DOES CULTURE MODERATE THE INFLUENCE OF EMPATHY ON HELPING

BEHAVIOR IN TIMES OF EMERGENCY?

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Abstract

Helping behavior is associated with many positive qualities such as increased psychological and mental health. This study sought to understand the underlying reasons why people help others by understanding the role of empathy, attributional style and dimensions, and the cultural dimension of individualism and collectivism. The study was conducted via Qualtrics and Facebook on 214 participants who were at least 18 years of age and could speak and understand English. Empathy (i.e., fantasy, empathy concern, perspective taking, and personal distress) significantly predicted helping behavior. Helping behavior increased significantly as fantasy, empathy concern, and perspective taking increased. However, helping behavior significantly decreased as personal distress increased. Furthermore, the relationship between empathy (i.e., empathy concern and perspective taking) and helping behavior was moderated by individualism and collectivism, separately. Specifically, the positive relationship between empathy and helping behavior was significantly stronger as either individualism or collectivism increased. Additionally, the controllability attribution dimension significantly predicted helping behavior. Helping behavior increased significantly for events that were attributed as being less controllable. Although more research is needed, these results add to the literature and may help both individuals and professionals better understand helping behavior in order to promote this prosocial behavior.

Keywords: Attributional Style and Dimensions, Collectivism, Controllability Attribution Dimension, Culture, Empathy Concern, Empathy, Helping Behavior, Individualism, Locus of Causality Attribution Dimension, Personal Distress, Perspective Taking, Stability Attribution Dimension, Supportive Attributional Style.

Table of Contents

List of Appendices

List of Tables

List of Figures

CHAPTER I

Introduction

The Bystander Effect

Suppose you witness an emergency situation in which someone in difficulty or danger needs help. Would you be the one to provide that help, or would you hesitate, debating the necessity of putting yourself in a potentially compromising position? The bystander effect theory posits that the larger the number of observers to an emergency, the less likely it is that the victim will receive help (Darley & Latané, 1968). That is, victims experiencing an emergency situation are more likely to receive help from an observer if there is only one observer present, rather than a crowd.

This theory initially originated from the stabbing and murder of Kitty Genovese in New York in 1964. Although many people reportedly witnessed the crime in action and heard Genovese's cries for help over a prolonged period of time, no one intervened to help her. Similarly, in the case of Marmoth's hole in Korea in 2011, a man sexually assaulted a middle school student on a bus in the middle of the afternoon while there were other people on the bus, and no one intervened. Another example of bystander effect is the case of Wang Yu, also known as *little Yu Yu* from China. She was a 2-year old who was run over many times by a car. Many people passed by her and ignored her, until someone finally helped her, but she ultimately died on the way to the hospital. These are only few examples of the bystander effect that are being talked about in the daily news and Internet.

Diffusion of responsibility. Why does the bystander effect happen? When bystanders do not have assigned tasks at the time of emergency, they do not help because they may think that (a) somebody else will (or should) help and intervene in the situation or (b) other people are

more qualified to help. An individual's sense of responsibility diffuses, or spreads, when in the midst of a large group (Darley & Latané, 1968).

Emergency versus non-emergency situations. The bystander effect may be more prevalent in non-emergency situations than in emergencies. For instance, if many people observe someone carrying a heavy grocery bag, people are less likely to help than a person who got into an accident (Latané & Dabbs, 1975). A meta-analysis comparing over 40 years of studies on the bystander effect concluded that the influence of the group on helping behavior is robust in many different situations. Overall, they found that in emergency situations that were perceived to be dangerous to the victim, the presence of numerous people actually resulted in an increased incidence of helping behavior (Fischer et al., 2011). They attributed this finding to the idea that the helper may see "additional bystanders as positive resources for helping" (p. 532). The researchers argued that a dangerous situation is a "clear-cut emergency" (p. 532), and found there to be less of a bystander effect when the helpers could expect to face "physical costs for helping (instead of time or financial costs)" (p. 533). They also found that bystanders tended to help less during an emergency "when no male bystanders were present to provide physical support" (p. 533). They further found that "the bystander effect was stronger in experimental than in quasi-experimental studies, in female than in male participants, and in strangers than in friends" (p. 533).

Helping Behavior

People help others, or exhibit prosocial behaviors, in many different ways, such as offering physical assistance to a stranger who is struggling with a heavy armful of groceries, offering financial help to an out-of-work family member, helping a fellow student complete an assignment, or swimming into the ocean to rescue a drowning child. Help may be provided for a

short time (e.g., when a person helps someone who is injured) or a longer period of time (e.g., when a person helps someone who has cancer).

Self-esteem. Self-esteem, which affects how individuals view and think about themselves, also exerts an important influence on helping behavior. Usually, people with high self-esteem have more positive views about their identities than those with low self-esteem, whereas people with low self-esteem do not value their identities as much as people with higher self-esteem. Consequently, the latter may not find the strength to help other people during times of crisis and emergencies.

However, in some circumstances, people with low self-esteem would offer to help, since engaging in helping behaviors may enable them to regain self-esteem (Bizman, Yinon, Ronco, & Shachar, 1980). Although traumatic events are correlated with negative social functioning, recent research has explored the relationship between exposure to trauma and frequency of exhibiting helping behaviors (Frazier et al., 2012). Findings suggest that the more traumatic events an individual experienced, the more likely one would be to report engaging in helping behaviors. Similarly, those who experienced recent traumatic events indicated more daily occurrences of helping. Frazier et al. (2012) suggested that individuals who experienced trauma were more likely to report engaging in helping behaviors because of the association between prosocial behaviors and greater well-being. Although it has been found that, in general, people with high self-esteem would more likely to help, there is evidence demonstrating how people with low self-esteem would also benefit from helping behavior.

Non-serious help versus serious help. There are two types of helping behavior. The first type is non-serious help, such as picking up fallen groceries or giving a small amount of money to a homeless person. The second type is serious help, such as saving an individual who

is drowning. Non-serious help may be considered low cost to the individual offering help, posing little or no risk to the helper, whereas serious help may be considered to have a high cost to the individual, potentially posing risks to the helper's safety and well-being (Smithson, Amato, & Pearce, 1983). For the purpose of this study, instances of the offer of serious help were examined in order to narrow the scope of the research to emergency situations. Within this context, the relationship between empathy and helping behavior and mediating variables of culture (individualistic versus collectivistic people) and attributional style or dimension (supportive/non-supportive, stable/unstable, controllable/uncontrollable) were explored.

Familiarity. Some people do not help during emergency due to lack of familiarity with the victim. If the victim is someone known or familiar to the bystander, the likelihood of helping is higher. Consistently, previous research on intergroup dynamics showed that when the victim is part of the bystander's social group (e.g., same ethnicity or culture), group size can promote the urge to give assistance rather than undermine the helpful impulse (M. Levine & Crowther, 2008).

Empathy. Empathy, which plays a key role in helping behavior, is widely considered to be essential for healthy relationships and overall well-being. There are two main types of empathy. Cognitive empathy refers to one's ability to recognize and identify another's emotional state, whereas affective empathy is the emotional response to others' distress (Davis, 1980; Hoffman, 1977). Affective empathy does not necessarily require that one feels the same as another individual, but rather that one's emotions are more in line with the other person's situation than one's own (Hoffman, 2000). Affective empathy can take two forms: (a) personal distress, or (b) empathic concern (Eisenberg & Mussen, 1989; Feshbach, 1975; Hoffman, 1977). Personal distress is defined as the experiencing of negative emotions as a result of

another person's distress and specifically involves individuals turning their focus inward (i.e.,

focusing their attention on their own emotions), thus removing their attention from the person in

distress (Eisenberg et al., 1989, 1998; Schroeder, Dovidio, Sibicky, Matthews, & Allen,

1988). Empathic concern is defined as the emotional response or compassion in regard to

witnessing another person's in need. Empathic concern is believed to help individuals engage in

helping behavior (Batson, 1991; Stocks et al., 2009). Empathy is one of the key variables in this

study, which can ultimately impact how individuals could possibly feel when they witness a

situation, and what they decide to do at times of helping others.

Culture and Cultural Dimensions

Culture plays a critical role in empathy building and helping behavior. Culture "is the

deeper level of basic assumptions and beliefs that are shared by members of an organization,

which operate unconsciously and define in a basic 'taken for granted' fashion an organization's

view of its self and its environment" (Schein, 1985, p. 6). Past research has indicated that,

compared to Eastern cultures, individuals from Western cultures of origin who experience greater

empathic concern and less personal distress in empathic situations (Cassels, Chan, & Chung,

2010) in turn exhibit more prosocial behavior (Eisenberg et al., 1989), as well as better emotion

management and peer relations (Eisenberg, Fabes, & Spinrad, 1998). Affective and cognitive

components of empathy interact with culture in shaping helping behavior; this relationship is

reviewed more in greater detail in the literature review.

Previous studies on empathy and culture have generally focused on cultures of origin

(Western versus Eastern), neglecting the role of cultural dimensions. Within the same

geographical location, sub-cultures and individuals may be associated with different cultural

dimensions. Therefore, the current study focused on cultural dimensions, rather than solely geographical locations.

Hofstede (1991) conducted extensive research on different cultures and how individuals develop diverse characteristics when they are raised in dissimilar cultures. In his studies, Hofstede used employees who worked for IBM, a multinational company. Based on the results, he proposed five dimensions of culture that can be responsible for individuals' differences: power difference, individualism/collectivism, femininity/masculinity, uncertainty avoidance and long-term/short-term orientation. A definition and review of these dimensions will be provided in detail in the literature review (Chapter II).

Although all of these cultural dimensions have been studied extensively in past research, Gorodnichenko and Roland (2012) reported that the individualism-collectivism cultural dimension has been the most influential and most widely researched in cross-cultural psychology. Therefore, this study explored the impact of culture on helping behavior, with a specific focus on the cultural dimensions of individualism and collectivism. Individualistic people act according to their personal values and pursue their personal goals as though their lives belong to them with the inalienable right to live life as they want. In contrast, in collectivistic cultures, an individual's life belongs to the group rather than the individual, and the group is the unit of moral concern rather than the individual. Therefore, personal goals and values are put aside for the greater good of the whole (Biddle, 2012).

Attributions and Helping Behavior

Attribution is the process by which individuals explain the causes of behavior and events. Attribution theory is the study of models to explain those processes (Kassin, 2010). People tend to search for the cause of a particular event, especially in crisis situations (Coombs & Holladay

1996; Lazarus & Smith 1988). Individuals should be mindful of several considerations in searching for the causes of an event. Prominent social psychologist Weiner (1992) developed a theory of attribution to explore these considerations and criteria about the causes of the event. Weiner proposed that individuals have initial affective responses to the potential consequences of the intrinsic or extrinsic motives of the actor, which in turn influence future behavior. That is, a person's own perceptions or attributions as to why he/she succeeded or failed at an activity determine the amount of effort the person will expend on activities in the future.

According to Weiner's (1974, 1986) theory of attribution, an individual's motivations and emotions are largely based on personal experiences, as well as to what cause the individual attributes those experiences. A three-stage process underlies an attribution: (a) the person must perceive or observe the behavior, (b) the person must believe that the behavior was performed intentionally, and (c) the person must determine if he/she believes the other person was forced to perform the behavior (in which case the cause is attributed to the situation) or not (in which case the cause is attributed to the other person (Jones et al., 1972; Weiner, 1974, 1986).

Attributional dimensions. According to Weiner's (1986) theory of attribution, attributions possess several dimensions: (a) locus of causality (internal versus external), (b) stability (stable versus unstable), and (c) controllability (controllable versus uncontrollable), (d) responsibility, and (e) globality by actor. Locus of causality dimension refers to the belief that the cause of the event is either internal (i.e., the event is impacted by internal factors) or external (i.e., the event is impacted by external factors). An individual who observes a victim who seems to be in need of help can attribute his/her need for help to either internal causes (e.g., the victim was not able to do anything to avoid the situation due to internal circumstances leading to the situation) or external causes (e.g., the victim could not do anything to avoid the situation due to

external circumstances). Eventually, the victim who is in need of help due to an external factor (e.g., accident) is more likely to receive help than someone who is in need of help due to an internal factor (e.g., lack of motivation).

The stability dimension of attribution refers to whether the cause of success or failure is stable or unstable. Stable cause refers to outcomes that are likely to be the same when the same behavior is performed on another occasion. The controllability dimension refers to whether the cause of success or failure is considered to be controllable or uncontrollable. When a cause is believed to be controllable, the actor is likely to believe he/she is able to alter the outcome. When a cause is perceived as uncontrollable, the actor does not have the ability to alter the outcome.

Years after Weiner (1995) introduced the three main attributional dimensions (locus of causality, stability, and controllability), he added two more dimensions of attribution. Attribution of responsibility refers to whether or not the actor has control over environmental situations, which affects the observer's willingness to offer help. It gives rise to inferences about personal responsibility that can lead to affective responses (e.g., anger, sympathy) and cognitive reactions in different situations. Attributions of controllability and responsibility are not the same. Controllability refers to the characteristics of the cause(s)of the event, such as absence or lack of aptitude, whereas responsibility refers to human motivation or effort. If attribution of responsibility is high, then a judgment is made regarding whether the actor *should* have done something or tried harder. The responsibility focuses first on causal understanding, then shifts to consideration of the person. Finally, attribution of globality refers to whether the cause affects a wide range of situations that the person faces (a global attribution) or a narrow range of situations (a specific attribution; Weiner, 1995).

Although there is a total of five attributional dimensions, the present study focused on only the three main dimensions (locus of causality, stability, and controllability) because past research has associated them with helping behavior. These dimensions will be explained in detail subsequently.

Attributional styles. Another factor potentially affecting an individual's willingness to offer help to others is his/her attributional style, which is different from an attributional dimension. Attributional dimensions are used to classify attributions (e.g., internal versus external, stable versus unstable), whereas attributional style refers to individual differences or tendencies in making causal inferences along those dimensions. In the context of task achievement, a learner's attributional style determines his/her causal explanations for success or failure, whereas dimensions affect his/her subsequent motivation toward the task of activity. Although attributional styles are considered enduring personal characteristics, situational forces or mood may change them (Boyes, 2015). For example, a person with an empathetic and supportive style may make blaming attributions under stress.

Various attributional styles—such as blaming, optimistic, pessimistic, and hostile—affect people's helping behaviors (Feiring, Taska, & Lewis, 1998; Harvey & Martinko, 2010). One important style continuum that particularly affects helping behavior is the supportive versus non-supportive attributional style spectrum. Individuals with a supportive attributional style tend to view another person's need for help as a situation that is out of the victim's control. Individuals with a non-supportive attributional style tend to view a victim's misfortune as a situation over which the target has control. Past research has shown that individuals with supportive attributional styles tend to offer assistance to victims, regardless of whether the victims are responsible for the situation in which they have found themselves (Higgins & Shaw,

1999). Individuals with non-supportive attributional styles tend to help people who have no control over their situations, while opting not to help those who are perceived as able to control their situations but failing to do so (Weiner, 1986). When an individual has a supportive attributional style, he/she may tend to view another person's need for help as a situation that is out of the victim's control. In contrast, those with a non-supportive attributional style would view a victim's misfortune as a controllable situation.

In sum, people make attributions in deciding whether to help or not. They make causal attributions using the three major dimensions: locus, stability and controllability. A supportive attributional style affects this decision. Another factor that impact how attributions are made in making decision to help is culture, which is introduced subsequently.

The Impact of Culture on Attributions and Helping Behavior

People make attributions based on their beliefs, knowledge, or understanding about the causation of events, and culture affects attributions. Members of individualistic cultures tend to attribute a person's behavior to his/her internal factors whereas members of collectivistic cultures tend to attribute a person's behavior to his/her external factors. More specifically, people from individualistic cultures are more inclined to make internal attributions for success, taking credit for individual accomplishments, as compared to those from collectivistic cultures (Lazarus & Smith, 1988). Lazarus and Smith (1998) presented these views and supported them with literature, supporting the need for the current study to further explore the influence of culture on empathy

Other researchers have investigated the influence of culture on attributions related to helping. Betancourt, Hardin, and Manzi (1992) conducted an early exploration of attribution, helping, and culture. They conducted two experiments to determine "the influence of the

'subjugation control over nature' value orientation, a dimension of cultural variation, on

attribution processes" and "the effect of activation of beliefs associated with this value

orientation on attribution processes and helping behavior" (p. 179). Psychology students were

subjects for the first experiment; all were classified as *control* or *subjugation* oriented based on a

measure of their value orientation. Findings showed that value orientation impacted attributions

related to a behavioral outcome. Next, an attribution empathy model of helping behavior was

investigated in a second study, as related to activation of beliefs related to the *control over nature*

value orientation. Findings showed that beliefs interacted with empathy, which influenced

helping behavior. Betancourt, Hardin, and Manzi (1992) and Betancourt and Lopez (1993)

concluded that cultural factors are important in social behavior.

Duda and Allison (1989) reported further that culture affects all aspects of Weiner's

dimensions, and in fact this influence must be considered when applying Weiner's model across

cultures, since few of Weiner's attributions or the theory of attribution in general have been

tested in diverse cultures. They also mention how Weiner's attribution theory of achievement has

ignored possible cultural definitions when it comes to success and failure. The majority of

research regarding attribution has been done in classrooms among White, middle class, Western

subjects (Bond, 1983; Little, 1987). As a result, this study could potentially generate new

information regarding the relationship between attribution and culture, as well as demonstrate

that attribution theory could be a culture-specific cognitive process.

Other researchers, such as Pilati et al. (2015), have reported on the impact of the

attributions on intentions to help. The Weiner model of attribution-emotion-help was the

framework for this study. As noted by Pilati et al., culture can influence the relationship among

these model variables. For example, collectivists may be more compassionate regardless of their

attribution of responsibility, rendering emotion no longer a mediator. These authors tested this theory in Brazil, a country with clear distinctions in the collectivism-individualism dimension across regions. Path analysis was used to calculate data from 1,569 participants in five Brazilian regions. Results indicated that more socially oriented participants felt more compassion in an experimental situation, which was independent of controllability; this decreased the effect of emotions. Thus, Pilati et al. concluded that culture did impact outcomes and must be considered when using Weiner's model, as the model itself might not be applicable across all cultures. Weiner (2015) argued that this study only showed that there may be a culture in which the model does not apply. The conclusions of both Pilati et al. and Weiner supported the need to consider culture and its impact on attributions and helping behavior.

According to social learning theory, prosocial behavior is learned by observation, and thus depends on where an individual has grown up and his/her culture (Bandura, 1986). In some cultures, children learn to help others from a young age as they become involved in family responsibilities. In many cultures, children learn to help others because it is the right thing to do; however, in other cultures, the incentive to help is monetary. For example, people in the United States encourage teenagers to babysit for their neighbors because this earns them money, not because it is a good thing to help one's neighbors. Members of cultures that promote helping for materialistic rewards tend to help fewer individuals if there is no reward. In contrast, people in Iran or Turkey promote helping one's neighbor as a proper thing to do. Thus, based on their culture, families' expectations for their children provide an important training for helping children develop into helping adults.

The Impact of Culture on Attributional Styles

Culture impacts individuals' attributional styles. Individuals from individualistic cultures, who base the majority of their decisions or actions on the self rather than on the group, have a greater tendency to develop non-supportive models of attribution. In contrast, people from a collectivistic culture have a greater tendency to develop supportive styles of attribution (Higgins & Shaw, 1999). Culture influences both supportive and non-supportive attributional styles (Mason & Morris, 2010). According to Mason and Morris (2010), evidence shows that East Asians are more likely than Westerners to reference social context when they attribute a cause to a person's actions. The authors argued that culture influences both automatic and controlled aspects of causal attribution in supportive and non-supportive attributional styles. This assertion means that culture can shape preconscious, spontaneous, or automatic mental processes (automatic aspects of causal attribution), in addition to conscious, deliberate, or controlled reasoning (controlled aspects of causal attribution).

Statement of the Problem and Purpose of the Study

The question of whether a person should help another involves a reoccurring choice that individuals encounter throughout their daily lives. The important factors in this decision-making process include level of empathy, bystander's culture, and attribution dimensions and style (Eisenberg et al., 1989; Higgins & Shaw, 1999; Schein, 1985, Weiner, 1986). The impact of these factors on helping behavior, and the interaction among them, was the main focus of the current study. Weiner's model was used as a framework to understand that stimuli lead to thoughts, which lead to emotions, which then lead to actions (Weiner & Handel, 1985). Weiner focused on situational variables, noting that the situation triggers an attributional dimension that leads to a motivational state and then to a behavior (Harvey & Martinko, 2010). Although

Weiner and Handel (1985) reported on this cognition-emotion-action sequence as applied to people aged 84-90, they conducted a study in which five12-year-olds were given scenarios involving social rejection or a broken social engagement. Either internal or external reasons were given for rejecting a person, and reasons for breaking a social engagement included controllable or uncontrollable factors. Findings were that for all age groups, there was a strong relationship among the causal dimensions of locus, controllability, and emotional reactions. In this study, Weiner and Handel concluded that controllability and locus play important role in influencing an individual's decisions regarding what actions he/she will take.

The purpose of the current study was to examine the relationship between empathy and helping behavior. Although the relationship between empathy and helping behavior has already been established in past research (Higgins & Shaw, 1999), there is a gap in the literature regarding the conditions under which this relationship is affected. Therefore, the study sought to fill this gap in the literature and explore the moderating role of culture (individualism versus collectivism) on this relationship.

Past studies have shown that the bystander's culture affected his/her helping behavior (Kinsman& Plant, 2008). However, it has not yet been investigated why this relationship occurs. Past research provided support for consideration of the supportive/unsupportive attributional style (Higgins & Morrison, 1998), and for the attributional dimensions of Weiner's (1980a,1980b) as potential mediators. Thus, the study attempted to explore the mediational role of three attributional dimensions (internal/external locus of causality stable/unstable, and controllable/uncontrollable) and one attributional style (supportive/nonsupportive) in the relationship between culture and helping behavior.

Research Questions

The study addressed the following questions:

1a   Does empathy predict helping behavior?

1b   Does individualism moderate the relationship between empathy and helping behavior?

1c   Does collectivism moderate the relationship between empathy and helping behavior?

2a   Does the supportive/unsupportive attributional style mediate the relationship between individualism and helping behavior?

2b   Does the supportive/unsupportive attributional style mediate the relationship of collectivism and helping behavior?

3a.   Does the stable/unstable attributional dimension predict helping behavior?

3b.   Does the stable/unstable attributional dimension mediate the relationship between individualism and helping behavior?

3c.   Does the stable/unstable attributional dimension mediate the relationship between collectivism and helping behavior?

4a. Does the controllable/uncontrollable attributional dimension predict helping behavior?

4b   Does the controllable/uncontrollable attributional dimension mediate the relationship between individualism and helping behavior?

4c   Does the controllable/uncontrollable attributional dimension mediate the relationship between collectivism and helping behavior?

5   Does the locus of causality (internal vs. external) attributional dimension predict helping behavior?

Significance of the Study

This study is significant for several reasons. First, exploring the mediational role of attributional style and dimension on the relationship between culture and helping behavior fills a significant gap in the literature. Much research has been conducted on the relationship between empathy and helping behavior (Eisenberg et al., 1989), culture and helping behavior (Hofstede, 1991; Knight & Kagan, 1982), and attribution dimensions and style and helping behavior (Higgins & Shaw, 1999; Weiner, 1986). However, so far, little research has been conducted exploring a connection between culture (collectivistic versus individualistic) and its effect on attribution dimensions (locus of causality, stability, and control) and an individual's attributional style (supportive or non-supportive), as well as how these factors work in conjunction to influence helping behavior. These factors may guide an individual's actions during an emergency situation that requires his/her help.

Secondly, the results of this study can potentially guide employees in organizations to discover factors that enhance helping behavior and cooperation among individuals and teams, as well as ways to promote helping. Helping behaviors have been shown to be essential factors leading to success in organizations. In one study, helping behavior positively accounted for variances in performance quantity, performance quality, financial efficiency, and customer service (Podsakoff, MacKenzie, Paine, & Bachrach, 2000). Other studies have confirmed that helping behavior benefits group task performance (Podsakoff, Podsakoff, MacKenzie, Maynes, & Spoelma, 2014). Helping behavior has also been shown to be related to high employee performance ratings. Of all the organizational citizenship behaviors studied, the characteristic of altruism/helping was found to have the greatest influence on performance evaluations in one

study on managerial evaluations of performance and judgments regarding pay raises and promotions (Podsakoff et al., 2000).

The results of this study on culture and helping behavior could provide new insights regarding factors that affect helping behaviors and will help explain why some individuals help and others do not when they are faced with emergency situations. As there has been little focus on empathy and culture in previous research, this study will provide a foundation for future research in regard to culture and helping behavior, with an emphasis on different dimensions of affective empathy and attributional styles and dimensions.

Definition of Terms

Empathy: The ability to imagine oneself in another's place and understand the other's feelings, desires, ideas, and actions (Davis, 1980; Hoffman, 1977). Cognitive empathy refers to one's ability to recognize and identify another's emotional state (Davis, 1980; Hoffman, 1977). Affective empathy is the emotional response to others' distress (Hoffman, 2000).

Helping behavior: Refers to voluntary actions intended to help others, with reward either regarded or disregarded (Eisenberg et al., 1989). It is one of the subcategories of prosocial behavior that broadly refers to any action intended to help others (Eisenberg et al., 1989). The literature describes four different subcategories of prosocial behavior: (a) helping, (b) altruism, (c) volunteering, and (d) cooperation (Peopsel & Schroeder, n.d.; Schroeder & Graziano, 2015).

Attributional style: The tendency for individuals to consistently make particular kinds of causal attributions over time (Metalsky & Abramson, 1981). In the current study, attributional styles studied included supportive, which also has two poles: supportive and non-supportive.

Supportive attributional style: Individuals can have a supportive or unsupportive attributional style. Individuals with a supportive attributional style tend to view others' need for

help as a situation that is out of the victim's control (Higgins & Shaw, 1999). Individuals with a

non-supportive attributional style tend to view a victim's misfortune as situation over which the

target has control (Higgins & Shaw, 1999).

Attribution dimension: Weiner (1986) described three attribution dimensions: stable and

unstable, controllable and uncontrollable, and internal and external locus of causality. These

dimensions were examined in this study because they are presumed to be related to helping

behavior.

Stability attributional dimension: Individuals view causes of outcomes as stable or

unstable. When people view outcomes as stable, they tend to believe that the outcomes are likely

to be the same if the same behavior is performed on another occasion (Weiner, 1986). When

people view outcomes as unstable, they tend to believe that the outcomes are likely to differ from

what took place on another occasion (Weiner, 1986).

Controllability attributional dimension: Individuals view causes of outcomes as

controllable or uncontrollable. When individuals view causes or factors as controllable, they tend

to believe the victim is able to alter the outcome (Weiner, 1986). When individuals view causes

or factors as uncontrollable (attribution of uncontrollability), they tend to view causes or factors

as uncontrollable, with the view that the person is likely to believe he/she is unable to alter it

(Weiner, 1986).

Locus of causality: One's belief that his/her behavior is guided by either internal or

external factors (Weiner, 1986). This dimension has two poles. When individuals view causes or

factors as having an internal locus (attribution of internal locus), they tend to believe that they

are able to impact a given situation (Weiner, 1986). When individuals view causes or factors as

having an external locus (attribution of external locus), they tend to believe that they are not able to impact a given situation due to environmental factors (Weiner, 1986).

It is important to understand the difference between the dimension of controllability and locus of causality. For example, consider the concept of ability. An individual's ability is part of one's internal locus, but outside of the person's control. Another example could be luck, which is perceived to be part of the external locus, but outside of the person's control. However, effort is attributed to internal locus and is also controllable.

Individualism/Collectivism: People with high levels of individualism see themselves as being autonomous, whereas people with high levels of collectivism see themselves as being part of a collective (Davis, 1983). In this study, individualism/collectivism is also referred to as *culture,* as this was the only cultural dimension investigated.

CHAPTER II

Literature Review

This chapter presents the theoretical foundation and empirical evidence supporting the current research on empathy and helping behavior, attributional style (supportiveness versus unsupportiveness), attribution dimensions (locus, controllability, and stability), and the role of culture. Supportiveness can be further divided into supportive and unsupportive behavior, whereas controllability also has two sub-dimensions: controllable and uncontrollable. In this chapter, empathy and prosocial behavior will be presented first, followed by a literature review addressing attributions, culture, and theories that explain the relationship among the key variables. This chapter ends with a summary and conclusions.

Prosocial Behavior

Prosocial behavior involves helping others or society in general, manifesting in the form of altruistic behavior, helping, and cooperation, with helping being the broadest category. Helping can be planned or spontaneous, formal or informal. It can include emergency or non-emergency helping as well as direct or indirect helping (Aydinli, Bender, & Chasiotis, 2013). Penner, Dovidio, Piliavin, and Schroeder (2005) presented a multilevel perspective of prosocial behavior, proposing three levels of prosocial behavior:

> (a) the "meso" level-the study of helper-recipient dyads in the context of a specific
>
> situation; (b) the micro level-the study of the origins of prosocial tendencies and the
>
> sources of variation in these tendencies; and (c) the macro level-the study of prosocial
>
> actions that occur within the context of groups and large organizations. (p. 365)

Prosocial behavior differs from altruism. When an individual is motivated to do the right thing and help another person, this is known as prosocial behavior. People who engage in prosocial

behavior usually expect to receive something in return for the kindness (Smithson et al., 1983). Altruism, in contrast, describes the relationship between the helper and help receiver when there is no expectation for reward or reciprocation. Altruistic helpers' only expectation could be feeling positive about having done a good deed. Altruism has additional constraints in that the helper's motivation is characterized by perspective taking and empathy. Thus, although both prosocial behavior and altruism refer to voluntary helping behavior, they differ in expectations of reciprocation.

People help others in many different ways. For instance, (a) when a person helps a stranger, (b) when groups of strangers offer help to family and friends, (c) when students help each other to finish an assignment, or (d) when a person swims to rescue a drowning child. Help is sometimes provided for a short time, like when a person helps an injured person, or a longer period of time, when a person helps someone who has a terminal illness (Smithson et al., 1983).

There are two types of helping behavior. One type, non-serious help, is defined as help offered to another person that poses no jeopardy to the helper. An example would be helping a person opening the door while his/her hands are full or giving money to a homeless person on the street. Serious help is defined as help offered to another person that has the potential to be costly to the helper. An example of serious help would be trying to save a drowning person. Hypothetically, examples of helping behavior at work might include non-serious help with a work task, or serious help by supporting a worker when this support has the potential to put the helper's job in jeopardy. Non-serious help may be considered low cost to the individual offering help, posing little or no risk to the helper, whereas serious help may be considered to have a high cost to the individual, potentially posing risks to the helper's safety and well-being (Smithson et

al., 1983). Thus, there are many ways that one person helps another. However, at times this behavior is not as helpful as intended.

Helping behaviors may not always be helpful. Hart and Miethe (2008) explored bystander presence and intervention in situations of nonfatal violent victimization. Based on data from the National Crime Victimization Survey (NCVS), Hart and Miethe analyzed case configurations to identify the most common situational contexts where a bystander would be present during a violent crime, and determined the prevalence of responses where the bystander either was helpful or hurt the outcome. They found that there was a bystander present in two-thirds (65%) of the violent victimizations. A bystander's presence was most common in situations where there were physical assaults (68%) and less common in robberies (49%) and sexual assaults (28%). Victims judged the actions of bystanders as *neither helping nor hurting* (48%), *helping* (37%), *hurting* (10%), and *both helping and hurting* (3%). Bystander presence varied across different situational contexts; bystanders were present in 83% of situations where there was a stranger assault in a public place at night with no dangerous weapon, as well as in 14% of weaponless non-stranger rapes or sexual assaults in daytime private locations. Thus, in many instances the helping behaviors were not helpful and at times actually hurt another person.

Bystanders may intervene in violent crime, depending on normative expectations. For example, Hart and Miethe (2008) reported that if the bystander perceives less likelihood of injury since there is no dangerous weapon, he/she is more likely to help. Thus, bystanders attend to visual situational cues that lead to their helping or not. Bystanders are helpful in situations that involve sexual assaults by strangers without dangerous weapons. However, there are certain situations in which bystanders are less helpful, including robberies by non-strangers that take place in the home. The bystanders' help in this situation may violate privacy norms and worsen

the situation. Although this study presented findings from an existing survey that did not allow for the gathering of detailed information or consideration for situational variables, its results provide new insights.

Even when prosocial behaviors might be helpful, certain factors may promote or inhibit helping behaviors. As an example, Koelsch, Brown, and Boisen (2012) explored bystander perceptions of helping with a focus on university sexual assault. These authors explained that the college party environment presents a risk of unwanted sexual activity. However, bystanders can be of help in this situation, and sexual assault prevention programs are now including bystander education. Koelsch et al. examined findings from these programs using qualitative data from single-sex focus groups. The focus groups included four male groups ($n = 27$) and four female groups ($n = 24$), each of which was composed of four to nine participants. Five themes identified were: "(a) intervention, (b) responsibility, (c) visibility of sexual behavior, (d) precautions and protection, and (e) negative aspects of sexual behavior" (p. 564). The key outcome was that most sexual behavior takes place behind closed doors rather than in full view at the party. It was also found that intervention and prevention methods vary by gender, and many factors promote helping behavior or dissuade a bystander from helping another at a college party. These factors include the following barriers: "Barrier 1: Failure to Notice; Barrier 2: Failure to Identify a Situation as Risky; Barrier 3: Failure to Take Responsibility; Barrier 4: Failure to Intervene Due to Skills Deficit; and Barrier 5: Failure Due to Audience Inhibition" (p. 568). Although the focus of this study was limited to a college campus and a specific type of abuse, findings provide new information about barriers to helping behaviors.

Whitsett, Almvig, and Shoda (2010) also identified factors that impact decisions to help others. Specifically, these authors sought to identify verbal and nonverbal distress cues that

determine helping behaviors. Whitsett et al. developed 65 short video clips of individuals who were expressing their distress regarding a negative scenario. The study sample included 65 students (32 females and 33 males) recruited from introductory psychology course. The setting was a laboratory; students who participated received extra credit. Whitsett et al. identified 55 distress cues that were salient depending on the supporters' goals. For example, when the supporter was making a decision regarding someone needing support, negative nonverbal cues were identified, such as fidgeting. When deciding whether to provide support, salient cues were those that suggested a positive outcome for the victim, such as a positive attitude and open-mindedness. Although the study had limitations such as small sample size and use of a laboratory setting, findings revealed factors that might impact helping behaviors.

Further discussions of factors that motivate helping or altruism were presented by Mattis et al. (2009), who focused on motivations for helping in a low-income urban community. The lives of this population are characterized by family disruption, distress, and violence. Mattis et al. explained that there is a lack of information regarding how to instill or promote loving or selfless behaviors and interactions among members of this group. The authors conducted an ethnographic study to examine motivations for altruism in a sample of 40 adults from a housing project in New York City. Interviews were conducted and their content analysis revealed that participants attributed altruism to 14 motives from four general categories of motives: "(1) needs-centered motives, (2) norm-based motives deriving from religious/spiritual ideology, relationships and personal factors, (3) abstract motives (e.g., humanism), and (4) sociopolitical factors" (p. 71). The needs-centered motives resulted in responses to individual needs. Mattis et al. further noted that altruism based on these motives is driven by an awareness of the physical, emotional, financial, material, or other needs of the individual. Altruism can also result from an

understanding of a group or community need such as helping teenagers in a community. Norm-based motives are described as being based on ideological norms such as those stipulated by a religious doctrine or belief. Thus, if the Bible says that people should help each other, this would be a norm-based motive. These norm-based motives can also be based on spirituality rather than a particular religious belief. Relational norms influenced by family, strangers, and others can also motivate a person to help others. Character or personality-centered norms also motivate altruism. Abstract motives are based on abstract moral principles, such as motives grounded in a humanistic orientation. With this view, altruism would result from respect or feeling compassion for others. Humanism can serve as an abstract motive when the humanity of a person or a group is of concern. Sociopolitical factors can also motivate altruism. Thus, social position such as gender, class status, sexual identity, or the experience of discrimination or privilege can all motivate altruism. This study was limited by the sample size. However, Mattis et al. provided insights regarding a specific population and motivations for engaging in helping behaviors.

The results of this study were further explained by Mattis et al. (2009). These authors indicated that with regard to needs-centered motives, findings showed that people were motivated to behave in an altruistic manner if they were aware of the needs of the individuals or social groups. This finding was consistent with previous research findings that empathy has a role in perspective-taking when it comes to motivating altruism. Thus, when a person has direct contact with the person in need, he/she is more likely to feel compassion. When the actor understands the viewpoint of the person in need, this leads to altruistic behaviors. Norm-based motives derived from religious/spiritual ideology, relationships, and personal factors include motives that fall into domains of "ideologically driven norms; norms rooted in personality, character or calling; and relationally derived norms" (p. 80). When altruism was rooted in

ideology, religiosity, or spiritual ideals, people were motivated to act altruistically. When motivations were based on character, personality, or calling, findings remained unclear and supported the need for future studies to explore these factors. The norm-based motives rooted in relationships were related to experiences over a lifetime of kindness received from others.

Furthermore, Mattis et al. (2009) reported that the abstract moral motives they found included those from a general humanistic orientation and those motivated by recognition of the worth of specific individuals involved. Humanism motivated altruistic behaviors when religious and spiritual values were involved, or when people learned family lessons, had experiences with strangers, and had personal encounters with care. When sociopolitical factors were involved in motives for altruism, Mattis et al. found that poverty and marginal social position were factors related to helping behaviors for some people. People experience social biases in their lives, and this experience of discrimination and support cultivates a humanistic orientation toward helping others in some individuals. Participants reported that when people have material resources or privileged positions, they may not have the moral courage to act in a helpful way. However, those who are poor may have a tendency to help others based on religious and spiritual ideals and the recognition that someone is in need and can be helped. Thus, the power to help another (locus of causality) was another factor in helping behavior in this study.

Alternatively, Lathrop (2009) reported that locus of causality had no effect on helping behavior and the bystander intervention effect. Lathrop conducted a study with 24 college students who were tested using Rotter's (1973) Locus of Causality scale and were then presented with a situation in which the researcher spilled a cup full of pencils on a nearby table and watched to see if the subject helped to gather the pencils. Findings indicated that locus of causality did not predict the presence of helping behavior in this situation.

Literature findings help define prosocial behavior and provide insights into factors related to this helping behavior. Many factors serve as facilitators of or barriers to helping behaviors, and findings regarding locus of causality are mixed. This knowledge informs the context of the current study. Specifically, empathy is one of the factors related to prosocial behavior and was the focus of the current study.

Why People Help Others: Theories of Helping Behavior

Many theories are used to explain why people help others (Aydinli et al., 2013; Piliavin, 2009). According to the evolutionary approach, helping behavior is driven by genetically dependent characteristics such as the reproductive value of the recipient of help, also referred to as kin selection. This approach suggests that helping behaviors are designed to contribute to the helper's fitness outcomes resulting from procreation by oneself and relatives that share the helper's genes. Reciprocal altruism is another evolutionary view that goes beyond kin selection and includes adaptive helping strategies that take place when people share a social context and potential future interactions in which reciprocity is anticipated (Trivers, 1971). Additional theoretical approaches to helping behavior include sociobiological theories, the social exchange theory, the empathy-altruism theory, and the image repair hypothesis. Each of these theories is examined subsequently, and each contributes to the understanding of helping behavior.

Sociobiological theories. Sociobiological theories suggest that helping behavior is motivated by a selfish preference for one's own family or genes (Barrett, Dunbar, & Lycett, 2002). This is why individuals help their kin; moreover, those who an individual perceives as similar are also more likely to receive help. In accordance with this theory, individuals have a preference to help their family or others who remind them of their family members. Studies have supported the notion that people tend to help others who are similar to them, especially closer

relatives over distant relatives (Berté, 1988; Burnstein, Crandall, & Kitayama, 1994; Korchmaros & Kenny, 2001; Kruger, 2003). For instance, Berté (1988) showed that farmers were twice as likely to cooperate with relatives as non-relatives. Moreover, college students who responded to hypothetical scenarios reported that they would be more likely to assist family members than non-relatives, particularly in life-or-death situations (Burnstein et al., 1994; Korchmaros & Kenny, 2001; Kruger, 2003).

A different view of sociobiological motivations focusing on stress reduction was provided by Poulin, Brown, Dillard, and Smith (2013), who found that helping others predicted reduced association between stress and mortality. Poulin et al.'s study consisted of 846 participants, using baseline interviews that assessed past-year stressful events and helping behaviors for friends or family members. For 5 years, participant mortality and time to death were monitored using newspaper obituaries and monthly state death-record tapes. Factors of age, baseline health and functioning, and psychosocial variables were held constant. The results showed a significant interaction between helping behavior and stressful events; stress did not predict mortality risk among those who helped others in the past year. However, stress did predict mortality among those who did not help others. Helping others significantly predicted reduced mortality since it impacted the relationship between stress and mortality. This study provided support for the theory that people help others based on the need to reduce stress. Helping behavior was related to positive health outcomes and reduced mortality. These results support the notion that reduction of stress may be a factor in predicting helping behaviors.

Social exchange theory. Some psychological approaches to helping are similar in function to evolutionary views of helping that are based on non-conscious cost-benefit calculations (Aydinli et al., 2013). For example, egoistic motives can be a driving force in

helping. This egotistic motive takes place when one person helps another in order to gain

positive outcomes (e.g., positive feelings, social recognition, financial benefits) or when helping

relieves personal distress. Social exchange theory posits that the maximization of rewards and

minimization of costs motivates helping behaviors. With this theory, people consciously consider

the gains and costs of helping before deciding on the best outcome behaviors (Aronson, Wilson,

& Akert, 2010; Aydinli et al., 2013). According to social exchange theory, people maintain an

account of their inputs and outcomes during social interactions, and they usually attempt to

maximize their profits (Homans, 1961; Thibaut & Kelley, 1959). Based on cost benefit

calculations, individuals might help one another to gain status or a personal or financial benefit.

Costs can include money or time that need to be expended in order to help. Regardless of the

cost, people help because they believe that in return they too will receive help. Perhaps the help

received will not be provided in the exact form given, but it will be help nonetheless. For

instance, when a friend helps another friend move, later he might ask that person to help him

with his homework. Thus, an egotistic drive originated the helping behavior with the expectation

for others to reciprocate.

Thus, social exchange theory posits that altruism does not exist unless the benefits

outweigh the costs. Alternatively, people may help others in need out of genuine concern for

their well-being. Empathy would be the key ingredient to understanding the need for help and to

providing help altruistically.

Empathy-altruism hypothesis. The empathy-altruism hypothesis posits that

identification with the person in need (or empathy) evokes empathic concern and leads to

altruistic motivation and actions. This theory goes beyond the notion that individuals help others

due to personal distress reduction (Batson, 1991). Batson (1991) stated that empathic concern is

the key ingredient to helping behaviors. According to Batson's empathy-altruism theory, if one feels sympathy toward another person, one will help that person, regardless of what one can gain from it. Relieving the other's suffering becomes the most important factor. According to empathy-altruism theory, people feel empathy toward another person, and because this empathy causes them to feel the person in need's pain acutely, they heal their own level of stress or feeling of concern for the victim by relieving that person of his/her pain. Thus, empathy would be the key ingredient to understanding the need for help and providing help altruistically. The empathy-altruism hypothesis posits that if a person feels empathy toward another person, he/she is likely to help, regardless of what can be gained from it. People who feel empathy toward the one who is in need of help prioritize relieving the suffering of another over the costs of doing so, regardless of the situation. However, if a person feels distress instead of empathy or is focused on his/her own needs, he/she is likely to avoid helping. Thus, for some, helping others may be related to feeling empathy, but for others this helping behavior may be influenced more by a need to present oneself to others in a positive light.

      Image repair hypothesis. According to the image repair hypothesis, people help others because they desire a positive social image and a good reputation (Cunningham et al., 1990). Thus, in order to acquire or repair a positive image, a person will engage in good deeds and help others in need. Essentially, the fear of earning a bad reputation will cause a helping individual to perform altruistic activities. Reputation and image are important factors in constructing one's self confidence, providing compelling rewards for helping behavior. However, it would be interesting to see what happens if there were no bystanders to observe the helper's reaction in response to a victim's need for help.

Consistent with the image repair hypothesis, Osburn (1998) reported on social role valorization (SRV) theory, which supports the notion that people strive to protect their social image and their reputation. SRV theory argues that "good things in life"—such as dignity, respect, acceptance, a sense of belonging, an education, opportunities to participate, a decent standard of living, and job opportunities—are more likely to be granted to people who "hold valued social roles" than to those who do not (Osburn, 2006, p. 4). In contrast, "devalued individuals, groups, and classes are far more likely than other members of society to be treated badly" (p. 5). Devalued characteristics include the existence of impairments, age, and poverty. SRV theory also posits that people strive to protect their social roles as well as social image. Formulated in 1983 by Wolfensberger, SRV theory has the goal of creating or supporting roles that are socially valued. When a person holds a valued social role, it is expected to lead to good things in life, such as home, family, friendships, education, a sense of belonging, and more. SRV and self-image need to be protected in order for the person to become valued (or maintain being valued), as well as to avoid being devalued in society. With this in mind, it may be that the value a person perceives regarding his/her self-image and valued role in society would impact his/her actions and behaviors, including helping behaviors. Thus, it may follow that if a person in a society feels devalued, he/she might perform helping behaviors to improve his/her self-image and value. This would include devalued individuals who have had negative experiences such as:

1. Being perceived and interpreted as "deviant," due to their negatively valued differentness. The latter could consist of physical or functional impairments, low competence, a particular ethnic identity, certain behaviors or associations, skin color, and many others.

2. Being rejected by community, society, and even family.

3. Being cast into negative social roles, some of which can be severely negative, such as "subhuman," "menace," and "burden on society."

4. Being put and kept at a social or physical distance, the latter most commonly by segregation.

5. Having negative images (including language) attached to them.

6. Being the object of abuse, violence, and brutalization, and even being made dead. (Osburn, 1998, p. 1)

The notion that not all people are valued positively in society makes self-image repair and SRV important considerations. Thus, a person might perform helping behaviors in order to help prevent bad things from happening to him/her and to increase the likelihood of experiencing good things in life. It may be that a person would perform helping behaviors in order to feel better about himself/herself and to be treated better by others. This act would be perceived as enhancing the perceived value of the person's social role (Osburn, 1998).

Summary. In summary, each of the aforementioned theories provides insight regarding why people choose to help others. It remains unclear whether people help others because of selfish reasons or altruistic feelings. Sociobiological theories explain that helping others may be due to a selfish preference for one's own family or genes (Barrett et al., 2002). This theory helps explain why individuals help their kin or those who are similar to them (Berté, 1988; Burnstein et al., 1994; Korchmaros & Kenny, 2001; Kruger, 2003). This theory may contribute to the understanding that empathy is involved in helping others, suggesting that empathy would be more likely when a person is perceived as similar to the actor.

Social exchange theory posits that individuals may help others due to the benefits involved. People help others when they are likely to gain positive outcomes (e.g., positive

feelings, social recognition, financial benefits) or when helping relieves personal distress (Aronson et al., 2010; Aydinli et al., 2013). This theory may also point out a factor related to empathy, since understanding another's plight would be more likely to lead to distress, and the way to relieve this distress would be to help the other. Empathy-altruism theory notes the influence of empathy and understanding another person's needs on helping behaviors. This theory posits that identification with the person in need, or empathy, evokes empathic concern and leads to altruistic motivation and actions. Although distress may be involved in helping others, this theory goes beyond the notion that individuals help others due to personal distress reduction (Batson, 1991).

Alternatively, the image repair hypothesis considers that protection of a person's social image may be the motivating factor in helping others. According to this hypothesis, people help others because they want to cultivate a positive social image and a good reputation (Cunningham et al., 1990). Consistent with the image repair hypothesis, Osburn's (1998) SRV theory supports the notion that people try to protect their social image and reputation. Each of these theories provides a potential factor that may be involved in helping others or empathy that is related to helping others, but each theory is limited to a unique view. Whether helping others stems from doing what is best for the self or because of empathy remains unclear, supporting the need for the current study.

Factors that Impact Helping Behavior

Multiple factors influence helping behavior, including conformity, obedience, increased self-esteem, interpersonal factors, urbanization, kinship altruism, personal value for diversity, and peer pressure. Each of these factors is discussed subsequently.

Conformity. Conformity is an important factor that affects the way people offer help during emergency situations. In the 1950s, Asch (1958) found that individuals might follow others more than they even realize. He examined the extent to which pressure from other individuals in a group affected a person's perceptions. Most of the participants knew the correct response, but instead of providing the right answer, they matched their answers to those of other respondents. Groups can affect how people make decisions about certain issues. When people are in groups, they have a tendency to engage in *groupthink* (Janis, 1972), where members focus on minimizing conflict and reaching consensus without thinking critically about the ideas under consideration. This can guide the group to make decisions and reach a conclusion. However, since group members have not considered all possible outcomes, it could result in a poor decision with unwanted consequences, such as deciding not to offer help to an individual who is in desperate need. People will comply with social pressure to punish an individual when it incurs a communal benefit (Fehr & Gächter, 2000, 2002). Conformity includes prosocial behavior that is focused on the community in compliance with social norms of behavior dictated by society, despite any personal costs. Therefore, conformity appears to be an important factor in whether people engage in helping behaviors.

Obedience. Obedience is another factor potentially involved in helping behaviors. Milgram's 1963 study showed that obedience to authority figures affected the way subordinates reacted to different situations. In his study, one participant was chosen to be a *teacher*, and another was a *learner* who was strapped to a chair with electrodes. Before the experiment, the teacher and the learner were informed that the electrodes were attached to a generator, and if the learner answered incorrectly, the teacher should punish the learner by giving him/her a shock. In his experiments, Milgram showed that people tried to comply with the rules of an authority

figure, even if they knew they were hurting another individual. Individuals were more likely to change their behavior if they were emotionally distant from the victim, and it was easier for individuals to follow an authority figure. Milgram's study was focused on obedience; findings support the notion that people are likely to be motivated by the need to comply with an authority figure across situations. Obedience ultimately forces an individual to comply with others; this compliance can affect an individual's behavior, resulting in actions that may include helping behaviors.

Self-esteem. People have a desire to feel strong and accomplished. Self-esteem is the basic human need that helps individuals to assess their self-worth. It is the part of a person's personality that can give him/her feelings of pride, success, failure, or shame. Self-esteem confers a greater sense of competency. The need for esteem forms through success and status established by self and others (Maslow, 1987). Maslow (1987) created a hierarchy of needs: a pyramid showing all the levels of humans' needs, from physical to psychological. Self-esteem is in the fourth level on the hierarchy of needs. Self-actualization, the highest level in Maslow's hierarchy, indicates that people can gain high self-esteem through recognizing the maximum level of their abilities and skills. Maslow believed that self-esteem is the basis of self-actualization.

Self-esteem is related to helping behavior. Generally, past research showed that those with low self-esteem are more likely to help others compared to people with high self-esteem (Bizman et al., 1980; McMillen, Sanders, & Solomon, 1977; Napp, 2013). McMillen et al. (1977) found that people with lower self-esteem simply did not notice the opportunity to help in times of need, whereas those with high self-esteem were generally more aware and able to perform positively in helping situations. However, when the low self-esteem participants'

attention was brought to the helping opportunity, the roles were reversed; the participants with low self-esteem were more likely to help than the participants with high self-esteem.

People with low self-esteem tend to help more out of their desire to feel good about themselves and increase their self-esteem. Need for self-worth, positive social image and reputation are the motivating factors for their decision to help (Cunningham et al., 1990). Past research showed that people with temporarily manipulated low self-esteem were more likely to display helping behaviors in order to regain a sense of self-worth (Bizman et al., 1980; McMillen et al., 1977). In a past study by Bizman et al. (1980), low self-esteem was induced by a manipulation of failure. When participants failed at a task, they were more likely to help someone in a similar (but not the same) task. Bizman et al. argued that the helping opportunity provides the individual with low self-esteem the ability to redeem himself/herself and restore his/her sense of self-worth.

Interpersonal factors. Psychoanalytic theorists view individual behavior as motivated by self-interest and aggression (Deaux, Dane, & Wrightsman, 1993). According to Gelfand and Hartmann (1992), helping is a *give and take* exchange where people will help if they can get something from it, such as praise or money. However, these rewards are not limited to external reinforcement; rewards could also include increased pride or self-esteem. King, George, and Hebl (2005) conducted a study of 374 women and their supervisors and found that personality factors (i.e., conscientiousness, agreeableness, extraversion, and emotional stability) predicted helping behavior. Thus, self-esteem and interpersonal factors of self-interest and personality may be involved in helping behaviors.

Sociological factor of urbanization. Additional factors that impact helping behaviors include urbanization (Aydinli et al., 2013). Urbanization is a term that addresses issues such as

familial, socio-demographic, socioeconomic, and socio-cultural differences, all of which influence helping behaviors. A study by Korte and Kerr (1975) revealed that strangers were helped more often in rural areas than urban environments; specifically, people were helped more in small towns around Massachusetts compared to people in Boston. However, these results were obtained in the United States and it remains unclear whether they generalize to other places and across cultures. To investigate the urban-rural differences in traditional and collectivistic contexts, Korte and Ayvalioglu (1981) conducted a study in Turkey, including big cities, small towns, and squatter settlements. Again, findings indicated that strangers were helped less often in the big cities compared to small towns and squatter settlements. There were no differences between small towns and squatter settlements, and helping rates were lowest in the suburbs; therefore, economics may be a factor in predicting helping behavior.

Kinship and altruism. The target of helping is an important factor related to helping behaviors (Aydinli et al., 2013). In a 1993 study by Amato, 13,017 American individuals were asked about their helping behaviors toward other family members, relatives, and friends during the past month. Findings supported the conclusion that evolutionary considerations motivated helping others. Kinship altruism includes an internalized mechanism of survival and reproduction that helps to explain why there are few differences between societies and individuals when it comes to helping close others. Kinship altruism was offered as an explanation of what motivates people to help others who are family or like family (Aydinli et al., 2013). Although the authors relied on previous research to support conclusions, which may represent author bias, findings were substantiated and provide new insights related to kinship altruism and helping behaviors.

Personal value for diversity. Personal value for diversity is a factor that moderates the relationship between discrimination against minorities and helping (citizenship behavior) minorities (Triana, Kim, & García, 2011). Triana et al. (2011) examined this issue using surveys of 173 employees, finding a negative relationship between perceived discrimination against minorities and citizenship behavior toward minorities. However, they also found that this negative relationship was "attenuated for those high in personal value for diversity" (p. 333). Although discrimination typically led to decreased helping of minorities, this situation was changed when diversity was valued. The authors concluded that when it comes to helping behaviors in the workplace, those who value diversity are more likely to help minorities and respond to discrimination against them. This study was limited to the workplace, but did provide insight into discrimination and valued diversity as potential factors that impact helping behavior.

Peer pressure. Peer pressure may also be a factor in bystander behaviors. Pozzoli and Gini (2010) reported on bystander behavior in bullying situations and peer pressure. These authors studied the role of personal characteristics (e.g., pro-victim attitudes, personal responsibility, coping responses to observations of bullying) and perceived peer pressure as related to this behavior. The study sample included 462 Italian early adolescents with a mean age of 13.4 years. The behaviors were assessed via student and teacher reports. Results from hierarchical regressions indicated that problem solving coping strategies and perceived normative peer pressure were positively related to active help and negatively linked to passivity. Distancing strategies were positively related to passive bystanding and negatively related to teachers' reports of defending behavior. Self-reported defending behavior was positively related to personal responsibility for helping, but only with low perceived peer pressure. Perception of peer pressure for helping behaviors lessened the negative influence of distancing on passive

bystanding behaviors. This study was limited by its cross-sectional design. However, the authors concluded that factors of coping strategies and perceived normative peer pressure are important to consider in bystander helping behaviors.

Thus, multiple factors are involved in the decision to help others. People may help others in order to conform to societal expectations, or they may help others to increase their own self-esteem. Each of these factors (i.e., conformity, obedience, increased self-esteem, interpersonal factors, urbanization, discrimination, and peer pressure) may potentially be involved in helping behaviors. The current study focused on the role of empathy as a factor, and how culture impacts empathy and helping behaviors.

Empathy, Helping Behavior, and Culture

Empathic abilities help people to understand and feel others' thoughts and feelings. Empathy is similar to sympathy in that the expression of sympathy refers to a situation where one person makes it known that he/she is aware of the distress another person is experiencing and that he/she feels compassion for this other person. However, empathy differs from sympathy in that it expresses compassion without judgment, as well as a deeper level of understanding (Rogers, 1957). Empathy differs from pity in that while sympathy expresses compassion without judgment, pity implies judgment. Empathy is defined as the ability to imagine oneself in another's place and understand the other's feelings, desires, ideas, and actions (Davis, 1980; Hoffman, 1977). Empathy is an important variable to examine because it predicts many positive outcomes such as social-emotional health (Davis, 1983c), improved conflict management (de Wied, Branje, & Meeus, 2007), and helping behavior (Belgrave et al., 2011; Davis, 1983b; Dovidio, Piliavin, Schroeder, & Penner, 2006; Eisenberg et al., 1989). Empathy is also helpful in

the workplace since this environment is typically diverse, with many people expressing different life perspectives (Health Psychology Consultancy, 2011).

Empathy is an explicit emotional response that is congruent with the perceived welfare of another. Empathic feelings result from the perception of another's feeling of need and result in the adoption of the other's perspective (Batson, 1991). Because empathy stimulates the inspiration to eliminate the suffering of others, it can be a strong predictor of prosocial behavior (Dovidio et al., 2006). This correlation raises the question of whether the empathic individual is altruistic or egoistic in his/her motives. That is, does he/she want to help another for the sake of decreasing that person's suffering, or is he/she motivated more by the desire to reduce his/her own negative emotional stimulation that emerges as a result of witnessing the other's suffering?

There are two types of empathy. Cognitive empathy refers to one's ability to recognize and identify another's emotional state and involves the sensitivity to and understanding of the other's mental state with a mental perspective (Davis, 1980; Hoffman, 1977). Affective empathy is the emotional response to others' distress and involves sharing another's emotion with an affective response. This does not necessarily require that one feels the same as another individual, but rather that one's own emotions are more in line with the other person's situation than one's own (Hoffman, 2000). The most common types of affective empathy are personal distress and empathic concern. Personal distress refers to aversive responses that emerge as a result of witnessing another person's negative emotions, which is usually associated with a greater motivation to decrease one's own aversive feelings rather than to help another person (e.g., Batson, Fultz, & Schoenrade, 1987). Personal distress is considered to be a self-oriented, egoistic emotional response (Davis, 1980; Eisenberg, 2000; Eisenberg & Strayer, 1987), as the focus is on one's own negative emotions and the attenuation thereof (Batson et al., 1987;

Eisenberg, 2000; Eisenberg & Strayer, 1987). Carl Rogers (as cited in Health Psychology Consultancy, 2011), founder of person-centered therapy, defined empathy as putting oneself into another's feelings and state of mind. As noted previously, empathy differs from sympathy in that it expresses compassion without judgment, as well as a deeper level of understanding, which is expressed by entering into the other person's experience. When a person is empathic, he/she is able to understand the other person's experience from his/her perspective. When sympathy is expressed, it can result in the other person feeling pitied and inferior. Alternatively, empathy provides compassion and support. Empathy can be offered in multiple ways, including the use of reflection, which involves mirroring a person's expressed feelings back to him/her and paraphrasing to demonstrate one's understanding. The following examples show the differences between sympathy and empathy (Health Psychology Consultancy, 2011). Examples of sympathetic statements include: "I am so sorry about your loss," "How awful." "Poor you", "Let me do that for you," and "I feel so sad for you" (para. 2). In contrast, examples of empathic statements include: "I feel your grief," "I understand this has been a great loss for you," "Can I help you with that?" and "I feel and understand your pain" (para. 2). The example of *I feel so sad for you* shows that the person has sympathy for the other, whereas the example of *I feel your grief* expresses a deeper level of attunement "by entering into the other person's experience" (para. 1).

Adolescent empathy and prosocial behavior have been studied extensively (Barr & Higgins-D'Alessandro, 2007; Belgrave, Nguyen, Johnson, & Hood, 2011). For example, Barr and Higgins-D'Alessandro (2007) studied this topic in the school culture context to determine if positive perceptions of high school culture were related to higher levels of empathy and prosocial behavior. The sample included 158 adolescents (63 boys and 95 girls), from the 10th grade

(n = 97), 11th grade (n = 34), and 12th grade (n = 27). Findings revealed that empathy was related to prosocial behavior. Findings also showed that positive perceptions of school culture were related to higher levels of empathy, but were not related to prosocial behavior. To further understand empathy, researchers have explored factors that facilitate empathy and prosocial behavior (Gano-Overway, 2013). For example, Gano-Overway (2013) investigated the relationship between the caring climate and empathy, prosocial behaviors, and antisocial behaviors. The sample for the study included 528 middle school physical education students. Gano-Overway found that perceived caring climate predicted empathy and prosocial behavior; this caring climate was negatively related to antisocial behavior (i.e., bullying). Cognitive empathy was also found to mediate the relationship between caring and prosocial behavior. Thus, the author concluded that a caring climate is an important factor in empathy and prosocial behavior.

Identity may also be a factor in empathy and prosocial behavior (Hardy, 2006). Hardy (2006) studied this possibility in a sample of 91 university students ranging in age from 19 to 35 years old. The author found that prosocial identity and empathy were positively related to prosocial behavior; prosocial identity was not related to prosocial moral reasoning. The authors concluded that it is important to facilitate the development of a prosocial identity to ensure empathic and prosocial behaviors.

Fairness is another factor that may influence empathy and prosocial behaviors (Yamamoto & Takimoto, 2012). Yamamoto and Takimoto (2012) provided literature to support their conclusions that empathy and fairness are psychological mechanisms involved in maintaining prosociality and cooperation in humans and non-human animals. Studies show that when an animal cannot predict return benefits, prosocial behavior is driven by regard for the

other with a sense of fairness and empathy. Yamamoto and Takimoto hypothesized that although empathy might promote prosocial behavior, fairness may serve as a stabilizer of this behavior. They also hypothesized that prosocial behavior is motivated by a sympathetic concern based on a sense of fairness. This sense of fairness also serves as an inhibitory system regarding the excessive expression of prosocial behavior. It is the sense of fairness that keeps an empathic animal from being exploited, which could lead to an extinction of cooperation. The authors reported that comparative studies with animals and neural studies with humans support the conclusion that a sense of fairness and empathy are important factors in the maintenance of prosocial behaviors and cooperation. However, the present study did not explore this factor since the focus of the present study was mainly on empathy and helping behavior, and other researchers have already explored the impact of fairness.

Sacrificial helping may be an additional factor related to helping others. This concept refers to specific personality characteristics that predispose a person to respond positively to the need for help. The sacrificial helping theory assumes that the altruistic personality is involved in helping behaviors. A person with an altruistic personality has attributes such as an altruistic disposition or perspective (Carlo, Eisenberg, Troyer, Switzer, & Speer, 1991; Graziano & Eisenberg, 1997) and agreeableness (Graziano & Eisenberg, 1997). Eisenberg et al. (2002) have provided evidence of the stability of a prosocial disposition. An altruistic personality has been linked to helping behavior (Eisenberg et al., 1989). According to Batson (1987), altruistic people are more likely to help even when escape from the situation is easy. However, Eisenberg (1986) has pointed out that altruistic individuals might be expected to help more than others only if the help seeker is clearly in need or distressed.

The lack of contact and connections between different groups (e.g., segregation based on ethnicity) is another factor that might negatively affect helping behavior (Axelrod, 1984; Gaertner et al., 1999). Much research has been conducted on the group bias factor. Frey and Gaertner (1986) found that Caucasian people differed in helping behavior depending on whether the situation was clear or ambiguous; helping was slower when the situation was ambiguous, compared to a clear situation. Empathy plays a vital role in people's social and emotional health and well-being. The ability to feel what other people feel enables people to react properly to social situations. As noted previously, the relationship between empathy and helping behavior has long been studied. Cognitive empathy refers to one's ability to recognize and identify another's emotional state (Davis, 1980; Hoffman, 1977). Affective empathy is the emotional response to others' distress. This does not necessarily require that one feels the same as another individual, but rather that one's own emotions are more in line with the other person's situation than one's own (Hoffman, 2000). Affective empathy can take two forms: (a) personal distress, or (b) empathic concern (Eisenberg & Miller, 1987; Feshbach, 1975; Hoffman, 1977). Personal distress is defined as the experiencing of negative emotions as a result of another person's distress and specifically involves individuals turning one's focus inward (i.e., focusing one's attention on their own emotions), thus removing one's attention from the person in distress (Eisenberg et al., 1989, 1998; Schroeder et al., 1988). Personal distress tends not to predict helping behavior or other prosocial acts aimed at alleviating the discomfort of the other individual, but instead is believed to involve a self-focused attempt to relieve the anxiety produced by the negative feelings brought about by experiencing someone else's distress.

Empathy and culture. Håkansson (2003) argued that empathy is based on a cognitive understanding of the target, the affective experience of emotions, a perceived similarity with the

target, and concern for the target's well-being, all of which are influenced by culture (Atkins, 2014). Therefore, it is important to understand the impact of culture on empathy and helping behavior. Past studies showed that compared to European Americans, East Asians usually: pay greater attention to others' needs, goals, and desires (e.g., Yamagishi, 1988); have their own feelings, thoughts, beliefs, and needs closely linked to those of others (e.g., Kitayama, Markus, & Kurokawa, 2000; Mesquita & Karasawa, 2002; Uchida, Norasakkunkit, & Kitayama, 2004); and perceive their own selves as extensions of others who are important to them (e.g., Cousins, 1989; Heine, 2001; Kanagawa, Cross, & Markus, 2001). The results of these past studies suggest that, compared to Westerners, East Asians are less self-oriented, show less personal distress, are more other-oriented, and show greater empathic concern in response to others' negative emotional states.

Westerners tend to be more self-oriented in their emotional response to another person's distress than non-Westerners, who are more other-oriented. In an observational study, Trommsdorff, Friedlmeier, and Mayer (2007) examined emotional responses of sympathy and distress among preschool children across four different cultural groups (Germany, Israel, Indonesia, and Malaysia). They observed behavioral reactions to other-focused and self-focused distress. They found that children from non-Western cultural groups (Indonesia and Malaysia) expressed more other-focused distress than did children from Western cultural groups (Germany and Israel). The researchers did not find cultural group differences in sympathy.

A study by Cassels, Chan, Chung, and Birch (2010) examined cultural differences in dispositional empathy focusing on empathic concern and personal distress among East Asian and European Canadian young adults using Davis's (1980) Interpersonal Reactivity Index (IRI). The researchers found that Westerners reported more empathic concern (the tendency to feel

sympathy and/or concern for others in negative situations), but less personal distress (the tendency to experience distress and/or discomfort in response to another person's distress) than did East Asians. These findings mirror those by Trommsdorff and colleagues (2007) and also suggest that Westerners are more self-oriented in their emotional response to others' distress than East Asians.

Cassels et al. (2010) presented findings from a study of cultural influences on affective empathy or the emotional response to the distress of another. This type of empathy can include personal distress or empathic concern. Studies of Western cultures demonstrate that high levels of empathic concern and low levels of personal distress were related to increased prosocial behavior, emotion management, and peer relations. Studies of children from East Asian cultures showed that these children experience more personal distress and less empathic concern when compared to children from Western cultures. Cassels et al. investigated cultural differences in affective empathy in a sample of 190 adolescents and young adults. The researchers found that East Asian adolescents reported more personal distress and less empathic concern, compared to Western adolescents. Bicultural individuals' scores were between the East Asian and Western groups, with significant differences from mono-cultural peers, which implied that culture, community, and family influence empathy. These results support the conclusion that culture is a factor in both cognitive and affective empathy and related outcomes. This finding implies that culture affects the relationship between empathy and helping behaviors, but empirical support for this conclusion is needed, which supports the current study.

When a person feels empathy, he/she becomes motivated to offer help. People help others as a result of genuine concern, regardless of what they might gain or lose as a result of their efforts. Furthermore, when empathic people try to relieve others' pain, they gain fulfillment from

the task, and it can become one of the most important aspects of their lives. There are different types of empathy. Situational empathy refers to the concern for another's welfare in a situation, whereas situational empathy refers to perceptions of another's need or being sympathetic or moved by another's need. A feeling of oneness is a type of empathy that has a stronger effect on prosocial behavior than empathy alone. Situational distress refers to self-oriented vicarious emotions (e.g., upset, disturbed, alarmed) that impact empathy. When a person reports high degrees of situational distress, he/she also tends to report high situational empathy (Batson, 1995).

A study of 789 (57% female) African American adolescents between the ages of 11 and 14 also revealed that empathy was related to prosocial behavior (Belgrave et al., 2011). For their study, Belgrave et al. (2011) examined prosocial behavior among African American adolescents to help explain prosocial and aggressive behaviors. Empathy was an independent variable (along with anger management, aggression normative beliefs, and ethnic identity). Profiles were similar for boys and girls and included those who were well-adjusted and poorly adjusted and those with low identity, low empathy, and low anger management ability. The authors concluded that is best to focus on anger management, ethnic identity, and normative beliefs against aggression to reduce aggression and increase prosocial behavior. Additionally, it is important to promote empathy to increase prosocial behavior.

In contrast, empathic concern is predictive of prosocial behavior, such as altruistic helping, or at least attempting to help alleviate the other's distress (Davis, 1983a, 1983b; Eisenberg & Miller, 1987; Mehrabian & Epstein, 1972). Empathic concern refers to other-oriented emotions elicited by and congruent with the perceived welfare of someone in need (Batson, 1991). These other-oriented emotions include feelings of sympathy, compassion,

tenderness, soft-heartedness, and the like. In some Western cultures, high empathic concern and low personal distress have been implicated in increased prosocial behavior (Eisenberg et al., 1989), as well as in better emotion management and peer relations (Eisenberg et al., 1998). Past research has indicated that compared to non-Western cultures, individuals from Western cultures of origin experience greater empathic concern and less personal distress when it comes to empathetic situations (Cassels et al., 2010). This tendency to experience empathic concern ultimately increased helping behavior among these individuals.

In sum, past research has demonstrated a particular relationship between empathy and culture. Generally, people from non-Western cultures experience greater empathy than those from Western cultures. Although the link between culture and empathy has been demonstrated, there is a gap in the literature regarding the influence of culture on empathy and prosocial behavior, which supports the need for the current study. The following section presents a review of cultural studies on helping behavior.

Culture and Helping Behavior

Culture is an important factor that influences helping behavior. Culture—a shared pattern of values, attitudes, and beliefs that automatically shapes people's identities and behaviors (Brown, 2008)—can be observed on a large scale, such as in one country, or can be found in as small a scale as a neighborhood. Certain mechanisms involved in helping behavior—such as a person's values, emotions, attitudes, skills, and traits—vary by culture (Aydinli et al., 2013; R. Levine, 2003; R. Levine, Norenzayan, & Philbrick, 2001; Perlow & Weeks, 2002). Depending on the cultural context, some may find it agreeable to help a stranger and others may only value helping friends or relatives.

Past research suggests that, in general, helping behavior is more prevalent in collectivistic cultures where concern for others is greater. R. Levine and his colleagues (2001; R. Levine, 2003) conducted independent field studies in 23 large cities worldwide to measure nonemergency helping. The helping situations included: informing a pedestrian that he/she dropped a pen, helping a pedestrian with a hurt leg, and helping a blind person cross the street. Regardless of the helping situation, culture played a role in people's responses. Rates of helping varied and ranged from rates of 93% in Rio de Janeiro and Brazil, to rates of 40% in Kuala Lumpur, Malaysia. Reports of percentages by level of empathy were not noted. Helping was negatively related to economic productivity of the country, and positively related to the cultural tradition of *simpatia* (agreement and harmony in relationships), a cultural norm that involves a proactive concern for others and includes behaviors such as being polite, friendly, and helpful to strangers. These findings are consistent with the argument that helping is more common in collectivistic cultures.

In another cross-cultural study, R. Levine (2003) found consistent results. He assessed helpfulness to a stranger in 36 cities in the United States and 23 cities worldwide. For a *helping a blind person* study, helping behaviors were found each time in five cities out of the 59 total cities (Rio de Janeiro, San Jose, Lilongwe, Madrid, and Prague), and were found less than half of the time in Kuala Lumpur, Kiev, and Bangkok. For example, in situations when a person's leg was hurt, people offered more help than if a person dropped a magazine in some cities. However, a consistent finding was that cities with strong Hispanic/Latino cultures were the most helpful. Findings also showed that helping was more common in countries with lower economic productivity and in cultures that valued social harmony. These results supported the *simpatia* hypothesis, which posits that members of communities that value social obligations over

individual achievement tend to be more willing to help others. However, the authors also noted that this finding was not consistent in all cities or countries. Table 1 presents findings from R. Levine and colleagues (2001; R. Levine, 2003).

Table 1

Help Across Countries

City, Country	Overall Helping Index			Blind Person		Dropped Pen		Hurt Leg	
	Rank	Z-scores	%	Rank	%	Rank	%	Rank	%
Rio de Janeiro, Brazil	1	1.66174	93.33	1	100	1	100	4	80
San Jose, Costa Rica	2	1.52191	91.33	1	100	7	79	1	95
Lilongwe, Malawi	3	1.14903	86.00	1	100	2	93	13	65
Calcutta, India	4	.91598	82.67	6	92	16	63	2	93
Vienna, Austria	5	.79946	81.00	12	75	6	88	4	80
Madrid, Spain	6	.68293	79.33	1	100	9	75	14	63
Copenhagen, Denmark	7	.56641	77.67	15	67	4	89	8	77
Shanghai, China	8	.49650	76.67	17	63	9	75	3	92
Mexico City, Mexico	9	.42658	75.67	6	92	17	55	4	80
San Salvador, El Salvador	10	.35667	74.67	6	92	4	89	20	43
Prague, Czech Republic	11	.37997	75.00	1	100	17	55	9	70
Stockholm, Sweden	12	.17023	72.00	18	58	3	92	11	66
Budapest, Hungary	13	.10031	71.00	15	67	8	76	9	70
Bucharest, Romania	14	-.06282	68.67	6	92	14	66	19	48
Tel Aviv, Israel	15	-.10943	68.00	10	83	13	67	16	54
Rome, Italy	16	-.43570	63.33	12	75	21	35	4	80
Bangkok, Thailand	17	-.59883	61.00	23	42	9	75	11	66
Taipei, Taiwan	18	-.73866	59.00	21	50	15	65	15	62
Sofia, Bulgaria	19	-.87849	57.00	11	80	12	69	23	22
Amsterdam, Netherlands	20	-1.11154	53.67	18	58	19	54	17	49
Singapore, Singapore	21	-1.50772	8.00	21	50	20	45	17	49
New York City, USA	22	-1.74077	44.67	12	75	22	31	22	28
Kuala Lumpur, Malaysia	23	-2.04374	40.33	20	54	23	26	21	41

Note. Overall Helping Index reflects average of the z-scores for each of the three situations. Scores represent the percentage of help received in each country. A rank of 1 indicates the most helpfulness. Adapted from "Cross-Cultural Differences in Helping Strangers," by R. Levine, A. Norenzayan, and K. Philbrick, 2001, *Journal of Cross-Cultural Psychology, 3,* p. 555. Copyright 2001 by the authors. Adapted from "Measuring Helping Behaviors Across Cultures," by R. Levine, 2003, *Online Readings in Psychology and Culture, 5,* p. 8. Copyright 2003 by the author.

Aydinli et al. (2013) conducted a similar cross-cultural study on helping behavior: a field study of helping behaviors across cultures. They investigated the frequency with which strangers were helped in three non-emergency spontaneous helping situations that demanded little effort, or formal long-term helping, such as volunteering. In their studies, they investigated whether similar psychological mechanisms across cultures promote helping. In situations of spontaneous

helping, the act of helping is displayed more often in less affluent and rural contexts than in wealthier and urban cities, whereas long-term formal helping (volunteering) occurs more often in wealthier, affluent, and western countries. Helping score was correlated positively with the cultural value orientation of *simpatia*, which is found mainly in Latin American countries. The economic productivity of a country was significantly negatively related to helping rates and helping was found less often in wealthier countries. However, long-term volunteering commitment to helping others was higher in wealthier countries. The authors speculated that spontaneous helping is an unconscious act based on affect and volunteering is a conscious act. An explanation for why helping was found less in wealthier countries includes an understanding of the collectivistic versus individualistic position of the people involved.

When comparing adults and children from the United States and India, findings showed that feelings of responsibility and obligation to help were greater in serious situations with close relationships (Aydinli, 2015). However, Indians tended to feel more responsible and obligated than Americans to help others in these situations. Based on these findings it can be concluded that people from more traditional, collectivistic, and economically poorer environments (Brazilians or Indians) are likely to be more inclined to help others, compared to people from more Western, affluent, individualistic contexts. However, Aydinli et al. (2013) noted that these conclusions are yet to be confirmed, which supported the need for the current study.

Aydinli et al. (2013) reported that research findings also raise questions such as whether or not spontaneous helping is more likely to occur in less developed and poorer contexts. These authors noted that it remains unclear whether people living in traditional collectivistic societies would be more concerned with the welfare of other people and therefore more likely to help others, compared to those in modern Western societies. In 1996, Fjneman, Willemsen, and

Poortinga conducted a study in Greece, Hong Kong, the Netherlands, Turkey, and the United States to explore these conclusions. Fjneman et al. reported findings from 10 people, discovering a pattern of being ready to provide help with expectations that help would be received; findings were similar across cultural contexts. For all cultural contexts, the differences between social categories were explained by emotional closeness. When the person to be helped was emotionally closer, individuals expected more support and were more willing to provide this support in turn.

As noted by Aydinli et al. (2013), these findings are in line with evolutionary principles of reciprocity found in stable environments. Emotionally close people have relationships that are expected to remain stable over time and result in reciprocation. Findings by Fjneman et al. (1996) provided support for kinship altruism, since helping was more likely to take place if it was of benefit to kin or others who were close. Aydinli et al. concluded that prosocial behaviors are a function of the reciprocity and kinship effect across all cultures.

Despite the ample research supporting the relationship between empathy and helping behavior, the findings of a recent study contradict this conclusion. This study was conducted in China and explored predictors of prosocial behavior among Chinese adolescents (580 high school students) in Hong Kong (Lai, Siu, & Shek, 2015). The predictors in this study included empathy, prosocial moral reasoning, and social influence from parents, peers, and school. Each participant completed a self-administered questionnaire that measured prosocial behavior and its predictors. The researchers found that the social influence of peers, school, and parents strongly predicted helping intention and prosocial behavior. Contrary to the findings of previous studies, empathy and prosocial moral reasoning did not predict prosocial behavior.

Although this recent study presents results contradicting the argument that empathy predicts helping behavior, it comes with some limitations that may explain this contradiction. One important limitation that explains this result is the length of the survey. Since the test was already long, subjects had to understand all the scenarios and think about the reasons for helping or not, which would take more time to complete compared to other parts of survey. As a result, some participants might have simply rushed through the questions rather than giving them more though, which jeopardized the test's result in regard to empathy. Although this was a study with limitations, it could be a good guide for parents who want to cultivate prosocial behavior in their children.

Dimensions of Culture

To study the impact of culture on helping behavior, the present study focused primarily on Hofstede's (1991) cultural dimensions model, a framework that describes the main dimensions of value perspectives when compared between national cultures. Although Aydinli et al. (2013) and other researchers identified simpatia as a cultural dimension that was related to helping behaviors, this was found mainly in Latin American countries. Since the current study was not limited to Latin American countries, it explored Hofstede's cultural dimensions as they relate to helping behavior.

Hofstede (1991) completed one of the most comprehensive and thorough studies on how values in the workplace are influenced by different cultures. From 1967 to 1973, he analyzed a large scale of values scores from employees of IBM, which employed a large number of people from over 70 different countries. In 2001, he extended his work to focus on 76 countries, including countries from the original IBM employee values study. He found significant differences between cultures originating from different countries within the same organization.

Therefore, he proposed five dimensions of culture that are responsible for individuals'

differences. The dimensions Hofstede proposed are discussed subsequently.

      Power distance. Power distance can be defined as the extent to which the less powerful

members of society expect and accept that power is distributed unequally. In high power

societies like Latin America, France, Spain, etc., subordinates tend to be afraid of their bosses,

since these societies are autocratic. In contrast, in low power distance societies like Great Britain

or the U.S., subordinates are more likely to challenge their bosses because they feel more

comfortable around them. People in a high-power society usually have less freedom to make

decisions and apply those decisions to their lives. Accordingly, people in high power distance

cultures are more likely to offer help to each other since they do not have much power to apply in

their daily lives. Subsequently, they might feel empathy for one another since they know how

difficult it is to feel repressed (Hofstede, 1991).

      Individualism/collectivism. In individualistic cultures such as the U.S., France, and

Germany, individuals look out for their own interests. Ties are loose between individuals in

society and competition is usually high. In general, individuals learn to only look after their own

families and property. Forming groups and teamwork has little value. In contrast, people in

collectivistic cultures learn to be part of strong, cohesive groups. Groups identify with the same

goals and share the same desires. To attain their goals, individuals will remain loyal to their

groups and learn to help and support each other through the process. They value cooperation

more than competition. Examples of such countries would be Iran, India, and Greece.

Individualistic cultures, in contrast, place value on promotion in a company; therefore,

employees concentrate on their work more than helping each other to resolve an issue.

Collectivistic cultures instead value reaching the company's goals and looking out for each other in times of trouble (Hofstede, 1991).

The core element of individualism refers to the assumption that individuals are independent of one another. Individuals from individualistic cultures focus on personal interests, personal goals, personal control, and personal uniqueness (Ballah, Madson, Sullivan, & Swindler, 1985; Hsu, 1983; Kâğitçibaşi, 1994; Kim, 1994; Markus & Kitayama, 1991; Sampson, 1997; Triandis, 1995). Additionally, Shwartz (1990) asserted that individualistic societies consist of groups of people who have negotiated social relations as if they have contracts among themselves. In contrast, the core element of collectivism is the assumption that groups share the same goals. According to Shwartz, collectivistic societies are communal societies: social units with centralized and common fate, goals, and values.

Femininity/masculinity. Individuals who live in feminine cultures such as France, Denmark, and Indonesia, tend to value good relationships with each other. Cooperation is usually high. Females are respected, and they have the same level of education as males in the society. In contrast, people who live in masculine cultures, such as the U.S., Japan, and Mexico, value opportunities over relationships. They are more likely to seek prospects for a better job or recognition for their advanced performance. Gender roles are more emphasized in masculine cultures as opposed to feminine cultures (Hofstede, 1991).

Uncertainty avoidance. When levels of social uncertainty are high, for instance in Latin America or South Korea, people perceive the unknown as something dangerous and feel threatened by it. In contrast, people who live in uncertainty acceptance perceive uncertain situations as less hazardous and feel more comfortable with the unknown. As a result, people are

more likely to take risks compared to individuals who live with uncertainty avoidance (Hofstede, 1991).

Long-term, short-term orientations. Every society has to deal with the past, present, and future, and set both short-term and long-term goals accordingly. If societies score low on this dimension, it indicates a preference to maintain time-honored traditions and norms and be cautious regarding change. If a society scores high on this dimension, it indicates a more pragmatic approach, with a greater emphasis on goals related to preparing for the future (Hofstede, 1991).

Why individualism/collectivism? The present study focused primarily on the individualism/collectivism dimension of culture because prior studies have found this dimension to be the most important dimension in order to understand diversity and individuals across cultures (Hein, 2007). Triandis (1972) and Hofstede (1980) have made tremendous contributions to the field of psychology. Most of the research on culture has focused on individualism and collectivism since this dimension is largely responsible for studying cross-cultural psychology. This dimension continued to be the most important construct of studies in this field in the 1990s (e.g., Kashima, Yamaguchi, Kim, & Choi, 1995; Kim, Triandis, Kâğitçibaşi, Choi, & Yoon, 1994; Triandis,1995), making it the most researched cultural dimensions studied in social behavior. Moreover, individualism/collectivism has been used frequently to explain and define differences in attitudes, beliefs, attributions, and self-concept. Scholars typically use this dimension to characterize people from across cultures (Kâğitçibaşi, 1997; Oyserman, Coon, & Kemmelmeier, 2002). Based on all the evidence, I was also very interested to explore the impact of this dimension on helping behavior; therefore, the study focused on the individualism/collectivism dimension as it related to helping behavior.

Parenting style. Much research has been conducted on the ways culture can shape individuals' perceptions of helping. In one of these cross-cultural studies, researchers tested cognitive and social influences on early prosocial behaviors in two sociocultural contexts (Kärtner, Keller, & Chaudhary, 2010). Early prosocial behavior was found to emerge in a toddler's second year of life (Zahn-Waxler, Radke-Yarrow, Wagner, & Chapman, 1992). In response to another person's distress, toddlers show prosocial behavior that is designed to alleviate that person's negative affective state. Zahn-Waxler et al. (1979) identified a specific type of parenting style that was related to 1 and 2-year-old toddlers' prosocial behavior: mothers who responded to their toddlers' transgressions with high intensity and clarity, both cognitively and affectively, and who used power assertive psychological strategies had children who were more likely to help others. It is certainly important to keep in mind that a parenting strategy that fosters prosocial behavior requires a great deal of parental investment. Whether caretakers see the necessity of doing so and also are willing to invest effort into this type of socialization should therefore depend on their normative background and the importance the caretakers associate with the development of their toddlers' prosocial behavior. Therefore, if norms of interpersonal relatedness (e.g., obedience, sharing, and helping) are emphasized in particular cultural contexts, caregivers from these contexts should adopt parenting strategies that require and encourage prosocial behavior from their children. As a consequence, toddlers from these contexts should display a high level of prosocial behavior.

In order to show the effect of parenting style on helping behavior in toddlers, Keller (2007) conducted a study of mothers from Germany and India with their toddlers. German middle-class mothers socialize their children toward individuality and autonomy. These German mothers value exclusive interactions and believe that children should spend time on their own in

order to become more independent (Keller et al., 2004; Keller, Voelker, & Yovsi, 2005). In

contrast, Indian middle class mothers strongly emphasize social relationships and interpersonal

responsibilities (Chaudhary, 2004; Kumar, 1993; Miller & Bersoff, 1992; Miller, Bersoff, &

Harwood, 1990; Miller & Luthar, 1989; Wang & Chaudhary, 2006). Moral attributions are used

to explain humans' behavior (Beardman, 2012). In a number of cross cultural studies, Miller and

her colleagues found that Hindu Indians treated interpersonal relations and helping others in fully

moral terms. In contrast, Americans of European ancestry tended to categorize helping as a

personal choice (Miller et al., 1990; Miller & Luthar, 1989).

   The results of the study revealed that Indian toddlers were more likely to help other

people compared to the German sample. Obedience was another factor that influenced whether

toddlers would help (Keller, 2007). Early assignment of responsibility, like family chores and

sibling caretaking, best explains cross-cultural differences in children's prosocial differences (de

Guzman, Edwards, & Carlo, 2005; Whiting & Whiting, 1975). The study concluded that

caretakers who emphasize obedience as a socialization goal influence toddlers' responsive

orientation toward others, ultimately increasing their level of prosocial behavior. Thus, culture is

a factor in determining prosocial behaviors (Keller, 2007).

   High and low context cultures. Aside from those that Hofstede (1981) identified, there

are other dimensions of culture that impact people's behaviors. For example, Hall presented a

theory of high and low context cultures, each of which presents with specific factors that affect

communications and behaviors. High-context cultures include Africa, Asia, areas of the Middle

East, and South America; these cultures are considered collectivistic, relational, intuitive, and

contemplative. In high-context cultures, people focus on interpersonal relationships. These

collectivistic cultures prefer group harmony and consensus rather than individual achievement.

For these people, context or speaker non-verbal behavior is more important than words in a communication. In a low-context culture, such as North America and some areas of Western Europe, people are individualistic, logical, linear, and action-oriented. These individuals value facts and directness, and they solve problems and make decisions based on facts rather than intuition. They strive to take actions and require straightforward communication (College of Marin, 2015; Hall, 1989).

Attribution Theory, Dimensions, and Attributional Biases

Again, multiple factors affect helping behavior. However, the current study focused on the role of culture as it relates to empathy and behaviors. Attributional dimensions and styles influence how a person feels and reacts. Therefore, this section presents a discussion of attribution theory, dimensions and styles, and related issues such as attributional biases.

Attribution, another important factor related to helping behavior is a psychological theory that describes the processes that an individual uses to explain the cause of an event or behavior. Attribution theory is concerned with how individuals interpret events and how this interpretation relates to their thinking and behavior. This theory considers how the social perceiver uses specific information to determine causal explanations for an event. The theory examines this information to determine what information is gathered and how the information is combined with other information to formulate a causal explanation. Attribution theory considers how and why a person explains an event (McLeod, 2010). Heider (1958) was the first to propose a psychological theory of attribution, but Weiner (1986) and other researchers (e.g., Jones & Nisbett, 1971) developed a theoretical framework that has become a major research model of social psychology. Attribution theory attempts to explain the world, as well as to determine the cause of events and behaviors. It also seeks to explain how people account for others' behaviors

or events. Attribution theory also examines what information is gathered and how it is combined to form meaning (Fiske & Taylor, 1991). Heider believed that people act like psychologists to try to solve problems in life, which tends to lead individuals to cause and effect conclusions that may not truly exist. Weiner focused on situational variables that trigger an attribution dimension, which leads to a motivational state and a behavior (Harvey & Martinko, 2010).

Locus of causality. One of the dimensions of attribution is locus of causality. According to Turban, Tan, Brown, and Sheldon (2007), people have the tendency to attribute the outcomes of events or their own actions to either internal or external reasons. Locus of causality is a central construct in theories of motivation. The concept of perceived locus of causality (PLOC) pertains to the notion that an individual locates the cause of his/her behavior or a situation as caused by either internal (internal locus of causality) or external reasons. PLOC is a measure of felt autonomy or self-determination. People who have high levels of internal PLOC are more likely to feel in control of their lives or to hold themselves accountable for their behaviors. Conversely, individuals with high levels of external PLOC tend to believe that others or circumstances outside their control are responsible for certain actions or events.

PLOC is closely linked to the concepts of intrinsic and extrinsic motivation. High levels of internal PLOC have been linked to high levels of intrinsic motivation. For example, an employee who believes that he/she is in control of his/her career is more likely to be intrinsically motivated to work overtime. Conversely, an employee who believes that career advancement depends on entirely *good luck* will have a high level of external PLOC and will also have high levels of extrinsic motivation. For example, he/she may only work harder if a concrete reward such as a bonus has been promised. Extrinsic motivation may also occur when failure to perform a specific task, duty, or action will result in punishment (Ryan & Connell, 1989). Although the

concepts of internal and external PLOC have played a significant role in organizational

psychology, education, and health research, they are also useful in describing and analyzing

prosocial behaviors because they may confer an understanding of the motivators at play when an

individual exhibits prosocial behavior.

      Stability. The stability dimension captures whether change over time is expected or not.

For instance, ability can be classified as a stable, internal cause, and effort classified as unstable

and internal cause. As a dimension of attribution, stability determines whether an individual

assumes that the cause that warrants helping behavior remains stable or is different each time.

Dagnan, Trower, and Smith (1998) conducted a study in which they analyzed caregivers'

attributional dimension—particularly controllability and stability—in relation to helping

behaviors for individuals with mental disabilities who exhibited challenging behaviors. These

authors found that carers who worked with individuals with challenging behavior tended to

evaluate the person more positively and were more likely to offer extra helping effort, indicating

that participants judged the stability of causes to be external. The authors found that stability

(and controllability) were correlated negatively with optimism; moreover, optimism was

correlated positively to helping behaviors. This finding means that stability was also correlated

negatively with helping behaviors.

      Findings of a study conducted by Dagnan and colleagues (1998) were confirmed through

a meta-analysis of data from research studies pertaining to helping behaviors for individuals with

mental disabilities (Willner & Smith, 2008). The authors reviewed 10 studies on the subject and

found that helping is more likely to occur if stability is perceived to be low. Low levels of

stability were associated with optimism for change and hence a higher level of willingness to

help. These findings were considered in the present study, which sought to determine whether

the stable/unstable attributional dimension mediates the relationship between culture and helping behavior.

Controllability. The dimension of controllability includes causes that one can control, such as effort and skill/efficacy, and causes that one cannot control, such as aptitude, mood, others' actions, and luck (Weiner, 1986). Culture impacts the development of these individual attributional styles (Higgins & Shaw, 1999). Similar to stability, controllability has been found to play a significant role in helping behaviors. Willner and Smith (2008) found that low levels of controllability by individuals with mental illnesses were correlated positively with helping behaviors by their caregivers . Higgins and Morrison (1998) similarly found that low levels of controllability in attributional style were correlated positively with helping behaviors for individuals with negative life outcomes.

Graham and Juvonen (2001) considered the attribution approach in an attempt to understand peer victimization. They also found that high levels of controllability were associated with reduced willingness to help. If an individual was bullied because of a mental condition, disability, or physical handicap (i.e., something that is out of a person's control), peers were far more likely to offer help than when the individual was believed to be in control of the behavior or characteristic that triggered the harassment. Graham and Juvonen argued that caution is warranted when assigning attribution traits to an individual, since the situation may affect attribution dimensions. It is important to understand the situation, because the situation serves as a trigger for attributing a cause and for motivational states and actions (Harvey & Martinko, 2010). It is also important to add that Weiner's theory of causal attribution is also based on attribution states, not traits.

Although traits and states are both concepts that people use to describe themselves and others, there is a distinction between the two. Traits are typically stable, long lasting and internally caused; in contrast, states are unstable, temporary, and caused by external factors. Many researchers have tried to distinguish between these two separate but related categories. Chaplin, John, and Goldberg (1988) conducted a study in which they were able to categorize some descriptive terms of one of the categories, but they were unable to categorize some descriptors accordingly. For example, according to their study, *gentle*, *free living*, and *strict* are traits, but *miserable*, *uninterested*, *pleased*, and *angry* are states. As a result, they developed an explanation that some terms could have two meanings, such as *bear* (the animal) or *to bear* (to carry). Chaplin et al. suggested that traits and states help individuals to predict and explain social behavior. Traits would help individuals to predict reliable behaviors over time. In contrast, states describe those characteristics that cannot be predicted from the past, but over which individuals might have control by manipulating the environment.

Attributional styles. Attributional style is generally defined as a person's tendency to infer the cause of a behavior or event (Davey, 2006). Attributional styles are believed to be the result of learned behaviors and specific personality traits (Buchanan & Seligman, 2013). The concept of learned helplessness, for example, has received ample attention. Learned helplessness was first proposed in animal studies to describe the observed phenomenon that animals that were temporarily paralyzed through drugs and then exposed to electric shocks would exhibit the same *helpless* behavior if the negative stimulus was repeated without paralyzing the animal first. Researchers extrapolated that helplessness was learned by humans and went hand in hand with the attributions of the cause of events as being external, i.e., outside of the individual's control.

However, a second line of research has also provided evidence for the fact that attributional style is also related to personality traits. However, since personality traits are also believed to be shaped by a combination of genetic predispositions and environmental factors, there is a strong argument to be made that attributional style is primarily learned (Buchanan & Seligman, 2013).

Supportiveness. Supportiveness is an attributional style that might impact the way individuals offer their help. Individuals with a supportive attributional style have a tendency to view the needs of others in terms of situations that are out of the victim's control. In contrast, individuals with a non-supportive attributional style tend to view a victim's misfortune as a controllable situation. Studies have shown that individuals with supportive attributional styles tended to offer assistance to victims, regardless of whether or not the victims were responsible for their situation. Individuals with non-supportive attributional styles tended to help people who had no control of their situations, while opting not to help those who were perceived as able to control their situations but failing to do so (Higgins & Shaw, 1999). The construct validity of unsupportive attributional styles was tested by Higgins and Morrison (1998), who assessed unsupportive attributional styles across a number of negative life outcomes using the Reasons for Misfortune Questionnaire (RMQ). The authors found high levels of variability in perceived controllability of negative life outcomes; however, when the authors took the attributional style model for unsupportive attributional style into account, variability could be reduced greatly. This finding indicates that the unsupportive attributional style is a valid construct and a strong predictor of helping behavior.

Drach-Zahavy and Somech (2006) investigated the intersection of professionalism and attributional styles. They found that supportive attributional styles were correlated with not only

higher levels of professionalism but also higher levels of helping behaviors. A supportive attributional style could furthermore explain most of the variance in helping behavior and professionalism.

Attributional biases. When making attributions, people show biases in favor of themselves or their in-groups. Attributional bias refers to the errors made when people evaluate or try to find reasons for their own and others' reactions; more specifically, attribution bias occurs when someone "systematically over- or underuses the available information when explaining behavior" (J. Levine & Hogg, 2012, p. 127). Examples of attribution biases exist everywhere in everyday life. Attributional bias is relevant to the overall topic of this dissertation because it provides a framework for analyzing and identifying individuals' reasoning in making the decision to engage in prosocial or helping behaviors. Attributional bias may help explain why individuals are willing to help members of their in-group but refuse to help members of the out-group.

The following discussion provides a brief overview of different ways in which people show attributional biases. Each of these biases explains a specific tendency that people display when inferring the cause of events. For example, if someone faces homelessness, members of the in-group are more likely to offer help because they attribute causes that have an external locus of causality (e.g., the economy crashed, workers were laid off, banks have engaged in predatory lending, etc.). If, however, someone who belongs to an out-group faces homelessness, people are more likely to refuse to help because they place the locus of causality internally; they may, for example, suggest that the individual is losing his/her home because he/she has been lazy, irresponsible with his/her finances, and so forth. The concept of attribution bias is therefore useful in explaining not only personal actions and behaviors related to prosocial behavior but

also the actions and behaviors of entire groups. Moreover, the various dimensions of attribution

bias discussed subsequently shape social identity and hence help explain prosocial behavior.

The fundamental attribution error refers to a tendency to over-value dispositional or

personality-based explanations for the observed behaviors of others while under-valuing

situational explanations for those behaviors (Li et al., 2012). The fundamental attribution error is

most prevalent when people explain the behavior of others. For example, in 1991, Thomas

McIlvane, a postal worker who had lost his job and could not appeal the decision, shot his

supervisor, several coworkers, and some bystanders. Attribution theory suggests that people may

interpret McIlvane's behavior in several ways. If his behavior is attributed to personal or

dispositional characteristics (e.g., he is an evil person, he cannot control his anger, etc.), internal

attribution occurs. If people view his behavior as being determined by situational causes (e.g., he

was fired, perhaps unjustly; his work environment was stressful; he was bullied, etc.) they

engage in external attribution. With regard to McIlvane and similar cases, fundamental

attribution errors occur because people overemphasize internal attribution while ignoring

situational context. Significantly, as a study of American Catholics and Protestants conducted by

Li and colleagues (2012) has found, fundamental attribution errors are closely linked to cultural

and religious factors. Through a series of four experiments, the authors found that Protestants

have higher levels of internal attribution than American Catholics and hence commit the

fundamental attribution error because they have stronger beliefs in an internal soul and personal

responsibility.

The fundamental attribution error does not explain interpretations of one's own behavior,

where situational factors are often taken into consideration. This discrepancy is called the actor-

observer bias (Ross, 1977). Actor-observer bias can be viewed as an extension of the

fundamental attribution error. Actor-observer effects occur in comparisons between attributions of self and others (Green & McClearn, 2010). In addition to over-valuing dispositional explanations of others' behavior, people tend to under-value dispositional explanations and over-value situational explanations of their own behavior (Jones & Nisbett, 1971). For example, if a child is taking care of his elderly grandparent, some might say itis because it is his responsibility (situational factor), whereas others will explain his behavior as an expression of his love and commitment to his family (dispositional factor). Actor-observer bias has been studied in a variety of contexts including personal preferences, risky driving behaviors, and explanations offered by researchers and animal rights activists for animal research (Green & McClearn, 2010).

Significantly, research has shown that actor-observer bias does not apply to all situations alike. In investigating the actor-observer bias in performance situations, Malle (2006) found that actor-observer bias could be detected in failing outcomes; however, in successful outcomes, actor-observer bias did not occur. Apart from the insight that actor-observer bias is context specific, a study conducted by Triana, Porter, DeGrassi, and Bergman (2013) investigated how social categorization and actor-observer bias affected helping behaviors in teams. For the study, the authors recruited 316 racially diverse business students. Participants were randomly divided into teams and given the distributed dynamic decision-making task (DDD). The DDD was developed by the Department of Defense for civilians. This computer simulation required all team members to keep a simulated area free of hostile fire. Each team member was responsible for one quadrant of the screen and was given the same resources to defend his/her quadrant; however, team members could communicate during the task and could help each other if necessary. The researchers ran two series of simulations. In the first, all four quadrants received at least one surge of hostile fire during the simulation. In the second series, only the second

quadrant experienced all four surges of hostile fire during the simulation. In both conditions, only the person in charge of the second quadrant received feedback for his/her performance. Feedback was always public and during a negative feedback condition, the person in charge of the second quadrant was publicly criticized for his/her performance. The authors then investigated helping behavior and actor-observer bias by analyzing the simulation protocols and surveying participants after the feedback sessions. The authors found that having a disproportionately heavy workload led to receiving higher levels of helping behaviors from team members. The authors found no evidence that negative performance feedback increased the amount of help an individual received from his/her team members because of having a disproportionately heavy workload. Significantly, the authors did find that race had to be taken into account when explaining the interactive effects of workload and performance feedback on helping behaviors. Specifically, teammates who had heavy workloads and received negative feedback received less help from their teammates if they were racially different. The findings of the study conducted by Triana et al. demonstrate that race may play a significant role in shaping helping behaviors in teams. Overall, as the authors stated initially, the role of actor-observer bias in helping behaviors is an under-researched field that requires further exploration. The present study sought to make some contributions to this field since, as noted by Triana et al., race may impact helping behaviors, and the current study focused on culture's relationship to helping behaviors.

Another attribution error is self-serving bias error. Self-serving bias refers to people's tendency to attribute their successes to internal factors but attribute their failures to external sources (Shepperd, Malone, & Sweeny, 2008). This bias helps to explain why people tend to take credit for their successes while denying any responsibility for failures (Darity, 2008). For

example, a tennis player who wins his match might say, *I won because I'm a good athlete*, whereas the loser might say, *I lost because the referee was unfair*. As Shepperd and colleagues (2008) have pointed out, one of the major academic debates related to self-serving bias has been whether self-serving bias represents a motivational or a cognitive process, i.e., a way in which people access, process, and interpret information. Significantly, newer research has shown that the distinction between motivational and cognitive process is a false dichotomy. Instead, research has found that motivation and cognition are intrinsically linked; underlying motives shape how people seek out and process information.

Self-serving bias is relevant to the present study because it has been used to explain prosocial behavior or lack thereof in organizations. According to De Dreu and Nauta (2009), previous research has assumed that individuals are either self-concerned or other-concerned and that most prosocial behavior or the lack thereof in organizations could be explained by these two variables. Self-concern and other-orientation were found to determine employees' information search and processing of self-serving versus group-oriented cues. Self-serving bias thus had a negative effect on helping behaviors within the organization and among colleagues. Significantly, De Dreu and Nauta found that individual attributes such as job characteristics and group level attributes such as organizational climate and justice played a far more significant role in predicting helping and prosocial behavior than self-concern or other-orientation alone. The findings of this study indicate that individual and organizational attributes need to be taken into account when using self-serving bias to explain prosocial or helping behaviors. These findings are considered in this study, in that they confirm the need to understand environmental factors such as culture when investigating helping behavior.

Impact of Attributional Dimensions and Styles on Helping Behavior

Weiner (1995, 1996) suggested that when people want to offer help, they try to justify or judge the reasons why that person needs help. Additionally, they try to understand whether the person in need of help is or is not responsible for his/her situation. For example, imagine two classmates ask to borrow someone's notes; one classmate asks because she has a broken hand, and the other classmate asks because she missed the class to go on a vacation. Attribution theory suggests that the classmate with a broken hand is more likely to get the notes compared to the student who was on vacation. Passengers in subways are more willing to help a fallen person who is old (uncontrollable causality) than a fallen drunk (controllable causality).

Much research has been conducted on how attributions of controllability influence whether people are likely to offer help. However, one drawback to the research, for the purposes of this study, is that the participants have largely been limited to professional helpers. A study by Mackay and Barrowclough (2005) applied Weiner's (1986) attributional model of helping behavior to accident and emergency (A&E) staff's care of patients presenting with deliberate self-harm. It was hypothesized that where staff attributed precipitants of the act of deliberate self-harm to controllable, internal, and stable patient factors, then staff would display greater negative affect, less optimism, and less willingness to help the patient. The findings were consistent with Weiner's attributional model of helping. The greater attributions of controllability, the greater the negative affect of staff toward the person, and the less the propensity to help. The higher the ratings of stability of outcome, the less staff optimism for the success of their input. Male staff and medical staff had more negative attitudes, and medical staff saw less need for further training (Mackay & Barrowclough, 2005). These findings are in line with Weiner's attribution theory.

Drach-Zahavy and Somech (2006) examined supportive helping behavior provided by health care supervisors to their staff in the workplace. They were specifically trying to determine if helping behaviors, namely providing emotional support to distressed nurses, were viewed as less professional. One of their goals was to test the attributions of locus, controllability, and stability that may or may not trigger such helping behavior. They found that while making decisions on which nurses to help (by providing emotional support for distress), the supervisors employed several attribution processes: "the most prevalent was tenure, followed in descending order by personal attributions and controllability" (p. 1,907). Helping behaviors were more likely to occur if the situation was attributed to low controllability and low stability.

Willner and Smith (2008b) examined helping behavior of care managers and direct care staff, observing when they went above and beyond expectations in their service to people with challenging behaviors. They found that, in situations with men with intellectual disabilities who displayed inappropriate sexual behavior, low controllability did not result in increased sympathy or decreased negative emotions; therefore, increased helping was not motivated by low controllability over inappropriate sexual behavior. However, they found strong support for the hypothesis that low stability resulted in increased helping, which was mediated by optimism.

Sharrock, Day, Qazi, and Brewin (1990) also found that optimism had an impact on helping. They examined whether the tendency of staff at a unit for mentally disordered offenders to attribute patients' problem behaviors to unstable factors would be associated with higher levels of staff optimism. They confirmed that, among professional staff, an important determinant of helping was optimism arising from attributions of a patient's problems.

Rudolph, Roesch, Greitemeyer, and Weiner (2004) also explored the relationship between attribution and helping in a meta-analytic review of 64 investigations on the determinants of

helping and aggression, including 12,000 participants. The meta-analytic test revealed that the judgment of responsibility determines the emotional reaction of anger or sympathy and these emotional responses would impact giving help to a needy person or developing aggression toward the person. They gave the example of a person who is in need of financial help. Individuals' attribution perspectives would help them to understand why the person is asking for aid. Some causes, such as lack of aptitude, cannot be controlled by the person, and some can, like lack of effort. If the cause of the person's need for help is controllable, and if that person could have done something about it, then the person may be viewed as responsible for his/her situation. Therefore, according to Theory of Emotion (e.g., Lazarus, 1991; Reisenzein, 1986, Smith & Ellsworth, 1985), responsibility for another person's need for help (negative state) creates anger in the helper, leading him/her to avoid helping the needy person. In contrast, one might consider that the person is in need of help because he got laid off due to lack of aptitude. Aptitude is a cause that is uncontrollable and cannot be changed. Therefore, the laid off person is not held responsible for the financial crisis. According to theory of emotion, non-controllability and non-responsibility may lead to sympathy, leading the helper to help that person.

Thus, Weiner's (1986) original dimensions of attributions were included in this study (Figure 1). Weiner's cognition-emotion-action sequence argues that a stimulus leads to thoughts, which lead to emotions, which lead to actions. This sequence is provides support of how attribution can affect helping behavior.

Attribution and helping are impacted by a number of factors including time and distance (Agerström, Björklund, & Carlsson, 2012). Agerström et al. (2012) reported that emotions are affected by time and distance, such that moral emotions tend to be more intense when there is a temporal distance. Agerström et al. pointed out that since temporal distance and social distance

are related, "A person should anticipate experiencing emotions that involve taking a socially distant perspective (e.g., guilt and shame in contrast to pleasure and sadness) with greater intensity when they predict their emotional reactions for distant-future events" (p. 181). The results of a series of experiments confirmed this prediction.
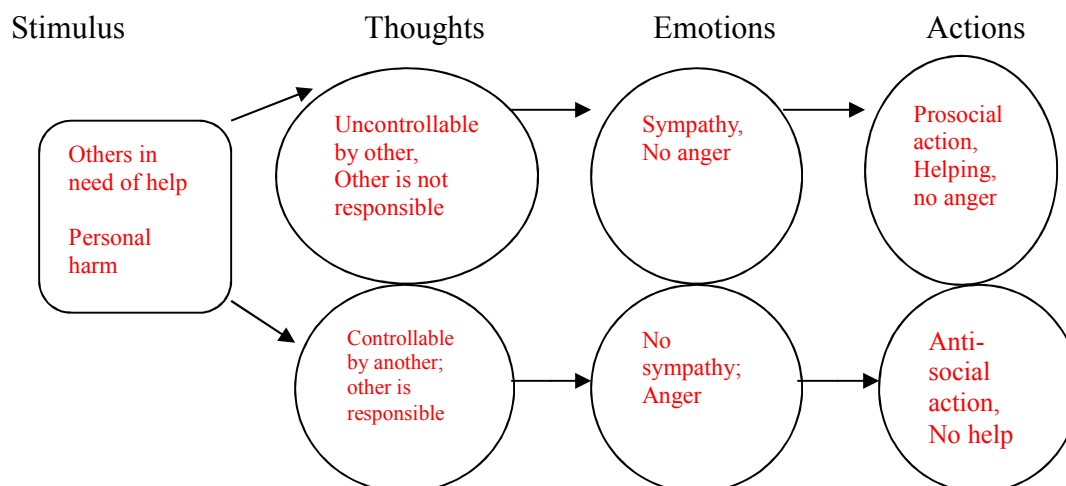
*Figure 1.*A combined model of cognition-emotion-action sequence for prosocial and antisocial behavior.

External factors may impact the relationship between attribution and helping behaviors. Pinazo, Peris, and Gámez (2010) studied the issue of attribution as it relates to responsibility for helping behaviors and level of commitment with regard to helping developing countries. The sample included 527 participants to study the synthesis of knowledge and 287 participants to investigate the synthesis of beliefs to gather information about the structure of beliefs (137 people helped the developing countries and 150 did not). Results from statistical analysis of survey data using ANOVAs found that external attributions were related to higher levels of commitment to helping behaviors. There were no differences in attribution to external factors between those who helped and those who did not. The authors concluded that helping behaviors were a distanced and passive method of helping to deal with poverty in developing countries.

Although this study did explore attribution as it relates to helping behaviors, findings were confusing and inconclusive. The conclusions did not appear to be directly related to the study results. Further, the specific determinant of helping behaviors is unclear; this factor may be related to culture. This study provided an example of an incomplete understanding of factors that predict helping behaviors, pointing to the gap in the literature regarding impacts of external factors such as culture on these behaviors. Pinazo et al.'s findings support the need for the current study, which considered culture in relation to attributional style, emotion, and helping behavior.

Attributional Styles, Culture, and Helping Behavior

Culture is a factor in the development of individual attributional style. Prior research has demonstrated that members of collectivistic cultures tend to favor external attributions (Choi, Nisbett, & Noenzayan, 1999; Heine, Lehman, Markus, & Kitayama, 1999; Higgins & Bhatt, 2001; Holloway, Kashiwagi, Hess, & Azuma, 1986), which indicates that they tend to have a more supportive attributional style. Externality is a potential determinant of the supportive attributional style, which means that to understand the supportive attributional style, it would be important to measure and analyze data regarding external and internal attributions or locus of causality. Individuals from a collectivistic culture may tend to view the needs of others in terms of situations that are out of the victim's control (Higgins & Shaw, 1999). This may be because individuals from a collectivistic culture are more focused on the group than the individual, which leads to the development of supportive styles of attribution. In contrast, individuals from individualistic cultures base their decisions or actions on the self instead of the group as a whole and may therefore develop a non-supportive attributional style (Higgins & Shaw, 1999). According to Mason and Morris (2010), researchers continue to seek an understanding of the

causes underlying other people's behavior. For example, East Asian individuals are more likely than Western individuals to "reference the social context when attributing a cause to a target person's actions" (p. 292). It remains unclear whether this tendency is a reflection of cultural influence. In addition, East Asians are not as likely to focus on a target person's disposition and are more likely to focus on social context factors as compared to Westerners. These cultural differences support the notion that culture impacts attributional style.

Several researchers have pointed to the Indian population as an example of a collectivistic culture that has demonstrated a supportive attributional style (Higgins & Bhatt, 2001; Kover, 2009; Miller, 1984; Terry, 2001). Higgins and Bhatt (2001) tested the hypothesis that "individuals from a collectivist culture explain life events using more contextual causes than do those from individualistic culture" (p. 49) using samples from India and Canada. In their study, the Canadian sample represented an individualistic culture, and the Indian sample represented a collectivistic culture. The results confirmed that there were "differences due to culture in the perceived locus/controllability of life events" (p. 55) and that members of the collectivistic culture explained life events using more external and uncontrollable causes than did the members of the individualistic culture. The Indian sample was found to have more of a self-serving bias than the Canadian sample. This finding supported the notion that individualistic cultures value individual responsibility more than collectivistic cultures.

Almost 10 years later, Kover (2009) found support for Higgins and Bhatt's (2001) findings among students in India. He explored whether Indian adolescents, members of a culture that is traditionally considered collectivistic, demonstrated a collectivistic or social orientation toward their academic pursuits, and if culture has any impact on attribution. He found that participants demonstrated social orientation in achievement situations when they saw a clear

effect of their actions upon others. They also displayed attributional styles that are typically predicted for collectivistic individuals, such as possessing external attributions for effort in schoolwork. In addition, they echoed Higgins and Bhatt's findings in that they tended to demonstrate a significantly high self-serving bias.

After conducting a review of the literature on cultural differences, Terry (2001) declared that:

> Attributors in highly individualist cultures hold person-centered social theories that bias them towards personal dispositions as causes of behavior, whereas attributors in highly collectivist cultures hold situation-centered theories that bias them towards social situations as causes of behavior. (pp. 43-44)

Tyson and Hubert's (2002) research arrived at the same conclusion. After surveying Australian adolescents from either collectivistic or individualistic cultural backgrounds, the individualistic group was found to emphasize more internal-oriented explanations for juvenile delinquency in others, whereas the collectivistic group emphasized external-oriented explanations for juvenile delinquency. All of the participants resided in Australia, which is considered to be an individualistic culture. One group of participants indicated that they considered themselves to be Australian; this group was considered to be the individualistic group. The other group identified more with their country of birth or their parents' birth country, which consisted of various countries in Asia; they were considered to be the collectivistic group. It is important to note that, in this study, collectivism-individualism was not measured directly, but rather inferred based on country of birth.

The notion that culture impacts attributional style was also explored by Liwei and Erdong (2009). As these authors noted, it is important to understand this phenomenon in order to

understand people's behaviors in different situations. Once a person's behavior is understood, references to internal and external factors can be understood as well. Liwei and Erdong presented examples that reflect attribution theory. In one example, a department manager received information that only 55% of employees had reached their sales goals. This manager might make external attributions with thoughts such as the market and world being unfair. Alternatively, if the manager found out that 95% of employees reached target goals, this might be internally attributed to him/her being a good manager. When another person makes a mistake, this might be internally attributed to internal personality factors, which reflects the fundamental attribution error. Alternatively, when a person makes a mistake, he/she may blame the situation rather than the self, and success may be attributed to the self, which reflects a self-serving bias.

Liwei and Erdong (2009)'s approach is consistent with Weiner's (2015) approach in that both argued that beliefs in long-term memory shape appraisals and the calculation of attribution dimensions, and these memories are affected by culture. A key limitation of the attribution theory is that it is based largely on research conducted in United States with American participants; therefore, its universality may be limited (Liwei &Erdong, 2009).

As noted previously, Pilati et al. (2015) conducted a study of Weiner's (2015) model across cultures and determined that, in Brazil, emotion was not a factor in predicting helping behaviors and the model was not stable. However, Weiner argued that Pilati et al.'s study was focused only on one group and culture, which was a methodological limitation. Therefore, findings do not necessarily indicate that the model is unstable across cultures. Rudolph et al. (2004) conducted a meta-analytic review of help and found that results were "highly consistent across several potential moderator variables including type of culture, sample characteristics, publication year, and publication status" (p. 815). These authors also found support for Weiner's

attribution model using both real and simulated data. It can be argued that appraisal is influenced by culture whether or not Weiner's model is stable for an individual culture. Even in the instance where Brazilians were socialized to act a certain way (Pilati et al., 2015), this appraisal was influenced by culture. In this manner, culture impacts emotion or the lack thereof, which supports the current study of how culture affects emotion and helping behaviors.

Western cultures prefer dispositional explanations of behavior, whereas East Asian cultures prefer dispositional and situational explanations of behavior (Liwei & Erdong, 2009). Liwei and Erdong (2009) explained that Americans and Chinese have different attribution modes. Liwei and Erdong provided the example that when a Chinese athlete wins a gold medal in an Olympic event, the athlete is likely to thank his/her country and the Chinese people, and in particular the leaders, coach, wife, parents, and all others who supported and sacrificed for the athlete. Alternatively, the American winner is likely to thank his/her family and coach and go on to talk about a love for the sport. Liwei and Erdong reported that these differences occur because the Chinese and Americans come from different cultures.

As noted by Liwei and Erdong (2009), for the Chinese, families teach their children to be part of a whole, and self-achievement is externally attributed. This country is strongly influenced by Confucianism, which emphasizes the importance of human relationships and the following five important relationships:

The father and son, the monarch and his subjects, husband and wife, seniority, friend, in which inner-family relationships being the center, the activities of Chinese are carried out around family, and the individual should be responsible for the people in this five kinds of relationships instead of individual himself. (p. 189)

Thus, the Chinese culture is a collectivistic culture that is focused on the whole family and society with personal obligations to the group. Alternatively, American culture is an individualistic culture with a focus on achievement of the individual. As the American economy evolved, the doctrine of "individual ability decides all" (p. 189) prevailed. Thus, the American people have a strong belief in individual ability and admire individualism, freedom for the individual, and democracy for the individual. The American individual focuses on the right to seek individual goals and welfare. Although the happiness of others is also a focus, it may be sacrificed to reach personal goals. Liwei and Erdong reported that this stance can lead to distrust, selfishness, and self-attribution bias. Literature findings support the conclusion that individualistic and collectivistic peoples have different points of view and that culture affects attributional style. It is important to understand the impact of culture on empathy and helping behaviors, as well as the impact of culture on supportive and unsupportive styles, controllable or uncontrollable attributions, and internal and external locus of causality. The current study was designed to help fill this gap in the literature.

Summary and Conclusions

Literature findings support the notion that culture (collectivistic or individualistic) impacts attributional styles, and the goal of this study was to add to the knowledge base about the relationships among empathy, culture, and attribution dimensions and styles with regard to helping behaviors. However, helping behavior is also associated with factors such as conformity, obedience, increased self-esteem, interpersonal factors, urbanization, discrimination, and peer pressure. Literature findings support that empathy, culture, and attributional style are among the key factors that affect helping behavior. Although these factors have been studied extensively in

the past, there is still a need to fully understand the dynamic among helping behavior, attributions, empathy, and culture.

In contrast to people from individualistic cultures, people from collectivistic cultures have been shown to demonstrate more of a supportive attributional style; that is, they are more likely to attribute causes of events to external factors compared to individualistic (Choi et al., 1999; Heine et al., 1999; Higgins & Bhatt, 2001; Higgins & Shaw, 1999; Holloway et al., 1986; Kover, 2009; Miller, 1984; Terry, 2001; Tyson & Hubert, 2002). People with a supportive attributional style have been shown to demonstrate increased rates of positive responses to requests for help (Drach-Zahavy & Somech, 2006; Greitemeyer, Rudolph, & Weiner 2003; Mackay & Barrowclough, 2005, Walter, 1999). Therefore, it could be hypothesized that people from collectivistic cultures can be expected to display more helping behaviors during emergencies and thus defy the bystander effect. This hypothesis was explored in depth in this research.

CHAPTER III

The Present Study

Previous research has suggested that prosocial behavior is learned through the culture in which an individual is raised (Bandura, 1986). In some cultures, children learn to help others from a young age. The more children are involved in family responsibilities, the stronger their socialization ability. In many cultures, children learn to help others and engage in prosocial behaviors because it is the right thing to do, not just for materialistic rewards. For example, people in the United States teach their teenagers to help others by babysitting for their neighbors because of the money and incentive they receive, not because it is a good thing to help one's neighbors. Thus, members of cultures that promote helping for materialistic rewards tend to help fewer individuals if there is no reward, compared to people who live in places where they promote helping as a proper thing to do, such as Iran or Turkey. Thus, training children is an important factor when it comes to how people learn to help. Culture provides some rules and norms via which people use prosocial behavior as part of their daily lives. For example, in the U.S., competitiveness is valued highly, so people think highly of themselves when they act competitive, whereas for people in Mexico, cooperation and altruism are valued highly, so people think highly of themselves when they are engaged in cooperation (Knight & Kagan, 1982).

Purpose and Importance of the Study

This study investigated why people help or fail to help others in emergencies, and the role culture plays in determining helping behavior. The study focused on three important factors as predictors of helping behavior: empathy, attributional style (supportive/non-supportive) and attribution dimensions (internal/external locus, stable/unstable, and controllable/uncontrollable),

and cultural dimensions (individualism/collectivism). The purpose of the study was to examine the relationship between empathy and helping behavior, as well as the moderational role of culture in this relationship. Additionally, this study investigated the mediational role of supportive attributional style, stable attributional dimension, and controllable attributional dimension on the relationship between culture and helping behavior. Thus, the independent variables were: (a) empathy, (b) individualism and collectivism, and (c) attributional styles (supportive/unsupportive), attributional dimensions (stable/unstable, and controllable/uncontrollable, internal/external). The dependent variable was helping behavior. For the purposes of this study, helping was defined as voluntary actions intended to help others with rewards regarded or disregarded.

The study is important in many ways; it sought to explore some of the fundamental reasons why people decide to offer help to others, and whether culture, empathy, and attributional styles and dimensions play a role in helping behavior. These variables have not been studied within a single study before. Secondly, knowledge of these reasons may help to place more value on the internal rewards gained from helping a person, such as self-worth, compared to external rewards, such as money. Lastly, it may create a sense of urgency in people to be more alert about their surroundings and provoke thoughts and discussion on how they can contribute to their communities by promoting helping behavior. An increased understanding of what promotes or hinders helping can be used to enhance efforts focused on increasing helpful bystander actions.

Helping behavior has been shown to positively affect individuals' perceived mental and physical health (Momtaz, Ibrahim, & Hamid, 2014). In a study on older adults in Malaysia, Momtaz et al. (2014) concluded that giving support to others had a much stronger effect on

perceived health status than receiving support. Therefore, helping others through volunteering or caring for other people should be encouraged in order to increase one's sense of well-being. Other studies on the benefits of volunteerism have arrived at similar conclusions: that the helpers often experience an increased feeling of meaning in their lives as a result of their altruistic behavior (Piercy, Cheek, & Teemant, 2011; Poulin, 2014). Indeed, many studies have concluded that helping another person may be more beneficial to the person giving the support than the person receiving it. Giving support to another person has been found to stimulate activity in the ventral striatum, "a reward-related neural region," and the septal area, a region that is involved in fear reduction (Inagaki & Eisenberger, 2012, p. 3). Helping behavior was discovered to lower mortality rates in older adults (Brown, Nesse, Vinokur, & Smith, 2003) and increase recovery from depressive symptoms after the loss of a spouse (Brown, Brown, House, & Smith, 2008). Having a healthy social network and giving support to the people in that network was found to lower blood pressure and mean arterial pressure (Piferi & Lawler, 2006).

Helping behavior has been shown to increase the helper's self-esteem, increase feelings of meaning in life, and contribute to higher levels of happiness and life-satisfaction (Senoo & Takagi, 2004). Helping behavior creates increased community health benefits because it enhances connections with others and motivates people to value others within their community.

Knowledge of what motivates helping behavior may help mental health professionals encourage prosocial behavior in others in order to benefit their well-being, or predict what types of people are likely to engage in healthy altruistic acts. This knowledge of what motivates helping behavior will provide tools to use to foster a feeling of responsibility and prompt moral action in others. Discovering what leads some people to act in a helping, or even a heroic,

manner may aid in countering violence, accidents, bullying, poverty, and other ills that plague every society in the world.

Hypotheses

Based on the literature reviewed, the following hypotheses were proposed.

Hypothesis 1.

Hypothesis 1a. Empathy predicts helping behavior.

Hypothesis 1b. Individualism moderates the relationship between empathy and helping behavior such that this relationship is stronger for people high in individualism as compared to people low in individualism who help others regardless of their level of empathy (see Figure 2).

Hypothesis 1c. Collectivism moderates the relationship between empathy and helping behavior such that this relationship is stronger for people low in collectivism as compared to people high in collectivism who help others regardless of empathy (see Figure 3).

Hypothesis 1: Discussion. Many research studies have explored the relationship between empathy and helping behavior, and empathy is considered an important component of healthy relationships (Davis, 1980; Hoffman, 1977). Affective empathy refers to the emotional response to another person's distress (Hoffman, 2000), which includes personal distress or the experience of a negative emotion due to another person's distress (Eisenberg &Mussen, 1989; Feshbach, 1975; Hoffman, 1977; Schroeder et al., 1988). Affective empathy can also include empathic concern. High empathic concern and low personal distress have been shown to be related to increased prosocial behavior in some Western cultures (Eisenberg et al., 1989). Thus, it may be that empathic concern rather than personal distress motivates prosocial behavior in the Western culture (Cassels et al., 2010). This tendency to experience empathic concern may ultimately correlate with increased helping behavior.

Hypothesis 1b and 1c are supported by the literature finding that culture impacts empathy. As noted by Cassels et al. (2010), empathic concern motivates prosocial behavior in Western culture. Alternatively, East Asians, who come from a collectivistic culture, are not as likely to focus on a target person's disposition and are more likely to focus on social context factors, as compared to Westerners (Mason & Morris, 2010). This may imply that members of a collectivistic group would help others based on social context rather than their level of empathy. For the purpose of this study, it is important to establish that collectivistic people help others regardless of their level of empathy, and it is mostly individualistic people that require some level of empathy in order to help others.
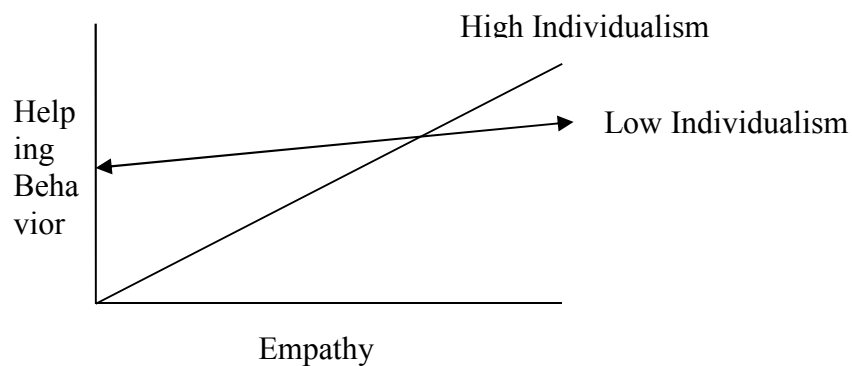

Figure 2. Individualism moderates the relationship between empathy and helping behavior (Hypothesis 1b).
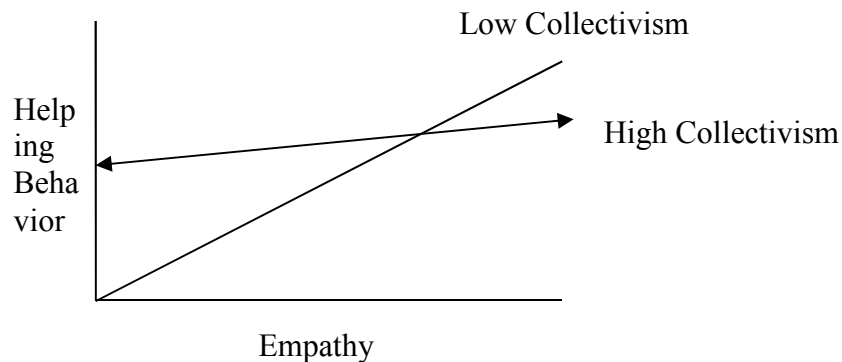
Figure 3. Collectivism moderates the relationship between empathy and helping behavior (Hypothesis 1c).

Hypothesis 2.

Hypothesis 2a. Supportiveness style mediates the relationship between individualism and helping behavior such that less individualistic people demonstrate more helping behavior compared to highly individualistic people because they have a more supportive style of attribution (see Figure 4).

Hypothesis 2b. Supportiveness style mediates the relationship between collectivism and helping behavior such that highly collectivistic people demonstrate more helping behavior compared to less collectivistic people because they have a more supportive style of attribution (see Figure 5).

Hypothesis 2: Discussion. Past literature supports the assertion that culture impacts attributional style. Collectivistic people are focused on the good of the whole group and individualistic people are more focused on the individual (Mason & Morris, 2010). Research has shown that people from collectivistic cultures, such as India, China, and other Asian countries, have a more supportive attributional style. Consistently in the literature, people from collectivistic cultures have been found to emphasize external factors to negative events in other people's lives over internal factors (Choi et al., 1999; Heine et al., 1999; Higgins & Bhatt, 2001; Higgins & Shaw, 1999; Holloway et al., 1986; Kover, 2009; Miller, 1984; Terry, 2001; Tyson & Hubert, 2002). A collectivistic person would be more likely to demonstrate a supportive style compared to an individualistic person.
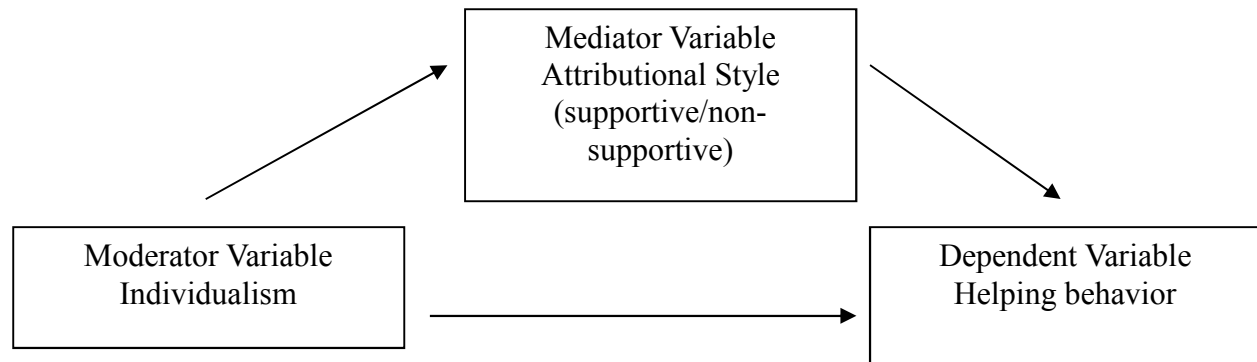
Figure 4. Mediational role of supportive/non-supportive attributional style on the relationship between individualism and helping (Hypothesis 2a).
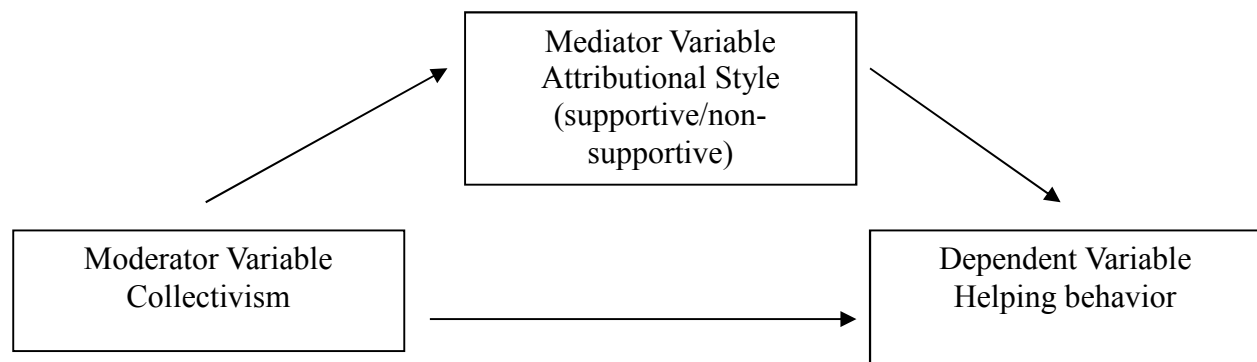
Figure 5. Mediational role of supportive/non-supportive attributional style on the relationship between collectivism and helping (Hypothesis 2b).

Hypothesis 3.

Hypothesis 3a. Stability predicts helping behavior.

Hypothesis 3b. Stability mediates the relationship between individualism and helping behavior such that highly individualistic people demonstrate fewer helping behaviors compared to less individualistic people because they tend to attribute the causes of outcomes to stable factors (see Figure 6).

Hypothesis 3c. Stability mediates the relationship between collectivism and helping behavior such that highly collectivistic people demonstrate fewer helping behaviors compared to less collectivistic people because they tend to attribute the causes of outcomes to stable factors (see Figure 7).

Hypothesis 3: Discussion. Stability is proposed to mediate the relationship between individualism/collectivism and helping behavior such that individualistic people demonstrate fewer helping behaviors compared to collectivistic people because they have a more unstable attribution dimension. Individuals with an unstable attribution dimension tend to believe that the cause of their action is unstable and outcomes are likely to differ from what took place on another occasion (Weiner, 1986). This view might be consistent with the self-serving tendency that individualistic people may demonstrate (Mason & Morris, 2010). Alternatively, individuals with a stable attribution dimension tend to believe that the cause is stable and outcomes are likely to be the same as when the same behavior is performed on another occasion (Weiner, 1986). This view might be consistent with the tendency to view the social situation rather than individual efforts: a tendency that collectivistic people may demonstrate (Mason & Morris, 2010).

If individualistic people have an unstable attribution dimension and believe that the cause is unstable and outcomes are likely to differ from what took place on another occasion, it might be self-serving. However, if the collectivistic person has a stable attribution dimension and believes that the cause is stable and outcomes are likely to be the same as when the same behavior is performed on another occasion (Weiner, 1986), this individual may base his/her helping behavior on his/her views of the social situation (Mason & Morris, 2010). It is important to establish that helping behaviors for collectivistic and individualistic people may be based on their stable or unstable attribution dimensions.
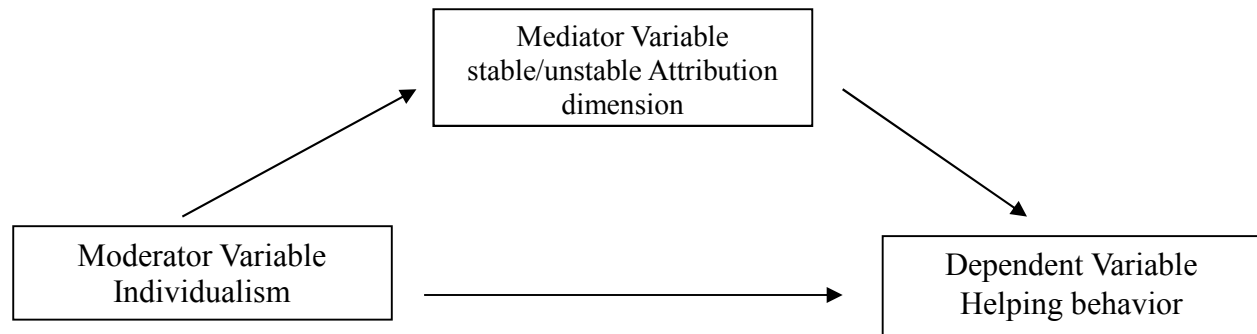
Figure 6. Mediational role of stable/unstable attributional dimension the relationship between individualism and helping (Hypothesis 3b).
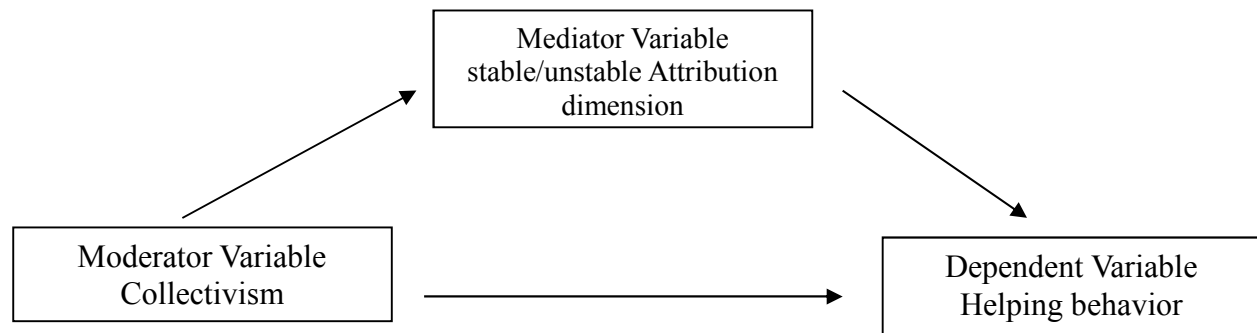
Figure 7. Mediational role of stable/unstable attributional dimension the relationship between collectivism and helping (Hypothesis 3c).

Hypothesis 4.

Hypothesis 4a. People help victims with low control over the cause of their misfortune (low controllability) more than they help victims who have high control over the cause of their misfortune.

Hypothesis 4b. Controllability mediates the relationship between individualism and helping behavior such that highly individualistic people will demonstrate fewer helping behaviors compared to less individualistic people because they tend to attribute the need of help to more controllable dimension (see Figure 8).

Hypothesis 4c. Controllability mediates the relationship between collectivism and helping behavior such that less collectivistic people will demonstrate fewer helping behaviors

compared to highly collectivistic people because they tend to attribute the need of help to more controllable dimension (see Figure 9).

Hypothesis 4: Discussion. This hypothesis is supported by the literature finding that culture affects attribution dimension. The hypothesis is also supported by the literature finding that individuals who tend to view causes or factors as controllable are likely to believe they are able to alter the situations (Weiner, 1986). This view might be consistent with the individualistic perspective that individual efforts are prized (Liwei & Erdong, 2009). Alternatively, for individuals who tend to view causes or factors as uncontrollable, such people are likely to believe they are unable to alter or control a situation (Weiner, 1986). This view might be consistent with the tendency to view the social situation rather than individual efforts: a tendency that collectivistic people may demonstrate (Mason & Morris, 2010).

Hypothesis 4a is supported by the literature finding that helping behavior is the function of perceived controllability of the target's need for help. The attributional model of helping behavior, an "attribution-affect-action motivational sequence, states that [an] individual's thoughts lead how an individual feel, and these feelings determine what action we take" (Weiner, 1980a, p. 676). Based on this model, individuals who perceive others as having high control over their situation that requires help become angry toward the person in need of help, resulting in less helping behavior. In contrast, individuals who perceive others as having low control over their situation that requires help become more sympathetic toward the person in need, resulting in more helping behavior (Weiner, 1985; see Schmidt & Weiner [1988] for a review). Ample evidence exists to support the sequence of attribution-affect-behavior in reactions to stigmas (e.g., Weiner et al., 1988) and in regard to helping judgments and behavior (e.g., Schmidt & Weiner, 1988; Weiner, 1980a, 1980b).Specifically, research has examined whether individuals

with a supportive attributional style (i.e., the tendency to view others' misfortunes as due to

uncontrollable causes) are more likely to offer help to victims as compared to those with an

unsupportive attributional style (i.e., the tendency to view others' misfortunes as due to

controllable causes), since viewing others' negative outcomes as uncontrollable should lead to

greater helping in the attributional model (Higgins & Morrison, 1998; Weiner, 1995).
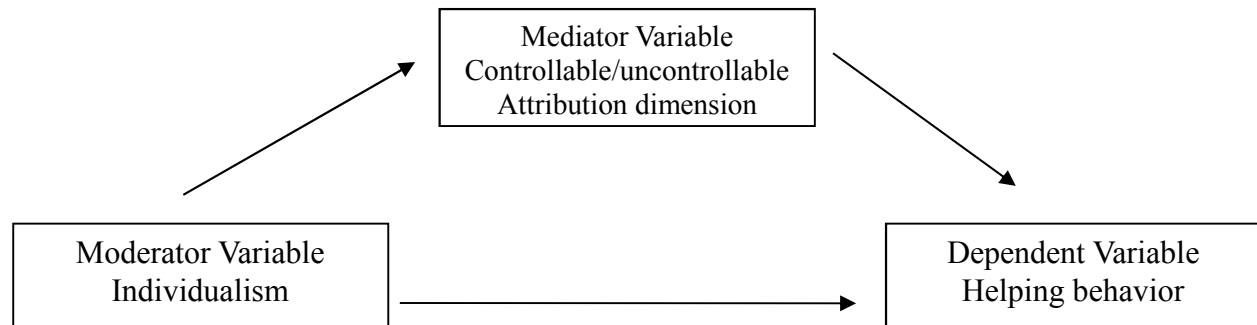
Figure 8. Mediational role of controllable/uncontrollable attributional dimension on the relationship between individualism and helping (Hypothesis 4b).
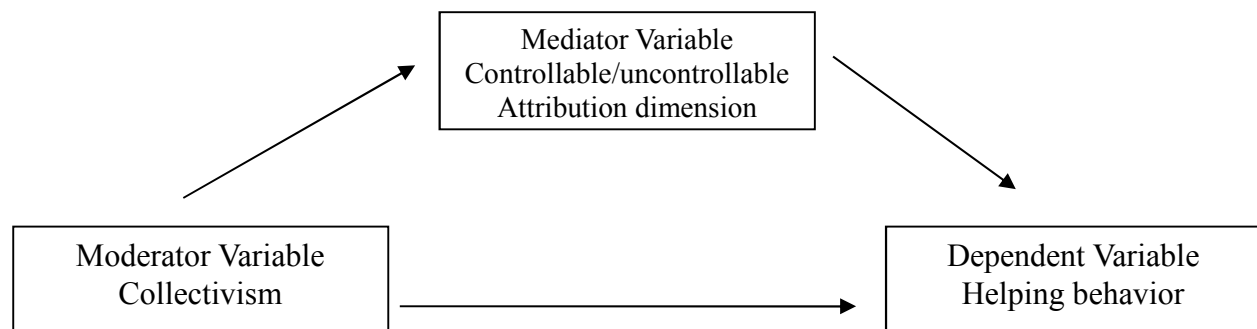
Figure 9. Mediational role of controllable/uncontrollable attributional dimension on the relationship between collectivism and helping (Hypothesis 4c).

Hypothesis 5. The locus of causality attribution dimension will be negatively related to

helping behavior.

Hypothesis 5: Discussion. Individuals with an internal locus of causality attribution

dimension tend to attribute the cause of an event to internal factors (Weiner, 1986). Lathrop

(2009) found that locus of causality had no effect on helping behavior and the bystander

intervention effect. However, Lathrop also noted that his study's sample was small and the

helping situations were of a non-emergency nature. Lathrop recommended that a future study explore the relationship between locus of causality and helping behaviors, which supports the study of these factors. In accordance with Weiner's theory, it is expected that if a person has an internal locus of causality, he/she would be more likely to believe in his/her ability to help, which would lead to more helping behavior.

Individuals with an external locus of causality attribution dimension tend to attribute the situation to environmental factors (Weiner, 1986). Although Lathrop (2009) found no relationship between locus of causality and helping behaviors, the author also recommended that future research was needed to further explore this relationship. In accordance with Weiner's theory, it is expected that if a person has an external locus of causality, he/she will be more likely to believe that external factors are being perceived for the reason for the need of help, which would lead to less helping behavior.

CHAPTER IV

Methods

Participants

An a priori sample size calculation based on existing recommendations was carried out to identify an appropriate sample size for the study. The first step in the priori sample size analysis was the identification of inferential procedures, which are an important input into sample sizes (Cohen, 2013). The inferential procedure proposed for this study was the classic linear regression model within ordinary least squares (OLS) regression. In particular, the linear regression model chosen was a mediating model with one independent variable (X), one mediating variable (M), and one dependent variable (Y). Studies designed to measure a mediated effect have their own set of a priori sample size calculation requirements (Fritz & MacKinnon, 2007).

One of the alternative recommendations was to use Cohen's (2013) formula for a priori sample size computation:

$$n = L / f^2 + k + 1$$

In this formula, sample size is n, the number of predictions in the regression is k, f is an OLS effect size measure, and L is a tabled value computed from the desired power value. In this study, Cohen's formula was used to identify the appropriate number of participants for an examination of the mediational effect. The following values were specified:

- k= 2 (Y and M);

- L= 7.85 (resulting from a Type I error of 0.05 and a power of 0.8, which, according to Cohen, 2013, are both standard); and

- f^2 = 0.0196, on the assumption that f = 0.14, a parameter value that Cohen (2013) a small effect size for α.

With two independent variables and a medium effect, .9 power, and .05 alpha, G*Power calculated that the required number of subjects would be 88. Therefore, approximately 100 participants were sought for the study. This sample size was supported by Cohen's (2013) authoritative work on power analysis for the behavioral sciences, which was also cited by Fritz and MacKinnon (2007) as providing an appropriate a priori sample size calculation for a mediational study. It should be noted that no attempt was made to stratify the demographic representation of the sample, for example by trying to balance the number of male and female respondents.

There were a number of available means by which the sample could be drawn. Given that the population for the study was large, consisting of those people over 18 capable of giving informed consent to participate in the study, simple random sampling (SRS) was not an appropriate means of drawing the sample. SRS presumes that every member of a population has an equal chance of being included in a study (Balnaves & Caputi, 2001; Creswell, 2009, 2012). However, given the practical difficulty of designing a form of study recruitment capable of reaching all members of the population equally, SRS was not viable for this study. In purposive sampling, researchers seek to draw a representative sample by sampling from a sub-population or sub-group that is likely to represent the population (Balnaves & Caputi, 2001). Previous scholars (Ljepava, Orr, Locke, & Ross, 2013) have identified the popular social media site Facebook, which counts one of every seven people on Earth as a member, as an appropriate base from which to conduct purposive sampling, given that Facebook is representative of the global population. Given Facebook's breadth and ease of use, Facebook was designated as the source where purposive sampling activities was conducted for the study. Facebook participants were recruited through a paid advertising campaign in which Facebook was asked to randomly

distribute the study recruitment message to English-speaking users over 18. Obtaining relatively proportional sample of both western and eastern cultures was also requested via Qualtrics.

A total of 214 participants who live in the United States and older than 18 years of age completed the study. Twenty-four participants reported that they were 18-24 years of age (11.2%), 92 reported that they were 25-34 years of age (43.0%), 56 reported that they were 35-44 years of age (26.4%), 19 reported that they were 45-54 years of age (8.9%), 11 reported that they were 55-64 years of age (5.1%), 8 reported that they were 64-75 years of age (3.7%), and 2 reported that they were 75 years of age or older (0.9%). Of the 214 participants, 57 were male (26.6%) and 155 were female (72.4%). Additionally, 126 of the participants identified their culture as Western (58.9%), while 85 identified their culture as Eastern (39.7%). Of the 214 participants, 74 participants identified their ethnicity as White (34.6%), 15 identified as Hispanic-Latino (7.0%), 46 identified as Black or African-American (21.5%), 7 identified as Native-American or American Indian (3.3%), 26 identified as Asian/Pacific Islander (21.1%), and 44 identified as other (20.6%).

Measures

The study included four scales to measure the key variables: (a) empathy, (b) individualism/collectivism, (c) attributional styles and dimensions, and (d) helping behavior. Each of these scales will be described subsequently. Empathy, individualism/collectivism, and attributional styles/dimensions were assessed with existing scales specifically designed to measure these constructs. Helping behavior was assessed with a researcher-designed questionnaire. This questionnaire assesses helping behaviors relative to interpersonal or situation-specific scenarios, separate from the scenarios on the Reasons for Misfortune Questionnaire (RMQ). Doing so provided more information about the participants' views in

different scenarios. In this manner, the relationship between the attributional style/dimension of the participant and reactions to other helping scenarios could be assessed.

Empathy. Empathy was measured through the use of the Interpersonal Reactivity Index (IRI; Davis, 1980; see Appendix A). The IRI is a 28-item subscale divided into four subscales of seven items each and is a popular and well validated measure of empathy. The subscales are as follows: (a) fantasy items, (b) perspective-taking items, (c) empathic concern items, and (d) personal distress items. Fantasy items include questions such as "I really get involved with the feelings of the characters in a novel." Perspective-taking items include questions such as "I sometimes find it difficult to see things from the "other guy's" point of view." Empathy concern items include questions such as "I often have tender, concerned feelings for people less fortunate than me." Lastly, personal distress items include questions such as "In emergency situations, I feel apprehensive and ill-at-ease."

Davis (1980) tested the appropriateness of the subscales through the use of factor analysis with oblique rotation and found that items tended to weight heavily on single subscales and not on others, thus validating the multidimensional approach to empathy. Davis reported Cronbach's α for the entire scale as being 0.78, with Cronbach's α scores for the subscales ranging from 0.68 to 0.79, and varying somewhat between male and female participants.

In this study, Cronbach's α for the entire IRI and for the four subscales were calculated and reported. Cronbach's α was not reported separately by gender. Before running the reliability analyses, reverse coding was applied to the appropriately reversed items. Additionally, each subscale variable for the IRI was calculated by averaging the scores of the six items associated with each subscale.

Helping behavior. A helping behavior index was designed for this study consisting of 10 Likert-scale questions and two open-ended questions, with only the Likert-style questions used for purposes of scoring (see Appendix D; Ershandi, 2012). Helping behavior was measured using 10 scenarios that present a situation where there is a need for help. These scenarios were created to reflect real-life helping cases that can be observed on the streets commonly and are seen in the news every day. One example was: *You are on the phone discussing an important business matter, and you see a gentleman falling down and passing out. Would you help?* The participants were asked to read each scenario carefully, and then indicate the extent to which they would help in the given situation using a 7-point Likert type scale ranging from *definitely help* (7) to not *help at all* (1). At the end of these scenarios, there were two open-ended questions: "How important is it to help strangers for you? Why?" and "Would you help someone that will not be able to help you later in return? Why?"

In order to determine whether this original scale measured a unidimensional construct of helping behavior, a Cronbach's α for the scale was reported. The helping behavior scale was calculated by taking the average of all 10 of the items.

Supportive and unsupportive attributional styles. In this study, supportive and unsupportive attributional styles were measured through the RMQ (Higgins & Shaw, 1999; see Appendix B). The RMQ is a scale that is designed to sort test-takers into either supportive or unsupportive attributional styles. Data from the RMQ were translated into five variables: (a) locus, (b) internal control, (c) supportability, (d) external control, and (e) stability. Before running the reliability analysis (i.e., Cronbach's alpha) of each RMQ subscale, reverse coding was applied to the appropriately reversed items. Additionally, each subscale variable except attributional style was calculated by averaging the scores of the 18 items associated with each

subscale. Attributional style was calculated by taking the average of the 36 items from both the locus of causality and internal control subscale.

Individualism/collectivism index. Individualism/collectivism was measured via four scales based on the dimensions scale designed by Triandis and Gelfand (1998; see Appendix C). This 16-item scale that measures four dimensions of collectivism and individualism derives from Hofstede's (1994, 1998) concept of individualism and collectivism. People in collectivistic cultures compared to those in individualistic cultures are likely to define themselves as part of a group to give priority to the individual's goals. Therefore, the higher an individual is on collectivism scale, the less the person will associate with individualism.

Triandis and Gelfand (1998) identified four relevant dimensions of the individualism/collectivism construct: vertical collectivism, vertical individualism, horizontal collectivism, and horizontal individualism. Vertical collectivism (VC) is seeing the self as a part of a collective and being willing to accept hierarchy and inequality within that collective. Vertical individualism (VI) is seeing the self as fully autonomous, but recognizing that inequality will exist among individuals and accepting this inequality. Horizontal collectivism (HC) is the act of seeing the self as part of a collective but perceiving all the members of that collective as equal. Horizontal individualism (HI) is seeing the self as fully autonomous and believing that equality between individuals is the ideal. The Triandis and Gelfand (1998) measure is short and consists of 16 items ranked from 1 = *never or definitely no*t; 9 = *always or definitely yes*. The items are arranged into the four aforementioned groups. To score this measure, each dimension's items were averaged up separately to create a VC, VI, HC, and HI score.

As such, when carrying out a mediational study, there are several ways in which Triandis and Gelfand's (1998) measure can be used for coding purposes. In this study, VI and HI were

averaged together to create a single individualism score, and similarly VC and HC were averaged

to create a single collectivism score. These two scores were then entered separately as mediators

as part of the OLS regression. Cronbach's α for this scale, which was not presented by Triandis

and Gelfand, was also calculated.

Procedure

Approval from the Institutional Review Board (IRB) was sought and obtained before any

data collection for the study began. The main criteria for participants were to give informed

consent, which implied being over 18, speaking English, and currently living in the United

States.

The method of data collection involved a public Facebook account, a purchased

Facebook recruitment advertisement to disseminate awareness of the study throughout the

Facebook community, and Qualtrics. Because advertisements placed on Facebook can specify

participants' desired demographic characteristics, it was possible to target the recruitment

message to people who were(a) over 18, (b) currently located in the United States, and (c) using

English-language profiles. Specifying desired participant demographics was also available using

Qualtrics.

The recruitment message contained a link to a Qualtrics online survey page that had an

electronic informed consent form to be read and acknowledged by all potential participants. The

informed consent form advised participants of the nature of the study, the researcher's identity

and goals, and their own rights, including the right to discontinue participation at any time, for

any reason, and without penalty. The letter of informed consent also notified participants that

both their privacy and anonymity were being protected. Participants' identities remained

completely anonymous, and no unique identifiers were collected. This letter also ensured that

participation in this study was voluntary, and that the participants could withdraw at any time before submitting their final responses. To protect participants' security, they were asked to exit the survey upon completion. The Qualtrics survey page, to which access was granted after an informed consent form was completed and submitted, contained the four scales of the study. The items within a scale were randomized, and also the order of the four scales was randomized. Each item in each scale were first inputted into Microsoft Excel; next, a random-number generator was used to sort the items into a random order. The new order of the items was then entered into Qualtrics.

Participants were able to complete the survey in Qualtrics at their own pace. When surveys were complete, they were downloaded from Qualtrics into SPSS for data analysis. Once the survey period had concluded, all data on Qualtrics were deleted, with the only remaining copy of the data being stored locally on the researcher's password-protected 256-bit-encrypted laptop. Because there was no identifying information of any kind, these data did not breach participant anonymity; neither the researcher nor any other parties knew who completed any given survey.

The researcher's contact information and IRB contact information were given to participants to enable them to ask questions and to allow the researcher to address any concerns. Incomplete results were removed from the study. Participants were free to exit the study at any time prior to submitting the survey.

CHAPTER V

Results

Data were imported from Microsoft Excel databases in the Qualtrics survey software, and were input into IBM SPSS Statistics statistical software for analyses. The data analyses were conducted in two phases: (a) data screening prior to analysis, which included tests of normality and reliability and (b) hypothesis testing using correlation, moderation, and mediation analyses. The next sections of the chapter present the results of these analyses.

Data Screening Prior to Analysis

Tests of assumptions. First, the raw data were examined carefully to detect various issues that may impact the actual data analysis. Specifically, the accuracy of data entry, incomplete surveys, and patterns in the missing data were checked. Only surveys that contained completed questions for all the research variables were included in the subsequent analyses.

Then, descriptive statistics were initially run to inspect and check for outliers or extreme values that could alter data and misrepresent statistical results (Tabachnick & Fidell, 2007). Tests of assumptions were simultaneously inspected for normality (i.e., Kolmogorov-Smirnov, skewness, and kurtosis) to ensure that there was no violation of assumptions. Outliers, which were defined as being 1.5 x IQR above Q3 or below Q1, were removed if the test of normality was violated (i.e., had a significant test of Kolmogorov-Smirnov). After removing outliers, descriptive statistics and normality tests for each scale and sub-subscales were analyzed again, which are listed in Tables2 and 3, respectively. The mean for the 7-point Likert scale of Helping Behavior was 6.015. The means for the 9-point Likert sub-scales of the RMQ ranged from 4.331 (Locus of Causality) to 5.681 (Stability). The means of the Individualism/Collectivism Index ranged from 6.084 (Individualism) to 6.997(Collectivism). The means of the IRI ranged from

2.699 (Personal Distress) to 3.631 (Perspective-Taking). The results of the Kolmogorov-Smirnov normality test were normal for half of the scales and subscales even after removing outliers. The scales and subscales that remained non-normal were the Helping Behavior Scale, *p* < .001, each subscale of the Individualism/Collectivism Index, *p* < .011, and the fantasy (*p* < .001) and empathy concern (*p* < .001) subscales of the IRI.

Transformations to produce normality (i.e., log transform and square root) did not normalize the non-normal distributions. Thus, the untransformed non-normal scales and subscales were used in subsequent analyses. The untransformed subscales and scales were calculated by taking an average of their respective items. Specifically, each subscale of the empathy scale was calculated by averaging the scores of the six items associated with its respective subscale. Similarly, each subscale of the RMQ except attributional style was calculated by averaging the scores of the 18 items associated with each subscale. Attributional style was calculated by taking the average of the 36 items from both the locus of causality and internal control subscale. Likewise, to score each dimension of the individualism/collectivism index, each dimension's items were averaged up separately to create a VC, VI, HC, and HI score. The VI and HI were averaged together to create a single individualism score, and VC and HC were averaged to create a single collectivism score. Lastly, the helping behavior scale was calculated by taking the average of all 10 of the items.

Table 2

Descriptive Statistics for Scales and Subscales

Scale	N	Mean	SD
Helping Behavior	199	6.015	1.020
Reasons for Misfortune Questionnaire (RMQ)			
Locus of Causality	183	4.331	.819
Internal Control	183	4.423	.823
Attributional Style	183	4.377	.719
Stability	47	5.681	.965
External Control	185	5.5901	1.260
Individualism/Collectivism Index			
Individualism	204	6.094	1.163
Collectivism	203	6.997	1.218
Interpersonal Reactivity Index (IRI)			
Fantasy	178	3.264	.815
Empathic Concern	172	4.003	.680
Perspective-Taking	169	3.631	.678
Personal Distress	173	2.699	.745

Table 3

Normality Tests for Research Variables

Scale	N	Kolmogorov-Smirnov Statistic	p	Skewness Statistic	SE	Kurtosis Statistic	SE
Helping Behavior	199	.183	< .001	-1.098	.172	.110	.343
Reasons for Misfortune Questionnaire (RMQ)							
Locus of Causality	183	.041	.200	-.116	.180	-.315	.357
Internal Control	183	.064	.064	.056	.180	-.355	.357
Attributional Style	183	.056	.200	-.031	.180	-.306	.357
Stability	47	.106	.200	.267	.347	.253	.681
External Control	185	.064	.062	.088	.179	-.168	.355
Individualism/Collectivism Index							
Individualism	204	.072	.011	.291	.170	-.060	.339
Collectivism	203	.075	.008	-.185	.171	-.835	.340
Interpersonal Reactivity Index (IRI)							
Fantasy	178	.115	< .001	.271	.182	-.667	.362
Empathy Concern	172	.099	< .001	-.562	.185	-.254	.368
Perspective-Taking	169	.059	.200	-.331	.187	.183	.371
Personal Distress	173	.052	.200	.062	.185	-.471	.367

Reliability analysis. Next, the reliability of each scale and subscales was analyzed using Cronbach's alpha, which is the most commonly used estimate to describe internal consistency of responses on measures of interest. The Cronbach's alpha of each scale and subscale can be seen in Table 4. The Cronbach's alpha for Helping Behavior was .919. The Cronbach's alpha for the RMQ ranged from .556 (Locus of Causality) to .846 (External Control). The Cronbach's alpha for the Individualism/Collectivism Index ranged from .702 (Individualism) to .828 (Collectivism). The Cronbach's alpha for the IRI ranged from .674(Personal Distress) to .751 (Fantasy). The Cronbach's alpha recommended for preliminary research is 0.7(Nunnally, 1978), which a majority of the scales and subscales met. However, several subscales (i.e., locus of causality, internal control, stability, and personal distress) fell below the threshold for practical levels for research. The subscales of the RMQ (i.e., locus of causality, internal control, and stability) may have occurred from participants having a difficult time understanding and completing the questionnaire. Additionally, prior studies using the RMQ have reported Cronbach's alpha levels as low as .51 (Higgins & Morrison, 1998). Although, the personal distress subscale fell below the practical alpha level for research, the scale is approaching practical levels. The low Cronbach's alpha of the personal distress subscale may be due to sampling error as personal distress was validated at .78 (Davis, 1983). Despite the low Cronbach's alpha, items were not deleted to increase inter-item reliability as these measures were previously well validated.

Table 4

Reliability Coefficients of the Scales and Sub-scales

Scale	N	Cronbach's Alpha
Helping Behavior (10 items)	199	.929
Reasons for Misfortune Questionnaire (RMQ)		
Locus of Causality (18 items)	183	.556
Internal Control (18 items)	183	.600
Attributional Style (36 items)	183	.724
Stability (18 items)	47	.656
External Control (18 items)	185	.846
Individualism/Collectivism Index		
Individualism (8 items)	204	.702
Collectivism (8 items)	203	.828
Interpersonal Reactivity Index (IRI)		
Fantasy (7 items)	178	.741
Empathic Concern (7 items)	172	.751
Perspective-Taking (7 items)	169	.700
Personal Distress (7 items)	173	.674

Hypothesis Testing

In the next phase of data analysis, correlations, moderations, and mediations were analyzed to test the proposed hypotheses (See Table 5 for the correlation matrix). Specifically, hypotheses 1a, 3a, 4a, and 5 were tested using a correlation to analyze the simple relationships between the predictor and criterion variables. Moderations were employed to analyze the differential effect of the independent variable on the dependent variable as a function of the moderator for hypothesis 1b and 1c (Baron & Kenny, 1986). When an interaction is established, it means that the impact of one variable depends on the level of the other variable (Aiken & West, 1991). Mediation analyses were used for hypothesis 2a, 2b, 3b, 3c, 4b, and 4c to determine if the relationship between an independent variable and a dependent variable occurs through a mediating variable. Both the moderation and mediation analyses were conducted using PROCESS macro (version 2.16), a computational tool for path analysis-based moderation and

mediation statistics available for SPSS (Hayes, 2014b) that was downloaded from

http://www.afhayes.com/.

Although the following three correlations were not part of the original hypotheses, these correlations should be noted for the subsequent results and discussion pertaining to hypotheses 1b and 1c. Specifically, individualism was significantly correlated with helping behavior, $r(197)$ = .276, $p < .001$. As individualism increases, helping behavior significantly increases. Collectivism was also significantly correlated with helping behavior, $r(196) = .562$, $p < .001$. As collectivism increases, helping behavior significantly increases. Additionally, individualism and collectivism were significantly correlated, $r(201) = .323$, $p < .001$. As levels of individualism increases, levels of collectivism significantly increase.

le 5.

mary of Bivariate Correlations among Measured Variables

	1	2	3	4	5	6	7	8	9	10	11
Helping Behavior											
Locus of Causality	-.095										
Internal Control	-.216**	.533***									
Attributional style	-.178*	.875***	.876***								
Stability	.175	.152	-.137	.013							
External Control	.282***	-.013	.195**	.105	.244						
Individualism	.276***	-.200**	-.107	-.175*	.047	.084					
Collectivism	.562***	-.206**	-.294***	-.286**	.226	.160*	.323***				
Fantasy	.151*	.112	.004	.066	.153	-.013	.032	.139			
. Empathy Concern	.477***	-.033	-.134	-.096	.179	.097	-.006	.384***	.289***		
. Perspective-Taking	.443***	.037	-.075	-.022	.064	.105	.102	.400***	.232**	.485***	
. Personal Distress	-.246**	-.049	.138	.050	-.035	-.073	.055	-.037	.178*	-.021	-.128

e: * *p* < .05, ** *p* < .01, *** *p* < .001

For mediations, the PROCESS macro utilized Hayes and Preachers' (2004a) bootstrapping methods. Conventionally, Baron and Kenny's (1986) mediational analysis steps have been used to determine full or partial mediation in mediational models. However, this traditional method can result in low statistical power and high degrees of Type I error; this method also does not address issues such as suppression effects and the significance of indirect and expected direction effects between the variables (James, Mulaik, & Brett, 2006; MacKinnon, Lockwood, Hoffman, West, & Virgil, 2002; Preacher & Hayes, 2004a). Sobel (1982) developed the Sobel test, a more powerful method than the Baron and Kenny analysis. This test divides the indirect effect by its standard error and compares it to a normal distribution to detect mediation. This test relies on the assumptions of normality and large sample sizes (Shrout & Bolger, 2002), and if sample sizes are large enough, it is considered a more conservative method (Preacher & Hayes, 2004a). The Sobel test is commonly used in mediation and it is a preferred method (Fritz & MacKinnon, 2007).

Bootstrapping is a more modern mediation testing technique. With this method, the data are sampled thousands of times (as specified) with replacement, the indirect effects for each sample are computed, and the estimated standard error and confidence intervals are returned. The bootstrapping method is preferred since it does not rely on normality or large samples. Additionally, it can deal with multiple mediators and avoid estimation bias that may occur when testing multiple mediators separately (Preacher & Hayes, 2004). Bootstrapping is also preferred since it is a more powerful test than Baron and Kenny's method (1986) and Sobel's test (Fritz & MacKinnon, 2007).

Hypothesis 1.

Hypothesis 1a. This hypothesis proposed that empathy predicts helping behavior. It was tested by running correlations on each subscale of IRI (i.e., fantasy, empathic concern, perspective taking and personal distress) with helping behavior, which can be seen in Table 5. Aligned to this hypothesis, the correlation between fantasy scale and helping behavior was significant, $r(168) = .151$, $p = .049$. As fantasy increases, the helping behavior significantly increases (see Figure 10). Essentially, higher levels of fantasy, which enables individuals to identify with fictional characters, are associated with being more likely to help others in need. Conversely, those with lower levels of fantasy are less likely to help others in need. Also, aligned with this hypothesis, the correlation between empathy concern and helping behavior was significant, $r(163) = .477$, $p < .001$. As empathy concern increases, helping behavior significantly increases (see Figure 11). Essentially, higher levels of empathy concern, which assesses feelings of empathy and concern for unfortunate others, are associated with being more likely to help others in need. Conversely, those with lower levels of empathy concern are less likely to help others in need. There was also a significant correlation between perspective taking and helping behavior, $r(162) = .44$, $p < .001$, which supported this hypothesis. As perspective taking increases, helping behavior increases significantly (see Figure 12). Essentially, higher levels of perspective taking, which assesses an individual's ability to spontaneously adopt the psychological point of others, are associated with being more likely to help others in need. Conversely, lower levels of perspective taking are associated with being less likely to help others in need. Additionally, aligned with this hypothesis, the correlation between personal distress and helping behavior was also significant, $r(164) = -.246$, $p = .001$. However, opposite of the prior three empathy subscales, there was a significant negative correlation. As personal distress

increases, helping behavior decreases significantly (see Figure 13). Essentially, higher levels of personal distress, which measures feelings of personal anxiety and unease in tense interpersonal settings, are associated with being less likely to help others in need. Conversely, lower levels of personal distress are associated with being more likely to help others in need.
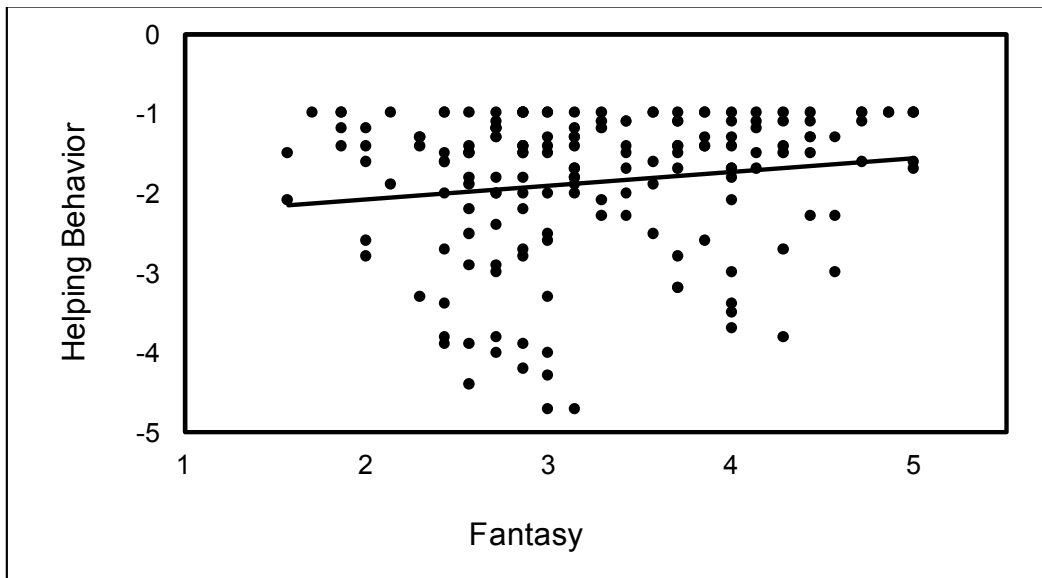
Figure 10. Scatterplot of fantasy and helping behavior.
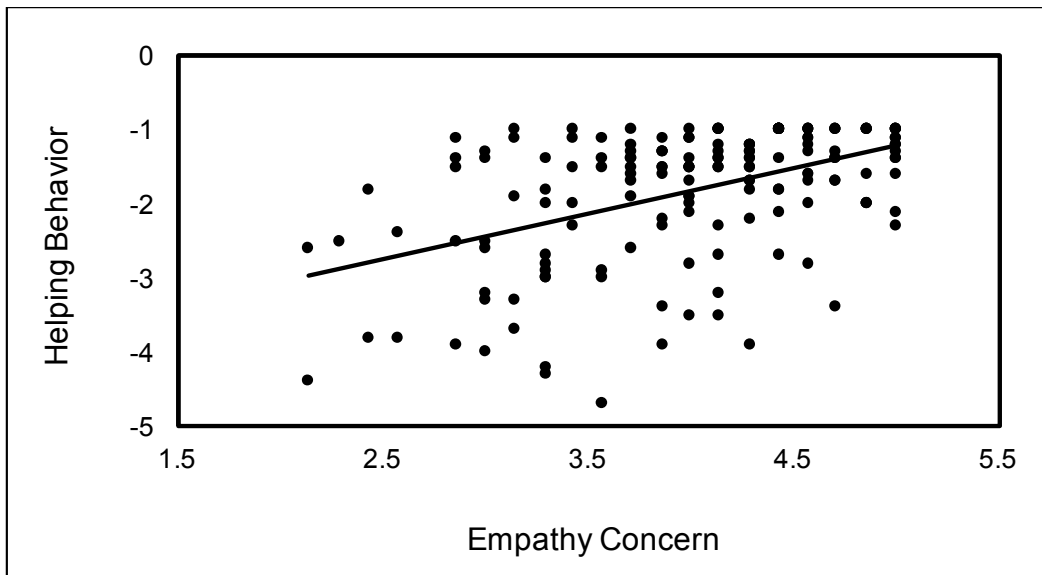
Figure 11. Scatterplot of empathy concern and helping behavior.
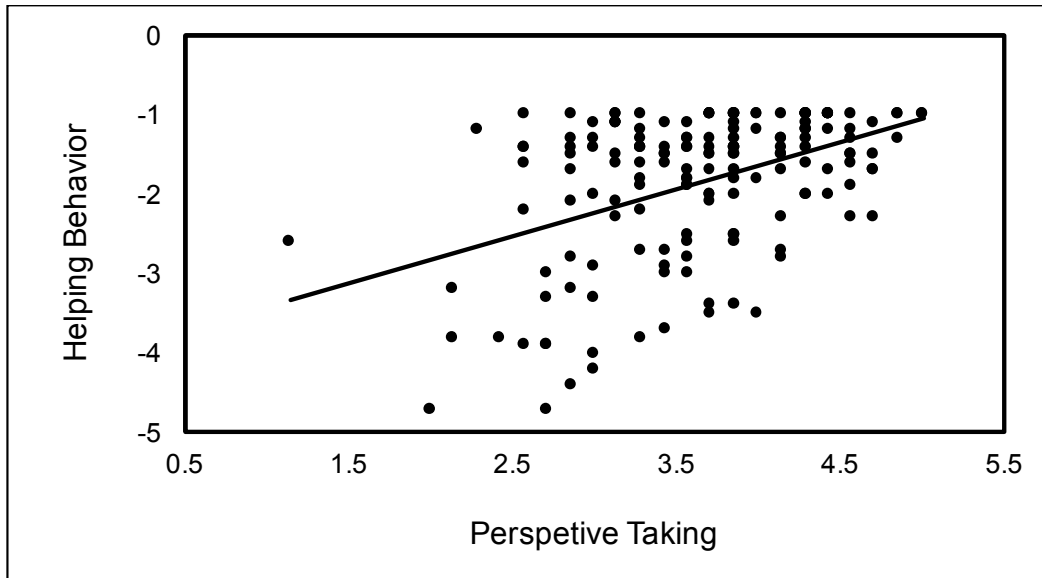
Figure 12. Scatterplot of perspective taking and helping behavior.
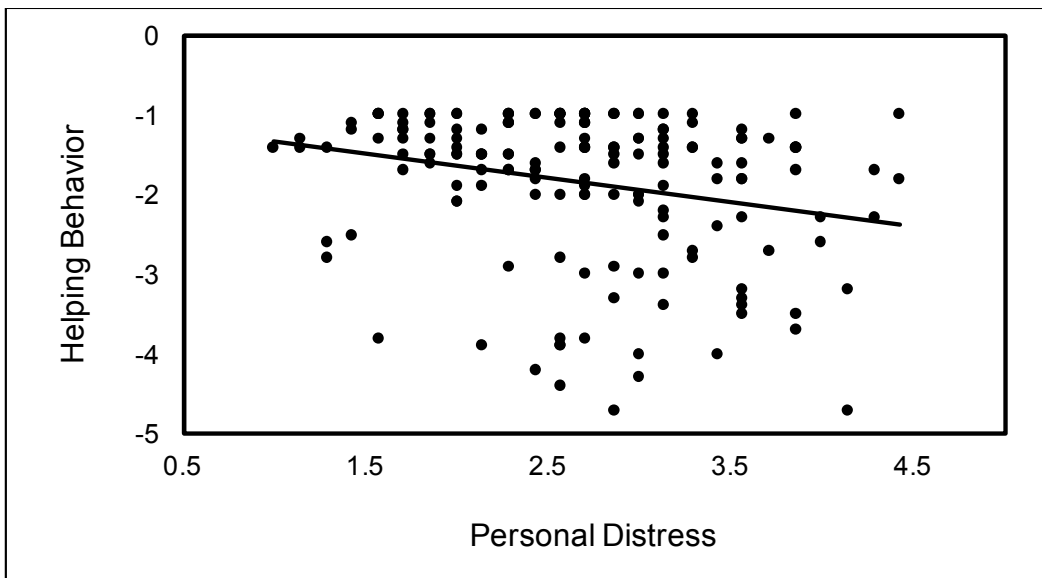
Figure 13. Scatterplot of personal distress and helping behavior.

Hypothesis 1b. It was predicted that individualism moderates the relationship between empathy and helping behavior such that this relationship is stronger for highly individualistic people as compared to less individualistic people. This hypothesis was tested by running moderation analyses. There was a significant interaction between individualism and empathy concern, $F(1,161) = 6.977$, $p = .009$, $\eta^2 = .030$, however the direction of the moderation was

opposite to the hypothesis. The positive relationship between empathy concern and helping

behavior significantly weakened as the level of individualism increased (see Figure 14). For low

individualistic people, empathy concern positively predicted helping behavior. However,

individuals with high levels of individualism helped regardless of empathy concern.

Similarly, there was a significant interaction between individualism and perspective

taking, $F(1,160) = 5.979$, $p = .016$, $\eta^2 = .028$. The positive relationship between perspective

taking and helping behavior significantly weakened as the level of individualism increased (see

Figure 15). Essentially, higher level of perspective taking was associated with higher level of

helping behavior when the level of individualism was low. However, individuals with high levels

of individualism helped regardless of perspective taking.

There was no significant interaction between individualism and personal distress,

$F(1,162) = 1.258$, $p = .264$, $\eta^2 = .007$, and between individualism and fantasy, $F(1,166) = 1.768$,

$p = .209$, $\eta^2 = .009$.
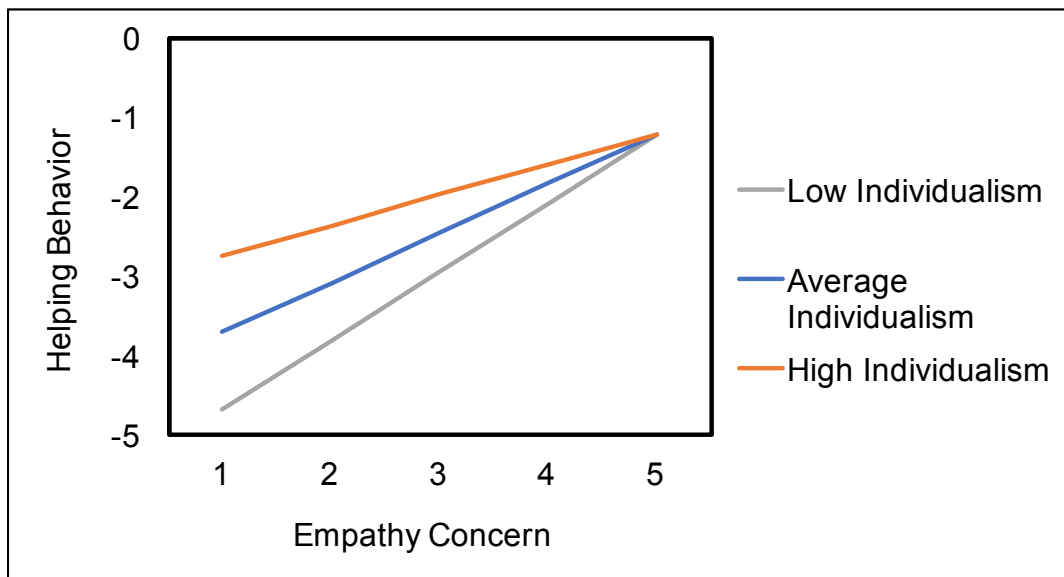
Figure 14. The relationship of empathy concern and helping behavior moderated by individualism level.
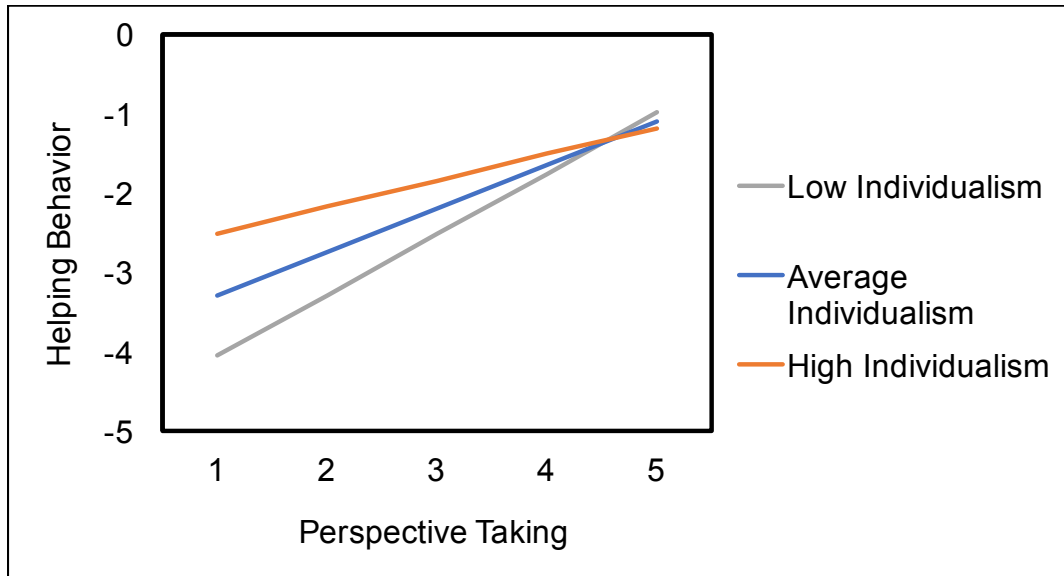
Figure 15. The relationship of perspective taking and helping behavior moderated by individualism level.

Hypothesis 1c. It was hypothesized that collectivism moderates the relationship between empathy and helping behavior such that this relationship is stronger for less collectivistic people as compared to highly collectivistic people. This hypothesis was supported for empathy concern, $F(1,160) = 8.614, p = .004, \eta^2 = .033$, and for perspective taking $F(1,159) = 15.287, p < .001, \eta^2 = .057$. As expected, the positive relationship between empathy concern and helping behavior, and between perspective taking and helping behavior, weakened significantly as levels of collectivism increase (see Figure 16 and Figure 17). There was no significant interaction between collectivism and fantasy, $F(1,161) = 3.242, p = .074, \eta^2 = .013$, and between collectivism and fantasy, $F(1,165) = 3.553, p = .061, \eta^2 = .015$.
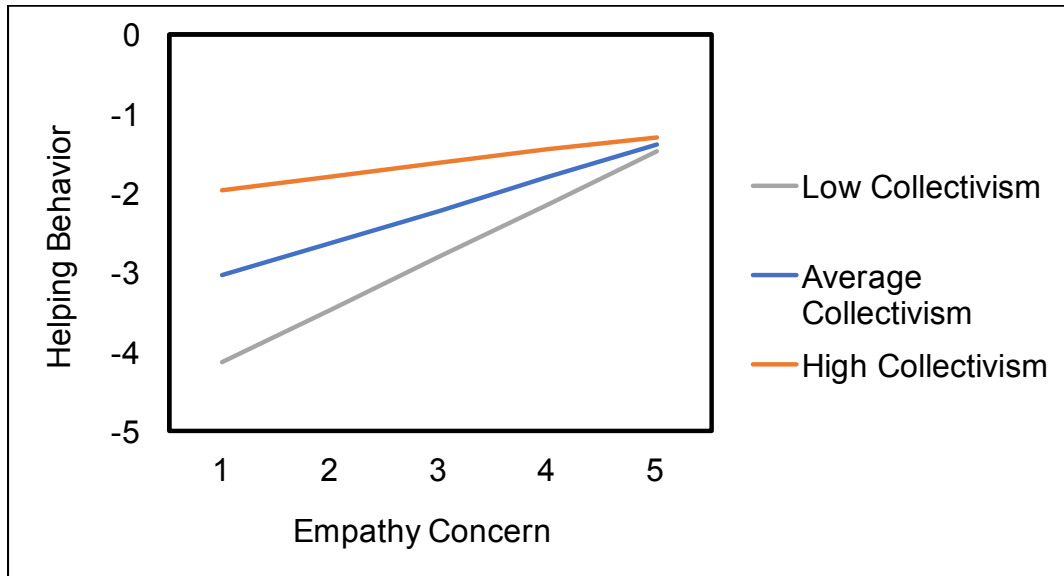
Figure 16. The relationship of empathy concern and helping behavior moderated by collectivism level.
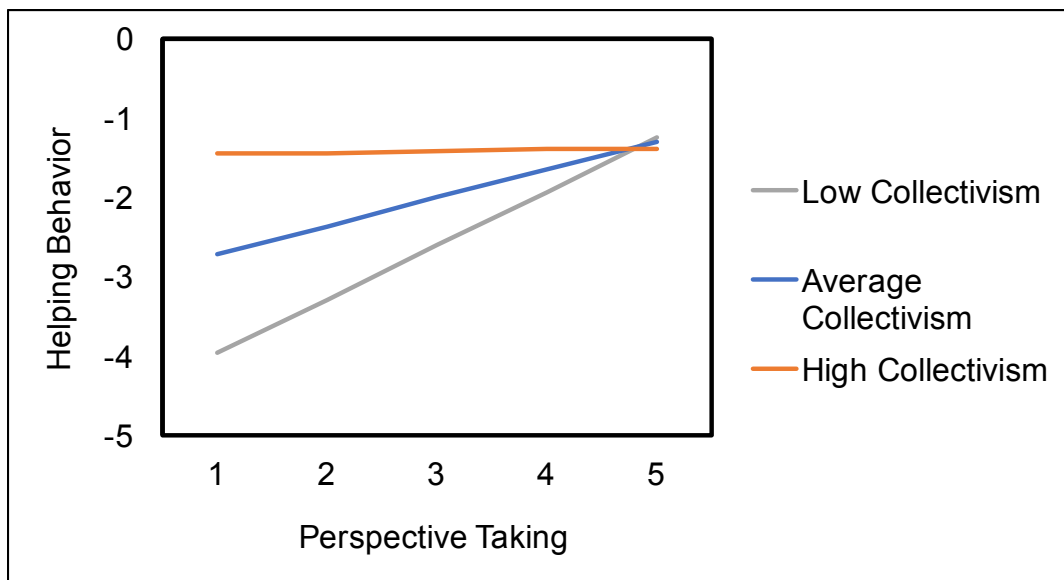
Figure 17. The relationship of perspective taking and helping behavior moderated by collectivism level. Specifically, the positive relationship between perspective taking and helping behavior decreases as levels of collectivism increase.

Hypothesis 2.

Hypothesis 2a. It was hypothesized that supportive attributional style mediates the

relationship between individualism and helping behavior such that low individualistic people

demonstrate more helping behavior compared to high individualistic people because they have a

more supportive style of attribution. Hayes's Simple Mediation Model 4, which was part of the PROCESS macro, was used to test this mediation and subsequent mediation models (Preacher & Hayes, 2004b). The PROCESS macro provides both the Sobel's (normal theory) test and bootstrapped confidence intervals to test the indirect effect of X on Y through a single mediator M, which has both statistical, functional, and practical utility in understanding the relationship among the variables (Preacher & Hayes, 2004a; Preacher & Hayes, 2004b). This method was used because of its higher statistical power and lower Type 1 error, compared to those developed by Baron and Kenny (1986). Additionally, this method does not require normality or large sample sizes (Preacher & Hayes, 2004a). Additionally, the Sobel (1982) test was conducted to provide a more direct test of an indirect effect by comparing the strength of the indirect effect of X on Y (Preacher & Hayes, 2004a).

Contrary to this hypothesis, findings of the Sobel test indicate that the reduction in the beta value from path c to c' was not significant, $z = 1.365$, $p = .172$, and the bootstrapping estimate of the indirect effect fell between -.001 and .073 with a 95% confidence interval. Thus, these results did not support the mediation of supportiveness.

Hypothesis 2b. It was also predicted that supportiveness mediates the relationship between collectivism and helping behavior such that highly collectivistic people demonstrate more helping behavior compared to less collectivistic people because they have a more supportive style of attribution. Contrary to this hypothesis, findings of the Sobel test indicate that the reduction in the beta value from path c to c' was not significant, $z = -.011$, $p = .991$, and the bootstrapping estimate of the indirect effect fell between -.032 and .034 with a 95% confidence interval. Thus, supportiveness did not mediate the relationship between collectivism and helping behavior.

Hypothesis 3.

Hypothesis 3a. Contrary to this hypothesis, the correlation between stability and helping behavior was not significant, $r(45) = .175$, $p = .240$. Thus, stability did not predict helping behavior.

Hypothesis3b. It was also predicted that stability mediates the relationship between individualism and helping behavior. Contrary to this hypothesis, findings of the Sobel test indicated that the reduction in the beta value from path c to c' was not significant, $z = .231$, $p = .817$, and the bootstrapping estimate of the indirect effect fell between -.023 and .069 with a 95% confidence interval. Thus, stability did not mediate the relationship between individualism and helping behavior.

Hypothesis 3c. It was predicted that stability mediates the relationship between collectivism and helping behavior. Contrary to this hypothesis, the Sobel test indicated that the reduction in the beta value from path c to c' was not significant, $z = .288$, $p = .774$, and the bootstrapping estimate of the indirect effect fell between -.020 and .056 with a 95% confidence interval. Thus, stability did not mediate the relationship between collectivism and helping behavior.

Hypothesis 4.

Hypothesis 4a. This hypothesis stated that people help victims with low control over the cause of their misfortune (low controllability) more than they help victims who have high control over the cause of their misfortune. As hypothesized, there was a significant correlation between helping behavior and internal control, $r(177) = -.216$, $p = .004$ (See Table 5. As an individual attributed a victim as having more internal control over a situation, helping behavior decreased significantly (see Figure 18). Additionally, as hypothesized, the correlation between helping

behavior and external control was significant $r(178) = .282, p < .001$. As an individual attributed

a victim as having more external control over a situation, helping behavior increased

significantly (see Figure 19).
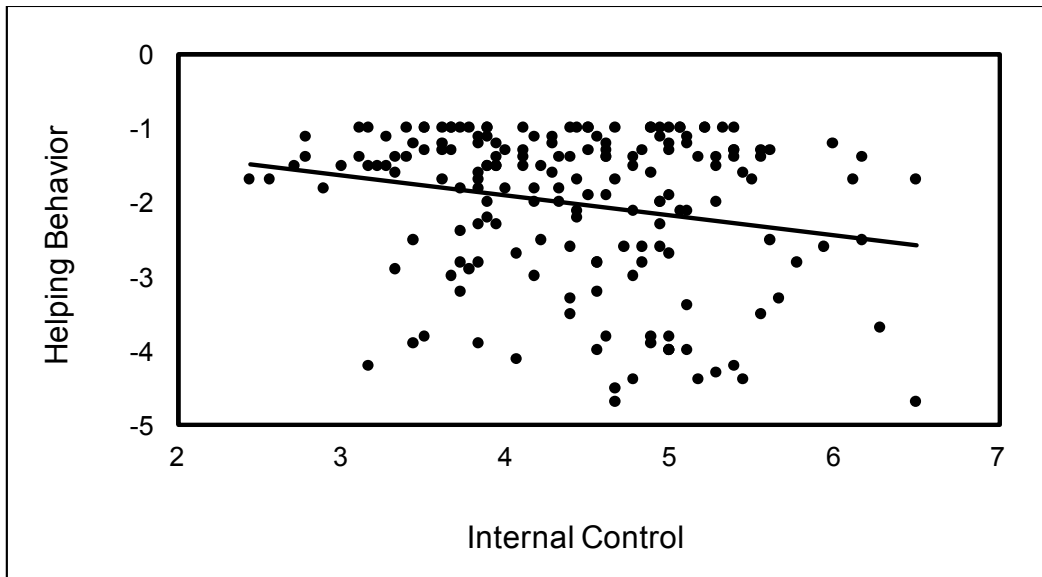
Figure 18. Scatterplot of internal control and helping behavior.
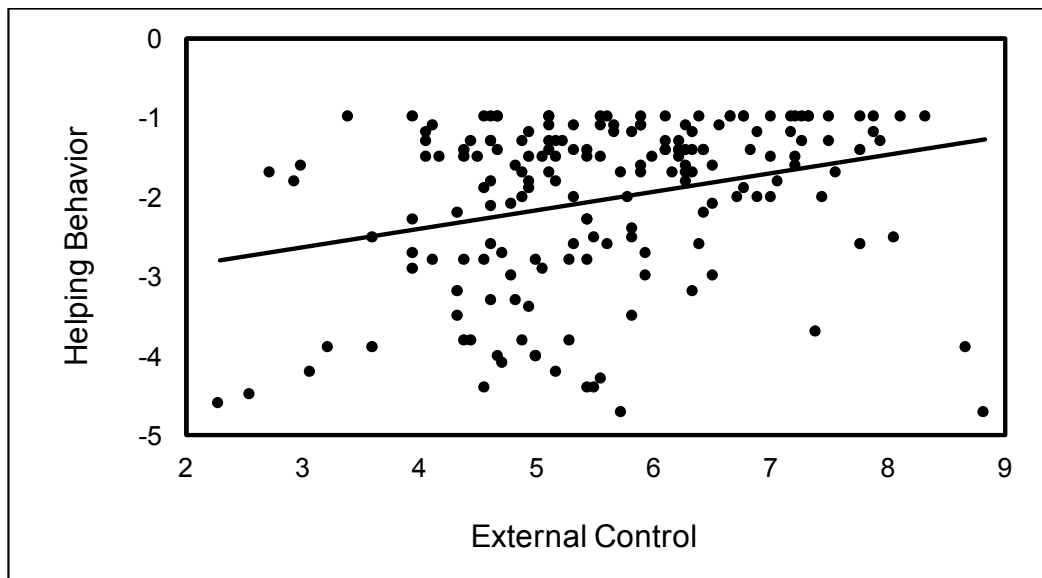
Figure 19. Scatterplot of collectivism and helping behavior.

Hypothesis 4b. It was predicted that controllability (i.e., both internal and external

control) mediates the relationship between individualism and helping behavior. Contrary to this

hypothesis of internal control mediating the relationship between individualism and helping behavior, the Sobel test indicated that the reduction in the beta value from path c to c' was not significant, $z = 1.196$, $p = .232$, and the bootstrapping estimate of the indirect effect fell between -.004 and .066 with a 95% confidence interval. External control mediating the relationship between individualism and helping behavior was also not significant. Findings of the Sobel test indicated that the reduction in the beta value from path c to c' was not significant, $z = 1.089$, $p = .276$, and the bootstrapping estimate of the indirect effect fell between -.009 and .076 with a 95%confidence interval. These mediation results did not support the mediational role of controllability.

Hypothesis 4c. It was predicted that controllability (i.e., both internal and external control) mediates the relationship between collectivism and helping behavior. Contrary to this hypothesis of internal control mediating the relationship between collectivism and helping behavior, the Sobel test indicated that the reduction in the beta value from path c to c' was not significant, $z = .534$, $p = .593$, and the bootstrapping estimate of the indirect effect fell between -.022 and .045 with a 95% confidence interval. External control mediating the relationship between collectivism and helping behavior was also not significant. Findings of the Sobel test indicate that the reduction in the beta value from path c to c' was not significant, $z = 1.733$, $p = .083$, and the bootstrapping estimate of the indirect effect fell between .002 and .075 with a 95% confidence interval. These results did not support this hypothesis.

Hypothesis 5. Contrary to the Hypothesis 5, no significant correlation was found between the locus of causality attribution and helping behavior, $r(177) = -.095$, $p = .206$.

CHAPTER VI

Discussion

Individuals encounter the question of whether they should help another frequently throughout their daily lives. The important factors in this decision-making process include one's level of empathy, the bystander's culture, and attribution dimensions and style (Eisenberg et al., 1989; Higgins & Shaw, 1999; Schein, 1985; Weiner, 1986). The impact of these factors on helping behavior, and the interaction among them, was the main focus of the current study. This final chapter discusses the results of this study and addresses its limitations and strengths. Additionally, possible future studies will be proposed in order to continue understanding how these factors influence helping behavior.

Summary and Interpretation of the Results

Empathy predicts helping behavior. As hypothesized, empathy (i.e., fantasy, empathic concern, perspective taking, and personal distress) significantly predicted helping behavior (Hypothesis 1). These findings support previous research that was mentioned in the Literature Review Section (Belgrave et al., 2011; Davis, 1983b; Dovidio, Piliavin, Schroeder, & Penner, 2006; Eisenberg et al., 1989). Helping behavior is speculated to have evolved as a prosocial behavior to increase survival and procreation (Ayinli et al., 2003), which its psychological mechanism can be explained by the empathy-altruism hypothesis. The empathy-altruism hypothesis posits that people help others because people identify "with the person in need, which evokes empathic feelings, and eventually altruistic motivation" (Aydinli et al., 2013, p. 4). The empathy-altruism hypothesis has been supported over other hypotheses such as the empathy-specific reward hypothesis and the empathy-specific punishment hypothesis (Batson et al., 1988). The empathy-specific reward hypothesis states that empathy is used to obtain a social or

self-reward, while empathy-specific punishment hypothesis states that empathy is used to avoid social or self-punishment.

Lack of findings with respect to fantasy and personal distress. The two components of empathy, fantasy and personal distress, failed to produce significant interactions. In fact, they were uncorrelated with most of the variables. Although fantasy is related to both cognitive empathy (Stansfield & Bunce, 2014) and affective empathy, it is mainly a cognitive construct. Fantasy is only associated with affective empathy if an individual is able to transport, or vividly imagine, scenes and characters in a particular episode of story-reading (Bal & Veltkamp, 2013; Gerrig, 1993). Thus, evoking transportation or asking vividly imagining scenes might have produced stronger correlations with respect to fantasy.

The interactions with respect to personal distress were not significant either. It was uncorrelated with most variables, which include both empathic concern and perspective taking. Thus, the non-significant results may have arisen because personal distress may not be an appropriate measure of empathy since it is a self-oriented measure of one's own feelings. The non-significant results may have also arisen because the underlying mechanism of the relationship between feelings of personal distress and helping behavior may depend on social situation or context (Hortensius, Schutter, & de Gelder, 2016) rather than culture. For example, the relationship between personal distress and helping behavior is likely affected by situational context such as number of bystanders (Hortensius et al., 2016) rather than their levels of individualism or collectivism.

The interaction of culture and empathy. There were expected and unexpected interactions: the interactions between individualism and perspective taking, as well as between individualism and empathy concern (Hypothesis 1b) were in the <u>unexpected</u> direction. The

interactions between collectivism and perspective taking, as well as between collectivism and empathy concern, were in the <u>expected</u> direction (Hypothesis 1c). In short, empathy predicted helping behavior for low individualistic people as well as for low collectivistic people. Highly individualistic and highly collectivistic people helped regardless. Although these results may seem contradictory to each other, there is a reasonable explanation for them.

The dimension of Individualism-Collectivism is the most popular cultural construct among Hofstede's dimensions, but also the most controversial one. Some of the reasons for this controversy are the ambiguity of the construct boundaries and scope (e.g., Kim & Sharkey, 1995; Levine et al., 2003; Voronov & Singer, 2002), and the uncertainty of their relationship (Oyserman, Coon, and Kemmelmeier, 2002). Hofstede interpreted these two constructs as the opposite poles of one continuum; however, others challenged his view, and argued for a bidimensional view that suggests that Individualism and Collectivism are orthogonal, and can actually represent two independent continua (e.g., Markus & Kitayama, 1991; Oyserman, 1993; Singelis, 1994; Triandis, 1994). Thus, one could simultaneously score high (or low) on both dimensions. Furthermore, some researchers developed horizontal and vertical facets (e.g., Singelis et al., 1995), or measured them separately with respect to different domains of relationships (e.g., family, friends, neighbors, etc., Hui, 1988).

Unfortunately, the evidence in the literature is mixed for these two opposite views. According to meta-analytical reviews (Oyserman et al., 2002; Taras et al., 2010), there are approximately equal number of studies relying on the unidimensional and bidimensional measures of IND-COL, some studies found near-zero correlations (e.g., Singelis, 1994), negative correlations (e.g., Lam, Chen, & Schaubroeck, 2002), or even positive correlations (e.g., Bresnahan et al., 2005) between IND and COL. Furthermore, there are more than 100 competing

instruments for measuring IND-COL (Taras et al., 2014). This uncertainty and conflicting results pose a challenge for interpreting the results of the present study.

More recently, Taras et al. (2014) provided an integrated view on this issue, and analyzed possible reasons and moderators. They found that the bidimensional structure was much more consistent in North American and Western samples, whereas the unidimensional structure was more prevalent in non-North American and Eastern samples. Taras and colleagues (2014) also,

provided evidence that IND-COL structure may vary across the levels of analysis. The results at the group and national levels of analysis tended to fit a unidimensional solution, whereas individual-level tests generally favored a bidimensional view of IND-COL. In other words, at the individual level of analysis, IND and COL may be independent constructs. However, as we move up to the aggregate levels of analysis, the relationship between IND and COL becomes more pronounced, and they lean toward becoming the opposites of a single continuum (p. 235).

Finally, they found a strong positive correlation between IND and COL in some instances.

These findings in Taras et al.'s (2014) review may explain why highly individualistic and highly collectivistic individuals in the present study showed similar patterns of helping behavior. First, in the present study, the data collection was completed in the U.S. where the bidimensional structure is more expected. Second, the level of analysis was individual, which may have led to independence between IND and COL constructs, as Taras et al. suggested. Finally, similar to some other studies (e.g., Bresnahan et al., 2005), there was a positive correlation between these two constructs in the present study, $r(201) = .323$, $p < .001$. This may be due to "extreme responding, acquiescence bias, and socially desirable responding" or generally poor psychometric properties of the IND-COL scale (Taras et al., 2014, p. 235). It is hard to make

meaningful conclusions when we are not sure whether this scale measures what it is supposed to measure, and whether it measures with precision and reliability.

From this perspective, it is conceivable that both highly individualistic and highly collectivistic people help, but for different reasons. Individualistic people tend to "discover and express their unique attributes, and try to stand out in important ways" (Baumeister, 1998, p. 726), and consider making and upholding a "positive sense of self as a basic human endeavor" (p. 5). Additionally, they are likely to engage in prosocial behaviors if they have a personal moral character that would help them achieve self-actualization or personal growth (Kemmelmeier, 2006). Thus, it is possible that highly individualistic people value helping behavior for personal gain (e.g., as a way to stand out, maintain their positive sense of self, and/or achieve personal growth).

Furthermore, Triandis (1995, 1996) posited that self-enhancement (power and achievement) was associated with vertical I-C dimension, while self-transcendence (universalism and benevolence) corresponded with the horizontal I-C dimensions (as cited in Cukur, de Guzman, & Carlo, 2004). Specifically, "vertical collectivists give priority to power, horizontal collectivists give priority to benevolence, vertical individualists give priority to achievement, and horizontal individualists give priority to universalism" (Triandis as cited in Cukur et al., 2004, p. 616). However, Cuker and colleagues (2004) found that vertical collectivism is associated with conformity, tradition, and security, but not power. Thus, it is plausible that highly individualistic people help others if they are more horizontal than vertical because they highly regard universalism, which is a loyalty and concern for others, rather than achievement, in which high vertical individualistic people may only help if helping is part of their achievement. Furthermore, collectivistic individuals are likely to help regardless of their level of vertical or horizontal

dimensions because collectivistic individuals prioritize conformity, tradition, security, and benevolence. These rationales are also corroborated the present study's exploratory post-hoc analyses that reveal that helping behavior is positively correlated with horizontal individualism, $r(197) = .455$, $p < .001$, vertical collectivism, $r(197) = .476$, $p < .001$, and horizontal collectivism, $r(196) = .538$, $p < .001$, but not correlated with vertical individualism, $r(197) = .029$, $p = .685$.

The explanation for helping behavior among collectivistic people was in the Literature Section. These results align with previous findings stating that collectivist cultures are likely to engage in helping behaviors (R. Levine et al., 2001), mainly because collectivist cultures are associated with both cognitive and affective empathy (Duan et al., 2008).

Controllability predicts helping behavior. Another important finding of this study was the correlation between helping behavior and internal and external control (Hypothesis 4a). As the participants perceived the victim as having more internal control, helping behavior decreased, whereas the opposite was true for external control. This finding aligns with previous research findings indicating an association between controllability and helping behavior (Meyer & Mulherin, 1980) because individuals are more willing to help if they perceive an individual to have less control over his/her situation .According to Weiner (as cited in Meyer & Mulherin, 1980), when a helper attributes the victim's need for help as controllable (e.g., laziness), it could create anger; whereas, if the need for help is due to an uncontrollable cause (e.g., illness), it could create sympathy, which leads to offering help to the victim.

Lack of Mediational Findings. It was predicted that the relationship between individualism and helping behavior, and between collectivism and helping behavior can be

explained by some of the mediating factors, such as supportiveness, stability, and controllability. However, none of the mediational tests were significant.

Although the supportive attributional style is related to helping behavior (Higgins & Shaw, 1999), it is conceivable that those with a supportive attributional style would tend to help people regardless of controllability of the situation because they are depressed and have little or no illusion of control beliefs about their own and others' outcomes (Langer, 1975). However, those with an unsupportive attributional style would help people if they believe, from their previous experience, that the situation is uncontrollable. Thus, the non-significant mediation may arise from not accounting for the moderation of controllability of a situation and the relationship between a supportive attributional style and helping behavior. This rationale may also apply to the non-significant finding between locus of causality and helping behavior (Hypothesis 5), as Meyer and Mulherin (1980) also found a no relationship between locus of causality and helping behavior.

The results with respect to stability were not significant. For instance, stability did not predict helping behavior (Hypothesis 3a) and did not mediate the relationship between individualism and helping behavior (Hypothesis 3b) and collectivism and helping behavior (Hypothesis 3c). This may be due to small number of participants ($n = 47$) who completed the stability questionnaire and thus may be underpowered. Although the correlation was not significant, it was positive. The nonsignificant results of the mediation involving individualism may have also arisen from asking participants about stable attribution levels only regarding negative outcomes or events. Previous research posits that individualistic cultures show a self-serving bias and positive events are attributed as being more stable while negative events are unstable, while the opposite is true in collectivist cultures such that collectivist cultures attribute

positive events as unstable and negative events as more stable (Lee & Seligman, 1997). Thus, the valence of the items might have confounded the results of the study, which may have also affected the mediation analyses in hypothesis 4b and 4c.

The results showed that controllability did not mediate the relationship between individualism and helping behavior (Hypothesis 4b), and between collectivism and helping behavior (Hypothesis 4c).Although the controllable attribution dimension is related to helping behavior (Higgins & Shaw, 1999), the failure of mediation may be due to the finding that individualistic people may not rely on context when interpreting situations because they are seen as stable and controllable (Oyserman et al., 2002).Levels of individualism do not moderate the relationship between controllability and helping behavior because individualistic people might interpret and explain all the causes of an event as related to something connected to the person and not the person's environmental factors (i.e., stable, controllable).

Research Implications and Applications

Understanding helping behavior within organizations is important because helping behavior is associated with improved performance quantity and quality, financial efficiency, and customer service (Podsakoff et al., 2000). Helping behavior is also associated with increased group task performance (Podsakoff et al., 2014), and organizational citizenship behaviors on performance evaluations (Podsakoff et al., 2000). Furthermore, it improves an individual's mental and physical health (Brown et al., 2003; R. Levine et al., 2001; Piercey et al., 2011; Piferi et al., 2006; Poulin, 2014), which decreases the number of sick days while increasing work productivity. Thus, an understanding of how to increase helping behavior in organizations is beneficial at both the organizational and individual level. This study provides more insight into why an individual may or may not help another individual in an emergency situation and how

empathy, culture, and attributions influence these decisions. Organizations could use this knowledge to hire employees who will be more likely to exhibit this helping behavior, while training their current employees on how to increase their personal level of helping behavior.

The study found that empathy, which was measured by empathy concern and perspective taking, was associated with increased helping behavior. Thus, one way to improve helping behavior in an organization is to assess employee candidates for empathy prior to and during the interview. An empathy assessment would allow employers to know how much empathy training a potential employee would need. The material used in this dissertation project (e.g., the empathy questionnaire or the empathy scenarios) can be utilized in the assessment of empathy. For example, interviewers may ask the prospective employee different scenarios about employees in need and determine if the prospective employee is able to show concern for these individuals and is able to correctly place himself/herself in the perspective of the employee in need. If individuals have low ratings of empathy, the assessment would allow employers to know how much training should be involved with the prospective employee.

To increase collaboration and altruistic behaviors at the workplace, a training program can be developed to increase perspective taking and empathetic concerns (e.g., empathy training videos or participating in large group training, Crabb, Moracco, & Bender, 1983). Empathy training in an organization can be accomplished in four phases: (a) preparation for change, (b) training, (c) transfer and maintenance, and (d) evaluating change. This training has a total 22 steps that an organization can take such as assessing its needs, maximizing opportunity to practice, and providing an organizational culture that supports learning. These steps have been shown to improve workers' performance and address job skills such as teamwork, conflict management, customer relations, and stress management (Cherniss, Goleman, Emmerling,

Cowan, & Adler, 1998). Most importantly, in order to better resolve conflicts in the workplace, employees need to learn to practice empathy by understanding rather than hearing the other side, which provides a deeper engagement in empathy and reason (Menkel-Meadow, 2006). Employees can engage in understanding by imagining themselves in the other person's perspective in both cognition and affect. Thus, new and current employees can be trained to understand each other in order to resolve conflicts and engage in teamwork.

Furthermore, individuals who attributed situations as being generally less controllable (low internal control and high external control) were more likely to help others. Thus, organizations that wish to increase helping behavior may further benefit by assessing prospective employees for how they attribute situations as either controllable or uncontrollable events. Employers may assess individuals by using questionnaires similar to the controllability subscale of the RMQ. Additionally, interviewers may want to include questions that assess how an individual attributes different situations as being controllable or not. For example, interviewers may want to ask the prospective employee about different scenarios regarding employees in need and if they attribute the employee in need's situation as controllable or not. These controllability attribution dimension questions could be incorporated into the interview at the same time as the previously suggested empathy questions. The assessment will allow employers to determine how much training (e.g., workshop and discussion with team coach) is needed and correctly plan and maximize costs of such training. Additionally, current employees who exhibit low levels of helping behavior may benefit from the aforementioned empathy training, which may lead to more correct controllability attributions of the different situations, which will ultimately increase helping behavior (Betancourt, 1990).

Limitations and Future Studies

There are some shortcomings of the present study. First, this study would have benefited from a larger sample size, which would have produced higher statistical power. The analyses with the stability subscale from the RMQ scale would have benefited particularly from a larger sample size because this stability subscale was completed by only 47 participants, whereas other scales and subscales were given responses by at least 169 individuals. Although there were enough participants to take the survey, a small subgroup of the participants chose not to complete this part of the test. Perhaps the questions in this section were ambiguous, or participants did not truly understand how to respond. Preventing participants from skipping these stability items may have increased the likelihood of reaching out to understand these items and thus increased the number of responses for the stability items. Also, participants might have experienced test-taking fatigue and decided to skip the sections. Test-taking fatigue could be reduced in future studies by providing 20 to 30-minute breaks every hour (Sievertsen, Gino, & Piovesan, 2016). Given that the sample size for stability was small relative to other subscales, future studies may wish to retest this construct with a larger sample to improve statistical power. Specifically, researchers may wish to retest the effect of stability on helping behavior and determine if that relationship is mediated by culture.

Secondly, three subscales (i.e., the fantasy subscale of the IRI and the stability and controllability subscale of the RMQ) could have been modified to have better addressed the irrespective constructs. Fantasy is associated with cognitive empathy (Stansfield et al., 2014), and is only associated with affective empathy if an individual is able to transport, or vividly imagine scenes and characters in particular episode of story-reading (Bal & Veltkamp, 2013; Gerrig, 1993). In a future study, fantasy can be measured by prompting participants to evoke

transportation by asking participants to vividly imagine scenes and characters. As an alternative

analysis, future researchers may also consider running a multiple regression using all subscales

of empathy to predict helping behavior. This analysis would allow researchers to clarify which

subscale of empathy is most associated with helping behavior over and above the other subscales

of empathy. Alternatively, another measure of empathy can be utilized in the future. For

example, the Empathy Quotient (EQ), which has a Cronbach's alpha of .92, may be more a

concise definition of empathy rather than the IRI because EQ does not include factors such as the

fantasy subscale that are more related to imagination than empathy (Baron-Cohen &

Wheelwright, 2004). Furthermore, positive events should have also been included in the RMQ to

better represent the stability and controllability questionnaire rather than solely negative

outcomes. Including both positive and negative outcomes is important because individualistic

and collectivistic cultures vary in terms of how they attribute situations as stable and controllable

depending on whether the outcome was positive or negative. Future studies can consider using

the Attributional Style Questionnaire (ASQ), which has a Cronbach's alpha ranging from .72 to

.75, rather than the RMQ because it contains both positive and negative events (Peterson,

Semmel, Abramson, Metalsky, & Seligman, 1982).

Given the debate about the cultural dimension of individualism and collectivism, the

Triandis and Gelfand (1998) scale may not be the best measure of this cultural dimension. Taras

and colleagues (2014) recommend when selecting an IND-COL instrument that researchers

consider the following: 1) chose an instrument that is theoretically driven, 2) psychometric

properties should be evaluated using both the original and subsequent studies, and 3)

psychometric properties are re-evaluated when collecting original data. Furthermore, Taras and

colleagues (2014) recommends the Singelis (1994) scale for the bidimensional measurement of

IND-COL, which includes 24 items with a Cronbach's alpha between .69 to .74. For researchers interested in unidimensional measurement of IND-COL, researchers may consider using the psychological collectivism scale, which is focused on work groups and relevant in organizational sciences with an increased Cronbach's alpha of .85 (Jackson et al., 2006).

Furthermore, most of the demographic variables of this study (i.e., age, ethnicity, and culture) were well proportioned; however, the study consisted of more females (n = 155) than males (n = 57). Thus, the study would have benefited from more male participants to better represent an appropriate gender proportion. Additionally, the participants of the study were obtained from Qualtrics and Facebook advertisements and were only limited to participants who were over the age of 18, currently living in the United States, and spoke and read English. Thus, these findings have high external validity and are generalizable to a population of 18 years of age or older and who speak and read English and have access to the Internet. Future studies may also consider obtaining information about where the participants were born and were raised to help distinguish and elucidate differences between participants who are native to Western cultures but identify with Eastern cultures (and vice-versa) and individuals who are identify with their native culture (i.e., Eastern and Western cultures). Future studies may also want to examine other countries of different economic standings to understand if individuals from low economic standing countries are more likely to help compared to individuals from high economic standing.

Although the results of this study help us understand the role of culture and its influences on attributions and empathy that ultimately affect helping behavior, more research is needed to better understand these complex relationships. Future studies may want to understand if gender moderates any of the previous significant findings. Specifically, researchers may want to test if: (a) gender moderates the relationship between empathy and helping behavior, (b) there is a triple

interaction among gender, collectivism and empathy, and (c) gender moderates the relationship between controllability and helping behavior. Understanding these gender differences and effects would allow professionals to better assess and train employees in factors that help improve helping behavior.

Researchers may further be interested in understanding if individualism and helping behavior is mediated by personal gain and/or personal expression of ethics because of the non-significant variables (i.e., empathy, supportiveness, stability, controllability) mediating/moderating the relationship between individualism and helping behavior. Despite the literature, it is also plausible that attributional styles and dimensions may moderate rather than mediate in the relationship between culture and helping behavior. Thus, future studies may consider analyzing attributional styles and dimensions as moderators rather than mediators between culture and helping behavior. Future studies may also consider analyzing moderated mediators such as the mediation of stability and the relationship between culture and helping behavior being moderated by controllability.

Researchers might also want to determine if empathy relates directly to helping behavior moderated by culture and if controllability also directly relates to helping behavior in one larger SEM model (see Figure 20).
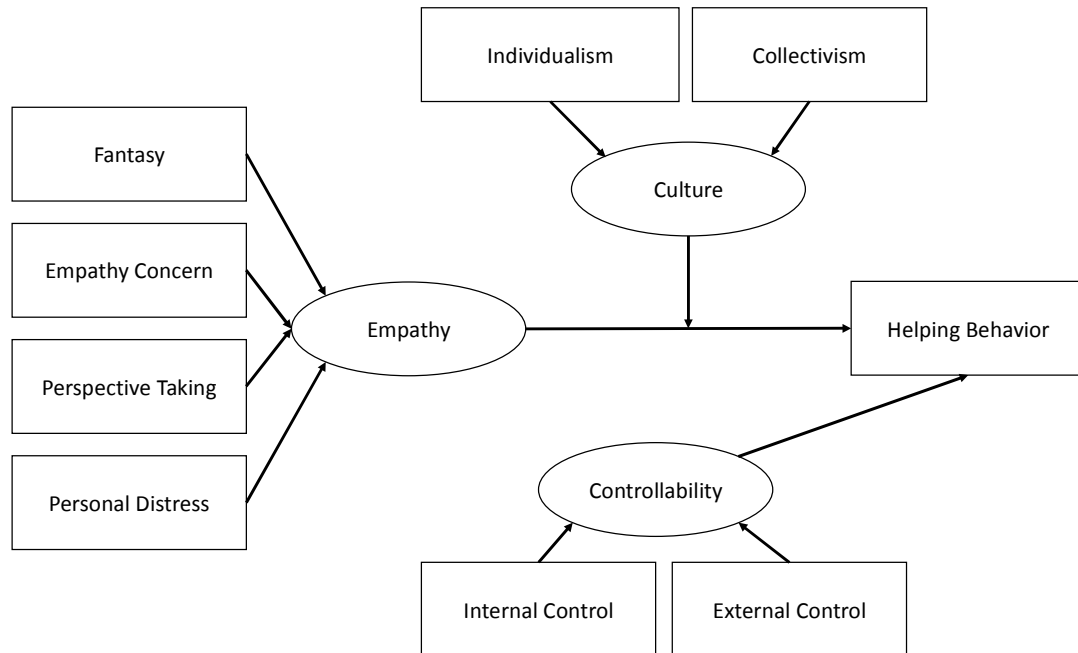
Figure 20. Proposed SEM model for future studies from significant results. The model specifies a direct relationship between the empathy construct, which is a construct composed of the four empathy subscales, and helping behavior. The relationship between empathy and helping behavior is moderated culture, which includes both measures of individualism and collectivism. Additionally, there is a direct relationship between the controllability construct, which is composed of both internal and external control subscales, and helping behavior.

Researchers may also be interested in understanding how other dimensions of culture, in addition to individualism and collectivism, are associated with helping behavior. Other cultural dimensions include power distance, uncertainty avoidance, and masculine versus feminine (Hofstede, 1984). Understanding these other dimensions of culture would explicate the complex construct of culture on helping behavior.

Similarly, researchers may want to understand how other attributional styles and dimensions (e.g., global vs. specific attribution) may relate to helping behavior. For example, global attribution is the extent to which a person believes that an outcome in one situation will determine the outcome in other situations, and specific attribution is the extent to which a person believes that the outcome of an event is unique to this type of situation. Researchers may want to

understand how this attributional style relates to helping behavior, and how it may be mediated or moderated by the cultural dimensions. For example, researchers may be interested in how individuals attribute towards specific event within the RMQ (e.g., cancer or divorce) rather than averaging across the different negative situations of the RMQ. To further understand specific attributions, researchers may consider using or creating helping behavior questions that relate only those specific events rather than global helping behavior.

Conclusion

The purpose of this study was to understand how and why people make attributions towards others and events to ultimately increase helping behavior. We were also interested in the how culture influenced this relationship. Increasing helping behavior would allow people to benefit from many of its positive associations such as increased psychological and mental health. We found that empathy, which was measured by empathy concern and perspective taking, was positively correlated with helping behavior and this relationship was moderated by the level of collectivism. Specifically, those with high levels of collectivism were willing to help regardless of empathy level, while those with low levels of collectivism required more empathy in order to help others. Additionally, we found that controllability was positively associated with helping behavior and this relationship was not moderated by culture. Although, more research is needed, these results add to the literature and may help both individuals and professionals better understand helping behavior to better promote this prosocial behavior.

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APPENDIX A

Interpersonal Reactivity Index

Empathy Questionnaire

<u>ANSWER SCALE</u>:

A	B	C	D	E
DOES NOT				DESCRIBES ME
DESCRIBE ME				VERY
WELL				WELL

1. I daydream and fantasize, with some regularity, about things that might happen to me. (FS)

2. I often have tender, concerned feelings for people less fortunate than me. (EC)

3. I sometimes find it difficult to see things from the "other guy's" point of view. (PT) (-)

4. Sometimes I don't feel very sorry for other people when they are having problems. (EC) (-)

5. I really get involved with the feelings of the characters in a novel. (FS)

6. In emergency situations, I feel apprehensive and ill-at-ease. (PD)

7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it. (FS) (-)

8. I try to look at everybody's side of a disagreement before I make a decision. (PT)

9. When I see someone being taken advantage of, I feel kind of protective towards them. (EC)

10. I sometimes feel helpless when I am in the middle of a very emotional situation. (PD)

11. I sometimes try to understand my friends better by imagining how things look from their perspective. (PT)

12. Becoming extremely involved in a good book or movie is somewhat rare for me. (FS) (-)

13. When I see someone get hurt, I tend to remain calm. (PD) (-)

14. Other people's misfortunes do not usually disturb me a great deal. (EC) (-)

15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments. (PT) (-)

16. After seeing a play or movie, I have felt as though I were one of the characters. (FS)

17. Being in a tense emotional situation scares me. (PD)

18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them. (EC) (-)

19. I am usually pretty effective in dealing with emergencies. (PD) (-)

20. I am often quite touched by things that I see happen. (EC)

21. I believe that there are two sides to every question and try to look at them both. (PT)

22. I would describe myself as a pretty soft-hearted person. (EC)

23. When I watch a good movie, I can very easily put myself in the place of a leading character. (FS)

24. I tend to lose control during emergencies. (PD)

25. When I'm upset at someone, I usually try to "put myself in his shoes" for a while. (PT)

26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me. (FS)

27. When I see someone who badly needs help in an emergency, I go to pieces. (PD)

28. Before criticizing somebody, I try to imagine how I would feel if I were in their place. (PT)

APPENDIX B

Reasons for Misfortune (RMQ) Questionnaire

Attributional Style in Helping Behaviour   46

PLEASE ANSWER ALL OF THE QUESTIONS. Keep in mind that **there are no right or wrong** answers. Please refer back to the instructions if you are unsure about what to do.

1. Cancer.
One likely cause: _____

Think about the reason you have written above. The items below concern your impressions or opinions of this cause of the person's misfortune. Circle one number for each of the following questions.

Is the cause something:

That reflects an aspect of the person	9	8	7	6	5	4	3	2	1	Reflects an aspect of the situation
Manageable by the person	9	8	7	6	5	4	3	2	1	Not manageable by the person
Permanent	9	8	7	6	5	4	3	2	1	Temporary
The person can regulate	9	8	7	6	5	4	3	2	1	The person cannot regulate
Over which others have control	9	8	7	6	5	4	3	2	1	Over which others have no control
Inside the person	9	8	7	6	5	4	3	2	1	Outside the person
Stable over time	9	8	7	6	5	4	3	2	1	Variable over time
Under the power of other people	9	8	7	6	5	4	3	2	1	Not under the power of other people
About the person	9	8	7	6	5	4	3	2	1	About others
Over which the person has power	9	8	7	6	5	4	3	2	1	Over which the person has no power
Unchangeable	9	8	7	6	5	4	3	2	1	Changeable
Other people can regulate	9	8	7	6	5	4	3	2	1	Other people cannot regulate

2. Divorce.
One likely cause: _____

Think about the reason you have written above. The items below concern your impressions or opinions of this cause of the person's misfortune. Circle one number for each of the following questions.

Is the cause something:

That reflects an aspect of the person	9	8	7	6	5	4	3	2	1	Reflects an aspect of the situation
Manageable by the person	9	8	7	6	5	4	3	2	1	Not manageable by the person
Permanent	9	8	7	6	5	4	3	2	1	Temporary
The person can regulate	9	8	7	6	5	4	3	2	1	The person cannot regulate
Over which others have control	9	8	7	6	5	4	3	2	1	Over which others have no control
Inside the person	9	8	7	6	5	4	3	2	1	Outside the person
Stable over time	9	8	7	6	5	4	3	2	1	Variable over time
Under the power of other people	9	8	7	6	5	4	3	2	1	Not under the power of other people
About the person	9	8	7	6	5	4	3	2	1	About others
Over which the person has power	9	8	7	6	5	4	3	2	1	Over which the person has no power
Unchangeable	9	8	7	6	5	4	3	2	1	Changeable
Other people can regulate	9	8	7	6	5	4	3	2	1	Other people cannot regulate

3. Bankruptcy.
One likely cause: _____

Think about the reason you have written above. The items below concern your impressions or opinions of this cause of the person's misfortune. Circle one number for each of the following questions.

Is the cause something:

That reflects an aspect of the person	9	8	7	6	5	4	3	2	1	Reflects an aspect of the situation
Manageable by the person	9	8	7	6	5	4	3	2	1	Not manageable by the person
Permanent	9	8	7	6	5	4	3	2	1	Temporary
The person can regulate	9	8	7	6	5	4	3	2	1	The person cannot regulate
Over which others have control	9	8	7	6	5	4	3	2	1	Over which others have no control
Inside the person	9	8	7	6	5	4	3	2	1	Outside the person
Stable over time	9	8	7	6	5	4	3	2	1	Variable over time
Under the power of other people	9	8	7	6	5	4	3	2	1	Not under the power of other people
About the person	9	8	7	6	5	4	3	2	1	About others
Over which the person has power	9	8	7	6	5	4	3	2	1	Over which the person has no power
Unchangeable	9	8	7	6	5	4	3	2	1	Changeable
Other people can regulate	9	8	7	6	5	4	3	2	1	Other people cannot regulate

4. Facial disfigurement.
One likely cause: _____

Think about the reason you have written above. The items below concern your impressions or opinions of this cause of the person's misfortune. Circle one number for each of the following questions.

Is the cause something:

That reflects an aspect of the person	9	8	7	6	5	4	3	2	1	Reflects an aspect of the situation
Manageable by the person	9	8	7	6	5	4	3	2	1	Not manageable by the person
Permanent	9	8	7	6	5	4	3	2	1	Temporary
The person can regulate	9	8	7	6	5	4	3	2	1	The person cannot regulate
Over which others have control	9	8	7	6	5	4	3	2	1	Over which others have no control
Inside the person	9	8	7	6	5	4	3	2	1	Outside the person
Stable over time	9	8	7	6	5	4	3	2	1	Variable over time
Under the power of other people	9	8	7	6	5	4	3	2	1	Not under the power of other people
About the person	9	8	7	6	5	4	3	2	1	About others
Over which the person has power	9	8	7	6	5	4	3	2	1	Over which the person has no power
Unchangeable	9	8	7	6	5	4	3	2	1	Changeable
Other people can regulate	9	8	7	6	5	4	3	2	1	Other people cannot regulate

Attributional Style in Helping Behaviour 48

5. Has no friends.
One likely cause: _____

Think about the reason you have written above. The items below concern your impressions or opinions of this cause of the person's misfortune. Circle one number for each of the following questions.

<u>Is the cause something:</u>

That reflects an aspect of the person	9	8	7	6	5	4	3	2	1	Reflects an aspect of the situation
Manageable by the person	9	8	7	6	5	4	3	2	1	Not manageable by the person
Permanent	9	8	7	6	5	4	3	2	1	Temporary
The person can regulate	9	8	7	6	5	4	3	2	1	The person cannot regulate
Over which others have control	9	8	7	6	5	4	3	2	1	Over which others have no control
Inside the person	9	8	7	6	5	4	3	2	1	Outside the person
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Under the power of other people	9	8	7	6	5	4	3	2	1	Not under the power of other people
About the person	9	8	7	6	5	4	3	2	1	About others
Over which the person has power	9	8	7	6	5	4	3	2	1	Over which the person has no power
Unchangeable	9	8	7	6	5	4	3	2	1	Changeable
Other people can regulate	9	8	7	6	5	4	3	2	1	Other people cannot regulate

6. Loss of all possessions.
One likely cause: _____

Think about the reason you have written above. The items below concern your impressions or opinions of this cause of the person's misfortune. Circle one number for each of the following questions.

<u>Is the cause something:</u>

That reflects an aspect of the person	9	8	7	6	5	4	3	2	1	Reflects an aspect of the situation
Manageable by the person	9	8	7	6	5	4	3	2	1	Not manageable by the person
Permanent	9	8	7	6	5	4	3	2	1	Temporary
The person can regulate	9	8	7	6	5	4	3	2	1	The person cannot regulate
Over which others have control	9	8	7	6	5	4	3	2	1	Over which others have no control
Inside the person	9	8	7	6	5	4	3	2	1	Outside the person
Stable over time	9	8	7	6	5	4	3	2	1	Variable over time
Under the power of other people	9	8	7	6	5	4	3	2	1	Not under the power of other people
About the person	9	8	7	6	5	4	3	2	1	About others
Over which the person has power	9	8	7	6	5	4	3	2	1	Over which the person has no power
Unchangeable	9	8	7	6	5	4	3	2	1	Changeable
Other people can regulate	9	8	7	6	5	4	3	2	1	Other people cannot regulate

Thank you for participating.

APPENDIX C

Triandis and Gelfand Individualism and Collectivism Scale

The items should be mixed up prior to administering the questionnaire. All items are answered

on a 9-point scale, ranging from 1= never or definitely no and 9 = always or definitely yes.

Horizontal individualism items:
1. I'd rather depend on myself than others.
2. I rely on myself most of the time; I rarely rely on others.
3. I often do "my own thing."
4. My personal identity, independent of others, is very important to me.
Vertical individualism items:
1. It is important that I do my job better than others.
2. Winning is everything.
3. Competition is the law of nature.
4. When another person does better than I do, I get tense and aroused.
Horizontal collectivism items:
1. If a coworker gets a prize, I would feel proud.
2. The well-being of my coworkers is important to me.
3. To me, pleasure is spending time with others.
4. I feel good when I cooperate with others.
Vertical collectivism items:
1. Parents and children must stay together as much as possible.
2. It is my duty to take care of my family, even when I have to sacrifice what I want.
3. Family members should stick together, no matter what sacrifices are required.
4. It is important to me that I respect the decisions made by my groups.

APPENDIX D

Helping Index

Instructions:
Answer the following 10 questions by rating them from 1-7 where 1 is "definitely help" and 7 is "not help at all".
Answer the last two open-ended questions (11 and 12).

1) It is early in the morning. You are late for class. While you are exiting from the parking lot, you see an old man. He has fallen on the ground, and is struggling to get up. Would you help?

2) It is dark at night, and you are on your way home from a party. When you get to your street, you see a man insulting a woman inside a parked car. Would you help?

3) It's in the afternoon, you are studying at home, suddenly you hear a women screaming for help. You open the window, and see that another woman is beating her. Would you help?

4) You are coming back from grocery shopping, and you see an old man carrying heavy grocery bags. It seems that he is not able to carry them. He stops frequently to use his inhaler for his Asthma. Would you help?

5) You are sitting in the doctor's office, along with other patients waiting for your appointment. Suddenly a pregnant women's water breaks. Would you help?

6) You are walking down on a street, and you see a blind person is unaware of the big hole that is in front of him. Would you help?

7) You are sitting in the bus, and you see that a handicapped person is short of change to pay for a ride, so the bus driver decides to throw him out of the bus. Would you help?

8) The elevator is out of service, so you need to take the stairs .As you are going toward stairs you see a pregnant women who is trying to go up the stairs while she is carrying a baby in one hand, and stroller with another. Would you help?

9) You are on the phone discussing an important business matter, and you see a gentleman falling down and passing out. Would you help?

10) You got your coffee from Starbucks, and you are walking towards your car. You see there is an accident in the parking lot, and the person is badly injured. It seems that no one has done anything to help. Would you help?