

Undergraduate Psychology Research Methods Journal

Volume 1 | Issue 8

Article 4

11-2008

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Recommended Citation

Eimer, Sally (2008) "Overattribution Effect," *Undergraduate Psychology Research Methods Journal*: Vol. 1 : Iss. 8 , Article 4.

Available at: https://digitalcommons.lindenwood.edu/psych_journals/vol1/iss8/4

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Overattribution Effect

Sally Eimer

The purpose of this study was to investigate the types of judgments undergraduate students made regarding a child's behavior they observed in a brief video clip. Their attributions were expected to be affected by a key situational factor that only some were informed of. The researcher hypothesized that participants informed that the child, in the clip, was recently diagnosed with leukemia would attribute the child's behavior to situational factors, whereas participants not given any information about the child in the clip, would attribute the child's behavior to things intrinsic of the child.

How does someone come to make a judgment about another person's behavior? Is it something in the situation that causes a person to behave a certain way or is it something in the person's disposition? In 1958, Fritz Heider (as cited in Tetlock, 1985) embarked upon a search to find out how people make judgments about other's behavior. From Heider's research, Lee Ross continued to research and explain this. Ross (as cited in Pietromonac & Nisbett, 1982) termed the inclination observers have to over attribute behavior to dispositional factors and under attribute behavior to situational factors as "the fundamental attribution error". Edward Jones (as cited in Tetlock, 1985) later named the same bias as the "overattribution effect". This overattribution effect has been tested and researched in many ways by many researchers. However, they have failed to fully explain why and how it occurs, thus leaving room for further testing of the overattribution effect.

Do people really make a mistake when attributing behavior to internal factors more than situational factors? Sabini, Siepmann, and Stein (2001) argue that attribution

theorists overgeneralize the effect by claiming “situational causes are more important than dispositional ones *in general*” (p. 3). Sabini, et. al. further assert that results of past fundamental attribution error experiments have an equal explanation that participants are over attributing the “influence of a particular internal cause . . . compared to the influence of another, equally internal cause” (p. 6). Likewise, Steve Clarke (2006) showed that the overattribution effect “is not an established result . . . Rather, it is one possible interpretation of experimental evidence” (p. 351).

Rachel Rogers (2007) conducted a study on the fundamental attribution error, finding that participants informed of a child having autism made more situational attributions, while participants not informed made more dispositional attributions. The present study was designed to replicate and expand upon Rogers’ findings. The hypothesis for the present study was participants who were informed that the child in the clip was recently diagnosed with leukemia will attribute the child’s behavior to situational factors, whereas participants not given any information about the child in the clip will attribute the child’s behavior to things intrinsic of the child. This study differs from Rogers’ study in that the information given about the child is that the child has recently been diagnosed with leukemia. This tests the overattribution effect when the situation of a fatal illness is evaluated. Using a fatal illness is different than the use of autism in Roger’s (2007) study, in that leukemia is a fatal illness that develops during the child’s life, not a disorder that the child is born with. This benefits participants in that they may become aware of their tendencies of attributional error and they may use this awareness to look more closely before making judgments about another person. This

would enable more of the general population to become aware and be more careful when making judgments of other people.

Method

Participants

There were 15 women and 17 men, ages 18-23 in this study. Each participant was recruited from the Lindenwood University Human Subject Pool and received extra credit points from their respective professors of anthropology, sociology, and psychology general education level courses. Only one of the 32 participants had children. Many current majors were stated by the participants. With five of the 32 participants, the most commonly stated major was biology.

Materials

The Lindenwood University psychology lab was used for this study. Each lab contained a desk, two chairs, and a computer. Many types of paperwork were used in the study. A recruitment description and participant sign up sheet (see Appendix A) was used for participants to schedule a 15 minute time slot. The experimenter's list of participants was given to the Human Subject Pool Office for each week participants were run. A participant's receipt was given to each participant for them to obtain their extra credit. An informed consent form (see Appendix B) was given to ensure participant's consent to participate in the study. Instructions one and two (see Appendix C) were used to distinguish between the two groups of uninformed and informed. In instructions one, participants were told what sequential actions they would be engaging in, including being told that they were going to be watching a video clip of an adult and child interaction. Instructions two included all of the same information as instructions one and added the

information that the child in the clip had recently been diagnosed with leukemia. A demographic questionnaire (see Appendix D) was used to find common background information about the participants. A feedback letter (see Appendix E) was used to explain the study and its use of deception, along with providing the researcher's contact information. Also, a video clip (<http://www.youtube.com/watch?v=weMGpA8pH9A>, 2007) was played on the Gateway E Series computer and heard through two Zero micro speakers and a Sony tape recorder, Basic cassette tape, and a Sony free standing microphone were used to record the interviews.

Procedure

First, participants saw the recruitment description and participant sign up sheet (see Appendix A) posted on the Human Subject Pool bulletin board and signed up there. Participants entered the psychology lab on Lindenwood University's campus in Young Hall room 105. The lab contained a desk, two chairs and a computer. Participants were greeted and asked to sit down at the desk and fill out information on the experimenter's list of participants and the participant's receipts. Then they were given two copies of the informed consent form (see Appendix B) to review, print their name at the top where indicated and sign at the bottom where indicated, giving one copy to the researcher and retaining the other copy for their records. Upon their signed consent, participants were given either instructions 1 or 2 (see Appendix C) and asked to read carefully. Half of the participants received instructions 1 and were not informed of any contextual information regarding the child in the clip. The other half of the participants received instructions 2 and were informed that the child in the clip had recently been diagnosed with leukemia. The version of the instructions each participant received was alternated for each subject,

where subject one received instructions 2, participant two received instructions 1, participant three received instructions 2, and so on. Once they had finished reading the instructions, they were given the demographic questionnaire (see Appendix D) and asked to complete. Prior to the participant receiving their copy of the demographic questionnaire, the researcher, based on the version of instructions the participant received and the order they came, printed a corresponding participant identification number in the upper right hand corner of the questionnaire.

After completing the questionnaire, the researcher clicked start on the computer to begin the video clip. Participants watched a video clip of a child refusing his mother's request to take a nap (<http://www.youtube.com/watch?v=weMGpA8pH9A>, 2007). The clip was a little over one minute long. Following the video clip, participants were interviewed (see Appendix F) about their thoughts regarding the child's behavior and the mother's behavior (questions adapted from Rogers, 2007). After each participant was asked the first six questions, a seventh hypothetical question was posed. Those in the informed group were asked of if they would have responded differently if they had not been informed that the child in the clip had recently been diagnosed with leukemia and those in the uninformed group were asked if being informed that the child in the clip had recently been diagnosed with leukemia would alter their responses. During the interview the participants were audiotaped to ensure that the researcher accurately captured their responses. Later, the recorded interviews were played back and written down by the researcher. Then, the researcher and Rachel Rogers went through each response and coded each as either situational or dispositional. At the beginning of each interview, the researcher spoke the participant identification number, identified on the corresponding

survey, into the microphone to ensure accuracy. Finally, they were given a feedback letter (see Appendix E) and fully debriefed on the experiment. The researcher answered all of the participants' questions and thanked them for their time.

Results

The researcher ran three Phi-Square analyses and found no significance for any. The first was a Chi-Square test (see Appendix G) comparing the version of instructions (one or two) that the participants received and their answer (yes or no) to the question of whether they would change their responses if they had been given the opposite information than they received. The analysis resulted in $\chi^2_{(2)}=1.207$, $p>.05$ and found no significance. This showed the researcher that even if the participants had been given opposite information, their responses would not be affected by the opposite information. The second crosstab (see Appendix H) was between the version of instructions (one or two) that the participants received and their responses regarding their thoughts about the child's behavior (situational or dispositional). This analysis resulted with $\chi^2_{(1)}=.183$, $p>.05$ and found no significance. The researcher realized that regardless of being informed of key situational factors or not, participants still made more situational attributions. These results directly contrasted to the fundamental attribution error that would have predicted more dispositional attributions. The third Chi-Square test (see Appendix I) confirmed the same realization with results of $\chi^2_{(1)}=0$, $p>.05$ and no significance. This analysis compared the version of instructions (one or two) that each participant received and the factors they felt contributed to the child's behavior (situational or dispositional).

Discussion

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The results were puzzling for the researcher because they go against the fundamental attribution error. The researcher thought this may be due to the fact that leukemia is a fatal illness with no social stigmatism or behavioral implications like those associated with autism. The researcher was pleased to see that participants were making more situational attributions instead of snap judgments based on dispositional factors.

Limitations in the study included too small of a sample, noise distractions in the psychology lab, indirect questions, and a short video clip. For future research, the researcher would remedy these limitations by increasing the sample size, eliminating noise distractions, asking more direct questions, and using a longer video clip.

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Appendix A

Recruitment Description

In this study you will be asked to fill out a short demographic questionnaire. Then you will view a video clip of an adult and child interaction. Following the video clip you will be interviewed on your thoughts regarding the video clip. The interview will be audiotaped to ensure the accuracy of your responses. All of this should take about 10-15 minutes of your time.

Sign-up Sheet B

Project #: _____

Experiment Name: _____

Place: _____

					Best time	
Class	Date	Times	Name (please print)	Phone # or e-mail	to be reached	
Professor	day/time					

Appendix B

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Informed Consent Form

I, _____ (print name), understand that I will be taking part in a research project that requires me to complete a short questionnaire asking about my basic demographic information (sex, age, major, etc.). Also, I understand that I will be watching a one minute video clip of a child interacting with an adult and that I will be interviewed following this clip. I understand that my interview answers will be audiotaped so that I can be sure to accurately code your responses. I understand that I should be able to complete this project within 10-15 minutes. I am aware that my participation in this study is strictly voluntary and that I may choose to withdraw from the study at any time without any penalty or prejudice. I should not incur any penalty or prejudice because I cannot complete the study. I understand that the information obtained from my responses will be analyzed only as part of aggregate data and that all identifying information will be absent from the data in order to ensure anonymity. I am also aware that my responses, both audiotaped and written, will be kept confidential and that data obtained from this study will only be available for research and educational purposes. I understand that any questions I may have regarding this study shall be answered by the researcher(s) involved to my satisfaction. Finally, I verify that I am at least 18 years of age and am legally able to give consent or that I am under the age of 18 but have on file with the HSP office, a completed parental consent form that allows me to give consent as a minor.

_____ Date: _____
 (Signature of participant)

_____ Date: _____
 (Signature of researcher obtaining consent)

Student Researchers' Names and Numbers:

Sally Eimer (636)724-6677

Supervisor: Dr. Michiko Nohara-LeClair Course Instructor (636)-949-4371 mnohara-leclair@lindenwood.edu

Appendix C

Instructions 1

First you will be asked to fill out a short demographic questionnaire. Then you will view a video clip of an adult and child interaction. Please be aware of what is taking place in the clip because I will be interviewing you about your thoughts on the video clip. The interview will be audiotaped to ensure the accuracy of your responses.

Instructions 2

First you will be asked to fill out a short demographic questionnaire. Then you will view a video clip of an adult interacting with a child recently diagnosed with leukemia. Please be aware of what is taking place in the clip because I will be interviewing you about your thoughts on the video clip. The interview will be audiotaped to ensure the accuracy of your responses.

Adapted from Rogers (2007).

Appendix D

Demographic Questionnaire

1. What is your current major? _____
2. Are you: Male or Female
3. Do you have any children? Yes or No
4. What is your current age? _____

Appendix E

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Feedback Letter

Thank you for participating in my study. The interview was conducted in order to determine if people attribute behavior more to a person's disposition or to situational factors. There are two groups of participants watching this clip. However, half of the participants were led to believe the child in the clip had recently been diagnosed with leukemia. I predict that participants informed that the child, in the clip, was recently diagnosed with leukemia will attribute the child's behavior to situational factors, whereas participants not given any information about the child in the clip, will attribute the child's behavior to things intrinsic of the child. I feel this is important because people tend to make judgments about people too quickly. I hope that this study will show how easily it is to make an attributional error and try in the future to be more careful in their judgments of others. Please note that I am not interested in your individual results; rather, I am only interested in the results of a large group, of which you are now a part of. No identifying information about you will be associated with any of the findings. If you have any questions or concerns regarding any portion of this study, please do not hesitate to bring them up now or in the future. My contact information is found at the bottom of this letter. If you are interested in obtaining a summary of the findings of this study at a later date, please contact me and I will make it available to you at the completion of this project.

Thank you again for your valuable contribution to this study.

Sincerely,

Principal Investigator:

Sally Eimer

Supervisor: Dr. Michiko Nohara-LeClair 636-949-4371 (mnohara-leclair@lindenwood.edu)

Appendix F

Interview Questions Script

Every participant will be asked the following questions regarding the clip. To ensure the accuracy of participants' responses, the interview will be audiotaped. Some questions may require further explanation for the participant for clarity.

1. Have you ever viewed this clip or part of this clip before?
2. What were your first thoughts during the viewing of the clip?
3. What do you think about the child's behavior?
4. What factors do you think contribute to the child's behavior?
5. What do you think the adult did well in this situation?
6. What do you think the adult could improve on?
7. Did you participate in a similar study that Rachel Rogers conducted last semester dealing with a mother and an autistic child?

Participants in the group who are not told "the child has recently been diagnosed with leukemia" will also be asked:

8. Do you think your responses would have been different if you had been told that the child in the clip had recently been diagnosed with leukemia?

Participant in the group who are told "the child has recently been diagnosed with leukemia" will also be asked:

- 8i. Do you think your responses would have been different if you had not been told that the child had recently been diagnosed with leukemia?

Questions adapted from Rogers (2007).

Appendix G

version * Change opinions based on opposite info Crosstabulation

			Change opinions based on opposite info			
			yes	no	unsure/maybe	Total
version	Not informed	Count	6	8	2	16
		% within version	37.5%	50.0%	12.5%	100.0%
		% within Change opinions based on opposite info	60.0%	42.1%	66.7%	50.0%
		% of Total	18.8%	25.0%	6.2%	50.0%
	informed	Count	4	11	1	16
		% within version	25.0%	68.8%	6.2%	100.0%
		% within Change opinions based on opposite info	40.0%	57.9%	33.3%	50.0%
		% of Total	12.5%	34.4%	3.1%	50.0%
	Total	Count	10	19	3	32
		% within version	31.2%	59.4%	9.4%	100.0%
		% within Change opinions based on opposite info	100.0%	100.0%	100.0%	100.0%
		% of Total	31.2%	59.4%	9.4%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.207 ^a	2	.547
Likelihood Ratio	1.218	2	.544
Linear-by-Linear Association	.084	1	.771
N of Valid Cases	32		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 1.50.

Appendix H

version * thoughts about child's behavior Crosstab

			thoughts about child's behavior		
			Situational	Dispositional	Total
version	Not informed	Count	12	4	16
		% within version	75.0%	25.0%	100.0%
		% within thoughts about child's behavior	48.0%	57.1%	50.0%
		% of Total	37.5%	12.5%	50.0%
	informed	Count	13	3	16
		% within version	81.2%	18.8%	100.0%
		% within thoughts about child's behavior	52.0%	42.9%	50.0%
		% of Total	40.6%	9.4%	50.0%
	Total	Count	25	7	32
% within version		78.1%	21.9%	100.0%	
% within thoughts about child's behavior		100.0%	100.0%	100.0%	
% of Total		78.1%	21.9%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.183 ^a	1	.669		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.183	1	.669		
Fisher's Exact Test				1.000	.500
Linear-by-Linear Association	.177	1	.674		
N of Valid Cases	32				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 3.50.

b. Computed only for a 2x2 table

Appendix I

version * factors contributing to child's behavior

Crosstab

			factors contributing to child's behavior		
			Situational	Dispositional	Total
version	Not informed	Count	15	1	16
		% within version	93.8%	6.2%	100.0%
		% within factors contributing to child's behavior	50.0%	50.0%	50.0%
		% of Total	46.9%	3.1%	50.0%
informed		Count	15	1	16
		% within version	93.8%	6.2%	100.0%
		% within factors contributing to child's behavior	50.0%	50.0%	50.0%
		% of Total	46.9%	3.1%	50.0%
Total		Count	30	2	32
		% within version	93.8%	6.2%	100.0%
		% within factors contributing to child's behavior	100.0%	100.0%	100.0%
		% of Total	93.8%	6.2%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.000 ^a	1	1.000		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.000	1	1.000		
Fisher's Exact Test				1.000	.758
Linear-by-Linear Association	.000	1	1.000		
N of Valid Cases	32				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.00.

b. Computed only for a 2x2 table