

# The Self-Relevant Implications of the Group-Value Model: Group Membership, Self-Worth, and Treatment Quality

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Received: October 29, 1997; revised: April 12, 1998 and May 4, 1998; accepted: May 11, 1998

Past research demonstrates that quality of treatment is linked to support of authorities and acceptance of their decisions, particularly when the authority represents a valued ingroup. The group-value model suggests that the group membership effect occurs because people derive important self-relevant information from evaluations of how they are treated by ingroup authorities. Two experiments and a correlational study tested whether the group membership of the authority moderates the effect of treatment quality on participants'

We thank Robert Boeckmann, Jennifer Daubenmeir, the editor, and three anonymous reviewers for their helpful advice and Valerie Guzman and Alice Liu for their help with individual studies. Address correspondence and reprint requests to Heather J. Smith, at the Department of Psychology, Stevenson Hall 3085, Sonoma State University, 1801 East Cotati Avenue, Rohnert Park, CA 94928-3609.

views of themselves. The results show that better treatment quality is more closely related to feelings of respect and positive self-esteem when the authority represents an ingroup than when the authority represents an outgroup. Moreover, there is some suggestive evidence that the effect of treatment quality on self-esteem is mediated by perceived respect. These findings support the argument that treatment quality in an ingroup context is particularly important because people derive their sense of self, in part, from knowing that a group they value regards them as respected members. © 1998 Academic Press

A key insight derived from research on authority relations in groups is that people attend to the process by which authorities make decisions, rules, and policies (see Lind & Tyler, 1988; Tyler, Boeckmann, Smith, & Huo, 1997; and Tyler & Smith, 1997, for reviews of the literature). People who feel that authorities have treated them in a unbiased, dignified, and trustworthy manner are more satisfied with their experience, more likely to accept unfavorable decisions, and more likely to comply with group rules. Benevolent treatment by authorities also shapes commitment to organizations, views about the legitimacy of institutions, and the willingness to engage in activities that benefit the group.

Why is the nature of authority treatment so important to such a wide variety of attitudes and behaviors? According to the group-value model of procedural justice (Lind & Tyler, 1988) and the related relational model of authority (Tyler & Lind, 1992), the answer lies in people's desire to seek self-relevant information through evaluations of the quality of their interactions with important group representatives. The group-value model incorporates the social identity premise (Hogg & Abrams, 1988; Tajfel & Turner, 1986) that people use groups, and the authorities that represent those groups, as a source of information about their self-worth (Tyler, Degoey, & Smith, 1996). The group-value model developed out of procedural justice investigations of hierarchical social relationships. This research showed that people value treatment that is neutral, trustworthy, and dignified (Tyler & Lind, 1992). According to the group-value model, this type of high quality treatment from group authorities indicates to people that they are valued group members. In contrast, treatment that is biased, untrustworthy, and rude communicates to individuals their marginal status within the group. The identity premise that underlies the group-value model is distinct from the traditional social-exchange model of procedural justice that views concerns about treatment quality as rooted in the instrumental desire for favorable outcomes (Thibaut & Walker, 1975).

An important premise of the group-value model is that people's relationship to the group should moderate the importance they place on how they are treated by group authorities. Because treatment quality conveys relational information about people's value to a group, such information should be particularly important to people when they are dealing with an authority who represents a valued ingroup. When dealing with an outgroup authority, the self-relevant implications of treatment quality becomes less important. Our recent research provides some evidence in support of the moderating effect of group membership on the importance of treatment quality. In particular, our studies of people's interactions

with organizational authorities show that the relationship between treatment quality and acceptance of authorities and their decisions is stronger when the authority and group member share the same cultural background than when the authority and group member are from different cultural backgrounds (Huo & Tyler, 1998; Tyler, Lind, Ohbuchi, Sugawara, & Huo, 1998).

However, the reason that treatment by ingroup authorities is so powerful has not been investigated in previous research. The group-value model proposes that treatment quality matters to people because it provides relational information about their position within a valued ingroup, which in turn shapes their self-concept. In other words, high quality treatment by an ingroup authority communicates respect for the individual. Feelings of respect, in turn, shape a person's sense of self-worth. The assumption underlying this hypothesis is that treatment quality is taken as an indicator of the group's general opinions. In particular, respectful treatment by a key group representative indicates whether other group members respect the person. Respect, as conceptualized in the group-value model, is similar to what Emler and Hopkins (1990) describe as a social reputation. Emler and Hopkins argue that when people categorize themselves as a member of a particular group or social category, they invite evaluations of themselves in terms of what is considered a prototypical or valuable group member. These evaluations form people's reputations and constitute an important link between specific individual selves and their identities as group members.

There is some evidence that supports a link between treatment quality and self-relevant judgments. A set of field studies by Smith and Tyler (1997) show that feeling that one is respected by important groups is linked to personal self-esteem as well as to willingness to engage in group behaviors and group-endorsed attitudes toward outgroups. Moreover, Tyler, Degoey, and Smith (1996) show across four different group contexts—families, work organizations, the university, and the Supreme Court—that perceptions of fair treatment by the authority are linked to feelings that other group members respect the person. Further, feeling respected by the group mediated the relationship between treatment by the authority and attitudes toward the larger group. Respect also mediated the relationships between authority treatment and self-esteem. To date, however, there are no tests of whether the group affiliation of the authority moderates the importance of treatment quality for feelings of respect and self-esteem. Specifically, the group-value model suggests that higher treatment quality should increase feelings of self-worth when the authority represents a valued ingroup, but not when the authority represents an outgroup.

A second limitation of previous group-value model research is that it has relied largely on correlational research designs. Although provocative, these results cannot confirm the causal relationships proposed by the theoretical model. Although it seems logical to argue that the categorization of the authority precedes evaluations of the experience, identification could logically be a consequence rather than a cause of people's reactions to authority treatment. Similarly, feelings of self-worth might shape, rather than be shaped by, interpretations of

experiences. Perhaps people with more volatile self-images are more likely to view authorities as a relevant source of self-evaluation information. Hence, an important purpose of the research reported here is to use an experimental design in which we manipulate group membership to determine whether the group affiliation of the authority *causally* influences people's feelings of self-worth, as the group-value model proposes.

In addition to offering a test of casual relationships, an experimental design offers additional advantages. First, the particular outcomes and type of treatment can be kept constant across both an ingroup and an outgroup authority. In natural settings, authorities might treat members of outgroups much less politely and give outgroup members much less favorable outcomes than they give ingroup members. Second, outcome favorability and treatment quality can be independently manipulated. Not unexpectedly, in natural settings, perceptions of treatment quality and outcome favorability are often correlated (Tyler *et al.*, 1996). Although this natural correlation reflects people's real experiences (Tyler & Lind, 1992), it makes it more difficult to assess each construct's independent contribution.

## OVERVIEW OF STUDIES

Three studies were conducted to test the importance of group affiliation for the formation of self-relevant judgments. The first two studies are experiments in which we manipulate: (1) the group affiliation of the authority, (2) the type of treatment participants experience, and (3) the type of outcome they receive. A third, correlational, study presents findings from a survey of students who were asked to describe a recent conflict with a faculty or campus staff member.

Two types of self-relevant judgments were measured: (1) feelings of respect and (2) self-esteem. We expect treatment quality to influence both types of judgments when the authority represents the participant's ingroup but not when the authority represents an outgroup. Moreover, we expect that in tests of mediation, the effect of treatment quality on self-esteem when dealing with ingroup authorities should attenuate when respect is included as a mediator. According to the group-value model, treatment by ingroup authorities communicates respect, which in turn, shapes the self-concept.

In all three studies, we contrast measures and manipulations of treatment quality with measures and manipulations of outcome favorability. One could argue that people are more concerned with whether their outcomes are favorable or unfavorable than with treatment quality (or that treatment quality is simply an indicator of one's eventual outcomes; see Brockner & Wisenfeld, 1996). This argument suggests that independent of the group affiliation of the authority, favorable outcomes should be related to more positive self-evaluations, and unfavorable outcomes should be related to more negative self-evaluations. More importantly, by independently manipulating outcome favorability, we can be more confident that the treatment quality manipulation is not seen as a simple indicator of eventual outcomes.

## STUDY 1

The experimental design is based on a previous effort to experimentally test the relationship between treatment quality and self-esteem (Koper, van Knippenberg, Bouhuijs & Wilke, 1993). In that study, participants completed a “basic academic abilities” test that ostensibly measured their creativity, flexibility and problem solving abilities. The experimenter graded their tests in either a fair or an unfair way and gave participants either favorable or unfavorable scores. Those participants who received both fair treatment and favorable outcomes reported the highest levels of self-esteem. In a follow-up experiment, unfair treatment significantly lowered participants’ self-esteem, but only if they were highly involved with the experimental task.

Because Koper, Van Knippenberg, Bouhuijs, Vermunt, and Wilke (1993) successfully demonstrated a relationship between self-esteem and treatment quality, we use a similar experimental design but with one additional factor—the group affiliation of the authority responsible for treatment quality and outcomes. Our argument suggests that the relationship between self-esteem and treatment quality found by Koper and her colleagues occurred because participants in their study assumed the authority represented an ingroup, and not an outgroup. Therefore, we predict that if the group affiliation of the authority is explicitly manipulated, higher treatment quality will increase positive self-relevant judgments when the authority represents an ingroup, but not when the authority represents an outgroup.

## Method

### *Participants*

Undergraduates ( $N = 117$ ; 74 women and 39 men, with 4 participants not completing the question) at the University of California, Berkeley, participated in the study to fulfill partial psychology course requirements. Participants were randomly assigned to the eight conditions of a 2 (authority affiliation) by 2 (treatment quality) by 2 (outcome favorability) factorial design.

### *Procedure and Independent Variables*

Three to four students participated in the study as a group. A research assistant described the study as an investigation of the relationship between student attitudes and “interpersonal sensitivity” skills. The students watched and completed a videotape test of their “interpersonal sensitivity skill” (IPT; Costanzo & Archer, 1991). Although previous research has established the validity and reliability of the IPT as a test of interpersonal sensitivity (Costanzo & Archer, 1991), we used this test primarily because participants would find it to be personally relevant and interesting. Therefore, a short 15-scene version of the IPT rather than the original 30-scene version was presented to participants.

Before they began the IPT, the research assistant told participants that Professor Roe (the fictitious head of the study) had donated pencils as an extra incentive to take the test seriously. Anyone who correctly answered 10 or more of the 15 questions would receive a pencil.

*Manipulation of authority affiliation.* The research assistant told participants assigned to the ingroup authority experimental condition that both the Professor responsible for the study and the graduate student test grader were from UC Berkeley. The instructions, the informed consent form, and the filler questionnaire were all presented with UC Berkeley letterhead. To draw attention to the letterhead, participants indicated on the top of each page whether they attended a public or private university. Finally, as part of the IPT video, the graduate student test grader presented the instructions

for the IPT wearing a sweatshirt in the appropriate school colors with UC Berkeley written across the front.

The research assistant told participants assigned to the outgroup authority experimental condition that both the professor responsible for the study and the graduate student test grader were from a rival university (Stanford University). The instructions, the informed consent form, and the filler questionnaire were all presented with the rival university's letterhead. Finally, as part of the IPT video, the graduate student test grader presented the instructions for the IPT wearing a sweatshirt in the appropriate school colors with Stanford written across the front.

After completing the IPT, participants moved to individual cubicles to complete two additional questionnaires. The first questionnaire asked about student opinions and experiences. This questionnaire served as a filler task while the test grading manipulations occurred. The research assistant left the room after handing out the questionnaires.

*Manipulation of treatment.* The test grader entered the room to administer the treatment quality and outcome favorability manipulations. In the high treatment quality experimental condition, the graduate student test grader first collected the IPT answer sheets from each participant (so that she could grade them thoroughly). Individual items were marked wrong and participants received a numerical score on each page and an overall percentage score. After grading each answer sheet, she returned the answer sheets to each participant with a prize, if appropriate. She told participants that she was extremely interested in their reactions to the test, and that once they had completed the rest of the experiment, she could share the right answers with them and discuss their opinions. Depending on the outcome manipulation, the tests were returned with either two answers marked wrong (giving a percentage score of 97%) or nine answers marked wrong (giving a percentage score of 43%).

In the low treatment quality experimental condition, the graduate student test grader entered the individual cubicle and told participants: "I don't have time for this. Let me just see the first page." The first page of the IPT answer sheet listed only 3 out of the 15 questions. Upon looking at the first page, the test grader gave the participant a percentage score by either marking one or two answers as incorrect. Participants who received one incorrect mark received a percentage score of 97% and participants who received two incorrect marks received a percentage score of 43%.

*Manipulation of outcome favorability.* Participants received a randomly determined percentage score of either 97 or 43%. In the positive outcome experimental condition, participants received a score of 97%, a pencil as a prize, and the positive feedback of either "good, here's a pencil" or "you did well." In the negative outcome experimental condition, participants received a score of 43%, no pencil as the prize, and the negative feedback of either "sorry" or "nope."

Following the test grading manipulations, the graduate student test grader left and the first research assistant returned to give each participant the final questionnaire that included the key dependent measures described below. Finally, all participants were thoroughly debriefed, given a pencil and thanked.

Because the authority affiliation manipulation was presented as part of the research assistant's verbal instructions and the IPT videotape, the graduate student test grader was blind to the authority affiliation condition. This approach guaranteed that the test grader's behavior would not be influenced by her knowledge that she was representing an ingroup or an outgroup. In contrast, the research assistant (who administered the IPT and the dependent variable questionnaire) was blind to the treatment quality and outcome favorability experimental conditions.

## *Dependent Measures*

*Manipulation checks.* To check whether participants recognized the favorability of their outcome, as part of the dependent variable questionnaire, participants reported whether or not they had won any prize (e.g., the pencil) for their performance on the IPT. To determine whether participants noticed the authority affiliation of the test grader, just before they were debriefed, participants reported with what university they believed the professor responsible for supervising the study to be affiliated.

*Treatment ratings.* To measure reactions to the graduate student test grader's treatment, the answers to six questions were combined: (1) How honestly did the person who graded the IPT treat you? (2)

How properly did the person who graded the IPT treat you? (3) How reliable was the person who graded the IPT? (4) Did the person who graded the IPT grade the test conscientiously? (5) How fairly were the prizes awarded? (6) How satisfied were you with how the prizes were awarded? (Cronbach's  $\alpha = .85$ ). Ratings could range from 1 (not at all) to 7 (extremely).

*Respect.* Participants read the statement, "I feel that others respect and admire me," and rated it from 1 (strongly disagree) to 7 (strongly agree).

*Situational self-esteem.* The measure of self-esteem was a situational version of the seven-item Rosenberg self-esteem scale (cf., Crocker, Jackson, & Major, 1996). Questions included: (1) I feel that I am a person of worth, at least on an equal basis with others. (2) I feel that I have a number of good qualities. (3) All in all, I am inclined to feel that I am a failure (reverse scored). (4) I take a positive attitude toward myself. (5) On the whole, I am satisfied with myself. (6) I certainly feel useless at times (reverse scored). (7) At times, I think I am no good at all (reverse scored). Participants were asked to respond to each of the questions as "they are true for you RIGHT NOW." Ratings could range from 1 (disagree) to 7 (agree) (Cronbach's  $\alpha = .92$ ).

## Results

*Manipulation checks.* As expected, most of the participants correctly reported that the university affiliation in the outgroup authority experimental condition was the rival university (96.2%), and the university affiliation in the ingroup authority experimental condition was UC Berkeley (82.0%).<sup>1</sup> Most of the participants also correctly reported that they would receive a prize for their performance (92.5%) in the favorable outcome experimental condition and that they would not receive a prize in the unfavorable outcome experimental condition (87.7%).

*Treatment ratings.* Before we consider whether the experimental manipulations influenced judgments of respect and situational self-esteem, it is important to determine whether participants noticed differences in the test grader's treatment. A 2 (outcome favorability) by 2 (treatment quality) by 2 (authority affiliation) ANOVA with overall ratings of the test grader as the dependent variable revealed a significant main effect for treatment quality:  $F(1, 107) = 74.43, p < .001$ . Participants who were treated well rated the test grader significantly more positively ( $M = 5.22$ ) than participants who were treated poorly ( $M = 3.53$ ).

However, this main effect was qualified by an interaction between treatment quality and outcome favorability:  $F(1, 107) = 9.41, p < .01$ . Simple effects analyses showed that participants who received favorable outcomes rated the test grader significantly more positively when they were treated well than when they were treated poorly ( $M = 5.55$  vs.  $M = 3.30$ ):  $F(1, 107) = 41.16, p < .001$ . Participants who received unfavorable outcomes also rated the test grader significantly more positively when they were treated well ( $M = 4.88$ ) than when they were treated poorly ( $M = 3.75$ ), but the pattern is less dramatic:  $F(1, 94) = 5.84, p < .05$ . No other comparisons were significant.

<sup>1</sup> Participants were at times puzzled by the question of authority affiliation because they assumed that an ingroup authority performed all experiments, especially when the test grader was presented as a UC Berkeley graduate student. Some participants in the ingroup authority affiliation experimental condition told the experimenters that they thought asking about the authority's university affiliation was a trick question and therefore put down either that they did not know or the rival university. Their comments suggest evidence for our assumption that previous experimental research (e.g., Koper *et al.*, 1993) represented an ingroup context.

There was also a second significant interaction between authority affiliation and treatment quality:  $F(1, 107) = 4.71, p < .05$ . Simple effects analyses show that when the test grader was from the ingroup, participants who were treated well rated the grader significantly more positively ( $M = 5.33$ ) than participants who were treated poorly ( $M = 3.28$ );  $F(1, 113) = 49.50, p < .001$ . When the test grader was from the outgroup, ratings were somewhat less extreme, but still significantly different: ( $M(\text{high treatment quality}) = 5.03, M(\text{low treatment quality}) = 3.80$ ):  $F(1, 113) = 11.46, p < .01$ . No other comparisons were significant.

*Respect.* The first question is whether outcome favorability, treatment quality or authority affiliation influences people's feelings of respect from others. In particular, we expect authority affiliation to moderate the influence of treatment quality on feelings of respect. An ANOVA with outcome favorability, treatment quality, and authority affiliation as the independent variables revealed a significant interaction between authority affiliation and treatment quality:  $F(1, 107) = 3.99, p < .05$ . Simple effects analyses show that when the test grader was from the ingroup, participants who were treated poorly reported significantly less respect ( $M = 4.64$ ) than participants who were treated well ( $M = 5.36$ ):  $F(1, 114) = 4.53, p < .05$ . There was no significant difference between poorly and well treated participants when the test grader was from the outgroup  $M(\text{high treatment quality}) = 4.70, M(\text{low treatment quality}) = 4.96$ :  $F(1, 114) = 0.50, ns$ .

*Situational self-esteem.* The second question is whether outcome favorability, treatment quality, or authority affiliation influences self-esteem and further whether ratings of respect mediate the relationships between the independent variables and self-esteem. An ANOVA with outcome favorability, treatment quality, and authority affiliation as the independent variables did not reveal any significant effects on self-reported levels of self-esteem.

The lack of a significant interaction precludes a traditional test for mediation (Baron & Kenny, 1986). However, the predicted interaction between group affiliation and treatment quality did approach significance:  $\beta = .36, p = .15$ . Further, there is a significant relationship between ratings of self-esteem and respect:  $r(115) = .34, p < .05$ . Finally, if respect is included in the equation with the three independent variables to predict self-esteem, the effect of the hypothesized interaction between group affiliation and treatment quality is reduced:  $\beta = .13, ns$ . The relationship between respect and self-esteem remains significant:  $\beta = .61, p < .05$ .

## Discussion

The results from this first study provide general support for the group-value model argument that people's self-evaluations are affected by how ingroup authorities treat them and not by how outgroup authorities treat them. Treatment quality influenced feelings of respect when the test grader was affiliated with the participant's university but not when the test grader was affiliated with a rival university. A similar pattern of findings was found for self-esteem although that interaction was not statistically significant. Even though the lack of a significant



interaction precludes a proper test of mediation, respect and self-esteem were significantly related, and including respect in an equation predicting self-esteem did reduce the effect of the interaction between treatment quality and authority affiliation. This pattern of results provides preliminary evidence for the argument that respect mediates the relationship between treatment quality and self-esteem.

Although the findings from Study 1 suggest that treatment by an ingroup authority influences feelings of respect which, in turn, shapes self-esteem, it is possible that treatment quality influences other types of self-evaluations such as how one performs on a task, and it is those self-evaluations that shape self-esteem. Because performance evaluation is task-related and is less reflective of one's position within the group, the group-value model would suggest that treatment quality should not influence performance evaluations. We test this possibility by including performance evaluation as a measure in Study 2.

Study 2 also includes a different and possibly stronger manipulation of treatment quality than the manipulation used in the first experimental study. Several participants said that they dismissed the poor treatment by the graduate student as a product of the graduate student's bad day, rather than as a personal evaluation of them. In this study, an unseen supervisor responds to the participants' e-mail messages with either three very polite and considerate messages or an initially polite message followed by two rude and insensitive messages. This shift in tone should make the poor treatment manipulation feel more personal and should make it harder for participants to dismiss their treatment as the product of the supervisor's bad day (i.e., after all, he started out reasonably and then became a complete jerk).

Second, unlike the interpersonal sensitivity task employed in the first experiment, in Study 2, participants are asked to perform several business-related tasks. One could argue that such tasks are more engaging and personally relevant to the participants who are university students preparing to enter the workforce. Hence, within this experimental context, the action of the authority who evaluates the participants is likely to have a stronger effect on their self-esteem.

Finally, a different outcome measure is included in this study. Participants were told that if they were successful, they would have the opportunity to participate in a \$100 subject payment lottery. We hoped that the lure of \$100.00, although not guaranteed, would be perceived to be a more salient outcome than the pencils that were used as a prize in the first study.

## STUDY 2

### Method

#### *Participants*

Undergraduates ( $N = 129$ ; 44 men and 85 women) participated in this experiment in partial fulfillment of a psychology course requirement. Participants were randomly assigned to one of the eight conditions of a 2 (authority affiliation) by 2 (treatment quality) by 2 (outcome favorability) factorial design.

### *Procedure and Independent Variables*

Small groups of psychology undergraduates were invited to participate in a computer simulation of several typical business tasks (Lind, Kray, & Thompson, 1998a, 1998b). Participants were told that they would complete three computer tasks: (1) a task in which they must decide who should receive different memos, (2) a task in which they must decide how to schedule a series of meetings, and (3) a task in which they must assign different business expenses to appropriate budget categories. For each of these timed tasks, they could earn points that later would be converted into opportunities to win a subject payment lottery.

In order to simulate the types of distractions that occur in most organizational environments (e.g., unexpected phone calls, equipment failures or social interruptions), at random points during each of the three tasks, the simulation program would “freeze” or crash temporarily. If their computer terminal froze during a timed task, participants would have less time to earn points for the lottery. Participants had an opportunity following each task to mail computer messages to a supervisor that explained any problems. The supervisor’s responses included the manipulations of treatment quality and outcome favorability described below. Following the computer program, participants completed a questionnaire that included the key dependent measures (described below). After participants completed the final questionnaire, they were thoroughly debriefed, and all participants were invited to participate in a single lottery based on their participation and not on the number of points they earned during the course of the experiment.

*Manipulation of authority affiliation.* The experimenter introduced the study as an investigation of different work styles of public and private university students. A psychology graduate student from either a local private university (Stanford University) or from their public university (UC Berkeley) would evaluate their work on a series of timed tasks. The graduate student would communicate with them from his local terminal. Before students began working on the computers, they read a folder that included a brief resume, personal statement, and a large photograph of their “supervisor.” The resume and personal statement were the same for both experimental conditions except for references to the appropriate university. For the ingroup authority affiliation experimental condition, the photograph showed the supervisor wearing a sweatshirt with the students’ university logo and for the outgroup authority affiliation experimental condition, the photograph showed the supervisor wearing a sweatshirt with the rival university’s logo. Each e-mail message from the supervisor was signed either “richard@ingroupuniversity” or “richard@outgroupuniversity.” Finally, students checked off their university membership on every page of the postcomputer simulation questionnaire.

*Manipulation of treatment quality.* The (polite) response following the first task was the same across all experimental conditions. The manipulation of treatment quality was included in the supervisor’s responses to the messages sent by participants following the second and third tasks. For example, participants assigned to the high treatment quality experimental condition received the following message after they completed the second task (presented verbatim with appropriate misspellings):

I value your input. I will consider giving you descricrtionary poiants (but I can’t promist anything yet).

In contrast, participants assigned to the low treatment quality experimental condition received the following message after they completed the second task:

I’ve decided not to read oyour messagae. The instrcutions say it’s up to me and I’ve decided “no excuses” in your case. I’ve already made all my decisions concerning your mpayment for the taks, so don’t both desning any other messages and explanaitons about your performnce on this task.

*Manipulation of outcome favorability.* After the supervisor sent either the polite or rude message, participants received a second message that included the manipulation of outcome favorability. For

example, participants assigned to the unfavorable outcome experimental condition received a message after the first task that showed that they were awarded 23 discretionary points, whereas the average number of points given by the supervisor was 35 discretionary points. Participants assigned to the favorable outcome experimental condition received a message after the first task that showed that they were awarded 47 discretionary points, whereas the average number of points given by the supervisor was 35 discretionary points.

### *Dependent Variables*

*Manipulation checks.* To check whether participants recognized the favorability of their outcome, they were asked to record the number of points they received and the average number of points other participants received from the supervisor after each of the three tasks. To determine whether participants noticed the authority affiliation of their supervisor, just before they were debriefed, participants reported with what university they believed their supervisor was affiliated.

*Treatment ratings.* To measure reactions to the supervisor's messages, the answers to six questions were combined: (1) How honestly did the supervisor treat you? (2) How politely did the supervisor treat you? (3) How reliable was the supervisor? (4) How hard did the supervisor try to understand you? (5) Was the procedure used to award discretionary points fair? (6) Was the way in which the supervisor awarded points fair? Ratings could range from 1 (not at all) to 7 (absolutely) (Cronbach's alpha = .92).

*Performance ratings.* The measure of performance ratings included five pairs of adjectives. Participants rated their own performance from a scale of bad (1) to good (7), incompetent (1) to competent (7), inefficient (1) to efficient (7), worthless (1) to valuable (7), and unsuccessful (1) to successful (7) (Cronbach's alpha = .91).

*Respect.* The measure of respect included four items: (1) If they knew me well, most people would respect my values. (2) If they knew me well, most people would think that I accomplished a great deal in my life. (3) If they knew me well, most people would approve of how I live my life these days. (4) I believe that I make a good impression on others. Ratings could range from 1 (completely agree) to 7 (completely disagree) (Cronbach's alpha = .80).

*Situational self-esteem.* The measure of self-esteem was the same situational version of the seven item Rosenberg self-esteem scale used in the first study (cf., Crocker *et al.*, 1996). Participants were asked to respond to each of the questions as "they are true for you RIGHT NOW." Ratings could range from 1 (disagree) to 7 (agree). (Cronbach's alpha = .92).

## Results

*Manipulation checks.* Eight participants (representing six of the eight experimental conditions) asked the supervisor a direct question in their e-mail messages (e.g., "Are you a real human being?"). Because the absence of a direct answer to these questions would indicate to participants that the supervisor's messages were preprogrammed, these data were excluded (four of the eight participants confirmed this suspicion during the debriefing), leaving 121 participants, with cell sizes ranging from 14 to 17. As expected, most of the participants correctly reported that the university affiliation in the outgroup authority experimental condition was Stanford (97.9%) and the university affiliation in the ingroup authority experimental condition was UC Berkeley (98.1%). Finally, participants given unfavorable outcomes reported receiving fewer discretionary points from the supervisor ( $M(\text{average number of discretionary points received}) = 18.95$ ) than participants who were given favorable outcomes ( $M(\text{average number of discretionary points received}) = 46.53$ ).

*Treatment ratings.* Before we consider whether the experimental manipulations influenced feelings of respect and self-esteem, it is important to confirm that

participants noticed differences in the supervisors' treatment. A 2 (outcome favorability) by 2 (treatment quality) by 2 (authority affiliation) ANOVA with treatment ratings as the dependent variable revealed two significant main effects. Participants who were treated well rated the supervisor as significantly more reasonable ( $M = 4.65$ ) than participants who were treated poorly ( $M = 2.90$ ):  $F(1, 113) = 90.60, p < .001$ . Participants who received good outcomes rated the supervisor as significantly more reasonable ( $M = 4.26$ ) than participants who received bad outcomes ( $M = 3.29$ ):  $F(1, 113) = 25.72, p < .001$ . The strong main effect for treatment quality confirms the strength of the experimental manipulation.

*Respect.* As in the first study, the first question is whether any of the independent variables influence ratings of respect. Further, we expect authority affiliation to moderate the influence of treatment quality on feelings of respect. A 2 (outcome favorability) by 2 (treatment quality) by 2 (authority affiliation) ANOVA with respect as the dependent variable revealed a significant interaction between treatment quality and authority affiliation:  $F(1, 113) = 6.41, p < .05$ . Simple effects analyses showed that for the ingroup authority, participants reported feeling marginally less respect from the group when they were treated badly ( $M = 5.58$ ) than when they were treated well ( $M = 5.96$ ):  $F(1, 113) = 3.18, p < .10$ . Unexpectedly, for the outgroup authority, participants reported feeling marginally more respect from the group when they were treated badly by the authority ( $M = 6.03$ ) than when they were treated well ( $M = 5.67$ ):  $F(1, 113) = 2.89, p < .10$ .

There was also a marginally significant interaction between authority affiliation and outcome favorability:  $F(1, 113) = 2.98, p < .10$ . Simple effects analyses showed that when the authority represented an ingroup, participants who received good outcomes reported significantly higher respect ( $M = 6.00$ ) than participants who received bad outcomes ( $M = 5.55$ ):  $F(1, 119) = 5.10, p < .05$ . However, when the authority represented an outgroup, there was no significant difference ( $M(\text{good outcomes}) = 5.83, M(\text{bad outcomes}) = 5.87$ ):  $F(1, 119) = 0.04, ns$ .

Both two-way interactions were qualified by a significant three-way interaction between authority affiliation, outcome favorability, and treatment quality:  $F(1, 113) = 7.99, p < .05$ . As suggested by the means for each of the experimental conditions presented in Table 1, treatment quality influenced feelings of respect more strongly when outcomes were unfavorable. For favorable outcomes, simple effects analyses did not reveal main effects or interactions for authority affiliation and treatment quality. However, for unfavorable outcomes, there is a significant interaction between authority affiliation and treatment quality:  $F(1, 55) = 15.39, p < .05$ . For an ingroup authority, participants who were treated reasonably reported significantly higher ratings of respect ( $M = 5.85$ ) than did participants who were treated unreasonably ( $M = 5.25$ ):  $F(1, 57) = 4.22, p < .05$ . However, for an outgroup authority, participants who were treated reasonably reported significantly lower ratings of respect ( $M = 5.41$ ) than did participants who were treated unreasonably ( $M = 6.30$ ):  $F(1, 57) = 10.95, p < .05$ . Participants who

TABLE 1  
RATINGS OF RESPECT—STUDY 4

|                        | Favorable outcome |                    |             | Unfavorable outcome |                    |             |
|------------------------|-------------------|--------------------|-------------|---------------------|--------------------|-------------|
|                        | Ingroup authority | Outgroup authority |             | Ingroup authority   | Outgroup authority |             |
| High treatment quality | 6.06 (0.87)       | 5.92 (0.63)        | 5.99 (0.77) | 5.85 (0.68)         | 5.41 (1.07)        | 5.63 (0.90) |
| Low treatment quality  | 5.94 (0.66)       | 5.73 (0.92)        | 5.84 (0.77) | 5.25 (0.59)         | 6.30 (0.36)        | 5.78 (0.75) |
|                        | 6.00 (0.75)       | 5.83 (0.79)        |             | 5.55 (0.70)         | 5.87 (0.92)        |             |

were treated unreasonably by an ingroup authority reported significantly less respect ( $M = 5.25$ ) than did participants who were treated unreasonably by an outgroup authority ( $M = 6.30$ ):  $F(1, 57) = 15.27, p < .05$ .

*Performance evaluations.* A second question is whether treatment quality influences all types of self-evaluations, including performance evaluations. A 2 (outcome favorability) by 2 (treatment quality) by 2 (authority affiliation) ANOVA with performance evaluation as the dependent variable revealed a significant main effect for authority affiliation:  $F(1, 113) = 4.94, p < .05$ . Participants rated their own performance significantly better when the authority represented an outgroup ( $M = 4.17$ ) than when the authority represented an ingroup ( $M = 3.71$ ). No other main effects or higher order interactions were significant.

*Situational self-esteem.* A 2 (outcome favorability) by 2 (treatment quality) by 2 (authority affiliation) ANOVA with situational self-esteem as the dependent variable revealed a significant interaction between authority affiliation and outcome favorability:  $F(1, 113) = 5.15, p < .05$ . Simple effects analyses showed that for the ingroup authority, participants reported feeling significantly more self-esteem when they received favorable outcomes ( $M = 5.80$ ) than when they received unfavorable outcomes ( $M = 5.15$ ):  $F(1, 119) = 4.83, p < .05$ . Participants who received unfavorable outcomes from an outgroup authority did not report significantly different levels of self-esteem ( $M = 5.58$ ) than did participants who received favorable outcomes ( $M = 5.18$ ):  $F(1, 119) = 1.47, ns$ .

*Tests of mediation.* Unfortunately, there is no evidence for the hypothesized interaction between authority affiliation and treatment quality on self-esteem. However, authority affiliation did moderate the importance of outcome favorability for self-esteem. Given this pattern of results, we can determine whether respect or performance evaluations mediates this relationship. Both performance evaluations ( $r(119) = .31, p < .05$ ) and respect ( $r(119) = .33, p < .05$ ) are significantly related to self-esteem. However, the two predictors show different interactions. For respect, there is a marginally significant interaction between outcome favorability and authority affiliation:  $F(1, 113) = 2.98, p < .10$ . However, for performance evaluation, there is no interaction:  $F(1, 113) = .33, ns$ .

A regression equation with the three independent variables and relevant interactions included as predictors reveals a significant regression coefficient for

the interaction between outcome favorability and authority affiliation:  $\beta = .91$ ,  $p < .05$ . If respect is included in the equation, the effect of the predicted interaction between ingroup affiliation and outcome favorability is reduced:  $\beta = .71$ ,  $p < .10$ . The relationship between respect and self-esteem remains significant:  $\beta = .29$ ,  $p < .05$ .

## Discussion

As predicted from the group-value model, polite and considerate treatment by an ingroup authority led to feelings of greater respect than did rude and inconsiderate treatment, but only when the outcomes were negative. Because unfavorable outcomes are unexpected, this condition may have prompted participants to engage in more cognitive processing, leading to an even greater influence of treatment quality on feelings of respect (Lind, 1995; Lind & Lissak, 1985). Moreover, we find that treatment quality influences feelings of respect but not performance evaluations. Treatment quality does not simply have a generalized effect on all types of self-relevant judgments. It specifically affects judgments that reflect how others view one's position in the group and not judgments of how one performs on a task. This finding lends further credence to the group-value model's assumption that treatment quality matters to people because it provides information about how others view them.

Unexpectedly, rude treatment by an outgroup authority led to feelings of greater respect than did polite treatment, but only when outcomes were negative. Any explanation of people's reactions to rude treatment by an outgroup authority must be tentative, but there might be two reasons for this pattern of results. First, people may be more likely to view negative behavior by an ingroup authority as legitimate but negative behavior by an outgroup authority as illegitimate. Therefore, it may have been easier to discount and even react against negative feedback from an outgroup authority (Ruggiero & Taylor, 1997). Past research shows that when an interaction occurs in an intergroup context, group membership offers members an attributional resource for explaining negative reactions by outgroup members that does not threaten personal self-worth (Crocker & Major, 1989). When unfavorable personal outcomes are not perceived to carry personally evaluative information, people are much less reluctant to acknowledge those outcomes (Smith & Spears, 1996).

Second, when the authority represents an outgroup, alternative sources for self-validation may be more salient and available to people. For example, Steele and his colleagues (1983) demonstrate that if people have an opportunity to affirm a positive self-image, they are less susceptible to cognitive dissonance effects. People can affirm their competence and integrity in some unrelated area as a method for diffusing feelings of dissonance. Similarly, people could use the evaluations of other reference groups to diffuse the negative evaluations of one reference group. The fact that the authority is not a member of the ingroup reminds people of at least one alternative reference group—their ingroup. When the authority represents an ingroup, alternative reference groups should be much

less salient, and the negative attitude of a key group representative should be more overwhelming. Although unexpected, the increased respect in response to a rude outgroup authority highlights how strongly group affiliations can shape reactions to authorities.

The absence of a treatment quality by authority membership interaction on self-esteem precludes a test of the hypothesized mediational role of respect. However, group affiliation did moderate the influence of outcomes on self-esteem. When the authority represented an ingroup, participants who received good outcomes reported significantly higher self-esteem than did participants who received bad outcomes. Further, the results suggest that respect mediates this interactive effect on self-esteem and not on performance evaluations.

We can offer some tentative explanations for the unexpected influence of outcome favorability (rather than treatment quality) on self-esteem. First, the ultimate outcome in this study, the possibility of winning \$100, even though not guaranteed, may have been more appealing to participants than the gift of a pencil in the previous study. Alternatively, outcome information may have been more important in this study because outcome information actually preceded the experience of negative treatment. All participants received the same polite message after the first task, and then either a good or bad score relative to others. This order meant that the first rude message followed the outcome information for the first task. Van den Bos and his colleagues (Van den Bos, Vermunt, & Wilke, 1997) show that when outcome information precedes procedural information, it is more influential on satisfaction and fairness evaluations than vice versa. Future research should evaluate whether or not the unexpected outcome effect can be explained by the order in which people receive treatment and outcome information. If the order effect can account for the unexpected finding, then a fairer test of the group-value model would be one in which treatment and outcome information are presented closer to each other in time.

A more compelling reason for the stronger influence of outcome favorability in this study may be the meaning that participants attributed to outcomes. Many participants did not send a third message to the supervisor after they had received the first rude response. They may have used the favorability of their outcomes in the third task as an indirect indication of whether the supervisor had changed his attitude toward them. The comparative nature of the feedback (one's own score versus the average score) may have reinforced this interpretation (although an anchor was required for establishing that the outcome participants received was either favorable or unfavorable). In other words, the nature of the outcome feedback in this study may have communicated important information about treatment quality. In contrast, the test score that participants received in the previous experiment may have been viewed as more objective and less reflective of the test grader's bias. The strong main effect of outcome favorability on supervisor evaluations found in this study, but not in the first study, supports this argument.

Given the unexpected interaction between authority affiliation and outcome

favorability on self-esteem, the goal of the third study is to investigate the same ideas in a more natural setting where the authority and group members have ongoing relationships. The third study also includes a more appropriate measure of respect. In the previous two studies, the measure of respect was worded globally (what do people in general think of you) to match the measure of self-esteem which was also a global measure. Although the pattern of results support the group-value model argument, it is not clear who respondents had in mind when they answered those questions, particularly in the outgroup authority experimental conditions. Therefore, in the next study, respondents explicitly rate whether other members of the UC Berkeley community respect them. This measure more closely captures the concept of respect as proposed by the group-value model.

Because of the correlational nature of the Study 3, we operationalized the construct of authority group affiliation in a slightly different manner than in the previous experiments. In the first two studies, we assumed that students value their membership in their university and manipulated the university affiliation of the authority to create ingroup and outgroup authority conditions. In contrast, in this study, we acknowledge that objective group membership is only a proxy of the extent to which people value their group memberships. Hence, we explicitly measure students' identification with their university. Students who identified highly with the university are more likely to view faculty and staff as ingroup authorities. Similarly, students who express low identification with the university are more likely to view faculty and staff as representing an outgroup. Finally, unlike the two experimental studies, in which participants experienced a brief interaction with an authority figure, the correlational study explores conflicts in which those involved have more meaningful, longer-term relationships with potentially greater consequences.

## STUDY 3

### Method<sup>2</sup>

#### *Participants*

Undergraduate students ( $N = 321$ ; 200 women and 121 men) completed a questionnaire as partial fulfillment of a psychology course requirement. Respondents recalled and evaluated the last time they had a conflict with a professor, administrator, or other UC Berkeley staff member about *an issue that mattered to them*. Of the respondents, 14.1% indicated that they were Hispanic Americans, 50.0% were Asian Americans, 5.3% were African Americans, 2.2% indicated other ethnic backgrounds, and 28.4% indicated that they were non-Hispanic whites.

#### *Measures*

*Treatment quality.* Drawing on the group-value model, eight questions were combined to measure treatment quality: (1) How politely were you treated by this individual? (2) How much concern was shown by this individual for your rights? (3) To what extent did this individual get all the information

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<sup>2</sup> A complete description of the methods and data reported for study one is published in Tyler, DeGoey, and Smith (1996). However, none of the analyses reported in this paper have been published.



TABLE 2  
MEANS, STANDARD DEVIATIONS, AND CORRELATIONS FOR ALL MEASURES—STUDY 3

| Variable                     | M    | SD   | 1     | 2   | 3     |
|------------------------------|------|------|-------|-----|-------|
| 1. Treatment quality         | 2.49 | 0.75 | —     |     |       |
| 2. Outcome favorability      | 2.69 | 0.98 | .51** | —   |       |
| 3. University identification | 2.69 | 1.01 | .14*  | .05 | —     |
| 4. University respect        | 2.87 | 1.24 | .04   | .05 | .35** |
| 4. Self-esteem               | 1.96 | 0.71 | .08   | .11 | .40** |

Note.  $N = 321$ . Entries are Pearson correlations. Low scores indicate higher treatment quality, greater outcome favorability, more identification, more respect, and more self-esteem.

\*  $p < .05$ .

\*\*  $p < .01$ .

needed to make good decisions about the issues involved? (4) How honest was this individual in what he or she said to you? (5) How hard did this individual try to do the right thing by you? (6) How dignified was this individual's treatment of you? (7) How hard did this individual try to take account of your needs in this situation? (8) Overall, how fairly were you treated by this individual? (Cronbach's alpha = .91). Answers could range from 1 (a great deal) to 4 (not at all).

*Outcome favorability.* Four questions were combined to measure outcome favorability: (1) How favorable was the outcome to you? (2) In the end, how much better or worse off were you compared to the situation you were in before you went to this individual? (3) In terms of your outcome, how much did you gain or lose? (4) How much influence did you have over the decisions made by this individual? (Cronbach's alpha = .84). Answers could range from 1 (a great deal) to 4 (not at all).

*University identification.* Five questions were combined to measure identification with the university: (1) I am proud to think of myself as a member of the UC Berkeley community. (2) When someone praises the accomplishments of a member of the U.C. Berkeley community, I feel like it is a personal compliment to me. (3) I talk up UC Berkeley to my friends as a good place to go to school. (4) I feel good when people describe me as a typical UC Berkeley student. (5) When someone asks me what university I attend, I wish I did not have to tell them (reverse scored) (Cronbach's alpha = .74). Answers could range from 1 (completely agree) to 7 (completely disagree).

*Respect from the university community.* Respondents rated whether they believed that most members of the UC Berkeley community respect them on a scale from 1 (strongly agree) to 7 (strongly disagree).

*Self-esteem.* The Rosenberg self-esteem scale (1979) was used to measure self-esteem. Ratings could range from 1 (disagree) to 5 (agree) (Cronbach's alpha = .87).

## Results

Summary statistics and intercorrelations for all the variables included in this study are presented in Table 2. Close identification with the university was not associated with more severe conflicts ( $r(319) = -.04, ns$ ) or with more favorable outcomes ( $r(319) = .05, ns$ ). All variables were treated as continuous and centered before they were included in the regression analyses.

*Respect.* The first question is whether treatment quality is more closely related to respect when students identify more closely with the university. To test whether identification with the university influenced the relative importance of treatment quality and outcome favorability to feelings of respect, hierarchical multiple regression analysis was conducted with respect as the criterion variable. The three

TABLE 3  
THE RELATIONSHIP AMONG TREATMENT QUALITY, OUTCOME FAVORABILITY,  
IDENTIFICATION, AND RESPECT—STUDY 3

| Predictors                         | Respect ( $n = 321$ )                   |                                      |
|------------------------------------|---|--------------------------------------|
|                                    | Regression without<br>interaction terms | Regression with<br>interaction terms |
| Identification with university (A) | .38*                                    | .39*                                 |
| Treatment quality (B)              | -.11                                    | -.11                                 |
| Outcome favorability (C)           | .04                                     | .05                                  |
| A $\times$ B                       | —                                       | -.19*                                |
| A $\times$ C                       | —                                       | .06                                  |
| B $\times$ C                       | —                                       | -.02                                 |
| Adjusted $R^2$ (%)                 | 13.6                                    | 15.5                                 |

*Note.* Unless otherwise noted, the entries are standardized regression coefficients for an equation in which all variables are entered simultaneously.

$p < .05$ .

main effects (treatment quality, outcome favorability, and identification) were entered in the first step, and then the three possible interaction terms were entered in the second step. Including the three interaction terms significantly improved the amount of variance accounted for in ratings of respect:  $R^2$  change = .03,  $F(3, 314) = 3.74$ ,  $p < .05$ . As shown in Table 3, there is a significant regression coefficient for the interaction term representing treatment quality and identification with the university (beta =  $-.19$ ,  $p < .05$ ). This interaction term contributed to a significant change in the amount of variance explained:  $R^2$  change = .02,  $F(1, 317) = 9.05$ ,  $p < .05$ .

A median split of the distribution was used to classify respondents as identifying more or less closely with the university (median = 2.60). As predicted, controlling for outcome favorability, treatment quality was significantly related to respect when students identified closely with the university (beta =  $.18$ ,  $p < .05$ ). Students who reported high quality treatment reported feeling more respected by members of the UC Berkeley community:  $r(176) = .18$ ,  $p < .05$ . Unexpectedly, treatment quality also was significantly related to respect for students who did not identify closely with the university (beta =  $-.23$ ,  $p < .05$ ). However, in this case, students who reported low treatment quality reported feeling *more* respected by members of the UC Berkeley community:  $r(139) = -.18$ ,  $p < .05$ .

*Self-esteem.* The second question is whether treatment quality is more closely related to self-esteem when students identify more closely with the university. To test whether identification with the university influenced the relative importance of treatment quality and outcome favorability on judgments of self-esteem, hierarchical multiple regression analysis was used with self-esteem as the criterion variable. The three main effects (treatment quality, outcome favorability and identification) were entered in the first step, and then the three possible interaction

TABLE 4  
THE RELATIONSHIP AMONG TREATMENT QUALITY, OUTCOME FAVORABILITY, IDENTIFICATION,  
RESPECT, AND SELF-ESTEEM—STUDY 3

| Predictors                         | Self-esteem ( $N = 321$ )               |                                      |   |
|------------------------------------|---|--------------------------------------|---|
|                                    | Regression without<br>interaction terms | Regression with<br>interaction terms | Regression with<br>interaction terms<br>and respect |
| Identification with university (A) | .24*                                    | .25*                                 | .13*  |
| Treatment quality (B)              | .00                                     | .00                                  | .01   |
| Outcome favorability (C)           | .09                                     | .10                                  | .09   |
| A $\times$ B                       | —                                       | -.17*                                | -.09  |
| A $\times$ C                       | —                                       | .04                                  | .02   |
| B $\times$ C                       | —                                       | -.02                                 | -.02  |
| Respect                            | —                                       | —                                    | .34**   |
| Adjusted $R^2$ (%)                 | 6.2                                     | 7.5                                  | 17.3  |

*Note.* Unless otherwise noted, the entries are standardized regression coefficients for an equation in which all variables are entered simultaneously.

\*  $p < .05$ .

\*\*  $p < .01$ .

terms were entered in the second step. Including the three interaction terms marginally improved the amount of variance accounted for in ratings of self-esteem:  $R^2$  change = .02,  $F(3, 314) = 2.53$ ,  $p < .10$ . As shown in Table 4, there is a significant regression coefficient for the interaction term representing treatment quality and identification with the university ( $\beta = -.17$ ,  $p < .05$ ). This interaction term contributed to a significant change in the amount of variance explained:  $R^2$  change = .02,  $F(1, 317) = 7.20$ ,  $p < .05$ .

Controlling for outcome favorability, treatment quality was marginally related to self-esteem when students identified closely with the university ( $\beta = .16$ ,  $p < .10$ ), but not when students did not identify closely with the university ( $\beta = -.12$ , *ns*). Highly identified students who reported higher treatment quality reported significantly greater self-esteem:  $r(176) = .18$ ,  $p < .05$ .

*Tests of mediation.* For both respect and self-esteem, the relative importance of treatment quality is moderated by authority affiliation. Finding the same relationship between the predictors, the mediating variable and the outcome variable satisfies the first requirement of a mediation analysis. Respect is also significantly related to self-esteem ( $r(319) = .51$ ,  $p < .01$ ). Finally, if respect is included in the equation for predicting self-esteem, the regression coefficient for the interaction becomes nonsignificant ( $\beta = -.09$ , *ns*; see Table 4). Respect remains significantly related to self-esteem ( $\beta = .34$ ,  $p < .01$ ).

## Discussion

The results from Study 3 provide further support for the argument that higher treatment quality by an ingroup authority increases respect and self-esteem. When

students identified more closely with the university, treatment quality was positively related to both feelings of respect and self-esteem. The findings also support the argument that respect mediates the relationship between treatment quality by an ingroup authority and self-esteem.

In this study, students are asked to recall a conflict with a faculty or a campus staff member. Unlike the experimental studies, the design does not allow us to contrast explicit outgroup authorities with ingroup authorities. However, even though our method for creating comparison groups varies across the studies, the consistent pattern of results across all three studies gives us confidence that once ingroup and outgroup distinctions are defined, the consequences are the same, regardless of how they are structurally created.

Interestingly, poor treatment quality was associated with feeling more respected when students did not identify closely with the university, a pattern similar to the pattern found in the second experimental study. Finding the same pattern in Study 3 suggests that the pattern found in the second (experimental) study is not a reflection of the wording of the respect questions. Instead, treatment quality is interpreted differently when people share a meaningful group membership with the authority than when people do not care about the group the authority represents. This pattern of results is similar to recent research investigations of the consequences of psychological disengagement (Crocker, Luhtanen, Blaine, & Broadnax, 1994; Major, Spencer, Schmader, Wolfe, & Crocker, 1998). The mean performance and global self-esteem reported in these studies reflects a similar "defensive" increase in self-esteem scores in response to negative feedback that we see in our studies.

## GENERAL DISCUSSION

According to the group-value model, if people feel they are *treated* well, they will be satisfied with less favorable outcomes and accept less personally advantageous decisions. People care about treatment quality because fair and reasonable treatment by authorities communicates to them that they are respected and valued group members, not because it indicates how favorable or unfavorable their short-term outcomes are or will be. Across two experiments and a correlational study, we show that if people view the authority as representing a valued ingroup, unbiased, considerate, and trustworthy treatment generally increased people's sense of respect and self-esteem.

We also have evidence that this pattern of results is not simply the product of different outcomes and experiences with ingroup and outgroup authorities. In the two experimental studies, the outcome and treatment manipulations were held constant. In the correlational study, respondents who identified more with the group the authority represented did not report significantly more severe conflicts or better outcomes than respondents who identified less strongly with the group did.

This research suggests that the optimistic implications of the group-value model may be strongest in contexts in which people feel they share an important

group membership with the responsible authority. If the group authority represents a clear outgroup, high treatment quality is not associated with more respect or self-esteem. In this situation, being treated reasonably by an authority is unlikely to prompt the acceptance of unfavorable decisions or encourage sacrifices on the group's behalf. In fact, the second study suggests that people who feel rudely treated by an outgroup authority might not feel bad about themselves (although it may be related to how they feel about the group as a whole, e.g., collective self-esteem, Luhtanen & Crocker, 1992). Instead, people might use stereotypes about the unfairness, selfishness, and unreasonableness of outgroup members toward *any* ingroup member to decide that how they were treated was not related to anything uniquely "personal" about them. Recent research on psychological disengagement suggests that one reason the self-esteem of African-American students is not as sensitive to intellectual performance feedback as is the self-esteem of European Americans is their perceptions that such tests are racially biased (Major *et al.*, 1998). Similarly, research on minorities' reactions to discrimination suggests that attributing negative feedback to discrimination protects performance self-esteem (Ruggerio & Taylor, 1997). Finally, relative deprivation research suggests that if people feel that they personally did not get what they feel they deserved, they are more prone to depression and physiological stress, but if they feel that they, as a representative group member, did not get what they deserved, they are much more likely to endorse and participate in collective behavior (Smith, Pettigrew, & Vega, 1996). Determining whether rude treatment by an outgroup authority truly increases self-esteem and prompts an active response to the situation is an important goal for future research.

The fact that authority affiliation dramatically influences people's reactions to their experiences suggests that a key question for further research is to determine what factors make particular groups and social categories more or less important or salient. Recent self-categorization research suggests that group salience or importance is a product of situational fit and accessibility (Oakes, Haslam, & Turner, 1994). Alternatively, group salience or importance may reflect a balance between people's desire to be distinctive and their desire to assimilate (Brewer, Manzi, & Shaw, 1993). Finally, it may be the character of interpersonal relationships between group members (fostering a sense of belonging or exclusion and alienation) or the structure of intergroup relations that determines the salience of group membership (Augoustinos & Walker, 1995; Gaertner, Rust, Dovidio, Bachman, & Anastasio, 1994). For example, different patterns of identification may be associated with different political ideologies about how groups are related. A separatist ideology should promote clear distinctions between ingroup and outgroup members, whereas an assimilationist ideology should blur these differences (Huo, Smith, Tyler, and Lind, 1996; Tyler, Smith, and Huo, 1996). This example illustrates the importance of considering people's patterns of identification across multiple groups and categories (Deaux, 1993).

Both theory and research have documented how people's attitudes and behavior are qualitatively different in intergroup and intragroup contexts. People expect

outgroup members to be more aggressive (Mummendey & Schreiber, 1984), more competitive (Schopler & Insko, 1992) and more uniform in their behavior (Brown & Turner, 1981). Our research continues this tradition but with an important twist. According to our results, when people view the authority as representing a group important to them, high treatment quality increases respect and self-esteem. However, when people view the authority as representing an outgroup, low treatment quality is associated with greater respect and self-esteem. Group membership not only shapes attitudes toward outgroup and ingroup members, it shapes how people interpret their relationships with authorities.

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