

TO HELP OR NOT TO HELP

Darley, J. M., & Latane, 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 psychology and psychological research was not an experiment or a discovery made by a behavioral scientist, but a news item about a violent and tragic event in New York City that was picked up by most media news services across the United States. In 1964, 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 his window for the man to "leave that girl alone," at which time the attacker began to walk away. But then he turned, knocked Genovese to the ground, and began stabbing her again. She continued to scream until finally someone telephoned the police. The police arrived two minutes after they were called, but Genovese was already dead and her attacker had disappeared. The attack had lasted 35 minutes. During police investigations, it was found that 38 people in the surrounding apartments had witnessed the attack, but only one 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 in order to watch the violence. Genovese's killer, Winston Moseley, now in his late 60s, remains incarcerated at a maximum-security prison in upstate New York.

If someone had acted sooner to help Genovese, she probably would have survived. New York City and the nation were appalled by the seeming lack of caring 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. The alienation caused by living in a large city was blamed; the neighborhood of Queens was blamed; basic human nature was blamed.

The Genovese tragedy sparked the interest of psychologists, who set out to try to understand what psychological forces might have been at work to prevent all those people from helping. There is an area of psychology that studies what 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, there are many factors that affect your decision to step in and offer assistance. John Darley at New York University and Bibb Latane at Columbia, both social psychologists, were among those who wanted to examine these factors. They termed the behavior of helping in emergencies, *bystander intervention* (or in this 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 Latane 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 take action to help in emergencies, but often, as in the famous Genovese case, we do not. Why is this? Could it be because we have so little experience that we 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 Latane analyzed the bystanders' reactions. They theorized that the large number of people who witnessed the violent event decreased the willingness of individuals to step in and help. They decided to test their theory experimentally.

THEORETICAL PROPOSITIONS

Your common sense might tell you that the more bystanders there are in an emergency, the more likely someone will intervene. But Darley and Latane 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 the 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? Mine probably would be, too.

The concept of diffusion of responsibility formed the theoretical basis for this chapter's study. The trick was to re-create a Genovese-like situation in the laboratory so that it could be manipulated and examined systematically. Darley and Latane were very ingenious in designing an experiment to do this.

METHOD

For obvious reasons, it would not be practical or even possible to reproduce the events of the Kitty Genovese murder for experimental purposes. Therefore, a situation needed to be devised that would approximate or simulate a true emergency so that the intervention of bystanders could be observed. In this experiment, Darley and Latane 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 and 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 two minutes, after which the microphone for the next student would be activated for two minutes, and so on.

All of this was a cover story designed to obtain natural behavior from the subjects 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 subjects 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 subjects were told that there were five other people on the line. In reality, each subject was alone and all the other voices were on tape.

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 subjects and the other "students" began, subjects 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 subject's turn came next, whereas in the other two conditions, the subject heard one or more other students speak before his or her turn. After the subject 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). Latane 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 subjects, this was clearly an emergency. There was no question that the "student" was in trouble and needed help immediately. In order to analyze the responses of the subjects, Darley and Latane measured the percentage of subjects 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 it took subjects to respond to the emergency and try to help. Subjects were given four minutes to respond, after which the experiment was terminated.

RESULTS

The findings from this study offered strong support for the researchers' hypothesis. As subjects believed there were a greater number of others present, the percentage who reported the seizure *quickly*, that is, as the attack was occurring, decreased dramatically (see Figure 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 one minute, whereas for group 3 it was over three minutes. Finally, the total number of subjects who reported the seizure at all, either during or after it occurred, varied among the groups in a similar way. All of the subjects in group 1 reported the emergency, but only 85% of group 2 and 60% of group 3 did so *at any time* during the four-minute period.

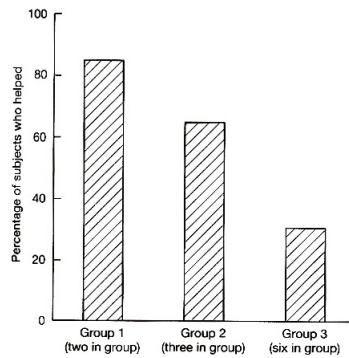


FIGURE 1 Number of subjects in each condition who helped quickly during seizure. (Adapted from data on p. 380.)

DISCUSSION

As in the real-life case of Kitty Genovese, you might think that the subjects in this study were simply uncaring toward the victim having the seizure. However, Darley and Latane are quick to point out that this was not the reason for the inaction of subjects in groups 2 and 3 (or of Genovese's neighbors). All the subjects 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, therefore, that the reason for their results must lie in the difference in the number of other people the subjects believed were present. Whenever your behavior is changed because of the presence of others, this is called *social influence*. 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 Latane claimed to have demonstrated and supported their theory of diffusion of responsibility. As the number of people in the group increased, the subject felt less personal or individual responsibility to take action. It was easier in groups 2 and 3 for the subjects to assume that someone else would handle the problem. In a related point, it is not only the responsibility for helping that is shared when others are present, but also the potential guilt or blame for not helping. Since helping others is considered 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 Latane 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. Many of us have had experiences such as this. The problem is, they teach us the wrong thing: helping behavior carries with it the possibility of looking foolish.

SIGNIFICANCE OF THE FINDINGS

From this and other studies, Darley and Latane 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?* (Latane & 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 probably would go through before intervening in an emergency:

1. 1. You, the potential helper, must first notice that an event is occurring. In the study this chapter examines, there was no question that such notice would occur, 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 truly 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 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. This will usually happen immediately if you are the only bystander in the emergency. If others are also present, however, you may instead place the responsibility on 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 help will occur.
4. If you assume responsibility, you then must decide what action to take. Here, if you do not know what to do or you do not feel capable of taking the appropriate action, you will be less likely to help. In our present study, this issue of competence did not play a part, since all that the subject had to do was report the seizure to the experimenter. But if a crowd were to witness a pedestrian run over by a car, a member of the group who was a doctor, a nurse, or a paramedic would be more likely to intervene because he or she would know what to do.
5. Finally, 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 2 illustrates how helping behavior may be short-circuited or prevented at anyone of these stages.

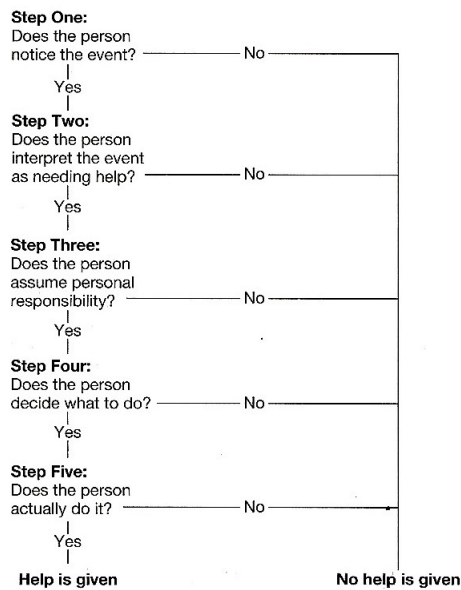


FIGURE 2 Latané and Darley's model of helping.

SUBSEQUENT FINDINGS AND RECENT APPLICATIONS

Both the Kitty Genovese murder and the experiment we have been discussing here 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 Latane

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. So, you think your reaction to the smoke must be exaggerated, and you decide against taking any action. Why? 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? Well, it's not.

Latane and Darley (1968) tested this idea in a slightly later study by creating the situation just described. Psychology students volunteered to participate in interviews 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 pour into the room through a vent. The smoke was a special mixture of chemicals that would not be dangerous to the subjects. After several minutes, the smoke became so thick that vision in the room was obscured. The researchers timed the subjects to see how long they would wait to report the smoke. Some of the subjects were in the room alone; others were with either two or three confederates, believed by the subject to be other participants, who behaved very passively when the smoke appeared. Once again, Latane and Darley's results supported their theory. Fifty-five percent of the subjects in the alone condition reported the smoke within the first two minutes, while only 12% of the subjects in the other two groups did so. Moreover, after four minutes, 75% of the alone subjects had acted, but no additional subjects in the other groups ever reported the smoke.

Beyond their specific findings, Darley and Latane's groundbreaking research on helping behavior and diffusion of responsibility continues to influence a wide array of studies on very topical issues. For example, an article applied Darley and Latane's findings to issues of child abuse and domestic violence (Hoefnagles & Zwikker, 2001). The goal of the study was to shed light on the characteristics of individuals who witness child abuse. The researchers analyzed nearly 700 records of bystanders (other than human services professionals) who reported incidents of child abuse. Their investigation revealed the bystanders to be a very diverse group of both male and females in various age groups, including many children. Various characteristics of the bystanders, including sex, age, and their perceptions of what they saw and heard were shown to influence their interpretation of the abusive event and their confidence that the event was truly abusive. This knowledge is an important factor in working to intervene in and reduce the incidence of child abuse and domestic violence.

Another study demonstrated the cognitive power of the bystander effect and diffusion of responsibility. In a recent study titled, *Crowded Minds: The Implicit Bystander Effect*, 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, subjects were asked either to imagine that they were part of a group of people or alone with one other person. Then, all subjects 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 those who imagined being alone 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, 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 Latane's research is important, however, not only to explain a perplexing human behavior, but 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 people who have learned about the bystander effect, 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 person there.*

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