

Helping and Being Helped

Naturalistic Studies

**Shirlynn Spacapan
Stuart Oskamp**
Editors



**The Claremont Symposium on
Applied Social Psychology**

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Preface

The group of behaviors that are variously labeled as helping behavior, altruism, or prosocial acts comprises a classic area of inquiry within social psychology. Recent years have seen a rapidly increasing number of studies in this area and publication of several books on the topic. A unique contribution of the present volume, however, is its emphasis on helping “in the real world”—that is, helping behavior as it naturally occurs in our daily lives, rather than that captured in an artificial social laboratory. In addition, many of the *types* of helping discussed in the following pages represent situations unique to these last two decades of the twentieth century. For example, volunteering one’s services as a helper to someone with AIDS is clearly an opportunity that was unheard of even a decade ago. Similarly, recent medical advances that prolong human life have created opportunities to help by donating a kidney, or caring for an elderly person with Alzheimer’s disease. Each of these forms of help is among those covered in the chapters to follow.

These chapters are based on presentations given at the seventh Claremont Symposium on Applied Social Psychology on February 3, 1990. Although various areas of psychology have annual conferences dedicated to presenting new developments within their specified fields, only the Claremont group has sponsored an annual conference on applied social psychology. These symposia bring distinguished psychologists from various parts of North America to join in discussion and analysis of important issues in applied social psychology. The Claremont Symposium has focused on social psychological applications to organizational settings, public policy issues, interpersonal processes, health, aging, and new technologies in robots and aerospace.

This series of symposia has been made possible through the generous financial support of all six of the Claremont Colleges—Claremont Graduate School, Claremont McKenna College, Harvey Mudd College, Pitzer College, Pomona College, and Scripps College. This year, additional thanks are due Harvey Mudd College for faculty research funds

that covered expenses involved in the preparation of this volume and enabled the first editor to work on the book. We are also grateful to Gail M. Williamson, now of the University of Georgia at Athens, for serving as a discussant of the presentations at the conference. Finally, our personal thanks go to Shawn Okuda and Steve Yukawa for their help with indexing, and to Catherine Cameron and Mike Nichol for their social support.

In preparing this volume, the contributors have expanded their conference presentations and addressed some of the issues raised by the audience discussion. We have encouraged them to maintain a somewhat informal style and a personalized tone by including anecdotal information to illustrate their research findings and theoretical material. Our initial chapter introduces each of the substantive chapters and summarizes common themes that several of them touch on.

Because of the thoroughness with which each topic is covered, we believe this volume will be accessible and interesting to students and others who may be unfamiliar with the field. Because of the new, previously unpublished work in the following pages, we believe the volume will be important for scholars interested in cutting-edge research. In addition, the authors' cogent discussions of the implications of their work will be valuable to practitioners and policymakers who must apply social psychology in the real world.

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Claremont, California

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1

An Introduction to Naturalistic Studies of Helping

SHIRLYNN SPACAPAN
STUART OSKAMP

In 1964, Kitty Genovese was knifed to death as 38 of her neighbors watched from the safety of their own apartments (see Latané & Darley, 1970). When her screams caused someone to turn on a light or open a window, the killer would leave, only to return when the lights went out. It took her attacker over 35 minutes to kill her—yet, even with all that time and her clear cries for help, none of Ms. Genovese’s neighbors called the police. Numerous similar stories in the media have suggested that if we were ever in need of help—say, with a stalled car on the freeway, or perhaps just needing change in order to use a public telephone—we would be unlikely to receive much aid from bystanders. Although the media have attributed this to the “apathy” in our society, social psychologists have demonstrated otherwise. In many cases where help is not given, it is not the result of “apathetic” or “inhumane” bystanders, but rather of human errors in social judgment, lack of communication, or faulty group dynamics. Regardless of its causes, the failure to help has implications that extend beyond injury to the person in need, for several authors have suggested that bystander passivity sows the seeds of group violence and other social ills (see Adler, 1990; Staub, 1989).

The Genovese incident resulted in a veritable explosion of work on bystander intervention in particular, and helping behavior in general, aimed at answering the question, "Why don't people help?" After that first wave of research, other important issues have arisen. A related set of questions is posed by the authors of the following chapters: How do offers of assistance affect the *help-seeker*? Who is likely to help? What are the *negative* aspects, or costs, of helping relationships?

In addition to posing a somewhat different set of questions, a unique contribution of this volume is its emphasis on helping "in the real world"—that is, helping behavior as it naturally occurs in people's daily lives, not just the sort captured in the confines of an artificial social laboratory. As Wills points out (in Chapter 2), controlled laboratory experimentation is invaluable for identifying constructs, and we do not dispute that. One value of the present volume, however, is that the contributors are testing classic laboratory-derived social psychological constructs for their relevance and generalizability to the real world. The kinds of settings and populations that are explored include volunteers who assist AIDS patients, spouses supporting diabetics and recent stroke patients, family caregivers of relatives with Alzheimer's disease (AD), living kidney donors, and self-help groups like Alcoholics Anonymous or less formal arrangements such as peer helping. These situations differ from those studied in the typical, early laboratory studies in that the helping behavior probably results from a deliberate decision to help, is of longer duration, and may be risky or costly.

In answer to the earlier question of "who helps," the examples in the last paragraph hint that much helping behavior in our society occurs within family or friendship circles. But what about other cases, such as people who have volunteered to work in AIDS clinics, or those non-family members who have offered to be living kidney donors? Are certain people more likely to be altruistic or helpful? London's (1970) study of Christians who saved Jews from the Nazis suggested that those helpers were characterized by a spirit of adventurousness and an intense identification with a parental model of high moral standards. One wonders if these characteristics are common to other helpers, as well. A few studies have explored this question to date, and the present volume is noteworthy for its acknowledgement of this aspect of helping behavior.

Another contribution of this volume pertains to its coverage of the often-neglected negative side of helping behavior: What are the emo-

tional costs of caring for a person with a terminal disease? Do caregivers develop resentment of their charges? Why do some attempts to provide social support fail? What are the emotional costs of being a recipient of care and support?

A host of relatively ignored questions about help-seekers are also addressed in this volume: Precisely what do help-seekers expect to gain from self-help groups or other forms of assistance? What kinds of attempts to help are viewed as unnecessary overprotection by the recipient? Work on each of these questions is very new and sheds light on how attempts to help, or provide social support, go awry. This information enhances our understanding of the dynamics of helping, and may also provide clues as to why some people are unwilling to be involved in a helping relationship.

The distinguished contributors to this volume provide coverage of necessary background information in each of these areas and describe recent theory, research, and applications. This first chapter presents an overview of the volume, summarizes the substantive chapters, and highlights important issues that are common to several of the chapters.

Overview of the Book

The following chapters begin with a review of the helping process in the context of personal relationships, presented by Thomas Ashby Wills in Chapter 2. This "context of personal relationships" is dealt with more specifically in Chapter 3, where Louis Medvene discusses peer helping and self-help groups. In both of these chapters, as in the research reported in Chapter 4 by Christine Dunkel-Schetter, David E. Blasband, Lawrence G. Feinstein, and Tracy Bennett Herbert, the focus is on the help-seeker or the recipient of a supportive interaction. Dunkel-Schetter and her colleagues also suggest a conceptual framework for studying social support that includes the perspectives of the support provider, the recipient, and an outside "third party." More than one perspective is acknowledged in Chapter 5, where Suzanne C. Thompson and Jennifer S. Pitts examine the effects of chronic illness on the help-seeker (the ill person), his or her helper or caregiver (the well spouse), and the couple's marriage.

The remaining three chapters emphasize the perspective of the help provider. In Chapter 6, Richard Schulz, Gail M. Williamson, Richard K. Morycz, and David E. Biegel study the *caregivers* of people with Alzheimer's disease, as well as considering the patient's status and functioning. The research reported in Chapter 7 by Eugene Borgida, Cynthia Conner, and Laurie Manteufel centers on a little-studied group of helpers—those who donate a kidney to save another person's life. In the last chapter, Mark Snyder and Allen M. Omoto present results from their program of cross-sectional and longitudinal lab and field studies on volunteers who work with people with AIDS. Each of these seven chapters is briefly summarized here.

The Helping Process

In Chapter 2, Thomas Ashby Wills points out that laboratory studies of helping behavior suggest that people do not seek help very often, whereas the opposite conclusion is reached when help-seeking is studied in the field. Aiming to reconcile these different conclusions from lab and field settings, he provides an overview of pertinent research in each setting. In reviewing the lab work, Wills suggests a number of factors (such as threats to self-esteem) that may be behind the low frequency of help-seeking. Other factors that increase help-seeking in the lab (e.g., friendship between the seeker and provider, the opportunity to reciprocate the help) appear to be relevant in explaining the high frequency of help-seeking in field studies (particularly the preference for informal sources like friends and family). Though lab and field studies typically differ in the type of problem for which help is sought (i.e., lab problems are usually less serious, or less relevant to the self, than are the real-world problems of field studies), Wills emphasizes the importance of the *context of personal relationships* in understanding differences in helping between settings. He elucidates one contextual factor—the existence of multiple support networks in real-world field settings—by presenting brief results of three previously unpublished studies. He concludes by noting the primacy of emotional support as a key difference between the context of ongoing personal relationships and that of the laboratory.

Self-Help Groups and Peer Helping

Following Wills's overview of the help-seeking literature, Louis Medvene focuses on specific ways in which people seek help through self-help groups and peer counseling, and he provides an overview of the diversity and commonality among self-help groups and peer counseling relationships. This sets the stage for a discussion of the role of similarity between parties in a helping relationship, emphasizing the importance of social comparison theory in understanding self-help groups. Here Medvene explains the "paradox of help-seeking" (Wills, 1983)—laboratory findings that people prefer "downward" comparisons with those less well-off, in contrast to field studies suggesting that "upward" comparisons with better-off friends and family lead to more help-seeking. Attempting to understand this paradox in a study of help-seeking preferences of undergraduates, Medvene found that students preferred contact with an upward-comparison, experientially similar peer over contact with a variety of other potential helpers (e.g., another student who was worse off than they were, or a mental health professional) in dealing with both academic or relationship problems. Such upward comparisons were preferred for their potential for self-improvement of the help-seeker, whereas motives of self-evaluation and self-enhancement did not appear to be driving students' choice of helpers (contrary to the extant literature).

When Is Support Effective?

Chapter 4 is noteworthy for its presentation of a conceptual framework for studying social support. Christine Dunkel-Schetter, David E. Blasband, Lawrence G. Feinstein, and Tracy Bennett Herbert incorporate two key dimensions together with three different perspectives in their framework: Both the intentions behind the helpful attempt and the immediate effects on the recipient should be considered from the perspectives of the provider, the recipient, and an outside observer. Examining the recipient's perspective, this chapter features the results of two new studies—one related to Blasband's dissertation work with 40 gay and bisexual men with AIDS, the other from Feinstein's

dissertation on 40 diabetic patients and their spouses. The authors are interested in the quantity of support received by a given individual and factors that increase or decrease the probability that a helpful, supportive act will be attempted, but here they also address the more qualitative question of mediators of the effects of support. That is, why do some attempts to help succeed whereas others fail? Both of their studies employ a naturalistic paradigm involving semistructured interviews, and both uphold Wills's previous claim that emotional forms of support seem uniformly helpful. Unhelpful types of "support" include advice that implies failure or blame on the part of the recipient and behaviors that convey overinvolvement, oversolicitousness, or overconcern. This chapter closes with a helpful section suggesting directions for future research on support provider characteristics.

Chronic Illness and Marriage

Chapter 5, by Suzanne C. Thompson and Jennifer S. Pitts, begins with an overview of three types of theoretical perspectives on family relationships: social exchange theories (e.g., equity, interdependence), family dynamic theories (e.g., family systems, role theory), and family resource or coping theories. Two themes that emerge from these theories are that chronic illness could create inequities or a dependence that negatively affects a marriage and, as Dunkel-Schetter and her colleagues point out, that caregiving spouses may overprotect their ill partners. However, Thompson and Pitts's review of past research leads them to conclude that dramatic, consistent effects of illness on marital satisfaction are not observed, even though both spouses are under great stress and the illness creates inequities in the relationship. Thompson and Pitts then discuss the "dilemma of caregiving"—the fact that caregiving indicates not only the love and concern of the well spouse but also the dependence and helplessness of the ill spouse. Two studies of stroke patients by Thompson and her colleagues have examined this dilemma in terms of spousal styles of caregiving. Results revealed a positive relationship between patients' depression and the extent to which their spouses overprotected them and criticized or held them to unrealistic expectations. Moreover, a third study revealed that feeling

overprotected was not related to objective factors like the patient's functioning or even the number of things that the well spouse did for him or her, but rather to the caregiver's negative attitudes and tendency to withhold upsetting news.

Alzheimer's Caregivers

Depression is also an outcome variable of interest and patient status is also viewed as an objective stressor in Chapter 6, by Richard Schulz, Gail M. Williamson, Richard K. Morycz, and David E. Biegel. Here, however, the caregiver's (rather than the help-seeker's) depression is examined. Like other contributors to this volume, the authors consider both the person being helped and the help provider as they offer a social psychological approach for studying the costs and benefits of helping disabled individuals. Their approach is a stress-coping model encompassing objective stressors (e.g., patient characteristics like functional disability, or prognosis), the caregiver's perceived stress or burden, enduring outcomes (e.g., caregiver depression or health), and "conditioning" variables (e.g., caregiver age, income, or support available) that may affect how the other three sets of variables interact. Schulz and his colleagues provide a detailed account of new longitudinal research that focuses on objective stressors and conditioning variables as predictors of caregiver depression. Results revealed that caregiver depression was related to the amount of assistance the patient needed and the frequency of the patient's problem behaviors (objective stressors), as well as to conditioning variables concerning the caregiver's support network. Over the 18 months of the study, patients' conditions declined, yet overall caregiver depression did not increase significantly. Dividing caregivers into groups of those who became more depressed, became less depressed, and did not change enabled further examination of predictors of caregiver depression. In conclusion, the authors reevaluate their stress-coping model and consider the relevance of temporal response models like the wear-and-tear hypothesis, the adaptation hypothesis, and the trait hypothesis in accounting for their data.

Living Kidney Donation

Whereas Schulz and his colleagues reported that research on Alzheimer's caregivers is plentiful but systematic studies of the disease's impact on patients are virtually nonexistent, the opposite is true of living kidney donation—here there are very few studies on the helper, or kidney donor. In Chapter 7, Eugene Borgida, Cynthia Conner, and Laurie Manteufel acknowledge that research on the one-time, risky behavior of kidney donation may not generalize to the more usual forms of helping practiced in everyday life or studied by social psychologists (e.g., blood donation). However, social psychological theory and research—particularly Ajzen's (1985) theory of planned behavior—can serve as a base for studying this unusual prosocial act, and the results can inform and enrich our understanding of basic decision-making processes.

The authors review research that hints at donor ambivalence about donation (not unlike the complex feelings that Thompson and Pitts find are held by some caregivers), and yet conclude that the decision to donate a kidney is usually made quickly and spontaneously. The theories of planned behavior and reasoned action are used in a new study aimed at predicting kidney donation. Because there are factors in kidney donation that are beyond the potential donor's control (e.g., his or her blood type may not be compatible with that of the person in need), the more general theory of planned behavior, with its component of perceived behavioral control, was expected and found to have greater explanatory power than the theory of reasoned action. In discussing these findings, the authors emphasize the careful, deliberate process of decision making in this context—in contrast to previous reports that the decision to donate is typically a *snap decision*.

AIDS Volunteerism

In the final chapter, Mark Snyder and Allen M. Omoto investigate *who* volunteers to help people with AIDS (PWAs) and present a three-stage model of the volunteer process (antecedents, experiences, and consequences) that acknowledges the deliberate, long-term, and costly

nature of this help. The focus of this chapter is on antecedents at the individual level of analysis, particularly on what motivates people to volunteer. Here the authors revive and employ a functional approach, which suggests that similar acts of volunteerism serve quite different functions for different individuals: For some people volunteer work may meet social needs, for others it may fulfill a desire for knowledge, or be a way to express personal values, and so on.

Results from Snyder and Omoto's earlier studies demonstrated that people generally see AIDS volunteer work as a very different kind of helping from other forms of volunteer work; even volunteers in non-AIDS programs reported that though they themselves volunteered for rather selfish reasons, it would take selfless reasons to motivate them to do AIDS volunteer work. What does motivate actual AIDS volunteers? Those in training to be AIDS volunteers appeared mainly to be fulfilling needs for knowledge and value expression. Those who were already active in AIDS-related work were a heterogeneous group in demographic terms and in terms of their motivation for volunteering, although the value-expressive function was their most frequently cited reason. When Snyder and Omoto's research moved from antecedents to experiences of volunteerism, they found that different motivations for serving were associated with differing choices of volunteer tasks (e.g., office tasks versus direct contact with a PWA as a buddy), and that initial motivations predicted later attrition of volunteers. This chapter closes with an overview of the tradition of action research, which emphasizes research as a key aspect of social action—a fitting conclusion for this volume of studies that have such important implications for practice and public policy.

Key Themes in the Volume

The theory and research in these chapters converge on a number of key themes that are prominent in the psychology of helping and being helped. Five of these recurring themes are discussed in the following sections.

A Context of Personal Relationships

From the outset, this volume emphasizes the importance of the context of personal relationships in understanding helping behavior. As noted earlier, it is primarily the contextual difference in personal relationships to which Wills's attributes the observed differences in helping between lab and field settings. In Chapter 2, he discusses five processes or contextual differences between paradigms that may result in greater help-seeking in field settings: the ability of the seeker to reciprocate; the history of sharing, intimacy, or self-disclosure between seeker and provider; the balance that must be struck regarding similarity of the seeker and provider versus threats to the self-esteem of the seeker; the existence of communal norms as opposed to a competitive or exchange orientation; and the existence of multiple support networks in field settings.

These factors not only may affect whether or not one seeks help in a given setting, but also may determine some of the outcomes of the helping relationship. For example, a communal orientation and the closeness of the relationship between the caregiver and an Alzheimer's victim (prior to the onset of AD) have been linked to caregiver outcomes such as depression and to patient outcomes like mortality and likelihood of being placed in an institution (see Chapter 6 by Schulz et al.). In research by Thompson and her colleagues (Chapter 5), the quality of the relationship between a stroke patient and his or her caregiver (usually the spouse) was a powerful predictor of patient depression, even after objective circumstances such as the severity of the stroke were controlled. Some aspects of the quality of the marital relationship determined the support received by diabetics from their spouses, according to research reported by Dunkel-Schetter et al. in Chapter 4. And Snyder and Omoto (Chapter 8) are investigating the relationships that develop between PWAs and volunteers to determine the forms of these relationships and their consequent effects on both parties. In various ways, then, the contributors to this volume incorporate personal relationships as part of their consideration of helping behavior.

Complex Conceptualizations of Helping

As Thompson and Pitts point out in Chapter 5, one criticism that is frequently leveled at this field is that there are no simple, universally accepted definitions of concepts like helping and social support. To illustrate some of the definitional complexities in this field, note the terminology used in Chapter 4, where Dunkel-Schetter and her colleagues clearly outline the type of support that they are studying. They define social support in terms of support that is *received* rather than that which is perceived as *available*, and they employ a three-category classification scheme of emotional, informational, and instrumental support. The typical conceptualization of helping behavior in social psychological research is similar to the instrumental type of support, but the other kinds may be equally or more important in some situations.

These authors' review of relevant research further emphasizes the complexity of support, for they point out that not only does the *type* of support determine its effectiveness, but also some *sources* of support are more helpful than others. Moreover, source and type of support may interact such that a given source may be more appropriate for providing a given type of support, and type of support may interact with types of stressful situations (e.g., cancer versus bereavement versus diabetes).

Similarly, in Chapter 3, Medvene points out that people will seek help from different types of individuals depending on the sort of problem they are facing. The complexity of these relationships among types and sources of support is in evidence throughout this volume, as many contributors note that there will be no simple answers to simple questions like "Who helps?" and "Why do they help?"

Helping Without Being Altruistic

Chapter 6, in which Schulz and his colleagues report on the positive aspects of caring for a relative with AD, is the only one that features an extended section on the benefits that one may realize from helping another person. Nevertheless, each chapter acknowledges the fact that the helper may also profit from a helpful act, and several note that we do not necessarily help our fellow human beings for purely altruistic