

15.4 JOHN M. DARLEY AND BIBB LATANÉ

When Will People Help in a Crisis?

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Social psychologists John M. Darley and Bibb Latané have been interested in discovering the conditions that influence helping behavior, in part because they see a distressingly low rate of helping in emergency situations. One problem they have found is that the larger a crowd of people is, the less likely one of them will help in an emergency. Darley and Latané explain this bystander effect with the concept of diffusion of responsibility, which holds that people feel less responsibility when they are in a large group than when they are in a relatively small group.

Darley (b. 1938) earned his Ph.D. from Harvard University in 1965. He is currently a professor of psychology at Princeton University. Latané (b. 1937) received his Ph.D. from the University of Minnesota in 1963. He taught at Columbia University and the Ohio State University before going to Florida Atlantic University. Darley and Latané wrote about their research on helping in their book *The Unresponsive Bystander: Why Doesn't He Help?* (Prentice Hall, 1970).

This selection, "When Will People Help in a Crisis?" was published in *Psychology Today* in 1968. In it, the authors examine the conditions necessary for someone to actually provide help in an emergency situation. They also discuss a number of studies and situations in which people's willingness to help was tested, generally with results that support their diffusion of responsibility theory. As you read this selection, notice how Darley and Latané designed their experiments to simulate real-life conditions. How do you think the incidence of helping behavior in our society could be increased?

Key Concept: helping behavior

Kitty Genovese is set upon by a maniac as she returns home from work at 3:00 A.M. Thirty-eight of her neighbors in Kew Gardens come to their windows when she cries out in terror; none come to her assistance even though her stalker takes over half an hour to murder her. No one even so much as calls the police. She dies.

Andrew Mormille is stabbed in the stomach as he rides the A train home to Manhattan. Eleven other riders watch the 17-year-old boy as he bleeds to death; none come to his assistance even though his attackers have left the car. He dies. . . .

John M. Darley
and Bibb Latané

Eleanor Bradley trips and breaks her leg while shopping on Fifth Avenue. Dazed and in shock, she calls for help, but the hurrying stream of executives and shoppers simply parts and flows past. After 40 minutes a taxi driver helps her to a doctor.

The shocking thing about these cases is that so many people failed to respond. If only one or two had ignored the victim, we might be able to understand their inaction. But when 38 people, or 11 people, or hundreds of people fail to help, we become disturbed. Actually, this fact that shocks us so much is itself the clue to understanding these cases. Although it seems obvious that the more people who watch a victim in distress, the more likely someone will help, what really happens is exactly the opposite. If each member of a group of bystanders is aware that other people are also present, he will be less likely to notice the emergency, less likely to decide that it is an emergency, and less likely to act even if he thinks there is an emergency.

This is a surprising assertion—what we are saying is that the victim may actually be less likely to get help, the more people who watch his distress and are available to help. We shall discuss in detail the process through which an individual bystander must go in order to intervene, and we shall present the results of some experiments designed to show the effects of the number of onlookers on the likelihood of intervention. . . .

Looking more closely at published descriptions of the behavior of witnesses to these incidents, the people involved begin to look a little less inhuman and a lot more like the rest of us. Although it is unquestionably true that the witnesses in the incidents above did nothing to save the victims, apathy, indifference and unconcern are not entirely accurate descriptions of their reactions. The 38 witnesses of Kitty Genovese's murder did not merely look at the scene once and then ignore it. They continued to stare out of their windows at what was going on. Caught, fascinated, distressed, unwilling to act but unable to turn away, their behavior was neither helpful nor heroic; but it was not indifferent or apathetic.

Actually, it was like crowd behavior in many other emergency situations. Car accidents, drownings, fires and attempted suicides all attract substantial numbers of people who watch the drama in helpless fascination without getting directly involved in the action. Are these people alienated and indifferent? Are the rest of us? Obviously not. Why, then, don't we act?

The bystander to an emergency has to make a series of decisions about what is happening and what he will do about it. The consequences of these decisions will determine his actions. There are three things he must do if he is to intervene: *notice* that something is happening, *interpret* that event as an emergency, and decide that he has *personal responsibility* for intervention. If he fails to notice the event, if he decides that it is not an emergency, or if he concludes that he is not personally responsible for acting, he will leave the

victim unhelped. This state of affairs is shown graphically as a "decision tree." Only one path through this decision tree leads to intervention; all others lead to a failure to help. As we shall show, at each fork of the path in the decision trees, the presence of other bystanders may lead a person down the branch of not helping.

NOTICING: THE FIRST STEP

Suppose that an emergency is actually taking place; a middle-aged man has a heart attack. He stops short, clutches his chest, and staggers to the nearest building wall, where he slowly slumps to the sidewalk in a sitting position. What is the likelihood that a passerby will come to his assistance? First, the bystander has to *notice* that something is happening. The external event has to break into his thinking and intrude itself on his conscious mind. He must tear himself away from his private thoughts and pay attention to this unusual event.

But Americans consider it bad manners to look too closely at other people in public. We are taught to respect the privacy of others, and when among strangers, we do this by closing our ears and avoiding staring at others—we are embarrassed if caught doing otherwise. In a crowd, then, each person is less likely to notice the first sign of a potential emergency than when alone.

Experimental evidence corroborates this everyday observation. Darley and Latané asked college students to an interview about their reactions to urban living. As the students waited to see the interviewer, either by themselves or with two other students, they filled out a preliminary questionnaire. Solitary students often glanced idly about the room while filling out their questionnaires; those in groups, to avoid seeming rudely inquisitive, kept their eyes on their own papers.

As part of the study, we staged an emergency: smoke was released into the waiting room through a vent. Two-thirds of the subjects who were alone when the smoke appeared noticed it immediately, but only a quarter of the subjects waiting in groups saw it as quickly. Even after the room had completely filled with smoke one subject from a group of three finally looked up and exclaimed, "God! I must be smoking too much!" Although eventually all the subjects did become aware of the smoke, this study indicates that the more people present, the slower an individual may be to perceive that an emergency does exist and the more likely he is not to see it at all.

Once an event is noticed, an onlooker must decide whether or not it is truly an emergency. Emergencies are not always clearly labeled as such; smoke pouring from a building or into a waiting room may be caused by a fire, or it may merely indicate a leak in a steam pipe. Screams in the street may signal an assault or a family quarrel. A man lying in [a] doorway may be having a coronary or be suffering from diabetic coma—he may simply be sleeping off a drunk. . . .

A person trying to decide whether or not a given situation is an emergency often refers to the reactions of those around him; he looks at them to see

how he should react himself. If everyone else is calm and indifferent, he will tend to remain calm and indifferent; if everyone else is reacting strongly, he will become aroused. This tendency is not merely slavish conformity; ordinarily we derive much valuable information about new situations from how others around us behave. It's a rare traveler who, in picking a roadside restaurant, chooses to stop at one with no other cars in the parking lot.

But occasionally the reactions of others provide false information. The studied nonchalance of patients in a dentist's waiting room is a poor indication of the pain awaiting them. In general, it is considered embarrassing to look overly concerned, to seem flustered, to "lose your cool" in public. When we are not alone, most of us try to seem less fearful and anxious than we really are.

In a potentially dangerous situation, then, everyone present will appear more unconcerned than they are in fact. Looking at the *apparent* impassivity and lack of reaction of the others, each person is led to believe that nothing really is wrong. Meanwhile the danger may be mounting, to the point where a single person, uninfluenced by the seeming calm of others, would react.

A crowd can thus force inaction on its members by implying, through its passivity and apparent indifference, that an event is not an emergency. Any individual in such a crowd is uncomfortably aware that he'll look like a fool if he behaves as though it were—and in these circumstances, until someone acts, no one acts.

In the smoke-filled-room study, the smoke trickling from the wall constituted an ambiguous but potentially dangerous situation. How did the presence of other people affect a person's response to the situation? Typically, those who were in the waiting room by themselves noticed the smoke at once, gave a slight startle reaction, hesitated again, and then left the room to find somebody to tell about the smoke. No one showed any signs of panic, but over three-quarters of these people were concerned enough to report the smoke.

Others went through an identical experience but in groups of three strangers. Their behavior was radically different. Typically, once someone noticed the smoke, he would look at the other people, see them doing nothing, shrug his shoulders, and then go back to his questionnaire, casting covert glances first at the smoke and then at the others. From these three-person groups, only three out of 24 people reported the smoke. The inhibiting effect of the group was so strong that the other 21 were willing to sit in a room filled with smoke rather than make themselves conspicuous by reacting with alarm and concern—this despite the fact that after three or four minutes the atmosphere in the waiting room grew most unpleasant. Even though they coughed, rubbed their eyes, tried to wave the smoke away, and opened the window, they apparently were unable to bring themselves to leave.

"A leak in the air conditioning," said one person when we asked him what he thought caused the smoke. "Must be chemistry labs in the building." "Steam pipes." "Truth gas to make us give true answers on the questionnaire," reported the more imaginative. There were many explanations for the smoke, but they all had one thing in common: they did not mention the word fire. In defining the situation as a nonemergency, people explained to themselves why the other observers did not leave the room; they also removed any reason for action themselves. The other members of the group acted as nonresponsive

models for each person—and as an audience for any “inappropriate” action he might consider. In such a situation it is all too easy to do nothing.

The results of this study clearly and strongly support the predictions. But are they general? Would the same effect show up with other emergencies, or is it limited to situations like the smoke study involving danger to the self as well as to others—or to situations in which there’s no clearly defined “victim”? It may be that our college-age male subjects played “chicken” with one another to see who would lose face by first fleeing the room. It may be that groups were less likely to respond because no particular person was in danger. To see how generalizable these results are, Latané and Judith Rodin set up a second experiment, in which the emergency would cause no danger for the bystander, and in which a specific person was in trouble.

Subjects were paid \$2 to participate in a survey of game and puzzle preferences conducted at Columbia by the Consumer Testing Bureau (CTB). An attractive young woman, the market-research representative, met them at the door and took them to the testing room. On the way, they passed the CTB office and through its open door they could see filing cabinets and a desk and bookcases piled high with papers. They entered the adjacent testing room, which contained a table and chairs and a variety of games, where they were given a preliminary background information and game preference questionnaire to fill out. The representative told subjects that she would be working next door in her office for about 10 minutes while they completed the questionnaires, and left by opening the collapsible curtain which divided the two rooms. She made sure the subjects knew that the curtain was unlocked, easily opened and a means of entry to her office. The representative stayed in her office, shuffling papers, opening drawers, and making enough noise to remind the subjects of her presence. Four minutes after leaving the testing area, she turned on a high fidelity stereophonic tape recorder.

If the subject listened carefully, he heard the representative climb up on a chair to reach for a stack of papers on the bookcase. Even if he were not listening carefully, he heard a loud crash and a scream as the chair collapsed and she fell to the floor. “Oh, my god, my foot. . . . I . . . I . . . can’t move it. Oh . . . my ankle,” the representative moaned. “I . . . can’t get this . . . thing . . . off me.” She cried and moaned for about a minute longer, but the cries gradually got more subdued and controlled. Finally she muttered something about getting outside, knocked over the chair as she pulled herself up, and thumped to the door, closing it behind her as she left. This drama was of about two minutes’ duration.

Some people were alone in the waiting room when the “accident” occurred. Seventy percent of them offered to help the victim before she left the room. Many came through the curtain to offer their assistance, others simply called out to offer their help. Others faced the emergency in pairs. Only 20 percent of this group—eight out of 40—offered to help the victim. The other 32 remained unresponsive to her cries of distress. Again, the presence of other bystanders inhibited action.

And again, the noninterveners seemed to have decided the event was not an emergency. They were unsure what had happened but whatever it was, it was not too serious. "A mild sprain," some said. "I didn't want to embarrass her." In a "real" emergency, they assured us, they would be among the first to help the victim. Perhaps they would be, but in this situation they didn't help, because for them the event was not defined as an emergency.

Again, solitary people exposed to a potential emergency reacted more frequently than those exposed in groups. We found that the action-inhibiting effects of other bystanders work in two different situations, one of which involves risking danger to oneself and the other of which involves helping an injured woman. The result seems sufficiently generally so that we may assume it operates to inhibit helping in real-life emergencies.

DIFFUSED RESPONSIBILITY

Even if a person has noticed an event and defined it as an emergency, the fact that he knows that other bystanders also witnessed it may still make him less likely to intervene. Others may inhibit intervention because they make a person feel that his responsibility is diffused and diluted. Each soldier in a firing squad feels less personally responsible for killing a man than he would if he alone pulled the trigger. Likewise, any person in a crowd of onlookers may feel less responsibility for saving a life than if he alone witnesses the emergency.

If your car breaks down on a busy highway, hundreds of drivers whiz by without anyone's stopping to help; if you are stuck on a nearly deserted country road, whoever passes you first is apt to stop. The personal responsibility that a passerby feels makes the difference. A driver on a lonely road knows that if he doesn't stop to help, the person will not get help; the same individual on the crowded highway feels he personally is no more responsible than any of a hundred other drivers. So even though an event clearly is an emergency, any person in a group who sees an emergency may feel less responsible, simply because any other bystander is equally responsible for helping.

This diffusion of responsibility might have occurred in the famous Kitty Genovese case, in which the observers were walled off from each other in separate apartments. From the silhouettes against windows, all that could be told was that others were also watching. . . .

The evidence is clear, then, that the presence of other bystanders and the various ways these other bystanders affect our decision processes, make a difference in how likely we are to give help in an emergency. The presence of strangers may keep us from noticing an emergency at all; group behavior may lead us to define the situation as one that does not require action; and when other people are there to share the burden of responsibility, we may feel less obligated to do something when action is required. Therefore, it will often be the case that the *more* people who witness his distress, the *less* likely it is that the victim of an emergency will get help.

Thus, the stereotype of the unconcerned, depersonalized *homo urbanis*, blandly watching the misfortunes of others, proves inaccurate. Instead, we find

a bystander to an emergency is an anguished individual in genuine doubt, concerned to do the right thing but compelled to make complex decisions under pressure of stress and fear. His reactions are shaped by the actions of others—and all too frequently by their inaction.

And we are that bystander. Caught up by the apparent indifference of others, we may pass by an emergency without helping or even realizing that help is needed. Aware of the influence of those around us, however, we can resist it. We can choose to see distress and step forward to relieve it.