

When Will People Help in a Crisis?

John M. Darley and Bibb Latane

Most of America lives in cities, and it is one of the major tragedies of these times that our cities are in deep trouble. In small towns throughout the country, people still leave their houses unlocked and the keys in their cars when they park. No one living in a rural community would dream of stealing from someone else, because everyone knows everyone. Who wants to steal from people he knows? And if you stole a friend's car, where could you drive it in a small community that it wouldn't instantly be recognized? When everyone knows everyone, complex social systems are not needed to help alleviate those disasters that strike—the fire and police departments are staffed chiefly by volunteers (who never go on strike), and the welfare department consists of charitable neighbors rather than squads of social workers.

Cities are supposed to be collections of small towns, but in at least one important sense, they are not: in a rural community, everyone sees the (often rather crude) machinery of government and feels that it is available to him. In large cities, this machinery is mostly invisible, hidden away in inaccessible Kafkaesque corners. Involvement in local affairs is almost forced on the small-town citizen; the apartment dweller in New York withdraws into his own little world not so much because he wants to as because he has no ready means of participating actively in the life of his city even if he wants to. And, as John M. Darley and Bibb Latane point out, withdrawal from and lack of concern about one's fellow citizens can become a terrible habit.

Kitty Genovese is set upon by a maniac as she returns home from work at 3 A.m. Thirty-eight of her neighbors in Kew Gardens come to their windows when she cries out in terror; none comes 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 seventeen-year-old boy as he bleeds to death; none comes to his assistance even though his attackers have left the car. He dies.

An eighteen-year-old switchboard operator, alone in her office in the Bronx, is raped and beaten. Escaping momentarily, she runs naked and bleeding to the street, screaming for help. A crowd of forty passersby gathers and watches as, in broad daylight, the rapist tries to drag her back upstairs; no one interferes. Finally two policemen happen by and arrest her assailant.

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 forty 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 thirty-eight people, or eleven 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.

Since we started research on bystander responses to emergencies, we have heard many explanations for the lack of intervention. "I would assign this to the effect of the megapolis in which we live, which makes closeness very difficult and leads to the alienation of the individual from the group," contributed a psychoanalyst. "A disaster syndrome," explained a sociologist, "that shook the sense of safety and sureness of the individuals involved and caused psychological withdrawal from the event by ignoring it." "Apathy," claimed others. "Indifference." "The gratification of unconscious sadistic impulses." "Lack of concern for our fellow men." "The Cold Society." All of these analyses of the person who fails to help share one characteristic; they set the indifferent witness apart from the rest of us as a different kind of person. Certainly not one of us who reads about these incidents in horror is apathetic, alienated, or depersonalized. Certainly not

one of us enjoys gratifying his sadistic impulses by watching others suffer. These terrifying cases in which people fail to help others certainly have no personal implications for us. That is, we might decide not to ride subways anymore, or that New York isn't even "a nice place to visit," or "there ought to be a law" against apathy, but we need not feel guilty, or reexamine ourselves.

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 thirty-eight 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 tree, 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 Latane 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, suffering from diabetic coma, or he may simply be sleeping off a drunken night. And in any unusual situation, Candid Camera may be watching.

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 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 anxious than we really are.

In a potentially dangerous situation, then, everyone present will appear more unconcerned than he is 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, got up and went over to investigate the smoke, 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 twenty-four people reported the smoke. The inhibiting effect of the group was so strong that the other twenty-one 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.

These dramatic differences between the behavior of people alone and those in a group indicate that the group imposed a definition of the situation upon its members that inhibited action.

"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 non-emergency, 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 non-responsive 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 generalize these results were, Latane 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 \$50 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 ten minutes while they completed the questionnaires, and left by opening the collapsible curtain that 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 lasted about two minutes.

Some people were alone in the waiting room when the "accident" occurred. Some 70 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 forty offered to help the victim. The other thirty-two remained unresponsive to her cries of distress. Again, the presence of other bystanders inhibited action.

And again, the non-interveners 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 did not 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 works 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 general 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. .

To test this line of thought, Darley and Latane simulated an emergency in a setting designed to resemble Kitty Genovese's murder. People overheard a victim calling for help. Some knew they were the only one to hear the victim's cries, the rest believed other people were aware of the victim's distress. As with the Genovese witnesses, subjects could not see each other or know what others were doing. The kind of direct group inhibition found in the smoke and fallen-woman studies could not operate.

For the simulation, we recruited male and female students at New York University to participate in a group discussion. Each student was put in an individual room equipped with a set of headphones and a microphone and told to listen for instructions over the headphones. The instructions informed the participant that the discussion was to consider personal problems of the normal college student in a high-pressure urban university. It was explained that, because participants might feel embarrassed about discussing personal problems publicly, several precautions had been taken to, ensure their anonymity: they would not meet the other people face to face, and the experimenter would not listen to the initial discussion but would only ask for their reactions later. Each person was to talk in turn. The first to talk reported that he found it difficult to adjust to New York and his studies. Then, very hesitantly and with obvious embarrassment, he mentioned that he was prone to nervous seizures, similar to but not really the same as epilepsy. These occurred particularly when he was under the stresses of studying and being graded.

Other people then discussed their own problems in turn. The number of other people in the discussion varied. But whatever the perceived size of the group two, three, or six people-only the subject was actually present; the others, as well as the instructions and the speeches of the victim-to-be, were present only on a prerecorded tape.

When it again was the first person's turn to talk, after a few comments he launched into the following

performance, getting increasingly louder with increasing speech difficulties:

I can see a lot of er of er how other people's problems are similar to mine because er er I mean er it's er I mean some of the er same er kinds of things that I have and an er I'm sure that every everybody has and er er I mean er they're not er e-easy to handle sometimes and er I er er be upsetting like er er and er I er um I think I I need er if if could er er somebody er er er er give me give me a little er give me a little help here because er I er I'm er h-h-having a a a a a real problem er right now and I er if somebody could help me out it would it would er er s-s-sure be sure be good be . . . because er there er er a cause I er uh I've got a a one of the er seiz-er er things coming on and and and I c-could really er use er some h-help s-so if somebody would er give me a little h-help uh er-er-er-er-er c-could somebody er er help er uh uh uh [choking sounds] . . . I'm gonna die er er I'm . . . gonna . . . die er help er er seizure er er . . . [chokes, then quiet].

While this was going on, the experimenter waited outside the student's door to see how soon he would emerge to cope with the emergency. Rather to our surprise, some people sat through the entire fit without helping; a disproportionately large percentage of these non-responders were from the largest-size group. Some 85 percent of the people who believed themselves to be alone with the victim came out of their rooms to help, while 62 percent of the people who believed there was one other bystander did so. Of those who believed there were four other bystanders, only 31 percent reported the fit before the tape ended. The responsibility-diluting effect of other people was so strong that single individuals were more than twice as likely to report the emergency as those who thought other people also knew about it.

The Moral Dilemma Felt by Those Who Do Not Respond

People who failed to report the emergency showed few signs of apathy and indifference thought to characterize "unresponsive bystanders." When the experimenter entered the room to end the situation, the subject often asked if the victim was "all right." Many of these people showed physical signs of nervousness; they often had trembling hands and sweating palms. If anything, they seemed more emotionally aroused than did those who reported the emergency. Their emotional arousal was in sharp contrast to the behavior of the non-responding subjects in the smoke and fallen-woman studies. Those subjects were calm and unconcerned when their experiments were over. Having interpreted the events as non-emergencies, there was no reason for them to be otherwise. It was only the subjects who did not respond in the face of the clear emergency represented by the fit who felt the moral dilemma.

Why, then, didn't they respond? It is our impression that non-intervening subjects had not decided not to respond. Rather, they were still in a state of indecision and conflict concerning whether to respond or not. The emotional behavior of these non-responding subjects was a sign of their continuing conflict; a conflict that other people resolved by responding. The distinction seems an academic one for the victim, since he gets no help in either case, but it is an extremely important one for understanding why bystanders fail to help.

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.