Discuss explanations of bystander behaviour

There are two main explanations for bystander behaviour: Latané & Darley's (1970) decision model and Pilliavin *et al.*'s (1969, 1981) cost–reward model.

Latané & Darley (1970) formulated a five-stage model to explain why bystanders at emergencies sometimes do and sometimes do not offer help. At each stage in the model the answer 'No' results in no help being given, while the answer 'yes' leads the individual closer to offering help. However, they argued that helping responses may be inhibited at any stage of the process. For example, the bystander may not notice the situation or the situation may be ambiguous and not readily interpretable as an emergency. The five stages are:

Notice that something is wrong
Define it as a situation requiring help
Decide whether to take personal responsibility
Decide what kind of help to give
Implement the decision to intervene

Several studies support the existence of these decision-making stages. In one of the first experiments of this type, Latané & Darley (1968) asked participants to sit on their own in a room and complete a questionnaire on the pressures of urban life. Smoke (actually steam) began pouring into the room through a small wall vent. Within two minutes, 50 per cent had taken action and 75 per cent had acted within six minutes when the experiment ended. In groups of three participants, 62 per cent carried on working for the entire duration of the experiment. In interviews afterwards, participants reported feeling hesitant about showing anxiety, so they looked to others for signs of anxiety. But since everyone was trying to appear calm, these signs were not evident and therefore they believed that they must have misinterpreted the situation and redefined it as 'safe'. This is a clear example of pluralistic ignorance. Pluralistic ignorance can affect the answer at step 2 of the Latané and Darley decision model above. Similar findings have also been reported by Latané & Rodin (1969).

Genuine ambiguity can also affect the decision-making process. Shotland & Straw (1976) conducted an interesting experiment which illustrated this. They hypothesised that people would be less willing to intervene in a situation of domestic violence (where a relationship exists between the two people) than in a situation involving violence involving two strangers. Male participants were shown a staged fight between a man and a woman. In one condition, the woman screamed, 'I don't even know you', while in another she screamed, 'I don't even know why I married you'. Three times as many men intervened in the first condition as in the second condition. Such findings again provide support for the decision model in terms of the decisions made at step 3 in the process. People are less likely to intervene if they believe that the incident does not require their personal responsibility.

Schroeder *et al.* (1995) believe that the decision model provides a valuable framework for understanding bystander intervention. Although primarily developed to explain emergency situations, it has been applied to other situations such as preventing someone from drinking and driving, to deciding to donate a kidney to a relative. However, the decision model does not provide a complete picture. It fails to explain why 'no' decisions are made at each stage of the decision tree. This is particularly true after people have originally interpreted the event as an emergency. The decision model doesn't take account of emotional factors such as anxiety or fear, nor does it focus on why people *do* help; it mainly concentrates on why people *don't* help.

Piliavin *et al.* (1969, 1981) put forward the cost–reward arousal model as a major alternative to the decision model and state it represents a 'fine tuning' of the earlier model. In a similar fashion to Latané and Darley's decision model, it has two stages that occur before we either help or don't help.

The first stage is physiological arousal. Arousal in response to the need or distress of others is an emotional response and provides the basic motivational construct of the model. When we see someone in distress, we become physiologically aroused. The greater the arousal in emergencies, the more likely it is that a bystander will help, since they wish to reduce it.

Gaertner & Dovidio (1972) agree with this model as they found a strong correlation between the speed at which participants responded to an 'emergency' in a laboratory and their heart rate. Geer & Jarmecky (1973) also support the model as they showed that physiological arousal increases with the perceived severity and clarity of a victim's plight.

The cost–reward component stage involves evaluating the consequences of helping or not helping. Whether one helps or not depends on the outcome of weighing up both the costs and rewards of helping. The costs of helping include effort, time, loss of resources, risk of harm, and negative emotional response. The rewards of helping include fame, gratitude from the victim and relatives, and self-satisfaction derived from the act of helping. The costs of not helping include guilt, disapproval, damaged self-esteem and also negative emotional responses. It is recognised that costs may be different for different people and may even differ from one occasion to another for the same person.

Some people argue that both of the models are overly calculating. We do not weigh up the pros and cons of helping in as much detail as they suggest. Whilst arousal and helping are often only correlated, the model clearly sees the former as causing the latter. According to Dovidio *et al*. (1991), evidence indicates that emotional reactions to other people's distress play an important role in motivating helping. The model proposes that bystanders will choose the response that most rapidly and completely reduces the arousal, incurring as few costs as possible. Therefore the emotional component provides the motivation to do something, whilst the cognitive component determines what the most effective response will be. Piliavin *et al.*'s original model was subsequently elaborated to take account of the role played by other factors. Many of the variables interact, and contribute to how aroused the bystander is and the perceived costs and rewards for direct intervention.