Subject Competence and Minimization of the Bystander Effect

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While performing a drawing task, either alone or in the presence of an observer, high- and low-competent subjects heard a workman fall off a ladder in an adjoining room. As expected, high-competent subjects (Registered Nurses) who witnessed the emergency with another bystander helped as frequently as subjects who witnessed the emergency alone; low-competent subjects (general students) evidenced the familiar bystander effect. Responses to the post-emergency questionnaire indicated that at the time of the emergency both high- and low-competent subjects felt strongly that they should do something to help the workman. The minimization of the bystander effect for the high-competent subjects was mediated by confidence in their ability to help the workman and in knowing what steps to take to help. Discussion focused on the role of subject competency in bystander intervention, effective debriefing, and the subjects' positive reactions to participating in a bystander experiment.

Several investigators have explored the effect of experimentally induced competence on helping (Kazdin & Bryan, 1971; Midlarsky, 1971; Midlarsky & Midlarsky, 1973); others have examined the role exposure to information about helping plays in bystander behavior (Beaman, Barnes, Klentz, & McQuirk, 1978; Pantin & Carver, 1982; Rayko, 1977). Generally, the results of these investigations indicate that competence, defined as either an experimentally induced skill or information about helping, can increase either the speed or the frequency of aiding responses.

The results of several studies indicate that information about helping does not always increase bystander responsiveness. For example, Schwartz and Gottlieb (1980) reported that subjects, despite being "informed," were not more likely to help 6 to 10 months after having witnessed an emergency and having had the opportunity to help. Other failures to find a positive relation between information about helping and actual helping have been reported by Darley and Batson (1973) and Katzev and Averill (1984).

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The effect of competence derived from information about helping has also been investigated using the familiar bystander paradigm (Darley & Latane, 1968; Latane & Darley, 1968, 1970). For example, Pantin and Carver (1982) proposed that "competence should minimize the bystander effect" (p. 101). The results of their research indicated that after viewing several instructional films on emergencies, subjects who witnessed a medical emergency 3 weeks later as a member of a 6-person group were as likely to intervene on the victim's behalf as were those subjects who witnessed the emergency alone. Subjects in the control condition did not view the films and evidenced the familiar bystander effect. Subjects in the 6-member condition responded to the emergency less frequently and more slowly than subjects in the 2-member cell.

Pantin and Carver (1982) suggested that increased responding in the experimental group may have been the result of the subjects' increased knowledge about emergencies (e.g., they often require immediate attention) rather than the subject having acquired specific helping skills. This line of argument was supported by two findings: (a) subjects in the competence-induced condition did not report feeling more responsible for helping, or more sure of their ability to help, or more sure of what steps to take to try to help than control subjects, and (b) viewing the films had no effect on subject performance when the emergency was staged 6 weeks after the manipulation. This finding in particular suggests that the competence/bystander interaction becomes a bystander main effect over time. The evidence seems strong that, although viewing the films minimized the bystander effect, the increased responding was probably not the result of competence defined in terms of trained skills, but rather the consequence of an increased awareness of the general nature of emergencies.

The results of an experiment conducted by Shotland and Heinhold (1985) dramatically illustrates the importance of distinguishing between competence-as-knowledge and competence-as-skill. Shotland and Heinhold found that extensive Red Cross training had the effect of increasing the number of direct responders, and decreasing the number of indirect responders, but did not significantly alter the overall response rate. If the emergency, an injury involving arterial bleeding, had been real being trained to apply direct pressure to the wound would have saved an additional 28 lives.

The present study was designed to explore the proposal that the bystander effect will be attenuated if trained subjects witness the emergency. However, rather than attempting to experimentally induce competence by providing skills training or increasing the subject's
knowledge about helping, professionally trained Registered Nurses were recruited to participate in the experiment. Latane and Darley (1970) suggested that the presence of other people during an emergency can inhibit helping via two theoretical social processes: (a) diffusion of responsibility and (b) audience inhibition. However, several studies (e.g., Bickman, 1971; Ross & Braband, 1973; Schwartz & Clausen, 1970) indicate that in an emergency the responsibility for helping is not diffused equally across all bystanders; some bystanders are more responsible than others. Shotland and Heinhold (1985) proposed that skills training may be one variable that results in an unequal diffusion of responsibility. They argued that because professionally trained individuals are more confident in their ability, they may be less inclined to share responsibility with other bystanders or to use the reactions of others to interpret the event. Although Shotland and Heinhold did not find an interaction between an experimentally manipulated skills variable (extensive Red Cross training) and the number of bystanders, we reasoned that Registered Nurses, as a result of their extensive professional training and experience, would assume responsibility for helping when confronted with an emergency. Because responding to emergencies is something nurses do as part of their occupation, they possess permanent, well-established helping skills. As a direct result of these skills coupled with the practical experience of handling emergency situations, these professional helpers should be less concerned about the social risks of responding inappropriately to a somewhat ambiguous situation. Therefore, it was predicted that professionally trained, competent subjects would not evidence the traditional bystander effect, whereas untrained, less competent subjects would.

A second major purpose of this project was to examine the subjects' reactions to participating in a bystander experiment. Previous research has indicated that the negative effects of deception can be ameliorated with sensitive and informative post-experiment debriefing (Gerdes, 1979; Holmes, 1976a, 1976b; Schwartz & Gottlieb, 1981; Smith & Richardson, 1983). For example, Smith and Richardson (1983) report that, in general, subjects who participated in deception experiments and were debriefed enjoyed their participation more, perceived more educational benefit, and rated the overall research participation program as being more satisfactory than subjects who had not participated in research involving deception.

Although information exists on how "traditional" subjects (undergraduate liberal arts students) react to being deceived, little is known about how "nontraditional" subjects (Registered Nurses) would respond to the familiar practices of social psychologists. The procedure used in
the present research included a thorough debriefing and interview ses-
son designed to ameliorate negative feelings and attitudes that result
from having been deceived. The session was also intended to inform the
subjects about bystander research and impress upon them the impor-
tance of their contribution. The subjects' responses to items on a post-
emergency questionnaire were used to explore the general students' and
nurses' reactions to participating in a bystander experiment.

Method

Subjects

The subjects were 56 female university students. Half of the subjects
were recruited from courses in the general education program, and the
remaining subjects were Registered Nurses recruited from the uni-
versity's Bachelor of Science in Nursing program. Nurses were selected
for participation because it was assumed that their training in such areas
as first aid and cardiopulmonary resuscitation would afford them greater
competence for handling an emergency situation than students recruited
from the general university population. Hence the nurses were classified
as "high-competent" subjects, and the general students were classified as
"low-competent subjects. The mean ages of the general student and
nurse samples were 28.1 and 32.4, respectively. The nurses reported an
average of 8.21 years of nursing experience.

Although it has proven difficult to identify an "altruistic personality"
(Batson, Bolen, Cross, & Neuringer-Benefiel, 1986), several investigators
have developed cogent arguments for the existence of an altruistic per-
sonality (Rushton, 1980, 1981) or the disposition to engage in prosocial
action (Staub, 1978). We were interested in determining if the nurses and
the general students would respond differently on a scale designed to as-
ss their general tendency to act responsibly. Subjects disposed to as-
sume personal responsibility have been found to express a belief in
helping (Fischer, 1973), and were more likely to engage in prosocial ac-
tion (Berkowitz & Daniels, 1964; Berkowitz & Lutterman, 1968; Schwartz
& Clausen, 1970). Therefore, prior to her research participation each sub-
ject completed the Social Responsibility (SR) scale (Berkowitz & Daniels,
1964).

Procedure

Alone Condition. Twenty-eight subjects (14 high-competent and 14
low-competent) were randomly assigned to the alone condition. The
subject and the experimenter met in a suite of waiting rooms located 12 m from the laboratory. While alone in one of the waiting rooms, the subject read a brief general description of the experiment and signed a standard consent form. The experiment's true purpose was masked by describing it to the subject as an investigation of visual perception that required her to draw a series of geometric figures. The subject was led to believe that following the drawing phase of the experiment, her drawings would be evaluated by the experimenter. Each subject entered the laboratory via a narrow hallway 3 m in length. At the entrance to the hallway a workman was standing on a ladder ostensibly repairing a light fixture. A bright orange safety cone and a roll of electrical wire were placed on the floor requiring the experimenter and the subject to walk carefully around the worksite. As they passed the workman, a female experimenter said, "Please excuse the mess, there is a man working on the lights." Once inside the laboratory the subject was asked to sit on a chair mounted to the floor in front of an easel. A pad of sketching paper and a sheet of paper displaying 10 geometric figures were attached to the easel. The instructions indicated that the subject's task was to draw each of the 10 figures to the dimensions specified on the master sheet on the sketch pad without the aid of a measuring device. The subject was told that while she was working on the task the experimenter would be in another part of the building but could be reached via an intercom system (Bogen, series C-51) if she had any questions. At this point, the subject was taught the use of the intercom system. Communication with the experimenter required the subject to leave her chair and press a button on the intercom. The intercom box was mounted to the wall 1.4 m from the right side of the easel; the intercom button was 1.5 m from the center of the subject's chair. The laboratory door was to the subject's left with the doorknob 1.5 m from the center of the subject's chair. After completing the instructions the experimenter left the laboratory, closing the door behind her. One minute after leaving the subject alone in the laboratory the experimenter called the subject on the intercom. Each subject was asked to leave her chair and press the intercom button to indicate the system was working properly. The purpose of the call was to ensure that the subject knew how to use the intercom and to reinstate the idea that the experimenter was some distance away from both the laboratory and the man working on the lights just outside. Three minutes after the experimenter had left the laboratory the emergency took place. Just outside the laboratory a prerecorded tape was played while the ladder, several books, and a metal waste basket were tipped over by the experimenter. The workman's prerecorded fall and subsequent moans lasted 15 s. If the subject opened
the laboratory door to check on the workman's condition or called the experimenter on the intercom within 180 s, her behavior was considered a helping response.

**Bystander Condition.** Twenty-eight subjects (14 high-competent and 14 low-competent) were randomly assigned to the bystander condition. The procedure used in the bystander condition was the same as the one reported for the alone condition with the following exceptions. First, while still in the waiting room, the subject was briefly interrupted by a female confederate who pretended to look for an unoccupied waiting room. The confederate was not aware of the subject's competency status. Second, before entering the laboratory, the subject and the confederate determined who would draw the geometric figures and who would evaluate the drawings. This was done by having each participant select one of two 3 x 5 cards on which the word "Drawer" was printed. After marking her choice, the confederate reported that she had selected the "Evaluator" card. Third, upon entering the laboratory the confederate was instructed to sit on a chair positioned behind and either to the right or the to the left of the subject's chair. The position of the confederate's (bystander) chair was counterbalanced across subjects. Fourth, the instructions indicated that the role of the bystander was to assist the drawer in drawing the geometric figures. In order to further investigate the generalizability of the bystander effect the method involved an active, communicative relationship between the subject and bystander rather than the more frequently used passive, noncommunicative one. Specifically, the bystander's task was to determine the precision of the subject's drawings by measuring them with a ruler. If a particular drawing did not conform to the required dimensions, the bystander could ask the subject to redraw the figure. In order to preserve the plausibility of the masking task the bystander always returned figures 1 and 5 to the subject to be drawn. As in the alone condition, the subject was led to believe that the drawings would later be reviewed by the experimenter. Finally, when the emergency took place the bystander continued to measure the subject's drawings without responding to the emergency or communicating with the subject. If the subject asked the bystander a question the confederate responded by saying, "I don't know."

**Post-emergency phase.** An extensive debriefing and interview followed the emergency phase of the study wherein (a) the experimenter's rationale was explained, (b) the reasons for the elaborate deception were discussed, and (c) the subject's questions were answered. Following the interview, the subject completed a questionnaire to assess her feelings and thoughts about the emergency in particular and the experiment in
general. In order to measure the subject's feelings and thoughts at the time of the emergency, she was asked to respond to four statements using a 7-point scale (1 = Strongly Agree, 7 = Strongly Disagree). The statements included “I felt very tense or nervous,” “I felt I should do something to help,” “I was unsure of what steps to take to try to help,” “I was unsure that I had the capability to help.” In order to measure the subject's reactions to participating in a bystander experiment she was asked to indicate on a 7-point scale (0 = Not At All, 6 = Very Much), how much she enjoyed participating in the experiment, to what degree she found the experiment informative about herself and the social sciences, and how willing she was to participate in another experiment. Each subject also indicated on a 7-point scale (1 = Much Less, 7 = Much More) if she was more or less likely to help in the future, more or less trusting of authority, and more or less positive about her evaluation of experimental research. Finally, each subject was asked to respond “Yes” or “No” to the following questions: “Is the research justified?,” “Should the research be permitted to continue?,” “Do you regret having participated in the experiment?,” and “Are you resentful about having been deceived?”

Results

Competency

Selected planned comparisons of the subjects' mean responses to the post-emergency questionnaire indicated that when the emergency occurred the high-competent (HC) subjects compared to the low-competent (LC) subjects felt significantly more confident in their ability to help the workman (HC M = 6.18 vs. LC M = 4.69), t(54) = 3.33, p < .005, and more confident about what steps to take to help (HC M = 5.27 vs. LC M = 4.14), t(54) = 2.50, p < .01. The results also indicated that high-competent helpers compared to low-competent helpers felt more confident about their ability to help the workman (HC M = 6.19 vs. LC M = 4.37), t(34) = 2.92, p < .005, and about what steps to take to help (HC M = 5.24 vs. LC M = 3.93), t(34) = 2.15, p < .05.

Frequency of Helping

Overall 64% of the sample responded to the emergency within 180 s, \( \chi^2(1, N = 56) = 4.58, p < .05; \) one low-competent subject responded by calling the experimenter on the intercom. Analyses of the frequency of helping provided evidence for the bystander effect among subjects in the low-competent-bystander condition with fewer subjects helping in this
condition than in the low-competent-alone cell (35.7% vs. 71.4%), $\chi^2(1, N = 28) = 3.59, p < .06$. As expected, subjects in the high-competent-alone and high-competent-bystander conditions did not differ in the rate of helping (78.6% vs. 71.4%). Overall, the rate of responding in the low-competent-bystander cell was lower than the rates found in the other three conditions, $\chi^2(1, N = 56) = 6.64, p < .05$.

Social Responsibility Scale

Despite finding that the HC subjects scored higher in SR ($M = 18.62$) than the LC subjects ($M = 17.75$), the difference was not statistically reliable. However, the subjects who helped, both HC and LC, scored significantly higher on the SR rate than nonhelpers ($M = 18.84$ vs. $M = 17.00$), $t(54) = 1.79, p < .05$. Further analysis, with the subject variable collapsed, revealed that SR was moderately related to responding, $r(54) = .28, p = .02$. This general pattern held for the HC subjects, $r(26) = .27, p = .08$, and for the LC subjects, $r(26) = .26, p = .09$. These data, taken as a whole, indicate that SR accounted for an average of 7.29% of the variance in emergency responding.

Post-Emergency Questionnaire

Responses to the items on the post-emergency questionnaire indicated that both high-competent and low-competent subjects reported not feeling tense when the emergency occurred. However, among the helpers low-competent subjects reported feeling more tense than high-competent subjects when the emergency occurred (LC $M = 2.93$ vs. HC $M = 3.95$), $t(34) = 1.92, p < .05$. The expectation that high-competent subjects would assume more responsibility for helping was not supported; both groups reported a strong belief that they should do something to help the workman (combined $M = 2.56$).

High- and low-competent subjects responded similarly to the items designed to measure their reactions to the experiment. Both groups found participation in the experiment quite enjoyable (HC $M = 4.46$, LC $M = 4.79$). They also found the experiment instructive about themselves (HC $M = 3.25$, LC $M = 3.46$), and the social sciences (HC $M = 3.07$, LC $M = 3.21$). Although both groups indicated they were quite willing to participate in another experiment, LC subjects reported that they were slightly more willing to participate again (LC $M = 5.21$ vs. HC $M = 4.43$), $t(54) = 2.04, p < .05$. Correlational analyses indicated that the subjects' willingness to participate in another experiment was related to three
factors: (a) their enjoyment ratings, $r(54) = .42, p < .01$; (b) how instructive about themselves they found the experiment to be, $r(54) = .38, p < .01$; and (c) how instructive about the social sciences they found the experiment to be, $r(54) = .35, p < .01$. In addition, the subjects indicated the more the experiment was instructive about the social sciences, the more they found it instructive about themselves, $r(54) = .59, p < .01$.

Responses to the post-emergency questionnaire further indicated that, as a result of participating in the experiment, the low-competent subjects would be somewhat more likely to help in the future ($M = 4.68$). Not surprisingly, the high-competent subjects reported that the likelihood of helping in the future would be unchanged ($M = 4.14$). Participation in the experiment did not alter the subjects' initial level of trust in authority, and both groups were somewhat more positive in their evaluation of experimental research ($HC M = 4.79, LC M = 4.86$).

Despite the elaborate deception, 93% of the subjects said the research was justified and 98% said that it should be permitted to continue. One high-competent subject and 3 low-competent subjects felt the experiment was not justified, and 1 low-competent subject said the research should not continue. Of the 4 subjects who responded negatively (1 subject responded negatively to both questions), 3 (all low-competent) failed to help the workman while in the presence of another person. Although these subjects said the experiment was unjustified or should not continue, no one reported regretting their participation in the experiment or reported being resentful about having been deceived.

A final exploratory analysis ignored the subjects' competency and compared the responses on the post-emergency questionnaire of those subjects who helped to the responses of the nonhelpers. Interestingly, the helpers and nonhelpers reported being equally sure about their ability to help and about what steps to take to help. However, the two groups did differ on three of the items: (a) the helpers reported feeling more tense when the emergency occurred ($M = 3.53$ vs. $M = 5.35$), $t(54) = 3.89, p < .005$, (b) the helpers reported feeling more responsible for doing something ($M = 1.28$ vs. $M = 4.85$), $t(54) = 7.95, p < .005$, and (c) the helpers found the experiment more instructive about themselves ($M = 3.83$ vs. $M = 2.50$), $t(54) = 2.82, p < .01$.

Discussion

The research yielded several important findings. First, witnessing an emergency in the presence of another person, compared to witnessing an emergency alone, resulted in less frequent helping among untrained
subjects. Second, professional skills training minimizes the bystander effect. The nurses professional training and experience led to a consistent level of emergency responding whether or not a bystander was present. Third, nurses and general students in the alone condition did not differ in their rates of responding. This particular finding is consistent with Shotland and Heinhold's (1985) discovery that skills training does not increase the overall rate of helping.

As expected, high-competent subjects reported that when the emergency occurred they felt more confident about their ability to help the workman, and more sure about what steps to take to help than their low-competent counterparts. Even among the subjects who helped, high-competent subjects compared to low-competent ones reported feeling more confident about their abilities, and about what steps to take to help. Thus, minimization of the bystander effect appears to have been mediated, in part, by the nurses' skill at emergency responding.

The expectation that high-competent subjects would report feeling more responsible for doing something to help was not supported; both high and low-competent subjects reported feeling strongly that they should do something to help the workman. However, consistent with the Latane and Darley (1970) model, high- and low-competent helpers reported feeling more responsible for doing something than the nonhelpers.

Several theorists have argued that emergency situations produce arousal in the bystanders (Batson & Coke, 1983; Piliavin, Davidio, Gaertner, & Clark, 1981; Weiss, Boyer, Lombardo, & Stich, 1973). The results of the present research contribute to these arguments. Helpers reported feeling significantly more aroused than nonhelpers, and low-competent helpers reported feeling more aroused than trained helpers. These differences are the result of variation in the low-competent subjects' reported arousal because the high-competent subjects did not report feeling tense or nervous when the emergency occurred. Quite possibly the nurses' lack of arousal to the emergency reflected an habituation effect resulting from an average of 8.21 years of nursing experience.

Although the results indicated that the bystander effect was attenuated when professionally trained subjects witnessed the emergency in the presence of another person, several alternative explanations for the minimization of the bystander effect deserve comment. For example, the nurses were approximately four years older on the average than the general students and it is possible that the nurses' age and a resulting sense of greater responsibility, rather than their specific skills training, accounted for the minimization of the bystander effect. Several pieces of
information argue against such an explanation. Recall that despite being older the nurses did not report feeling more responsible for helping than the general students, and the results of selected post-hoc analyses appear to rule out age-related effects. First, although older general students reported feeling more responsible for doing something to help, $r(26) = -0.46, p < .01$, age and responsibility were uncorrelated in the nurse sample. Second, although older general students were more likely to respond, $r(26) = 0.32, p < .05$, age and responding to the emergency were uncorrelated in the nurse sample. These results suggest that the minimization of the bystander effect in the nurse sample was probably not the result of age effects.

Another alternative interpretation for the observed minimization of the bystander effect involves the possibility that a certain type of person pursues a career in nursing, and that this type of "natural helper" would be expected to assist another person in an emergency whether or not another bystander was present. Some information on this issue exists. For example, Bailey and Claus (1969) administered the Edwards Personal Preference Schedule to a sample of beginning nursing students and compared the results to a normative sample of college women. The nursing students evidenced a greater sensitivity to the feelings of others (intraception), and more kindness, sympathy and helpfulness (nurturance). Intraception and nurturance, together with the traits of deference and endurance, were considered by Bailey and Claus to be most indicative of the successful practicing nurse. Unfortunately, no direct evidence exists pertaining to the relation between intraception and nurturance and helping in an emergency in the presence of another person.

In any case, the research reported here included a sample of practicing nurses, not student nurses. And some evidence exists suggesting that, as a result of practicing their profession, nurses are less inclined to be motivated by their need to help others than by further development of competency in the performance of their duties. When practicing nurses ($M = 33.29$) and college women were compared the samples did not differ on the intraception and nurturance dimensions (Levitt, Lubin, & Zuckerman, 1962). The nurses evidenced a personality structure very similar to the sample of college women. Levitt, Lubin and Zuckerman (1962) argued that their findings indicated that as a result of having practiced their profession for some years, the nurses' "goals have shifted from the need to serve humanity ... to attention to technical skills, routine and ritual" (p. 82). This argument provides support for the proposition that the minimization of the bystander effect was mediated by the nurses'
professional training rather than a specific aspect of the nurses' personality.

It is possible that the minimization of the bystander effect was due to the effects of being evaluated by the bystander rather than the subjects' competency. That is, the increased responding among the nurses, as well as the decreased responding among the general students, in the bystander condition may have resulted from the evaluator compelling the nurses to respond while pressuring the general students to remain seated. Although this explanation may be intuitively appealing, several methodological facts argue against its plausibility. First, bystander was presented to the subject as a partner whose function was to assist the subject in the successful completion of the "experimental task." Second, the bystander was introduced to the subject as another student, and no reference was made to the bystander's level of expertise or qualifications for serving as the evaluator. In fact, the assignments of "Drawer" and "Evaluator" were made to appear as if they occurred by chance. Third, the true evaluative component was present for all subjects regardless of the experimental condition. That is, all of the subjects were led to believe that their drawings would be evaluated by the experimenter. Finally, the power of the bystander to differentially influence the responses of the two subject samples was minimized by not disclosing the subject's competency status. It is difficult to argue that the nurse felt compelled to act by the presence of another person who she believed had no knowledge of her professional status and competency.

The active bystander is not without precedent in helping research. For example, the familiar discussion paradigm (e.g., Latane & Darley, 1968; Pantin & Carver, 1982) provides ample opportunity for the subject to fear evaluation from the other bystanders. In a more overt occurrence of the active, communicative bystander, Smith, Vanderbilt, and Callen (1973) staged an emergency during a procedure that involved reciprocal "personal ratings" by the subject and the bystander. Although it is important to caution the reader about the evaluation component in the present study, the results reported here are consistent with the results of other bystander studies using active and passive bystanders. In summary, the overall pattern of results suggest that minimization of the bystander effect was mediated by the nurses' extensive professional training for emergency responding rather than by her age, personality, or the presence of an active bystander.

Because the research involved a sample of participants not frequently used in social-psychological research, and because there is evidence that suggests that participating in bystander research may result
in a short-term inhibition of helping (Schwartz & Gottlieb, 1980), we were especially concerned about the nurses’ reactions to the deception of the bystander paradigm. As a result of our concern, much of the pilot work focused on developing a thorough and effective debriefing. Tesch (1977) argues that post-experiment debriefing serves both ethical and educational functions. Effective debriefing ensures that “participants do not leave experiments feeling less positive or more negative about themselves than they did when they entered the experimental setting,” and “our participants receive an educational benefit in return for their efforts on our behalf” (Tesch, 1977, pp. 218 and 220, respectively). For the present research the post-emergency debriefing and interview session was constructed to achieve the two goals outlined by Tesch (1977): (a) meeting the ethical goal involved overcoming the general negative effects of having been deceived, and the specific negative feelings associated with a subject learning she failed to help the workman, and (b) meeting the educational goal included informing the subject about bystander research, and the role that subjects and experiments play in understanding social behavior.

We began the debriefing by providing the subject with information about the hypotheses being tested, the reasons for the deception, and information about standard safeguards psychologists use when conducting research (e.g., adhering to American Psychological Association guidelines, gaining approval from a departmental ethics committee, participant anonymity). Second, the subject was assured that her responses reflected only her performance in a highly contrived, laboratory-bound situation. She was told that her responses were consistent with previous findings from our laboratory and other laboratories conducting similar research. Third, the subject was encouraged to ask as many questions as she wished. The session was concluded only after all of the subject’s questions were answered to her satisfaction. A typical debriefing lasted 20-30 min after the subject had been informed the emergency was staged.

Responses to the items on the post-emergency questionnaire indicated that the extensive debriefing was successful. The subjects reported enjoying their participation in the experiment and reported finding the experiment instructive about themselves and the social sciences. The subjects’ willingness to participate in another experiment was positively related to their enjoyment ratings, and how instructive they found the experiment to be about themselves, and the social sciences. These data, together with the general students’ report that helping in the future is more likely as a result of participating in the experiment, underscores the importance of making the subjects’ participation in research an educational experience.
Though admittedly an attitudinal measure, the general students’ indication that helping would be more likely in the future is consistent with behavioral indices reported by Beaman et al. (1978) and Schwartz and Gottlieb (1980). In the latter study the researchers found that participating in a bystander experiment can result in the development of cognitions that enhance long-term helpfulness.

An overwhelming majority of subjects indicated that the research was justified and should be permitted to continue. Despite the elaborate deception, no one reported regretting their participation in the experiment or reported feeling resentful about having been deceived. On a final note, in reading the personal comments written on the questionnaires we found several subjects reporting that after finding out the emergency was staged they felt embarrassed and resentful. However, they also indicated that the debriefing was quite useful in overcoming these negative reactions.

References


