



PSYCHOLOGY

Bridging Work

Task 1



1. Read through the classic Psychology conducted by Jane A Piliavin in 1969.
2. Can you identify any strengths about the way in which the study was carried out? List as many as you can think of and explain why you think each one is a strength.
3. Can you identify any limitations about the way in which the study was carried out? List as many as you can think of and explain why you think each one is a limitation
4. Do you think we will get the same findings if the study was repeated today? Explain why or why not

Background

This research came about after 28-year-old Kitty Genevese was assaulted and stabbed to death outside her apartment building in 1964. After the murder, The New York Times reported that 38 witnesses didn't call the police. The idea that so many people witnessed the crime yet still failed to help shocked many and led psychologists to investigate why people don't immediately jump to the rescue when they hear about or see a crime.

They put two theories forth to try and explain this phenomenon: 'the bystander effect' and 'diffusion of responsibility'.

The Bystander Effect suggests that people are less likely to help someone with other people around.

Diffusion of Responsibility suggest If there are several bystanders, each bystander feels their responsibility decreases.

Piliavin (1969) designed and conducted a field experiment investigating these factors. Her key question was "*Why would someone be less likely to help someone with other people around?*"

She suggested a number of possible reasons:

1. If no one else is helping, the individual believes the situation is **not** an emergency.
2. They fear others will unfavourably judge them.
3. Diffusion of responsibility.

Procedure

Piliavin et al. conducted the study on a seven-and-a-half-minute journey between **two** New York City subway stations. The subway did not stop at stations in between. There were **103 trials** (times the experiment was repeated) conducted in total. In total, there were about **4450 participants**.

Four researchers (two male and two female) got on the subway for each trial. The female researchers sat down and took notes.

One male researcher played the 'victim' while the other male was a 'helper'.

Four males played the victim role (**three white and one black**). In 38 trials, the victim smelled of alcohol and carried alcohol in a brown bag (drunk condition). In 65 trials, the victim was sober and carried a cane (ill condition). All the victim males took part in both conditions.

The study was set up so that the victim collapsed after the subway passed the first station, which took approximately 70 seconds. There were then two conditions:

- **'No help' condition:** The helper did nothing to help the victim until the train arrived at the destination station. The helper then helped the victim to his feet.
- **'Help' condition:** The helper assisted the victim.

The researcher sitting down and taking notes did not only take quantitative data such as the number of people helping and the number of seconds needed for help to be provided. Qualitative data was also gathered, which included the words and comments that the participants expressed throughout the experiment.

Controls

The study presented a number of **control variables**:

- The victims all dressed the same and behaved the same way, so all participants were exposed to the same standardised behaviour.
- The scenario took place between the same two subway stations in New York City.
- Victims were always male

Results

An ill person is more likely to receive help than a drunk person. In both conditions, men were more likely to help than women. In the ill condition, there was no difference in the amount of help given to black and white males. In the drunk condition, the victim was more likely to receive help from those of his ethnicity.

Across the trials, in **60% of cases**, the help received was from more than one person. After one person approached to help, the results found that two, three, or even more people quickly followed. However, the longer the victim did not receive help, the people were more likely to move away from victim or justify why they did not help.

Conclusions

The study found that more help was given and more quickly than **'the bystander effect'** and **'diffusion of responsibility'** would have suggested. Researchers observed no real 'diffusion of responsibility'. The results could be due to the location where the passengers were in a subway, and there was no way for them to 'escape' or run away from the emergency, resulting in a higher level of assistance.

Piliavin proposed that when someone witnesses an emergency, it prompts an emotional response, and they decide whether they help by a cost-reward analysis. Their motivation to help is to get rid of the unpleasant emotions while witnessing the emergency.

Task 2

Learn the key terms below for an assessment in week 3.

Social Influence key terms:

Social influence	The process by which an individual's attitudes, beliefs or behaviour are modified by the presence or action of others.
Conformity	Is defined as yielding to group pressure. It occurs when an individual's behaviour and/or beliefs are influenced by a larger group of people, which is why conformity is also known as majority influence.
Compliance	Individuals change attitude, belief or behaviour in order to go along with the group in order to gain their approval or avoid their disapproval. It does not result in any change in the person's underlying attitude, only in the views and behaviours they express in public.
Internalisation	Changing attitude, belief or behaviour to go along with the group because of an acceptance of their views. This can lead to acceptance of the group's point of view both publicly and privately.
Normative social influence	The reason for the change in attitude, belief or behaviour is to be accepted by the group and liked. This is an emotional response as the person is changing to fit in with the group.
Informational social influence	The reason why people follow the behaviour of the group is because they want to be right. It is a cognitive process as you do what you think believing the rest of the group has better information than you.
Individual differences	The ways in which people differ from one another e.g. age, gender, ethnicity etc.
Social norms	The values, beliefs and behaviours shared by, and therefore expected amongst, a particular group of people.
Confederate	A person who is acting on behalf of the researcher within a study.
Unanimity	When everyone agrees.
Dissenter	A person who goes against the group.
Collectivist cultures	Emphasise the needs and goals of the group as a whole over the needs and wishes of each individual. In such cultures, relationships with other members of the group and the interconnectedness between people play a central role in each person's identity.
Individualist cultures	When the culture focuses on the individual's needs and looks for happiness on an individual level before looking to the group.

Clinical Psychology and Mental Health key terms:

Statistical infrequency	Defining abnormality on the basis that behaviour that is rare is abnormal.
Distribution graph/curve	A graph that represents the spread of scores in a data set in relation to the frequency at which they occurred (X axis shows scores, Y axis shows frequency)
Normal distribution	A symmetrical spread of frequency of data that forms a bell-shaped pattern. The mean, median and mode fall together at the highest peak.
Skewed distribution	A spread of frequency of data that is not symmetrical, where the data clusters to one end of the scores.
Positive skew	A type of distribution in which the long tail is on the positive (right) side of the peak and most of the distribution is concentrated on the left. This happens then the mean is higher in the data set than the median and mode. This often represents many participants getting low scores.
Negative skew	A type of distribution in which the long tail is on the negative (left) side of the peak and most of the distribution is concentrated on the right. This happens then the mean is lower in the data set than the median and mode. This often represents many participants getting high scores.
Failure to function	A definition of abnormality that views abnormality as an inability to cope with the demands of everyday life.

Maladaptive behaviour	Actions which prevent the person from participating in and responding to different aspects of life in a helpful way.
Observer discomfort	A feature of failure of function in which behaviour shown by the individual leads to distress in those watching it.
Autonomy	Being independent, self-reliant and able to make personal decisions.
Self-actualisation	The desire to grown psychologically and fulfil one's full potential – becoming what you are capable of
Social norms	The values, beliefs and behaviours shared by, and therefore expected amongst, a particular group of people.
Culture	The ideas, customs, norms, values and social behaviour of a particular people or society.
Diagnosis	The identification of the nature of an illness by examination of the symptoms.
Diagnostic statistical manual (DSM)	The main classification system of psychological disorders. It consists of broad categories of disorders and specific disorders that fall within each category. We are on version 5.