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## Social Determinants of Bystander Intervention in Emergencies

In 1964 Bibb Latané and John Darley sat down over dinner, and discussed the story that everyone was talking about: the murder of a young woman, witnessed by 38 neighbors, in which not one person offered help. That night the authors sketched out on a dinner napkin one of the most important theories of helping behavior. That model, described here, says that before acting a potential helper must 1) notice an event, 2) determine that it is an emergency, something that requires intervention, and 3) decide that he or she must take personal responsibility. Although many people might expect that there would be “strength in numbers,” the authors suggest that the presence of others is likely to inhibit rather than encourage helping in emergency situations. After presenting three studies to test their model, they conclude that it is not so much the relationship between the victim and the helper that may hold the key to understanding when and why people help, but the relationship among the bystanders themselves.

Almost 100 years ago, Charles Darwin wrote: “as man is a social animal, it is almost certain that he would . . . from an inherited tendency be willing to defend, in concert with others, his fellowmen; and be ready to aid them in any way, which did not too greatly interfere with his own welfare or his own strong desires” (*The Descent of Man*). Today, although many psychologists would quarrel with Darwin’s assertion that altruism is inherited, most would agree that men will go to the aid of others even when there is no visible gain for themselves. At least, most would have agreed until a March night in 1964. That night, Kitty Genovese was set upon by a maniac as she returned home from work at 3:00 A.M. Thirty-eight of her neighbors in Kew Gardens came to their windows when she cried out in terror, but none came to her assistance, even though her stalker took over half an hour to murder her. No one even so much as called the police.

Since we started our research on by-stander response to emergencies, we have heard about dozens of such incidents. We have also heard many explanations: “I would assign this to the effect of the megalopolis 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,” others claim. “Indifference.” “The gratification of unconscious sadistic impulses.” “Lack of concern for our fellow men.” “The Cold Society.” These explanations and many more have been applied to the surprising failure of bystanders to intervene in emergencies—failures which suggest that we no longer care about the fate of our neighbors.

But can this be so? We think not. Although it is unquestionably true that the witness in the incidents above did nothing to save the victim, “apathy,” “indifference,” and “unconcern” are not entirely accurate descriptions of their reactions. The 38 witnesses of Kitty Genovese’s murder did not merely look at the scene once and then ignore it. Instead 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 either.

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. It seems only yesterday we were being called overconforming. But why, then, do we not act?

Paradoxically, the key to understanding these failures of intervention may be found exactly in the fact that so surprises us about them: so many bystanders fail to intervene. If we think of 38, or 11, or 100 individuals, each looking at an emergency and callously deciding to pass by, we are horrified. But if we realize that each bystander is picking up cues about what is happening and how to react to it from the other bystanders, understanding begins to emerge. There are several ways in which a crowd of onlookers can make each individual member of that crowd less likely to act.

### DEFINING THE SITUATION

Most emergencies are, or at least begin as, ambiguous events. A quarrel in the street may erupt into violence or it may be simply a family argument. A man staggering about may be suffering a coronary, or an onset of diabetes, or he simply may be drunk. Smoke pouring from a building may signal a fire, but on the other hand, it may be simply steam or air-conditioner vapor. Before a bystander is likely to take action in such ambiguous situations, he must first define the event as an emergency and decide that intervention is the proper course of action.

In the course of making these decisions, it is likely that an individual bystander will be considerably influenced by the decisions he perceives other bystanders to be taking. If everyone else in a group of onlookers seems to regard an event as nonsensical and the proper course of action as nonintervention, this consensus may strongly affect the perceptions of any single individual and inhibit his potential intervention.

The definitions that other people hold may be discovered by discussing the situation with them, but they may also be inferred from their facial expressions or behavior. A whistling man with his hands in his pockets obviously does not believe he is in the midst of a crisis. A bystander who does not respond to smoke obviously does not attribute it to fire. An individual, seeing the inaction of others, will judge the situation as less serious than he would if alone.

But why should the others be inactive? Probably because they are aware that other people are also watching them. The others are an audience to their own reactions. Among American males, it is considered desirable to appear poised and collected in times of stress. Being exposed to the public view may constrain the actions and expressions of emotion of any individual as he tries to avoid possible ridicule and embarrassment. Even though he may be truly concerned and upset about the plight of a victim, until he decides what to do, he may maintain a calm demeanor.

If each member of a group is, at the same time, trying to appear calm and also looking around at the other members to gauge their reactions, all members may be led (or misled) by each other to define the situation as less critical than they would if alone. Until someone acts, each person sees only other nonresponding bystanders and is likely to be influenced not to act himself. A state of "pluralistic ignorance" may develop.

It has often been recognized that a crowd can cause contagion of panic, leading each person in the crowd to overreact to an emergency to the detriment of everyone's welfare. What we suggest here is that a crowd can also force inaction on its members. It can suggest by its passive behavior that an event is not to be reacted to as an emergency, and it can make any individual uncomfortably aware of what a fool he will look for behaving as if it is.

### **Where There's Smoke, There's (sometimes) Fire<sup>1</sup>**

In this experiment we presented an emergency to individuals either alone or in groups of three. It was our expectation that the constraints on behavior in public combined with social influence processes would lessen the likelihood that members of three-person groups would act to cope with the emergency.

College students were invited to an interview to discuss "some of the problems involved in life at an urban university." As they sat in a small room waiting to be called for the interview and filling out a preliminary questionnaire, they faced an ambiguous but potentially dangerous situation. A stream of smoke began to puff into the room through a wall vent.

Some subjects were exposed to the potentially critical situation while alone. In

a second condition, three naive subjects were tested together. Since subjects arrived at slightly different times, and since they each had individual questionnaires to work on, they did not introduce themselves to each other or attempt anything but the most rudimentary conversation.

As soon as the subjects had completed two pages of their questionnaires, the experimenter began to introduce the smoke through a small vent in the wall. The "smoke" copied from the famous Camel cigarette sign in Times Square, formed a moderately fine-textured but clearly visible stream of whitish smoke. It continued to jet into the room in irregular puffs, and by the end of the experimental period, it obscured vision.

All behavior and conversation were observed and coded from behind a one-way window (largely disguised on the subject's side by a large sign giving preliminary instructions). When and if the subject left the experimental room and reported the smoke, he was told that the situation "would be taken care of." If the subject had not reported the smoke within 6 minutes from the time he first noticed it, the experiment was terminated.

The typical subject, when tested alone, behaved very reasonably. Usually, shortly after the smoke appeared, he would glance up from his questionnaire, notice the smoke, show a slight but distinct startle reaction, and then undergo a brief period of indecision, perhaps returning briefly to his questionnaire before again starting at the smoke. Soon, most subjects would get up from their chairs, walk over to the vent and investigate it closely, sniffing the smoke, waving their hands in it, feeling its temperature, etc. The usual Alone subject would hesitate again, but finally would walk out of the room, look around outside, and, finding somebody there, calmly report the presence of the smoke. No subject showed any sign of panic; most simply said: "There's something strange going on in there, there seems to be some sort of smoke coming through the wall . . ." The median subject in the Alone condition had reported the smoke within 2 minutes of first noticing it. Three-quarters of the 24 people run in this condition reported the smoke before the experimental period was terminated.

Because there are three subjects present and available to report the smoke in the Three Naive Bystanders condition, as compared to only one subject at a time in the Alone condition, a simple comparison between the two conditions is not appropriate. We cannot compare speed in the Alone condition with the average speed of the three subjects in a group because, once one subject in a group had reported the smoke, the pressures on the other two disappeared. They could feel legitimately that the emergency had been handled and that any action on their part would be redundant and potentially confusing. Therefore, we used the speed of the first subject in a group to report the smoke as our dependent variable. However, since there were three times as many people available to respond in this condition as in the Alone condition, we would expect an increased likelihood that at least one person would report the smoke by chance alone. Therefore, we mathematically created "groups of three scores from the Alone condition to serve as a baseline.

In contrast to the complexity of this procedure, the results were quite simple.

Subjects in the three-person-group condition were markedly inhibited from reporting the same. Since 75% of the Alone subjects reported the smoke, we would expect over 98% of the three-person groups to include at least one reporter. In fact, in only 38% of the eight groups in this condition did even one person report. Of the 24 people run in these eight groups, only one person reported the smoke within the first 4 minutes before the room got noticeably unpleasant. Only three people reported the smoke within the entire experimental period. Social inhibition of reporting was so strong that the smoke was reported faster when only one person saw it than when groups of three were present.

Subjects who had reported the smoke were relatively consistent in later describing their reactions to it. They thought the smoke looked somewhat “strange.” They were not sure exactly what it was or whether it was dangerous, but they felt it was unusual enough to justify some examination. “I wasn’t sure whether it was a fire, but it looked like something was wrong.” “I thought it might be steam, but it seemed like a good idea to check it out.”

Subjects who had not reported the smoke were also unsure about exactly what it was, but they uniformly said that they had rejected the idea that it was a fire. Instead, they hit upon an astonishing variety of alternative explanations, all sharing the common characteristic of interpreting the smoke as a non-dangerous event. Many thought the smoke was either steam or air-conditioning vapor, several thought it was smog, purposely introduced to simulate an urban environment, and two actually suggested that the smoke was a “truth gas” filtered into the room to induce them to answer the questionnaire accurately! Predictably, some decided that “it must be some sort of experiment” and stoically endured the discomfort of the room rather than overreact.

The results of this study clearly support the prediction. Groups of three naive subjects were less likely to report the smoke than solitary bystanders. Our predictions were confirmed—but this does not necessarily mean that our explanation of these results is the correct one. As a matter of fact, several alternative explanations center around the fact that the smoke represented a possible danger to the subject himself as well as to others in the building. For instance, it is possible that the subjects in groups saw themselves as engaged in a game of “chicken” in which the first person to report would admit his cowardliness. Or it may have been that the presence of others made subjects feel safer, and thus reduced their need to report.

To rule out such explanations, a second experiment was designed to see whether similar group inhibition effects could be observed in situations where there is no danger to the individual himself for not acting. In this study, male Columbia University undergraduates waited either alone or with a stranger to participate in a market research study. As they waited they heard a woman fall and apparently injure herself in the room next door. Whether they tried to help and how long they took to do so were the main dependent variables of the study.

## The Fallen Woman<sup>2</sup>

Subjects were telephoned and offered \$2 to participate in a survey of game and puzzle

preferences conducted at Columbia by the Consumer Testing Bureau (CTB), a market research organization. When they arrived, they were met at the door by an attractive young woman and taken to the testing room. On the way, they passed the CTB office, and through its open door they were able to see a desk and bookcase piled high with papers and filing cabinets. They entered the adjacent testing room, which contained a table and chairs and a variety of games, and they were given questionnaires to fill out. The representatives told subjects that she would be working next door in her office for about 10 minutes while they were completing the questionnaire, and left by opening the collapsible curtain which divided the two rooms. She made sure that subjects were aware that the curtain was unlocked and easily opened and that it provided 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.

*The Emergency.* 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. The entire incident took 130 seconds.

The main dependent variable of the study, of course, was whether the subjects took action to help the victim and how long it took them to do so. There were actually several modes of intervention possible: A subject could open the screen dividing the two rooms, leave the testing room and enter the CTB office by the door, find someone else, or most simply, call out to see if the representative needed help. In one condition, each subject was in the testing room alone while he filled out the questionnaire and heard the fall. In the second condition, strangers were placed in the testing room in pairs. Each subject in the pair was unacquainted with the other before entering the room and they were not introduced.

Across all experimental groups, the majority of subjects who intervened did so by pulling back the room divider and coming in to the CTB office (61%). Few subjects came the round-about way through the door to offer their assistance (14%), and a surprisingly small number (24%) chose the easy solution of calling out to offer help. No one tried to find someone else to whom to report the accident.

Since 70% of Alone subjects intervened, we should expect that at least one person in 91% of all two-person groups would offer help if members of a pair had no influence upon each other. In fact, members did influence each other. In only 40% of the groups did even one person offer help to the injured woman. Only eight subjects of the 40 who were run in this condition intervened. This response rate is significantly below the hypothetical baseline. Social inhibition of helping was so strong

that the victim was actually helped more quickly when only one person heard her distress than when two did.

When we talked to subjects after the experiment, those who intervened usually claimed that they did so either because the fall sounded very serious or because they were uncertain what had occurred and felt they should investigate. Many talked about intervention as the “right thing to do” and asserted they would help again in any situation.

Many of the noninterveners also claimed that they were unsure what had happened (59%), but had decided that it was not too serious (46%). A number of subjects reported that they thought other people would or could help (25%), and three said they refrained out of concern for the victim—they did not want to embarrass her. Whether to accept these explanations as reasons or rationalizations is moot—they certainly do not explain the differences among conditions. The important thing to note is that noninterveners did not seem to feel that they had behaved callously or immorally. Their behavior was generally consistent with their interpretation of the situation. Subjects almost uniformly claimed that in a “real” emergency they would be among the first to help the victim.

These results strongly replicate the findings of the Smoke study. In both experiments, subjects were less likely to take action if they were in the presence of others than if they were alone. This congruence of findings from different experimental settings supports the validity and generality of the phenomenon; it also helps rule out a variety of alternative explanations suitable to either situation alone. For example, the possibility that smoke may have represented a threat to the subject’s personal safety and that subjects in groups may have had a greater concern to appear “brave” than single subjects does not apply to the present experiment. In the present experiment, nonintervention cannot signify bravery. Comparison of the two experiments also suggests that the absolute number of nonresponsive bystanders may not be a critical factor in producing social inhibition of intervention; pairs of strangers in the present study inhibited each other as much as did trios in the former study.

Other studies we have done show that group inhibition effects hold in real life as well as in the laboratory, and for members of the general population as well as college students. The results of these experiments clearly support the line of theoretical argument advanced earlier. When bystanders to an emergency can see the reactions of other people, and when other people can see their own reactions, each individual may, through a process of social influence, be led to interpret the situation as less serious than he would if he were alone, and consequently be less likely to take action.

These studies, however, tell us little about the case that stimulated our interest in bystander intervention: the Kitty Genovese murder. Although the 38 witnesses to that event were aware, through seeing lights and silhouettes in other windows, that others watched, they could not see what others were doing and thus be influenced by their reactions. In the privacy of their own apartments, they could not be clearly seen by others, and thus inhibited by their presence. The social influence process we have described above could not operate. Nevertheless, we think that the presence of other bystanders may still have affected each individual’s response.

## **DIFFUSION OF RESPONSIBILITY**

In addition to affecting the interpretations that he places on a situation, the presence of other people can also alter the rewards and costs facing an individual bystander. Perhaps most importantly, the presence of other people can reduce the cost of not acting. If only one bystander is present at an emergency, he carries all of the responsibility for dealing with it; he will feel all of the guilt for not acting; he will bear all of any blame others may lever for nonintervention. If others are present, the onus of responsibility is diffused, and the individual may be more likely to resolve his conflict between intervening and not intervening in favor of the latter alternative.

When only one bystander is present at an emergency, if help is to come it must be from him. Although he may choose to ignore them out of concern for his personal safety, or desire “not to get involved,” any pressures to intervene focus uniquely on him. When there are several observers present, however, the pressures to intervene do not focus on any of the observers; instead, the responsibility for intervention is shared among all the onlookers and is not unique to any one. As a result, each may be less likely to help.

Potential blame may also be diffused. However much we wish to think that an individual’s moral behavior is divorced from considerations of personal punishment or reward, there is both theory and evidence to the contrary. It is perfectly reasonable to assume that under circumstances of group responsibility for a punishable act, the punishment or blame that accrues to any one individual is often slight or nonexistent.

Finally, if others are known to be present, but their behavior cannot be closely observed, any one bystander may assume that one of the other observers is already taking action to end the emergency. If so, his own intervention would only be redundant—perhaps harmfully or confusingly so. Thus, given the presence of other onlookers whose behavior cannot be observed, any given bystander can rationalize his own inaction by convincing himself that “somebody else must be doing something.”

These considerations suggest that even when bystanders to an emergency cannot see or be influenced by each other, the more bystanders who are present, the less likely any one bystander would be to intervene and provide aid. To test this suggestion, it would be necessary to create an emergency situation in which each subject is blocked from communicating with others to prevent his getting information about their behavior during the emergency.

### **A Fit to be Tried<sup>3</sup>**

A college student arrived in the laboratory, and was ushered into an individual room from which a communication system would enable him to talk to other participants (who were actually figments of the tape recorder). Over the intercom, the subject was told that the experimenter was concerned with the kinds of personal problems faced by normal college students in a high-pressure, urban environment, and that he would be asked to participate in a discussion about these problems. To avoid embarrassment about discussing personal problems with strangers, the experimenter said,

several precautions would be taken. First, subjects would remain anonymous, which was why they had been placed in individual rooms rather than face-to-face. Second, the experimenter would not listen to the initial discussion himself, but would only get the subject's reactions later by questionnaire.

The plan for the discussion was that each person would talk in turn for 2 minutes, presenting his problems to the group. Next, each person in turn would comment on what others had said, and finally there would be a free discussion. A mechanical switching device regulated the discussion, switching on only one microphone at a time.

*The Emergency:* The discussion started with the future victim speaking first. He said he found it difficult to get adjusted to New York and to his studies. Very hesitantly and with obvious embarrassment, he mentioned that he was prone to seizures, particularly when studying hard or taking exams. The other people, including the one real subject, took their turns and discussed similar problems (minus the proneness to seizures). The naive subject talked last in the series, after the last prerecorded voice.

When it was again the victim's turn to talk, he made a few relatively calm comments, and then, growing increasingly loud and incoherent, he continued:

I er I think I I need er if it could er er somebody er er er er give me a little er give me a little help because I er I'm er er h-having a a a real problem er right now and I er if somebody could help me out it would er er s-s-sure be good . . . because er there er a cause I er I uh I've got a one of the er sie . . . er er things coming on and and and I could really er use some help so if somebody would er give me a little h-help uh 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 (chokes, then quiet).

The major independent variable of the study was the number of people the subject believed also heard the fit. The subject was led to believe that the discussion group was one of three sizes: a two-person group consisting of himself, the victim, and four other persons.

The major dependent variable of the experiment was the time elapsed from the start of the victim's seizure until the subject left his experimental cubicle. When the subject left his room, he saw the experimental assistant seated at the end of the hall, and invariably went to the assistant to report the seizure. If 5 minutes elapsed without the subject's having emerged from his room, the experiment was terminated.

Ninety-five percent of all the subjects who ever responded did so within the first half of the time available to them. No subject who had not reported within 3 minutes after the fit ever did so. This suggests that even had the experiment been allowed to run for a considerable longer period of time, few additional subjects would have responded.

Eighty-five percent of the subjects who thought they alone knew of the victim's plight reported the seizure before the victim was cut off; only 31% of those who thought four other bystanders were present did so. Every one of the subjects in the

two-person condition, but only 62% of the subjects in the six-person condition ever reported the emergency.

Subjects, whether or not they intervened, believed the fit to be genuine and serious. "My God, he's having a fit," many subjects said to themselves (and we overheard via their microphones). Others gasped or simply said, "Oh." Several of the male subjects swore. One subject said to herself, "it's just my kind of luck, something has to happen to me!" Several subjects spoke aloud of their confusion about what course of action to take: "Oh, God, what should I do?"

When those subjects who intervened stepped out of their rooms, they found the experimental assistant down the hall. With some uncertainty but without panic, they reported the situation. "Hey, I think Number 1 is very sick. He's having a fit or something." After ostensibly checking on the situation, the experimenter returned to report that "everything is under control." They subjects accepted these assurances with obvious relief.

Subjects who failed to report the emergency showed few signs of the apathy and indifference thought to characterize "unresponsive bystanders." When the experimenter entered the room to terminate the situation, the subject often asked if the victim was all right. "Is he being taken care of?" "He's all right, isn't he?" Many of these subjects showed physical signs of nervousness; they often had trembling hands and sweating palms. If anything, they seemed more emotionally aroused than did the subjects who reported the emergency.

Why, then, didn't they respond? It is not our impression that they had 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 nonresponding subjects was a sign of their continuing conflict, a conflict that other subjects resolved by responding.

The fit created a conflict situation of the avoidance-avoidance type. On the one hand, subjects worried about the guilt and shame they would feel if they did not help the person in distress. On the other hand, they were concerned not to make fools of themselves by overreacting, not to ruin the ongoing experiment by leaving their intercoms, and not to destroy the anonymous nature of the situation, which the experimenter had earlier stressed as important. For subjects in the two-person condition, the obvious distress of the victim and his need for help were so important that their conflict was easily resolved. For the subjects who knew that there were other bystanders present, the cost of not helping was reduced and the conflict they were in was more acute. Caught between the two negative alternatives of letting the victim continue to suffer or rushing, perhaps foolishly, to help, the nonresponding bystanders vacillated between them rather than choosing not to respond. This distinction may be academic for the victim, since he got no help in either case, but it is an extremely important one for understanding the causes of bystanders' failures to help.

Although subjects experienced stress and conflict during the emergency, their general reactions to it were highly positive. On a questionnaire administered after the experimenter had discussed the nature and purpose of the experiment, every single subject found the experiment either "interesting" or "very interesting" and was

willing to participate in similar experiments in the future. All subjects felt that they understood what the experiment was all about and indicated that they thought the deceptions were necessary and justified. All but one felt they were better informed about the nature of psychological research in general.

## CONCLUSION

We have suggested two distinct processes which might lead people to be less likely to intervene in an emergency if there are other people present than if they are alone. On the one hand, we suggested that the presence of other people may affect the interpretations each bystander puts on an ambiguous emergency situation. If other people are present at an emergency, each bystander will be guided by their apparent reactions in formulating his own impressions. Unfortunately, their apparent reactions may not be a good indication of their true feelings. It is possible for a state of "pluralistic ignorance" to develop, in which each bystander is led by the apparent lack of concern of the others to interpret the situation as being less serious than he would if alone. To the extent that he does not feel the situation is an emergency, he will be unlikely to take any helpful action.

Even if an individual does decide that an emergency is actually in process and that something ought to be done, he still is faced with the choice of whether he himself will intervene. Here again, the presence of other people may influence him—by reducing the costs associated with nonintervention. If a number of people witness the same event, the responsibility for action is diffused, and each may feel less necessity to help.

"There's safety in numbers," according to an old adage and modern city dwellers seem to believe it. They shun deserted streets, empty subway cars, and lonely dark walks in dark parks, preferring instead to go where others are or to stay at home. When faced with stress, most individuals seem less afraid when they are in the presence of others than when they are alone.

A feeling so widely shared should have some basis in reality. Is there safety in numbers? If so, why? Two reasons are often suggested: Individuals are less likely to find themselves in trouble if there are others about, and even if they do find themselves in trouble, others are likely to help them deal with it. While it is certainly true that a victim is unlikely to receive help if nobody knows of his plight, the experiments above cast doubt on the suggestion that he will be more likely to receive help if more people are present. In fact, the opposite seems to be true. A victim may be more likely to get help, or an emergency be reported, the fewer the people who are available to take action.

Although the results of these studies may shake our faith in "safety in numbers," they also may help us begin to understand a number of frightening incidents where crowds have heard but not answered a call for help. Newspapers have tagged these incidents with the label "apathy." We have become indifferent, they say, callous to the fate of suffering of others. Our society has become "dehumanized" as it has become urbanized. These glib phrases may contain some truth, since startling cases such as the Genovese murder often seem to occur in our large cities, but such

terms may also be misleading. Our studies suggest a different conclusion. They suggest that situational factors, specifically factors involving the immediate social environment, may be of greater importance in determining an individual's reaction to an emergency than such vague cultural or personality concepts as "apathy" or "alienation due to urbanization." They suggest that the failure to intervene may be better understood by knowing the relationship among bystanders rather than that between a bystander and the victim.

## Reference Notes

1. A more complete account of this experiment is provided in Latané and Darley (1968). Keith Gertz and Lee Ross provided thoughtful assistance in running the study.
2. This experiment is more fully described in Latané and Rodin (1969).
3. Further details of this experiment can be found in Darley and Latané (1968).

## References

- Darley, J.M., and Latané, B. Bystander intervention in emergencies: Diffusion of responsibility. *Journal of Personality and Social Psychology*, 1968, 8, 377-383.
- Latané, B., & Darley, J.M. Group inhibition of bystander intervention. *Journal of Personality and Social Psychology*, 1968, 10, 215-221.
- Latané, B., & Rodin, J. A Lady in distress: Inhibiting effects of friends and strangers on bystander intervention. *Journal of Experimental Social Psychology*, 1969, 5, 189-202.