimental manipulations on any dependent measures. Although we predicted an interaction between conditions on moral obligations, there are at least two plausible explanations for our results. First, the study was likely insufficiently powered to detect the predicted interaction. If true, this would likely be a function of the small effect size and predicted pattern of means. Second, the interaction hypothesis depended on the assumption that the activity in the Control condition (i.e., sense-making by thinking about why others stigmatized them as a gay male) would be engaging enough to prevent participants from engaging in meaning-making. If successful, this should have nullified the effect of the severity condition on moral obligations, because the relative severity of an event should only matter if participants make meaning of that event. In hindsight, this

prediction relied on unrealistic assumptions about the Control condition's ability to suppress meaning-making.

As predicted, participants exposed to higher levels of injustice severity reported feeling stronger moral obligations toward other minorities, relative to participants exposed to lower levels of severity. Furthermore, this relationship was mediated by just-world beliefs, which supports a key theoretical mechanism (i.e., threats to justice) involved in HMO research. We did not find evidence of a direct effect of the meaning-making manipulation on moral obligations; however, results from a mediational analysis provided support for an indirect relationship. The meaning-making manipulation caused participants in the benefit finding condition, relative to those in the control condition, to report higher levels of posttraumatic growth, which predicted higher levels of moral obligation to other minority groups. The exploratory analyses on group identification showed a main effect of the severity manipulation on group identification. Participants exposed to higher severity reported higher levels of group identification than those exposed to lower severity. This finding can be understood from a rejection-identification perspective, which would predict higher levels of group identification in response to higher levels of perceived discrimination (Branscombe, Schmitt, & Harvey, 1999). There was no evidence of either experimental manipulation producing differences in collective guilt; this contrasts with observer studies, in which moral obligations and collective guilt were concurrently assigned to victims (see Warner & Branscombe, 2012). The present study assessed victims' feelings of collective guilt regarding a *hypothetical* failure to assist other victims; this differs from the prior studies mentioned, which assessed observers' assignment of collective guilt to victims for an *actual* failure to assist other victims.

Taken together, the results for each experimental manipulation on moral obligations through posttraumatic growth and just world beliefs, respectively supported our theorizing that benefit finding and injustice severity operate through distinct mechanisms. The mediation results regarding posttraumatic growth are of particular interest for the emerging body of work on the HMO effect among victims. One might interpret this finding as evidence that, among victims, merely perceiving benefits due to past suffering may be insufficient to promote moral obligations toward members of other minority groups. Indeed, the relationship between benefit finding and moral obligations among victims might depend on the extent to which benefits are perceived as indicative of growth. It should be noted, however, that the lack of a statistically significant direct effect of meaning condition on moral obligations prevents us from making causal inferences about this relationship.

General Discussion

Three experiments tested the conditions under which reminders of group-based victimization led to greater feelings of moral obligation toward other minority groups. Studies 1 and 2 showed that participants from different minority groups who thought about positive consequences (i.e., benefit finding) of a stigmatizing experience reported greater moral obligations than participants who thought about negative consequences. Study 3 showed that participants exposed to a more severe injustice reported greater moral obligations than participants exposed to a less severe injustice. Study 3 results also indicated that the indirect effect of meaning-making and perceived severity on moral obligations were transmitted by posttraumatic growth and just world beliefs, respectively.

Our findings add to the existing work on HMO by directly manipulating benefit finding and perceived severity. The indirect effect of benefit finding on moral obligations, mediated by posttraumatic growth, has interesting implications for the HMO effect among victims. Threats to observers' just world beliefs might be assuaged by believing in ultimate justice (i.e., believing that victims will eventually have justice). Unlike in studies involving observers, merely finding benefit in past suffering was not necessarily sufficient to produce the HMO effect. Instead, victims seem more concerned with actualized justice. Perceiving growth as a result of suffering may be effective for this reason; it serves as an immediate, perceivable form of compensation for past suffering. The items measuring benefit finding and posttraumatic growth

Contrary to our predictions, there was no main effect of meaning-making on moral obligations. However, the significant indirect effect, mediated by posttraumatic growth, raises interesting questions about the HMO effect among victims and its implications for inter-minority solidarity. The subjective experience of posttraumatic growth might contribute to a common ingroup identity (Gaertner & Dovidio, 2000) among members of stigmatized groups. Indeed, posttraumatic growth might thematically link the histories of different stigmatized groups, increasing the perceived similarity of group histories (Warner et al., 2014). Increased recognition of having similarly overcome, and grown from, stigmatizing experiences has the potential to bridge the interests and perceived compatibility of different historically victimized groups as desirable allies in solidarity.

Limitations and Future Directions

A few limitations of the current research should be mentioned. Although we predicted an interaction between experimental conditions in Study 3, this prediction depended on the

assumption that the sense-making activity used in the Control condition would suppress meaning-making. This expectation was unrealistic in hindsight; indeed, others have found that merely writing about an event elicits meaning-making (Niederhoffer & Pennebaker, 2009). Moreover, the study was not sufficiently powered to detect the predicted interaction pattern. A post-hoc analysis computed using an alpha equal to .05 showed an observed power of 0.062 for the interaction term. Obtaining such a large sample, especially given the demographic of interest, was beyond our means. Future HMO studies on victims should choose a sample demographic with care. Beyond pragmatic concerns about obtaining an adequate sample size, the focal demographic presents challenges for the development of study materials. The unique histories, experiences, and positionality of a focal demographic require researchers to tailor the study materials to that social group; study materials that do not resonate with participants risk obscuring the HMO effect among victims.

We must also be cautious with causal interpretations of Study 3 results. Specifically, the mediation models only provide causal evidence of direct effects (see Spencer, Zanna, & Fong, 2005). For example, we can be relatively confident in our claim about the causal effect of injustice severity on just world beliefs and moral obligations; however, the relationship between just world beliefs and moral obligations should be interpreted as a correlation. Nonetheless, the indirect effects are consistent with our theorizing and warrant further investigation. Future studies should manipulate the mediators to strengthen causal claims about these models.

Additional research is needed to fully understand differences in the process through which victims and observers of injustice produce the HMO effect. Future research on the HMO hypothesis would benefit from studies that include both observers and victims. Experiments that allow for direct comparisons between these groups would facilitate the disentanglement of

potential motivational processes (e.g., just world threat) underlying the HMO effect among victims versus observers. For example, it would be useful to know whether posttraumatic growth mediates the effects of benefit finding on moral obligations among observers, as it did in Study 3 here with victims. Qualitative work investigating the benefit finding themes that emerge among victims and observers would be useful in this regard; comparing the prevalence and predictive power of different themes between victims and observers would be enlightening for this line of research.

Research on moral obligations among members of marginalized groups might have important implications for intergroup solidarity. Benefit finding could be a useful means of promoting solidarity between members of different marginalized groups. Our findings suggest the relative severity of past suffering is not necessarily a barrier to intergroup solidarity; indeed, posttraumatic growth and just world beliefs appear to be important predictors of moral obligations toward other minority groups. This contrasts with previous findings by Craig and Richeson (2014), which showed that perceived discrimination against one's racial ingroup predicted more negative attitudes toward another minority—sexual orientation outgroup. However, these studies did not consider victim benefit finding, which might facilitate "stigma-based solidarity" (Craig & Richeson, 2016).

Conclusions

Overall, our findings support previous work by Warner and colleagues (2014) by demonstrating the HMO effect among members of historically marginalized groups (Jewish Americans in Study 1, and American gay men in Studies 2-3). The studies presented here build upon prior research by directly manipulating benefit finding (Studies 1-3), using a new sample

demographic (gay men in Studies 2-3), measuring moral obligations toward "other minorities" as a broad group (Studies 1-3), focusing on individual group-level negative experiences, rather than larger scale group-level suffering (Studies 1-3), and testing the conditional processes that shape the HMO effect among victims (Study 3). Study 3 results indicate that just world beliefs and posttraumatic growth predict greater feelings of moral obligation to other minority groups (i.e., severity and benefit finding).

Table 1

Correlations Among and Descriptive Statistics for Key Study Variables, Study 3

Variable	*M* (*SD*)	Range	BF	CG	JB	MO	PG	PS
BF	5.21 (1.04)	1-7	-	.38*	.16*	.38*	.46*	.14*
CG	5.18 (1.15)	1-7		-	.05	.57*	.42*	.19*
JB	4.59 (1.38)	1-7			-	.09	.21*	-.05
MO	5.93 (0.95)	1-7				-	.44*	.26*
PG	3.34 (0.92)	0-5					-	.00
PS	5.00 (1.70)	1-7						-

Notes. BF = benefit finding. CG = collective guilt. JB = justice beliefs. MO = moral obligations. PG = posttraumatic growth. PS = perceived severity.
* $p < .05$.

Table 2

Descriptive Statistics, Study 3

Severity Condition	Meaning Condition	Mean	*SD*	*N*
Benefit Finding				
Low	Control	4.94	1.08	66
	Benefit	5.39	0.98	64
High	Control	5.13	1.04	66
	Benefit	5.36	1.02	73
Collective Guilt				
Low	Control	5.20	1.13	66
	Benefit	5.07	1.12	64
High	Control	5.26	1.21	66
	Benefit	5.21	1.17	73
Just World Beliefs				
Low	Control	4.63	1.45	66
	Benefit	4.91	0.99	64
High	Control	4.46	1.50	66
	Benefit	4.37	1.46	73
Moral Obligations				
Low	Control	5.73	0.98	66
	Benefit	5.85	1.01	64
High	Control	6.03	0.88	66
	Benefit	6.08	0.92	73
Posttraumatic Growth				
Low	Control	3.11	0.89	66
	Benefit	3.43	0.81	64
High	Control	3.22	1.04	66
	Benefit	3.58	0.88	73
Perceived Severity				
Low	Control	3.91	1.73	66
	Benefit	4.19	1.73	64
High	Control	5.79	1.05	66
	Benefit	6.00	1.08	73

Note. The benefit finding and perceived severity measures were used as manipulation checks for the meaning and severity manipulations, respectively.
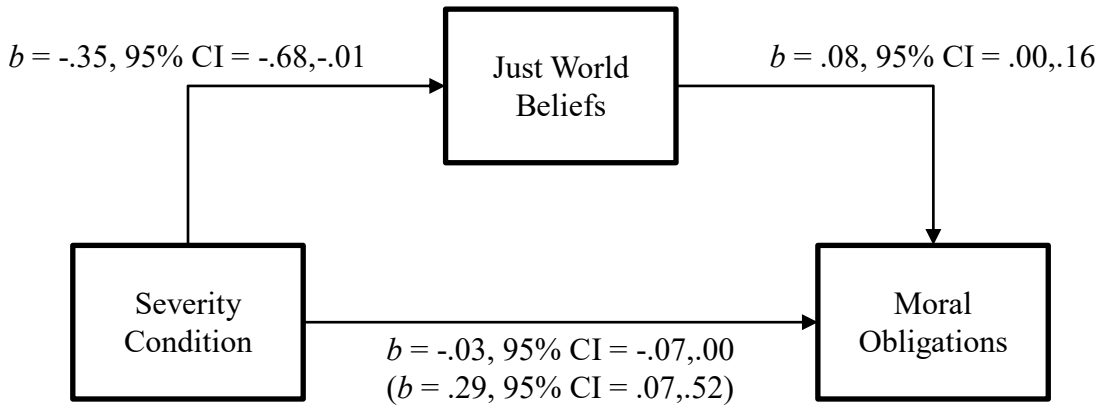
Table 3

ANOVA Summary Table, Study 3

Source	*df*	MS	*F*	*p*	Effect Size
Benefit Finding					
Severity (A)	1	0.47	0.44	.506	.002
Meaning (B)	1	7.81	7.34	.007	.027
A x B Interaction	1	0.86	0.80	.371	.003
Collective Guilt					
Severity (A)	1	0.62	0.46	.498	.002
Meaning (B)	1	0.51	0.38	.537	.001
A x B Interaction	1	0.08	0.06	.803	.000
Just World Beliefs					
Severity (A)	1	8.30	4.43	.036	.016
Meaning (B)	1	0.67	0.36	.550	.001
A x B Interaction	1	2.40	1.28	.260	.005
Moral Obligations					
Severity (A)	1	4.72	5.25	.023	.019
Meaning (B)	1	0.46	0.51	.476	.002
A x B Interaction	1	0.10	0.11	.744	.000
Posttraumatic Growth					
Severity (A)	1	1.22	1.48	.224	.006
Meaning (B)	1	7.75	9.44	.002	.034
A x B Interaction	1	0.02	0.03	.872	.000
Perceived Severity					
Severity (A)	1	228.52	112.51	.000	.298
Meaning (B)	1	4.04	1.99	.160	.007
A x B Interaction	1	0.07	0.04	.849	.000

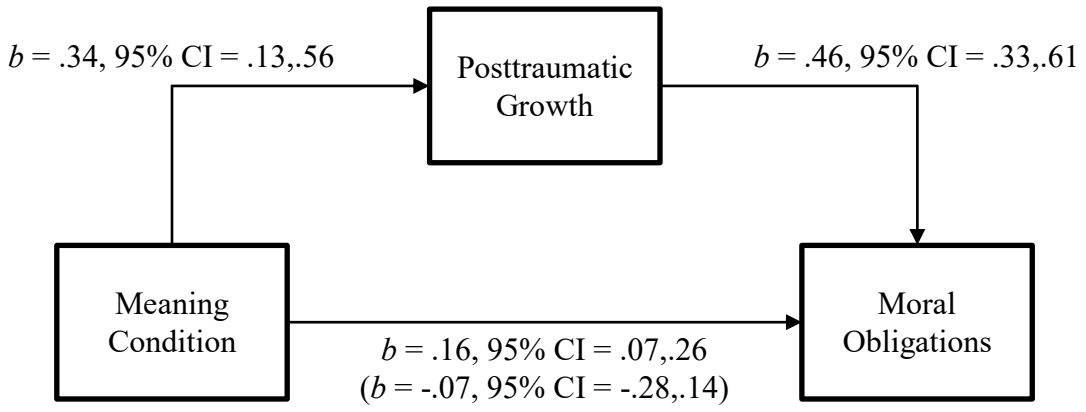*Note*. MS = Mean squares, effect size = $\eta2$ or partial $\eta2$.

Figure 1

Mediation analysis results from Study 3 showing the indirect effect of severity condition on moral obligations through just world beliefs.

Note. Bootstrapping estimation procedure (5000 samples) used to obtain model coefficients and confidence intervals. The statistically significant indirect coefficient suggests the relationship between severity condition and moral obligations is mediated by just world beliefs. Severity Condition coded as: 0 = Low, 1 = High. The coefficient and confidence interval for the direct effect are inside parentheses.

Figure 2

Mediation analysis results from Study 3 showing the indirect effect of meaning condition on moral obligations through posttraumatic growth.

Note. Bootstrapping estimation procedure (5000 samples) used to obtain model coefficients and confidence intervals. The statistically significant indirect coefficient suggests the relationship between meaning condition and moral obligations is mediated by posttraumatic growth. Meaning Condition coded as: 0 = Control, 1 = Benefit Finding. The coefficient and confidence interval for the direct effect are inside parentheses.

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Appendix A: Study 1 Materials

Bullying Story

> *Art class today was awful. My classmates and I walked around the room and commented on each other's self-portraits. When we got to mine, one of the other students muttered, "It even has that big Jewish nose." Several students began to snicker, which prompted others to join with laughter. I felt embarrassed and humiliated by the event. It totally ruined my day.*

Meaning Manipulation: Positive

Please write 3 positive, long-term consequences of this experience.
Focus on how the bullying experience could <u>ultimately strengthen you</u>.

1

2

3

Meaning Manipulation: Negative

Please write 3 negative, long-term consequences of this experience.
Focus on how the bullying experience could <u>ultimately weaken you.</u>

1

2

3

Appendix B: Study 2 Materials

Bullying Story

> *Art class today was awful. My classmates and I walked around the room and commented on each other's self-portraits. When we got to mine, one of the other students audibly whispered to his friends, "Look at the queer! Fairy-boy should've drawn himself some wings." Several students began to snicker, but nobody spoke up. My face felt hot as the humiliation sank in. I've lost count of how many times I've been harassed for being gay. I just wanted to curl up and die.*
>
> **Now think about yourself 20 years later.**

Meaning Manipulation: Positive

> **Please write 3 ways this experience could promote your personal growth.**
> Focus on how the bullying experience could ultimately strengthen you.
>
> 1
> 2
> 3

Meaning Manipulation: Negative

> **Please write 3 ways this experience could hinder your personal growth.**
> Focus on how the bullying experience could ultimately weaken you.
>
> 1
> 2
> 3

Meaning Manipulation: Control

> **Please write 3 words that start with the letter Z.**
>
> 1
> 2
> 3

Appendix C: Study 3 Materials

Severity Manipulation: Low Severity

> **How harmful is internalized homophobia?**
> Research on the long-term consequences of internalized homophobia (i.e., negative attitudes about homosexual people) is ongoing, but we want to emphasize one recent set of findings:
>
> 1. *Research Question*: What are the mental health consequences of internalized homophobia?
> 2. *Method*: Analyze data from over 30 studies on this topic.
> 3. *Results*: Internalized homophobia had a **relatively <u>WEAK</u> association with anxiety symptoms.**

Severity Manipulation: High Severity

> **How harmful is internalized homophobia?**
> Research on the long-term consequences of internalized homophobia (i.e., negative attitudes about homosexual people) is ongoing, but we want to emphasize one recent set of findings:
>
> 1. **Research Question:** What are the mental health consequences of internalized homophobia?
> 2. **Method:** Analyze data from over 30 studies on this topic.
> 3. **Results:** Internalized homophobia had a **relatively <u>STRONG</u> association with depression symptoms.**

Meaning Manipulation: Positive

> Many gay men experience stigma/discrimination due to their sexual orientation, especially during adolescence.
>
> Recall some of these feelings and experiences from your own past.
>
> *How did <u>overcoming this adversity</u> shape the person you are today? Please list 5 ways below.*

Meaning Manipulation: Control

> Many gay men experience stigma/discrimination due to their sexual orientation, especially during adolescence.
>
> Recall some of these feelings and experiences from your own past.
>
> *Why do you think others <u>treated you poorly for being gay</u>? Please list 5 reasons below.*

Appendix D: Study 3 Items for All Measures

General Note. This appendix includes all measure items, manipulation checks, and attention checks used in the survey.

Attention Check
According to the research summary you just read, the negative effects of internalized homophobia on mental health are:
- Non-existant

- Relatively Weak

- Relatively Strong

Note. Attention check used to ensure that participants read the key passage in the severity manipulation. This item appeared immediately after the severity manipulation.

Perceived Severity
Using the scale provided below, please indicate your opinion regarding the *SEVERITY* of each consequence below.
1. Mental health consequences of internalized homophobia.

2. Mental health consequences of anti-gay stigma.

3. Self-esteem consequences of internalized homophobia.

4. Self-esteem consequences of anti-gay stigma.

Note. Manipulation check for severity manipulation. Only the first item was intended to be used; the other items were included to rule out alternate explanations. Results did not differ by item, so only the first item was reported. Responses made on a 1 (low) to 7 (high) Likert scale.

Moral Obligations
1. Having reflected on discrimination, I feel morally obligated to ensure I never act toward other minority groups in the same way.

2. Having reflected on discrimination, I must take care not to inflict suffering upon other minority people.

3. Having reflected on our history of discrimination, I should assist other weak and persecuted peoples around the world.

4. Having reflected on discrimination, I should have a better understanding of other minority people who are suffering from persecution.

Note. Primary dependent measure of interest. Responses were made on a 1 (strongly disagree) to 7 (strongly agree) Likert scale.

Just World Beliefs

1. I feel that I generally earn the rewards and punishments that I get in this world.

2. I usually receive the outcomes that I deserve.

3. I generally deserve the things that I am accorded.

4. I feel that I usually receive the outcomes that I am due.

Note. Responses were made on a 1 (strongly disagree) to 7 (strongly agree) Likert scale.

Benefit Finding

1. Gay men who have suffered in the past should become stronger.

2. Gay men who were victimized in the past should be kinder to others.

3. Gay men who have negative past experiences should appreciate their lives more.

4. Gay men who have suffered should be more ethical people.

5. Gay men who have experienced past suffering should be more moral toward others.

Note. Manipulation check for the meaning manipulation. Responses were made on a 1 (strongly disagree) to 7 (strongly agree) Likert scale.

Posttraumatic Growth

Indicate for each of the statements below the degree to which this change occurred in your life as a result of your encounters with anti-gay stigma, using the scale below:

0 = "I did not experience this change as a result of stigma."
1 = "I experienced this change to a very small degree as a result of stigma."
2 = "I experienced this change to a small degree as a result of stigma."
3 = "I experienced this change to a moderate degree as a result of stigma."
4 = "I experienced this change to a great degree as a result of stigma."
5 = "I experienced this change to a very great degree as a result of stigma."

1. I changed my priorities about what is important in life.

2. I have a greater appreciation for the value of my own life.

3. I am able to do better things with my life.

4. I have a better understanding of spiritual matters.

5. I have a greater sense of closeness with others.

6. I established a new path for my life.

7. I know better that I can handle difficulties.

8. I have a stronger religious faith.

9. I discovered that I'm stronger than I thought I was.

10. I learned a great deal about how wonderful people are.

Note. Instructions and response scale were adapted to fit the context of the study by including language about anti-gay stigma as the source of posttraumatic growth.

Group Identification
1. I have a lot in common with other gay men.

2. I feel strong ties to other gay men.

3. I find it difficult to form a bond with other gay men.

4. I don't feel a sense of being "connected" with other gay men.

5. I often think about the fact that I am a gay man.

6. Overall, being a gay man has very little to do with how I feel about myself.

7. In general, being a gay man is an important part of my self-image.

8. The fact that I am a gay man rarely enters my mind.

9. In general, I'm glad to be a gay man.

10. I often regret that I am a gay man.

11. I don't feel good about being a gay man.

12. Generally, I feel good when I think about myself as a gay man.

Note. Exploratory measure using a 1 (strongly disagree) to 7 (strongly agree) Likert scale. Items 3, 4, 6, 8, 10, and 11 were reverse-scored.

Ingroup Bolstering
1. Compared to most groups, gay men tend to be more tolerant of others.

2. Compared to most groups, gay men tend to be more resilient.

3. Compared to most groups, gay men tend to be more empathetic toward others.

4. Compared to most groups, gay men tend to be more wise about the world.

Note. Exploratory measure using a 1 (strongly disagree) to 7 (strongly agree) Likert scale.

Collective Guilt
1. Gay men who fail to assist other suffering minorities should feel guilty.

2. As a gay man, I would feel guilty if I failed to assist other suffering minorities.

3. Because of our history of victimization, I would feel guilty if I harmed another minority.

4. Because of our history of victimization, I would feel guilty if I stood by and just let another minority be abused.

Note. Assessed as a dependent measure, similar to moral obligations. Responses were made on a 1 (strongly disagree) to 7 (strongly agree) Likert scale.

Personal Experience & Impact of Homophobia
Using the scale provided below, please indicate the *SEVERITY* of...

1. The feelings and/or experiences that you had in mind during the writing activity.

2. The negative impact of homophobia in your life.

Note. These are not items of a single scale. Each item had a unique role in clarifying the effect of the severity manipulation. The first item was intended to assess whether participants recalled feelings and/or experiences of differing severity as a function of the severity manipulation. The second item was intended to assess the perceived negative consequences of homophobia in one's life. Responses were made on a 1 (low) to 7 (high) Likert scale.