


## PILIAVIN ET AL (1969) then and now

Piliavin, Rodin & Piliavin (1969) is a classic study investigating social behaviour. It is summarised in the box below. Piliavin *et al.*'s research, unlike earlier similar work, didn't demonstrate **diffusion of responsibility**. For example, **Darley & Latané** (1968) found that, in a laboratory setting, bystanders to an epileptic fit who believed there were other witnesses were less likely to seek assistance for the victim than bystanders who thought they were alone. A field experiment by **Bryan & Test** (1967) found that assistance was more likely to be given if the witness has just seen someone else perform a helpful act. Piliavin *et al.* extended this by exploring the factors affecting the influence of role models on helping.

e-xtension   
Dr. Julia  
Russell &  
Psychology Column

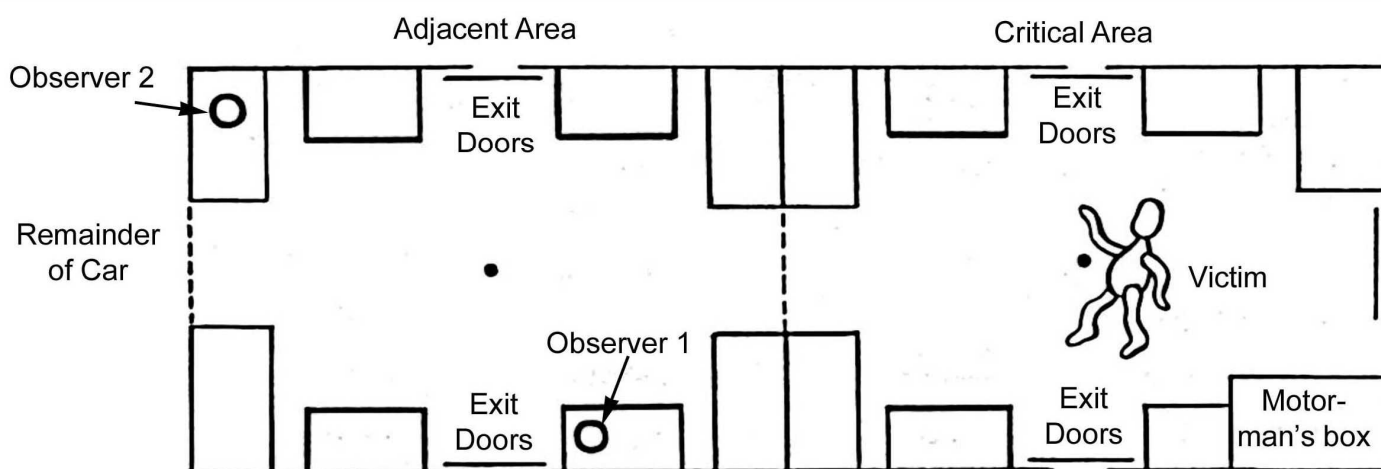


Figure 1 Layout of the adjacent and critical areas in Piliavin *et al.* (1969)

### Research questions:

- Does the cause of an emergency, or race of victim, affect helping?
- Is helping affected by modelled helping behaviour?

### Procedure:

- Field experiment on a 7½ minute non-stop journey on a New York underground train, using various coaches along the train.
- 4 teams of 4 students: male victim, male model, 2 female observers.
- A 'victim' staged an 'emergency' by collapsing. The IAVs were: victim type (drunk or ill) and race (black or white). Also IV of model (helper or not / early or late help / critical or adjacent area).
- After collapsing the victim lay on his back on the floor. If not helped earlier in the journey by a participant or model, the model assisted the victim at the end of the journey.
- The victims were: aged 26-35; three white, one black; identically dressed in a US army-style jacket, old trousers, no tie. The 'drunk' smelled of alcohol, carried a spirits bottle wrapped in a brown paper bag (38 trials). The 'ill' victim appeared sober and carried a black cane (65 trials).
- The models were: aged 24-29, wore casual but not identical clothes and helped by raising the victim to a sitting position and staying with him. They either: stood near the victim and helped after about 70 seconds (critical area – early), stood in the same place but helped after 150 seconds (critical area – late), or stood further away and helped quickly or slowly ('adjacent – early' and 'adjacent – late'). 'No model' trials were determined randomly.
- During 103 victim trials, observers recorded number and race of participants (approximately 4,450 men and women travellers, approximately 45% black, 55% white), latency (time) to help, race and sex of helper, number of helpers, movement away from 'critical area' and comments made.
- 6-8 trials per day, on journeys in alternating directions, all the same victim type in any day.



### Findings:

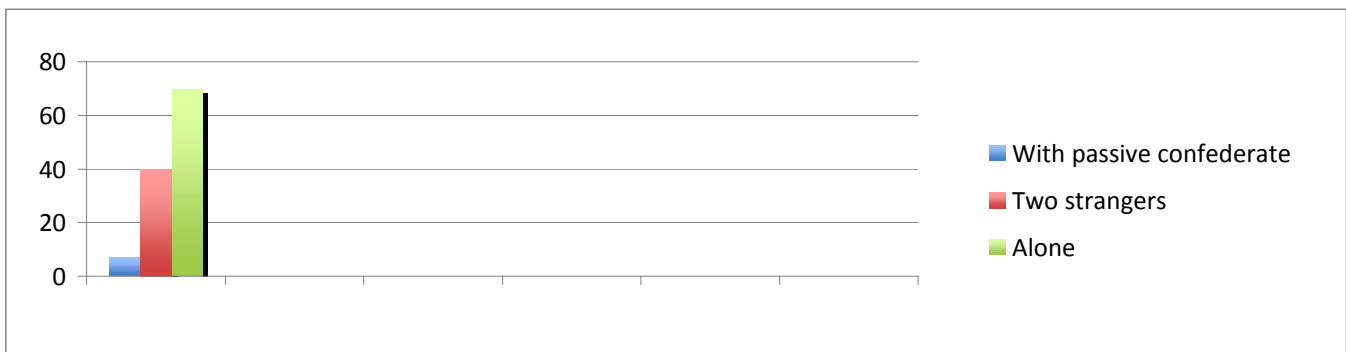
- Apparently ill victims are more likely to be helped than apparently drunk ones (62/65 trials compared to 19/38) and are more likely to be helped quickly.
- Males are more likely to help than females (60% of travellers were male but 90% of first helpers were male).
- Race has little effect on helping although a drunk victim is less likely to receive opposite-race help.
- The longer no help is offered, the less important modelling becomes and the more likely someone is to leave the area, and more so with drunk victims.
- Spontaneous comments were more common in the drunk condition.
- The speed of helping doesn't decrease with increasing group size.

### Conclusions:

- The findings fit a model of arousal-reduction in emergency situations. Arousal is increased by empathy, proximity and duration of unassisted emergency. Arousal is reduced by helping, getting help, leaving, or rejecting the victim as worthy of help. A cost/reward matrix determines helping behaviour. Costs of helping include effort and fear of harm, rewards include praise. Costs of not helping include self blame and criticism from others, rewards include continuing some other activity.
- Helping is more likely: with ill than drunk victims; to be offered by males (as perceived costs are higher and social role reduces self-blame); and with same-race victims if they appear drunk (as perceived risk is higher, social role reduces self-blame and there may be same-race empathy and trust).
- The longer an emergency continues: the less important the role of a model (because arousal has been reduced by other means) and the more likely people are to leave the area.
- Greater group size doesn't lead to diffusion of responsibility.

### What Other Factors Affect Helping?

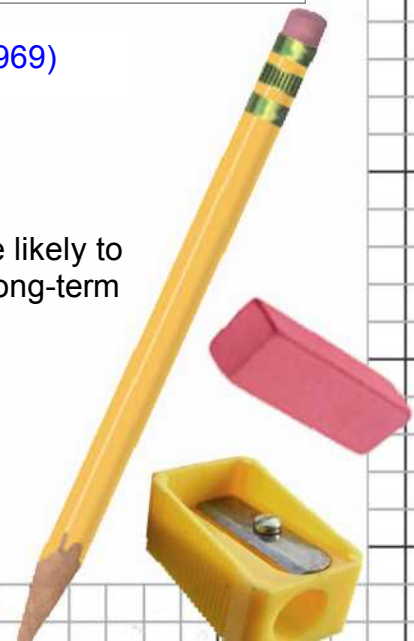
Following **Piliavin et al's** and **Darley & Latané's** work, many investigations explored the tendency towards inaction in an emergency, **bystander apathy**, and the factors affecting diffusion of responsibility. For example, **Latané & Rodin** (1969) found that an individual alone was almost twice as likely to intervene in an emergency compared to rates of action when two strangers were also present (see Figure 2).



**Figure 2** Diffusion of responsibility in an emergency (Latané & Rodin (1969))

### Gender differences are complex

In a meta-analysis, Eagly and Crowley (1986) found that men were more likely to help in chivalrous, heroic ways and women in nurturant ways requiring long-term commitment.



## Cultural differences

Although in general people are less likely to help a member of an **out-group** than of an **in-group**, people from **collectivist** cultures (who might be expected to be more helpful) seem to make a clearer distinction between in-groups and out-groups so are more likely to help in-group members, and less likely to help out-group members, than those from **individualist** cultures. In Latino and Hispanic cultures 'simpatía' refers to friendly, social and emotional characteristics. Levine *et al.* (2001) found that in cultures valuing simpatía (eg Brazil), people were more likely to assist in non-emergency helping situations.

## Education about bystander apathy

**Beaman *et al.* (1978)** manipulated students' knowledge of bystander apathy by having a group hear either a relevant lecture (on Latané and Darley's work) or an irrelevant one. Two weeks later the student participants encountered a student lying on the floor. An apparently unconcerned confederate stood nearby. The students who had heard the relevant lecture were more likely to help.

## Bystander behaviour in dangerous situations

Most early research into bystander behaviour explored non-dangerous, non-violent emergencies. **Fischer *et al.* (2006)** investigated whether bystander effects will arise in a more dangerous situation. Bystanders would be expected to be more likely to respond as such situations are more quickly and clearly recognised as emergencies. However, the costs of helping are potentially higher, as is the cost of refusing help. Fischer *et al.* found that in unthreatening situations more help was given by a solitary individual than when bystanders were present. However, when potential danger was high, participants in an emergency were similarly likely to help the victim whether alone or with others.

Following on from this, **Fischer *et al.* (2011)** conducted a meta-analysis of studies of bystander intervention in dangerous and non-dangerous emergencies from the 1960s to 2010. Data from over 7,700 participants showed that the effect of bystanders is reduced when the situation is seen as dangerous rather than non-dangerous, when perpetrators are present (rather than non-present) and when the cost of intervention is physical (rather than non-physical). This fits an arousal-cost-reward model suggesting that contexts with victims in dangerous situations are recognised faster and more clearly as genuine emergencies. This creates greater arousal so produces higher levels of helping.



## Key terms

*bystander apathy* – the tendency of people to ignore the problem if they encounter an emergency. In everyday life we tend to follow a *script* for each familiar situation. However, emergencies are unplanned, unfamiliar and typically require immediate action so we lack a script to guide us.

*collectivist culture* – a society which values community relationships above those of the individual, focussing on the good of the group and in which tasks, belongings and income may be shared. Hofstede (1983) found that Guatemala, Equador and Panama were highly collectivist.

*diffusion of responsibility* - the tendency of an individual towards inaction in an emergency when there are other people around (in contrast to the greater likelihood of action in the same situation if they were alone). This happens because responsibility is spread between the group of bystanders so each individual feels less personally responsible so is less likely to act. This is an explanation of bystander apathy.)

*in-group* – members of a group to which we perceive ourselves as belonging. This produces favouritism (in-group bias) towards members of this group.

*individualist culture* - a society which values independent behaviour in contrast to activities focused on the wider social group so places less emphasis on communal relationships and emphasises the rights and interests of the individual. Hofstede (1983) found that Australia, the US and the UK were highly individualist.

*out-group* – members of a group to which we do not perceive ourselves as belonging ie the people who are not in 'our group' and against whom we are likely to behave less favourably.

*script* – an internalised pattern or 'story' about what generally happens in a familiar situation (and which can therefore guide our behaviour).





## PILIAVIN ET AL (1969) - then and now

### Activities

#### Cloze exercise: Piliavin et al (1969)

The aims were to find out whether the perceived \_\_\_\_\_ for an emergency, or modelled helpful behaviour, affect the likelihood of \_\_\_\_\_ being offered to someone who falls over. A \_\_\_\_\_ experiment on an underground train used teams of students (a victim, a model and \_\_\_\_\_ observers). The independent variables were \_\_\_\_\_ type (drunk: carrying a \_\_\_\_\_ or ill: carrying a \_\_\_\_\_), race (\_\_\_\_\_ or \_\_\_\_\_) and \_\_\_\_\_ (location/latency to help: critical area–early / critical area–late / adjacent–early / adjacent–late, plus 'no model' trials).

Observers recorded the \_\_\_\_\_ and race of participants on the train, \_\_\_\_\_ to help, race and \_\_\_\_\_ of helper, number of helpers, movement away from 'critical area' and \_\_\_\_\_ made. Ill victims were helped more \_\_\_\_\_ and more \_\_\_\_\_ than drunk ones. \_\_\_\_\_ were more likely than \_\_\_\_\_ to offer help. \_\_\_\_\_ has little effect except for drunk victims who received less \_\_\_\_\_ - race help.

When help was not offered, modelling was \_\_\_\_\_ important and people were more likely to \_\_\_\_\_ (especially with drunk victims). The speed of helping didn't \_\_\_\_\_ with increasing group size. In conclusion, an arousal-reduction model is supported suggesting arousal will \_\_\_\_\_ with empathy, \_\_\_\_\_ and duration of an unassisted emergency and is reduced by helping, getting help, leaving or \_\_\_\_\_ the victim as worthy of help ie behaviour is determined by a cost/reward matrix.

Helping has costs eg effort and fear of harm and \_\_\_\_\_ eg praise. Not helping also has \_\_\_\_\_ eg self blame and criticism from others and rewards eg doing some other activity. Helping is more likely: with \_\_\_\_\_ than \_\_\_\_\_ victims; given by males and to \_\_\_\_\_-race victims (if drunk). Over time, models become less important (as other factors will have reduced \_\_\_\_\_) and more people leave. Greater group size doesn't lead to \_\_\_\_\_ of responsibility.

arousal	diffusion	leave	proximity	sex
black	drunk	less	quickly	time
bottle	females	males	race	two
cane	field	model	reason	victim
comments	help	number	rejecting	white
costs	ill	often	rewards	
decrease	increase	opposite	same	



## Questions

[Fischer et al. \(2011\)](#)

1. a) What research method was used by **Fischer et al. (2011)**?  
b) Does this method produce primary or secondary data?  
c) Outline **one** advantage of this research method.  
d) Outline **one** disadvantage of this research method.
2. Write an aim for Fischer *et al.*'s investigation.
3. Using the findings of Fischer *et al.* (2011), explain whether each of the following situations would be likely to produce helping and why.
  - a) You see an old lady fall over in a supermarket. She cuts her leg on her trolley.
  - b) You see a tramp staggering along the pavement. He stumbles and falls, breaking the bottle he was carrying and cutting his leg on some shards of glass.
  - c) You watch small child wandering around a park as you eat your lunch. After half an hour, the child is still crying, and is now wailing 'Mummy' repeatedly. You are due back to the office in five minutes.
  - d) Two tall youths run around a corner, pushing roughly past you down a cul du sac. They encounter a middle aged man who they hit around the head, then take his wallet leaving him moaning on the ground. You can still hear their voices as you approach the man they attacked.

## Stretch & Challenge

This is an interesting and accessible article:

Vaillancourt C, Stiell IG & Wells GA (2008) Understanding and improving low bystander CPR rates: a systematic review of the literature. *Canadian Journal of Emergency Medicine*, 10(1):51-6.

The free full text is available at: <http://www.cjem-online.ca/v10/n1/p51>

Look at the section 'Why do people lack motivation to learn or perform CPR?' Consider how these ideas relate to diffusion of responsibility.

This is an interesting doctoral thesis:

Lenthall DA (2003) Bystander behaviour as an influence on bullying in high schools. Doctor of Communication thesis, Deakin University, Australia.

The free full text is available at: <http://www.deakin.edu.au/dro/eserv/DU:30023208/lenthall-bystanderbehaviour-2004.pdf>

Read the abstract and think about the answers to the following questions:

- What reasons are offered for the high costs of helping which cause inaction in the face of bullying?
- Students could avoid the high costs of helping by anonymously reporting bullying, but rarely do.
  - How would anonymous reporting reduce costs?
  - Students tend to categorise the victim, so are able to reduce self-blame and thus also reduce the costs of not helping. Explain the circumstances under which this reduction of self blame by categorisation would not happen (ie when reporting does occur).



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## Answers

Cloze exercise: Piliavin et al. (1969)

The aims were to find out whether the perceived **reason** for an emergency, or modelled helpful behaviour, affect the likelihood of **help** being offered to someone who falls over. A **field** experiment on an underground train used teams of students (a victim, a model and **two** observers). The independent variables were **victim** type (drunk: carrying a **bottle** or ill: carrying a **cane**), race (**black** or **white**) and **model** (location/latency to help: critical area–early / critical area–late / adjacent–early / adjacent–late, plus ‘no model’ trials). Observers recorded the **number** and race of participants on the train, **time** to help, race and **sex** of helper, number of helpers, movement away from ‘critical area’ and **comments** made. Ill victims were helped more **often** and more **quickly** than drunk ones. **Males** were more likely than **females** to offer help. **Race** has little effect except for drunk victims who received less **opposite**-race help. When help was not offered, modelling was **less** important and people were more likely to **leave** (especially with drunk victims). The speed of helping didn’t **decrease** with increasing group size. In conclusion, an arousal-reduction model is supported suggesting arousal will **increase** with empathy, **proximity** and duration of an unassisted emergency and is reduced by helping, getting help, leaving or **rejecting** the victim as worthy of help ie behaviour is determined by a cost/reward matrix. Helping has costs eg effort and fear of harm and **rewards** eg praise. Not helping also has **costs** eg self blame and criticism from others and rewards eg doing some other activity. Helping is more likely: with **ill** than **drunk** victims; given by males and to **same**-race victims (if drunk). Over time, models become less important (as other factors will have reduced **arousal**) and more people leave. Greater group size doesn’t lead to **diffusion** of responsibility.

Questions: Fischer et al. (2011)

- 1 a) What research method was used by Fischer *et al.* (2011)? **Meta-analysis**
- b) Does this method produce primary or secondary data? **Secondary**
- c) Outline **one** advantage of this research method. eg **Lots of data therefore more likely to be valid / representative; data covers a range of periods of time therefore more likely to be (historically) valid; data covers a range of participant groups therefore more likely to be valid / representative; findings are likely to be reliable as large amounts of data / data varied.**
- d) Outline **one** disadvantage of this research method. **Data from different studies may have been collected in different ways / using different criteria therefore may not be readily combined / so comparisons of complications may be invalid.**





## Answers

Questions: Fischer et al. (2011)

2. Write an aim for Fischer et al.'s investigation. **To investigate factors affecting bystander intervention in dangerous and non-dangerous emergencies.**
3. Using the findings of Fischer *et al.* (2011), explain whether each of the following situations would be likely to produce helping and why.
  - a) You see an old lady fall over in a supermarket. She cuts her leg on her trolley. **Unlikely as relatively non-dangerous (she's in a public, lit place, is unlikely to be violent, there is no perpetrator) so not recognised as an emergency but in reality also relatively low costs too.**
  - b) You see a tramp staggering along the pavement. He stumbles and falls, breaking the bottle he was carrying and cutting his leg on some shards of glass. **Unlikely as relatively non-dangerous and no perpetrator involved. Furthermore, there are other costs, eg could be violent or infected.**
  - c) You watch small child wandering around a park as you eat your lunch. After half an hour, the child is still crying, and is now wailing 'Mummy' repeatedly. You are due back to the office in five minutes. **Likely as relatively dangerous (the child is clearly at risk and immediate action is needed) although there is no perpetrator. Furthermore, they are small so not likely to harm you. However, the costs of helping are non-physical, eg time and you could be accused of inappropriate behaviour towards the child if you touch them or try to lead them to somewhere safe.**
  - d) Two tall youths run around a corner, pushing roughly past you down a cul du sac. They encounter a middle aged man who they hit around the head, then take his wallet leaving him moaning on the ground. You can still hear their voices as you approach the man they attacked. **Likely as relatively dangerous (the man is clearly hurt) and the perpetrators are still present. However, there is also considerable risk to you.**

