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### Reading 39: TO HELP OR NOT TO HELP

Darley, J. M., & Latané, B. (1968). Bystander intervention in emergencies: Diffusion of responsibility. *Journal of Personality and Social Psychology*, *8*, 377–383.

One of the most influential events in the history of psychological research was not a study at all but a violent and tragic event in New York City that was picked up by media news services across the United States. In 1964, a young woman, Kitty Genovese, was returning to her apartment in a quiet, middle-class neighborhood in Queens after closing the Manhattan bar that she managed. As she left her car and walked toward her building, she was viciously attacked by a man with a knife. As the man stabbed her several times, she screamed for help. One neighbor yelled out of his window for the man to “leave that girl alone,” at which time the attacker began to run away. But then he turned, knocked Genovese to the ground, and began stabbing her again. The attack continued, and her screaming continued until finally someone telephoned the police. The police arrived 2 minutes after they were called, but Genovese was already dead and her attacker had disappeared. The attack had lasted 35 minutes. During their investigations, police found that 38 people in the surrounding apartments had witnessed the attack, but only 1 had eventually called the police. One couple (who said they assumed someone else had called the police) had moved two chairs next to their window to watch the violence. Genovese's killer, Winston Moseley, now in his 70s, remains incarcerated at a maximum-security prison in upstate New York. He has been denied parole 12 times during his 42 years in prison. His next parole hearing is scheduled for 2008.

If someone had acted sooner to help Genovese, she probably would have survived. New York City and the nation were appalled by the seeming

indifference on the part of so many neighbors who had failed to try to stop this violent act. People attempted to find a reason for this inaction. They blamed the alienation caused by living in a large city; they blamed the neighborhood of Queens; they blamed basic human nature.

The Genovese tragedy sparked the interest of psychologists, who, as scientists, rather than looking to place blame, set out to try to understand what psychological forces might have been at work that prevented all those people from helping the victim. The concept of helping others falls into a research area of psychology that behavioral scientists call *prosocial behavior*, or behavior that produces positive social consequences. Topics falling into this research area include altruism, cooperation, resisting temptation, and helping. If you witness an emergency situation in which someone may be in need of help, many factors affect your decision to step in and offer assistance. John Darley at New York University and Bibb Latané at Columbia University, both social psychologists, were among those who began to examine these factors. They termed the behavior of helping others in emergencies *bystander intervention* (or in the Genovese case, *nonintervention*).

Have you ever been faced with a true emergency? Contrary to what you may think from watching television and reading newspapers, emergencies are not very common. Darley and Latané estimated that the average person will encounter fewer than six emergencies in a lifetime. This is good and bad: good for obvious reasons; bad because if and when you find yourself facing an emergency, you will have to decide what to do, without the benefit of very much experience. Society dictates that we should take action to help in emergencies, but often, as in the Genovese case, we do not. Could that be because we have so little experience that we simply do not know what to do? Is it because of the alienation caused by urban living? Or are humans, by nature, basically uncaring?

Following the Genovese murder, Darley and Latané analyzed the bystanders' reactions. They theorized that the large number of people who witnessed the violent event decreased the willingness of any one individual to step in and help. They decided to test their theory experimentally.

### THEORETICAL PROPOSITIONS

Your common sense might tell you that the higher the number of bystanders present during an emergency, the more likely it is someone will intervene. Darley and Latané hypothesized just the opposite: they believed that the reason no one took steps to help Kitty Genovese was a phenomenon they called *diffusion of responsibility*—that is, as the number of bystanders in an emergency increases, the greater is the belief that “Someone else will help, so I don’t need to.” Have you ever witnessed an accident on a busy street or arrived at the scene of one soon after it has happened? Chances are that as you drove by you made the assumption that someone surely has called the police or ambulance by now, and therefore you did not feel a personal responsibility to do so. But imagine discovering the same accident on a deserted country road with no one else around. Would your response be different? The answer for most of us is “yes.”

The concept of diffusion of responsibility formed the theoretical basis for this chapter's study. The challenge was to re-create a Genovese-like situation in a controlled, laboratory-type situation so that it could be manipulated and examined scientifically. Darley and Latané were ingenious in designing experiments to do this.

## METHOD

For obvious reasons, the actual events of the Kitty Genovese murder could never be re-created for experimental purposes. Therefore, the researchers needed to devise a situation that would approximate or simulate a true emergency so that the intervention behavior of bystanders could be observed. In this experiment, Darley and Latané told students in an introductory psychology class at New York University that they were interested in studying how students adjust to university life in a highly competitive, urban environment, as well as what kinds of personal problems they were experiencing. The students were asked to discuss their problems honestly with other students, but to avoid any discomfort or embarrassment they would be in separate rooms and would speak with each other over an intercom system. This intercom, they were told, would only allow one student to speak at a time. Each student would be given 2 minutes, after which the microphone for the next student would be activated for 2 minutes, and so on.

All this was a cover story designed to obtain natural behavior from the participants and to hide the true purpose of the experiment. The most important part of this cover story was the way the students were divided into three different experimental conditions. The participants in group 1 believed that they would be talking with only one other person; those in group 2 believed there would be two other people on the intercom; and the group 3 participants were told that five other people were on the line. In reality, each participant was alone, and all the other voices they heard through the "intercom" were recorded.

Now that the size of the groups was varied, some sort of emergency had to be created. The researchers decided that a very realistically acted epileptic seizure would be interpreted by most people as an emergency. As the discussions over the intercom system between the participants and the other "students" began, participants heard the first student, a male, tell about his difficulties concentrating on his studies and problems adjusting to life in New York City. He then added, with some embarrassment, that he sometimes had severe seizures, especially when under a lot of stress. Then the conversation switched to the next student. In group 1, the actual participant's turn came next, whereas in the other two conditions, the participant heard one or more other students speak before his or her turn. After the participant spoke, it was the first student's turn again. This is when the emergency occurred. The first student spoke normally as before but then began to have a seizure (remember, this was all on tape). Latané and Darley quote the seizure in detail in a later report as follows:

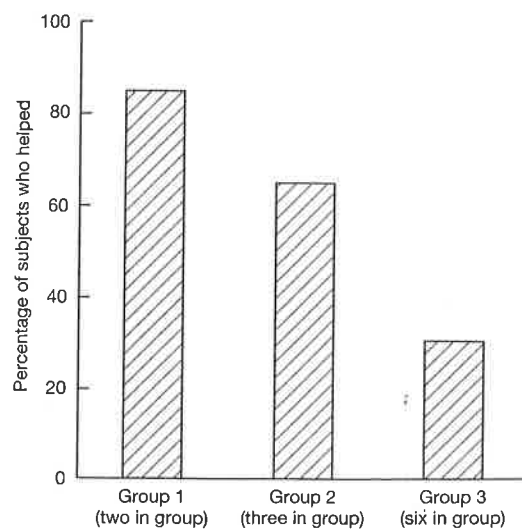
I-er-um-I think I-I need-er-if-if could-er-er somebody er-er-er-er-er give me a little-er-give me a little help here because-er-I-er-I'm-er-h-h-having a-a-a real problem-er right now and I-er-if somebody could help me out it would-it would-

er-er s-s-sure be good . . . because-er-there-er-ag cause I er-I-uh-I've got one of the-er-sei—er-er-things coming on and-and-and I could really use some help so if somebody would-er give me a little h-help-uh-er-er-er-er c-ould somebody-er er-help-er-uh-uh-uh [choking sounds] . . . I'm gonna die-er-er . . . help-er-er-seizure [chokes, then quiet]. (pp. 95–96)

To the participants, this was clearly an emergency. They felt sure that the “student” was in trouble and needed help immediately. To analyze the responses of the participants, Darley and Latané measured the percentage of participants in each condition who helped the student in trouble (helping was defined as leaving the cubicle and notifying the experimenter of the problem). They also measured the amount of time participants waited to respond to the emergency and to try to help. Participants were given 4 minutes to respond, after which the experiment was halted and participants debriefed.

## RESULTS

The findings from this study offered strong support for the researchers' hypothesis. As the number of others that participants believed were part of the study increased, the percentage who reported the seizure *quickly*—that is, as the attack was occurring—decreased dramatically (see Figure 39-1). Among those who *eventually* helped, the amount of delay in helping was greater when more bystanders were present. For group 1, the average delay in responding was less than 1 minute, whereas for group 3 it was over 3 minutes. The total number of participants who reported the seizure at all, either during or after it occurred, varied among the groups in a similar way. *All* the participants in group 1 reported the emergency, but only 85% of group 2 and 60% of group 3 did so *at any time* during the 4-minute period.



**FIGURE 39-1** Number of participants in each condition who helped quickly during seizure. (Adapted from data on p. 380.)

## DISCUSSION

As many did in the real-life case of Kitty Genovese, you might think that the participants in this study were simply uncaring toward the victim having the seizure. However, Darley and Latané are quick to point out that this was not true for the participants in groups 2 and 3 (or of Genovese's neighbors). All the participants reported experiencing a great deal of anxiety and discomfort during the attack and showed physical signs of nervousness (trembling hands, sweaty palms). The researchers concluded that the reason for their results must lie in the difference in the number of other people the participants believed were present. Whenever your behavior changes because of the presence of others a psychological principle known as *social influence* is at work. Obviously, social influence played a significant role in this study, but we are still left wondering why. What was it about the presence of others that was so influential?

Darley and Latané claimed to have demonstrated and supported their theory of diffusion of responsibility. As the number of people in the group increased, the participants felt less personal or individual responsibility to take action. It was "easier" in groups 2 and 3 for the participants to assume that someone else would handle the problem. Moreover, people not only feel a shared responsibility for helping when others are present, but they also sense less potential guilt or blame if they do not help. Because we consider helping others to be a positive action in our culture, refusing or failing to help carries shameful connotations. If you are the only person present in an emergency, the negative consequences of not helping will be much greater than if others are there to bear some of the burden for nonintervention.

Another possible explanation for this type of social influence is something that psychologists have termed *evaluation apprehension*. Darley and Latané contended that part of the reason we fail to help when others are present is that we are afraid of being embarrassed or ridiculed. Imagine how foolish you would feel if you were to spring into action to help someone who did not need or want your help. I remember a time when, as a teenager, I was swimming with a large group of friends at a neighbor's pool. As I was about to dive from the board I saw the neighbor's 13-year-old daughter lying facedown on the bottom of the pool. I looked around, and no one else seemed to be aware of, or concerned about, this apparent emergency. Was she drowning? Was she joking? I wasn't sure. Just as I was about to yell for help and dive in for the rescue, she swam lazily to the surface. I had hesitated a full 30 seconds out of the fear of being wrong and feeling embarrassed for overreacting. Many of us have had experiences such as this. The problem is that they teach us the wrong thing: helping others carries with it the possibility of looking foolish.

## SIGNIFICANCE OF THE FINDINGS

From this and other studies, Darley and Latané became the leading researchers in the field of helping behavior and bystander intervention. Much of their early work was included in their book *The Unresponsive Bystander: Why*

*Doesn't He Help?* (Latané & Darley, 1970). In this work, they outlined a model for helping behavior that has become widely accepted in the psychological literature on helping. They proposed five steps you and most people typically pass through before intervening in an emergency:

1. You, the potential helper, must first notice that an emergency event is occurring. In the study this chapter examines, there was no question that something was wrong, but in the real world you may be in a hurry or your attention may be focused elsewhere, and you might completely fail to notice the event.
2. You must interpret the situation as one in which help is needed. This is a point at which fear of embarrassment exerts its influence. Again, in the present study, the situation was not ambiguous and the need for help was quite clear. In reality, however, most potential emergencies contain some degree of doubt or ambiguity, such as in my swimming pool example. Or, imagine you see a man stagger and pass out on a busy city sidewalk. Is he sick, having a heart attack, or just drunk? How you interpret the situation will influence your decision to intervene. Many of those who failed to help in the Genovese case claimed that they thought it was a lover's quarrel and did not want to get involved.
3. You have to assume *personal* responsibility. You will usually do this if you are the only bystander. If others are present, however, you may instead place the responsibility onto them. This step was the focus of this chapter's experiment. The more people present in an emergency, the more diffused the responsibility and the less likely it is that help will occur.
4. If you assume responsibility, you then must decide what action to take. If you do not know what to do or you do not feel competent to take the appropriate action, you will be less likely to help. In Darley and Latané's study, this issue of competence did not play a part because all the participant had to do was report the seizure to the experimenter. But if a crowd were to witness a pedestrian being run over by a car, a member of the group who was a doctor, a nurse, or a paramedic would be more likely than others to intervene because he or she would feel more competent to know how to help.
5. After you've decided what action to take, you have to take it. Just because you know what to do doesn't guarantee that you will do it. Now, you will weigh the costs and benefits of helping. Are you willing to personally intervene in a fight in which one or both of the participants has a knife? What about victims of accidents—can you help them, or will you make things worse by trying to help (the competence issue again)? If you get involved, can you be sued? What if you try to help and end up looking like a fool? Many such questions, depending on the situation, may run through your mind before you actually take action.

Figure 39-2 illustrates how helping behavior may be short-circuited or prevented at any one of these stages.

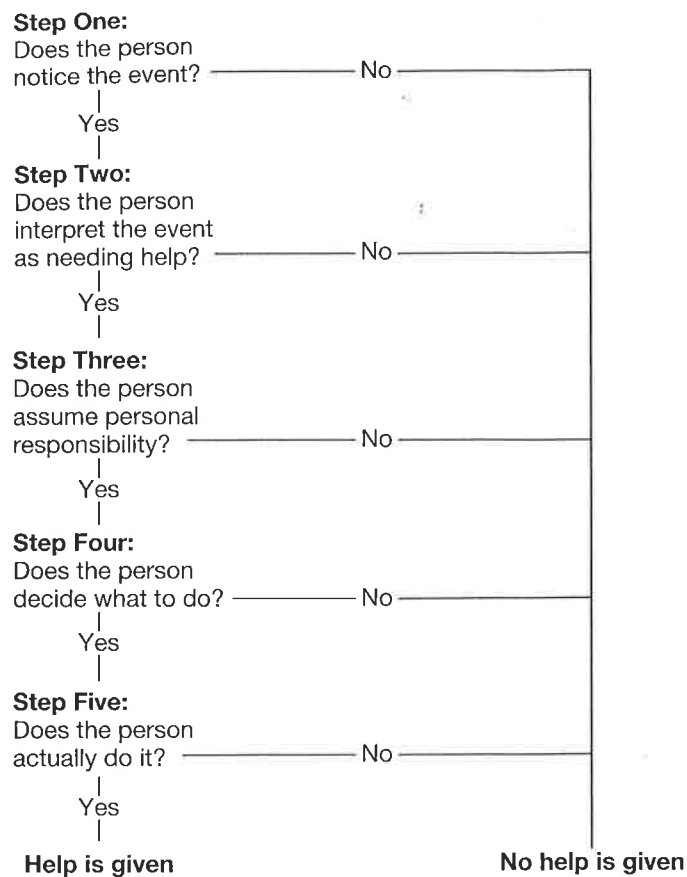


FIGURE 39-2 Latané and Darley's Model of Helping.

### SUBSEQUENT FINDINGS AND RECENT APPLICATIONS

Both the Kitty Genovese murder and the experiment discussed in this reading involved groups of onlookers who were cut off from each other. What do you suppose would happen if the bystanders could see and talk to each other? Would they be more likely to intervene when they could be judged by others? Darley and Latané believed that, in some cases, even groups in close contact would be less likely than individuals to help. This would be especially true, they theorized, when the emergency is somewhat ambiguous.

For example, imagine you are sitting in a waiting room and smoke begins to stream in through a vent. You become concerned and look around at the others in the room. But everyone else appears quite calm and unconcerned. You think your reaction to the smoke must be exaggerated, and you decide against taking any action because if you take action and are wrong (maybe it wasn't smoke, just steam or something from the next room) you would feel sheepish and embarrassed. However, you don't realize that everyone in the room is feeling the same as you and hiding it, just as you are, to avoid embarrassment! Meanwhile, no one is doing anything about the smoke. Sound unbelievable? It's not.

Latané and Darley (1968) tested this idea by creating the situation just described. Psychology students volunteered to participate in interviews allegedly to "discuss some of the problems involved in life at an urban university." When

they arrived for the interview, they were seated in a room and asked to fill out a preliminary questionnaire. After a few minutes, smoke began to seep into the room through a vent. For this study, the smoke was a special mixture of chemicals that would not be dangerous to the participants. After several minutes, the smoke became so thick that vision in the room was obscured. The researchers timed the participants to see how long they would wait to report the smoke. Some of the participants were in the room alone; others were with either two or three confederates, believed by the participant to be other participants, who behaved very passively when the smoke appeared. Once again, Latané and Darley's results supported their theory. Of the participants in the alone condition, 55% reported the smoke within the first 2 minutes; only 12% of the participants in the other two groups did so. Moreover, after 4 minutes, 75% of the alone participants had acted, but no additional participants in the other groups ever reported the smoke.

Further evidence of the fear of embarrassment in people's hesitation to help others comes from a study that combined personality measures of shyness and *fear of negative evaluation* (FNE) with participants' willingness to help another (Karakashian et al., 2006). In this study, participants filled out scales to measure shyness and fear of negative evaluation. They were then given the opportunity to help a female confederate either alone or with two additional confederates in the room. In accordance with Darley and Latané's findings, participants' helping behavior decreased significantly with 2 other bystanders present, compared to the no-bystander condition, regardless of their scores on the personality tests. Beyond this, however, those who scored high on FNE and shyness were *less* likely to help in the no-bystander condition, but they were equally likely (or unlikely) to help when the 2 additional bystanders were present. This may seem counterintuitive to you—that is, someone who dreads being judged negatively or who is shy should be less likely to help in the presence of others—right? Not exactly. Think of it this way: if others are present, a shy person feels less pressure to help (due to diffusion of responsibility), so he or she, in essence, have an “excuse” to avoid helping just as the other bystanders do. On the other hand, if no other bystanders are present, that fear of (the potential for) negative evaluation kicks in and the shy person will be less likely to help than a non-shy person. The authors of the study stated it like this:

Because of the diffusion of responsibility in the social condition [with others present], the participant faces little decision of whether to help or not. Here, FNE does not become an issue, as there is little to no thought of helping, and in turn, no apprehension of being evaluated poorly. In the non-social condition [no other bystanders] the participant is left alone and has all the responsibility to help, and therefore must make a decision to act or not (Karakashian et al., 2006, p. 30).

Another study demonstrated the power of the bystander effect and diffusion of responsibility, not in real life, but in our *imagination*s. A study entitled *Crowded Minds: The Implicit Bystander Effect*, carried out by a team of researchers that included Darley, found that merely *imagining* being in a



group changed helping behavior (Garcia et al., 2002). In this study, participants were asked to imagine that they were either part of a group of people or with only one other person. Then, all participants were asked to donate to a charity. The participants who imagined themselves in the presence of others donated significantly less money, and felt less personal accountability, than did those who imagined being with one other person. These findings imply that our brains immediately “leap” at the chance to assume less individual responsibility when we are part of a group.

## CONCLUSION

The results of this body of research may seem rather pessimistic about our inclination to help others in need, but you should recognize that these studies deal with extremely specific situations in which people fail to help. Frequent examples may be found every day of people helping other people, of altruistic behaviors, and heroic acts. Darley and Latané’s research is important, however, not only to explain a perplexing human behavior but also to help change it. Perhaps, as more people become aware of the bystander effect, they will make the extra effort to intervene in an emergency, even if others are present. In fact, research has demonstrated that those who have learned about the bystander effect (as you now have) are more likely to help in emergencies (Beaman et al., 1978). The bottom line is this: Never assume that others have intervened or will intervene in an emergency. *Always act as if you are the only bystander there.*

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## Reading 40: OBEY AT ANY COST?

Milgram, S. (1963). Behavioral study of obedience. *Journal of Abnormal and Social Psychology*, 67, 371–378.

If someone in a position of authority over you ordered you to deliver an electrical shock of 350 volts to another person, simply because the other person answered a multiple-choice question incorrectly, would you obey? Neither would I. If you met someone who was willing to do such a thing, you would probably think of him or her as cruel and sadistic. This study by Stanley Milgram of Yale University set out to examine the idea of obedience to authority and produced some disturbing findings.