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DETERMINANTS OF SUPPORT PROVISION: INTERACTION OF PROVIDER
AND RECIPIENT FACTORS.

by

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Abstract

Little research has examined the determinants of support provision. This study assessed the importance of provider empathy, provider gender, recipient gender, and recipient expressed distress in influencing supportiveness. The study made use of a 2 X 2 (gender of copier by distress of copier) between subjects design, with level of empathy and gender of subject as internal factors. Eighty-one male and 84 female undergraduates completed a measure of dispositional empathy and watched a videotape of a high or low emotion, male or female copier. Respondents then indicated via questionnaire responses, their reactions to the copier and the amounts and kinds of support they would be willing to provide. Subjects were then asked to volunteer to act as a peer counselor to the copier. As predicted, results indicated a positive association between supportiveness and empathy. Also consistent with predictions, greater supportiveness was evidenced among women than among men, and a significant portion of this tendency was attributable to gender differences in empathy. In general, no differences were found in supportiveness as a function of the gender of the copier. Last, high distress copiers were liked more, and were perceived as needing more support than low distress copiers. In turn, participants indicated a greater willingness to provide support to high emotion copiers.

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Introduction

A great deal of research has demonstrated the effectiveness of social support in alleviating the stress experienced by victims of negative life events (Cohen & Wills, 1985; Dunkel-Schetter, 1984; House, Landis, & Umberson, 1988; Schultz & Decker, 1985). However, little research has been conducted regarding the determinants of its provision.

This study will investigate characteristics of support providers and recipients, two variables likely to influence support provision (Dunkel-Schetter & Skokan, 1990). Specifically, this study will attempt to assess the importance of provider empathy and provider gender in determining reactions to an individual experiencing difficulties coping. In addition, the gender and emotionality of the recipient will be considered as important determinants of providers' reactions and their subsequent willingness to provide support.

Provider Empathy

The ability of support providers to empathize with another is likely to influence their willingness to provide support. While there is a great deal of debate as to the exact definition of empathy, the term, in its most general sense, refers to the reactions of one individual to the observed experiences of another (Davis, 1983a). These reactions, when they take the form of concern for another's plight, are likely to motivate observers to take action so

that personal feelings of concern and the distress of unfortunate others may be reduced.

Both state (e.g. Adelman, & Berkowitz, 1970; Schroeder, Dovidio, Sibicky, Matthews & Allen, 1988; Toi & Batson, 1982) and trait (e.g. Archer, Diaz-Loving, Gollwitzer, Davis, & Foushee, 1981; Davis, 1983b&c; Eisenberg, Miller, Schaller, Fabes, Fultz, Shell, & Shea, 1989) empathy have been examined as determinants of help provision in emergency situations. In general, findings suggest a positive relation (Batson, Darley, & Coke, 1978), and in a recent meta-analysis of the existing literature, Eisenberg and Miller (1987) found low to moderate positive correlations between empathy and prosocial behavior.

In addition to making a distinction between state and trait measures of empathy, researchers have distinguished between empathy's affective and cognitive components. A multidimensional measure of individual differences in empathy that incorporates both has been constructed by Davis (1980). The Interpersonal Reactivity Index (IRI; Davis, 1980) includes a discriminable set of four cognitive and affective measures (Davis, 1980). Davis' (1980) Perspective-Taking (PT) scale assesses the tendency to adopt the psychological point of view of others. The Empathic Concern (EC) scale assesses "other-oriented" feelings of sympathy or concern. The Personal Distress (PD) scale measures "self-oriented" feelings of anxiety and unease. The fourth, Fantasy (FS) scale, measures the tendencies of

individuals to imagine themselves as the fictitious characters in movies and books.

Two studies have examined the relation between Davis' dispositional subtypes of empathy and prosocial behavior. In one study, Davis (1983b) examined the willingness of students to provide tangible social support (i.e. baby-sitting, doing chores, and providing transportation) to a woman who was left with the responsibility of caring for her younger siblings after her parents were killed in an accident. Results indicated that individuals high in personal distress (PD) were less likely to offer support than those low in personal distress. Empathic concern (EC), however, was positively related to support provision. The findings with regard to perspective taking (PT) were mixed, indicating a positive relation with helping when subjects were instructed to take the perspective of the woman, and no relation with helping when subjects were simply instructed to observe the woman.

In another study, Davis (1983c) examined the effects of empathic predispositions in relation to the annual muscular dystrophy telethon. The tendency to view and contribute to the telethon was significantly, and positively, related to empathic concern, and was unrelated to perspective taking and personal distress.

A number of studies have examined state measures of empathy parallel to Davis' dispositional subtypes (Batson, Duncan, Ackerman, Buckley, & Birch, 1981; Coke, Batson, &

McDavis, 1978; Liebhart, 1972; Schroeder, et al., 1988; Toi & Batson, 1982). Batson and his colleagues (Batson, O'Quin, Fultz, Vanderplas, & Isen, 1983) proposed that empathic concern leads to an altruistic motivation to reduce the distress of another, whereas personal distress leads to an egoistic motivation to reduce one's own distress. Questionnaire measures reflecting these two dimensions were obtained from subjects after exposure to a same-sex victim. Ease of escape from the situation was varied, and willingness to help was then assessed. Results indicated that subjects high in personal distress were likely to help only when it was difficult to escape from the situation. In contrast, subjects experiencing a predominance of empathic concern were as likely to help when escape was easy as when it was difficult (Batson, et al., 1983).

These findings lead Batson to conclude that individuals high in empathic concern are altruistically motivated to reduce the distress of others, and therefore demonstrate high levels of helping across situations. High personal distress individuals, on the other hand, are egoistically motivated to reduce their own distress, and therefore provide a large amount of aid only in situations where escape from the source of distress is difficult. There has been some debate concerning the validity of Batson's paradigm with some studies showing effects for empathic concern (Eisenberg, et al., 1989) and others not (Cialdini, et al., 1987; Schaller & Cialdini, 1988). Nonetheless,

prosocial behavior appears to be more consistently associated with high levels of empathic concern than with personal distress, and is sometimes negatively related to the latter.

The literature examining the relation between perspective taking and helping behavior is mixed. As just noted, two studies found little relation between perspective taking and helping (Davis, 1983b&c). Perspective taking increased helping only in the instance where participants received instructions to take the perspective of the victim. However, Underwood and Moore's (1982) meta-analysis found a positive relation between perspective taking and helping in studies using children as subjects. They argue that perspective taking (awareness of another's unpleasant affective state) causes a sharing of that state and a motive to decrease the other's distress. This suggests that perspective taking may actually increase one's tendency to experience empathic concern, rather than affecting helping directly. A study examining the relation between helping behavior and perspective taking among adults has found support for this notion (Coke, et al., 1978). Specifically, it was found that instructions to take the perspective of the individual in need led to an increase in the level of empathic emotion reported. In turn, this increase in empathy corresponded with an increase in motivation to see the other's need reduced.

In short, empathy in its most general sense has been found to be strongly associated with helping behavior. Of the empathy subtypes proposed by Davis (1980) the best predictor of willingness to provide assistance appears to be empathic concern. The relation between personal distress and helpfulness, on the other hand, is less clear, with some studies reporting a negative association (e.g. Davis, 1983b) and others indicating that individuals experiencing a preponderance of personal distress are more likely to help when escape from the situation is difficult (Batson, et al., 1983). Perspective taking is also likely to be associated with support provision, but the effect is probably limited to its ability to increase an individual's tendency to experience empathic concern.

While a great deal of research has examined the importance of empathy in predicting prosocial behavior, experiments have generally focused on helping behavior provided to a stranger in an emergency situation. Although some studies have made use of paradigms approximating social support-like situations, empathy has not been considered in support research per se.

While it is expected that the association between empathy and social support will closely parallel the empathy/helping behavior findings, this is still an unresolved issue given the way the two constructs have been operationalized. While both social support and helping behavior involve the provision of assistance during periods

of need, there are clear differences between these two forms of prosocial behavior. What is typically deemed "helping behavior" (the offer of assistance to a stranger in an emergency situation) is conceptually distinct from what we commonly think of as "social support" (the ongoing instrumental or emotional assistance provided to a loved one). The present study will attempt to determine whether empathy continues to emerge as an important predictor of prosocial behavior when examined in a social support context.

Provider Gender

Gender is another characteristic of potential support providers that is likely to influence the proffering of support. Eagly and Crowley (1986) discuss helping as a role behavior, regulated by social norms, and provision of social support may also be regarded as such. As Eagly and Crowley (1986) point out, the norms governing helping are quite different for males and females, and therefore, men and women may be expected to differ in their ability or willingness to provide support to an individual in need.

Men have been found to be particularly helpful toward strangers, in risky or dangerous situations (Eagly & Crowley, 1986). This is consistent with the male gender role, which includes competency-related attributes such as independence, leadership, self-confidence, good decision making abilities, and calmness in a crisis (Bem, 1974; Broverman, et al., 1972). Men are expected to be heroic and

chivalrous, and therefore helping behaviors performed by men are likely to be risky or protective in nature, and may be directed towards strangers as well as intimates (Eagly and Crowley, 1986).

The female gender role, in contrast, has often been associated with warmth and expressiveness-related qualities such as sensitivity to the feelings of others, ability to express tender feelings (Broverman, et al., 1972), kindness, compassion, helpfulness, and the ability to devote oneself to others (Bem, 1974). Accordingly, women are often expected to provide for the needs of others (Bernard, 1981; Kessler & McLeod, 1984). Consistent with this, in the few studies reporting data of this kind, women have been found to be the primary providers of support to close others. For instance, Day (1985) has noted that 70% to 80% of caregivers to the elderly are women. Also, Griffith (1985), in a study of demographic characteristics of support providers, found that women were somewhat more likely to be relied on for support than men. Thus, women may be more likely to provide support to a distressed other, and this difference may be based in gender roles.

Gender differences in empathic emotion suggest a similar prediction to that generated by role behavior. A number of studies have demonstrated that women are generally more empathic than men (Brehm, Powell, & Coke, 1984; Hoffman, 1977; Zarbatany, Hartmann, Gelfand, Vinciguerra, 1985). Thus, to the extent that empathy influences

supportive behavior, women might be expected to be more supportive than men. It is not clear at present, whether gender roles, gender differences in empathy, or both are responsible for women's higher levels of supportiveness. The present study will attempt to examine the relative importance of gender roles versus sex differences in empathy as the source of any sex differences in support. To do so, empathic emotion will be used as a covariate in gender-effects analyses. To the extent that empathic concern is the driving force in motivating the provision of assistance, gender differences in helping behavior should be greatly reduced when the effects of empathy are controlled statistically.

Recipient Gender

Whether or not assistance is given is also likely to be determined by the gender of the recipient. The degree to which an individual feels comfortable in offering assistance may depend on the gender of the individual in need. Gender stereotypes have typically portrayed women as more needing, wanting, and accepting of assistance than men. Therefore, with this stereotype in mind, when approaching an apparent need situation an individual is more likely to offer support if the needy other is female, and hence is likely to be wanting and accepting of such assistance.

While studies examining the relation between gender of the provider, gender of the recipient, and helping behavior have often found that individuals are more likely to help

others of the opposite gender (e.g. Bickman, 1974) results of a recent meta-analysis have suggested that this tendency may be more prevalent for male providers. Specifically, Eagly and Crowley (1986) found that women are more likely than men to receive help, and that this assistance is more likely to be provided by men. Presumably, assistance provided by men to women is consistent with the male gender role of chivalry, and the female role of wanting, needing and accepting assistance. Men, on the other hand, are equally likely to receive aid from males and females.

Evidence from the social support literature suggests the same conclusion. For instance, Vaux (1986) reviews a number of studies comparing the amount and types of support available to men and women. Overall, differences in support availability tend to favor women. In particular, Burda, Vaux, and Schill (1984) have found that women tend to be provided with more emotional kinds of support than men. In addition, Burda et al. (1984) found availability of support to vary such that feminine and androgynous individuals were likely to be provided with more support than undifferentiated or masculine individuals. These findings suggest that gender differences in support receipt may be influenced, in part, by sex-role orientation, favoring the presence of feminine (expressive) characteristics. However, as Burda, et al. (1984) point out, females, feminine, and androgynous individuals are also more likely to mobilize their support resources in times of need than are males,

masculine, and undifferentiated individuals. It is therefore difficult to ascertain whether or not differences in support availability would still be found when mobilization efforts are held constant.

Recipient's Expressed Distress

The positive relation between expressive characteristics and support receipt may be explained in that expressiveness, or the signaling of distress, may serve as an indicator of need. Past research has, in fact, found that women experiencing greater distress have more support available to them than women experiencing less distress (Dunkel-Schetter, Folkman, & Lazarus, 1987; Hobfoll & Lerman, 1988; Hobfoll & Lerman, 1989). These studies suggest a positive relation between expression of distress and support availability. However, other studies have suggested that when distress is extreme or ongoing avoidant behavior (on the part of providers) may result (Coates, Wortman, & Abbey, 1979; Dunkel-Schetter, 1984). For instance, findings of Coates et al. (1979) have indicated that victims who express their pain or negative affect are more likely to be judged as maladjusted, suggesting that this behavior is seen as inappropriate or undesirable in some way. This may, in turn, lead to avoidance on the part of providers.

Studies examining the importance of copers' displayed emotions, or method of coping (coping "portrayals") in determining reactions to an individual have primarily used

ratings of attractiveness and adjustment, rather than willingness to provide support, as dependent measures. For instance, Silver, Wortman, and Crofton (1990) conducted a study manipulating the coping portrayals of women who were said either to be healthy or to have cancer. Reactions of subjects to these individuals were assessed by obtaining ratings of attraction and desire for future interactions with the target. Results indicated that individuals responded least favorably to targets presented as coping poorly.

In the Silver et al. (1990) study, however, it is difficult to determine which aspect of the coping portrayals was causing subjects' reactions, as portrayals varied not only in the degree to which individuals were successfully engaging in coping efforts, but expressions of distress were altered as well. It is therefore difficult to ascertain whether the tendency for poor copers to receive more negative evaluations is the result of the distress expressed by these individuals or their apparent inability to engage in successful coping, or both.

Taken together these studies provide evidence that expression of distress has an important influence on reactions to the coper. However, while the expression of distress appears to have a negative influence on ratings of attractiveness and adjustment, correlational studies suggest a positive relation between distress and social support availability. In order to more fully understand the

relation between expressions of distress, ratings of attractiveness and willingness to provide support clarifying research is needed.

A second issue in regard to distress is its possible interaction with gender of the recipient. Studies to date have assessed the importance of distress only in reaction to female victims. Social norms in our society discourage emotional expression in men and encourage males to be independent, have good decision-making abilities and to remain calm in a crisis (Bem, 1974; Broverman, et al., 1972). A deviation from these norms may, in turn, be regarded as a sign of maladjustment. Hence, distressed males may be more likely to be perceived negatively than distressed females.

On the other hand, the belief that a great deal of inner turmoil must underlie any expression of emotion (particularly in men) may serve as a signal to others that a great deal of support is needed. Because it is counter to expectations, distress expressed by men may also elicit stronger feelings of empathic concern than distress expressed by women, and may enhance willingness to provide assistance to a greater degree, as well. In sum, reactions to distress, whether positive or negative, are likely to be more extreme when expressed by males than by females.

Any interaction between distress and gender of recipient may be qualified by a three-way interaction with gender of provider. Specifically, women may be more willing

to provide support to emotional males than to relatively unemotional ones, while male providers are likely to show a reverse pattern. As Eagly and Crowley (1986) indicate, women are often restrained in their provision of assistance to male strangers because they are seen as threatening or dangerous. To the extent that these fears do in fact prevent women from offering assistance to men, it is likely that women will provide more support to highly emotional and vulnerable males than to less emotional ones, as women may feel less threatened by such individuals.

Male providers, on the other hand, may be less supportive of a male coper who is distressed as compared to a male who is less so. Males are unaccustomed to emotional disclosure from other males (Narus & Fischer, 1982), and therefore, may feel uncomfortable in its presence. This sense of unease may lead to avoidance, and hence reduce support provision to the distressed male.

The Present Study

The present study examines the effects of provider empathy, provider gender, recipient gender and recipient distress in a peer counseling context.

It is anticipated that individuals high in dispositional empathic concern will indicate a greater willingness to provide support than those low in empathic concern. Because this context is one from which "escape" is easy, a dispositional tendency to experience personal distress is expected to be negatively related or unrelated

to willingness to provide support. Empathic perspective taking is expected to be associated with helping behavior; however, this relation is expected to be mediated by state levels of empathic concern, rather than a direct effect.

It is also hypothesized that the providers' and recipients' gender will affect willingness to provide support. Specifically, female participants are expected to provide more support than males. The extent to which this gender difference is a function of dispositional empathic concern will be assessed by controlling statistically for this variable in gender analyses. It is further predicted that women will be the recipients of more support than men.

In addition, the present study will examine the influence of copier distress upon support provision and copier evaluations. Contrary predictions may be offered regarding this factor. On the one hand, distress may increase negative evaluations of the copier's adjustment and attractiveness, particularly in the case of an emotional male recipient. On the other hand, witnessing an individual's distress may increase empathic concern and perceptions of need and subsequently increase willingness to provide support. This also is likely to be enhanced in the case of male copers.

Lastly, a three-way provider gender by recipient gender by expressed distress interaction is expected. Male providers are likely to respond more negatively to distress

in males than females, while female providers are less likely to show such an effect.

Method

Overview

Male and female subjects completed a measure of dispositional empathy and watched a videotape of either a male or a female copier in a counseling session. The copier displayed either a high or a low amount of distress. Subjects then completed a set of measures evaluating the copier's attractiveness and adjustment. In addition, participants indicated, via questionnaire responses, the amount and kinds of support they would provide to an individual similar to the one portrayed in the videotape. Lastly, subjects were asked to volunteer to act as a peer counselor to the individual viewed in the tape. The total number of hours and activities committed to volunteering were assessed. Thus, the study made use of a 2 X 2 (gender of copier by distress of copier) between-subjects design, with high and low levels of empathy and gender of subject as internal factors.

Subjects

Eighty-six male and eighty-five female subjects participated in the experiment for partial course credit. Participants were randomly assigned to experimental conditions. Five males and one female expressed some suspicion regarding the authenticity of the videotapes and,

hence, were dropped from all analyses.

Materials

Four versions of a stimulus tape were created. The setting and script remained the same across stimulus tapes. In all versions an individual was portrayed in a counselling session. A high and a low emotion version of the videotape was made by each of two male and two female actors.

A between-subjects design was used to pilot test the tapes for differences between actors in the same condition, and to ensure that the emotional expression manipulation was successful. Each of the eight videotapes was watched by 6-8 subjects. A manipulation check of coper distress was performed by collapsing across actors and recipient gender, and conducting a t-test between tapes designated a priori as high and low distress. Ratings of coper distress (on a 7-point scale) were used as the dependent variable. This indicated successful manipulation of distress, $t(54) = 3.68$, $p < .001$, with subjects indeed perceiving the actors in the high emotion tapes as expressing greater distress than those in the low emotion tapes.

To test for actor effects, t-tests were then conducted between the two high emotion male versions, high emotion female versions, low emotion male versions, and low emotion female versions. A series of t-tests were conducted using a nine item bipolar rating of coper attractiveness, and ratings (on 7-point scales) of coper distress, coper need, seriousness of the coper's problems, and admirability,

appropriateness, and normalcy of the coping portrayal as the dependent variables. In general, very few differences were found. Results indicated no significant differences in reactions to the two female actresses in the low emotion versions of the videotapes. One marginally significant difference in ratings of problem severity, $t(12) = 2.03$, $p = .07$, emerged in reactions to these 2 actresses in the high emotion versions. With regard to the male low-emotion versions a marginal difference, $t(11) = 2.08$, $p = .06$, emerged in scores summed across the 9-item measure of attractiveness, and a significant difference was obtained on ratings of the normalcy of the coping portrayal, $t(11) = 2.43$, $p < .03$. In the high emotion versions a marginal difference, $t(1, 12) = 1.86$, $p = .09$, was found in ratings of copier distress. Overall, then, there were few differences between actors, with the exception that pretest subjects judged one of the two low emotion males to be more attractive, and to be coping in a less normal manner than the other male.

Procedure

Subjects were called and asked to participate in a study assessing the peer support available to students coping with a variety of problems. All subjects were told that the study was being conducted in order to obtain information for the development of a peer support centre on campus.

Upon arrival, subjects were reminded of the supposed purpose of the experiment and asked to sign a consent form. Subjects were then informed that the Peer Counseling Centre had provided a number of videotapes containing excerpts from counseling sessions which had occurred over the last couple of months. It was further explained that the individual in each of these tapes had given consent for the use of his or her tape in the study. Participants were informed that each tape would be viewed only once in order to maintain the confidentiality of the student (this was important to the "volunteering" measure of support). The videotape excerpts were said to have been taken from the assessment part of the interview in which the counselor asked the client some general questions about his or her current condition.

Subjects were then asked to complete Davis' (1980) Interpersonal Reactivity Index (IRI) as an "aid in the interpretation" of their responses. The IRI was used to assess dispositional levels of empathic concern, personal distress, and perspective taking. After completion of the IRI participants were escorted to one of four individual rooms equipped with a television monitor and video cassette recorder, and were given a short verbal description of "Chris", the man or woman portrayed on the videotape. In all conditions Chris was described as a UBC student who experienced the breakup of a serious two year relationship approximately two months prior to the counseling session. It was further explained that Chris decided to go to

counseling because of changes that had occurred in Chris' life since the break-up. This explanation offered subjects minimal information regarding Chris' character and was expected to limit any tendency to view Chris as chronically distressed, and thereby encouraged the belief that Chris' could, in fact, be helped. Immediately following completion of the tape, subjects were asked to complete a variety of questionnaires assessing their reactions to Chris. All measures, unless otherwise specified, were assessed on 7-point scales.

Dependent Measures

State Empathy

Since previous work has sometimes examined empathy as a state, rather than trait, predictor of help (e.g. Batson, et al., 1983) subjects' state level of empathy was assessed in addition to the trait measures. The measure also allowed for the statistical control of state empathic concern to test the perspective taking prediction. Two questions, each, assessed individuals' state level of empathic concern (concern and compassion for Chris), personal distress (upset and distress over Chris' situation), and perspective taking (seeing things from Chris' perspective, or imagining him or herself in Chris' place).

Perceptions of the Coping Portrayal

Two questions assessed subjects' perceptions of the amount of upset and emotion expressed by Chris in the videotape. These items acted as a manipulation check of the

emotionality of the coper. In addition, subjects completed measures regarding their perceptions of the coper, the manner in which he or she was coping, and the problem he or she was experiencing. It has been hypothesized that expressions of distress might influence each of these factors, either by highlighting the coper's situation and need for support, by making the coper appear more or less attractive, and/or making the coper appear less competent, or normal than someone displaying less emotion.

Situation

Subjects may respond to expressions of distress by altering their perceptions of the seriousness of an individual's problems, such that greater distress is associated with more severe problems. Two questions assessed participants' perceptions of the seriousness of Chris' problems: how serious they were, how difficult it would be to cope with Chris' problems. One question assessed participants' perceptions of how much support Chris needed.

Attractiveness

Subjects were asked to indicate how much they liked the coper by responding to a 5-item liking scale. The items asked subjects how much they liked the student, would want to meet the student, would want to get to know the student better, would like to work with the student on a cooperative task, and whether or not subjects felt they could become good friends with the student.

In addition, subjects were asked to rate Chris on a scale of 9 bipolar adjectives. Traits include: pleasant, sincere, friendly, appealing, competent, intelligent, likeable, responsible, and attractive. As indicated by Coates et al. (1979) expressed distress may influence liking and attractiveness ratings negatively, and thus may influence the decision to provide support.

Appropriateness

As suggested by Coates et al. (1979), expressions of distress may alter assessments of an individual's adjustment. Therefore, perceptions of the appropriateness of Chris' coping style were measured by asking subjects two questions: how normal and how appropriate Chris' reactions are.

General Supportive Intentions

Support was measured in three ways. The first of these assessed subjects' general intention to provide support. Specifically, participants were asked: how supportive they think they would be of Chris; how much of their time they would be willing to use in helping Chris; how far out of their way they would go to help Chris; and, how important it would be to them to help Chris.

Hypothetical Support

Subjects then completed the Supportive Actions Scale (SAS; Trobst, Collins, & Embree, 1991) a questionnaire consisting of a list of 31 potentially supportive behaviors. For each behavior participants are asked to indicate, (on a

7-point scale from "definitely would not do this" to "definitely would do this") the likelihood that they would provide the particular type of support, and how helpful they believed each action would be if they were in fact to perform it (on a 7-point scale from "definitely would not be helpful" to "definitely would be helpful"). The scale consists of three relatively independent subscales: encouraging/emotional support, directive support, and avoidant/enabling support. The first of these has been found to be most highly related to what is typically thought of as "support", receiving the highest ratings of helpfulness, and correlating more strongly with other measures of support than the directive or avoidant subscales.

Behavioral Intent

Upon completion of the questionnaire packet an experimenter, blind to experimental condition, entered the room with a "volunteer recruitment card" and said:

The experiment part of the study is over now. However, since our real goal is to try to help students who are having difficulties coping we are also using this as an opportunity to recruit volunteers who would be interested in working with the student they have seen in the videotape. What I have here is a list of different activities people can volunteer for, and we ask you to read over the list, check off anything you might be

interested in, and provide us with your name and phone number as a volunteer we can contact to take part in these activities. Of course you are under no obligation to volunteer, for whatever reason, and because we are trying to get people that would really be available, if you are unsure you can just leave the card blank. So, when you are done with the card please put it in this envelope, seal it, and give it back to me.

Participants were instructed to read the volunteer recruitment form carefully, and indicate the number of hours they would be willing to volunteer to act as a peer counselor. In addition, the card informed subjects that if they were unable to act as a peer counselor they could take part in other "one-time only" activities, including giving their phone number to the student, meeting the student for lunch or coffee, or attending the Peer Counseling Centre party so that they could meet the student. In order to volunteer for these activities subjects were instructed to place a check mark next to each of three activities for which they would be willing to volunteer. Space was provided for volunteers to indicate their name and phone number. The total number of hours and activities each participant volunteered for served as the behavioral measure. To promote honesty in responding, subjects were asked to place the volunteer recruitment card in an envelope before turning it in.

Debriefing

At the conclusion of the study, all subjects were fully debriefed. It was ensured that subjects understood the purpose of the study and the importance of such research for gaining an understanding of the determinants of social support provision. Since the study relied on deception at some points, great care was taken to ensure that subjects understood the reason for using deception and felt comfortable about its use. Specifically, subjects were informed that actors were presented in the videotape, and this information was expected to diminish any concern or distress experienced in response to the coper. In addition, subjects were be made aware that while the information obtained was not, at present, being used for the development of a Peer Counseling Centre, it would be made available for such use if needed. Subjects were also informed that they would not, in fact, be called to volunteer as a peer counselor. All subjects were assured that their responses were quite normal and that failure to provide support did not indicate anything bad or unusual about them. The participants were then allowed to ask any questions in order to ensure full understanding.

Results

Manipulation Check

A manipulation check of coper distress was performed by conducting a t-test using ratings of coper distress as the dependent variable, and distress displayed in the videotapes

(high versus low) as the independent variable. Findings indicated that the manipulation of distress was successful, $t(163) = 4.22, p < .001$.

Preliminary Analyses

Support

Three different measures of support were used in this study. The four item general measure of supportive intentions (participants' perceptions of how important it would be to them to help the coper, how much of their time they would be willing to use in helping the coper, how far out of their way they would go to help the coper, and how much support they felt they would provide) showed strong internal consistency, $\alpha = .88$.

The second measure used was the Supportive Actions Scale (Trobst, Collins, & Embree, 1991). Recall that the SAS includes an encouraging/emotional support subscale, a directive support subscale, and an avoidant/enabling support subscale. Reliability coefficients calculated for each of the three subscales indicated adequate internal consistency for each (i.e. encouraging/emotional support, $\alpha = .87$; directive support, $\alpha = .60$; and, avoidant/enabling support, $\alpha = .68$). Calculations of subscale intercorrelations indicated that the three factors are relatively independent (r 's ranged from .24 to .31). These correlations are similar to those obtained in scale development (Trobst, et al., 1991).

Construct validity information is provided by examining the mean helpfulness and probability ratings for each subscale. The encouraging/emotional support behaviors were deemed helpful, with a mean rating of $\bar{X} = 5.31$ on a 7-point scale (7=extremely helpful). While the items tapping directive support ($\bar{X} = 4.05$), and avoidant/enabling support ($\bar{X} = 3.58$) were seen as neither helpful nor unhelpful. In addition, subjects indicated that they would be most likely to perform encouraging/emotional kinds of support ($\bar{X} = 5.44$), followed by directive support ($\bar{X} = 4.41$), and avoidant/enabling support ($\bar{X} = 3.98$). All mean differences between subscales were significant at the .01 level. These data are also consistent with previous work (Trobst, et al., 1991), and suggest that encouraging/emotional support is the best indicator of intentionally supportive behavior.

Commitment to act as a peer counselor to the coper comprised the third support measure. Participants were asked to indicate their willingness to volunteer either "0 hours/week", "1-3 hours/week", "4-10 hours/week", or "10-20 hours/week" of their time for the purpose of acting as a peer counselor to the coper they viewed in the videotape. Individuals indicating they would volunteer "0 hours" received a score of "0", "1-3 hours" received a score of "1", and "4-10 hours" received a score of "2". The mean score for hours committed was $\bar{X} = .39$, with 110 subjects, or 67% of the sample, indicating that they would volunteer "0 hours", 45 subjects, or 27% of the sample, indicating they

would volunteer "1-3 hours", and 10 subjects, or 6% of the sample, indicating they would volunteer "4-10" hours. None of the participants indicated a willingness to volunteer 10-20 hours/week of their time to act as a peer counselor.

In addition, participants could volunteer to help the copier by agreeing to attend a "peer counseling party" where they could meet and talk to the copier (26 subjects, or 16% of the sample, volunteered), agreeing to meet the copier for lunch or coffee (28 subjects, or 17% of the sample volunteered), or by allowing the experimenter to give the participant's phone number to the copier (43 subjects, or 26% of the sample volunteered). Participants received a score of "1" for each activity they agreed to take part in.

The correlation between commitment of hours and the summed score of commitment to take part in the three activities was $r(162) = .50$. Therefore, scores obtained for the number of hours volunteered and the number of activities agreed to were summed for each participant, creating a measure of overall commitment to act as a peer counselor to the copier.

Empathy

A set of initial analyses were also conducted examining the intercorrelations of the state and trait empathy subscales. With regard to the trait subscales, perspective taking was significantly correlated with empathic concern, $r(162) = .40$, $p < .001$, however, the other dimensions were largely independent (r 's ranging from .03 to -.02). These

findings are similar to those obtained by Davis (1983). Examination of the correlations between the state empathy subscales, on the other hand, indicated that the 3 subscales were all moderately intercorrelated (r 's ranged from .38 - .55). In addition, while state empathic concern scores and state perspective taking scores correlated more highly with their corresponding trait measure than with the other trait subscales, state personal distress correlated most highly with trait empathic concern ($r(162) = .38, p < .001$) and equally with trait personal distress and trait perspective taking ($r(162) = .20, p < .005$). Given this finding, and the high inter-item correlations, all of the state items were summed to create a general measure of state empathic emotion.

Main Hypotheses

Provider Empathy

Provider empathy was predicted to have a significant impact on supportiveness. Specifically, it was hypothesized that individuals high in dispositional empathic concern would indicate greater supportive intentions, endorse more encouraging/emotional supportive actions, and would be more likely to commit to acting as a peer counselor to the copier than individuals low in dispositional empathic concern. This hypothesis was confirmed in regard to both the combined measure of state empathic emotion and the trait measure of empathic concern.

Insert Table 1 about here

As may be seen in Table 1, across both of these empathy measures the highest correlation was obtained with ratings of general supportive intentions, followed by correlations with encouraging/emotional supportive actions, and the behavioral measure of commitment to act as a peer counselor. These findings indicate that individuals high in dispositional empathic concern, as well as those experiencing a large amount of state empathic emotion are more likely to indicate a general intention to be supportive, indicate a greater willingness to provide encouraging/emotional support, and are more likely to commit to acting as a peer counselor than individuals low in dispositional empathic concern, or those experiencing low levels of state empathic emotion.

No predictions were made regarding the association between empathic concern and tendency to offer directive or avoidant/enabling types of support, and indeed, no association was found between either the dispositional or state measures and scores on the directive support or avoidant/enabling support subscales.

Perspective taking was hypothesized to be associated with support provision, and as Table 1 indicates, it was significantly correlated with the general support measure,

the encouraging/emotional support subscale, and commitment to act as a peer counselor. However it was expected that the effects of perspective taking would be limited to its ability to increase feelings of empathic emotion. Therefore, any relation between trait perspective taking and the support variables would be eliminated when statistically controlling for the effect of state empathic emotion. To test this prediction a series of stepwise multiple regressions were conducted using each of the three support variable as the dependent variables, and entering the combined measure of state empathic emotion at the first step and trait perspective taking scores at the second step. Results strongly supported these predictions, indicating that perspective taking did not significantly predict general supportive intentions ($r = .02$, ns.), encouraging/emotional supportive actions ($r = .02$, ns.), or commitment to act as a peer counsellor ($r = .03$, ns), over and above the effect of state empathic emotion.

The trait measure of personal distress was hypothesized to be negatively or unrelated to supportiveness. Results were mixed, indicating that personal distress was unrelated to general supportive intentions ($r(162) = .02$, ns.) and encouraging/emotional supportive actions ($r(162) = .06$, ns.) and was somewhat negatively associated with commitment to act as a peer counselor, $r(162) = -.13$, $p = .05$. Interestingly, personal distress was found to have a marginal positive association with directive support, r

(162) = .13, $p = .06$, and a significant positive association with avoidant/enabling support, $r(162) = .22$, $p < .005$. These findings seem to suggest that while personal distress does not influence positive support provision, it may be associated with more negative kinds of behavior, and with failure to provide support.

Provider Gender

It was hypothesized that provider gender would influence willingness to provide support. Specifically, female participants were expected to indicate greater supportive intentions, endorse more encouraging/emotional supportive actions, and indicate a greater willingness to act as a peer counselor to the coper than male participants. In order to test these predictions a series of t-tests were conducted using the support measures as dependent variables, and provider gender as the independent variable. Results strongly supported these predictions. Women expressed greater supportive intentions ($\bar{X} = 20.45$) than men ($\bar{X} = 18.79$), $t(163) = 2.61$, $p < .01$, endorsed more encouraging/emotional supportive actions ($\bar{X} = 96.74$) than men ($\bar{X} = 88.35$), $t(163) = 4.24$, $p < .001$ and were more likely ($\bar{X} = 1.18$) than men ($\bar{X} = .78$) to volunteer to act as a peer counselor, $t(163) = 1.98$, $p < .05$. No predictions were made regarding provider gender differences in willingness to provide directive or avoidant/enabling kinds of support, and none were found.

Next, the degree to which the gender/support relation may be attributed to gender differences in empathy was examined. It was hypothesized that one possible explanation for gender differences in supportiveness may lie in that women have typically been found to experience greater feelings of empathic emotion than men. Gender differences in empathy were therefore examined by conducting t-tests using each of the empathy measures as dependent variables and provider gender as the independent variable. Results indicated significant gender differences on the variables of trait empathic concern, $t(163) = 2.80, p < .01$, and trait personal distress, $t(163) = 2.39, p < .05$. As predicted, and consistent with findings in the literature, women tended to obtain higher empathy scores across all of the empathy measures, with the exception that no gender difference was found on the trait perspective taking subscale. Thus, the gender differences in supportiveness identified may be attributable to male/female differences in trait empathic concern, the only empathy subtype associated with both support and gender in this study.

To test this, the earlier gender analyses were conducted a second time as a series of ANCOVAs using the support variables as dependent variables, provider gender as the independent variable, and trait empathic concern as the covariate. To the extent that the gender/support relation is accounted for by gender differences in empathic concern, tests for significance on these variables should be greatly

reduced in significance, or become non-significant, when the effect of empathic concern is controlled. Partial support was found for these predictions. Controlling for empathic concern eliminated gender differences obtained on the variables of general supportive intentions, $F(1, 162) = 1.94$, ns., and on the behavioral measure, $F(1, 162) = 2.18$, ns., and substantially reduced gender differences on the encouraging/emotional subscale, $F(1, 162) = 10.74$, $p < .001$ ($F = 17.98$ prior to addition of covariate). Thus, gender differences in trait empathic concern appear to account for a significant portion of the tendency for women to provide more support than men, accounting for differences obtained in supportive intentions and commitment to act as a peer counselor, and strongly influencing the tendency for women to indicate a greater likelihood of providing encouraging/emotional support than men. However, some gender differences in supportive actions appear independent of empathy effects.

Recipient Gender

Based on the findings of past research it was hypothesized that female copers would be the recipients of more support than male copers. A series of t-tests using gender of recipient as the independent variable and the various support measures as the dependent variables yielded no support for this prediction. No differences were found in general supportive intention, $t(163) = 1.46$, ns.; willingness to provide encouraging/emotional support, t

(163) = 1.09, ns; directive support, $t(163) = 1.22$, ns; or avoidant/enabling support, $t(163) = .42$, ns. A marginal main effect supported the predicted relation for the behavioral measure. Participants were somewhat more likely to commit to acting as a peer counselor to female copers ($\bar{X} = 1.16$) than to male copers ($\bar{X} = .80$), $t(163) = 1.73$, $p = .09$.

Recipient's Expressed Distress

Opposing predictions were made regarding the effect of copers' distress on supportiveness and copers' evaluations. On the one hand, it was suggested that distress may increase negative evaluations of the copers (attractiveness and liking of the copers) and create the impression that the copers' reaction is inappropriate or abnormal. Thus, individuals may indicate a decreased willingness to provide support to these copers. On the other hand, witnessing an individual's distress might increase perceptions of need for support (and seriousness of the problem) and subsequently increase willingness to provide support. Either tendency was expected to be enhanced in the case of male copers, and a three-way interaction with provider gender was also expected.

To test these hypotheses, a three-way ANOVA was conducted using the support measures as dependent variables, and emotionality of the videotapes, provider gender, and recipient gender as the independent variables. A marginal main effect of emotionality of the copers was obtained on the

variable of general supportive intention, $F(1, 157) = 3.66$, $p = .06$, with participants indicating greater intention to support high emotion copers than low emotion copers. This tendency was significant with regard to the encouraging/emotional subscale, $F(1, 157) = 6.10$, $p < .05$, indicating that participants would be more likely to provide encouraging/emotional support to high than to low emotion copers. However, no main effect was obtained on the behavioral support measure, or on the directive or avoidant/enabling support subscales. Overall, distress appeared to have a positive, rather than negative influence on support. However, the effect was limited to supportive intentions and encouraging/emotional support; behaviorally equal amounts of support were offered to both the high and low distress copers.

The predicted recipient gender by distress interaction effect was marginal for the variable of supportive intention, $F(1, 157) = 2.78$, $p = .10$. The trend was for participants to indicate greater supportive intentions in response to high distress male copers relative to low distress male copers, whereas level of distress did not affect supportive intentions in response to female copers. The two-way interaction failed to approach significance for any of the other support measures. Thus, there was little support for the prediction that recipient gender interacts with distress to influence support. The predicted three-way interaction with provider gender was not significant for any

of the support measures, lending no support for this relation.

The relations between expressed emotion and items assessing perceptions of the copier, the appropriateness of coping, and evaluations of the problem were then examined. A series of three-way ANOVAs using these measures as dependent variables and copier distress, provider gender and recipient gender as independent variables indicated a significant main effect of distress only on the variables of liking for the copier [$F(1, 155) = 7.03, p < .01$, with participants indicating greater liking for high emotion than for low emotion copiers], and ratings of need for support, [$F(1, 156) = 4.42, p < .05$], with high emotion copiers seen as needing more support than low emotion copiers.

It was expected that any tendency to alter perceptions of coping, the copier, or copier need for support, would be enhanced in the case of male copiers. Some minimal support was obtained for this prediction. A marginal two-way interaction between recipient gender and copier emotion was obtained on the variable of need for support, $F(1, 156) = 3.22, p = .08$. Follow-up simple comparisons indicated that participants perceived high emotion copiers as needing more support only when the copier was male, $t(80) = 2.61, p < .05$. No differences were found in perceived need for support with regard to high and low emotion female copiers ($t(81) = .23, ns.$). There were no two-way interaction effects on any of the other dependent variables.

Last, no support was obtained for the predicted three-way provider gender, by recipient gender, by coper emotion interaction for any of these evaluation measures. Overall, these patterns are consistent with findings using the support measures as dependent variables. It appears that distress may influence liking for the coper and perceptions of need and thus may increase support. Moreover, minimal evidence suggests that distress may operate to alter perceptions and subsequent support provision, particularly in the case of male copers.

Model Testing

In order to simplify and integrate the various predictions and findings a path model was constructed based on the original hypotheses, and some possible mediators suggested by the earlier results. In order to simplify the model, variables measuring similar constructs were combined. The variables of need for support (1 item), and seriousness of the coper's problem (2 items) were combined to create a category of problem evaluation. Cronbach's alpha for this variable was $\alpha = .52$. An evaluation of the coping portrayal category was created by combining ratings of normalcy and appropriateness of the portrayal (2 items), and ratings of how admirably the student was coping (1 item), obtaining a Cronbach's of $\alpha = .54$. Evaluation of the coper was assessed by combining ratings obtained on the 5-item liking scale with scores on the 9-item bipolar measure of attractiveness. Internal consistency was high for this measure, $\alpha = .89$.

Last, an overall supportiveness measure was created by summing participants' supportive intention, behavioral commitment, and scores on the encouraging/emotional subscale of the SAS. Again, internal consistency was high for this measure, $\alpha = .90$. A visual representation of the model is depicted in Figure 1.

Insert Figure 1 about here

The model was tested through a series of multiple regression analyses, entering the variable to be predicted as the dependent variable, and entering the predictor variables, simultaneously, at step one.

The model was first tested using the dichotomous manipulation of recipient emotion (i.e. high and low) as a variable. However, this variable failed to predict any of the other variables in the model. Because participants' mean ratings of copier distress were quite high in regard to both the high and low emotion videotapes ($\bar{X} = 11.71$ for high and $\bar{X} = 10.90$ for low, out of a possible high score of 14), the model was retested using the more sensitive, continuous, measure of participants' ratings of copier distress as the variable of copier emotion.

The results are depicted in Figure 2.

Insert Figure 2 about here

In general support was found for the model, although some of the paths added as possible mediators were not significant. However, no support was found for a few of the predictions. Dispositional empathic concern was not found to be associated with either evaluations of the coping portrayal, or with evaluations of problem severity. Empathic concern was only found to be related to state empathic emotion, which, in turn, was found to affect evaluations of the coping portrayal, and evaluations of problem severity. This is similar to the findings regarding perspective taking effects. It was also predicted that coper distress would lead to a heightened experience of empathic emotion among participants. However, no association was found between ratings of coper distress and state empathic emotion. Instead, this variable worked through evaluations of the coper, the coper's problem, and how it was being handled. Interestingly, the latter of these links did not show the predicted relation to support. Evaluations of the coping portrayal and supportiveness were unrelated.

Discussion

Research in the area of social support has focused primarily on the effectiveness of support in alleviating the

stress of negative life events (e.g. Cohen & Wills, 1985), and on how received support is perceived by recipients (Dakof & Taylor, 1990; Lehman, Ellard, & Wortman, 1986). Little effort has been directed toward examination of the importance of the provider in determining support provision, or which characteristics of a copier are likely to elicit supportiveness in others. Knowledge regarding the determinants of support provision may shed some light on why some copiers find themselves surrounded by supportive others in times of need, while others are left alone to deal with their difficulties. Gathering information of this kind may, in turn, be useful in attempting to increase the support available to individuals in need.

The present study investigated the role of several variables likely to be important in determining reactions to copiers and the amount and kinds of support proffered. Strong support was obtained for most predictions.

Empathy has received extensive research attention as a determinant of prosocial behavior directed toward strangers in emergency situations. The present study provides evidence for a strong association between empathy and support provision. Both state measures of empathic emotion and trait measures of empathic concern and perspective taking were important predictors of supportiveness. The strength of the association, however, varied with the measure of supportiveness used. Empathic emotion was found to be strongly associated with general intentions to provide

support, and with hypothetical provision of encouraging/emotional support behaviors. It appears that individuals who are able to experience concern for the plight of another feel more motivated to come to the aid of the coper, and hence, intentions to provide support are enhanced. However, empathy was only moderately associated with commitment to act as a peer counselor. Presumably other factors exert an influence over supportiveness at the behavioral level. Perhaps individuals with a predisposition to empathic responding already devote much of their time to helping distressed individuals in their network, and therefore were prevented from peer volunteering due to time and energy constraints.

Alternatively, the differences in supportive intentions evidenced between individuals high and low in empathy may have been muted at the behavioral level by feelings of discomfort and incompetence. Participants may have felt uncomfortable at the prospect of volunteering to offer support to a stranger, and these feelings and doubts may have prevented some of these individuals from following through on their supportive intentions with a behavioral commitment. If this were the case one would expect to find more clear behavioral differences between high and low empathy individuals when providing support to a friend, rather than a stranger, as was examined in this study. In the instance of support provision to a friend it is likely that feelings of discomfort and incompetence would be less

of a barrier than in the case of support provision to a stranger. In order to examine this suggestion empirically, future researchers could examine support provision patterns of high and low empathy individuals when the recipient is a friend, rather than a stranger.

Both perspective taking and empathic concern are apparently associated with supportiveness, through their ability to increase situational feelings of empathic emotion. Both variables failed to produce an effect on support when state empathy was controlled. A characteristic tendency toward empathy may lead to an increase in feelings of concern for specific victims. It appears that this heightened feeling of situational concern accounts for the relation between trait empathy and supportiveness. This may be due to considerable overlap between the state and trait measures, rather than a true process analysis. Nonetheless, it may suggest strong support for empathy as a valid construct influencing prosocial behavior, rather than a "zero-variable" (Wicklund, 1990).

Finally, trait personal distress was found to be unrelated to attitudes toward support provision, but showed a relation to measures more strongly indicative of behavior. Findings indicated that high and low personal distress individuals do not differ in their supportive intentions, or in hypothetical provision of encouraging/emotional supportive behaviors. It seems that the amount of self-focused distress one experiences when confronted with an

individual in need has no effect on how much support one intends to provide. However, when faced with a coper in need high personal distress individuals are less likely than low personal distress individuals to volunteer to have contact with this person, presumably because to do so would be too upsetting. This is consistent with the finding that individuals high in personal distress indicated that they were more likely than low distress individuals to respond to a coper in an avoidant/enabling fashion, apparently as a result of their feelings of distress.

Provider gender was also hypothesized as an important determinant of support provision, and was expected to operate through gender roles, gender differences in empathy, or both. As expected, women indicated greater supportive intentions and behaviors than men. Also as expected, a significant portion of this tendency was attributable to gender differences in empathic emotion. Controlling for empathic emotion eliminated gender differences on the variables of supportive intentions and peer volunteering commitment, suggesting that while gender roles undoubtedly exert an influence in determining support provision, increases in the emotional response of males to the plight of an unfortunate other would presumably lessen the present gap between male and female supportiveness.

However, while controlling for gender differences in empathic emotion reduced the strength of gender differences in the provision of encouraging/emotional support, a

significant gender effect remained. Therefore, it appears that gender differences in the provision of encouraging/emotional support may be closely tied to gender roles. Women have been found to have greater emotional involvement than men in the lives of those around them (Kessler & McLeod, 1984), and hence, are more likely than men to provide for the emotional needs of others.

While one might expect that gender roles would also influence supportiveness such that a gender difference would remain with regard to the behavioral measure after controlling for gender differences in empathy, the behavioral measure used in this study did not tap the emotional support domain. Instead, the behaviors required in this measure were less strongly associated with gender roles (i.e. meet the coper for lunch or at a party, talk to the coper by phone, or volunteer to act as a peer counselor). Agreement to participate in any of these activities did not necessarily require that emotional support be offered. While some participants may have intended to provide such emotional support when volunteering, individuals could have volunteered without ever intending to provide such assistance.

Recipient distress was found to affect support provision by increasing supportive intentions and hypothetical provision of encouraging/emotional supportive actions. It is unclear, however, how this variable operates. Participants expressed greater liking for the

high distress copers, but in general distress did not influence ratings of attractiveness. The tendency for high distress copers to receive more support than low distress copers may, in part, be explained by the finding that heightened expressions of distress serve as a signal to potential providers that greater support is needed. This effect, however, appears to hold only in the case of male copers. Perceptions of a male copers' need increased when the male was highly emotional, and marginally increased support to him on one measure. Perceptions of a female copers' need remained constant across the high and low emotion coping portrayals, as did the support she was provided. It appears that individuals faced with an emotional male perceive the role-inconsistent expression of distress as a signal that a great deal of support is needed, and hence, intention to provide support to emotional males is enhanced.

Whether or not distress affects actual supportive behavior also remains unclear. While copers' distress marginally affected individuals' supportive intentions, it failed to exert an effect on their behaviors. This may be due to the relative insensitivity of the behavioral measure of support (volunteering), combined with the high levels of distress displayed in both experimental conditions of emotion. The findings using distress ratings as an interval measure shed light on this issue. When this continuous variable is used to predict evaluations of the coping

episode and subsequent general support, distress does appear to be of some theoretical import. Distress affected evaluations of the copier, his or her behavior, and of the copier's need for assistance. Copier and problem evaluations, in turn, predicted support.

The findings regarding evaluations of the coping portrayal are consistent with previous findings of Coates et al. (1979), and Silver et al. (1990), indicating that highly distressed copiers are viewed as less normal and more maladjusted than less distressed copiers. However, while Silver et al. (1990) and Coates et al. (1979) found that high distress copiers were rated as less likeable and attractive than low distress copiers, the opposite results were obtained in this study. As noted earlier, however, manipulation of distress in both the Coates et al. (1979), and Silver et al. (1990) studies confounded expressions of affect (negative and positive) and outlook (pessimistic and optimistic), such that "poor copiers" not only expressed more negative affect, but were also more pessimistic regarding their circumstances than "good copiers". Therefore, given the findings of the present study it appears that expressions of negative affect may in fact enhance support provision, and that the negative effects of "poor coping" as examined in Coates et al. (1979) and Silver et al. (1990), may be attributable to the pessimism expressed by these individuals, rather than the negative affect per se.

The path analytic approach allowed for simplification and integration of findings by using these evaluative measures to explain the process by which gender, empathy, and distress might influence support. Perhaps the most surprising revelation of these analyses was the failure to find a relation between evaluations of an individual's coping strategy and support provision. High distress coping strategies were deemed more abnormal and inappropriate than low distress strategies, however, these evaluations failed to influence supportiveness. Perhaps evaluations of the coping strategy influence support only indirectly by affecting evaluations of the coper, which in turn influences supportiveness. However, this finding could also reflect a problem of multicollinearity within the model. All of the variables in the model were highly correlated, and path values are thus likely to be relatively unstable.

The multicollinearity of the model necessitates caution in interpreting any of the path associations. In order to gain confidence in these results it is important that a similar model be tested in future studies, employing different measures of the variables to determine the consistency with which these path values are obtained.

Conclusion

The present data provide important insights into the determinants of supportiveness, and provide information which may be useful in attempts to enhance the support available to individuals in need. Instructions to potential

caregivers (i.e. the spouses and family members of victimized individuals) to take the perspective of the copier, and thereby increase feelings of empathic emotion in response to the copier, may serve to increase the supportiveness of both male and female providers alike. In addition, copiers may benefit from instruction to express their distress, as to do so appears to increase liking for the copier as well as acting as a signal to potential caregivers that support is needed. However, there is likely to be a limit beyond which excessive emotionality, or ongoing expressions of negative emotion, may actually be detrimental to attempts to receive support.

It could be that at extreme levels expression of distress leads to feelings of personal distress in potential caregivers, thereby leading to a decrease in willingness to interact with the copier, as doing so would be too upsetting, and an increase in the tendency to respond to the copier in an avoidant/enabling fashion. Exactly what the optimal level of distress expression is remains unclear, and is likely to be somewhat dependent on such characteristics of the particular caregiver as dispositional tendency to experience empathy, particularly personal distress.

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Table 1

Intercorrelations between empathy and support measures

	EMPATHIC CONCERN	PERSPECTIVE TAKING	PERSONAL DISTRESS	STATE EMPATHY
GENERAL SUPPORT	$\underline{r} = .51$ $\underline{p} < .001$	$\underline{r} = .33$ $\underline{p} < .001$	$\underline{r} = .02$ $\underline{p} = .39$	$\underline{r} = .55$ $\underline{p} < .001$
EMOTIONAL/ ENCOURAGING	$\underline{r} = .46$ $\underline{p} < .001$	$\underline{r} = .29$ $\underline{p} < .001$	$\underline{r} = .06$ $\underline{p} = .22$	$\underline{r} = .40$ $\underline{p} < .001$
DIRECTIVE SUPPORT	$\underline{r} = .03$ $\underline{p} = .35$	$\underline{r} = .08$ $\underline{p} = .17$	$\underline{r} = .13$ $\underline{p} = .06$	$\underline{r} = .03$ $\underline{p} = .34$
AVOIDANT/ ENABLING	$\underline{r} = .01$ $\underline{p} = .47$	$\underline{r} = -.12$ $\underline{p} = .07$	$\underline{r} = .22$ $\underline{p} < .01$	$\underline{r} = .03$ $\underline{p} = .33$
PEER VOLUNTEER	$\underline{r} = .20$ $\underline{p} < .01$	$\underline{r} = .19$ $\underline{p} < .01$	$\underline{r} = -.13$ $\underline{p} = .05$	$\underline{r} = .23$ $\underline{p} < .01$

Figure Caption

Figure 1. Predicted model of association between variables.

Figure 1

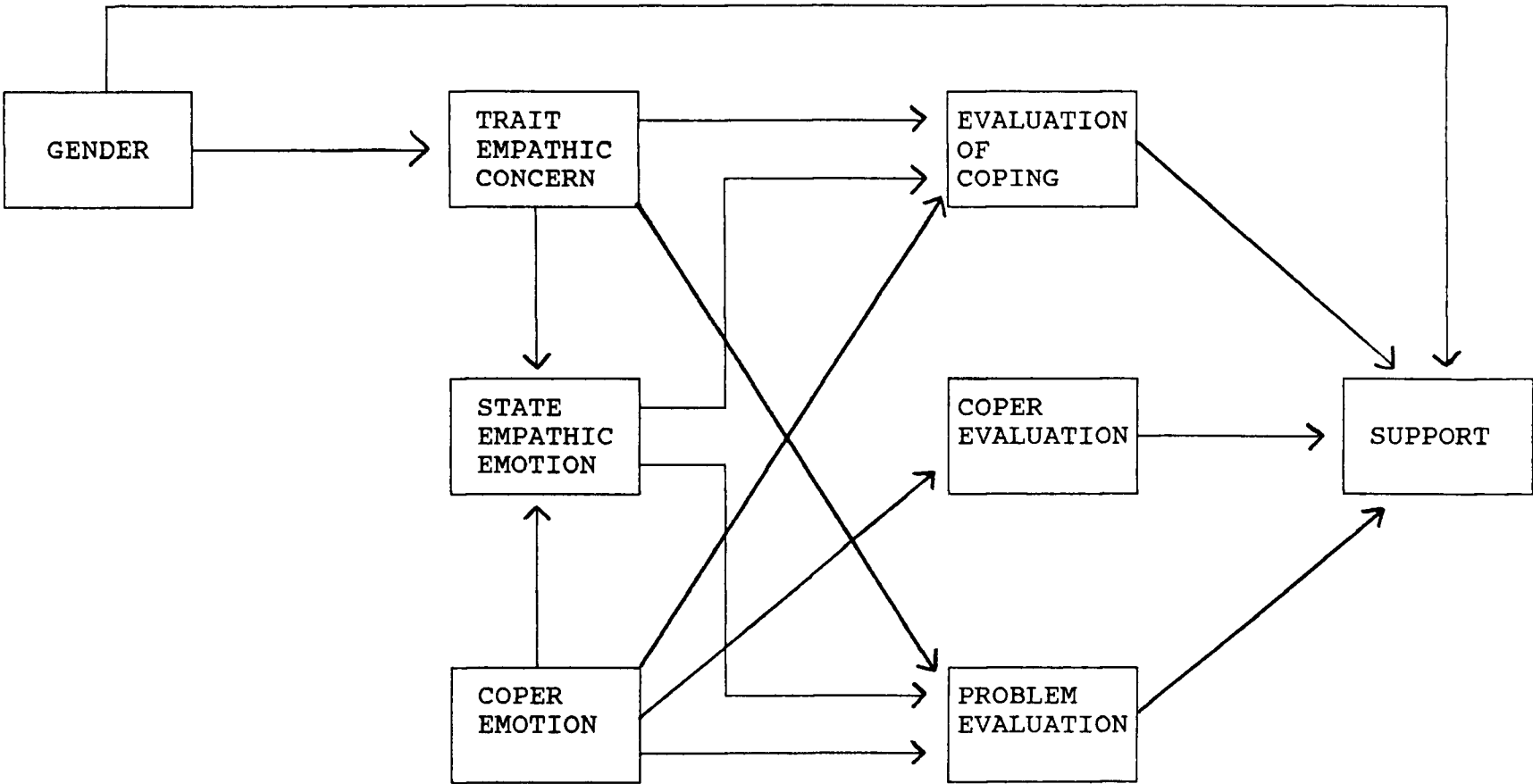
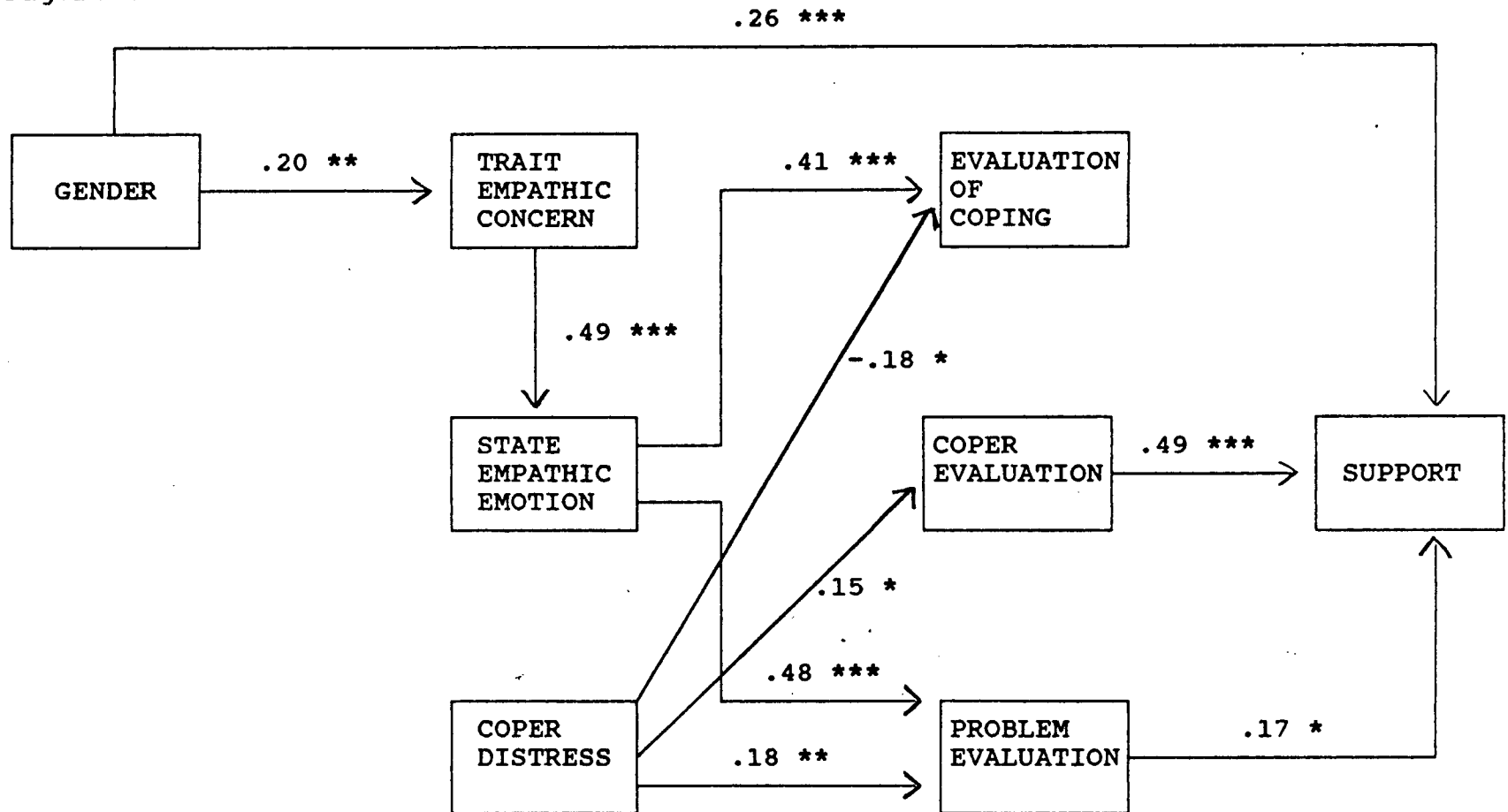


Figure Caption

Figure 2. Obtained model of association between variables.

Figure 2



Values are beta weights.

* $p < .05$

** $p < .01$

*** $p < .001$

Publications

Collins, R.L., & Trobst, K.K. (1991). Chronic self-esteem and reactions to social comparison information under conditions of threat: It's who you are, not who you're with. Manuscript in preparation.

Collins, R.L., Trobst, K.K., & Embree, J.M. (1991). Social comparison through social interaction: Processes and effects. Manuscript in preparation.

Trobst, K.K., Collins, R.L., & Embree, J.M. (1991). Determinants of support provision: Provider and recipient factors. Manuscript in preparation.

Ellard, J.H., & Trobst, K.K. (1991). Belief in a just world and reactions to a cancer victim: The role of blame and recovery. Manuscript in preparation.