Introduction to Psychology – Helping Behaviour

Theory

Why is it that sometimes people perform acts of great self-sacrifice and heroism, whereas at other times they act in uncaring, heartless ways, ignoring the desperate pleas of those in need? One area of social psychology that has generated a lot of interest and research is the prosocial behaviour – acts that are performed with the goal of helping another person. They are particularly concerned with altruism, which is the desire to help another person even if it involves a cost to the helper. Sometimes we help people out of self interest – we hope to get something in return or to gain something from helping someone else. Altruism is the desire to help someone else, with no benefit for oneself. For example, someone might jump into a river to try and rescue a drowning person, putting themselves in grave danger. Is helping other people a basic human instinct, or is it something that can be taught and nurtured in childhood? Is it a matter of personality traits (being selfless, caring, compassionate, etc.) or are there aspects of the situation that determine whether or not someone helps another in need? Evolutionary psychologists have argued that helping others is a basic human instinct, stronger for our kin, based on a reciprocity norm. Our ancestors who helped each other would have been more likely to have survived than those that acted purely selfishly. We have also developed the capacity to feel empathy, and to palce ourselves in the position of the person in need and get a sense of the emotions and experiences that they must be having – we feel their pain and this motivates us to help others. There are also individual differences, and some people are more likely to help people than others are – because we are encouraged to be helpful as children through rewards and role models, creating dispositions to help others. However, there are also situational determinants that affect helping behaviour.

Whether or not one person helps another depends, in part, on the social situation. For example, a number of studies have shown that people are more likely to help others in rural areas than in urban areas – including helping a person in pain, helping a person in an accident, helping a lost child, returning a lost letter and giving directions. It seems that the greater the density of the population, the less someone is prepared to help others. Two social psychologists, Latane and Darley, proposed that the greater number of bystanders that observe an emergency, the less likely any one of them is to help. This seems to be the opposite of common sense – you would think that the more people there are around, the more likely someone is to help you when you are in need. They proposed that one reason for this is the diffusion of responsibility – each bystander's sense of personal responsibility to help decreases as the number of witnesses increases. Because other people are present, no individual bystander feels that a strong sense that it is his or her responsibility to take action. Helping often involves costs, so why should one person risk the costs of helping when many other people who can help are present? As everyone is likely to feel this way, all of the bystanders are less likely to help. We shall consider two studies that have investigated the bystander effect (the greater the number of witnesses to an emergency, the less likely any one of them is to help) and diffusion of responsibility.

Study

Latane and Darley (1968) conducted laboratory experiment to investigate diffusion of responsibility and helping behaviour. Participants were students who were told that they would hold conversations with other students in separate rooms to preserve their anonymity, taking turns to talk about the personal problems they had faced in adjusting to college life. An automatic switching would switch microphones between rooms for two minutes at a time, so that only one student could be heard at a time. In reality, there was only one participant, and the other students were tape-recorded conversations. In this way the number of students that the participant believed were participating could be manipulated from only one other to 2, 3 or 6. During the first round, the 'student' in room one mentions some adjustment difficulties and that they suffer from occasional seizures. When the second round came, this 'student' began talking calmly then said "I-er-um- I think I need-er-if-could-er-er-somebody er-er-er-er-er give me a little er-give me a little help here because er-I-erI'm-er-er-h-h-having a-a-a- real problem…..I've got a-a one of the-er-sei-er-er-things coming on and-and-and I could really-er use some help-uh-er-er-er-er-er-c-could somebody er-er-help-er-er-uh-uh-uh [choking sounds] I'm gonna die-er-er-I'm gonna die-er-help-seizure….". The participant could only help the sufferer by leaving their room, and had no way of knowing what the other 'participants' were doing - and so could not imitate their inaction. The researcher found that the reactions to the emergency depended on the assumed number of helpers. 85% of students who thought that they were the only potential helpers responded by running out of the room to get help (average time for helping was 52 seconds). When they thought that there was one other potential helper 62% sought to help the victim, taking an average of 93 seconds to do so. When they thought that there were 4 other potential helpers, only 31% responded, and took an average of 166 seconds to do so.