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It Could Be Worse: Selective Evaluation as a Response to Victimization

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A theory of victims' responses to their victimization, termed Selective Evaluation, is proposed. It is maintained that the perception that one is a victim and the belief that others perceive one as a victim are aversive. Victims react to this aversive state by selectively evaluating themselves and their situation in ways that are self-enhancing. Five mechanisms of selective evaluation that minimize victimization are proposed and discussed: making social comparisons with less fortunate others (i.e., downward comparison); selectively focusing on attributes that make one appear advantaged; creating hypothetical, worse worlds; construing benefit from the victimizing event; and manufacturing normative standards of adjustment that make one's own adjustment appear exceptional. The theory is integrated with the existing literature on victimization, and possible functions of selective evaluation are discussed.

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Personal accounts of serious events can lead to the conclusion that there are no victims.

> Far away from the hospital experience, I can evaluate what I have learned...I know my awareness of people has deepened and increased, that those who are close to me can want me to turn all my mind and heart and attention to their problems. I could not have learned *that* dashing all over the tennis court. (Polio victim, Henrich & Kriegel, 1961, cited in Goffman, 1963)

> I never knew my neighbors before. It was never really what you could call a neighborhood. But in the last two days, I've gotten to know everyone. We're all pulling together and taking care of each other. It's a nice feeling. (Flood victim, CBS Evening News, March 15, 1982)

> We were very lucky. He took only the stereo and the T.V. It could have been a lot worse. (Venice, California crime victim)

As the above examples suggest, victims of life-threatening attacks, illness, natural disasters and other such events sometimes seem from their accounts not only to have overcome the victimizing aspects of their situation, but actually to have benefitted from their experience. The scientific literature on coping with tragedy also suggests that relatively few people feel like victims for very long. Studies of reactions to chronic illnesses or conditions such as cancer, diabetes, severe burns, cystic fibrosis, or hemophilia, and investigations of coping with the loss of a child or spouse, reveal that the majority of individuals experiencing such victimizing events report a quality of life equivalent to, or even exceeding, their pre-victimization quality of life (e.g., Silver & Wortman, 1980; Turk, 1979). All victims do not, of course, readjust successfully (see Silver & Wortman, 1980). However, most do, and they do so substantially on their own. Studies of the use of mental health services show that instead of consulting mental health professionals, most people cope with aversive events themselves by drawing on their internal resources or social support networks (Gurin, Veroff, & Feld, 1960; Wills, 1982). These internal resources will be our focal concern here.

This paper explores the cognitive mechanisms that victims of serious life events use to "de-victimize" themselves. We maintain that perceiving oneself to be a victim and believing that others perceive one to be a victim are both aversive. Victims are, accordingly, motivated to eliminate or minimize the extent of their victimization by evaluating themselves and/or their situation against selected comparison standards. Five mechanisms of selective evaluation to minimize victimization are proposed: making social comparisons with less fortunate others (i.e., downward comparisons); selectively focusing on evaluative dimensions that make one appear advantaged; creating hypothetical, worse worlds; construing benefit from the experience; and manufacturing normative standards that make one's

own adjustment appear exceptional. Each of these mechanisms can be observed in a wide variety of victims, as the following account will attempt to demonstrate. First, however, we will present evidence illustrating that victimization is aversive.

VICTIMIZATION AS AVERSIVE

A victim is defined as one who is harmed by or made to suffer from an act, circumstance, agency or condition (Morris, 1973). One may be a victim of one's own actions, of impersonal forces, or of other persons' actions, whether intentional or accidental. Following this definition, we include a wide variety of situations under the umbrella term, victimization, such as those occurring as the result of disasters, crime, illness, and stigma. Although varying conditions of victimization will have different implications, both for victims' responses to their situations and for others' reactions to them, we will maintain that most victimizing events evoke some commonalities in response. Specifically, victimization is hypothesized to be aversive. In one sense, this is a fatuous assertion, since most victimizations lead to suffering and loss. However, victimization is aversive over and above the tangible losses and suffering that is experienced. Feeling like a victim has aversive personal and social consequences.

Aversive Personal Consequences of Victimization

The most obviously aversive aspect of victimization is that it represents a loss of value, status, or resources. The victim of a flood, fire, or other natural disaster usually loses tangible goods such as home, personal possessions, or automobile; he or she may also lose family or friends or may be physically injured. The victim of illness loses the use of physical resources at least temporarily, may be permanently disabled, and often faces an uncertain or deteriorating future. Victims of crime may lose property or be physically injured, and they often experience severe emotional trauma such as intense fear or depression. To be aware of one's victimization is to be aware of these losses.

Another loss that victims may keenly feel is a loss of control. Studies of victimizations such as rape (Burgess & Holmstrom, 1979) and illness (Leventhal, 1975) indicate that one of the most common reactions is a sense of loss of control. Feeling out of control can produce cognitive, behavioral, motivational and emotional deficits (Seligman, 1975; Brehm, 1966; Wortman & Brehm, 1975; see also Taylor, 1979, and Thompson, 1981, for

reviews). A large amount of research on both acute, manipulated feelings of control as well as chronic expectations of control indicates that control is associated with more successful adaptation to aversive short-term events (Thompson, 1981) and with psychological adjustment to chronic events (e.g. Taylor, Lichtman, & Wood, in press). The loss of control engendered by victimization, then, can have far-reaching deleterious consequences.

Loss of self-esteem is a third common concomitant of victimization. Research on experiences as diverse as going on welfare (Briar, 1966), losing one's job (Scholzman & Verba, 1979), developing a malignancy (Abrams & Finesinger, 1953), and being raped (Burgess & Holmstrom, 1979) shows that when people experience an aversive life event, it takes a toll on their self-esteem, even when those individuals bear no conceivable responsibility for the victimizing event. An epileptic described his former self-perceptions:

> It took me quite a while to realize that there is nothing wrong with being an epileptic. I used to see other people that were mentally retarded, and I used to think that I was like them. I discovered that it was not something to be ashamed of...and that my mind was just as normal as anyone else's. (Kleck, 1968, p. 1245)

Victimization may also be aversive because it forces people to label themselves in negative ways or categorize themselves with other, stigmatized individuals (cf. Davis, 1961). The recently-victimized have long experience with being "normal," so they know how they had previously perceived victims. Now that they have acquired victim status, they react to themselves in part as they would react to another victim: with aversion and, perhaps, some pity. This reaction of the observer-self to the objective self is undoubtedly very upsetting to victims, a problem that can be heightened when victims are exposed to other similar victims. For example, the waiting room experience forces cancer patients to label themselves as cancer patients and admit to awareness the full implication of that status.

> While I was going for the radiation treatments, I'd come in here and I'd think, "Gee, what am I doing here? I'm afraid in comparison to some of these people. I have something these people have?" And I realized that's why I was there. (Taylor, Lichtman, & Wood, Note 1)

Thus, the looking-glass self (Mead, 1934) finds both the current situation and the potential future terrifying and may seek to minimize their implications by avoiding labeling the self as a victim.

Aversive Social Consequences of Victimization

In addition to personally aversive consequences of victimization, victims also often experience negative social consequences. Although Judeo-Christian ethics endorse a compassionate stance toward victims and

although institutionalized mechanisms for compensating victims exist, interpersonal reactions to victims are at best ambivalent, and at worst hostile and rejecting. Ryan (1971) characterizes non-victims' responses to victims as "blaming the victim." He argues that people who are advantaged by virtue of their social position often attribute their success to their own efforts; when they perceive others failing to achieve the same outcomes, they may attribute those others' failures to internal qualities, thereby blaming victims for their victimized state. Moreover, because advantaged people are implicitly allied with the societal distribution of outcomes, to show compassion for, compensate, or otherwise materially or psychologically benefit the victim would be tantamount to criticizing the social system that benefits themselves. Thus, non-victimized others must derogate the victim if they are to keep their perceptions of their own deservingness intact.

Lerner (1965, 1970; Lerner & Lichtman, 1968; Lerner & Matthews, 1967; Lerner & Simmons, 1966) has made a similar point in his conception of the "just world." He argues that perceiving others to be victims is threatening, particularly if the source of the victimization is perceived to be random, and the victimization is perceived as extensive, ongoing, and hard to undo. Random severe victimization, like that due to natural disasters or crime, raises the threatening possibility that the same event could befall the self. People therefore try to derogate the victim's behavior as the cause of the victimizing event. If the victim's behavior cannot be construed as causally important, as when the victim committed no action that could have caused the event, then, according to Lerner, derogation of the victim's character will result. One will see the victim as the sort of person who deserved to be victimized.

Although Ryan's and Lerner's models differ in what they see as the impetus for victim derogation, they concur on the fact that such derogation occurs. Victims are certainly aware of these responses, either by personal contact with such derogation or through their own prior experience in reacting to others as victims. Anticipating derogation from others can, then, act as an impetus for minimizing one's status as a victim.

Victims may also fear a loss of tangible rewards or further punishment as a consequence of their status. In their experimental studies, for example, Freedman and Doob (1968) demonstrated that individuals who were miscast as having an atypical personality trait were more often selected out for punishment and less often selected out for rewards by "normals" than were other "normals."

A distinction can be made, then, between *primary victimization*, i.e., the initial victimizing circumstances (e.g., tornado, flood) and *secondary victimization:* the negative social reactions of hostility, derogation, and rejection that can follow as a reaction to primary victimization. Often, victims must cope with both simultaneously.

Secondary victimization can take many forms more subtle than outright punishment but which take their toll on interpersonal relationships and self-esteem nonetheless. For example, some victimizing attributes are exaggerated in non-victims' minds to encompass other capacities not, in fact, affected by the victims' situation. For example, a crippled person may be shouted at as if he or she were deaf, or a blind person may be spoken to in a very slow, simple way, as if he or she were retarded (Goffman, 1963). "Normal" people may have a very poor idea of exactly what the limitations of some handicaps are, and moreover, the handicap looms large in their perceptions of the other and dominates their responses (e.g., Langer, Taylor, Fiske, & Chanowitz, 1976). The limitations of the handicap are often perceived to extend beyond their actual boundaries. As Goffman (1963) notes, non-stigmatized people also often behave as if physical stigma were a bodily sign indicating a bad or tainted personality. For example, normals may respond to individuals with facial disfigurements as if their personality as well as their face were disfigured (Richardson, Goodman, Hastorf, & Dornbusch, 1961). Once a person has been labelled, others may overinterpret all that person's behavior as resulting from the labelled attribute and view behaviors that would usually be regarded as perfectly normal as further evidence for the appropriateness of the label. This process is known as *secondary labelling* (Schur, 1971; Scheff, 1966) and further contributes to cementing the victim status. A one-legged girl provides an example:

> Whenever I fell, out swarmed the women in droves, clucking and fretting like a bunch of bereft mother hens. It was kind of them...but at the time I resented and was greatly embarrassed by their interference. For they assumed that no routine hazard to skating—no stick or stone—upset my flying wheels. It was a foregone conclusion that *I* fell because I was a poor, helpless cripple. (Baker, quoted in Goffman, 1963)

As others respond to the victim on the basis of the label, the victim may come to internalize these responses and perceptions, and begin to think of the self in the same way (Gove, 1975).

It is not surprising, then, that many people who are stigmatized or otherwise victimized find that their status is almost impossible to reverse (Goffman, 1963; Farina, Ghlia, Boudreau, Allen, & Sherman, 1971). Moreover, once labelled, the individual may be socially pressured into withdrawing further into the world of similar victims, making a change in situation even more difficult (Dinitz, Dynes, & Clarke, 1969). For example, the blind or crippled person who lives in a world that does not accommodate to his or her handicap may find the unappealing option of institutionalization the only recourse (Goffman, 1963). Whether or not the victim has lost self-esteem due to the primary victimizing circumstances, then, the secondary victimization of social labelling, rejection, and isolation

can itself lower self-esteem (Dinitz, Dynes, & Clarke, 1969; Goffman, 1963; Wortman & Dunkel-Schetter, 1979).

Even the best social responses to victimization may be aversive to the victim. The need to accept aid from others and the accompanying emotional reactions such as pity may indicate the condescension of the other and underscore the loss of power or status on the part of the victim. Help-seekers lose face and self-esteem, and they risk evaluations of incompetence by the helper (e.g., DePaulo & Fisher, 1980). Attempts by normals to interact normally with stigmatized others are often inhibited, uncomfortable, and overcontrolled (Kleck, Ono, & Hastorf, 1966; Goffman, 1963). Often, normals evaluate even minimal efforts by stigmatized others in an exaggeratedly positive way (Kleck, 1968; Langer et al., 1976), giving the stigmatized person falsely positive feedback. The victim may begin to have doubts about others' friendliness and wonder what their *true* reactions are (Goffman, 1963). Secondary victimization can occur, then, even when the non-victim has the best intentions.

Social Management of Victim Status

Much has been written about the social mechanisms victims use to minimize the aversiveness of their situation. When possible, victims may prefer to keep their situation unknown. In a series of experimental studies, for example, Freedman and Doob (1968) designated randomly selected persons as victims by giving them false feedback, suggesting their personality test scores were radically different from those of others around them. The researchers found that the so-labelled individuals went to some lengths to avoid being perceived as different, presumably to avoid the rejection of others. Those whose status was unknown by the other group members tried to conceal their status both by minimizing their social contact with others and by altering their behavior on certain tasks in an apparent effort not to stand out. These effects disappear when the different status was public knowledge. In a similar vein, Goffman (1963) writes about the highly tempting option of "passing" when it is unlikely that others will find out about one's situation. Passing, as a strategy for controlling the perceptions of others, has been documented in a wide variety of groups including American Blacks (Goffman, 1963), cancer patients (Wortman & Dunkel-Schetter, 1979), and epileptics (Kleck, 1968). Clearly, the anticipation of negative reactions of others can act as a strong incentive for keeping one's unusual status secret.

For those who cannot pass, minimization of their condition is common. Goffman (1963) notes the tendency on the part of the obviously-stigmatized to reject the concern or aid that is offered them, preferring to

do things for themselves so as to deny the implication that they are helpless. A crippled person who has fallen, for example, may refuse the help of another, choosing to get back up on his or her own. Those who are unable to pass will also often develop strategic interaction patterns to try to minimize the impact of their status on others (e.g., Farina, Allen, & Saul, 1971; Freedman & Doob, 1968). They may allude to involvement in "normal" activities, appear calm or humorous about their situation, or interject references to their circumstances to defuse the situation (Davis, 1961; Goffman, 1963). In this way, they disavow their victim status so as to encourage normal others to behave toward them as normals.

To summarize, then, victimization is personally aversive to the victim, because he or she experiences loss of control and low self-esteem, and because labeling one's self as a victim is threatening. Moreover, others perceive victims as threatening or frightening and defensively derogate them. Even the best responses of others to the victim, namely compensation and concern or pity, have aversive consequences. Thus, anticipation of negative social consequences as a result of one's victimization is an important impetus for victims' minimization of their status as victims.

How does minimization of one's status as victim occur? Obviously, the social strategies of passing and impression management just discussed constitute one set of tactics. However, we believe that even more fundamental to the "de-victimization" process is a pattern of selective evaluations that attempts to limit the perception of the self as victim both in one's own mind and in the minds of others. We turn now to these selective evaluations.

SELECTIVE EVALUATION AND THE MINIMIZATION OF THE VICTIM STATUS

Cognitive strategies for controlling the perception of the self as a victim involve making selective evaluations of one's self and/or one's situation. That is, viewed in one light, one's situation may look to be quite dire and unenviable, yet viewed in another, one may appear to be quite fortunate. Selective evaluation processes minimize victimization by focusing on these beneficial qualities of the situation.

Social Comparisons with Less Fortunate Others

The idea that people evaluate their outcomes by comparing them against those of similar others has been a cornerstone of social psychological research for many years (Festinger, 1954; Pettigrew, 1967; Suls & Miller,

1977). In particular, a hypothesis drawn from social comparison theory (Festinger, 1954) predicts that people evaluate their situation against that of people who are doing somewhat better than they are, a phenomenon that has been termed "upward comparison" (Wheeler, 1966). Upward comparison has the benefit of providing information that is potentially useful for improving one's own outcomes, but has the potential disadvantage of making one feel dissatisfied about one's own situation; that is, upward comparisons always make one appear less benefitted than the comparison other.

Research on social comparisons under threat, however, suggests that when an individual is already feeling threatened about his or her situation, downward comparisons will be made, i.e., the individual will evaluate his or her own outcomes against those of someone doing less well (Friend & Gilbert, 1973; Hakmiller, 1966; Wilson & Benner, 1971; see Gruder, 1977, for a review). Downward comparisons have the psychological advantage of making one feel good about one's situation relative to the comparison other, although they have the potential disadvantage of providing little useful information for improving one's own outcomes. Downward comparisons would be expected, then, whenever self-esteem needs take precedence over informational needs (cf. Brickman & Bulman, 1977).

Wills (1981) has recently made a formal statement of this idea and has brought together a substantial amount of literature suggesting that downward comparison is the rule under potentially victimizing circumstances. He argues that in situations in which misfortune or frustration cannot be remedied through instrumental action, people will attempt to preserve their self-esteem through downward comparison. These comparisons may be passive, as when the victimized person takes advantage of any available opportunities for comparison with a less fortunate other; or they may be active, as when the victimized other actively seeks a target to derogate so as to create distance between the self and the other.

Recently, we completed an interview study on how breast cancer patients cope with their experience. The prevalence of downward comparisons was quite striking. We had asked our patients how they felt they had adjusted to their cancer relative to other cancer patients; we had expected to find that some believed that they had adjusted better, and others, worse, depending on their exposure to potential comparison others. Instead, virtually all our women thought they were doing as well or better than other women coping with the same crisis. Only two of the seventy-eight women interviewed said that they were doing somewhat worse. If we had an unusually well adjusted sample, of course, these perceptions could be veridical, but we know from other information that this is not true. Comparison of participants in the study with non-participants from the same practice on a large number of disease-related and adjustment-related

variables revealed no significant differences between the two groups (Taylor, Lichtman, & Wood, in press). What these results suggest is that, consistent with Wills (1981), these women are making downward comparisons, comparing themselves with women who are as fortunate or less fortunate than they are.

Cancer patients' experiences are not the only documentation of the downward comparison effect. Burgess and Holmstrom (1979) noted that their rape victims frequently compared their own incident to that of other women who had sustained degradation, injury, or death during their rape. Wills' (1981) review more generally points out that under conditions of economic threat, so-called scapegoating increases, a pattern he interprets as additional evidence of downward comparisons. The dominant culture, he argues, defines targets that are acceptable to derogate and are readily available for derogation during times of threat (see also Brickman & Bulman, 1977). Although in our estimation, derogation and downward social comparison should not be treated as synonymous phenomena, nonetheless the argument that there is a comparative element to derogation under conditions of threat is compelling.

The literature on downward social comparison suggests that self-esteem needs are satisfied at the expense of informational needs. However, the two functions need not be antagonistic. Social comparisons may be multidimensional and serve several needs simultaneously. For example, some of our cancer patients' comparisons involved selecting as comparison objects other women who were worse off physically (such as women with nodal involvement, women with metastatic cancer, or double mastectomies), but who were coping very well. Thus, their comparisons were downward on the physical dimension, but not on the coping dimension. As a consequence, these comparisons are, on the one hand, self-enhancing, but they are also instructive and motivating. That is, the fact that women worse off are coping well seems to inspire the person drawing the comparison to try to do as well and to pattern her own behavior after the comparison person. Thus, multiple functions of social comparisons—self-evaluation, self-enhancement, and motivation to improve one's situation—may co-exist (Berger, 1977; Brickman & Bulman, 1977; Gruder, 1977; Hakmiller, 1966; Singer, 1966; and Thornton & Arrowood, 1966).

Downward social comparisons, then, seem to be a robust way to minimize victimization. By drawing the comparison, the victim, in essence, claims that there are many other people worse off than the self, and that by comparison, the self is not to be pitied or derogated. Such comparisons seem to be made chiefly to restore self-esteem, but they may permit simultaneous satisfaction of informational and motivational needs as well.

Selective Focusing on Attributes That Make One Appear Advantaged

Selecting a disadvantaged target is not the only social comparison strategy for achieving the goal of self-enhancement. A second strategy is to select the *dimension* on which the comparison is made so as to make the self appear favorably. The idea that dimensions are themselves selected has been virtually ignored in the previous literature. One reason may be that frequently, social comparison studies have assumed that the goal of comparisons is self-evaluation; if self-evaluation is one's goal, then the attribute about which one needs information is a given, and it determines selection of the comparison other. However, when one considers the existence of other comparison goals, then the comparison attribute may not be a given; it may itself be *selected.*

Under conditions of threat, the goal of the comparison process, namely to make oneself look good, is pre-determined. The outcome can be achieved by juggling either of the two parameters of the comparison process, the comparison target or the comparison attribute. As just noted, selection of a disadvantaged target (downward social comparison) can achieve the goal of self-enhancement. A second potential strategy is to control the selection of the comparison attribute. We suggest that under conditions of threat selection of a dimension on which one appears advantaged will be common.

Some evidence for this position was found in our study of cancer patients. The following is a comparison made by a woman whose cancer was treated with a lumpectomy (removal of the lump itself), rather than a mastectomy (which involves the removal of the entire breast):

> I had a comparatively small amount of surgery. How awful it must be for women who have had a mastectomy. I just can't imagine, it would seem it would be so difficult.

These are the remarks of a woman who had a mastectomy:

> It was not tragic. It's worked out okay. Now if the thing had spread all over, I would have had a whole different story for you.

An older woman:

> The people I really feel sorry for are those young gals. To lose a breast when you're so young must be awful. I'm 73, what do I need a breast for?

A young woman:

> If I hadn't been married, I think this thing would have really gotten to me. I can't imagine dating or whatever knowing you have this thing and not knowing how to tell the man about it.

The point, of course, is that everyone is better off than someone as long as one picks the right dimension. In our study, several women who had had a lumpectomy compared themselves favorably to women who had had a mastectomy. Mastectomy patients never evaluated themselves against lumpectomy patients. Older women considered themselves better off than younger women; no younger woman expressed the wish that she had been older. The women who were the worst off consoled themselves with the fact that they were not dying or were not in pain. Even some who were dying focused on the fact that they had achieved spiritual peace whereas other people might never reach that state. The number of self-enhancing dimensional comparisons is striking, appearing, for example, in fifty percent of our patient protocols. Not only choice of comparison target, then, but also choice of comparison dimension is important for restoring self-enhancement in the face of threat.

Similar processes appeared to operate when our cancer patients evaluated the breast loss that resulted from the cancer treatment. A large number of the following kinds of statements were made:

> There are worse things that can happen to you, that are more disfiguring. You could lose an arm, you could lose a leg, you could lose an ear, you could lose an eye, you know. That's a hell of a lot worse.

> Sometimes I tell myself that it could be worse. You don't see it, as if you had lost a hand.

Such selective evaluations extend beyond the cancer experience. For example, a newspaper account of recent Los Angeles area fires revealed older and younger people each comparing themselves favorably to the other: Commenting on his ability to start over, a young father noted: "We were luckier than the retired ones..." A bit later, a 78-year-old woman commented: "I'm worrying about the younger people" *(Los Angeles Times,* April 21, 1982).

To summarize, then, when people encounter victimizing events, they can minimize the extent of their victimization not only by comparing themselves against others who are less well off, but also by highlighting the attributes on which they emerge as better rather than worse off.

The Creation of Hypothetical Worse Worlds

Comments of a tornado victim after his house was destroyed:

> We were very lucky, God stopped that thing just before it got to us. If he hadn't, we'd be dead right now. (CBS News, May 31, 1982)

The belief that one is lucky because one could have been more severely victimized is commonly expressed by victims following natural disasters,

illness, and other threatening events. The comparison of one's current situation against what could have happened seems to be a robust reaction to serious events. For example, rape victims frequently note that they could have been killed, or subjected to greater violence or perversion than actually happened (Burgess & Holmstrom, 1979). Our cancer patients frequently noted that their experience had not been as bad as it could have been, considering they could have died or had a long, drawn-out illness. Somewhat closer to home, a good friend described her automobile accident as follows:

> I was very lucky. A split second later and the car would have hit my door and killed me. As it was, he hit the front end and totalled it.

The creation of hypothetical worse worlds shows up commonly in reactions to victimization, but why it occurs is debatable. There are at least two possibilities. One is that, like the previous selective evaluation techniques examined, it is motivated by the need to minimize one's status as a victim. That is, just as selecting dimensions on which one is advantaged or comparing oneself with disadvantaged others makes one look good by comparison, so does imagining that things could have been much worse. Compared to someone who died or who was left more severely affected by the event, one is indeed better off.

A second, in some ways more interesting, possibility is that victims imagine possible worse worlds for some other reason than de-victimization which has the beneficial side effect of making one feel better about one's situation. A chief candidate for an alternative explanation might be termed *anticipatory focusing*. Much of the terror associated with a victimizing event stems not from what is currently happening but from the anticipation of how things may get worse. That is, during the course of the victimizing event, victims often imagine what is likely to happen next and conjure up the worst possible outcome, perhaps as a way of preparing themselves for the next sequence of events. Cancer victims usually report that they have contemplated their own death during the cancer episode (Taylor, Lichtman, & Wood, Note 1). Rape victims report more terror around the possibility of being murdered than around the rape itself (e.g., Burgess & Holmstrom, 1979; Meyer & Taylor, Note 2). Victims of natural disasters or accidents report a fear of being killed or injured, rather than a concern over the damage that actually occurred. When later recalling the episode, impressions of what transpired may be accompanied by these anticipatory fears that the victim experienced. Thus, it may be that when victims of disasters describe their situation by explaining how much worse things could have been, they are actually reporting the fears that went through their minds during the event, rather than defensively minimizing their victimization by imagining how things could have been worse. It is not

currently possible to separate motivational and cognitive explanations for the "worse worlds" phenomenon; it is entirely possible that both reasons are valid.

Construing Benefit from the Victimizing Event

A fourth mechanism for minimizing victimization is to reconstrue the event so as to highlight its benefits. The victim of the Indiana floods of Spring, 1982, whose comment opened this paper, was interviewed hours after her house and possessions had been destroyed; yet she was able to point out that the flood had brought everyone together in a close and sharing way (CBS News, March 15, 1982). A woman who had been savagely beaten, shot in the head, and left to die, but who miraculously survived, pointed out that the event had led to a joyful reconciliation with her mother *(Los Angeles Times,* June 8, 1982). Others (e.g., Lipowski, 1970; Shontz, 1975) have reported that those who have suffered from accidents or illness may be able to find benefit in the experience. Attempts to construe good from the victimizing event have been observed among widows (Glick, Weiss, & Parkes, 1974), spinal cord-injured patients (Bulman & Wortman, 1977), mothers who have lost infants (Cornwell, Nurcombe, & Stevens, 1977), parents of childhood cancer patients (Chodoff, Friedman, & Hamburg, 1964), and burn patients (Andreason & Norris, 1972).

This ability to construe good from harm often takes the form of finding meaning in the experience. Taylor (in press) has suggested that one of the chief methods of coping with serious, often life-threatening events is finding meaning in the experience. Taylor (in press) has suggested that one of example, step back and take stock of their lives:

> You can take a picture of what someone has done, but when you frame it, it becomes significant. I feel as if I were for the first time really conscious. My life is framed in a certain amount of time. I always knew it. But I can see it, and it's made better by the knowledge.

For many, the meaning gained from the experience led to self knowledge and/or self change.

> The ability to understand myself more fully is one of the greatest changes I have experienced. I have faced what I went through. It's a bit like holding up a mirror to one's face when one can't turn around. I think that is a very essential thing.

> I was happy to find out that I am a very strong person. I have no time for game-playing anymore. I want to get on with life. And I have become more introspective and also let others fend for their own responsibilities. And now almost five years later, I have become a very different person.

For others, the meaning derived from the cancer experience brought a new attitude toward life:

> I have much more enjoyment of each day, each moment. I am not so worried about what is or isn't or what I wish I had. All those things you get entangled with don't seem to be part of my life right now.

Overall, sixty percent of our cancer patients reported these kinds of beneficial changes in their lives as a consequence of their cancer. Typically, these women had re-ordered their priorities, making such mundane concerns as housework, petty quarrels, and involvement in other people's problems low priority, and relationships with spouse, children and friends, personal projects, or just plain enjoyment of life, high priority (Lichtman, Note 3):

> You take a long look at your life and realize that many things that you thought were important before are totally insignificant. That's probably been the major change in my life. What you do is put things into perspective. You find out that things like relationships are really the most important things you have—the people you know and your family—everything else is just way down the line. It's very strange that it takes something so serious to make you realize that...

Construing benefit from a victimizing event, then, goes much farther than simply finding something positive about it. Victims often learn from their experiences, and the meaning gained can greatly enrich their lives. Frankl's (1963) landmark work on victims of the concentration camps testifies that those who survived their experiences most successfully were those who were able to use the experience to find meaning in their lives. This is a remarkable ability of victims, made all the more so by the fact that it can occur in the most victimizing of circumstances.

The Manufacture of Normative Standards of Adjustment

The preceding four strategies for selectively evaluating one's victimization all minimize victimization by implying either that a victimization has not occurred or that it is minor, relative to what could have happened. The strategy about to be discussed differs from these others in that it fully acknowledges that a victimization has occurred but maintains that it has been dealt with extremely well. This strategy is embodied by the statement, "I'm doing very well under the circumstances."

As in three of the previous four mechanisms, the present reaction depends upon the evaluation of one's situation against a comparative standard. Research suggests that victims want to learn how other fellow victims react to and cope with their situations (e.g., Wortman & Dunkel-

Schetter, 1979). However, it is often difficult to know what the norms for coping with a victimizing event are. Victims typically heal their wounds in private. The barriers to learning how fellow victims cope have been particularly noted in the cancer literature (Wortman & Dunkel-Schetter, 1979), but no doubt are present for other serious events as well. We suggest that people respond to this vacuum of information by manufacturing normative standards of adjustment against which they can compare themselves. We further suggest that under conditions of threat, one may not seek an honest appraisal of one's own coping as much as evidence that one is coping well. Under these circumstances, the manufactured normative standards of adjustment may be defined in such a way that one's own adjustment appears exceptional.

Our evidence for this hypothesis comes from our own work with cancer patients. As previously indicated, we had expected to find that patients' perceptions of their ability to cope would range from poor to good and instead found that virtually every respondent felt she was coping well. One frequent way that this perception was maintained was through the evaluation of one's own coping against hypothetical other women who were perceived as doing much worse.

> Some of these women just seemed to be devastated. And with really less problems than I encountered, you know, smaller tumors.
>
> You read about a few who handle it well, but it still seems like the majority really feel sorry for themselves. And I really don't think they cope with it that well. I don't understand it, because it doesn't bother me at all.
>
> I think I did extremely well under the circumstances. I know that there are just some women who aren't strong enough, who fall apart and become psychologically disturbed and what have you. It's a big adjustment for them.

It seems, then, that if a comparison person who makes one appear well adjusted is not available from personal experience, such a person may be manufactured. Overall, twenty-two percent of our patient protocols contained unsolicited comparisons of this kind. The absence of solid normative information about coping makes it possible to manufacture such standards, so as to make one's own response appear exceptional.

A similar pattern was observed among the husbands of these cancer patients, themselves victims of a different sort. When they were asked to evaluate their own ability to cope with their wives' breast cancer, many of the men evaluated themselves against the mythical man who deserts his wife after her surgery.

> I've heard cases that sometimes men leave their wives, or they sleep in another room. You know this happens, but I was extremely supportive really. That's just the way I am.

> I love her very much and she loves me very much. You hear stories, I don't deny they happen, like men leaving their wives because of the physical appearance. I think they're nothing but animals. And I don't consider myself an animal.

We term this comparison man "mythical" because desertion of a woman by her spouse following breast cancer appears to be fairly unusual, occurring, for example, in only four percent of our own sample (Lichtman, Taylor, & Wood, Note 4). Nonetheless, this response is perceived by many men to be normative, and so when they evaluate themselves against this hypothetical man, they emerge as dealing with the event very well. Over thirty percent of our interviewed husbands' protocols showed these (unsolicited) "mythical man" comparisons.

Overall, we predict that people, both victims and observers, prefer to minimize victimization by implying that a victimizing event has not occurred. When this is difficult to do, however, one's own self-perceptions and the reactions of others can be partially controlled and offset if the victim can make it appear that the impact of the victimizing event has been relatively small. A chief way of accomplishing this is by manufacturing standards of adjustment that make other victims of the event appear to have reacted poorly. The self, by adjusting successfully, is less a victim for having done so.

CONCLUSIONS

The five mechanisms just examined enable a victim to minimize victimization by maintaining that the negative impact of the event has been small or nonexistent, by highlighting the hidden gains of the victimization, or by maintaining that he or she is coping very well with the situation. By distinguishing five responses, we do not wish to imply that they are necessarily an exhaustive set of the ways people minimize victimization, or that they constitute a range of options from which one selects one response. The five are, in some ways, very similar types of reactions to a common situation and may be used in concert.

There arises the question of whether selective evaluations are motivated to preserve self-conceptions, whether they are motivated by self-presentational needs vis-à-vis others, or whether these responses can be explained by cognitive processes. While psychologists generally like to tease apart such explanations, there seems little point in doing so in the present case. It is clear that all three factors are involved. As previously noted, the state of victimization is at least as aversive to the self as it is to others, and so creating a self-presentation as a non-victim would seem to be at least as important for managing self-perception as for controlling the perceptions

of others. Moreover, there seems to be little value in regarding these processes as solely motivationally inspired. For example, in the case of the imagination of possible worse worlds, there is a viable cognitive candidate, termed anticipatory focusing, that may explain the prevalence of the response. Also, as previously noted, downward social comparisons serve self-enhancement needs primarily, but can be made so as to facilitate informational needs simultaneously. There may be cognitive bases for the other mechanisms as well. Thus, the process of minimizing victimization seems to be best understood as occurring in response to a confluence of motivational, social, and cognitive factors.

It should be noted that minimization of victimization is not synonymous with denial. It is true that the impact of victimizing circumstances can sometimes be so great that victims will actually deny that the victimizing circumstances exist (Lazarus, 1983). Our research on cancer patients (Taylor, Lichtman, & Wood, Note 1; Falke & Taylor, Note 5), for example, turned up two or three individuals who coped with their cancer by denying that they had ever had it, despite clear evidence (e.g., a mastectomy) that it had existed. Minimization, however, is not the perception that the victimizing events did not occur, but rather the perception that their impact has been small or that one has in other ways profited from it.

Although we have suggested that it is usually victims themselves who engage in selective evaluation of their situation, it is important to point out that victims are also often encouraged by others to re-evaluate their situation favorably. This may be particularly likely to occur when the victim fails to do so on his or her own. Those who have lost a spouse or child, suffered a chronic illness, or otherwise experienced a serious life event that has been hard for them to overcome are often exhorted to "pull themselves together" before they are ready to do so (see Silver & Wortman, 1980, for a discussion of this issue). Cultural maxims also embody components of selective evaluation. Consider, as examples, "look for the silver lining," "think of the starving children in India," or "look on the bright side." Many of our examples of selective evaluation have come from media accounts of tragic events; clearly the media prefer to present an upbeat angle on what can otherwise be a "downer" of a story. Many victims, including cancer patients (Wortman & Dunkel-Schetter, 1979; Lichtman, Note 3), rape victims (Coates, Wortman, & Abbey, 1979), and widows (Glick, Weiss, & Parkes, 1974) report that they feel pressure to appear positively adjusted to their situation within a fairly short time after their experience. Taken together, these observations imply that a person's status as victim is aversive not only to him or herself, but also to those with whom he or she must interact.

The relationship of selective evaluation to coping in general should be clarified. In many ways, these selective evaluations constitute preliminary coping efforts, and coping researchers have noted in passing that these kinds of evaluations occur (e.g., Lipowski, 1970; Cohen & Lazarus, 1979; Pearlin & Schooler, 1973; Silver & Wortman, 1980). Heretofore, however, they have not received systematic attention; they have not been presented as a set of strategies; nor has their common primary function (i.e., minimizing victimization) been identified. Unlike some prior mentions of these kinds of responses, which emphasize their irrational or defensive qualities (see Lazarus, 1983), this presentation stresses the beneficial adaptive aspects of these mechanisms (Taylor, in press). At the same time, we are not proposing a theory of selective evaluation as a theory of coping *per se.* Clearly, minimizing one's status as a victim is only one task of adequate coping, and these mechanisms are not comprehensive enough to meet all one's coping needs. Rather, they can be viewed as one step in the coping efforts that must occur to overcome a victimizing event.

A large question concerns how adaptive selective evaluation actually is. On the one hand, it can help one to adapt, since the belief that one's situation is not as bad as it may appear allows one to function in the face of potential or actual catastrophe. On the other hand, there may be times when selective evaluation prevents people from coming to terms with their situation adequately. Even more problematic is the possibility that in resisting the label of victim, people fail to unite with others to solve legitimate common problems collectively. Thus, important questions remain: Are there particular circumstances when selective evaluation is more versus less adaptive? Is it more adaptive for some kinds of victimizations than others? Is it more adaptive at particular times in the coping process, such as early on, than at other times? These are the questions that need to be addressed by further research.

Regardless of the eventual answers to these questions, the fact that many people have these apparently adaptive reactions to victimization is impressive. It demonstrates that under even the most adverse circumstances, people can find meaning in the experience, bolster their self-esteem, and find value in their lives. Selective evaluation as a response to victimization is a testimony to the resilience of the human spirit.

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