ESSENTIAL SOCIAL PSYCHOLOGY

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4TH EDITION
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After American Airlines Flight 11 crashed into the North Tower of the World Trade Center on 11 September 2001, Frank De Martini and Pablo Ortiz helped rescue people on the 88th floor of the North Tower where they worked. They then led a group up towards the crash zone. Using a crowbar and a flashlight, the group prised open doors and cleared rubble on 12 floors along the boundary of the crash zone, where many people were trapped. In their account of events, Dwyer and Flynn (2005, p. 88) noted, ‘It was hardly the job of De Martini and Pablo Ortiz and the others … to go around prying doors open. Their responsibilities at the trade center during an emergency were to get themselves out of the building.’ Despite this, they saved the lives of at least 70 people. Sadly, they paid the ultimate sacrifice for their actions, losing their own lives when the tower collapsed because, rather than head to safety, they had put the lives of others first.

In the early hours of Wednesday 14 June 2017, firefighters were called to Grenfell Tower in London as a blaze which started in a flat on the fourth floor quickly spread throughout the 24-storey tower. It took 250 officers 24 hours to extinguish the blaze and firefighters remained at the site over the following four days, with some putting in 24-hour shifts to dampen remaining pockets of fire and search the rubble. A total of 65 people were rescued from the building, but sadly 80 died in the blaze. However, the death toll would have been much higher had it not been for the actions of the firefighters. Judges at the 2017 Pride of Britain Awards, where the London Fire Brigade were honoured, described their heroism as extraordinary, as they repeatedly entered the flames and ventured to the upper floors of the building to rescue residents, despite crippling exhaustion and serious fears that the building was on the verge of collapse, not knowing if they would come out alive.

**WHAT IS PROSOCIAL BEHAVIOUR?**

The actions of De Martini and Ortiz, and the London Fire Brigade, are examples of prosocial behaviour, actions that are generally valued by other people in a particular society. Many types of behaviour can be classified as prosocial, for example friendship, charity, sacrifice, sharing and cooperation. However, the majority of research on prosocial behaviour focuses on two specific types of prosocial behaviour: helping behaviour and altruism. **Helping behaviour** refers to acts where people voluntarily and intentionally behave in a way that they believe will benefit others, although at the same time the behaviour may benefit them as well. Because helping behaviour has to be intentional, this definition therefore excludes behaviour which incidentally benefits another person but was not intended, for example dropping some money by accident, which someone else happens to find later on. In addition, because helping behaviour has to be intentional, this definition also excludes behaviour which appears to be aimed at helping others (e.g. a company making a donation to a charity) but that has actually been carried out entirely for selfish purposes (to raise the company profile and therefore increase future profit). This definition does not, however, exclude behaviour that benefits others and oneself. We might, for example, donate money to a charity because we want to help, but also because it makes us feel good about ourselves. **Altruism** is a more specific form of helping behaviour referring to an act of prosocial behaviour which benefits others but is not expected to have any personal benefits. De Martini and Ortiz
behaved altruistically on 11 September 2001; their actions had no personal benefits, and in fact clearly put them at risk, but they continued nonetheless.

Much of social psychology focuses on negative aspects of human social behaviour, for example how people discriminate against and show prejudice towards those who do not belong to the same group as them (see Chapters 8 and 9), and people’s capacity to behave in an aggressive manner (see Chapter 10). These lines of research seem to suggest that, ultimately, we behave in ways that best serve our own interests. However, the capacity that we have to behave in a prosocial manner, to help others voluntarily regardless of whether it is in our best interests, gives us reason for optimism. In this chapter, we focus on this positive aspect of social behaviour. We first outline the origins of this tendency to help others. We then examine the factors that affect when we help and when we do not. Some of these factors relate to the situation in which help is needed and others relate to the characteristics of the potential helper. We will also look at who we help. We are more likely to help those who are similar to us, who are ingroup members, who we find attractive, and who we believe are deserving of our help. Finally, we consider what it is like to be a recipient of help.

ORIGINS OF PROSOCIAL BEHAVIOUR

There are three broad accounts of why we help others. Some psychologists argue that we are innately predisposed to help others because of our evolutionary make-up. Two other accounts rely on more social psychology theories. Some psychologists argue that we are socialized to help others, and that our helping behaviour relates to internalized beliefs about the social norms of the society in which we live. A third explanation argues that we attend to the helping behaviour of those around us, and that this leads us to copy, or model, such behaviours. These three approaches and the evidence that has been found in support of each are outlined below.

Evolutionary Perspective

The evolutionary perspective argues that we are biologically predisposed to help others. Put another way, we are born with an in-built tendency to look after those around us, even if it does not have any obvious benefit for us. But why would this be the case? According to sociobiologists, we engage in helping behaviour to ensure the survival of our genes. By helping our blood relatives, we improve their chances of survival, thus increasing the likelihood that they will survive to pass on our genes to future generations. Accordingly, it has been argued that the genes responsible for prosocial behaviour might be self-selected as, in the long term, they increase the probability that the species will survive.

This approach has generated heated debate between social psychologists and sociobiologists. First, we help not only relatives, but also friends and even complete strangers. It is not clear how this would increase the chances of our own genes surviving. Second, social psychologists argue that despite anecdotal evidence, there are, in fact, no empirical studies that clearly support the evolutionary explanation for prosocial behaviour in humans. This is due to an inherent problem with evolutionary explanations: the processes that are assumed to explain behaviour (i.e. evolution of genetic typology) cannot be observed over an appropriate
timescale in the laboratory. Third, the approach fails to explain why people help in some circumstances but fail to help in others. Evolutionary theory would predict, quite simply, that we should help blood relatives in every situation – any situation that requires help may be a potential threat to genes being passed on. However, this is clearly not the case, as instances of child abuse by family members vividly illustrate. Any complete explanation of helping behaviour will need to explain not only when helping behaviour will occur, but also why in some cases it does not. These three critical limitations mean that while it is likely that evolutionary theory has some role to play in explaining helping behaviour, a comprehensive account of prosocial behaviour will need to consider other factors.

Standing in contrast to the evolutionary explanation are two social psychology accounts of why people exhibit helping behaviour. The first account explains helping with reference to social norms. The second account argues that social learning explains helping; we help because we have repeatedly observed other people behaving helpfully, providing a model for our own behaviour. First, we discuss how social norms explain why we help others.

Social Norms

Social norms reflect what is considered normal and acceptable in a given group, culture or society. They are common-held attitudes, beliefs and behaviours that have a powerful influence on how we behave. Indeed, there is evidence that people are rewarded (e.g. approval, social acceptance) for behaving in accordance with social norms, but punished for violating social norms (e.g. disapproval, rejection), as we saw in Chapter 5. Although social norms differ between different social groups and different cultures, almost every culture holds a norm that we should help others whenever possible. Three normative beliefs may explain why we have a tendency to help others: reciprocity, social responsibility and social justice.

According to the reciprocity principle (Gouldner, 1960), we should help those who help us. This principle is universally held and plays an important role in interpersonal processes (see Chapter 12). We do not, however, automatically help others who have helped us: we are more likely to reciprocate to another person if they previously made a big, unexpected, sacrifice for us (Tesser, Gatewood, & Driver, 1968).

In contrast, the social responsibility norm holds that we should help those in need regardless of whether they have helped us, or are likely to be able to help us in the future. There is evidence that people are often willing to help needy others, even when they remain anonymous and do not expect to be rewarded by approval from others (Berkowitz, 1972). We do not, however, help any needy person. Instead, we are selective. Whether or not the person is seen as having brought their misfortune on themselves may influence whether we decide to help. The just-world hypothesis may explain this tendency.

The just-world hypothesis (Lerner & Miller, 1978) is the general belief people have that the world is a just, fair, place where people get what they deserve (an example of a heuristic belief: see Chapter 3). According to this norm, people typically believe that ‘good things happen to good people, bad things happen to bad people’. However, when we are confronted with a person who appears to be suffering undeservedly, this undermines our belief in a just world. To restore our belief that the world is a fair place, we have a tendency to help others who are in need, but only if we believe their suffering is through no fault of their own. According to this principle, we are more likely to donate money to a breast cancer charity...
(where sufferers are seen as having no role in developing the disease) than to a lung cancer charity (where we may assume smoking is often to blame for the disease).

Although social norms may play a role in explaining helping behaviour, not all social psychologists agree that they are the key to our understanding of the phenomenon. Teger (1970) argued that while we may verbally endorse the idea of helping others, we do not necessarily act on this endorsement (i.e. there is sometimes a mismatch between attitudes and behaviour: see Chapter 4). There is also evidence that external factors influence whether an attitude predisposed towards helping will actually translate into helping behaviour. Warren and Walker (1991) looked at the effect of ‘need persistence’ (how long help is needed for) on helping behaviour, and found that people were more likely to donate money to a refugee family from the Sudan when the family only needed financial assistance in the short term rather than in the long term (see Figure 11.1). It appeared that the social norm of helping only translated into helping behaviour when the behaviour was perceived as being likely to be effective. This study highlights the possibility that it is not just internally held beliefs – like social norms – that determine whether people help, but that there are situational factors that play a role. Observation of what other people are doing in the situations we find ourselves in is the basis for the second social psychology account of why we help others.

![Figure 11.1](image.png)

**Figure 11.1** The effect of need persistence on size of donation. Data from Warren and Walker (1991)

**Modelling**

The second reason why we have a tendency to engage in helping behaviour is that we have learnt to do so by observing the behaviour of others, a process known as **modelling** or
observational learning. The previous social psychology explanation of helping behaviour – social norms – is based on processes that are internal to the perceivers, that is, the attitudes they hold. This final explanation focuses more on external factors: is it the observation of others in the situation that explains why we help others?

Bryan and Test (1967) investigated whether modelling would increase the likelihood of helping behaviour. In a highly realistic experiment, motorists passed a woman whose car had a flat tyre. In the modelling condition, another car had pulled over and appeared to be helping her change the tyre. Motorists then came across a second woman whose car had a flat tyre, but who this time was receiving no assistance. In the control condition, the drivers saw no model prior to coming across the car with the flat tyre. Motorists who had observed a model of helping behaviour (another motorist helping the first women) were more likely to stop than if they had not observed such a model (see Figure 11.2).

![Figure 11.2](image-url)  
**Figure 11.2**  The effect of modelling on helping behaviour. Data from Bryan and Test (1967)

In a similar experiment, Rushton and Campbell (1977) had female participants interact with a friendly woman, actually a confederate, as part of what they had been told was a study on social interaction (although this was just a cover story). As the women left the laboratory together at the end of the ‘study’ they were asked if they would make a pledge to give blood. When the confederate was asked first, and signed up to give blood, 67 per cent of participants also agreed to give blood. In contrast, when participants were asked first, only 25 per cent agreed to give blood.
According to Bandura’s (1972) social learning theory, observing the helping behaviour of others should increase the likelihood of our helping others because it shows us that the behaviour is appropriate and increases perceptions of self-efficacy, our belief that we can successfully help another person. Bandura noted, however, that modelling will only produce helping behaviour if it had a positive outcome. Hornstein (1970) conducted an experiment in which participants observed another person returning a lost wallet. The person returning the wallet either seemed pleased to help or displeased at the bother of having to help. Hornstein found that when participants came across another lost wallet, those who had observed the positive reaction were more likely to help than those who had observed the negative reaction.

The mass media can also be used to increase a prosocial orientation. Greitemeyer (2009) asked participants to listen to a prosocial song (‘Love Generation’, by Bob Sincllair) or, in a control condition, a neutral song (‘Rock This Party’, by Bob Sinclair). A pre-test established that the lyrics of the first song were significantly more prosocial than the lyrics of the second. In one study, after listening to one of the two songs, participants were asked to read essays, supposedly by other students who had suffered misfortunes such as a broken leg or a painful relationship break-up, and were asked to rate how empathic they felt towards the writer. In a second study, after listening to one of the two songs, participants were asked to consider donating their participant fee to charity. It emerged that participants who had listened to the prosocial song were more empathic towards victims of misfortune and were more likely to donate money to charity. The long-term effects of listening to a prosocial song were not considered, but the author argued that repeated exposure to prosocial songs may have benefits for prosocial behaviour. Looking at the effects of prosocial video games, Gentile et al. (2009) found that children who played prosocial video games were more likely to help, rather than harm, a participant on a subsequent task, and tended to have a more prosocial orientation in general. Other studies, however, have failed to find a relationship between media exposure and prosocial behaviour. Across three experiments in which they considered the effect of different types of video game (prosocial, violent, and non-violent, classic and contemporary) and different lengths of exposure to the games, Tear and Nielsen (2013) found no evidence that the type of video game played affected prosocial behaviour. Moreover, a meta-analysis of studies that examined the relationship between prosocial video games and violence also revealed minimal effects (Ferguson, 2015; see Chapter 10 for a further discussion of this study). It is therefore important that further research is undertaken to identify when and why some studies show effects of media exposure on prosocial behaviour and others do not.
So far in this chapter, we have identified some of the possible origins of helping behaviour. We saw how, although there may be some evolutionary basis to the way in which we help others, social psychologists have also offered other explanations. Specifically, we are influenced by societal norms, such as reciprocity, social responsibility and fairness. Social learning may also play a role. We may help because we model our helping behaviour on the behaviour of others. However, it is important to acknowledge the current debate regarding the relationship between social media exposure and both prosocial and aggressive behaviour. In the following sections, we will be talking about some of the specific situations that psychologists have identified where help is, or is not, offered. In particular, psychologists have been concerned with trying to explain when people do not help, even though it is apparent that the situation is an emergency. We divide this research into three broad sections, reflecting three distinct types of factor that determine helping: situational factors, perceiver factors and recipient factors.

**SITUATION-CENTRED DETERMINANTS OF HELPING**

Some of the studies discussed in the previous section on the origins of prosocial behaviour (e.g. Bryan & Test, 1967; Warren & Walker, 1991) illustrate that we do not always offer help. Instead, situational factors appear to play an important role. Although contemporary research on prosocial behaviour has broadened to consider any situation in which help might be needed, much of the research and theory has focused on when people help in an emergency, behaviour commonly referred to by social psychologists as bystander intervention.

The much cited and discussed case that generated the rapid expansion of research on bystander intervention was the murder of a young woman walking home through Kew Gardens in Queens, New York, in March 1964. Kitty Genovese was on her way home from work late at night when she was attacked by a man with a knife. She fought her attacker, and shouted and cried for help, escaping him on two occasions. However, each time, no one responded to her cries for help. Indeed, in police interviews the following day, 38 residents admitted to hearing the screams but failing to act. Kitty eventually died after being stabbed eight times and sexually molested.

The case of Kitty Genovese received national media attention in the USA, with reporters asking one question: Why did not one person come to help her? It is perhaps understandable that people did not want to risk their own lives by facing the attacker, but the fact that they did not call the police seemed inexplicable. Psychological research generated by this case led to the development of two models, Latané and Darley’s cognitive model and Piliavin’s bystander-calculus model. Both models attempted to uncover the processes by which we make the decision to help another person and, in doing so, help us to understand why people help in some situations and not in others.
Latané and Darley’s Cognitive Model

Latané and Darley (1968) proposed that a bystander goes through several cognitive stages before making a final decision about whether or not to help a person in an emergency situation. These stages are outlined below:

1. **Attend to the incident**: In the first instance, the bystander needs actually to notice that an incident is taking place. When we pass a potential emergency, there may be many other things going on in the environment, which may lead us to miss the emergency altogether. This ‘stimulus overload effect’ is especially likely to occur in densely populated urban areas (Milgram, 1970).

2. **Define the incident**: Having noticed the incident, the bystander needs to define it as an emergency. This may sound straightforward, but because emergency situations are highly unusual and unexpected, even clear-cut emergency situations might be misinterpreted. Moreover, if the situation is ambiguous, there is every chance that we will interpret it as a normal day-to-day event rather than an emergency. If someone was screaming, for example, we might believe it is laughter or someone joking around rather than a sign of someone who is scared or in pain. When situations are ambiguous, we are likely to look to those around us to see how they behave (see discussion of informational influence in Chapter 5). If others appear to be concerned, we may be more likely to define the situation as an emergency.

3. **Accept personal responsibility**: Whether or not the bystander decides it is their responsibility to help in the emergency may depend on whether there are other people present who might deal with the problem instead, and how competent the bystander feels in the situation. If there is an authority figure nearby, the bystander might decide that the authority figure is better able to deal with the situation appropriately, and absolve themselves from personal responsibility.

4. **Decide what to do**: Once the bystander has noticed the situation, realized it is an emergency, and decided they are personally responsible for dealing with it, they must then decide whether it is possible for them to help and, if so, what they can actually do in the situation. Emergency situations are unforeseen and highly unusual, outside the bystander’s usual repertoire of behaviours. It is therefore likely to be difficult to decide what is the best course of action. The behaviour of others may have a powerful influence on the bystander’s behaviour at this stage.

If the bystander has progressed through these four stages – noticing the incident and interpreting it as an emergency, taking responsibility and knowing how to deal with the situation – they will make a final decision regarding whether or not to help. Although Latané and Darley proposed this to be the fifth and final stage of the model, it is probably easier to conceive the final decision as the outcome of the four stages. In Insight 11.1, we illustrate with an example how the cognitive model might be applied to a real-life emergency, the case of a road traffic accident.
APPLYING LATANÉ AND DARLEY’S COGNITIVE MODEL TO A REAL EMERGENCY: THE CASE OF A ROAD TRAFFIC ACCIDENT

Imagine that you are walking along a street when a car hits a nearby pedestrian who was crossing the road. What factors will determine whether you go and help the injured pedestrian? We apply Latané and Darley’s cognitive model to answer this question.

1. **Attention**: Did you happen to be looking at the road when the incident took place? Or were you having an argument with your boyfriend or chatting on your phone to a friend? If you were otherwise occupied and not looking at the road, you may well not notice that an accident has taken place. Are you walking down a nearly deserted side street, or are you on a busy shopping street? You are much more likely to notice what has happened if you are on a quiet street. If you are somewhere busy, many other things may capture your attention, taking your attention away from the accident.

2. **Interpretation**: You notice the pedestrian lying in the road, but as this is a highly unusual situation that you have not encountered before, you may not be sure what to make of it. How serious does the situation look? Is the pedestrian lying motionless or are they trying to get up? If they appear to be unharmed, you may decide that this is not an emergency and continue on your way. What are the people around you doing? Are they walking past unconcerned or do they look alarmed by the event? You are much more likely to help if the people around you behave as if they perceive the situation to be an emergency.

3. **Responsibility**: You decide that you are dealing with an emergency as the pedestrian is not moving and other nearby pedestrians look disturbed by the situation. But should you take responsibility for helping the pedestrian? Are you the only person on the street or are there many other people around? If you are the only other person, you may assume responsibility because the fate of the victim may fall directly on your shoulders – walking away may result in their further deterioration or even their death. If there are others around, are any of them wearing a police or paramedic uniform? If so, you may expect them to take responsibility instead. Are you trained in first aid? If you believe you are more competent than those around you, you will be more likely to take responsibility.

4. **Deciding on a strategy**: You decide you are responsible for the injured pedestrian. But how can you actually help them? Have you ever been in this situation before? If you have seen a previous incident, you may know how to act in this instance. Do you have first-aid experience? If yes, you may decide that your initial job is to check the victim’s breathing and circulation, and put them in the recovery position. Alternatively, you may decide to call the emergency services. But what are the people around you doing? Is another person administering first aid, calling for help or clearing the area? If so, you may follow their lead. If, however, no one else is acting and you have no experience in this type of situation, you may worry about behaving inappropriately, feel that you do not have the expertise to intervene, and therefore decide not to help.
The Bystander Apathy Effect

Latané and Darley (1968) experimentally tested their model by investigating when and whether the presence of other bystanders would influence responses to an emergency. Participants completed a questionnaire either on their own or with two other participants. The room was then filled with smoke from a vent in the wall – this was to create an emergency situation. A further experimental manipulation was applied to the condition in which there were two others completing the questionnaire. Here the individuals were either genuine fellow participants or confederates of the experimenter who had been instructed to ignore the smoke completely. While 75 per cent of participants who were alone raised the alarm by reporting the smoke to the experimenter in the other room, only 38 per cent of those with two other participants took any action, and only 10 per cent of those with a confederate who ignored the smoke reported the problem. Participants later reported thinking that the situation could not be an emergency as the other participants did not behave as if it was the case. These findings show that people are less likely to help in an emergency when there are others present than when they are alone, a phenomenon known as the bystander apathy effect. Note also that this effect is very similar to the idea of modelling discussed earlier in this chapter, except that here the behaviour copied from others is inaction rather than action.

Darley and Latané (1969) found the same effect when the emergency involved another person being in trouble, even though other bystanders were not physically present. They conducted an experiment in which participants communicated with one another via microphones while in separate cubicles. Participants were led to believe that they were taking part in a group experiment which consisted of just two people, four people or six people. One of the participants told the others by microphone that he suffered from epilepsy. Later in the experiment, he was heard to make sounds of distress, as if he was having a seizure, before falling silent. Darley and Latané found that when people thought there were more bystanders, they were less likely to help. Before the end of the fit, 85 per cent of participants who thought they were the only other participant helped, but only 64 per cent of those who believed that two others were present and 31 per cent of those who thought there were four others present helped. Darley and Latané’s study provided a classic illustration of how the presence of others inhibits helping. This bystander effect is incredibly strong. In fact, it has recently been found that even just imagining the presence of others can have this inhibitory effect (see Insight 11.2).
SIMPLY IMAGINING THE PRESENCE OF OTHERS CAN CAUSE THE BYSTANDER APATHY EFFECT

Classic research on the bystander apathy effect shows that, because of diffusion of responsibility, and informational and normative social influence, the presence of others reduces helping behaviour. But do other people actually have to be present for this effect to occur? Garcia, Weaver, Moskowitz, and Darley (2002) investigated the possibility that even imagining the presence of others might lead to bystander apathy.

Method

One hundred and twenty-nine undergraduate students were randomly assigned to one of three conditions. In the group condition, participants were asked in a questionnaire to ‘Imagine you won a dinner for yourself and 10 of your friends at your favorite restaurant’; in the one-person condition, participants were asked to ‘Imagine you won a dinner for yourself and a friend at your favorite restaurant’. In the control condition, participants were not asked to imagine any task. To measure helping behaviour, participants were then asked on the next page of the questionnaire: ‘In addition to this survey, we are conducting a brief experiment in another room. How much time are you willing to spend on this other experiment?’ They had the option of offering between 0 and 30 minutes of their time. After completing this measure, participants were told that there was no further experiment, and the true rationale for the experiment they had just taken part in was explained to them.

Results

The graph illustrates the results of the experiment. Participants who imagined a group of 10 people offered significantly less of their time than did people who imagined one person.
There was no statistical difference between the time offered by people in the one-person condition and the control condition.

Interpreting the Findings

According to Latané and Darley’s cognitive model, it is the presence of others in the situation where help is needed that leads to bystander apathy, but in this study, simply imagining others prior to the situation where help is needed caused bystander apathy. Why did this pattern of results emerge? Many studies have shown that subtle cues or primes in our environment can activate, or make more accessible, knowledge structures in memory, affecting our behaviour and social perceptions. Garcia and colleagues (2002) argue that thinking about being in a large group triggers concepts that usually come to mind when we are actually in a large group, such as feeling lost in a crowd and feeling less accountable for our behaviour. When participants were called upon to help in an experiment, they were influenced by this accessible feeling of diminished responsibility, and were less likely to help.

Processes Underlying the Bystander Apathy Effect

The findings above show that when more bystanders are present, it is less likely that the victim of an emergency will be offered help by any individual bystander. This trend had been confirmed in more than 50 studies, in both laboratory and field settings (for a review of this work, see Latané & Nida, 1981). Going back to the cognitive model, it is clear that the presence of others can influence decision making at almost every stage of the model. But exactly what processes contribute to the bystander apathy effect? Latané and Darley (1976) suggest two basic explanations for when helping does not occur: diffusion of responsibility and audience inhibition.

**Diffusion of responsibility.** The presence of other people during an emergency will lead bystanders to transfer their responsibility for helping onto others. As the study by Darley and Latané (1969) showed, it is not necessary for other bystanders to be physically present for diffusion of responsibility to occur. Instead, there simply needs to be the knowledge that others are also aware of the emergency and could potentially take responsibility for it. This means that people on their own in any situation are the most likely to respond by helping a victim in an emergency because there is no one for them to pass on responsibility to: they carry the entire responsibility themselves. Diffusion of responsibility offers an explanation for why so many people did not help when they heard Kitty Genovese scream for help.

**Audience inhibition.** People are often uncomfortable about acting in front of other people, particularly in an emergency situation where there are no clear guidelines on how to behave. As a result, people may be worried about overreacting to a situation or dealing with the situation in an incompetent manner, which might result in other bystanders laughing at them or thinking badly of them. This audience inhibition can be seen as a product of normative social influence that we discussed in Chapter 5. In Chapter 5 we saw that, in groups,
people often go along with the majority attitude even when they privately do not agree with it for fear of being laughed at or ridiculed by the group. The difference here is that rather than promoting action, the fear of getting it wrong and being laughed at leads to inaction.

In Chapter 5 we also discussed how people go along with groups because of informational influence which describes how, when we have not encountered a situation before and so there are no clear guidelines on how to behave, we are especially likely to rely on the behaviour of those around us. If we are concerned that an emergency situation has arisen, but those around us appear to be unconcerned, we may be influenced by other bystanders, and conclude that the situation is not a true emergency.

Latané and Darley (1976) tested the role of all three of these processes in a complex but ingenious experiment. In the original experiment, Latané and Darley used the terms audience inhibition and social influence to refer to what we know as normative social influence and informational social influence respectively. We use these latter terms to describe the experiment below because they allow us to see more clearly how the social influence processes discussed in Chapter 5 have an impact also on helping behaviour.

Participants were asked to observe another person respond to verbal stimuli and rate whether or not that person had received an electric shock. Participants were told that they would observe the person on a TV monitor from another room. In all but one condition, participants believed they had been recruited in pairs. In reality, however, the second participant was always a confederate, acting on behalf of the experimenter. Prior to the experiment, the pair of participants were shown the room where the person to be observed would be sitting during the experiment. There was a shock generator in the room, and the experimenter commented that it was old and unreliable. The participants were then sent into separate cubicles, each of which contained two TV monitors and a camera. The first monitor showed the room with the shock generator.

The participants were told that the second monitor (which could show the neighbour in the next cubicle) and the camera (which could show the participant to the neighbour) had been left there by another researcher and were irrelevant to the current study. However, this equipment was actually used to create several experimental conditions. The camera could either be pointed at the participant or not, allowing the manipulation of normative social influence, whether or not participants believed they were being observed. The TV monitor, on the other hand, could either be showing the neighbour or not, allowing the manipulation of informational social influence, whether or not participants could observe the reactions of their neighbour. To manipulate diffusion of responsibility, in one condition participants were recruited alone, whereas in all other conditions the participants worked alongside a confederate. These manipulations created five conditions designed to discover whether and how the three processes all played a role in creating the bystander apathy effect.

In the alone condition, the participant worked alone, the camera was pointed at the ceiling, and the monitor showed a shot of the ceiling in the second, empty, cubicle. This provided a baseline against which to compare all the other conditions. In the diffusion of responsibility condition, the camera was pointed at the ceiling and the monitor showed only the ceiling of the second cubicle, but the participant was aware that there was a person in the second cubicle taking part in the same study. In this condition, then, there could be no normative or informational social influence, but the simple awareness of the presence of others in the situation should be enough to lead to a diffusion of responsibility. In the diffusion of responsibility plus
informational social influence condition, the monitor showed the participant in the second cubicle, but the camera was pointed at the ceiling. The participant could see, but not be seen themselves. As such they could use the other person’s behaviour as a guide to their own, but could rest assured that their own behaviour did not run the risk of being evaluated by others. In the diffusion of responsibility plus normative social influence condition, this situation was reversed. The monitor only showed the ceiling of the second cubicle, but the camera was pointed at the participant. The participant could therefore not see the confederate, but knew they could be seen – and evaluated – by the other participant. In the diffusion of responsibility plus informational social influence plus normative social influence condition, the participant could see the other participant on the monitor and also knew they could be seen by the other participant through the camera. The predicted findings can be found in Figure 11.3.

Once the participants were waiting in their individual cubicle, the experimenter returned to the room with the shock generator. On the first monitor, participants observed first the experimenter pick up some wires on the generator and then appear to have an electric shock, scream, jump in the air and then fall to the floor. The researchers timed how long participants in each condition took to help the experimenter, and their findings confirm the importance of all three processes in producing the bystander apathy effect. Participants in the alone condition, who were not being influenced by diffusion of responsibility, audience inhibition or social influence, were the quickest and most likely to help the experimenter. Diffusion of responsibility reduced helping behaviour, but helping was even less likely when either informational social influence or normative social influence was in effect (the results of these two conditions were combined by the researchers because they did not differ from one another). Finally, when all three processes were in operation, participants were least likely to help the experimenter.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Strength of social influence</th>
<th>Predicted probability of helping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>0</td>
<td>Highest</td>
</tr>
<tr>
<td>Diffusion of responsibility</td>
<td>+1</td>
<td>High</td>
</tr>
<tr>
<td>Diffusion of responsibility AND Informational Influence OR Normative Influence</td>
<td>+2</td>
<td>Low</td>
</tr>
<tr>
<td>Diffusion of responsibility AND Informational Influence AND Normative Influence</td>
<td>+3</td>
<td>Lowest</td>
</tr>
</tbody>
</table>

Figure 11.3 Predicted probability of helping as a function of diffusion of responsibility and informational and/or normative influence in Latané and Darley’s (1976) experiment

We know that audience inhibition is one of the primary causes of bystander apathy, and van den Bos, Müller, and van Bussel (2009) have used this knowledge to develop an intervention to reduce bystander apathy. Audience inhibition is just one form of general behavioural inhibition, which can occur in any circumstances where we do not act as we
want to because we fear the reactions of others. Van den Bos and colleagues hypothesized that weakening general behavioural inhibition, by reminding participants of times when they have acted without inhibition, may reduce bystander apathy. To test this idea, they stopped participants at a railway station in a waiting room where multiple people were present, and asked them to complete a short questionnaire. Half of the participants answered three open-ended questions which primed disinhibition, for example ‘Please briefly describe a situation out of your own life where you acted with no inhibitions’. Participants in the control condition were simply asked to describe a regular day. After this, the experimenter left the waiting room. One minute after this, another passenger in the room (actually a confederate) got up in a hurry to catch a train, but in doing so dropped various pens on the floor. It emerged that participants who had received the disinhibition manipulation were more likely to help the confederate to pick up the pens, and started helping the confederate more quickly than participants in the control condition. In a follow-up study involving a more serious bystander situation – a fellow participant who appeared to be choking on sweets – a similar effect occurred. These findings are interesting because normally we think of disinhibition as something that causes anti-social and aggressive behaviour (see Chapter 10). Here, however, we can see that sometimes disinhibition can be a good thing, leading to an increase in prosocial behaviour.

One area in which bystander behaviour may be important is sexual aggression. Bystanders are present in approximately one third of reported sexual assaults (Planty, 2002), and programmes designed to encourage bystander intervention have been identified as a potentially effective prevention strategy for sexual aggression (DeGue et al., 2014), although there is more evidence that they affect attitudes regarding sexual assault than actual bystander behaviour (Katz & Moore, 2013). One recent study applied the bystander intervention paradigm to sexually aggressive behaviour. Leone, Parrott, and Swartout (2017) asked young heterosexual male participants to take part in what they were led to believe was a group study on media preferences with three other males and one female participant. However, these individuals were actually all confederates. During the study, the participant learnt that the female participant had a strong dislike of sexually explicit content, but that despite this, at least one of the other male participants had selected a four-minute sexually explicit film clip for her to watch. All four male participants were then told that they had to observe the female participant watch the sexually explicit film over webcam. Critically, however, they were told they could stop the video at any time by pressing the enter key on their keyboard. To manipulate peer norms, prior to this observation task, the male participant briefly met the three male confederates. After the female confederate ‘accidentally’ entered the same room, and then left, in the misogynistic peer norm condition the three confederates made objectifying comments about the female participant, for example, ‘She’s hot!’, ‘I bet she’ll enjoy the sex clip I picked out’, while in the ambiguous peer norm condition the discussion centred around whether they recognized the female participant. Consistent with other bystander intervention research, intervention was rare regardless of the condition: 75 per cent of the sample did not intervene. However, exposure to a misogynistic peer norm significantly reduced the likelihood that a male participant would intervene by stopping the sexually explicit clip. The authors argue that while men may feel uncomfortable with the sexually aggressive behaviour displayed by the other participants, in the misogynistic norm condition, they may have suppressed these feelings in order to be positively evaluated by their peers. In line
with classic research on bystander intervention, this suggests the important role played by normative social influence.

**Piliavin’s Bystander-Calculus Model**

Piliavin and colleagues (Piliavin, Piliavin, Dovidio, Gaertner, & Clark, 1981) also proposed a model to explain why people do not always help in an emergency. Like Latané and Darley’s (1968) model, their model included the role of diffusion of responsibility in explaining the bystander apathy effect, but they also took into account people’s physiological response when they witness an emergency situation. The bystander-calculus model proposes that bystanders go through three stages when they have observed an emergency situation. First, they experience physiological arousal. Second, they try to understand why they feel arousal and label this emotional response. Third, they calculate the costs of helping and the costs of not helping and come to a decision about whether to act (see social exchange theory in Chapter 13 for a similar approach explaining whether or not people choose to maintain an interpersonal relationship). These three stages are explained below.

**Physiological Arousal**

According to Piliavin and colleagues, when we first observe an emergency situation, we have an orienting reaction, showing a lowered – rather than heightened – physiological response. This allows us to assess the situation and decide how to proceed without panicking. This is quickly followed by a defence reaction, a rapid increase in physiological response, which prepares us to act. Gaertner and Dovidio (1977) found that when observing an emergency in which a woman had been hurt by falling chairs, bystanders with an elevated heart rate helped much more quickly than those with a less acute physiological reaction.

**Labelling the Arousal**

So we know that in an emergency we experience physiological arousal, but what does this arousal mean? We experience physiological arousal in a variety of contexts (see our discussion of the two-factor theory of emotion in Chapter 12): for instance, in the presence of someone we find attractive, when we have had a fight with someone, or when we have been on a rollercoaster ride. Social psychologists believe that the physiological reaction we have is similar in each of these situations, but we differentiate them by giving them different labels – attraction, anger or exhilaration – depending on the external cues in a particular context. In the case of an emergency situation, the bystander-calculus model states that we attribute this arousal to personal distress at seeing someone else suffer, and therefore a key motive for helping others is to reduce this unpleasant feeling of arousal. In other words, when we help others, we do so because it serves our self-interests, ridding us of our negative emotional response. Batson and colleagues (e.g. Batson & Coke, 1981) have also proposed a second process – empathic concern – arguing that, as long as we believe we are similar to the person in distress and can identify with them, we experience empathy. This emotional response is focused on the person in need of help rather than ourselves.
The different consequences of these two types of emotional response are discussed in more detail later in the chapter.

Calculating the Costs

Having identified their experience of arousal as personal distress at the situation, bystanders, Piliavin argued, try to work out which course of action is most likely to reduce their personal distress by weighing the costs of different possible options. To do so, they must consider two types of cost: the cost of helping and the cost of not helping. Helping someone may be costly in several ways. It involves expending time and effort to deal with the situation. There may, for example, be the potential for negative personal consequences, such as personal injury. The greater these costs, the less likely it is that the bystander will help. However, not helping someone may also be costly. Piliavin noted that not helping can lead to personal costs, for example feeling guilty or to blame for the fate of the victim, and empathy costs; if a bystander feels empathic concern for a person in need but fails to help them, negative emotions at the thought of the victim suffering cannot be dispelled. The cost of not helping is greater when the costs of helping are low (e.g. you are near the emergency and could effectively make a difference) and the probability of a negative outcome if you do not help is high (e.g. the victim might be seriously injured or die). According to Piliavin and colleagues, the bystander apathy effect occurs because the presence of others reduces the cost of not helping. If a bystander sees that there are others who might help, the bystander will perceive that if they do not intervene, it is likely that others will.

Piliavin proposed a matrix, shown in Figure 11.4, to illustrate how the cost of helping and the cost of not helping interact with one another to determine whether a bystander will help in an emergency, and what kind of help they will offer. Piliavin argued that the cost of helping and the cost of not helping can be either high or low, creating four types of situation, each with very different outcomes. When the cost of helping is low, but the cost of not helping is high, a bystander is likely to intervene directly in an emergency. Seeing a teenage boy collapsed in a deserted alleyway would be such a situation. When the cost of helping is low, but the cost of not helping is also low, how the bystander responds is likely to be guided by the personal norms. If, for example, the teenager in the previous example had not collapsed but had only stumbled, a bystander with a strong sense of social responsibility might ask if he was all right. When the cost of helping is high and the cost of not helping is low, the bystander is very unlikely to intervene, and is more likely to ignore the incident. Seeing the teenage boy having an argument with some other boys might be such a situation; the bystander might assume that it is just some friends having a minor disagreement and that the boys might turn on the bystander if they were to try to intervene. Finally, when the cost of helping is high, but the cost of not helping is also high, for example if the teenage boy was being beaten up by a gang of boys, the bystander may engage in a number of possible responses. They might help indirectly by calling the emergency services, but if this is not possible, they may attempt to lower the costs of not helping in a different way, for example by reinterpreting the situation as being not that much of an emergency. Alternatively, the bystander might decide that the victim deserves their fate; the boy might be a gang member having a fight with members of a different gang.
Shotland and Straw (1976) carried out a study that supports the bystander-calculus model. They had participants watch a videotape of a fight between a man and a woman. In one condition, the woman shouted ‘Get away from me! I don’t know you!’, and in a second condition the woman shouted ‘Get away from me! I don’t know why I ever married you!’ Participants believed the woman was in greater danger when fighting with a stranger, and that they would be in more danger intervening in the domestic fight (see Figure 11.5). These findings indicate that participants would be more likely to intervene when they observed a woman fighting a stranger, because the costs of helping were lower and the costs of not helping were higher than for the domestic fight.
The primary goal of the cognitive model (Latané and Darley, 1968) and the bystander-calculus model (Piliavin et al., 1981) was to explain the situational factors that influence helping behaviour. Recently, some social psychologists have argued that there is a third factor that may also be a key situational determinant of helping – that is, cues in our environment that trigger a fear of death. We talk about some of this research in Insight 11.3.

CAN A FEAR OF DEATH INCREASE PROSOCIAL BEHAVIOUR?

Most of the situational determinants of helping discussed in this chapter are specific to the situation in which help is needed. Jonas, Schimel, Greenberg, and Pyszczynski (2002), however, conducted two studies to test the intriguing possibility that making us aware of our eventual and inevitable death will increase prosocial behaviour.

Study 1

Thirty-one pedestrians were stopped in the street and asked to take part in a short survey about charities. To manipulate mortality salience, participants were stopped either in front of a funeral home or several blocks away from the funeral home. The dependent measure, favourability towards charitable organizations, asked participants to indicate how beneficial, desirable and necessary they thought the two charities were. Jonas and colleagues found that people were more favourable towards charitable organizations when their mortality was made salient. A second study was conducted (1) to test the effect of mortality salience on actual helping behaviour, and (2) to see whether the effect of mortality salience on helping behaviour is limited to certain recipients.

Study 2

Twenty-seven American students took part in a lab-based test in which they were assigned to one of two conditions. In the mortality salience condition, they were told: ‘Please briefly describe the emotions that the thought of your own death arouses in you’ and ‘Jot down, as specifically as you can, what you think will happen to you as you physically die and once you are physically dead.’ In the control condition, participants were asked similar questions about dental pain. They were then given the opportunity to donate money to two different charities, one which helped people in the USA and one which helped people in other countries. The figure illustrates the results. In the control condition, people donated an equal amount to the national and the international charities. When people were made aware of their own death, however, they donated significantly more money to the charity that would benefit people from the same culture as them.
According to terror management theory (Greenberg et al., 1986), human beings have a strong survival instinct. However, because, unlike other animals, we also possess the intellectual capacity to realize that one day we will die, we can become paralysed with fear at the prospect of our own mortality. To stop this fear becoming overwhelming, we hold a cultural worldview (a set of values, e.g. religious beliefs and social norms) which provides a sense of meaning to the world and maintains our belief that our lives are important and significant. Our cultural worldview is important because it allows us to transcend death, either through a belief in an afterlife or by culturally making a mark on the world so we will not be forgotten. Given its cultural value, behaving prosocially helps us to manage our fear of death. We therefore behave prosocially when we are made aware of our death as a strategy to manage our fear. Awareness of our own mortality does not, however, increase our helping behaviour towards any other people. Instead, we are more likely to want to help causes that promote our own culture. This relates back to terror management theory, and how it exerts effects on intergroup relations (see Chapter 9).

**SUMMARY**

In this section we have looked at characteristics of the situations that inhibit people from helping others in apparent emergencies. Latané and Darley’s cognitive model explains what determines whether a bystander will help in an emergency. They argued that to make the decision...
to help, a bystander must notice the incident, define it as an emergency, accept responsibility for the situation, and then decide what action they should take. In a series of studies, they showed that the more bystanders are present during an emergency, the less likely it is that any individual will offer help, a phenomenon known as bystander apathy. Three processes have been shown to inhibit helping behaviour: diffusion of responsibility (assuming that others present will take responsibility), normative social influence (the fear of appearing foolish in front of others) and informational social influence (if others seem unconcerned, the bystander may decide there is no need to help). Piliavin proposed the alternative bystander-calculus model to explain why people do not always help. People assess the costs of helping and the costs of not helping when deciding whether to help. According to the model, people are most likely to help when the costs of helping are low and the costs of not helping are high, and least likely to help when the costs of helping are high and the costs of not helping are low.

We have now outlined the situational factors that determine helping. In the next section we consider perceiver-centred determinants of helping.

PERCEIVER-CENTRED DETERMINANTS OF HELPING

What aspects of the perceiver influence whether or not they help a person in need? Are some types of people more likely to help than others? High-profile and dramatic helping behaviour, for example the heroic actions of De Martini and Ortiz in the World Trade Center on 11 September 2001, may lead us to conclude that some people are simply more likely to help than others because of their personal attributes (i.e. have an altruistic personality). Do these people have a ‘better’ personality, or do they have greater competence in an emergency that leads them to help? Alternatively, does the likelihood of helping depend on a person’s general emotional state or mood at a particular point in time? Moreover, does the specific emotional response of an individual – whether they experience personal distress or empathic concern in response to a situation in which help is needed – influence their motivation for offering help and, subsequently, the nature of the help offered? Finally, are there gender differences in helping behaviour? We now discuss each of these possibilities.

Personality

Researchers have been keen to identify whether there is such a thing as an altruistic personality. Although social psychologists generally accept that situational factors can override factors related to the individual, there is some evidence for individual differences in helping behaviour that are stable over time. Eisenberg and colleagues (1999) found, for example, that pre-school children’s spontaneous prosocial behaviour predicted their helpfulness in later childhood and early adulthood. Rushton, Russell, and Wells (1984) proposed that there might be a genetic basis to differences in helpfulness, finding that generally identical twins are more similar in terms of their tendency to be helpful than fraternal twins, who are not genetically identical.
Although early research by Latané and Darley (1970) found no relationship between a host of personality traits – including authoritarianism, alienation, trustworthiness and need for approval – and helping behaviour, there is some evidence that people who help have certain characteristics. Earlier, we discussed how we help, in part, because we are guided by the universal norm of social responsibility. Although we are probably all influenced by this norm to some degree, the extent to which people feel socially responsible varies. Berkowitz and Daniels (1964) found that helpers scored higher on a social responsibility scale than non-helper. This is because people who feel socially responsible are likely to feel greater obligation to help in emergency situations, even if they would rather not.

Bierhoff, Klein, and Kramp (1991) investigated the concept of an altruistic personality by comparing the responses on a personality questionnaire of people who had intervened to help the victims of a traffic accident with ‘non-helpers’ (sex, age and socio-economic status-matched control participants who had witnessed an accident and had not helped). Like Berkowitz and Daniels (1964), Bierhoff and colleagues also found that helpers emphasized social responsibility more than non-helpers. In addition, they found that those who had helped had a higher internal locus of control than non-helpers. An individual’s locus of control is a reflection of where they place the responsibility for the outcome of events in their lives. People with an internal locus of control perceive that they can personally exert control over events, in contrast to people with an external locus of control, who are more likely to believe that they are the victims of circumstance. They are therefore more likely to help because they have greater self-efficacy and believe that their help will make a difference.

Finally, people with greater dispositional empathy, who have a general tendency to feel empathy and take the perspective of others, are more likely to help. Bierhoff and colleagues (1991) found that people who had intervened to help the victims of a traffic accident showed greater dispositional empathy than those who did not help. One study sums up the role of personality in producing helping behaviour where it really counts. Oliner and Oliner (1988) interviewed people who helped to rescue Jews in Nazi Europe. They found that, compared with a matched control group of people who did not help Jews, these people had a higher degree of social responsibility, a greater internal locus of control and higher empathy.

More recently, Einoff (2010) examined the idea that people high in extensivity, a term first proposed by Oliner and Oliner (1988), would predict prosocial behaviour. Extensivity can be defined as a dispositional obligation of responsibility and commitment to a wide range of other people. Einoff utilized survey and interview data from the 1995 and 2005 waves of a national representative survey of US citizens and found that the degree to which a participant displayed extensivity in 1995 predicted a range of helping behaviours 10 years later, including volunteering and secular charitable giving. Interestingly, this did not extend to helping family members, for example by giving them money.
One should exercise some caution, however, in concluding that there are people who simply have personalities predisposed to helping. The empirical evidence discussed above is correlational, and as such we cannot necessarily infer causality. In the Oliner and Oliner (1988) study described above, did the people who helped rescue Jews in Nazi Europe help them only because they had dispositions that inclined them to do so? It might be the case that people helped because of the situation they were in, but subsequently inferred that they were a more helpful person (or even subsequently became a more helpful person) as a result of their actions (see the discussion of how self-perception of one’s own behaviour can change attitudes, Chapter 4). Although it is likely that people differ in their predispositions to help others, situational factors are also likely to play an important role.

**Competence**

If the bystander feels they will be able to deal competently with an emergency, they will be much more likely to help. This idea fits in well with the bystander-calculus model discussed earlier. If the bystander feels competent, the costs of helping are much lower than if they feel incompetent, as the emergency will presumably involve less time and effort, and may be more likely to have a positive outcome. Cramer, McMaster, Bartell, and Dragna (1988) had participants who were either registered nurses (high competence) or non-medical students (low competence) wait in a corridor with a confederate, ostensibly to take part in a study. While the pair were waiting, a rigged accident took place in the adjoining corridor, in which a workman had apparently fallen off a ladder and was then moaning as if in pain. The confederate did not offer to help. Cramer and colleagues found that the nurses were much more likely to help the workman than the students. They later reported that they felt they had helped because they felt they had the necessary skills (but see also the discussion of social norms in Chapter 5). Pantin and Carver (1982) artificially manipulated competence by showing some of the participants a series of films on first aid and dealing with emergencies. They found that participants who had seen the films were much more likely to help a confederate who appeared to be choking than participants who had not seen the films.

These findings seem fairly straightforward. People who are trained to deal with emergencies are more likely to help. Interestingly, however, there is some evidence that even the perception of competence is sufficient to produce helping behaviour. Schwartz and David (1976) found that telling a participant that they were good at handling rats increased the probability that they would subsequently help catch a laboratory rat. Perceiving oneself to be competent in one domain can even lead to helping behaviour in an unrelated domain. Kazdin and Bryan (1971) found that participants who had been told that they had done well on a creativity task or a health examination task were later more willing to donate blood. Allocating participants to a leadership position, thereby increasing their perceptions of competence, also increased the probability of helping behaviour. Baumeister, Chesner, Senders, and Tice (1988) told participants that they would work on a task in a four-person group, in which they had been randomly allocated to be either the leader or one of three followers. Participants worked individually on the task but believed that all the group members could communicate with one another through an intercom system. On hearing a group member over the intercom system apparently choking and asking for help, 80 per cent of leaders but only 35 per cent of followers went to offer assistance. Given that the leaders
were randomly allocated to the role, this cannot have been due to their greater competence as a leader. Baumeister and colleagues proposed that acting as leader increases the bystander’s perception of personal responsibility, therefore eliminating the possibility of passing on responsibility to another group member (i.e. preventing diffusion of responsibility).

**Mood**

The transitory psychological state of a bystander can have a profound influence on whether or not help is offered. In general, good moods increase helping behaviour while bad moods reduce helping behaviour. Below, we discuss the evidence for this claim and note one exception to the rule – the effect of guilt on helping behaviour.

Isen (1970) asked participants to complete a task on which they were then told they had either performed very well or very poorly. Other participants were given no feedback about their performance, or did not complete the task at all. Isen found that participants who thought they had done well at the task were more likely to help a woman struggling to carry some books than any of the other participants. Similarly, Holloway, Tucker, and Hornstein (1977) found that people who had received good news showed greater attraction to strangers and greater willingness to help, compared with people who had received bad news. However, Isen, Clark, and Schwartz (1976) demonstrated that the effects of mood do not last for long. They delivered a free gift to residents of a town in Pennsylvania. Then, between one and 20 minutes after the free gift had been received, the residents received a phone call from a ‘wrong number’, and were asked if they could help the caller out by making a phone call for them. Isen and colleagues found that if the request was made up to seven minutes after receipt of the free gift, the majority of participants helped by making the phone call. With a delay of 10 minutes or more, however, only about half of participants helped. By 20 minutes after receipt of the gift, only one-tenth of participants helped (see Figure 11.6).

![Figure 11.6](image-url) Effect of mood on helping behaviour as a function of time between mood induction and opportunity to help. Data from Isen et al. (1976)
Despite the limited time span of the effect of being in a good mood on helping, the effect is very reliable. Carlson, Charlin, and Miller (1988) looked at 61 studies which had compared people in a positive mood with people in a neutral mood. Using meta-analysis, they found a reliable effect of being in a positive mood on helping behaviour. But why does being in a positive mood increase the probability that help will be offered?

According to the **affect-priming model** (Bower, 1981; Forgas, 1992), when we are in a good mood, mood-congruent information in our memory is more accessible. As a result, positive thoughts and feelings, including a positive orientation to prosocial behaviour, are more likely to be activated. Alternatively, the **affect-as-information model** (Schwarz, 1990) suggests that we use our current mood as a piece of information to help us to understand how we feel about things in our environment. To give an example of this, if we meet a friend while we are in a bad mood, we may view them in a less positive light than if we were in a good mood, because we infer from our negative mood that we are not happy with them. In the context of prosocial behaviour, when a bystander encounters an emergency situation, they may take their positive emotional state to mean that it will be safe and worthwhile to intervene.

A number of studies show that people in a negative psychological state are less likely to help others. Berkowitz (1972) found that the more self-concern students felt while awaiting the outcome of an important exam, the less they offered help to others. However, one negative psychological state does not decrease helping behaviour. Regan, Williams, and Sparling (1972) found that when participants had been led to believe that they had broken an expensive camera, they were subsequently more likely to help another person who had dropped some groceries. Two explanations have been offered for this effect. According to the **image-reparation hypothesis**, guilty people want to make up for what they have done. This does not, however, explain why the participants were willing to help someone unrelated to the incident over which they felt guilt. An alternative explanation can account for this. The **negative relief state model** (Cialdini & Kenrick, 1976) argues that because guilt leads to a negative affective state, people help in order to feel good about themselves again (helping behaviour elevates mood).

The research we have been talking about in this section has shown how general positive or negative internal mood states influence helping behaviour. We now turn to the empathy–altruism hypothesis, which provides an explanation for helping behaviour that is based on two specific internally experienced emotions.

**Empathy–Altruism**

Batson (1994) argued that sometimes our motive for helping others is altruistic, a desire to benefit others without the expectation of anything in return. At other times, our motive for helping others is egoistic. In this case, we help someone else because it has personal benefits for us. The **empathy–altruism hypothesis** (Batson, 1991) explains why we sometimes help others for egoistical purposes and sometimes for altruistic purposes. When we witness someone suffering, we can experience two different types of emotional reaction: personal distress and empathy. **Personal distress** is a self-focused negative state of arousal that we feel when we see someone suffering. Rather than thinking about how the sufferer is feeling, personal distress is a preoccupation with how the suffering makes us feel. We have already
discussed earlier in this chapter how personal distress can result in helping behaviour, with reference to the bystander-calculus model. According to this model, when people feel arousal as a result of observing someone who is in need of help, they label that arousal as personal distress. Batson argues, however, that we may also feel empathic concern when we see someone suffering. This state of arousal is victim-focused, involving feelings of sympathy and compassion for the sufferer. According to the empathy–altruism hypothesis, the more empathic concern we feel, the more altruistic will be our response. In contrast, if we primarily feel personal distress, we are more likely to respond egoistically. Batson’s two explanations for helping usefully extend Piliavin et al.’s (1981) bystander-calculus model. When people feel physiological arousal, they either label it as personal distress or empathic concern. The emotion they experience subsequently influences whether their motives for helping are egoistic or altruistic.

A number of studies have supported the empathy–altruism hypothesis. Batson, Duncan, Ackerman, Buckley, and Birch (1981) asked female students to observe a female confederate appearing to receive electric shocks, ostensibly as part of a study they were taking part in. As the confederate appeared to be in a great deal of pain, the experimenter offered the participant the chance to help by taking the place of the confederate for the rest of the experiment. To manipulate the extent of empathic concern felt by the participant, they were told that the confederate had either very similar attitudes to them or very different attitudes to them. This manipulation was used because we are more likely to feel empathy towards people who we believe are similar to us. The difficulty of escaping from the situation was also manipulated. In the difficult-to-escape condition, participants were told that they would have to observe the victim until the very end of the experiment if they did not help. In the easy-to-escape condition, participants were told that they would soon be able to leave.

The findings to this study are illustrated in Figure 11.7. If the sufferer was thought to be similar to the participant, a high proportion offered to take the sufferer’s place in the experiment, regardless of whether they could easily escape. However, if the sufferer was thought to be dissimilar to the participant, participants only offered to help when they could not easily escape. This pattern of results can be explained by the empathy–altruism hypothesis. People who were motivated by empathy (i.e. who believed they were highly similar to the participant) reacted altruistically; their goal was to reduce the suffering of the victim, and this would not be diminished by simply escaping the situation. In contrast, people who were not motivated by empathy (i.e. low similarity) reacted egoistically; their goal was to reduce their own personal suffering. When they had no alternative, they helped the victim, to reduce the negative arousal they were feeling. However, given the option of escaping, this is the behaviour they chose, because this reduced their negative arousal at less of a personal cost.

Although the results of the Batson et al. (1981) experiment are indicative of support for the empathy–altruism hypothesis, they do not provide direct evidence that personal distress or empathy are related to the behaviour observed. To be fully convinced of empirical support for any hypothesis it is necessary to measure the hypothesized psychological process as well as the predicted outcome (see Baron & Kenny, 1986). Because of this, in a further experiment using the same paradigm, Toi and Batson (1982) did measure the hypothesized empathy and distress variable to provide direct evidence that the type of emotional response...
could explain the type of helping behaviour. They found that people who reported high levels of empathy were willing to help a person in need regardless of whether they had an escape option, whereas people who reported high levels of personal distress were willing to help only when they had no escape option. They were much less likely to help if an escape route was available.

Gender Differences in Helping

Eagly and Crowley (1986) conducted a meta-analysis of 172 studies on helping behaviour. They found that there were some notable differences in helping behaviour among men and women. There was no clear gender difference in the amount of helping behaviour engaged in; instead, men and women appeared to engage in different types of helping behaviour. Men were more likely to help women than men, whereas women were equally likely to help women or men. Men were also more likely than women to help strangers. These gender differences were especially pronounced when the helping situation was potentially dangerous. Women, on the other hand, were more likely to help in everyday situations than men, for example helping a friend out, providing emotional support, and looking after children and the elderly. In sum, men behave more prosocially in unusual, dangerous circumstances, but women are more likely to help others on a day-to-day basis.
BACK TO THE REAL WORLD...

WHY FEELING REJECTED MAKES US LESS HELPFUL

We have all felt rejected or excluded at one time or another, from being ignored in the playground to being rejected by a potential romantic partner. It might seem that experiences of rejection or social exclusion would make people more likely to help others: first, because they know what it is like to suffer and so are more empathic; and, second, because it might be a good opportunity to make new friends after rejection. However, an intriguing series of studies by Twenge, Baumeister, and DeWall (2007) suggests that, in fact, social exclusion reduces our propensity to help others.

In an initial study, participants completed a personality questionnaire, before being given some false information about what their results meant. Participants were told that they would be the type of person who would end up alone later in life (social exclusion condition), that they were the type of person who would always have rewarding relationships (social inclusion condition), that they would always be accident-prone in later life (misfortune condition) or, in a control condition, were given no information. They were then given eight quarters ($2) for taking part in the study. However, before leaving, the researcher mentioned that they were collecting money for the student emergency fund, and asked the participant if they would like to make a donation. While 100 per cent of participants in the inclusion, misfortune and control conditions donated at least 25 cents, only 38 per cent of those in the social exclusion condition made any donation at all. This was not simply caused by those in the exclusion condition being in a negative mood: those in the misfortune condition had the worse mood of any group after the study yet made the largest donations. A series of follow-up studies confirmed these initial findings: excluded individuals were also less likely to help a research assistant by volunteering to take part in extra studies, and were less likely to help an experimenter who had dropped some pencils on the floor.

So why do excluded individuals not help? When people are rejected, they often show an absence of emotion. It seems that their emotion system is shut down as a temporary coping mechanism, numbing their emotional suffering (DeWall & Baumeister, 2006). If they cannot experience emotion, they cannot empathize, and, in turn, are unlikely to help others. To test this, Twenge and colleagues asked rejected participants to read a handwritten essay about a recent traumatic relationship break-up, and then answer a series of questions which assessed their empathic concern towards the essay writer. Participants then had the opportunity to donate money to charity. As expected, exclusion reduced empathic concern for the misfortune of someone else who had suffered rejection, and, in turn, they donated less money to charity.
Recipient-Centred Determinants of Helping

So far, our discussion of helping behaviour has focused on the potential helper and the situation in which they find themselves. Whether or not help is offered may, however, also depend upon characteristics of the potential recipient of the help. Here we outline four factors which may influence whether or not help is offered: how similar the recipient is to us, whether or not they are a member of the same social group as us, how attractive we find them, and whether we believe they are responsible for their misfortune.

Similarity

Several studies show that we are more likely to help those who we believe are similar to us (see Chapter 12 for a discussion of the relationship between similarity and attraction). Krebs (1975) found that when people see someone being given electric shocks, the more similar they are to the victim, the greater the physiological arousal they experience and the more altruistic they are towards the victim. Being similar to us in terms of personal attributes or simply by virtue of being a member of the same group as us may increase the likelihood of our helping someone in need. But what determines whether we see someone as similar to us? Emswiller, Deaux, and Willits (1971) investigated whether students in the 1970s would be more likely to help someone who dressed the same as them. Confederates who were dressed either conventionally or in an alternative style (as a hippie) asked passers-by for a coin to make a phone call. Students were more likely to help the confederate who was dressed in a similar way than those who were dressed differently (see Figure 11.8). It appeared that assumptions had been made, based on the appearance of the confederate, about their similarity to the participants in other areas: for example personality and beliefs.

Group Membership

We appear to be more willing to help ingroup members than outgroup members (i.e. people who share our social group membership compared with people who do not). Ellis and Fox (2001) found that heterosexual bystanders were more likely to help a person who was identified as heterosexual than a person who was identified as gay or lesbian. Gaertner and Dovidio (1977) also found an effect of group membership in the context of ethnicity. If they were the only bystanders, white participants were just as likely to help a black woman in need as a white woman in need. If, however, there were other bystanders, white participants were more likely to help a white woman than a black woman. In sum, participants only treated outgroup members in the same way as ingroup members when they could not diffuse responsibility.

One intergroup context in which failure to intervene might be particularly damaging is intergroup bullying among school children, directed towards immigrants. This is because adolescent immigrants may be particularly sensitive to the detrimental effects of social exclusion, such as anxiety and depression (McKenney, Pepler, Craig, & Connolly, 2006). However, Abbott and Cameron (2014) argued that assertive bystanders who are willing to intervene may help to reduce intergroup bullying by establishing new social norms of
intergroup tolerance and acceptance. They found that British adolescents who had experienced contact with immigrants reported being more likely to intervene in a scenario in which an immigrant was called unpleasant names. Contact increased assertive intended bystander behaviour by increasing empathy and cultural openness, and by reducing ingroup bias.

Even when the outgroup is helped, there is evidence that perceptions of the motivations for this help vary depending on the relative group status of the individuals involved. Halabi, Dovidio, and Nadler (2016) asked both Israeli Jewish (the higher status group in Israel) and Israeli Arab participants (the lower status group in Israel) to imagine a situation in which Jews offered help to Arabs in Israel, and then to evaluate those offers of help. Offers of help from Israeli Jews were more likely to be perceived as a way of achieving domination over Arabs, and were more likely to be construed as reinforcing dependency of Arabs on Jews. According to the intergroup helping as status relations model (Nadler, 2002), when group membership is salient, helping relations with the outgroup are perceived as a means to establish, reinforce or challenge the existing social hierarchy. More specifically, higher status groups use help to keep lower status groups in their place, especially when they feel their group status is threatened in some way. In contrast, lower status groups tend to be resistant to receiving assistance from higher status groups.
Attractiveness

The bias we have towards attractive people, described in Chapter 12, also applies to helping behaviour. Benson, Karabenick, and Lerner (1976) demonstrated the effect of physical attractiveness on helping behaviour. A researcher left completed graduate school application forms, including a photo of the applicant and a stamped addressed envelope, in phone booths at an airport. The photo accompanying the application was either of a physically attractive or a relatively unattractive individual. They then observed whether or not people making a phone call at the booth would send the materials which had apparently been forgotten. The researchers found that people were more likely to send the materials of the attractive applicants than the materials of the unattractive applicants. The effect is not just restricted to physical attractiveness; the attractiveness of the *personality* of the person in need of help can also affect whether or not help is offered. Lynn and Mynier (1993) found that friendly individuals are more likely to be helped than less friendly individuals.

Responsibility for Misfortune

We are more likely to help people who are in need through no fault of their own than those who are responsible for their misfortune. Barnes, Ickes, and Kidd (1979) had confederates who were pretending to be students call other students and ask to borrow their notes to help prepare for an exam. In the low-responsibility condition, the confederate claimed that they needed help because they were not very good at taking notes, even though they tried really hard. In the high-responsibility condition, the confederate claimed that they needed help because, although they could take good notes, they could not be bothered to attend class. Participants were much more likely to offer help to the confederate if they were perceived to be less responsible for their need of help. Similarly, DePalma, Madey, Tillman, and Wheeler (1999) found that students were more likely to offer help to a medical patient if the individual was portrayed as not being responsible for the onset of the illness they suffered from.

**SUMMARY**

There are a number of person-centred determinants of helping, which can be to do with the helper or the person receiving help. The personality and transient mood state of the helper are influential; happy or guilty people who have a *dispositional inclination* towards empathy, social responsibility and extensivity are most likely to help others. People who have the skills to deal with emergencies or who believe they are competent are also more likely to help. Although there is no *gender difference* in the amount of help women and men give, they differ in the *type* of help they offer. Finally, with respect to recipient qualities, we are more likely to help people who are similar to us, who belong to the same group as us, whom we can help in order to maintain the intergroup status quo, who we find attractive, and who we believe are deserving of our help.
Receiving Help

So far we have focused on the point of view of the bystander, discussing the situations and characteristics of the perceiver that influence whether or not people help others. Helping others makes us feel good about ourselves (Millar, Tesser, & Millar, 1988), but how does being helped affect the recipient of the help? Understandably, if we offer to help someone, we expect them to be happy and grateful to us. Sometimes, this is the case. Cook and Pelfry (1985) found that participants who were struggling with their workload during a group task evaluated a confederate who offered to help them more positively than a confederate who failed to help them, and confederates who offered help voluntarily were liked more than those who only offered help after being instructed to.

It is, however, by no means certain that the help-recipient will always respond with relief and gratitude. Just as a bystander has a range of thoughts and feelings as they decide whether or not to help, the help-recipient also has a range of emotional reactions to being helped. Being helped may make the recipient feel embarrassed and inferior, resulting in their reacting negatively. This is especially the case in individualistic societies, such as the UK and the USA, where self-reliance is a highly regarded attribute. The negative reactions of recipients of help might be explained by the concept of reciprocity and equity (see equity theory, Chapter 13). We prefer our relationships with others to be well balanced, with those involved making equal contributions to the relationship. If a help-recipient cannot reciprocate, they may feel distressed.

Nadler and Fisher (1986) proposed the threat-to-self-esteem model to explain why people have different reactions to being helped. They argued that donor characteristics (e.g. the donor’s motive for helping – self-interest, empathy), recipient characteristics (e.g. self-esteem, feeling threatened), aid characteristics (e.g. amount of help given) and context characteristics (e.g. opportunity to reciprocate help) interact with one another to influence whether the recipient feels self-threat or self-support. If the help given conveys caring for the recipient and provides real benefits, it will be seen as self-supporting, and should result in the help-recipient feeling positive about themselves and expressing gratitude to the help-giver. If, however, the help given implies that the recipient is inferior to the helper and conflicts with values of self-reliance and independence, it will be seen as self-threatening. In this context, the recipient is likely to have negative feelings about themselves and be highly motivated to improve themselves in the future so they no longer need to rely on help. They are also likely to evaluate negatively the helper and the aid they received. This was succinctly demonstrated by Blaine, Crocker, and Major (1995), who had participants imagine that they were a stigmatized person who received a job either because of their qualifications or because the employer felt sympathy for their stigmatized condition. Participants reported lower self-esteem, more negative affect and lowered work motivation when the job was offered out of sympathy than when it was offered based on qualifications.
CHAPTER SUMMARY

In this chapter, we have provided an overview of the social psychology research on prosocial behaviour. We have explained why we have a general tendency to help others in the first place, when we are most likely to offer help, and how prosocial behaviour affects the recipients of help. Although there are negative aspects of human social behaviour, for example prejudice and aggression, our propensity to help others gives us reason for optimism. There are a number of reasons why we help others. Sociobiologists argue that our tendency to help others has been passed down from generation to generation, in order for us to protect those who are related to us to ensure the survival of our genes. However, this does not explain why we help friends and even strangers. Social psychologists argue, alternatively, that helping behaviour is learned by observing and copying the helping behaviour of others, or by adhering to social norms of helping that are held in high regard in most cultures, or because we experience empathic emotions that help us take the perspective of the person in need of help.

Despite having a basic predisposition to help others, we do not always help, as the case of Kitty Genovese tragically illustrated. Latané and Darley proposed a cognitive model to explain what determines whether a bystander will help when they observe an emergency situation. The more bystanders present during an emergency, the less likely it is that any individual will offer help, a phenomenon known as the bystander apathy effect. Three processes were shown to inhibit helping behaviour: diffusion of responsibility, normative social influence and informational social influence. Alternatively, Piliavin proposed the bystander-calculus model to explain why people do not always help. People assess the costs of helping and the costs of not helping when deciding whether to help.

In addition to these situational factors, the characteristics of the help-giver influence whether or not help is offered. The personality and mood state of the perceiver are important here. People who have a dispositional inclination towards empathy and social responsibility are most likely to help. People who believe they are competent are also more likely to help. We are more likely to help people who are similar to us, who belong to the same group as us, who help us to maintain the intergroup status quo, whom we find attractive, and who we believe are deserving of our help.

When a bystander does decide to help, they tend to feel good about their actions and expect the recipients of their help not only to feel good, but also to feel gratitude for receiving the help. However, research which considers the perspective of the help-recipient shows that this is not always the case. In individualistic societies, self-reliance is highly regarded and, according to the norms of reciprocity and equity, we like to have a balanced relationship with others, with no one person contributing more than any other. If a help-recipient cannot reciprocate, they may feel threatened. According to the threat-to-self-esteem model, the help-recipient’s reaction will depend on whether the help they receive results in feelings of self-threat or self-support.
Figure 11.9  Memory map
TAKING IT FURTHER

TRY THIS

Think of one or two times in your life when you’ve acted in a prosocial way. This could be anything from helping out a friend in a time of need to donating to charity. Can you identify in these examples of your own behaviour any recipient-centred characteristics that may have contributed to your decision to help? So, were you similar to the recipient or did you share a social categorization? Did you find them attractive or did you perceive them to have no responsibility for their misfortune?

DEBATE THIS

There is now a large body of research focusing on the role of observed behaviour, and in particular the mass media, in affecting whether we behave in a positive, prosocial manner or a negative, anti-social manner. Do the mass media really have that powerful an effect on how we behave? Do we really have such little control over our own actions? And which side of the media is winning the war to influence our behaviour: the positive, prosocial side or the aggressive, violent side? Based on what the psychological research is showing us (not only about media and prosocial behaviour, but also about the media and aggression), what advice would you offer a government committee investigating this issue?

SOMETHING FOR THE WEEKEND

Following the incident involving Kitty Genovese, who infamously received no help from bystanders as she was being murdered, there was much recrimination about the less than positive behaviour that people in general seem to show towards one another. But on the other hand, we often read about people who do step in to protect others, sometimes even at the expense of their own safety (think about Frank De Martini and Pablo Ortiz, whom you read about at the start of this chapter). Try finding one or two recent newspaper reports featuring people helping others in need. Can you identify, from these stories, the factors outlined in Latané and Darley’s (1968) cognitive model that would make helping behaviour more likely?

FURTHER READING

THE ESSENTIALS


This is one of the classics of social psychology – a must.
NEXT STEPS


If you want to know about prosocial behaviour in more depth, here is a more detailed review article on the topic, written by a leader in the field.

DELVING DEEPER


In this book on the topic of prosocial behaviour you’ll get a clear, lively account of the classic approaches to helping. Whether you’re interested in studying more on prosocial behaviour later on, or whether you think what you’ve read about in this chapter will be useful to you in your future career, this will be a great book to cement your understanding.

Still want more? For links to online resources relevant to this chapter and a quiz to test your understanding, visit the companion website at https://study.sagepub.com/crispandturner4e