(a) Describe the aim of the study by Piliavin et al.

The aim of the study was to see whether or not people will be helpful in an emergency situation, in particular to investigate whether or not people will be helpful in a natural setting whether diffusion of responsibility would occur (less helping with increased number of bystanders). Also, they wanted to investigate whether the type of person who collapses (white versus black, ill versus drunk) would have any effect on helping behaviour.

(b) Describe how data was collected in the study by Piliavin et al.

The data was collected when a group of four students got on a New York subway train. One of them played the ‘victim’ (collapses) and another played the ‘model’ (the person who goes to help the victim if no-one else does). The other two were females and they were the observers. Seventy seconds into the journey, the victim would collapse and lie on the floor until one of the passengers came to help them. There were two victim variables - race of victim (white or black); and condition of victim (ill or drunk). If a passenger didn’t help them, the model would step in either 70 seconds or 150 seconds after the collapse. The observers noted down things like how long it took before someone helped, who were the first helpers, (male/female, white/black etc), as well as any comments bystanders made.

(c) Give one advantage and one disadvantage of the method used to collect data in the study by Piliavin et al.

One advantage of the method was that it took part in a natural setting – on a New York subway train. This means that the way in which the participants behaved should have been quite natural and be representative of real life (high ecological validity). Because participants are in their natural contexts – and, unlike in a laboratory, they did not know they were being studied – then their helping behaviour should have been representative of other similar real life situations.

One disadvantage is that there were not enough drunk conditions. Out of 103 trials altogether, only for 38 did the victims play the role of drunk. This was because the students did not like playing the drunk because they were embarrassed. So, altogether, the differences between the cane and drunk conditions are not as clear or as certain as they could be. It might be that further drunk trials may have had more helping, for example.

(d) Explain how the reliability of these measurements could be assessed.

One way to check on the reliability of measurements could be by looking at the inter-rater or inter-observer reliability. This would involve matching, for each trial, the two observers’ records for, e.g. time taken to help. For high reliability, they should agree upon the time taken to help, so that if one observer recorded 11 seconds, so should the other observer. These two sets of recordings could be correlated with each other and there should be a high positive correlation.

(e) Outline the findings of the study by Piliavin et al.

There were lots of findings in this study. First of all, there was a high rate of helping overall. In particular, the white ill person was helped the most. The ill victim was helped very quickly and spontaneously (62/65 conditions). However, the drunk victim was helped less often (19/38 trials) and less quickly (109 seconds – almost two minutes – compared to just 5 seconds for the ill victim). Males were more likely to be first helpers than females. There was a non-significant ‘same race’ helping effect. Also, more comments were made in the drunk condition. Also, on 21/103 conditions people left the critical area and this was more likely to happen in the drunk condition. Finally, there was no diffusion of responsibility effect.

(f) Suggest two changes to the study by Piliavin et al. and outline how these changes might affect the results.

One change to the study could be to change the victim. The victims could be female as well as male. This might change the results in a number of ways. It is possible that more females would help than in the original study. This would be because (according to Piliavin et al.’s model of response to an emergency situation) female bystanders might have more empathy with a female victim than a male victim and therefore be more compelled to act. Also, the costs of helping a female victim may be perceived to be less. This is because female helpers would feel that the potential threat to their safety would be less than when helping a male victim.

Another change to the study could be to change the time of day. In the original study, the trials all took place between 11am and 3pm. However, if the trials took place in the evening e.g. between 7pm and 11pm, then this could have an impact upon the results. It might be that altogether the rates of helping would go down. This would be because, at night, people might generally feel less safe and so the perceived costs of helping become greater and do not outweigh the perceived costs of not helping. Also, it might be that people do not recognise someone collapsed on the floor as ‘an emergency’ – they might be more suspicious at night and think that someone is just messing around. Therefore, it is likely that the time of day would have a negative impact on helping behaviour and that such high rates of spontaneous helping would not be seen.