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Six experiments examined the relations of causal attributions and affect to judgments of help-giving. The first experiment considered the influence of three dimensions of causality (locus, stability, and control) on judgments concerning the lending of class notes. Ratings of help were lowest when the cause of the need was internal to the actor and was controllable (e.g., lack of effort). It was suggested that ascriptions to internal controllable factors maximize negative affect (disgust and anger) and promote avoidance behavior. On the other hand, attributions to uncontrollable factors (e.g., ability or teacher shortcomings) were anticipated to generate positive affect (sympathy) and give rise to approach behavior (help). The next five experiments examined these hypotheses and an attributional model of helping, using a simulational, judgment paradigm with both correlational and experimental designs. These investigations utilized scenarios describing a drunk or a disabled individual in need of aid (from Piliavin, Rodin, & Piliavin). The data suggested a temporal sequence of attribution-affect-action in which attributions guide our feelings, but emotional reactions provide the motor and direction for behavior. Comparisons and contrasts were made between this approach to helping and other conceptions.

Many behavioral sequences appear to be initiated following a causal ascription for an event. For example, in an achievement-related context, an individual may succeed at an exam. The success is then attributed to help from others, such as a classmate who lent him or her the class notes. Attribution of success to others gives rise to gratitude (Weiner, Russell, & Lerman, 1978, 1979) and seems likely to promote actions instrumental to the maintenance of the relationship, such as the purchase of a gift. In a similar manner, in an affiliative context, assume that an individual attempting to establish a dating relationship is rejected. This rebuff could be attributed to an aspect of the self, such as an aversive personality characteristic or an unbecoming physical appearance. A self-ascription for rejection engenders a number of negative esteem-related affects and “hurt feelings” (Folkes, 1978) that may in turn initiate actions anticipated to be instrumental to the avoidance of such affects, such as not appearing at a party.

In the above scenarios, following the perception of an event a cognition (attribution) – emotion – action temporal sequence is suggested in which causal ascriptions produce affect (although there are other sources of affect; see Weiner et al., 1978, 1979), and emotions, in turn, provide the motor and direction for behavior (see Tomkins, 1963). Thus, a sequential organization between the tripartite division within psychology of thought, feeling, and action is proposed.

The postulated motivational ordering is documented here by analyzing a situation of help-giving first investigated by Piliavin, Rodin, and Piliavin (1969). In the study conducted by Piliavin et al., an individual (a confederate) falls in a subway. In one con-
dition the confederate appears to be drunk (carrying a bottle and smelling of alcohol), whereas in a second condition he seems to be disabled (carrying a black cane). Piliavin et al. related bystander help to the perceived cause of falling and a number of other variables. For the present purposes, the two experimental conditions described above are the only factors of importance.

Guided by the proposed model of motivated behavior, it is presumed that the perception of an event (falling) gives rise to a search for causation (although this may be a secondary appraisal, following reflexive approach or avoidance reactions and a primary emotional appraisal such as fear or startle; see Lazarus, 1968). The reasons for falling, in this case, are made evident by the experimental manipulations of drunkenness and illness. These attributions are then subject to further causal analysis, with the ascriptions placed within particular causal dimensions that describe the basic properties of causes. Three dimensions of causality tentatively have been identified: locus, stability, and controllability (see Weiner, 1979). In the present context, the locus and controllability dimensions seem to be of greatest importance. It is reasoned that illness is perceived as not subject to personal control, whereas the individual is believed to be personally responsible for being drunk. These opposing construals are hypothesized to give rise to differential affects, here labeled pity and sympathy (toward the disabled person) and disgust or anger (toward the drunk). These affects, in turn, respectively beget approach versus avoidance behavior or help versus neglect. Hence, the sequence of motivated behavior is depicted as:

\[
\text{falling} \quad \text{causal analysis} \quad \text{affect} \quad \text{behavior}
\]

Given this model, falling might be perceived, for example, as resulting from an internally controllable cause, and this attribution would generate both disgust and neglect.

The following series of studies examines the attributional and the affective determinants of helping judgments (and, I believe, helping behavior). In Experiment 1, three dimensions of causality are related to judgments of helping within an academic context. Experiment 2 then moves to a different social setting, with subjects making judgments about causal dimensions and additionally reporting what their feelings would be in the situations created by Piliavin et al. (1969). In this manner the presupposed drunkenness – internal-control – disgust and illness – lack-of-personal-control – sympathy linkages were examined. In Experiment 3, following the confirmation of the proposed linkages, the degree of personal control, the positive and negative emotional reactions of sympathy and disgust, and the perceived likelihood of aid were rated, intercorrelated, and contrasted between the drunk and the ill conditions. In addition, partial correlational analyses determined the effects of perceived control on helping ratings with affect statistically partialed out, and the influence of affect on judged behavior when perceived control was held constant.

The next three investigations were experimental rather than correlational, in that the variables hypothesized as mediating between falling and help-giving (i.e., attributions and affect) were manipulated rather than assessed. In Experiment 4, the two polarities of perceived personal control were factorially combined with the drunk–ill variable; in Experiment 5, the two types of affect were factorially combined with the two perceived causes; finally, Experiment 6 employed a more complete design (two causes of falling by two polarities of perceived control by two types of affect). In all the investigations the de-
pendent variable was the subjects' judgments about whether or not they would give help if they were present in the situation.

As was just indicated, in this research the dependent variable was judgment of aid, not actual help-giving. The implicit starting point of this endeavor is the belief that "role-enactment strategies . . . can help us to spread a broad net, to generate hypotheses, and to build heuristic models of human social behavior" (Cooper, 1976, p. 609). It is not assumed that the rated likelihoods of aid and actual help-giving are isomorphic; individuals surely are not aware of all the variables that either facilitate or hinder helping behavior, and they may incorrectly believe that certain variables will influence their actions, when in reality the variables are unimportant. In the situations presented here, however, it is not unreasonable to presume that the judgment data in the various experimental conditions would correspond to the rank ordering of actual aid proffered, if all else were equal between conditions.

Experiment 1

As already indicated, three dimensions of causality have been identified: locus (whether the cause is internal or external to the actor); stability (whether the cause is perceived as temporary or permanent); and controllability (whether or not the cause is subject to personal influence—see Weiner, 1979). A number of investigators have suggested that aid is determined, in part, by the perceived locus of causality, with help more likely when the perceived cause of a need is an environmental barrier, as opposed to being internal to the person desirous of aid (e.g., Berkowitz, 1969; Ickes, Kidd, & Berkowitz, 1976; Schopler & Matthews, 1965). For example, Berkowitz reported that individuals were more inclined to help an experimental subject when the experimenter caused a delay in the subject's response, as opposed to a condition in which the subject was perceived as responsible for falling behind in the experiment.

Ickes and Kidd (1976) have pointed out that the locus of causality explanation suggested by Berkowitz confounds the dimensions of locus and intentionality (which I will label control; see Weiner, 1979). They suggest that in the Berkowitz (1969) investigation, the causal ascription to the experimenter both is external to the subject and is uncontrollable by him or her, whereas an attribution to the subject's own mismanagement is internal to the subject and is perceived as controllable. Hence, two dimensions of causality are confounded, and it is impossible to conclude which of the two causal dimensions is responsible for the differential help-giving. Ickes and Kidd (1976), in contrast to Berkowitz (1969), contend that it is the controllable aspect of the perceived cause, and not the locus, that mediated the disparate help-giving.

In Experiment 1, the three-dimensional classification of causes was applied to an instance of helping behavior (lending class notes to an unknown classmate; from Barnes, Ickes, & Kidd, 1979). The causes of the need for aid selected represented eight possible causal conditions (two levels of locus by two levels of stability by two levels of control). This design allowed the determination of which dimension(s) of causality mediate judgments concerning help-giving. Determination of the causal dimension(s) relevant to helping judgments provides a necessary foundation for the subsequent investigations.

Method

Subjects were 15 male and 15 female students enrolled in introductory psychology at the University of California, Los Angeles, participating to fulfill a course requirement. The subjects judged the likelihood of help-giving in 16 situations. Two different themes ("professor" and "employer"), each generating eight judgments, were used, with the stories presented in two random orders within a theme. The order of the themes was counterbalanced. These themes were selected after extensive pilot studies revealed that the specific stories within each theme were classified in the experimenter-designated three-dimensional placement by more than 90% of the judges.

Both themes involved an unknown student asking to borrow the notes from the last class period (from Barnes et al., 1979). The "professor" theme conveyed that the student always (stable) or sometimes (unstable) did not take notes because of something about himself (internal) or something about the professor (external). Either he was unable to take good notes (uncontrollable) or did not try (controllable), whereas the professor either was unable to give a clear lecture or did not try. For example,
an internal, stable, and uncontrollable cause was that the student was never able to take good notes (low ability), whereas an external, stable, and uncontrollable cause was that the professor was never able to give a clear lecture. Each specific story within the eight conditions elaborated this basic scenario. The "employer" theme stated that the student did not have the notes because he (or the boss) always (or sometimes) was responsible for his coming late to school, which could (could not) have been avoided.

Following each causal statement the subjects rated the likelihood of lending their notes to the student. Judgments were made on a 10-point scale anchored at the ends with "extremely likely to help" and "extremely unlikely to help."

**Results and Discussion**

An analysis of variance (ANOVA) indicated that sex, theme, and stability did not appear as main effects or in interaction with any of the other variables. These factors therefore are omitted from the remainder of the analyses.

The mean helping judgments in the four conditions (two levels of locus by two levels of control) are shown in Table 1. There is a main effect for locus, $F(1, 28) = 118.24, p < .0001$, and for controllability, $F(1, 28) = 79.31, p < .0001$. More important, there is a highly significant Locus X Controllability interaction, $F(1, 28) = 198.47, p < .0001$.

Examination of Table 1 shows that helping is reported to be relatively equal and reasonably high in all conditions except when the cause is internal and controllable, in which case aid is reported as being withheld. Thus if the student did not try to take notes or could have avoided the lateness, then help apparently would not be given. Rated help is significantly less likely ($p < .0001$) in this condition than in the remaining three Locus X Controllability conditions.

In sum, these data tell a simple but meaningful story and permit an unambiguous interpretation of the prior findings in the area. The mismanaging subjects in the Berkwitz (1969) experiment were not aided because they were perceived as personally responsible (able to respond; Ickes & Kidd, 1976) for their plight. The interaction of two dimensions of causality—locus and control— influences judgments of help and, presumably, help-giving.

<table>
<thead>
<tr>
<th>Locus</th>
<th>Controllable</th>
<th>Uncontrollable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td>3.13</td>
<td>6.74</td>
</tr>
<tr>
<td>External</td>
<td>7.35</td>
<td>6.98</td>
</tr>
</tbody>
</table>

*Note. The higher the number, the greater the likelihood of help-giving.*

The above argument assumes that causes can be labeled as controllable although they cannot be subject to the personal influence of the actor. For example, if the teacher, by not trying, is responsible for the student's problem, then that cause may be labeled as controllable, even though from the perspective of the student the cause is beyond personal control. Of course, if the disadvantages of this forced orthogonality between the causal dimensions are proven to exceed the advantages, then a different conceptual analysis is warranted in which external causes are not distinguished according to their controllability.

There is additional evidence that perceived personal control relates to a variety of interpersonal judgments. For example, in achievement-related contexts effort is a much more potent determinant of teacher evaluation than is ability. High effort is rewarded more than high ability, given success, and lack of effort is punished more than a lack of ability, given failure (see Weiner & Kukla, 1970). It is suggested that because effort is perceived as internal and controllable, reward and punishment for achievement performance are heightened.

Furthermore, sentiments are also influenced by perceived internal controllability. Peplau, Russell, and Heim (1979) summarize a number of investigations indicating that persons lonely for reasons that are perceived as personally controllable (e.g.; do not try to make friends) are less liked and are given less sympathy than are individuals lonely for uncontrollable reasons (e.g., no opportunity to meet people). It seems reasonable to surmise that such sentiments also would apply in achievement-related contexts: A person failing because of a lack of effort probably
will be disliked, in addition to being judged responsible for the failure. Furthermore, an individual's obesity that is attributed to self-indulgence—a deficiency in "try"—gives rise to disliking of that person, whereas this is not the case if the obesity is ascribed to a physiological dysfunction—a deficiency in "can" (DeJong, 1980).

In sum, there is vast evidence demonstrating the influence of perceived personal control in interpersonal judgments, including evaluation, sentiments, and as documented here, thoughts about help-giving. The questions guiding the five investigations about to be presented, which are set within the context of the experiment created by Piliavin et al. (1969), are whether thoughts about helping are directly mediated by perceptions of causality or whether causal thoughts are linked with particular affects that in turn influence judgments of help. The general hypotheses examined are that perceived personal control for a need generates disgust or anger, whereas lack of perceived personal control gives rise to sympathy. These affects then beget approach (help) or avoidance (neglect) judgments.

Experiment 2

Method

In Experiment 2, both thoughts about causality and affects are examined in a help-giving context. The subjects were 40 male and female students enrolled in introductory psychology at the University of California, Los Angeles, participating to fulfill a course requirement. They were given the following scenarios (based upon Piliavin et al., 1969, p. 291) in counterbalanced order:

At about 1:00 in the afternoon you are riding a subway car. There are a number of other individuals in the car and one person is standing, holding on to the center pole. Suddenly, this person staggers forward and collapses. The person is carrying a black cane and apparently is ill. (Alternate form: The person apparently is drunk. He is carrying a liquor bottle wrapped in a brown paper bag and smells of liquor.)

Subjects then read: "Try to assume that you actually are on the subway and try to imagine this scene. Describe your feelings in this situation." Three spaces were provided for affective descriptions.

The subjects then rated the causes of falling on the three dimensions of locus, stability, and controllability. The meaning of each dimension was elaborated with specific examples. The rating scales were anchored at the extremes with the poles of the dimensions (internal-external; permanent-temporary; controllable-uncontrollable), and responses to them were given immediately following each scenario and the emotional reports. For scoring purposes the scales were divided into nine equal intervals.

Results and Discussion

The 240 affects listed by the subjects (40 subjects by two causes by three affects) were classified into 13 categories, with a 94% inter-rater agreement. Table 2 shows the categories, the percentage of responses in each category, and the number of subjects giving a category response as their first reaction. The categories are labeled sympathy (e.g., pity, feeling sorry); concern (concern and worry); negative affect toward the person (e.g., anger, disgust); general discomfort (e.g., embarrassed, upset); fear; caution; surprise, positive action (e.g., seek help); apathy; personal shortcomings (e.g., helpless, inadequate); information seeking (e.g., curious); description (e.g., a wino); and unclassified.

The largest difference between the drunk and the ill conditions involved negative affects toward the person. Of the responses elicited by the description of the drunk person, 27% were negative affects directed toward him, whereas such negativity characterized only 3% of the responses toward the ill individual. In addition, nearly one third (13 of 40) of the subjects listed a negative emotion toward the drunk as their initial feeling, but this was not true in any instance for the case of the ill person. Concerning the more positive outward-directed affective categories of sympathy and concern, there was a trend in the reverse direction, with 46% of the responses toward the sick individual being positive emotions (19 subjects indicated this as their initial feeling), whereas 30% of the emotional responses toward the drunk were positive emotions (14 persons stated that this would be their first reaction). The difference between the positive and negative affective reactions in the two conditions was highly significant ($p < .001$ by the Fisher exact test; only first responses were tested to meet the independence criterion). In addition, some of the responses
were action oriented rather than representing what is usually meant by feelings and emotions. Of the responses toward the ill person, 10% were help related, whereas 1% implied apathy. Conversely, 2% of the responses toward the drunk were help related, whereas 7% conveyed a lack of concern.

Concerning the ratings of the three causal dimensions, drunkenness was perceived as more controllable, \( t(39) = 7.39, p < .0001 \), and more internal, \( t(39) = 3.46, p < .0001 \), than illness, whereas the two causes did not differ in perceived stability (\( t < 1 \)).

In sum, the results of Experiment 2 encouraged further pursuit of the belief that affect, as well as attributions, mediates judgments of help-giving. As anticipated, there was evidence that negative emotions such as disgust and anger were more likely to be experienced when people were exposed to the drunk individual, whereas positive emotions such as pity and sympathy were more likely to be experienced in connection with the ill person. These other-directed emotions were cited as the initial feeling by nearly 60% of the subjects. Furthermore, the causes differed in their degree of perceived personal controlability or how responsible the person was perceived as being for the cause of falling: One is judged as personally responsible for being drunk, but not for being ill. Experiment 3 pursues further the findings reported in Experiment 2, using a methodology that permits more complex statistical analyses.

### Experiment 3

**Method**

The subjects were 28 male and female students enrolled in introductory psychology at the University of California, Los Angeles, participating to fulfill a course requirement. They again were given the drunk and the ill scenarios in counterbalanced order. Following each scenario, the subjects rated the degree to which the cause was perceived as personally controllable (under personal control—not under personal control), their feelings of pity and sympathy (a great deal—none), their feelings of disgust and distaste (a great deal—none), and their likelihood of helping (definitely would aid—definitely would not aid). The order of the attribution and affect scales was counterbalanced so that neither would always immediately precede the helping judgments. For scoring purposes the scales were divided into nine equal intervals. It was thus possible to determine the relations between personal control, affect, and ratings of help, as well as to compare the differences in these variables between the drunk and the ill conditions.

### Results and Discussion

Table 3 shows the correlations across both the drunk and the ill scenarios between perceptions of personal control, positive and negative outward-directed affects, the resultant of

<table>
<thead>
<tr>
<th>Affective category</th>
<th>Ill</th>
<th>Drunk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All reactions (%)</td>
<td>Initial response (no.)</td>
</tr>
<tr>
<td>Sympathy</td>
<td>33</td>
<td>14</td>
</tr>
<tr>
<td>Concern</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>Negative affect</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Discomfort</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Fear</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Caution</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Surprise</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Positive action</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Apathy</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Personal shortcomings</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Information seeking</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Description</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Unclassified</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Table 3
Correlations Between the Judgments of Control, Affect, and Help Including Both the Drunk and Ill Conditions

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Control</td>
<td>—</td>
<td>—.77***</td>
<td>.55**</td>
<td>—.73***</td>
<td>—.37*</td>
</tr>
<tr>
<td>2. Sympathy (S)</td>
<td>—</td>
<td>—.64***</td>
<td>.90</td>
<td>—.91</td>
<td>—.71***</td>
</tr>
<tr>
<td>3. Disgust (D)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>4. S–D</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>.65***</td>
</tr>
<tr>
<td>5. Help</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

* \(p < .05\). ** \(p < .01\). *** \(p < .001\).

Examination of Table 3 reveals that perceptions of personal control were negatively related to feelings of sympathy, positively related to feelings of disgust, and negatively related to judgments of help. That is, personal responsibility for falling was accompanied by the absence of positive affect, the presence of negative affect, and neglect. Furthermore, sympathy was positively related to judged help-giving, whereas disgust was negatively associated with judgments of help. In sum, Table 3 strongly supports the hypothesized linkages of lack of personal control, sympathy, and help, and between perceived personal control, disgust, and neglect.

Further analyses were conducted in which attributions were related to ratings of helping with affects statistically held constant, and affects were related to helping judgments with personal control partialed out (see Table 4). Column 1 of Table 4 reveals that when sympathy or disgust are held constant, the correlation between personal control and judgments of help is no longer significant. On the other hand, Row 2 of Table 4 shows that the correlations between disgust and help ratings and between resultant affect (sympathy minus disgust) and help are scarcely reduced when personal control is statistically held constant. These findings are further elaborated with stepwise multiple regression analyses. These analyses indicate that resultant affect by itself contributes 42% to \(R^2\), whereas the addition of personal control contributes only an additional 2% to the variance accounted for in the helping judgments. When personal control is entered as the first predictor, then it contributes 13% to \(R^2\), whereas the addition of resultant affect accounts for another 31% of the variance. In sum, the affect variable independently contributes 31%, and attribution independently contributes 2%, to \(R^2\), with 11% of the variance accounted for jointly by these two variables.

Table 4 also suggests that disgust is the more influential of the two affective ratings. However, this was the only effect not repli-
Table 5
Correlations Between Judgments of Control, Pity, Disgust, and Help

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Control</td>
<td>—</td>
<td>-.55**</td>
<td>.46*</td>
<td>-.55**</td>
<td>-.36</td>
</tr>
<tr>
<td>2. Sympathy (S)</td>
<td>-.53**</td>
<td>—</td>
<td>-.68***</td>
<td>.92</td>
<td>.61***</td>
</tr>
<tr>
<td>3. Disgust (D)</td>
<td>.15</td>
<td>-.17</td>
<td>—</td>
<td>-.91</td>
<td>-.67***</td>
</tr>
<tr>
<td>4. S-D</td>
<td>-.42*</td>
<td>.83</td>
<td>-.69</td>
<td>—</td>
<td>.69***</td>
</tr>
<tr>
<td>5. Help</td>
<td>-.12</td>
<td>.17</td>
<td>-.34</td>
<td>.32</td>
<td>—</td>
</tr>
</tbody>
</table>

Note. Correlations within the drunk condition are shown in the upper right half; correlations in the ill condition are shown in the lower left half.

*p < .05. **p < .01. ***p < .001.

cated using the second half of the data set, where sympathy and disgust emerged as equally strong associates of the helping judgments. Thus, this finding is not considered further.

Correlations were then computed within the drunk and the ill conditions. Because of severe restrictions in range, it was anticipated that the correlations reported in Tables 3 and 4 would be reduced in magnitude. The upper half of Table 5 shows the correlations within the drunk condition, whereas the lower half of Table 5 reports the data within the ill condition. Examination of the judgments within the drunk condition reveals the identical pattern as that shown in Table 3, without the anticipated reduction in the magnitudes of the correlations. Personal control correlates negatively with sympathy, positively with disgust, and negatively with helping judgments. In addition, sympathy correlates positively, and disgust negatively, with helping ratings.

The partial correlations within the drunk condition are also consistent with the overall analyses and do not differ in magnitude from the data in Table 4 (see Table 6). With affective ratings held constant, causal attributions are only marginally related to judgments of help (see Column 1, Table 6). On the other hand, with personal control statistically held constant (Row 2, Table 6), the correlations between the affects and the helping ratings are only slightly reduced. Stepwise multiple regression analyses reveal that resultant affect by itself contributes 48% to $R^2$, whereas the addition of personal control accounts for no further variance. When control is entered as the first predictor, it then contributes 13% to $R^2$, whereas the addition of affect accounts for another 35% of the rating variance. In sum, affect independently contributes 35% to $R^2$, and personal control independently contributes nothing, while these two variables share 13% of the variance in the helping ratings.

The lower half of Table 5 shows the correlations within the ill condition. It is evident that these correlations are greatly reduced, although the directions of the findings are consistent with what has already been reported. That is, helping judgments relate negatively to personal control, positively with sympathy, and negatively to disgust. Furthermore, resultant affect uniquely contributes 9% to $R^2$, whereas personal control independently accounts for no additional variance, and the two variables jointly share 1% of the variance.

One probable reason for the stronger relations in the drunk than in the ill condition is that the variances in the former condition are smaller.
greater, with significant differences between the variances of the disgust judgments ($p < .05$), whereas all the other variance comparisons approach statistical significance ($p < .10$). The mean of the judgments of disgust in the ill condition was only .70 (on a 9-point scale), $SD = 1.25$. Judgments of disgust in the drunk condition reveal $M = 4.73, SD = 2.80$. There may be other factors operative that gave rise to more pronounced effects in the drunk than in the ill condition, but variance limitations do appear to be among the causative factors.

Analyses of the ratings over both conditions also revealed highly significant differences between the drunk and the ill individuals, with drunkenness perceived as more personally controllable, less provoking of sympathy, more evocative of disgust, and less likely to lead to help than illness (all $p s < .0001$). Hence, further evidence is provided that drunkenness is associated with personal control, disgust, and neglect, whereas illness is associated with a lack of responsibility, sympathy, and help.

Experiments 4 and 5

Although the two previous experiments were correlational, it has been contended that there is a causal sequence of events in a motivational episode. In Experiments 4 and 5 the attributions and the affects believed to mediate judged help-giving were manipulated in a factorial design and were related to judgments of aid, thus providing additional evidence concerning the issue of causal relations between the variables.

Method

Subjects in Experiment 4 were 41 male and female students enrolled at the University of California, Los Angeles, participating to fulfill an introductory psychology course requirement. The subjects were given the two scenarios used in Experiments 2 and 3. In this instance, however, the scenarios were factorially combined with two levels of perceived personal control. The subjects considered the following four situations:

A. The person who falls is carrying a black cane and apparently is ill.
   1. You know that this illness is not under control of the person.
   2. You know that this illness is under control of the person and that he is refusing to take the medication that he should.
   B. The person who falls is drunk. He is carrying a liquor bottle wrapped in a brown bag and smells of liquor.
   1. You think that drinking is not under personal control and is an addiction.
   2. You think that one should be able to control the amount that one drinks.

The subjects were asked to "imagine that these thoughts truly characterize your beliefs in the situations." Subjects then rated the amount of help that they would be willing to give on a scale anchored at the extremes by definitely would aid—definitely would not aid. For scoring purposes the scale was divided into nine equal intervals. There were four random story orders.

Experiment 5 followed the same format, varying stated affective reactions rather than beliefs about control. The subjects read:

The person who falls is carrying a black cane [is drunk].
   1. You feel disgust and distaste.
   2. You feel sympathy and pity.

Again the subjects were asked to assume that the descriptions characterized their feelings in the situations, and help was rated on the scale previously described. There were also four random story orders. The subjects were 42 male and female students enrolled at the University of California, Los Angeles, participating to fulfill a course requirement in introductory psychology.

Results and Discussion

Figure 1 shows the data given the personal control (left half) and affect (right half) manipulations. Analyses of the ratings given the personal control manipulation reveal significant main effects due to the drunk—ill variable, $F(1, 39) = 58.04, p < .0001$, and due to perceived control, $F(1, 39) = 27.23, p < .0001$. Illness and perceived lack of personal control promote the judged likelihood of helping. The respective variances accounted for in the judgments, computed with $\omega^2$, are 47% and 6%. The interaction term did not approach significance ($F < 1$).

Analyses of the judgments given the affect manipulation reveal significant main effects due to the drunk—ill variable, $F(1, 40) = 48.75, p < .0001$, and due to the affective factor, $F(1, 40) = 99.60, p < .0001$. Illness and positive affective reactions toward the
person increased the judged likelihood of helping. The respective variances accounted for in the judgments, computed with $w^2$, are 15% and 45%. The interaction term did not approach significance ($F < 1$).

In sum, independent of perceptions of personal control and the specified affective reactions, falling because of drunkenness versus illness gave rise to differential judgments of helping. This may be due to any number of reasons, some of which could be affective (fear of the drunk), cognitive (anticipating that one's clothes might be soiled when helping the drunk), script guided (stay away from drunks), and so forth. Some possible determinants of helping in addition to attributions and affects are considered in the discussion section of this paper. But the most dominant determinants of helping judgments were the specified affective reactions, which is consistent with the data reported in Experiment 3. Perceptions of personal control also significantly influenced the helping ratings. However, this effect was smaller than the drunk-ill or sympathy-disgust manipulations and accounted for relatively little variance. Furthermore, it may be that the effect was due to the fact that disparate perceptions of personal control elicit differential affective reactions. That is, the significant effect does not ensure that attributional beliefs are directly linked to judgments and behavior. This question is pursued further in Experiment 6.

**Experiment 6**

Experiment 6 follows the same general format as Experiments 4 and 5. However, a more complete design is employed, using the three critical variables of drunk-ill, attributions, and affects.

**Method**

Subjects were 99 male and female students enrolled at the University of California, Los Angeles, participating to fulfill an introductory psychology requirement. The subjects rated their likelihood of helping in eight conditions (two causes of falling by two levels of personal control by two types of affect). For example, after reading the falling scenario the subjects read:

> The person who falls is carrying a black cane and apparently is ill. You feel disgust and distaste. You know that this illness is under volitional control of the person and that the person is refusing to take the medication that he should.

There were four different orders of stories, and the order of the affect and the control information was counterbalanced.

**Results**

An ANOVA revealed significant main effects for the drunk-ill variable, $F(1, 97) = 78.21$, $p < .0001$; for perceptions of personal control, $F(1, 97) = 54.31$, $p < .0001$; and for affect, $F(1, 97) = 116.82$, $p < .0001$. The person most likely to be helped, according to the judgments, was ill, the cause was perceived as not personally controllable, and the affective reaction was sympathy. The respective variances accounted for by these effects, computed by a $w^2$, were 18%, 4%, and 16%. None of the interactions approached significance.

**General Discussion**

The six experiments allow some general conclusions to be drawn, although many ques-
tions remain unanswered. First, there is no doubt that there is a union between drunkenness, perceived personal control, negative outward-directed affective reactions, and judgments to neglect, as well as between illness, perceived lack of personal control, positive outward-directed affective reactions, and judgments to help.

Regarding the determinants of helping judgments and, presumably, helping behavior, there is little doubt that drunks are helped less than ill persons in the situation described. The judgment data are consistent with the behavioral observations reported by Piliavin et al. (1969) and thus increase our confidence in the validity of the role-enactment methodology. As indicated previously, the correlates of the drunk and ill states that beget neglect or help are doubtless numerous and range from specific fears and cost-benefit calculations to general moral beliefs.

It also is quite clear that affective reactions are an important determinant of stated reports about helping. In the correlational investigations affects were highly related to helping judgments even when perceptions of personal control were statistically partialed from the analysis. And the highly significant $F$ values and substantial variance accounted for by the affective manipulations in Experiments 5 and 6 support the findings in the correlational studies.

Finally, thoughts about personal control at best only weakly exert direct influence on helping judgments. If perceptions of personal control do directly influence these judgments, then that influence is less than that of the affects employed in the present experiments. It appears that much of the relation between the judgments of personal control and rated help exists because perceptions of control are strongly related to affective reactions.

**A Model of Helping Behavior**

An attributional model of helping behavior that is inferred from the judgment data intuitively that seems best and most adequately incorporates the data reported in the prior six investigations is shown in the following diagram. This diagram indicates that when a person falls, there is probably some reflexive approach or avoidance behavior and immediate affective reactions to the event, such as startle or fear (these are untested relations, shown in Linkages 1 and 2 in the diagram). Individuals then engage in a causal search, seeking the reasons for the event (Linkage 3). This is an assumption of attribution theorists, but there is evidence that unexpected events are particularly likely to elicit an attributional search (Lau & Russell, 1980; Wong & Weiner, in press). The cause of falling is then determined, in this case quite easily on the basis of the descriptions provided. In other situations, a causal conclusion might prove quite difficult to reach and would require information search, such as looking for a medical bracelet or diabetic card. The ascription to drunkenness or illness gives rise to help or neglect independent of an elaborated causal (dimensional) analysis (Linkage 4). This linkage was suggested in the judgment research reported here, although as previously stated, some intervening cognitive processes are likely, such as thoughts about the "cost" of helping. In addition, it is possible that perceptions of drunkenness or illness give rise to particular affective reactions that are independent of further causal consideration (e.g., one is saddened at the sight of the ill). This possible relation is shown in Linkage 5. The perceived cause, then, is consciously or unconsciously and deliberately or automatically examined in terms of its underlying properties (Linkage 6), with the key dimensions in this instance being locus and control (perceived personal responsibility). The dimensions of causal ascriptions have been identified in other re-
search (see Weiner, 1979), and the relations between drunkenness and illness and perceived personal control were demonstrated in the present studies. Causal ascriptions appear to relate weakly to help (Linkage 7) but clearly to affective reactions (Linkage 8), as inferred from the research reported here and studies cited earlier. Finally, affects are strongly related to judgments of help or neglect (Linkage 9), as has repeatedly been contended in the prior pages, and presumably they also relate to actual helping behavior.

Needless to say, other linkages within this model are likely (such as help-giving influencing immediate and more reflective affects), and there are a myriad of determinants of help-giving not included in the diagram, such as the number of bystanders and the behavior of models. What the diagram does attempt to capture is an attributional approach to judgments of aid and to helping behavior, stressing the relations between attribution, affect, and action, represented in the 3–6–8–9 path in the diagram.

Generality of the Model and Attributional-Change Programs

The model outlined in the diagram is expected to generalize across a variety of helping situations. For example, Experiment 1 suggested that within a classroom context notes will be lent to a student if the cause of the need is low ability or teacher shortcomings, whereas help will be withheld if the need is ascribed to a lack of effort. Low ability and teacher shortcomings, like illness, should elicit sympathy inasmuch as they are not under personal control. On the other hand, lack of effort, like drunkenness, should elicit disgust or anger, for effort is perceived as personally controllable. It is hypothesized that these affects in turn are responsible for the differential help-giving judgments in Experiment 1.

Further, the proposed behavioral sequence should generalize to other motivational domains. For example, in achievement-related contexts success perceived as due to others begets anger (Weiner et al., 1978) and is likely to give rise to aggression to “eliminate” the source of anger. That is, there is again an attribution–affect–action ordering.

There is a growing literature in the achievement area utilizing attributional retraining techniques to augment achievement strivings. Typically, the program participants are told that their failure is caused by a lack of effort, which is unstable and controllable (see Andrews & Debus, 1978; Dweck, 1975). Given this ascription, one can maintain hope in the face of failure and sustain a relatively high expectancy of success. Subsequent improvements in performance have been believed to be due to the change in the expectancy variable. On the other hand, the present research intimates that attributions of failure to a lack of effort generate particular affective reactions, and these self-directed emotions (shame and guilt; see Weiner et al., 1978) or inferred other-directed emotions (anger and disgust) are responsible for the subsequent increments in achievement-oriented behavior. This is not to suggest that expectancy is not a central determinant of behavior. Rather, I want to point out that the motivational effects of emotional reactions have been completely overlooked in the attributional change research, and these effects provide an equally plausible explanation of the change program results (see Weiner, in press).

Comparison and Contrast With Alternate Theories

The empirical literature concerning helping behavior and altruism has grown enormously in the last decade and has spawned a variety of conceptual analyses (see Macaulay & Berkowitz, 1970; Wispe, 1978). I will now briefly examine these theories, confining my remarks to comparisons with the attributional approach advocated here and to what I believe are the shortcomings of these alternate conceptions and the strengths of the attributional approach.

First, it is evident that there are as many determinants of helping behavior as there are sources of motivation. One can help to win approval and friendship, to gain power, for a
monetary reward, and so on. These “benefits” surely will increase helping, just as “costs” such as time (Darley & Batson, 1973) and the possibility of getting “bloodied” (Piliavin, Piliavin, & Rodin, 1975) retard helping activity. Such effects are beyond the range of convenience of the attributional analysis presented here and are likely to be embraced within the differential helping judgments accorded to a drunk versus an ill individual, irrespective of perceived personal controllability and the affects of disgust and sympathy. However, cost–benefit concerns cannot explain the total pattern of data presented in these investigations. Furthermore, this conceptual approach cannot account for why a person who has failed to take notes because of laziness is judged less likely to be helped than one who does not have the notes because of low ability. Indeed, from a cost–benefit perspective the opposite pattern might be predicted, for the low ability person will not be “able” to reciprocate.

Cost–benefit concerns are less applicable to what have been labeled “altruistic” acts, which by definition involve no benefits to the helper. Three traditional motivational concepts have been widely used to account for altruism: hedonism, homeostasis, and arousal. The hedonistic doctrine has been responsible for thinking of altruism as a “paradox,” for it is considered anomalous to engage in behavior that apparently does not maximize pleasure and minimize pain. I find this an unnecessary concern, for even Freud (1920/1955) noted that many behaviors, including transference, traumatic dreams, and disappearance games, fall “beyond the pleasure principle.” In addition, ego psychologists have postulated that mastery attempts (attribution theorists have stressed inclusion of information gain in this category) are basic “springs of action.” In sum, not all behaviors are in service of the pleasure principle, and attempts to account for such behaviors by finding some underlying hedonic gain, such as reduction of an internal state that brings the organism back into a state of equilibrium, seem forced.

Arguing within the framework of the hedonistic doctrine, it has been suggested that observing another in distress produces arousal that in turn activates the person to reduce that arousal (Piliavin et al., 1975). Arousal is presumed to be diminished in a manner that minimizes costs while activating the most effective instrumental response (Hattfield, Walster, & Piliavin, 1978). This approach has been supported by a number of apparently confirmatory investigations (e.g., Gaertner & Dovidio, 1977; Harris & Huang, 1973; Piliavin et al., 1975). However, the conception seems to be beset by the following problems and shortcomings:

1. There is adherence to a drive–drive reduction framework that has been proven inadequate in other motivational domains (see Atkinson, 1964; Bolles, 1975; Weiner, 1972).
2. Without clear specification of additional principles, the arousal position cannot specify the direction of behavior. For example, disgust and pity may give rise to equal levels of arousal, yet they respectively generate avoidance behavior and approach behavior.
3. The arousal position does not appear to be generalizable to other behaviors. For example, it seems unlikely that the purchase of a gift when one is grateful is undertaken to reduce some sort of distress.
4. Some of the central confirmatory studies make use of a misattribution procedure in which arousal is misattributed to a pill (e.g., Coke, Batson, & McDavis, 1978; Gaertner & Dovidio, 1977). However, alternative interpretations of the finding that helping is reduced in this condition are quite plausible. For example, it has been contended that self-concern lessens the inclination to help (Berko-witz, 1970). It may be that preoccupation with the self, elicited because of the ingestion of an “arousing” drug, reduces or inhibits sympathy, which then decreases relative helping.

The conception to which the proposed attributional approach is most closely aligned is the so-called empathy position (e.g., Aronfreed, 1968; Rosenhan, 1969). The only clear difference between empathy theories and what has been suggested here is that the empathy theories have stressed the importance of role taking, while I have documented the importance of attributions to causality, particularly perceived personal control. But it is intimated
that any factor that might increase sympathy, such as role taking, the severity of the need, or a positive mood, will augment altruistic behavior (see Isen, 1970). This is entirely consistent with a position voiced by Rosenhan (1978), who stated: “Cognitive factors play a role in the elicitation of behavior when and only when they amplify empathic and sympathetic affects” (p. 110). Coke et al. (1978) have provided strong evidence in support of this statement. They found that empathy influences helping only through its effects on “empathic emotions” (e.g., concern and worry). On the basis of these data they also propose a two-stage theory of helping in which cognitions influence emotions and emotions affect behavior.

One of the strengths of the attributional model proposed here, as opposed to the views of Coke et al. (1978) and Rosenhan (1969), is that the attributional conception can also be applied to “selfishness” (see Wilson, 1978). That is, both the maintenance of personal “fitness” (neglect of the needy) and decreases in personal fitness (help-giving) can be accounted for with principles of perceived personal control and their affective associates.

References


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