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YOU'RE EITHER WITH US OR AGAINST US: IN-GROUP FAVORITISM AND THREAT

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ABSTRACT

This study examined the impact of mortality salience and control threat on in-group favouritism. Three hypotheses were tested. Hypothesis one is that mortality salience and control threat would lead to higher evaluations of the in-group than the out-group. Hypothesis two is that, following mortality salience, self-esteem (but not locus of control) would be related to in-group evaluations. Hypothesis three is that following control threat, locus of control (but not self-esteem) would be related to in-group evaluations. Each hypothesis was supported. The findings indicate that mortality salience and control threat impact in-group favouritism via different psychological mechanisms.

INTRODUCTION

According to Terror Management Theory (TMT), mortality salience arouses powerful feelings of terror. To manage these feelings, an individual needs to maintain self-esteem. This is typically done by defending one's cultural worldview. The cultural worldview provides the standards and values by which an individual attains self-esteem (Solomon, Greenberg & Pyszczynski, 2001). The cultural worldview is, however, fragile and must be constantly defended. One way of doing this is by showing in-group favouritism (Solomon et al., 2001). Thus, when mortality is made salient people are motivated to defend their worldview, and thereby the basis of their self-esteem via in-group favouritism. There is a great deal of evidence to support this premise (Burke, Martens, & Faucher, 2010). Mortality salience instils a desire for self-esteem (Shepard, Kay, Landau, & Keefer, 2011) and several dozen experiments show that mortality salience leads to favourable reactions towards in-group members and negative reactions towards out-group members (Burke et

al., 2010). Moreover, such findings tend to dissipate when self-esteem has been artificially bolstered or is dispositionally high (Harmon-Jones et al., 1997).

Most research conducted from the perspective of TMT has emphasized self-esteem as the motive underlying in-group favouritism (Burke et al., 2010). Others, however, have argued that mortality salience may impact on constructs other than self-esteem, and that threats to such motives can produce effects that are 'theoretically equivalent' (Martens, Burke, Schimel & Faucher, 2011, p. 6). In so far as the time and means by which people die (outside of suicide) are largely beyond their control, a prime motive in this regard is the desire to maintain control (Agroskin & Jonas, 2013). Control, the belief that positive outcomes can be achieved and negative outcomes avoided, is widely held to be a core human motive that influences a wide variety of social behaviours (Fiske, 2004).

A number of theorists have provided evidence to indicate that control may be associated with both mortality salience and in-group favouritism. For example, work conducted by Jonas and her colleagues (Agroskin & Jonas, 2013; Fritsche, Jonas and Fankhanel, 2008) has revealed that mortality salience manipulations, of the sort typically used in TMT experiments, can also foster the need to restore control. Likewise, several studies have recently demonstrated that when control is threatened people often react with enhanced levels of in-group favoritism (see Greenway, Louis, Hornsey & Jones, 2014; Fritsche et al., 2013; Hayhurst, Iversen, Ruffman, Stringer & Hunter, 2014).

The available evidence indicates that threats emanating from fear of death (mortality salience) and loss of control (control threat) tend to promote increased patterns of in-group favouritism. What is less clear are the psychological motives which promote these outcomes. Some posit that both mortality salience and control threat may promote in-group favouritism through the need to restore control (Agroskin & Jonas, 2013; Fritsche et al., 2008). Others, however, argue that the motives invoked by each form of threat are likely to be relatively distinct (Martens et al., 2011). Thus, we might expect that mortality salience drives in-group favouritism via threats to self-esteem (Shepard, Kay, Landau, & Keefer, 2011) and control threat drives in-group favoritism through threats to control (Fritsche et al., 2013).

The current study in an attempt to better understand the processes by which mortality salience and control threat lead to in-group favouritism sought to test this latter, and largely neglected assumption. In so doing, three hypotheses were tested. The first is that mortality salience and control threat would lead to higher levels of in-group favouritism (i.e., in-group members would be evaluated more positively than out-group members). The second is that, mortality salience would lead to an association between self-esteem (but not control) and in-group evaluations. The third was that control threat would lead to an association between control (but not self-esteem) and in-group evaluations.

METHOD

Participants and design

One-hundred and twenty-five students took part in this study. The data from 30 were excluded. Sixteen did not identify as New Zealanders, 14 were born overseas. The remaining sample comprised 95 participants (72 women) aged between 17 and 26 (Mean age = 19). Using a between group's design, participants were randomly assigned to either a Mortality Salience (n = 33), Control Threat (n = 32), or baseline (n = 30) condition. Following the mortality salience, control threat and baseline manipulations (and a short delay) perceptions of control and self-esteem were assessed. Immediately afterwards, participants were then given the opportunity to evaluate in-group (i.e., New Zealanders) and out-group members (i.e., Asians).

Materials and procedure

Participants were asked to complete a short essay as part of a study concerned with cultural differences in personality and social perception. In the mortality salience condition, participants were asked to "Describe the emotions that the thought of your own death arouses in you," and then "as specifically as you can, what you think will happen to you physically as you die and once you are physically dead" (Rosenblatt, Greenberg, Solomon, Pyszczynski, & Lyon, 1989). In the control threat condition, following Whitson and Galinsky (2008), participants were asked to "Recall a particular incident in which something happened and you did not have any control over the situation," and then "describe the situation in which you felt a complete lack of control." After other research in this area (see Pyszczynski et al., 2006) those in the baseline were asked to "Write down five thoughts which come to mind when imagining the experience of a painful dental procedure."

Previous research investigating the link between mortality salience, control threat and subsequent outcomes has revealed that the effects of these threats tend to emerge only after a short delay and distraction period (Agroskin & Jonas, 2013). As a result, participants were presented with a variety of distractor scales assessing various dimensions of personality, prior to the assessment of the measures tapping self-esteem, control and intergroup evaluations.

Self-esteem was assessed using the 7-item performance subscale of Heatherton and Polivy's (1991) State Self-Esteem Scale (SSES). Responses (e.g., I feel like I am not doing well, alpha = .78) were answered using a 5-point Likert scale. Control was assessed using the 8-item 'powerful others' subscale from Levenson's (1974) internal-external control scale. This subscale assesses whether outcomes are perceived to be under the control of the actions of the actor or powerful others. Responses (e.g., 'I feel like what happens in my life is mostly determined by powerful people', alpha = .78) were answered using an 8-point Likert scale. Scores were reversed so that higher scores reflected positive levels of esteem and control.

Following Hunter and colleagues (Hunter et al., 2005, 2011), intergroup evaluations were assessed using 20 pairs of 9-point trait ratings (cooperative-competitive, helpful-unhelpful,

selfish-unselfish, intelligent-unintelligent, strong-weak, warm-cold, flexible-rigid, manipulative-sincere, fair-unfair, honest-dishonest, friendly-unfriendly, trustworthy-untrustworthy, consistent-inconsistent; loud-soft-spoken, pushy-reticent, humble-arrogant, confident-shy, aggressive-non-aggressive, ignorant-well informed, straight forward-hypocritical). Using these scales participants were asked to evaluate in-group (i.e., New Zealanders) and out-group (i.e., Asians) members. Responses were summed in order to produce an overall rating for the in-group and the out-group.

Results

To examine in-group favouritism a 3 (condition: mortality salience, control threat, baseline) x 2 (target group of evaluation: in-group vs. out-group) mixed model ANOVA was conducted. The first factor was between groups. The second factor was within groups. Cell means are presented in Table 1.

Table 1. New Zealanders ratings of in-group and out-group members for each condition.

	N	In-group		Out-group	
		M	SD	M	SD
Mortality Salience	33	128.94*	14.38	112.30	18.60
Control Threat	32	123.22*	15.51	107.69	16.84
Baseline	30	126.50	17.41	117.73	15.61

* More positive evaluation of the in-group than the out-group using Bonferroni *t*, p < .01.

A main effect was found for target group of evaluation, F (1, 92) = 41.04, $p < .001$, $\eta^2 = .31$). Overall in-group members (i.e. New Zealanders, $M = 126.24$, $SD = 15.78$) were evaluated more positively than out-group members (i.e. Asians, $M = 112.46$, $SD = 17.41$). No interaction effects were found F (2, 92) = 1.30, $p = .28$. Nevertheless because of the nature of our hypothesis, planned comparisons which contrasted in-group and out-group evaluations across each of the three conditions were subsequently conducted. This analysis revealed that there was a strong tendency to evaluate the in-group more positively than the out-group in both the mortality salience, t (32) = 4.66, $p < .001$, and control threat conditions, t (31) = 3.95, $p < .001$. A significant but less powerful effect was found in the baseline condition, t (29) = 2.48, $p < .02$). In the mortality salience condition ($M = 16.64$), and control threat condition ($M = 15.53$) intergroup differentiation was almost twice that shown in the baseline condition ($M = 8.77$). Moreover, the effects for the mortality salience and control threat conditions (critical alpha = 3.19, $p < .01$), but not the baseline condition (critical alpha = 2.54) remained significant when Bonferroni's correction was applied.

In order to assess the initial association between in-group and out-group evaluations and self-esteem and locus of control in the mortality salience condition, a series of Pearson's correlations were initially conducted (see Table 2).

Table 2. Correlations between group evaluations, self-esteem, and control in the mortality salience condition.

	In-group Evaluations	Out-group Evaluations	Control	Self-Esteem
In-group Evaluations	-	.25*	.27*	.45**
Out-group Evaluations	-	-	-.06	-.01
Control	-	-	-	.51**
Self-Esteem	-	-	-	-

* $p < .09$, ** $p < .01$

As may be seen in Table 2, many of the variables are related. In-group evaluations are correlated positively with, out-group evaluations, $r = .25$, $p < .09$, control, $r = .27$, $p < .09$, and self-esteem, $r = .45$, $p < .01$. Self-esteem is also correlated with locus of control ($r = .51$, $p < .01$). In order that we might adequately test our second hypothesis (that mortality salience would lead to an association between self-esteem (but not control) and in-group evaluations) we subsequently conducted a series of semipartial correlations. In these analyses we examined the correlation between self-esteem and in-group evaluation whilst controlling for control and out-group evaluations. Thus, as explained by Tabachnick and Fidell (2007) we are able to determine the unique association between our IV (self-esteem) and DV (in-group evaluations) whilst partialling out the respective contributions of our other IVs (i.e., control and out-group evaluations). This analysis revealed that the positive correlation between self-esteem and in-group evaluations remained significant, $sr = .36$, $p < .05$, when control and out-group evaluations were held constant. No association was found between control and in-group evaluations, $p = +.07$, $p = .67$, when self-esteem and out-group evaluations were held constant. In so far as these results confirm an association between self-esteem (but not control) and in-group evaluations they provide support for our second hypothesis.

In order to assess the association between in-group and out-group evaluations and self-esteem and locus of control in the control threat condition, a series of Pearson's correlations were initially conducted (see Table 3).

Table 3. Correlations between group evaluations, self-esteem, and control in the control threat condition.

	In-group Evaluations	Out-group Evaluations	Control	Self-Esteem
In-group Evaluations	-	.06	-.49**	-.28

Out-group Evaluations	-	-	.13	-.20
Control	-	-	-	.39*
Self-Esteem	-	-	-	-

* p < .05, ** p < .01

As shown in Table 3, in-group but not out-group evaluations correlated negatively with control, r = -.49, p < .01. Self-esteem also correlated positively with control, r = .39, p < 0.5. Semipartial correlation conducted to assess these associations further revealed that the negative correlation between control and in-group evaluations remained significant, sr = -.43, p < .05, when self-esteem and out-group evaluations were held constant. No association was found between self-esteem and in-group evaluations, sr = -.07, p = .71, when control and out-group evaluations were held constant. To the extent that these results confirm an association between control (but not self-esteem) and in-group evaluations they provide support for our third hypothesis.

In order to assess the association between in-group and out-group evaluations and self-esteem and control in the baseline condition, a series of Pearson's correlations were initially conducted (see Table 4).

As shown in Table 4, out-group, but not in-group evaluations correlated positively with locus of control, r = .48, *p* < .01. Semipartial correlation revealed that this correlation remained significant, sr = .36, p < .05, when self-esteem and in-group evaluations were held constant. No association was found between self-esteem and out-group evaluations, sr = .16, p = .33, when control and in-group evaluations were held constant.

Table 4. Correlations between group evaluations, self-esteem and control in the baseline condition.

	In-group Evaluations	Out-group Evaluations	Control	Self-Esteem
In-group Evaluations	-	.33	.27	.09
Out-group Evaluations	-	-	.48**	.28
Control	-	-	-	.25
Self-Esteem	-	-	-	-

* p < .09, ** p < .01

DISCUSSION

This study sought to gain insight on the inner mechanisms of mortality salience and control threat in order to understand how they influence in-group favouritism. In this regard, three hypotheses were tested. The first was that participants would show in-group favouritism

following both mortality salience and control threat. The second was that, for participants in the mortality salience condition, in-group evaluations would correlate with self-esteem, but not control. The third was that, for participants in the control threat condition, in-group evaluations would correlate with locus of control, but not self-esteem.

The results supported all 3 hypotheses. Participants in both the mortality salience and control threat conditions evaluated in-group members (i.e. New Zealanders) more positively than out-group members (i.e. Asians). In the baseline condition New Zealanders were not significantly evaluated more highly than Asians. Thus, participants in both the mortality salience and control threat conditions showed enhanced in-group favouritism in contrast to those in the baseline condition. In the mortality salience condition, in-group evaluations were correlated positively with the self-esteem, but not control. In the control threat condition, in-group evaluations were correlated negatively with control (but not self-esteem). These findings suggest that both threats can promote in-group favouritism and that this occurs through different mechanisms. These results are consistent with the those found in the meta-analysis reported by Martens et al. (2011) suggesting that the processes involved in mortality salience and other forms of threat are relatively distinct**.**

While these findings provide insight into the psychological mechanisms that influence in-group favouritism, this study is not without criticism. One limitation relates to the fact that the sample was comprised of New Zealand university students. Such samples tend to contain people from Western, Educated, Industrialized, Rich, and Democratic (WEIRD) societies which are not representative of other parts of the world (Henrich, Heine, & Norenzayan 2010). Indeed, there is some evidence to suggest that the patterns of in-group favoritism discerned in the current study might not be replicated in an Eastern culture (Burke et al., 2010).

A second limitation of this research is that it tended to focus on specific aspects of self-esteem and control. This means our results should be treated with caution as they do not generalize to other forms of self-esteem and control (see Hunter, Reid, Stokell & Platow, 2000). That said, the performance subscale of self-esteem used in the present study which focuses on 'ability, intelligence, and well-being' is consistent with the self-esteem scales used in other mortality salience studies (see Rosenblatt et al, 1989). Likewise, with respect to our measure of control, we utilized 'the powerful others' subscale. This scale, represents the feelings of control that the individual has in regards to the actions of powerful others (Levenson, 1974) and may have been particularly potent in the context of intergroup relations in the current situation, where members of the Asian out-group constitute a threat (Hayhurst et al., 2014).

Overall, this study reports preliminary evidence indicating that mortality salience and control threat can promote in-group favouritism and that this occurs via different mechanisms. Mortality salience it would seem foster attempts to restore self-esteem through in-group favouritism. Likewise, control threat appears to influence attempts to restore control through in-group favouritism. Future research should examine the extent to which these findings may be generalized to other cultures and are manifest using alternative

measures of self-esteem and control. It is hoped that, ultimately, such work will help pave the way for intergroup reconciliation (see Stringer et al. 2010).

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