

# Racing to Help: Racial Bias in High Emergency Helping Situations

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The present work explored the influence of emergency severity on racial bias in helping behavior. Three studies placed participants in staged emergencies and measured differences in the speed and quantity of help offered to Black and White victims. Consistent with predictions, as the level of emergency increased, the speed and quality of help White participants offered to Black victims relative to White victims decreased. In line with the authors' predictions based on an integration of aversive racism theory and the arousal: cost–reward perspective on prosocial behavior, severe emergencies with Black victims elicited high levels of aversion from White helpers, and these high levels of aversion were directly related to the slower help offered to Black victims but not to White victims (Study 1). In addition, the bias was related to White individuals' interpretation of the emergency as less severe and themselves as less responsible to help Black victims rather than White victims (Studies 2 and 3). Study 3 also illustrated that emergency racial bias is unique to White individuals' responses to Black victims and not evinced by Black helpers.

*Keywords:* helping, prejudice, aversive racism, intergroup relations

When faced with a desperate emergency, where one's health, safety, or even life is at risk, one would hope that factors such as race would not influence whether or not a bystander would intervene to help. Unfortunately, recent meta-analytic evidence suggests that racial bias does occur in some situations and is, in fact, more likely to occur in high emergency situations compared to situations with less severe emergencies (Saucier, Miller, & Doucet, 2005). In their cross-study comparison, Saucier et al. (2005) found that when the level of emergency increased, the likelihood of Black victims receiving help relative to White victims actually decreased. Thus, racial bias seems particularly likely to rear its head at the worst possible time, namely, in events where victims need help the most. The goal of the present research is to provide the first direct and experimental test of the relationship between emergency level and racial bias as well as to begin to uncover what factors underlie the bias.

At first glance, racial bias in unambiguous severe emergencies found in Saucier et al.'s (2005) meta-analysis seems puzzling because high emergency situations are exactly the types of situations in which contemporary theories of prejudice such as aversive racism theory and the justification-suppression model would not predict bias (Crandall & Eshleman, 2003; Gaertner & Dovidio, 1986). Rather, aversive racism theory traditionally has been used to predict prejudice in situations where bias in helping can be

attributed to race-neutral factors (e.g., other bystanders, ambiguity). In these situations, race-neutral justifications facilitate biased responses because they reduce White people's need to suppress their prejudices (Crandall & Eshleman, 2003). From the perspective of these theories, withholding help in serious emergencies is perplexing, because race-neutral justifications are largely absent in these situations and withholding help puts White people in the uncomfortable position of confronting a potentially prejudiced self-concept. However, we believe that a closer examination of the specific tenets of aversive racism theory in conjunction with the arousal: cost–reward model of helping may explain this counter-intuitive effect (Dovidio, Piliavin, Gaertner, Schroeder, & Clark, 1991; Gaertner & Dovidio, 1977; Piliavin, Rodin, & Piliavin, 1969).

## Aversive Racism Theory and the Arousal: Cost–Reward Model of Helping

Aversive racism theory contends that contemporary prejudice is the result of White people's ambivalent attitudes toward Black people (Gaertner & Dovidio, 1986). Although White people affirm cultural values like fairness and equity, they have also internalized negative attitudes about Black people that evoke aversion and lead them to discriminate under certain conditions. When aversive racists can placate their motivation to appear egalitarian by explaining negative responses to Black people with race-neutral justifications (e.g., situational factors), they will discriminate against Black people or avoid them altogether (Dovidio & Gaertner, 2000; Frey & Gaertner, 1986; Gaertner & Dovidio, 1986, 2005; Hodson, Dovidio, & Gaertner, 2002).

In other words, the behavior of aversive racists is decided by the relative strength of the competing motivations to appear egalitarian and to vent aversion and avoid interracial contact (Gaertner & Dovidio, 1986, 2005). In high emergency situations, we believe these opposing motivations are heightened by the escalating se-

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We thank David Buck and David Butz for providing valuable comments on a previous version of this article. We also gratefully acknowledge the assistance of Justin Burknight, Aaron Dreizler, Shaleiah Fox, Charles LaPrade, Emily Richeliou, and Crystall Williams in the production of the videotapes and collection of the data reported in this article.

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verity of the situation. Although failure to help a Black victim in a serious emergency may threaten White people's egalitarian self-concepts, the prolonged and close contact necessary to help someone who is seriously injured may amplify some White people's aversion and desire to avoid interracial contact.

It is also helpful to consider the current issues in light of the arousal: cost-reward model of helping behavior (Dovidio et al., 1991; Dovidio, Piliavin, Schroeder, & Penner, 2006). This model argues that emergencies create arousal that bystanders are motivated to reduce. Bystanders will choose the response that most rapidly and thoroughly reduces their arousal and results in the fewest costs relative to rewards (both costs for helping and costs for not helping). In an early examination of these issues, Gaertner and Dovidio (1977) explored the implications of varying the costs for not helping on racial discrimination in helping behavior. They found that White individuals were equally likely to help Black and White victims when failure to intervene could be attributed to prejudice (i.e., when the cost for not helping a Black victim was high). However, when not helping could be attributed to sources other than prejudice (e.g., when there were other bystanders present), White people were less likely to help Black victims than White victims. Thus, not helping the Black victim carried the high cost of appearing prejudiced; when this cost was reduced by race-neutral factors (e.g., bystanders), White individuals helped Black victims significantly more slowly than White victims.

Expanding on this previous work, the current studies focus on the role of the costs *for* helping. Gaertner and Dovidio's (1977) studies were designed to capture the implications of high costs for not helping and featured moderate costs for helping (e.g., the emergency was high but the experimenter was only two doors down the hall). We were interested in seeing what would happen when the costs for helping were high versus more moderate. According to the arousal: cost-reward model, bystanders are less likely to help if the costs for helping are perceived as high versus low even if the costs for not helping are also high (Dovidio et al., 1991). Costs for helping can include time and effort, potential harm, as well as aversion aroused from interacting with someone whom the bystander finds unpleasant (Dovidio et al., 2006). In situations where both the costs for helping and the costs for not helping are high, Dovidio et al. (1991) argued that observers are relatively unlikely to help and that the arousal "will be handled through derogation of the victim or through other reinterpretations of the situation as 'not an emergency' or as one in which helping is not the bystander's personal responsibility" (p. 93). If aversion regarding interracial contact acts as a cost in serious emergencies with Black victims, it may motivate some White people to see the event as less serious or themselves as less responsible, resulting in slow or infrequent help despite the high costs to the victim.

The combined tenets of these models make it apparent why Black victims compared to White victims in high emergency situations may be less likely to receive help from White people. We argue that White bystanders' arousal in serious emergencies with Black victims is likely to be mixed with, and heightened by, their aversion. Because helping a Black victim requires interracial contact, helping is unlikely to reduce and may only heighten the arousal and concomitant aversion produced by serious emergencies. In addition, high emergency situations are likely to be perceived as having high costs (e.g., time, potential harm), and in interracial settings these costs include the need for interracial

contact. On the basis of this model, White people should be unlikely to help Black victims in high emergency settings. Further, they should abate their arousal by avoiding contact to reduce aversion and interpreting the situation in such a way as to justify not helping. These interpretations are particularly important for aversive racists facing Black victims because they also help to alleviate concerns with appearing prejudiced. Thus, White bystanders are unlikely to help Black victims in serious emergencies because arousal (i.e., aversion) will not be reduced by action but rather will be perceived as a cost, which contributes to an interpretation of the emergency that justifies not helping and that avoids acknowledging prejudice.

### The Current Work

The present work explores whether racial bias in White people's helping behavior is heightened in serious emergencies with Black victims. If White people respond with racial bias in severe emergencies, we predict that the decreased helping of Black victims will be accompanied by heightened aversion and a drive to rationalize not helping. In addition to clarifying this initially confusing effect of emergency level on racial bias, this research extends aversive racism theory in important, and previously untested, ways. First, the present work directly examines the influence of aversive affect (e.g., disgust, uneasiness, discomfort) on White people's responses toward Black people, which to our knowledge has not been directly tested before. Second, our work explores the possibility, in keeping with both aversive racism and the arousal: cost-reward model, that some White people will actively create race-neutral justifications for discrimination through purposeful reinterpretations of emergency situations, even when clear behavioral norms seem to exist. That is, in situations where nonracial justifications for avoiding or discriminating against a Black person are relatively difficult but aversion is high, we believe that some White people will distort their perception of the situation to rationalize avoiding the victim. By drawing off of and integrating important contemporary theories of prejudice and prosocial behavior, we believe we can develop a far more complete understanding of the processes of racial bias in decisions to help.

In order to explore these issues, we conducted three studies in which White (Studies 1–3) and Black (Study 3) people were placed in staged emergencies. In addition to measuring helping speed and the decision to help, we examined the role of aversive affect (Study 1) and the relationship between justifications and helping (Studies 2 and 3). Further, to rule out alternative explanations for our effects, Study 2 also investigated potential links between racial biases in emergency helping and implicit prejudice. Finally, Study 3 examined differences between Black and White helpers' behavior in serious emergencies. If the racial bias in helping behavior is due to aversive racism, it should be apparent in White people's responses to Black people but not in Black people's responses to White people.

### Study 1

The primary goal of the present study was to demonstrate the overall effect of emergency severity on racial biases in helping. To this end, we placed White participants in a high- or low-level emergency with a Black or White victim. We constructed an

unambiguous emergency situation wherein participants saw another participant (actually a confederate) fall backward out of a chair and seemingly suffer a back injury that was either very severe or serious but less severe. We then recorded if participants helped the victim and how long it took them to act. On the basis of findings from Saucier et al.'s (2005) meta-analysis, we predicted that Black victims would be less likely to receive help and would receive slower help than White victims in the high emergency conditions but not in the low emergency conditions.

Another goal of the current study was to begin to unravel the potential causes of this disturbing racial bias in helping behavior. On the basis of aversive racism and the arousal: cost-reward model, White people are expected to experience heightened aversion in serious emergencies with Black victims. In the present study, we explored White people's aversion as a function of the level of emergency and race of victim. We also explored how this affective response was related to the participants' tendency to help. In light of both the arousal: cost-reward model and aversive racism theory, we propose that in high emergency situations, higher levels of negative arousal should lead to a higher quality of helping when the victim is White but a lower quality of helping when the victim is Black.

## Method

*Participants and design.* One hundred and fifteen introductory psychology students (48.2% female) participated for course credit. Participants were White, with an average age of 18.99 ( $SD = 1.34$ ) years. The study had a 2 (race of victim: Black vs. White)  $\times$  2 (emergency level: high vs. low) between-subjects factorial design. Seven participants were excluded from analyses: 2 because they had advanced emergency response training (e.g., police officer) and 5 due to suspicion. Suspicious participants were split evenly between the study's conditions.

*Materials.* Emergencies are by definition intense experiences. To best simulate the affective intensity of a real-world emergency, we created a situation where participants saw and heard a same-sex victim who they thought was their partner for an upcoming task (actually a confederate) in unambiguous crisis. To ensure that all participants experienced a similar event, we videotaped emergencies and led participants to believe that they were witnessing the emergency in real time via a closed-circuit TV system. The emergencies were meticulously scripted to ensure consistency across race and gender, as well as to quantify the distinction between high and low emergencies. We recorded a low and high emergency version for each of the confederates (2 Black women, 2 White women, 2 White men, 1 Black man). The total time of all videos was 7 min. The first 4 min featured the confederates seated at a computer terminal filling out a questionnaire, which allowed the participant to acclimate to the video and gave the experimenter time to deliver the instructions for the next task. After 4 min, the confederates leaned back in their chairs, ostensibly to place their questionnaire in a drop box on a table, and fell backward in the process.

In the high emergency conditions, the fall was accompanied by a loud cry of obvious pain. For the next minute the confederates, presumably wounded out of frame, mixed curses and insistent cries to express their distress. The confederates then tried unsuccessfully

to rise to their feet, only to slump back out of frame panting and moaning for the remainder of the emergency.

In the low emergency conditions, the fall was accompanied by a startled cry. The confederates groaned in pain but managed to pull themselves up into a seated position. After expressing pain for a minute, the confederates struggled to their feet, leaning heavily on the table for support. Once on their feet, confederates leaned over the table and expressed pain through facial expressions, vocalizations, and rubbing their lower backs. Eventually confederates moved back toward the computer terminal, where they curled up next to their keyboard shaking in pain. In neither condition did the victim explicitly request help.

A separate sample of 21 participants rated all the emergency videotapes on the severity of the emergency and how hurt the victim seemed. There was no effect of victim race or gender on either of these ratings. The only significant differences involved the high emergency conditions consistently being rated more severe, with the victim being more hurt than in the low emergency conditions.

After the emergency, participants completed a questionnaire that asked about their feelings when the emergency occurred. They responded to a series of 29 positive and negative emotions (e.g., happy, proud, angry, sad) on Likert scales ranging from 1 (*Does not apply at all*) to 7 (*Applies very much*). Participants' responses to the six items that reflected aversion as described by aversive racism theory (Gaertner & Dovidio, 1986) were combined to create an aversion index (e.g., disgusted, uneasy, irritated, guilty, tense, helpless) such that larger scores indicated greater aversive affect ( $\alpha = .81$ ).

*Procedure.* Participants arrived at the lab individually and met a same-sex Black or White student they believed would be their partner during the experiment (actually a confederate). The experimenter led the students into a large lab room and asked the two to complete a questionnaire as part of the cover story. At this time, the experimenter collected both students' cell phones, ostensibly to ensure that they did not interfere with the experimental task. In reality the phones were taken so that when the emergency occurred participants could not call for help and would have to take action themselves. The experimenter then explained that they would be working together on an anagram task but would be split up to prevent them from talking during the exercise. They were further told that one person would have the added benefit of viewing the partner over closed-circuit television to see how this influenced motivation. To decide who would leave the room, participants drew slips from a container. The drawing was rigged to ensure that the true participant always left the room.

The experimenter then stepped out of the room and started the emergency tape (randomly determined high or low) that corresponded to the confederate present in the room next door. To measure helping speed, the experimenter simultaneously started a stopwatch when he or she hit Play on the VCR. The experimenter then returned to the dyad and gave a "Quality of Video Communication" form to the confederates and asked them to sit at the appropriate computer station in front of a video camera. Thus, as the participants left the large lab room, their partners were seated in the same position as they appeared on the tape.

Participants were led to the room next door and seated in front of a large television. They were then handed the "Quality of Video Communication" form, which asked them to critically evaluate the

television's picture and sound quality to ensure that the participants would be attending to the TV when the emergency began. The experimenter then told participants that he or she would be working outside the laboratory in a computer lab on the other side of the building. The experimenter then exited the lab, closing the door on the way out. Participants were left believing they were alone with their partner in the lab. Hence, when the emergency began they thought they were the only ones capable of helping.

The experimenter stepped into the hallway to unobtrusively observe whether and when the participant emerged to help. If and when the participant left the room to help, the experimenter stopped the stopwatch and recorded the helping time in seconds, and led the participant back into the room to partially debrief him or her. In the event of no helping, the experimenter returned to the participant's room 3 min after the fall occurred and partially debriefed the participant and recorded a helping time of 180 s. In keeping with past studies on race and helping (Gaertner & Dovidio, 1977; Gaertner, Dovidio, & Johnson, 1982; Piliavin et al., 1969), the time for the staged emergency was purposely limited to avoid inflation of nonhelpers' responses. During the partial debriefing, participants were informed that their partner was not hurt and was a confederate helping with the experiment. A crucial note here is that this debriefing made no mention of race or the study's true purpose regarding racial biases in helping. Participants then completed the postemergency questionnaire, only after which were they fully debriefed, given credit, and allowed to exit the lab.

## Results

**Helping analyses.** A logistic regression was conducted on the decision to help with race of confederate, emergency condition, and their interaction as predictors. As expected, there was a main effect of emergency condition where participants were more likely to help in the high than in the low emergency condition (Wald = 5.99,  $p < .02$ , Odds Ratio [OR] = 85.36). The effect of race fell just shy of significance (Wald = 3.66,  $p = .056$ , OR = .14). When the level of emergency was high, 92% of the White victims received help, whereas only 70% of the Black victims received help,  $\chi^2(1, N = 54) = 3.86, p = .05$ . In contrast, when the emergency level was low, there was no difference in the percentage of Black (57%) and White (47%) victims that received help,  $\chi^2(1, N = 54) = 0.47, p = .49$ .

For the analysis of helping speed, we conducted a 2 (race of victim: Black vs. White)  $\times$  2 (emergency condition: high vs. low) between-subjects factorial ANOVA on participants' helping time, in seconds. There was a main effect of emergency level,  $F(1, 104) = 8.03, p < .001$ , such that victims in the high emergency condition ( $M = 73.83, SD = 66.32$ ) received faster help than victims in the low emergency condition ( $M = 106.50, SD = 73.82$ ). As hypothesized, this main effect was qualified by an interaction between race and emergency level,  $F(1, 104) = 6.06, p < .02$  (see Figure 1). When the level of emergency was high, Black victims received significantly slower help than White victims,  $t(52) = 2.58, p < .01$  ( $d = .72$ ). However, when the emergency level was low, participants helped the Black victims as quickly as the White victims,  $t(52) = 1.05, p > .10$ .

**Aversion, victim race, and helping.** To investigate the relationships between aversion, race, and helping, we first conducted a 2 (race of victim: Black vs. White)  $\times$  2 (emergency condition: high

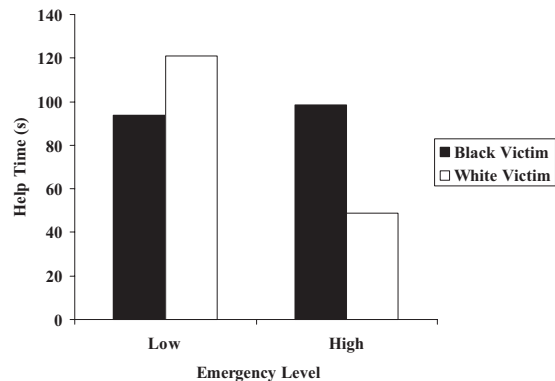


Figure 1. Helping speed as a function of victim race and emergency condition.

vs. low) between-subjects factorial ANOVA on participants' aversion. In keeping with an aversive racism perspective, there was a significant main effect for race,  $F(1, 104) = 6.05, p < .05$ , such that participants experienced greater aversion when the victims were Black ( $M = 3.18, SD = 1.37$ ) than when they were White ( $M = 2.59, SD = 1.08$ ). This main effect was qualified by a significant Race  $\times$  Emergency interaction,  $F(1, 104) = 4.64, p < .05$ . As hypothesized for emergencies with Black victims, when the level of emergency was high ( $M = 3.61, SD = 1.44$ ), participants experienced significantly more aversion than when the emergency level was low ( $M = 2.79, SD = 1.08$ ),  $t(62) = 2.48, p < .05$  ( $d = .65$ ). When the victim was White, however, participants' aversion did not vary across conditions,  $t(40) = -0.70, p > .40$ . Considered the other way, within the high emergency conditions, participants experienced greater aversion with Black victims ( $M = 3.61, SD = 1.44$ ) than they did with White victims ( $M = 2.49, SD = 1.05$ ),  $t(51) = -3.20, p < .01$  ( $d = .90$ ). However, in the low emergency conditions, there was no difference in aversion as a function of victim race,  $t(50) = -0.22, p > .80$ .

Having established that serious emergencies with Black victims increased participants' aversion, we next wanted to see if aversion was related to biased helping. As discussed above, increased aversion should interfere with helping when the victim is Black. However, when the victim is White, increased negative arousal should actually lead to swifter helping, as helping should decrease the negative arousal (Piliavin et al., 1969). In order to test these hypotheses, we conducted regression analyses to test the effects of race, aversion, and their interaction on the decision to help and helping speed. Because racial bias in helping was observed in the high emergency conditions only, we focused on those conditions. The analyses of the decision to help revealed no significant effects involving aversion ( $ps > .14$ ). The results of the regression on help time again revealed that Black victims received significantly slower help than White victims,  $t(53) = 2.62, p < .05, \beta = 0.37$ . There was also a main effect for aversion, such that greater aversion was associated with faster helping,  $t(53) = -2.24, p < .05, \beta = -1.18$ . These main effects were qualified by an interaction,  $t(53) = 2.58, p < .05, \beta = 1.32$ . As hypothesized, when the victim was Black, the relationship between helping speed and aversion was positive. The greater participants' aversion, the slower they were to help,  $r(29) = .36, p < .05$ . However, when the

victim was White, there was a nearly significant tendency for aversion to be related to faster helping,  $r(23) = -.37, p = .07$ .<sup>1</sup>

*Helping speed analyses without nonhelpers.* One can also examine the helping speed without the nonhelpers included, which has the benefit of not giving nonhelpers a time. However, much of the classic work examining these issues gave nonhelpers a time for analyses (Gaertner & Dovidio, 1977; Gaertner et al., 1982; Piliavin et al., 1969). In addition, because the likelihood of helping is strongly influenced by race and emergency level, removing nonhelpers results in unequal cell sizes and a significant loss of power. Equivalent analyses of help time with nonhelpers excluded yielded a similar but weaker pattern of results. For example, when removing the nonhelpers, the key Race of Victim  $\times$  Emergency Condition interaction dropped to marginal significance,  $F(1, 68) = 3.35, p = .07$ . However, the effect size comparing the participants in the high emergency conditions speed to help White victims ( $M = 37.14, SD = 39.21$ ) versus Black victims ( $M = 56.67, SD = 45.31$ ) remained moderate in size ( $d = .46$ ).

### Discussion

The primary goal of the present study was to experimentally examine whether racial bias in helping increased with emergency level. As predicted, and in keeping with earlier meta-analytic work (Saucier et al., 2005), the amount of racial bias in helping was influenced by the combination of the severity of the emergency and the race of the victim. White participants provided Black victims with less and slower help than they provided White victims when the emergency was severe, taking nearly twice as long to help Black victims as it took them to help White victims. By contrast, when the emergency was less severe, this racial bias was not apparent. The current work also sought to uncover what factors were related to this disturbing bias.

Consistent with our theoretical framework, when the emergency was severe and the victim was Black, White helpers experienced significantly greater aversion than in serious or less serious emergencies with White victims. Moreover, in the high emergency situation, the greater the aversion experienced by White helpers, the slower they helped Black victims. Although marginally significant, when the emergency was serious and the victim was White, the greater the participants' negative affect, the faster they helped. These results are consistent with our theoretical framework integrating aversive racism theory and the arousal: cost-reward model, and illustrate the differential effect of arousal on White people's emergency helping for Black and White victims. The arousal: cost-reward model predicts that bystanders will act to swiftly and completely eliminate their negative arousal with the minimal possible costs (Dovidio et al., 1991). Unfortunately for Black victims in serious emergencies, when this arousal involves White bystanders' aversion, helping is perceived to carry greater costs than not helping, and the fastest way of reducing arousal is by doing nothing.

It is worth noting that in Gaertner and Dovidio's (1977) studies the White participants did not discriminate against the Black victims when the emergency was unambiguous and there were no other bystanders. It may have been that there were characteristics of their situation (e.g., the experimenter was just down the hall as opposed to far away in an unknown place) that meant the costs for helping in their studies were more moderate and similar to our low

emergency condition. Indeed, on the basis of the arousal: cost-reward model, if the costs had been higher, one may have anticipated racial bias across the conditions in the Gaertner and Dovidio studies. Keeping the costs for helping more moderate, however, allowed them to highlight the key role of the costs for not helping in their studies.

The findings from the present study also provide important empirical support for aversive racism theory generally by presenting evidence for aversion's role in discrimination against Black people. Although previous theorizing (Gaertner & Dovidio, 1986) suggested that the aversion White people experience in response to Black people may lead them to discriminate, to our knowledge the relationship between aversive affect and discrimination has not been directly empirically examined (Gaertner & Dovidio, 2005). The present study explicitly links aversion to behavioral discrimination against Black people.

Given the helping deficits exhibited by White helpers in high emergencies with Black victims, our results beg the question, how do these White people deal with the potential of looking prejudiced, both to themselves and to others? The failure to help a Black victim in a serious emergency should leave White people in the uncomfortable position of confronting a prejudiced self-concept. In the two final studies we explored the possibility, in keeping with an aversive racism and arousal: cost-reward perspective, that White helpers may distort otherwise innocuous aspects of the situation to justify withholding help from Black victims and thereby alleviate the conflict between the costs for helping and the costs for not helping and appearing prejudiced.

### Study 2

The goal of the current study was to test whether racial bias in severe emergencies is related to distorted interpretations of the situation that justify not helping. Our integration of aversive racism theory and the arousal: cost-reward model predicts that White people should be motivated to interpret emergencies with Black victims as less severe or deserving of help to reduce arousal and avoid appearing prejudiced. As theorized by Dovidio et al. (1991), interpreting the situation as a nonemergency allows bystanders to deal with the arousal evoked when the costs for helping and the costs to the victim for not helping are simultaneously high. When the victim is Black, these interpretations also serve a protective function by allowing the aversive racist to avoid interracial contact while defusing the threat of appearing prejudiced for not helping. Thus, the present study tests the possibility that White people will distort extraneous aspects of situations to justify not helping Black victims in severe emergencies.

A second goal of the current study was to examine a potential alternative explanation for emergency racial bias. In the present study we explored whether implicit prejudice would account for

<sup>1</sup> Given the race difference in aversion in the high emergency condition, it was possible that aversion would mediate the effect of race on helping speed. However, inconsistent with mediation, the effect of race on helping speed is similar whether or not aversion is included in the regression predicting helping speed ( $\beta = 0.34$  vs.  $\beta = 0.37$ ). In the current context, however, aversion moderating the effect of race on helping is more consistent with our current theorizing integrating aversion theory and the arousal: cost-reward model of helping.

racial differences in helping. We employed a sequential priming task (Fazio, Jackson, Dunton, & Williams, 1995) to assess whether implicit biases predicted speed or the overall help participants offered Black and White victims. As noted in Saucier et al.'s (2005) meta-analysis, implicit prejudice may contribute to racial differences in helping when situational demands make it difficult to overcome automatic prejudiced responses. When it comes to implicit prejudice, factors inherent in the emergency (e.g., the high-speed and high-stress nature of decision making) may undermine some White people's ability to override their implicit prejudices (Devine, 1989; Fazio & Towles-Schwen, 1999; Schuette & Fazio, 1995). As a result, implicit prejudices may guide White people's reactions to Black and White victims.

If implicit prejudice relates to helping deficits for Black victims in severe emergencies, high levels of prejudice on the sequential priming task should predict slow help or the failure to help Black victims. Because the implicit prejudice measure assesses attitudes toward the ingroup (i.e., White people) and the outgroup (i.e., Black people) simultaneously, it was also possible to examine whether ingroup positivity or outgroup negativity was predictive of racial bias in helping. Because either path makes theoretical sense, we make no a priori hypotheses about the nature of the implicit bias underlying racial differences in emergency helping.

### Method

*Participants and design.* Sixty-five university students (75% female) participated in exchange for credit in their introductory psychology class. Participants were Caucasian, with an average age of 18.19 years. To assess the factors that influence emergency racial bias, the present study focused exclusively on the Black and White victim high emergency conditions from Study 1. Six participants, split evenly between conditions, were excluded from analyses due to suspicion or previous knowledge of the experimenter's true purpose.

*Materials.* The Black and White high emergency manipulations were presented via videotape as in Study 1. After witnessing the emergency, participants completed a questionnaire that assessed their thoughts during the emergency. Of particular interest were participants' responses to items reflecting their interpretation of the emergency's severity and their responsibility to help. Participants responded to the items on Likert scales ranging from 1 (*Strongly disagree or minor*) to 7 (*Strongly agree or very serious*). We then created an index of the items that tapped into the interpretation of the emergency and their responsibility. These five items were averaged to create a justification index (e.g., "I would rate the seriousness of the situation," "It was my duty to do something";  $\alpha = .79$ ).

*Measure of implicit prejudice.* After the emergency, participants completed a sequential priming task that recorded the response time to positive and negative words following pictures of White or Black male faces based on the approach used by Fazio et al. (1995). Participants were told that they would be completing two cognitive tasks simultaneously. For one task they had to judge if a word was positive or negative. Between each of these trials, they would be shown faces that they were supposed to learn for a later identification task. Participants were instructed to respond as quickly and accurately as possible to the words as they were presented. The photograph appeared on-screen for 500 ms and then

was replaced by the word, which remained on-screen until participants responded or 1,000 ms passed. There was a 1,500-ms pause between trials. There were a total of 48 trials that were presented in random order (one fourth Black face followed by positive word, one fourth White face followed by positive word, etc.).

*Procedure.* Participants arrived in the lab alone, ostensibly to participate in a study about technology and communication. Once at the lab, experimenters asked participants to wait outside the lab, supposedly to allow the experimenters to finish setting up each participant's partner. In reality the experimenter started a video with the emergency manipulation and a stopwatch to record the participants' help time. After starting the tape, experimenters opened the outer lab door and invited the participants inside.

Experimenters then seated participants in front of a large-screen television, which featured the participants' supposed same-gender partner and explained the experiment's cover story. Participants were led to believe they would complete an anagram task as in Study 1, in which the participant was given the added bonus of watching their partner over closed-circuit TV. Experimenters then explained that they needed to leave participants alone to start the anagram program and would return after the task was completed. Next, experimenters gave participants the "Quality of Video Communication" questionnaire, which focused participants' attention on the TV, and left the room. As in Study 1, when the emergency began, participants believed they were the only ones capable of helping their partner.

After leaving the participants, the experimenter stood behind the outer lab door and observed when participants tried to help their partner. After participants helped or 180 s after the fall, experimenters returned to the room and explained to participants that their partner was not really hurt and asked them to complete the postemergency questionnaire. Again, it is important to note the partial debriefing made no mention of race or racial differences in helping. After participants completed the postemergency questionnaire, they completed the sequential priming task (Fazio et al., 1995), which they were told was for an unrelated study on the ability to do two tasks simultaneously. Participants were then fully debriefed, during which time they were carefully screened to determine whether they were suspicious during the experiment and believed the emergency to be real. Finally, they were given their credit receipt and thanked.

### Results

*Helping analyses.* In order to examine whether there were differences in the likelihood of helping based on race, we conducted a logistic regression on whether or not the participants helped the victim as a function of the race of the victim. The results revealed a marginal effect of victim race (Wald = 2.91,  $p = .09$ , OR = 2.67). Seventy-four percent of the White victims received help, whereas 52% of the Black victims received help. It is worth noting that for helping and all other key analyses, when gender was included in the analysis, there was no effect of participant gender or interaction between race of victim and gender. Therefore, it was not included in any further analyses.

Next, we tested whether the race of the victim influenced how quickly the participants went to help the victim. An independent samples *t* test was conducted on the helping speed, in seconds, with race of victim as the independent variable. As hypothesized,

there was a significant effect of victim race on helping speed,  $t(56) = 2.56, p < .02$  ( $d = .67$ ). Specifically, Black victims ( $M = 126.69, SD = 66.82$ ) received help significantly more slowly than White victims ( $M = 82.44, SD = 64.77$ ).

*Factors influencing helping.* The remaining analyses focused on identifying factors related to the racial bias in helping behavior. First, we tested whether the interpretation of the situation differed as a function of the race of the victim. We examined the justification index as a function of race of victim and found that the White participants perceived the emergency as less severe and felt less of a responsibility to help when the victim was Black ( $M = 3.43, SD = 1.37$ ) compared to White ( $M = 4.23, SD = 1.30$ ),  $t(54) = 2.23, p < .04$  ( $d = .61$ ).

Given that participants were more likely to rationalize not helping their partner when the partner was Black as opposed to White, we next tested whether this difference in perception could account for helping differences across conditions. Regression analyses on the decision to help revealed that the justification index strongly predicted the likelihood of helping (Wald = 13.52,  $p < .001$ ), and that when it was included with race of victim, the marginally significant effect of race on helping ( $p = .09$ ) dropped below significance ( $p = .47$ ). A Sobel test indicated that the justification index was a marginal mediator of the effect of race on helping ( $z = 1.92, p = .055$ ). Because the original effect of race on helping was not significant, strong claims cannot be made. However, these findings are consistent with mediation.

Regression analysis on help time revealed that the justification variable was a strong predictor of helping speed, such that those who interpreted the situation as more needing help and themselves as more responsible were far faster to help than those who were less likely to interpret the situation in this way,  $t(53) = -5.82, p < .001$  ( $\beta = -0.62$ ). In addition, when the justification index was included in the analysis, the effect of race on help time was no longer significant,  $t(53) = -1.50, p = .14$ . Consistent with statistical mediation, a Sobel test confirmed that the justification index mediated the effect of race on helping speed ( $z = 2.08, p < .04$ ).

Next, we examined the degree of implicit prejudice and whether it was related to helping behavior. To determine this, we first examined whether our participants were responding with implicit racial bias on the sequential priming task. We analyzed participants' log-transformed latencies on the sequential priming task using a 2 (race of face: Black, White)  $\times$  2 (word valence: positive, negative) repeated measures ANOVA. For ease of interpretation, we present the untransformed means. Although no significant main effects for race or valence of word emerged, the Race  $\times$  Word Valence interaction was significant,  $F(1, 57) = 5.89, p < .02$ . Consistent with an implicit prejudice response, participants tended to respond more quickly to positive words after a White face ( $M = 633.25, SD = 76.19$ ) than they did to positive words after a Black face ( $M = 646.29, SD = 83.38$ ), and they tended to respond more quickly to negative words after a Black face ( $M = 645.33, SD = 82.64$ ) than they did to negative words after a White face ( $M = 657.01, SD = 88.33$ ).

Each participant's degree of implicit prejudice was computed by creating a sequential priming score to represent the extent to which participants responded more quickly to negative words after Black face primes and more quickly to positive words after White face primes. We then conducted regression analyses on decision to help

and helping speed with the race of victim, sequential priming score, and their interaction as predictors. There was no effect of implicit prejudice or interaction with race ( $ps > .20$ ). To further investigate whether the specific associations between White faces and positive words, or Black faces and negative words, were related to helping or helping speed, similar analyses as above were run looking at each of these associations individually (e.g., facilitation to negative words after Black faces controlling for speed to White faces). None of these analyses yielded significant effects.

*Helping speed analyses without nonhelpers.* As in Study 1, we also conducted equivalent analyses on helping time with nonhelpers excluded. These analyses yielded a similar pattern of results, with White victims receiving marginally faster help ( $M = 48.85, SD = 38.43$ ) compared to Black victims ( $M = 76.93, SD = 58.63$ ),  $t(31) = 1.71, p = .09$ . Although the effect dropped below significance, it is worth noting the effect size remained robust ( $d = .58$ ).

## Discussion

The present study again found that Black victims in serious emergencies were helped significantly more slowly and marginally less often than White victims. In addition, although there was no objective difference between the emergencies with Black and White victims, when the victim was Black, White participants construed the situation as less severe and themselves as less responsible to help than when the victim was White. Moreover, White participants' interpretations of the emergency fully mediated the relationship between victim race and helping speed. These results suggest that interpreting the emergency as less severe accounted for the marked delays in the help White bystanders offered Black victims. From an aversive racism and arousal: cost-reward perspective, however, reconstructing the situation as a nonemergency allows White bystanders to deal with their heightened negative affect and discriminate against Black victims without the threat of appearing prejudiced.

These results provide an important extension of aversive racism theory, as they suggest that even when objective race-neutral justifications for discrimination do not exist, some White people will actively distort their perception of events to facilitate discrimination or the avoidance of interracial contact. Up to now, tests of aversive racism have objectively varied aspects of the situation (e.g., ambiguity of injury) or target (e.g., credentials) and found that when White people have objective race-neutral factors to justify discrimination, they will (Dovidio & Gaertner, 2000; Gaertner & Dovidio, 1977; Hodson et al., 2002). Our results suggest that White people's desire to avoid or discriminate against Black people may be a more active process than previously realized. Not only will White people use objective criteria to discriminate against Black people, but in situations where aversion is amplified (e.g., where contact may be extensive or physical), they will purposefully distort their interpretation of the situation to facilitate discrimination (Gaertner & Dovidio, 1986).

The current study also assessed potential relationships between implicit prejudice and racial bias in emergency helping (Saucier et al., 2005). Although participants exhibited the traditional implicit prejudice response pattern (e.g., White faces associated with positive words, Black faces associated with negative words), implicit prejudice did not predict helping deficits for Black victims. Rather, helping deficits were related to their aversion when the emergency

occurred (Study 1) and the extent to which they actively rationalized not helping the victim (Study 2). These findings indicate that White people's racial biases in helping behavior may be influenced more by immediate affective and cognitive responses in the specific situation than by their general implicit negativity to Black people.

### Study 3

The final study aimed to further test aversive racism's role in emergency racial bias by evaluating behavioral differences between Black and White helpers. Typically, research on race and helping has focused on White helpers' responses to Black victims and neglected the reverse relationship between Black helpers and White victims (cf. Crosby, Bromley, & Saxe, 1980). It is worth noting however, that research on Black helpers' responses to White victims often finds a similar ingroup preference to that of White people (i.e., helpers give more aid to victims of their race than another race; Crosby et al., 1980; Wegner & Crano, 1975). We thought it important, therefore, to test whether Black helpers would evince a similar ingroup preference in severe emergencies or whether the bias in our previous studies of helping in high emergency situations is unique to White people's responses to Black people.

If racial bias in severe emergencies is rooted in aversive racism, we would not expect Black people to exhibit this form of helping bias. Aversive racism theory contends that White people's aversion is partially the result of factors such as affective connotations of blackness (i.e., black is often considered bad and white good), the negative traits associated with Black people in our culture (e.g., poverty and crime), and the drive for White people to maintain their advantaged position in society (Gaertner & Dovidio, 1986). These factors make it more likely that White people will experience aversion regarding Black people than the reverse. Although research has found that some Black people have negative attitudes toward White people, these attitudes are theorized to be a response to prejudice, not aversion to interracial contact (Brigham, 1993; Livingston, 2002; Plant, 2004). Thus, Black helpers may have negative outgroup attitudes, but these attitudes would be unlikely to influence the perceived costs for helping. Indeed, for Black people, helping a White person may increase the likelihood of a positive response from the White person, and thus may actually ease concerns about being the target of prejudice. Further, given the history of White people's prejudice in our society, it is likely that White people are more concerned about appearing biased toward Black people than the reverse (Plant, 2004; Plant & Devine, 1998). As a result, Black people should be less motivated to avoid helping a White person and to create justifications for not helping a White person than White people in emergencies with Black victims.

To test these ideas, we examined how Black and White people responded to a severe emergency with a Black or White victim. Although we expected White participants to help Black victims less and more slowly than White victims, we did not anticipate that the Black participants would respond with this emergency racial bias. Further, we again expected White participants' helping deficiencies to be related to the extent to which White participants construe the situation as not warranting help, or themselves as not

responsible to help, despite there being no objective differences between the Black and White victim emergencies.

### Method

*Participants and design.* One hundred and forty-two White ( $n = 100$ ) and Black ( $n = 42$ ) introductory psychology students (71% female) participated in the present study in exchange for course credit. The average age of participants was 18.72 ( $SD = 1.03$ ). The study had a 2 (race of victim: Black vs. White)  $\times$  2 (race of participant: Black vs. White) between-subjects factorial design. Six participants, distributed evenly across conditions, were excluded from analyses for suspicion or prior knowledge of the experiment's true purpose.

*Materials.* The Black and White victim emergency manipulations were again presented on a television as in Studies 1 and 2. To enhance the realism of the emergency, audiotapes were created to play in synchronicity with the emergency videotapes (one to accompany each video). These tapes were played on a tape recorder in the presumed victim's room and could be heard through the lab wall. During the acclimation phase, the tapes featured noises typical of a person completing a questionnaire (e.g., coughing, shuffling papers). Once the emergency began, however, each tape contained the audio of its respective emergency manipulation. Thus, participants heard the same sounds both from the video in front of them and through the wall of their partner's room, enhancing the realism of the emergency manipulation.

As in Study 2, after witnessing the emergency, participants completed a questionnaire to assess their thoughts and feelings at the time of the emergency. Participants responded to a series of items on Likert scales ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*). Five items were combined to create a justification index (e.g., "The fall was not serious";  $\alpha = .78$ ).

*Procedure.* Participants came to the lab alone and, as in Studies 1 and 2, expected to take part in a study about technology and personality. When a participant arrived, the experimenter began the video with the emergency manipulation, its respective audiotape, and a stopwatch to record participants' help time. Participants were seated in front of a small-screen TV, ostensibly connected to a camera in an adjoining room, and were told it featured their partner in real time for the technology portion of the experiment.

Participants were then given instructions for the anagram cover story as in Studies 1 and 2. After explaining the task and leading participants to believe they would be alone with their partner, experimenters left the participants alone and unobtrusively recorded how long it took participants to help. Consistent with the previous studies, after participants helped, or after 180 s in the event no help was provided, experimenters partially debriefed participants and asked them to complete the postemergency questionnaire. After completing the postemergency questionnaire, participants were fully debriefed, awarded credit, and allowed to exit the lab. Special care was taken during debriefing to screen for suspicion and ensure that participants believed the emergency to be real.

### Results

*Helping analyses.* To test our main hypotheses, we examined whether helping differed as a result of victim race and participant

race. We conducted a logistic regression on whether or not participants helped the victim as a function of the victim's race, the race of the participant, and their interaction. The results revealed a significant main effect for participant race (Wald = 3.79,  $p < .05$ , OR = .07). The main effect was qualified by a significant Victim Race  $\times$  Participant Race interaction (Wald = 4.74,  $p < .05$ , OR = 7.28). Whereas Black participants did not significantly differ in whether they helped Black or White victims (74% vs. 71%, respectively;  $\chi^2 < 1$ ), White participants were more likely to help White victims (88% helped) than Black victims (58% helped),  $\chi^2(1, N = 96) = 10.69, p < .01$ . It is worth noting that for all key helping analyses, when gender was included, there were no significant effects or interactions with victim or participant race. Thus, it was not included in any subsequent analyses.

We next tested whether helping speed varied as a function of victim race, participant race, or their resultant interaction. Helping speed was computed as the time it took the participants to help after the fall occurred, with a maximum of 180 seconds. We conducted a 2 (race of victim: Black vs. White)  $\times$  2 (race of participant: Black vs. White) between-subjects factorial ANOVA on participants' helping time, in seconds. There was a main effect of victim race such that Black victims ( $M = 97.71, SD = 73.41$ ) received slower help than White victims ( $M = 51.27, SD = 65.48$ ),  $F(1, 135) = 7.41, p < .01$ . This main effect was qualified by a significant Victim Race  $\times$  Participant Race interaction  $F(1, 135) = 4.38, p < .05$  (see Figure 2). Follow-up independent samples  $t$  tests (victim race: Black vs. White) for Black and White participants revealed that whereas Black participants did not significantly differ in how quickly they helped Black and White victims,  $t(38) = 0.34, p = .73$ , White participants did,  $t(94) = 4.61, p < .001$  ( $d = .32$ ). Specifically, White participants were significantly slower to help Black victims than White victims.

*Justifications, race, and helping.* The remaining analyses focused on understanding what accounted for the racial bias in the White participants' responses to the victims. First, we were interested in whether the interpretation of the situation differed as a function of the race as it did in Study 3. We examined the justification index as a function of race of victim and found that White participants perceived the emergency as more severe and felt a greater responsibility to help when the victim was White

( $M = 4.42, SD = 1.25$ ) compared to Black ( $M = 3.38, SD = 1.34$ ),  $t(93) = 3.90, p < .001$  ( $d = .80$ ). It is worth noting that Black participants did not differ in how they perceived emergencies with Black and White victims,  $t(37) = 0.520, p > .60$ .

Because White participants were more likely to rationalize not helping their partner when the partner was Black as opposed to White, we were interested in whether this difference in perception of the emergency accounted for the differences in the decision to help. A logistic regression was conducted on the decision to help with victim race included in the first step and the justification index included in the second step. Analyses revealed that the justification index was a strong predictor of the decision to help (Wald = 21.23,  $p < .001$ ), such that the greater the responsibility and severity that participants perceived, the more likely they were to help. When the justification index was included in the regression equation, the previously significant influence of victim race on the decision to help dropped below significance ( $p = .15$ ). Consistent with mediation, a Sobel test confirmed that justification statistically mediated the effect of victim race on the decision to help ( $z = 2.98, p < .01$ ).

A final set of regression analyses were conducted to test the relationship between participants' justifications and helping speed. Regression analysis revealed that the justification variable was a strong predictor of helping speed, such that those who interpreted the situation as more needing help and themselves as more responsible were far faster to help than those who were less likely to interpret the situation in this way,  $t(93) = 9.44, p < .001$  ( $\beta = 0.68$ ). In addition, when the justification index was included in the analysis, the effect of race on help time dropped dramatically, from  $t(94) = -4.61, p < .001$ , to  $t(93) = -2.43, p = .017$ . Again, a Sobel test of mediation was conducted and revealed that justifications partially mediated the relationship between race and help time ( $z = 3.61, p < .001$ ).

*Helping speed analyses without nonhelpers.* Parallel analyses on the helping speed with nonhelpers excluded yielded similar results: White participants were slower to help Black victims ( $M = 54.76, SD = 49.77$ ) compared to White victims ( $M = 25.95, SD = 35.59$ ),  $t(67) = 3.00, p < .01$  ( $d = .70$ ).

## Discussion

In keeping with the previous studies, the present work lends additional evidence to aversive racism's role in emergency racial bias. Although White participants were again slower and less likely to help Black victims than White victims, Black participants helped Black and White victims equally. These results are consistent with an aversive racism perspective that predicts discrimination to be the result of White people's aversion to Black people and not general outgroup negativity (Gaertner & Dovidio, 1986). Research has shown that some Black people have negative attitudes toward White people (Brigham, 1993; Livingston, 2002), but these attitudes are related to concerns with being rejected or discriminated against, not aversion to general interracial contact. The Black participants may not have anticipated that helping a White person in need would elicit discrimination. As such, Black helpers should not have seen the costs for helping a White victim as any higher than the costs for helping a Black victim.

Also in line with an aversive racism and arousal: cost-reward perspective, racial deficits in helping were statistically mediated by

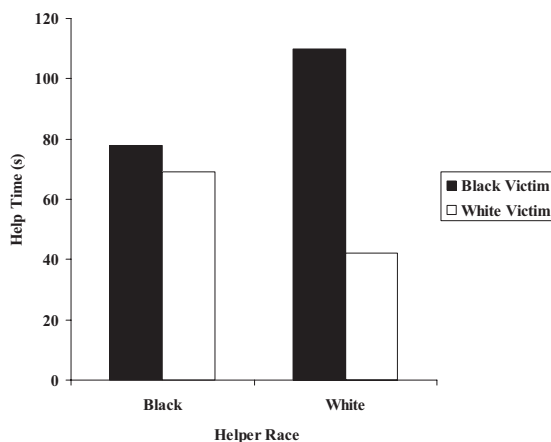


Figure 2. Helping speed as a function of victim and helper race.

White participants' biased interpretation of the emergency. Despite the objective similarity of the emergencies with Black and White victims, when the victim was Black, White helpers interpreted the situation as one that was less severe and for which they were less responsible. Perceptions such as these allowed White participants to defuse the threat of appearing prejudiced and justified their biased helping behavior. Consistent with our theorizing, in order to discriminate and defuse the negative affect evoked by the high costs for helping, White people search for race-neutral justifications for their behavior. The present study again suggests that when White people lack objective justifications for discrimination or avoidance, they will actively reinterpret the situation to justify their behavior.

### General Discussion

In the present work, we had two goals that centered on racial bias in emergency helping. The first was to experimentally test whether the race of the victim and the level of emergency influenced the quality of helping behavior. Across all three studies, White participants were slower and often less likely to help Black victims than White victims in severe emergencies. In addition, Study 1 illustrated that this racial bias in helping only emerged in high emergency situations and was not apparent in less severe emergencies. Study 3 further demonstrated that this racial bias was not evinced by Black bystanders who helped White and Black victims similarly. Collectively, these findings experimentally demonstrate and clarify the emergency racial bias found by Saucier et al. (2005) in their meta-analysis.

Our second goal in the present work was to uncover factors related to the emergency racial bias. We argued that understanding this effect would require integrating tenets from contemporary theories of prejudice and prosocial behavior. Specifically, considering both aversive racism theory and the arousal: cost-reward model of helping, we proposed that White bystanders are driven to reduce their arousal in emergency situations, but the route to reducing arousal differs depending on whether the victim is Black or White. That is, when White people experience an emergency with a White victim, we argued that helping was likely to reduce their arousal. As a result, negative affect at the time of the emergency should result in a fast, efficient helping response. However, when the victim was Black, we proposed that the arousal would reflect, in part, aversion regarding interracial contact and that helping was likely to increase this negative arousal. For these bystanders, the most efficient way to alleviate their aversion was to avoid interacting with the victim and instead interpret the situation in such a way as to justify inaction. Such an interpretation would save them from seeming prejudiced to themselves or others while simultaneously justifying their inaction and reducing their negative affect.

Consistent with these predictions, in Study 1 we found that negative affect moderated the relationship between race and helping speed, such that when the victim was Black and the situation severe, greater aversion was associated with slower helping. By contrast, when the victim was White, higher levels of negative affect were associated with marginally faster helping. In addition to linking aversion to emergency racial bias, these results provide important empirical support for the tenets of aversive racism theory generally. Although aversion is theorized to be an important

component of White people's ambivalence and discrimination against Black people, the relationship between aversive affect and behavior has, to our knowledge, received little direct empirical attention (Gaertner & Dovidio, 1986, 2005). Our results confirm that when interracial contact is expected to be close or prolonged (e.g., helping in serious emergencies), aversion is heightened and results in the avoidance of interracial contact.

Also consistent with our theorizing, we found that White participants were more likely to interpret emergencies with Black victims compared to White victims in such a way as to justify not helping (Studies 2 and 3). That is, they were more likely to interpret the emergency as being less severe and themselves as less responsible to help. These are exactly the types of interpretations that the arousal: cost-reward theory of helping would predict when people perceive both the costs for helping and the costs for not helping as high (Dovidio et al., 1991, 2006).

The current studies also extend Gaertner and Dovidio's (1977) seminal examination of the costs for not helping on racially biased helping. These classic studies illustrated that White bystanders helped Black and White victims equally when the costs for not helping were high. However, when the risk of appearing prejudiced was reduced by race-neutral factors, Black victims received significantly slower help than did White victims. Our studies build on this work by examining how manipulating the costs for helping contribute to racial emergency bias. By increasing the costs for helping (e.g., extensive interracial contact) in our high emergency conditions, our results suggest that racial bias emerges even in unambiguous emergencies.

These results also provide another important extension of aversive racism theory. Specifically, these findings reveal that in some cases the process White people use to justify discrimination is more active than previously believed, particularly when the desire to avoid interracial contact is high. Past research demonstrates that when objective race-neutral justifications exist to validate avoidance or discrimination, White people will react negatively to Black people (Dovidio & Gaertner, 2000; Frey & Gaertner, 1986). The current findings build on this previous work by suggesting that when aversion is sufficiently high, White people may actively interpret the situation to justify not helping and alleviate their negative affect. In serious emergencies with Black victims, White bystanders minimized those factors crucial to helping (e.g., severity of the situation, responsibility to help; Darley & Latane, 1968; Dovidio et al., 1991), and their interpretations of the emergency accounted for the inferior help they offered Black victims compared to White victims.

Finally, our work suggests that the racial emergency bias is unique to White helpers' responses to Black victims and is not indicative of a broad ingroup preference. When Black helpers responded to Black and White victims, they did so equally in terms of both helping speed and the overall decision to help. These results lend further support to an aversive racism and arousal: cost-reward account, because only White people would be expected to experience aversion and a heightened motivation to justify not helping Black victims. Although there is evidence that both Black and White people have negative outgroup attitudes, the basis for Black people's negativity toward White people is theorized to be a reaction to experienced or expected discrimination, which helping a White victim should not increase (Brigham, 1993; Livingston, 2002; Plant, 2004; Wegner & Crano, 1975). As such,

their outgroup negativity is unlikely to result in a bias against helping White people in serious emergencies where the costs for not helping are high. Our findings suggest, therefore, that racial bias in high emergency situations is likely the result of White people's aversion specifically, as opposed to broad outgroup negativity. Future work should further test the specific role of aversion versus other forms of outgroup negativity for discrimination in high emergency situations and whether other forms of negativity result in racial discrimination in helping behavior when the costs for not helping are lower.

One final note about Black helpers: As mentioned above, some past research has found that Black helpers provide more help to Black victims versus White victims (Wegner & Crano, 1975). Although the results from these studies vary from our own, the overall pattern of results is quite consistent with the arousal: cost-reward model. Many of these studies employed emergencies that were intentionally nonthreatening (e.g., dropping computer cards), which reduced the costs to the victim relative to the helper. In line with the arousal: cost-reward model, if the costs to the helper outweighed the needs of the victim, it is not surprising that ingroup versus outgroup differences in helping emerged. Yet, in Study 3 and consistent with predictions, when the costs to victims were high, Black bystanders helped Black and White victims equally, presumably because they were unencumbered by the aversion experienced by White helpers.

In addition to offering an account of what factors lie behind this counterintuitive effect, these findings have unique implications for the way social psychologists study race and helping. First, and most disturbing, is the possibility that racial bias in helping, particularly in emergency situations, could be more widespread than previous research has suggested. The relative lack of bias in previous research may be due to the fairly low levels of emergency studied. Consider that when Crosby et al. (1980) examined racial bias in helping, they found that the majority of studies did not show bias. However, in studies that featured more severe events (e.g., chairs falling on victims), racial bias was more prevalent (Saucier et al., 2005). These studies, in conjunction with our own work, suggest that severe emergencies reveal considerably more racial bias than other types of helping situations (e.g., picking up pencils, asking for change; Bickman & Kazman, 1973; Rosenfield, Greenberg, Folger, & Borys, 1982). By focusing primarily on lower emergency situations, much of the previous work may have missed the situations when racial bias is most likely to occur.

### *Limitations and Future Research*

One caveat of our work is that we assessed thoughts and feelings about the emergency after participants were given the opportunity to help or not to help. Frankly, it is difficult to imagine how else these data could be collected. We believe that these emotional and cognitive responses would only occur when people truly believe they are in an emergency condition and must make the decision to help or not to help. However, this approach raises the question of whether the responses were accurate reflections of the participants' experiences in the emergency situation or were created post hoc in response to how they responded in the emergency. One potential criticism, for example, is that participants' reported negative affect in Study 1 may have been aroused after the fact in response to how they helped or failed to help. However, the negative affect had

differential implications depending on the race of the victim. It is hard to imagine that some participants would experience the negative affect in response to helping (i.e., White victim condition) and other participants would experience the negative affect in response to not helping (i.e., the Black victim condition).

As for the interpretation of the emergency, it is possible that the justification occurred somewhat post hoc. That is, after inferior helping, the White participants may have reinterpreted the situation to justify their lack of or slow action (Crandall & Eshleman, 2003). Indeed, it is possible that aversion impedes helping and people actively work to create an excuse to save their self-image and reduce arousal. This would not be inconsistent with our theorizing. It may be possible to explore the order of these effects more directly in future examinations using nonemergency situations, where cognitions can be more easily examined prior to behavior.

Another area for future research focuses on distinguishing White individuals who helped Black victims in the high emergency situations from those who did not or did so belatedly. One avenue for potentially alleviating the racial bias in emergency helping may lie in identifying individual differences that characterize helpers and nonhelpers. For example, it may be that White people who have large amounts of positive previous contact with Black people or who are highly internally motivated to respond without prejudice may be less likely to experience aversion in high emergency situations and, therefore, less likely to respond with racial bias in severe emergencies. Once the important individual differences in racial bias in helping are better understood, we can use that knowledge to encourage helping in individuals who might otherwise hesitate when confronted with a cross-race emergency.

Another avenue for future research may be to further examine the interplay between helping costs and rewards. As illustrated by Gaertner and Dovidio (1977), when the costs for not helping are high, biased helping is unlikely. Simultaneously, our work suggests that when the costs for helping are increased, discrimination occurs. These studies collectively imply that costs to the helper, be they for helping or not helping, predict prosocial behavior better than other factors. Yet, there may be times when the rewards for helping increase precisely because the costs to help are greater. For example, individuals who are highly internally motivated to respond without prejudice may see greater reward in helping a Black victim than a White victim because it allows them to affirm an important value (Plant & Devine, 1998). Thus, value affirmation acts as a kind of reward that motivates helping. Future research might elucidate how these costs and rewards interact to determine prosocial behavior when both are elevated.

### *Closing Remarks*

The present work suggests that emergency level has a serious influence on the amount of racial bias in helping. The real-world implications of these findings are highly troubling and indicate that Black people may receive inferior help from White people when help is most needed. On average, across our studies White people took twice as long to help Black victims than White victims. In situations where victims do not have time to spare (e.g., choking, blood loss, drowning), delayed responses could be devastating. These findings are all the more disconcerting when one considers that in many cultures, including the United States, White people

are numerically more likely to witness Black people in emergencies than Black people are. Our hope is that by unraveling the factors that contribute to this racial bias, we can develop approaches to eliminate this problematic form of discrimination.

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Received November 1, 2007

Revision received April 21, 2008

Accepted April 25, 2008 ■