Helping Behavior as a Social Indicator

by

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Abstract

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There is increasing recognition of "two social psychologies," a psychological version based heavily on the experimental method, and a sociological version based heavily on aggregate statistics such as social data on crime, family life, or occupational mobility.

The present inquiry seeks to relate the two levels of methodology by applying a psychological and a sociological measure to a single construct, and assessing the concurrence of the two measures. The construct is child welfare, defined as "the quality of a given social environment positively related to the physical and mental well-being of the child." It is hypothesized that two measures of the same construct of child welfare should correlate highly, providing mutual convergent validity.

Twenty New York City community districts were scored on child welfare using the DIPOV index developed by Kogan dt. al. (2974). This is a factorial measure of child welfare which rates each area from high to low, based on 30 input

measures such as crime rate, VD rate, child abuse, etc. Also, in each of the 20 neighborhoods a lost child asks 10 strangers on the street for help: "I'm lost. Can you phone my house?" A nearby observer records the percentage of the 10 strangers per area who agree to help the distressed nine-year-old.

A high positive correlation was found between the neighborhood DIPOV index and the rate of helping behavior towards the experimental child ($r = .54$, $N=20$, $p<.01$). In areas which "look good" on the factorial DIPOV measure, up to 100% of strangers behaved helpfully towards the distressed child, while in low-DIPOV areas, strangers were helpful as little as 20% of the time.

Overall, the findings of the sociological and the psychological measure corroborated one another. Suggestions are presented for further research, using the experimental method to complement available sociological statistical data in social science investigations.

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First-time residents to New York City quickly learn what the long-time residents know: that the City is a collection of highly diverse neighborhoods. One naturally develops an image of which neighborhoods are safe or treacherous, bucolic or bustling, posh or pedestrian, where to mix with strangers or to avoid them.

Such differences do in fact exist, according to objective social indicators, such as crime rates, health or census data. Moreover, New Yorkers are highly conscious of these area differences, as found by pollsters (Carmody, 1974; Blumenthal, 1974) and "cognitive mappers" (Milgram, 1972).

Occasionally, urban areas are characterized in terms of their physical environs: they may be dirty, noisy, or out-of-the-way. Far more often, however, they are described by their social environment: they are wealthy areas, friendly, seedy, or ethnic. Thus, an urban neighborhood is a social as well as a physical entity.

This research is an exploratory effort, to apply the experimental method developed in social psychology to a domain where it has not been used before: to quantify the differences among urban neighborhood environments.

The specific aim of this research is to (a) create an experimental emergency in several urban communities, record the helpful responses of subjects in the area, and then (b) try to relate their responses to relevant survey indicators for the locality. Thus, each area will be "scored" by an experimental and a survey social indicator, and the hypothesis is a positive correlation between the two scores.

The more general aim of this inquiry is to test for a relationship between two highly diverse modes of measurement: aggregate sociological data, and experimental psychological results. Will they relate?

The "two social psychologies"

More and more of late, social psychology is refered to as "a house divided" (American Sociological Association, 1978). There seem to be two types of social psychologist, one trained in the psychological tradition, the other in the sociological.

The psychologist strongly favors experimentation. Ever since Francis Galton (1884) and Norman Triplett (1897) introduced the experimental method into the study of social relations, it has grown into the firm backbone of social psychology. Christie (1965) calculated that up to 87% of social psychology research reports are based on laboratory research, and the more current figure remains a high 83% (Higbee, Lott & Graves, 1976).

The sociological social psychologist, on the other hand, relies far more on aggregate social data -- for instance, on crime, the family, or occupational mobility. One would be hard-put to find a laboratory report in the American Sociological Review, American Journal of Sociology, or similar leading journals in the field. Indeed, experimental training is not a standard element in graduate education in sociology, as it is in psychology.

Levine (1976) presents a bibliometric analysis of citation patterns in social psychology journal reports, which corroborates precisely this picture: that there are "two social psychologies," each citing its own body of research while oblivious to the other. Several authors have openly bemoaned this division (Stryker, 1977; Kelman,

1978). Sociologists fear their approach is quickly "dissipating" (Liska, 1977), and needs "integration and cooperation" (House, 1977). Meanwhile, psychologists equally fear their field is in "a state of uncertainty" (Moscovici, 1978), undergoing a "crisis of confidence" (Elms, 1975), that laboratory research has proven impotent and cannot stand alone without field research analogs (Bass, 1974; Jacoby, 1975; Dipboye & Flanagan, 1979).

In the present research, a single concept is chosen that is amenable to both sociological and psychological measurement. This concept has been termed "child welfare" (Kogan & Jenkins, 1974), or the "state of the child" (Lash & Sigal, 1975).

Child welfare: A case study

> There is no more meaningful measure of the quality of a culture than the manner in which it treats its children.
> (Milgram, in Tavris, 1974)

Out of concern for the status of the world's youth, the United Nations has designated 1979 as "The International Year of the Child." Fully one-third of the human race is under the age of 14, including some 49,000,000 Americans (Golenpaul, 1979). The welfare of this huge minority has become a matter of increasing concern during the Seventies, considering their helpless situation. A recent 450-page federal report (White House Conference on Children, 1970) noted with perturbation that "the inalienable human rights" guaranteed to all Americans by their Constitution offer no protection whatsoever to young people. Children cannot vote, enter contracts, claim independence, work without permission, and are legally considered the property of the (occasionally inept) parents who "have" them. The report graphically described the miseries as well as the joys of being an American child in the Seventies, and officially recognized the often epidemic abuse of children's welfare by neglectful teachers (Kozol, 1967), disturbed parents (Soman, 1974), and others (Boocock, 1973; see Milnert & Williams, 1978).

According to Orville Brim, a useful first step in assuring the welfare of America's youth is to simply decide what is meant by "child welfare." In his presidential address to the American Orthopsychiatric Association, Brim described the pressing "Need for childhood social indicators:"

> The main role for sociologists and social psychologists, I submit, is to take the lead in developing childhood social indicators. Now, what are they? Nothing esoteric... (simply) statistical time series data that measure changes or constancies in significant characteristics. To produce these facts clearly requires that there be identical measures, repetitively applied over time, to comparable populations of children (1975, p. 520).

It is noteworthy that the numerous reports on child welfare indicators, including Brim's, often describe yet never define the term "child welfare" (Kogan et al., 1974), pp. 6-7; Lash & Sigal, 1975, pp. v-vi; Zill & Brim, 1975, pp. 1, 3-6; Kogan, Smith & Jenkins, 1977, pp. 118-120; Kogan, Smith & Jordan, 1976, p. 3; Schreiber, 1976, p. 9). These authors describe examples of welfare without first defining the concept separate from its examples. This complete absence of a starting definition is actually typical of the highly subjective and value-laden topic of Quality-Of-Life research (Land, 1971), in which authors quickly proceed to measurement with no more than an axiomatic understanding of the concept under scrutiny.

(Certainly, this nondefinitional approach is equally common among psychometrists interested in factorial validity, who so often measure traits before defining them. A clear recognition of this is Boring's often cited 1923 "definition" of the problematic notion of intelligence: "Intelligence is whatever IQ tests measure." In general, the statistical psychometrics of Guilford, Cattell and Eysenck distinctly resemble the sociometrics of Duncan, Featherman, or Bienstock.)

For the purpose of this research, child welfare is here defined as "the quality of a given social environment positively related to the physical and mental well-being of a child."

Note the distinction here between "well-being" and "welfare" of children. Well-being refers to the child's internal state, whereas welfare is seen as a property of the child's environmental context. For instance, medical researchers like Raimbault and Vahlquis (cited below) are more attuned to the internal well-being of the child, while the present definition is social psychological in that it focuses on the child's external environment for its meaning of child welfare. The welfare of a child is high when a society care for its health, education, food, family life, safety, and mental stability. (There is only now a growing body of research,

reviewed by ecologist Harry McGurk [1977], describing how related are a child's external welfare and internal well-being.)

Though researchers have been slow to define child welfare, they have shown remarkable initiative in developing childhood social indicators, as can be seen in the several pages below.

Seven measures of child welfare

There are two striking features of the growing literature on childhood social indicators. (a) Its variety: the research includes an impressive array of approaches to assess the current status of children. (b) Its discoordination: curiously, the leading researchers are either oblivious of each other's efforts or, for some reason, choose not to acknowledge each other's contributions in their writings. This inchoate body of research might be categorized into seven types of indicators.

1. Observation. One method has been simple observation. Colin Ward's The child in the city (1978) is a graphic and highly impressionistic study of children at work and at play in the city. He describes the ways some of the millions of European and American "city kids" have adapted to living in tenements, how big-city life compares

with a nonurban upbringing, and why some seem to gain and others to lose in the adaptation process. Another author's account, Death at an early age (Kozol, 1967), is an equally impressionistic first-hand account, vividly describing the mental and emotional degeneration of pupils in the Boston school system.

Such observation reports on child welfare by Ward, Kozol, and others (Alexander, 1973) are the approach most common among nonscientists. There are not social indicators in the sense that they do not yield quantitative results that can be confidently compared over time or geography, or subjected to statistical analysis.

2. Indirect interviews. Another approach has been to interview informants who are knowledgeable about children. For example, Newson & Newson's (1968) 600-page tome describes children's family, school and community activities primarily through the survey responses of parents, teachers, and others who interact with them.

Though this survey data is highly statistical and qualifies as a sort of social indicator, it is limited by the same flaws that limit most survey measurement: sampling error, response bias, etc. (Selltiz, Wrightsman & Cook, 1976; Cannell, 1969).

3. Direct interviews. More recent, research has modified survey techniques to allow the children themselves to provide information on their own welfare to scientists (Zill, 1975; Yankelovich, Skelly & White, Inc., 1976). This is remarkably similar to G. Stanley Hall's early 1883 surveys of "the contents of children's minds" which mark the very beginnings of American psychology. Zill and Brim note:

> In many government surveys, children are treated as mere chattel or appendages of households: the number of children is counted along with the number of automobiles, TV sets, and other household items... The absence of reports from children about children is a striking deficiency in current research on the quality of life in America (1975, pp. 6-7).

Since then, Brim's New York based Foundation for Child Development has undertaken a national interview study of a probability sample of 2200 children ages 7 to 11. Each child is asked what makes him afraid, angry, or ashamed; his feelings about his life, family, friends, school, his goals in life and his likes and dislikes. The full results of this effort to assess welfare and well-being await scientific report (The quality of children's lives, 1977).

This direct interviewing approach, too, is limited by the drawbacks so common to all surveys, perhaps moreso because children seem to be less reliable informants (see Lash & Sigal, 1975, p. 135).

4. Epidemiological data. In assessing well-being (as related to "welfare"), health researchers have also been active in devising physiological and morphological indices of children. Streuning (1973), for instance, finds that an infant's birth weight is a revealing index of health during the first years of life. A Swedish and a French physician, Bo Vahlquis (1977) and Anne-Marie Raimbault (1976) independently identified and analyzed a number of promising indices of childhood well-being: height, cranial circumference, age at menarche, percentage of live births, fertility, and causes of infant death. They found several of these to be valid cross-national indicators of children's development, particularly in assessing third-world nations.

Such medical measures are limited mainly by their insensitivity to subtler psychological issues. An ideal social indicator should respond to even modest differences among children, yet the degree of deprivation that would effect biological change is not so common in relatively prosperous nations like the U.S.

5. Archival records. Clearly the leading source of information on child welfare has been the administrative records and census data which investigators have liberally subjected to secondary analysis (Snapper, Barriga, Baumgarner & Wagner, 1975). A distinct example of this genre is Lash & Sigal's State of the child: New York City (1975). They combine federal census figures with municipal records of the Department of Health and Board of Education to profile the youngsters of New York, usually in terms of their problems:

> More than 25% of children are born out of wedlock today, compared with 6% in 1955. Half of black babies are born out of wedlock. (p. 27)
>
> More than half the children living in female-headed households live in poverty. (p. 27)
>
> From 1961 to 1975, the number of children receiving public assistance rose 230%. (p. 27)
>
> Over 90,000 abortions were performed on City women in 1977, the first year the rate of abortions surpassed the rate of live births in the City.
>
> The life expectancy of today's child is at least 25 years longer than in 1900. (p. 44)
>
> Two-thirds of the City's public school children are unable to read at their grade level. (p. 58)

> During 1973 to 1974, 195,000 children daily (17.7%) were absent from school. (p. 58)
>
> About 75% of City public school graduates went on to college. (p. 58)
>
> Over 350% more people under 16 were arrested for committing violent crimes in 1974 than in 1960. (p. 80)
>
> Since the passage of the Child Abuse Reporting Act in 1964, reports of alleged child abuse climbed 1000%, from 274 to 3,086. (p. 80)

Certainly, archival information offers a useful portrait of child welfare, which can further be used to identify temporal and regional trends. Yet the limitations of this approach are familiar and numerous (Webb, Campbell, Sechrest & Schwartz, 1966, pp. 58-111): errors in record keeping, slippage in definitions, inadequate sampling and collection, inappropriate interpretation, and so on. Moreover, sociologists have long recognized the "ecological fallacy" (Robinson, 1950; Langbein & Lichtman, 1978; Richards, 1978, p. 5) which prevents inferences about individual behavior from aggregate data. (See also several recent and caustic critiques of archival data by Land & Spilerman, 1975; Pearson, 1972; Abrahamson, 1977; Seidman, 1977; Kaplan, 1976; Wilson, 1975; Mosteller & Moynihan, 1972, chapter 1; Douglas, 1976; DeNeufville, 1975, pp. 101-171.)

6. Factorial analysis. An ambitious and uniquely sophisticated indicator of child welfare was developed by Leonard Kogan and his associates (Kogan, Jenkins, Shuman, Churchman & McCandless, 1974). He factor analyzed existing archival records in order to derive a single index of child welfare, similar to the sophisticated GNP or CPI with which econometrists summarize so much in one number. Kogan succeeded in deriving what he termed a DIPOV (DIsorganized POVerty) figure, upon which several of his 30 input variables loaded at least .60 as shown in Table 1. This first-order factor was then applied to score each district in New York City (Kogan et al., 1974), counties in New York State (Kogan, Smith & Jenkins, 1976), and states in the U.S. (Kogan, Smith & Jordan, 1976). This factorial approach may be strongly preferred over the simpler archival approach, since it yields just one convenient DIPOV index in place of 30, and is partly construct-validated in the process. Yet the limitation of this approach is equally clear. It takes us yet one statistical step further away from the concrete reality of child welfare, and one step further into abstraction. Such a contrived measure runs the risk of being a more complicated measure of less.

Table 1. Kogan et al.'s 30 input measures for New York City in 1970, and the loading for each on the resulting DIPOV factor. (1974, p. 35).

.81	infant mortality	-.47	high school enrollment
.90	premature births	.96	A.F.D.C.
.66	juvenile v.d.	.87	juvenile delinquency
.98	out-of-wedlock births	.68	all admissions to mental hospitals
-.96	living with both parents	-.16	physicians
-.88	school achievement		
.76	measles all ages	.55	psychiatric clinic terminations
.82	tuberculosis new cases		
.38	home accident deaths	.30	crime index
.78	overcrowded housing	.89	homicide
		.94	public assistance
.57	working mothers with children under six	.56	low adult education
-.82	family income	-.94	white population
-.28	pediatricians	.51	average family size
.53	children in mental hospitals	.35	divorce
.94	prenatal neglect	.54	under 18 population
		--	urbanization

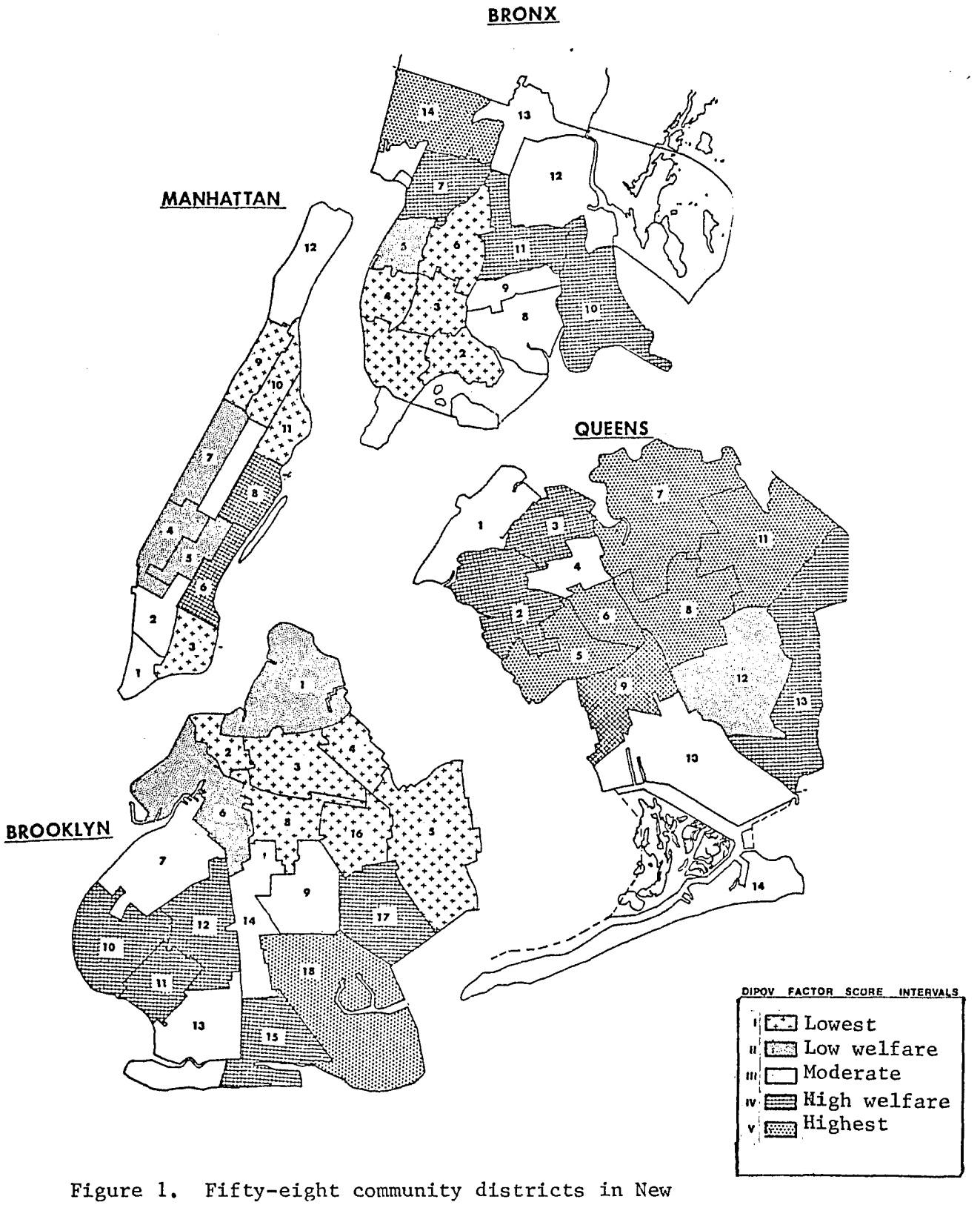


Figure 1. Fifty-eight community districts in New York City, coded by their 1970 DIPOV index (adapted from Kogan et al., 1974)

Indeed, the statistician himself was well aware of the idea of "construct validity" which so many sociometrists ignore, and voiced his questions about the DIPOV's validity:

> Although the DIPOV index appears to be a highly satisfactory measure for ranking [areas], as well as a satisfactory measure of change over time, a number of questions of validity and reliability remain. The question is if an area looks good "statistically" how does it appear when subjected to direct observation? Put another way, once [areas] are ranked by the DIPOV index, what would be the finding of an actual examination of the children in these areas? It is to this question that my current research is addressed (Kogan in Schreiber, 1976, p. 10).

At the time of his death in 1976, Kogan was in the process of validating his DIPOV index with data on education (Churchman, Shuman & Kogan, 1975), interview data (Kogan, Smith & Jordan, 1976b; Kogan, Smith & Jenkins, 1977), and other measures which might relate to the DIPOV (Schreiber, 1976). Others, too, have tried to apply or extend the validity of this factorial measure (Watson & Nesenholtz, 1976; Israel & Roosma, 1976; Kaplan, 1976; Snapper et al., 1975; Borgatta & Borgatta, 1979).

7. Field experiments. Social psychologists have long considered field experimentation a highly desirable method for testing hypotheses about human behavior. In comparing it with the far more predominant laboratory method, for instance, Kurt Lewin wrote in 1943:

> Although it appears possible to study certain problems of society in experimentally created, smaller, laboratory groups, we shall also have to develop research techniques that will permit us to do real experiments within existing "natural" social groups. In my opinion, the practical and theoretical importance of these types of experiments is of the first magnitude (p. 164).

This excursion from the laboratory into the field has been praised rather uniformly (Bickman & Henchy, 1972, pp. 1-4; Swingle, 1973; Elms, 1975; Bass, 1974; Campbell & Stanley, 1963; Ring, 1967; McGuire, 1967), even to the point where field experimentation is explicitly solicited by journal editors who promise it preferential treatment. Nevertheless, field experiments remain relatively rare in social psychology, partly because of their difficulty compared with survey or laboratory research (Ellsworth, 1977). Hardly 3% of experimental research has been done in the field, and this figure has remained stable over recent years (Fried, Gumpper & Allen, 1973).

The construct of child welfare has been tested

in at least a couple of field experiments, by using a "lost child" technique to test adults' concern for a distressed child (Wunderlich & Willis, 1978; Takooshian, Haber & Lucido, 1976). The assumption here is that an adult stranger's casual decision on whether or not to stop a moment to help a lost 9-year-old child actually has a much deeper significance. One might well agree that "There is no more meaningful measure of the quality of a culture than the manner in which it treats its children" (Milgram in Tavris, 1974, p. 73). This lost child method has found, for instance, significantly greater concern for child welfare in small communities (72% helping) than in a sample of four large American cities (46% helping) -- New York, Chicago, Philadelphia, Boston -- where urbanites were less willing to go out of their way to relieve the distress of the lost child. A more recent application of this lost child technique has identified a pronounced intra-city variation by geography (Takooshian, 1978). When the child made his plea in six New York City neighborhoods, the rate of helping: (a) was higher in urban neighborhoods (67%) than midtown (46%), and (b) varied greatly per area, from 20% up to 80%, suggesting sizable differences among the social environments.

The limitations of this field experimental approach are that it is based on small numbers of subjects, and only a few locations. Though the method possesses high face validity as a measure of child welfare, its criterion or construct validity is yet to be determined, hopefully by comparison with other, related measures.

Convergent validity. Overall, each of these seven modalities tries in its own way to accurately gauge the notion of child welfare or well-being defined on page 7 above: "The quality of a given social environment related to the physical and mental well-being of a child."

It is unfortunate that more research has not systematically combined these seven disparate approaches into a single effort at developing childhood social indicators, in order to assure that the methods concur if applied to the same sample of children. Each approach, after all, has its sources of error built into it. This type of validation is what psychometrists have termed "convergent validity" in a multimethod multitrait matrix (Campbell & Fiske, 1959). Though no statistical procedure has been accepted to fully test a MM-MT matrix (Cobb, 1978),the theoretical principle is clear: two measures of

the same construct should correlate approaching unity, to the extent that they are valid and reliable measures of that construct. In the case of the child welfare construct, for instance, the self-reported happiness of Zill's 2200 children should certainly correlate with the more objective municipal data that Lash & Sigal (1975) used to describe children in the same locality.[1]

The present study

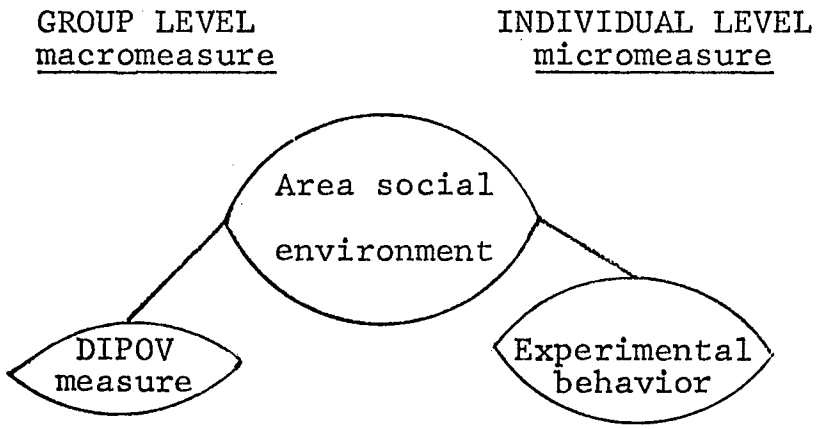
In the present inquiry, Kogan's DIPOV index and the experimental lost child technique are compared. Like the results from the lost child research, Kogan's DIPOV index also varies immensely from neighborhood to neighborhood in municipal New York City, as shown in Figure 1. It is hypothesized here that these are two related indicators of child welfare, as pictured in Figure 2, and that people will be more considerate of the child's welfare in high DIPOV neighborhoods.

Figure 2 begins with the assumption that the "area social environment" for child welfare differs among New York's many neighborhoods. In high welfare environments, adults (parents, teachers, physicians) are concerned about the child's well-being, in low-welfare social environments people more often lack concern for children's needs. Both the DIPOV and lost-child measures are designed to measure,

each in its own way, the level of child welfare.

Will people in high DIPOV areas and low DIPOV areas behave differently towards the needs of the child who travels across New York asking pedestrians for help? Both of these methods measure the same high-to-low continuum, though there is necessarily a difference in the facet of child welfare each is monitoring. The DIPOV macromeasure is tapping the long-term, parametric behavior of residents of each neighborhood, while the lost child experiment (the micromeasure) is tapping the immediate concern of a sample of subjects who are likely (though not necessarily) local residents.

Figure 2. A representation of the relationship postulated between the two measures of child welfare.



Method

The present study uses four measures to test three hypotheses, described below.

Procedure

Measure #1: The experimental indicator. The same lost child method from previous research is used here. This method was designed by D. Lucido, H. Takooshian and S. Milgram as a means of experimentally measuring the quality of the social environment and was reported in Takooshian, Haber and Lucido (1977).

A young child stands on a busy street lined with stores, and singles out the first stranger to pass, asking "I'm lost. Can you call my house?" If the stranger requests more information, the child can gradually elaborate: he produces an identification card with his family's local telephone number on it, he explains he was shopping with his father when they became separated a half-hour earlier, he is scared and needs help.

In each trial, an inconspicuous observer stands nearby to insure the child's safety, and to record the stranger's response on a structured recording card, shown in Figure 3. The card records the sex, race,

and apparent age of the stranger, and the stranger's statement to the child. The density of people in the immediate vicinity is noted, either (a) one or two people within a three-meter radius of the request, (b) many (3 to 10) within the radius, or (c) packed (over 10 bystanders). Finally, record is kept of people within the general area of the request, either (a) deserted with less than 30 people in sight, (b) active with 30 to 100 in sight, (c) dense with up to 500 in sight, or (d) mobbed with over 500 people in sight during the plea.[2]

In each trial, the child's parent or guardian stands out of sight some 50 feet away while the child makes his request. If the stranger refuses, the child waits about one minute before asking another passerby. However, if the stranger agrees to help the child by taking him to a nearby phone, the observer signals the child's parent, who quickly intervenes. He calls his child by name, thanks the helpful stranger warmly, and talks to the stranger briefly before departing with his child. This procedure is pictured in Figures 4,5,6,7. (In some cases, the parent debriefs the stranger instead, handing a debriefing note illustrated in Figure 8, and explaining that the stranger had participated in an experiment on helping behavior.)

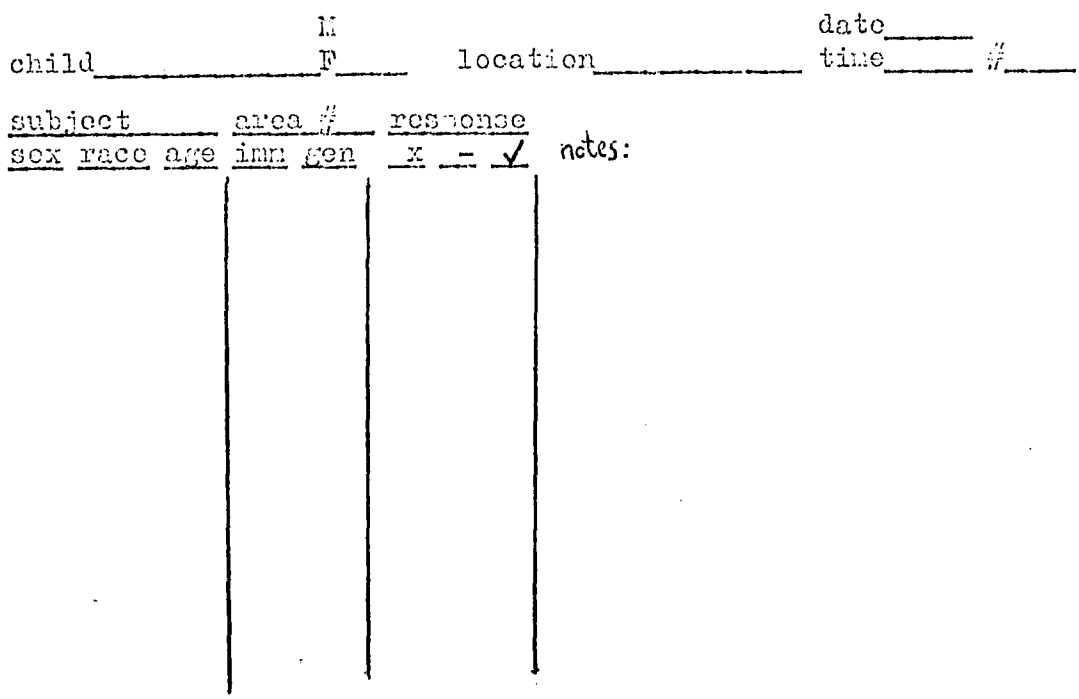


Figure 3. The recording card used to monitor reponses towards the experimental lost child.

Figure 4. The lost child, age 7.

Figure 5. The child requests help.

Figure 6. He can show his phone number.

Figure 7. Some strangers help him.

Table 2. Forecasted split-half reliability of the lost-child measure, based on reanalysis of 246 previous trials at 24 locations.

Location #	Trials #	# helping odd	# helping even
1	1 - 14	2	3
2	15 - 26	3	3
3	27 - 41*	2	1
4	42 - 51	4	4
5	52 - 61	3	1
6	62 - 71	2	2
7	72 - 77	1	1
8	78 - 87	5	5
9	88 - 97	4	3
10	98 -101	1	2
11	102 -113	3	2
12	114 -123	4	2
13	124 -132*	2	2
14	133 -140	3	4
15	141 -147*	2	2
16	148 -167	4	2
17	168 -177	2	3
18	178 -187	3	5
19	188 -200*	4	2
20	201 -205*	1	1
21	206 -207	1	0
22	210 -213	1	1
23	214 -225	3	2
24	226 -246*	2	5

* at 6 of the 24 locations where an uneven number of cases were collected, the last trial was systematically dropped for purposes of calculating the split-half reliability. There was a median of 10 trials per location, which yielded r= .513, for a reliability of .68 by the Spearman-Brown formula.

T H A N K Y O U

for participating in a sociological study of helping responses to a lost child.

As psychologists studying urban life, we are concerned with how crowded city streets affect the people walking through them, and how this compares with the less crowded streets of non-urban areas.

We sincerely hope we haven't inconvenienced you. We cordially invite you, as a participant in this research, to contact us at the address below if you are curious or wish further details on the results of our study:

Urban Research
Social Psychology Program
33 W 42 Street
New York City 10036

Figure 8. Debriefing note offered to participants by the parent of the lost child, including thanks, dehoaxing, and availability of research results.

Measure #2: The survey indicator. The DIPOV index for all 58 community districts in four boroughs of New York City is available for 1970, as pictured in Figure 1. These are adapted directly from Kogan et al. (1974).

Measure #3: The 1960 indicator. The same New York community districts are scored on their 1960 DIPOV index, also drawn from Kogan et al.'s 1974 report, to see how much the time factor influences the relation between the two measures.

Measure #4: The level of aggregation. Whereas the DIPOV indexes rather large community districts, more fine-grain census tracts within a district are also scored using a surrogate survey indicator. This surrogate is "The percentage of single-parent households with children under 18," a figure which correlates fully r= -.96 with the DIPOV scores for New York City (see Table 1), and which is readily available from the New York City Community Planning Households by U.S. Census tract.

Participants

The child approaches about 200 strangers, about 10 strangers in each of 20 New York City community districts.[3] These 20 areas are chosen to generally repre-

sent all five DIPOV levels from 1 (low) to 5 (high) and all four of the City's key boroughs pictured in Figure 1. (Since Richmond is a somewhat anomolous fifth borough which varies little in DIPOV scores, it is excluded from this sampling.)

A City street map is used to preselect a main street transecting each of the 20 districts. The experimental team randomly chooses the first appropriate corners along the preselected route for testing (corners with pedestrian traffic, stores, and a phone booth).

Hypotheses

1. The DIPOV and lost child measures will show a high positive correlation. In high-welfare social environments, as measured by the DIPOV index, a larger percentage of strangers will be concerned enough about the distressed child's welfare to go out of their way to tend to his plea. This is the primary hypothesis of this inquiry, to determine if the two levels of measurement concur in their assessment of the social environments.

The percentage of helping per area is compared with the DIPOV index using a Pearson product-moment correlation, expected to be significant at the .05

probability level. Though this coefficient is more commonly used to compare numerical means, statisticians agree it is equally applicable to the relation between proportions used here (Guilford & Fruchter, 1978; McNemar, 1969, pp. 107, 187).

2. The 1960 social indicator and lost child measure will also show a high positive correlation. To the extent that a community changes over the decade from 1960 to 1970, the correlation of an early 1960 DIPOV index may be expected to diminish because of neighborhood changes when compared with a 1978 experimental measure. In this case, however, Kogan notes the DIPOV is a rather robust index which remains stable over time, and that the 1960-1970 DIPOVs correlated r= +.89 for the City's 62 districts (Kogan et al., 1974, p. 53). We would expect little or no reduction in correlation with the experimental measure when the 1960 DIPOV is entered as a predictor.

3. Compared to the district DIPOV, census tract measures will show an equal or greater correlation with the lost child measure. A community district is a large area, up to 20 square miles, which may contain widely diverse communities within it. For instance, Manhattan's CD-4 (Midtown West Side) contains some of the nation's most exclusive neighborhoods, such as Central Park South,

as well as distinctly depressed areas like "Hell's Kitchen" to the immediate south. Community organizers (Krase, 1978) and City officials (Balicer, 1979) equally recognize that community districts are drawn with political more than sociological motives -- not so different from the legendary Gerrymander -- and may thus contain much heterogeneity that would translate into error variance in this investigation. In contrast, a census tract is a small area of usually as little as a few blocks square, which has no political significance. It has long been maintained by "social area" analysts that the data from large aggregates may be highly misleading, and a more fine-grain analysis is preferable (Shevsky & Williams, 1949; Bell, 1953; Myers, 1954; see Borgatta & Hadden, 1976). It is hypothesized here that the smaller level of aggregation of a DIPOV measure will increase its sensitivity to area social environment, hence increase its correlation with the experimental helping measure.

Results

Twenty districts were sampled, about one-third of the 58 in New York's four key boroughs. The districts were stratified in sampling to give a fairly comparable representation of all four boroughs and all five DIPOV levels in Figure 1.

A total of 200 strangers were approached by the lost child, an average of 10 per location.[4] Of these, 61% of the strangers were concerned enough about the child's plea to help him, either by agreeing to phone his home or by taking him directly to a policeperson or store owner who could do so. The remaining 39% of strangers refused to involve themselves in the child's predicament.

There was a great variability between the 20 neighborhoods in strangers' willingness to help. As Table 3 indicates, the helping rate ranged from 20% in the Lower East Side of Manhattan and South Jamaica in Queens, to 90% in Manhattan's West Village and even 100% in the Flatbush section of Brooklyn.

A split half-test of reliability of the 20 areas using the Spearman-Brown technique finds that

$$r_{SB} = \frac{n\,r}{1+(n-1)r} = \frac{2(.612)}{1+.612} = .76$$

Table 3. Obtained split-half reliability of the lost child measure, based on analysis of the present 200 trials at 20 locations.

Location	N	# helping odd	# helping even	% helping
Crown Heights	9*	3	1	44 %
Greenpoint	6	2	2	50 %
Flatbush	6	3	3	100 %
Flatlands	10	4	3	70 %
Lower E Side	15*	1	1	20 %
E Village	11*	2	4	64 %
Murray Hill	10	5	3	80 %
Upper W Side	6	1	1	33 %
Lefferts	20	8	6	70 %
Sutton Place	10	5	2	70 %
Upper E Side	12	4	5	75 %
W Village	11*	4	5	90 %
S Jamaica	10	0	2	20 %
Kew Gard Hills	6	2	2	67 %
Elmhurst	9*	3	0	33 %
Kew Gardens	10	3	3	60 %
Riverdale	10	3	5	80 %
Wakefield	10	3	4	70 %
S Bronx	10	2	2	40 %
Mosholu	10	3	3	60 %

* At 5 of the locations where an uneven number of cases were collected, the last trial was systematically dropped in calculating the split-half reliability. There was a median of 10 trials per location, which yielded r=.612, for a reliability of .76 by the Spearman-Brown formula.

This indicates a consistency of response within each location that probably compares favorably with the inter-item reliability of most 10-item psychometric instruments assessing individual personality traits (see Anastasi, 1976, pp. 114-116). This suggests that these divergent rates are tapping some stable factor within the social fabric of each community.[5]

A clear example of this consistency is the contrasting reaction of strangers in the Lower East Side and in Murray Hill. These were two Manhattan locations that the child happened to sample in the same day. First, in the Lower East Side, 80% of the strangers one-by-one ignored the child's plea and continued on their way; Then, a few hours later in the Murray Hill section, 80% of strangers with equal consistency one-by-one agreed to aid the child, a few of them to the point of physically escorting the child home safely. Though the reliability of measurement in itself does not assure its validity, the reliable consistency of response per location seemed to be tapping some sort of "area trait".

The key question around which the hypotheses here resolve is whether this apparently stable variation between neighborhood scores is a valid index of child welfare in these communities. Does this experi-

mental helping rate relate to survey measures of child welfare, as represented by the DIPOV?

Hypothesis 1: Survey-experiment concordance

When the large variation in area helping scores is superimposed on to the variation between area DIPOV indices in Figure 9, the resulting scatterplot indicates an unmistakable positive slope. The higher the district's DIPOV index, the more likely the child was to encounter helpful strangers, a tendency that proved statistically significant with the modest sample of 20 areas ($r = +.54$, $p < .01$, one-tail).

Thus it appears that the treatment accorded the lost child was closely related in the expected direction with community DIPOV indices.

Hypothesis 2: The time factor

It was hypothesized that the lost child findings would correlate highly with the 1960 DIPOV index for the 20 communities.

Figure 9. The relation of the 1970 district DIPOV index with the obtained rate of helping the lost child ($r = +.54$, $p < .01$).

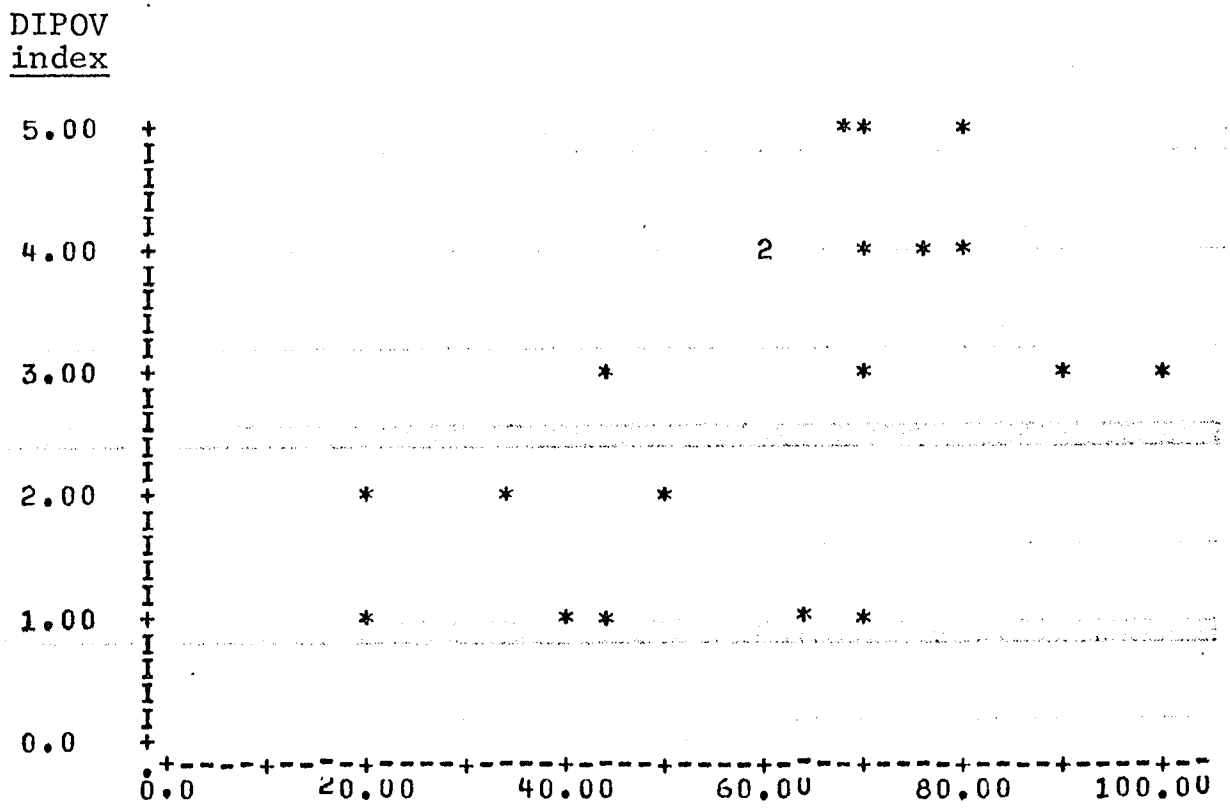


Table 4. Intercorrelation and significance (S) of the four hypothesized measures across all 20 neighborhoods.

	DIPOV	DIPOV60	CPD	TRACT
HELPING	0.5402 (20) S=0.007	0.5696 (20) S=0.004	-0.5018 (20) S=0.012	-0.6441 (20) S=0.001
DIPOV	1.0000 (20) S=0.001	0.8838 (20) S=0.001	-0.7825 (20) S=0.001	-0.6149 (20) S=0.002
DIPOV60	0.8838 (20) S=0.001	1.0000 (20) S=0.001	-0.6122 (20) S=0.002	-0.5123 (20) S=0.010
CPD	-0.7825 (20) S=0.001	-0.6122 (20) S=0.002	1.0000 (20) S=0.001	0.8616 (20) S=0.001
TRACT	-0.6149 (20) S=0.002	-0.5123 (20) S=0.010	0.8616 (20) S=0.001	1.0000 (20) S=0.001

Notes: (a)HELPING = percentage help offered to the lost child per area. (b) DIPOV = the 1970 DIPOV index for the community district. (c) DIPOV60 = the 1960 DIPOV index for the community district. (d) CPD = the percentage of "single parent families with a child under 18" in the community planning district. (e) TRACT = the percentage of "single parent families with a child under 18" in the small census tract where the lost child requested help.

To the extent that Kogan's DIPOV is a true measure of child welfare, there was a slight but distinct reshuffling of the childhood problem areas of New York City between 1960 and 1970. Many of the City's community districts were transition areas that rose or, more often, dropped in score during these 10 years.

Of the 20 districts sampled in this investigation, none of those in Queens showed a change in DIPOV index from 1960 to 1970; the Bronx's Wakefield and South Bronx areas dropped one level (4 to 3, and 2 to 1); Brooklyn's Crown Heights, Flatbush, and Lefferts also dropped one level (2 to 1, 4 to 3, and 2 to 1); and Manhattan's Lower East Side and East Village dropped a level (both 2 to 1). Only Manhattan's Murray Hill, Sutton Place, and Upper East Side improved in their DIPOV index during the Sixties (all 3 to 4). This general downward drift in child welfare in the Sixties is corroborated by Lash and Sigal's (1976) documentation of the gradual rise in youth problems during the decade, judging by educational, health, and familial information from City agencies.

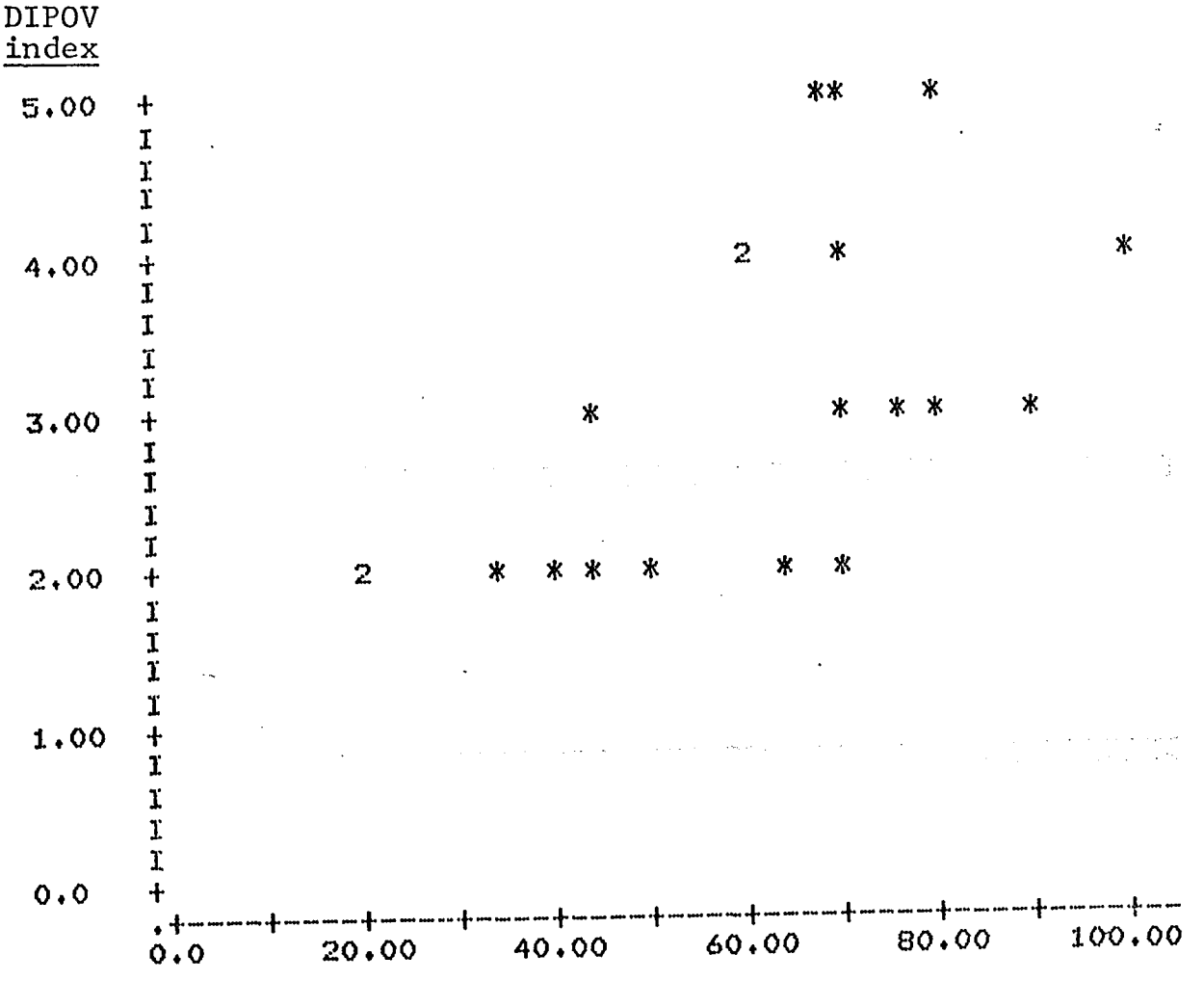
Nevertheless, Kogan emphasizes the high stability of the DIPOV scores across the City's 62 districts between 1960 and 1970, $r = +.89$. Each district tended

to maintain its relative ranking. Indeed, the obtained test-retest correlation for the sample of 20 districts in this report is a nearly identical r= +.88, indicated in Table 4.

When the 1960 DIPOVs are compared with the rates of helping in the 20 areas, a significant relationship is again found, r= +.57 ($p < .01$; see Table 4). Compared with the most current 1970 DIPOV of r= +.54, this is a slight and negligible difference of .03 in the unexpected direction.

It appears that the behavior of strangers in a neighborhood towards the lost child is related to a highly stable quality of the area which persists even over an 18-year period.

Figure 10. The relation between the 1960 district DIPOV index and the obtained rate of helping the lost child ($r = +.57$, $p < .01$)



Hypothesis 3: The aggregation factor

The DIPOV indexes districts which are several square miles in size. As noted in the methods section above, these districts are devised with political rather than sociological motives, and may contain a variety of types of communities within them. Note for instance that no district in Manhattan has the high DIPOV index of 5, even though Manhattan district-6 contains the most affluent residential areas in the United States. This same district-6 combines wealthy areas such as Sutton Place and the "Silk Stocking district" with pockets of near-poverty bordering its southern fringe, notably the Bowery and East Village sections.

Consequently, a more fine-grain indicator may be expected to correlate more highly with the lost child findings, to the extent that it is more sensitive to area differences. The smallest aggregate for which survey data is available is the census tract, which normally covers a few square blocks. An example of this reduced aggregation is pictured in Figure 11, where Manhattan district-2, the West Village area of about two square miles, is seen to be subdivided into 21 census tracts.

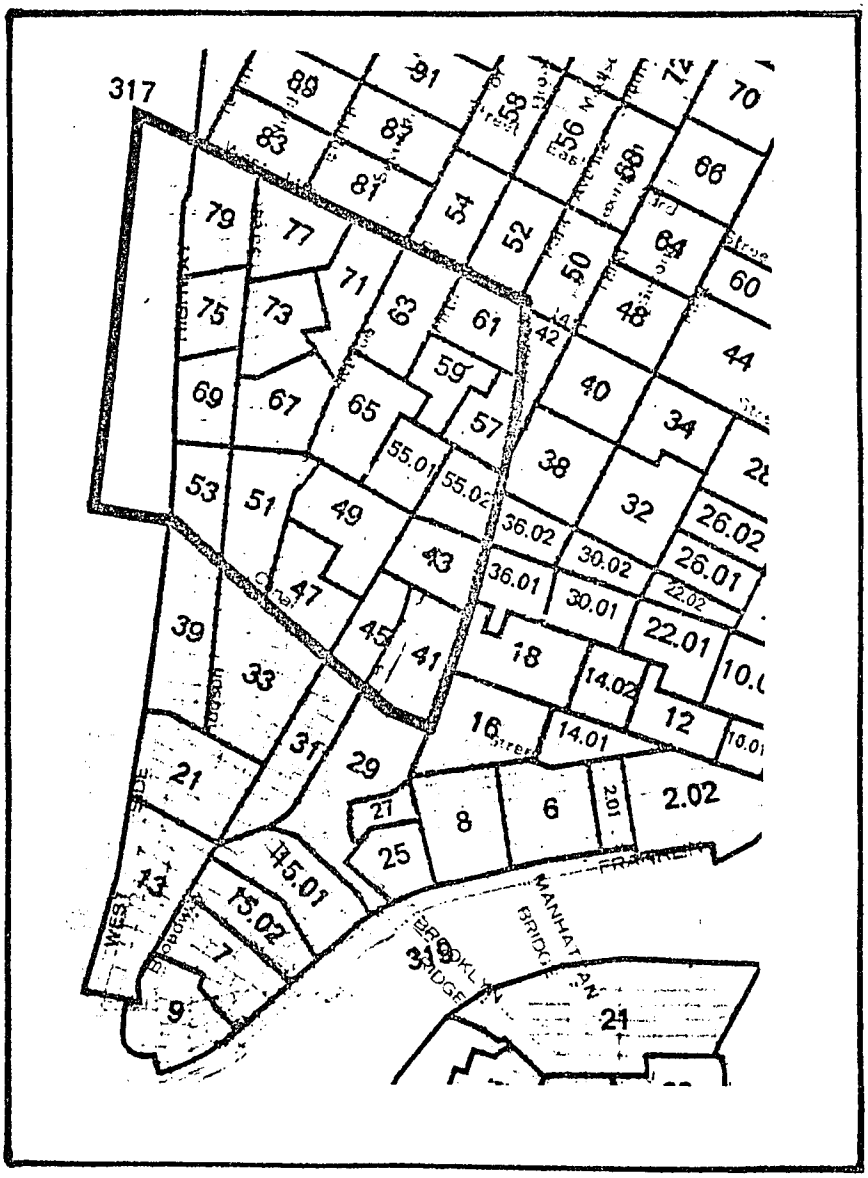


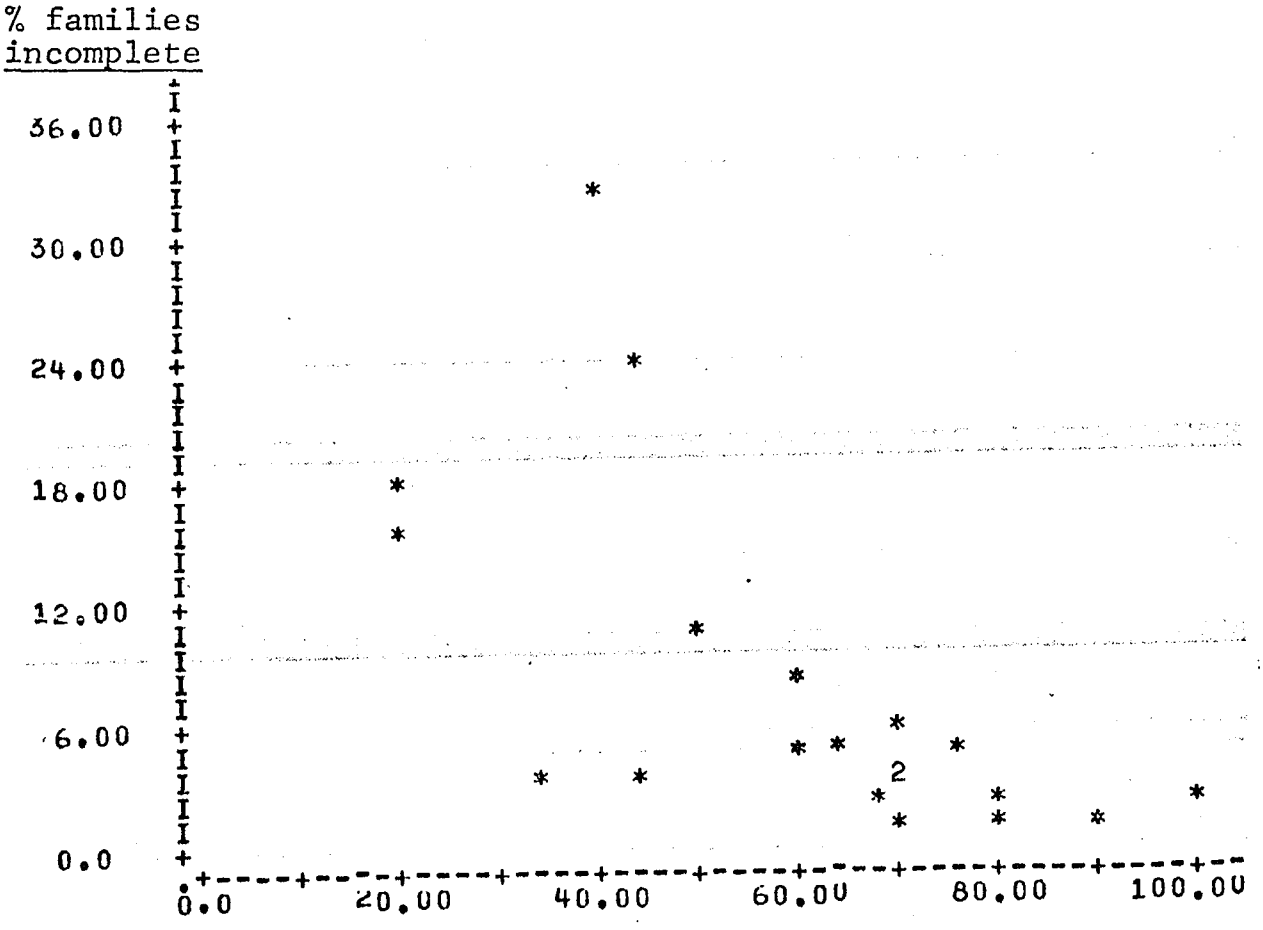
Figure 11. Manhattan's community district-2 divided into 21 census tracts.

Although the DIPOV index is not available per census tract, a proxy survey measure is: "The per cent of single-parent families with children." Kogan et al. (1974, p. 48) note this one of the 30 input variables correlates fully r= -.96 with the DIPOV score for New York City areas, r= -.91 for counties in New York State, and r= .96 for the 50 states in the nation.

Interestingly, other investigators have been attracted to this incomplete families datum as a sort of short-hand proxy measure for the full DIPOV factor (see Israel & Roosma, 1976; Kogan, Smith & Jenkins, 1977). The use of such a proxy has been termed an "oversimplification," yet "a reasonable one, for which there is strong precedent" (Borgatta & Borgatta, 1979, p. 375).

In the present study, a careful analysis was made of highly detailed street maps of New York City, to determine the precise census tract within each district where the lost child made his requests. The overall per cent of incomplete families in New York is 8.2%, and the range among the 20 census tracts identified in the present inquiry was broad: from 0.98% in tract-59 in the West Village to 32.06% in tract-71 in the South Bronx, with a sample mean of 7.7% similar to the overall City mean of 8.2%.

Figure 12. The relation between the census tract survey measure and the rate of helping the lost child (r= +.64, p=.001).



The rate of helping proved to be highly correlated with the per cent of incomplete families per census tract, as indicated in Table 4 ($r = -.64$, 18df, $p = .001$), surpassing the .05 level of significance originally hypothesized.

Is this tract-experiment relation of $r = -.64$ significantly closer than the $r = +.54$ district-experiment relation above? Though the absolute differences of .10 seems negligible, a sensitive t-test proposed by Hotelling provides the basis for a more decisive judgment. Guilford and Fruchter (1978, p. 164) note Hotelling's t-test "for significance of difference between correlated r's" is typically used to determine if one of two related mental tests is a superior predictor to the other of some behavioral criterion. In this case,

$$t_{d_r} = (r_{12} - r_{13}) \sqrt{\frac{(N-3)(1+r_{23})}{2(1-r_{23}^2 - r_{12}^2 - r_{13}^2 + 2r_{23}r_{12}r_{13})}}$$

$$= (.54-.64) \sqrt{\frac{(20-3)(1+.67)}{2(1-.67^2-.54^2-.64^2+2(.67)(.54)(.64)}}$$

$$= .67, \text{ 17df, n.s.}$$

Apparently the social environment of the small tracts was a slightly yet not significantly more sensitive predictor than the larger districts, of strangers' concern for the troubled youngster.

Two related points are especially noteworthy about this unexpectedly close relation between the census tract survey measure and the experimental helping measure.

For one thing, unlike the DIPOV measure, this tract measure was totally "blind". That is, the investigator had no prior knowledge of the percentage of incomplete families at a test site at the time of field experimentation. Once a district had been selected the tract within the district was chosen at random, and information on the tract was uncovered only much later, long after the experimental finding for that location had been fixed. This seems to diminish any lingering possibility of an "experimenter effect" or "investigator effect" (Barber, 1976), that the investigator knew the survey score of an area and somehow communicated this to the child who, in turn, somehow communicated his expectation to the stranger before him.

Secondly, the tract information seemed to reconcile a number of discrepancies between the DIPOV and helping

rates. For instance, it was surprising at first to find the highest rate of helping (100%) in the only-moderate DIPOV=3 district of Flatbush in Brooklyn. Yet Flatbush is an unusually large and "transitional" district, and later analysis of the specific census tract found it to contain one of the lowest percentages of incomplete families (2.7%) within the sample of 20. Similarly, it was puzzling to find 90% helping in the equally moderate DIPOV district of Manhattan's West Village, pictured in Figure 11; it later turned out that the specific tract-59 test site in the West Village had the lowest rate of incomplete families among the entire sample of 20. The fact that the experimental behavior relates so closely to the survey measures seems to add strength to the hypothesized connection between the two levels of measurement. The strength of the relationship is clear in the highly symmetric scatter pattern illustrated in Figure 12. In those tracts with above-average incomplete-families, the child rarely received help from the majority of strangers, while in the below-average incomplete-family tracts he typically received aid from the majority of strangers.

This finding -- that a ~~similar~~ smaller aggregation increases the validity coefficient -- parallels the finding of

another DIPOV researcher. Smith (1978) describes his use of multiple regression analysis to predict mothers' responses about their children's welfare in a household interview study. He serendipitously uncovered more and stronger relations of the DIPOV with his 101 criterion variables at the smaller PSU (Primary Sampling Unit) level than at the much larger County level in upstate New York. The study concluded:

> At the PSU level, the available data are even more consistently cross-validated (with the DIPOV)... the strength of the association with the DIPOV proxies is greater for the PSU variables than for the County variables.
>
> In contrast to the County variables, the PSU index is significantly associated with a very substantial number of child and parental variables, and the effects in general are somewhat stronger (Kogan, Smith & Jenkins, 1977, p. 131).

Discussion

The lost child findings appeared to be sensitive to community differences in behavior. Moreover, these experimental differences closely concur with the aggregate DIPOV information for the areas. The "two social psychologies" meshed here, as the micromeasure and macromeasure of child welfare mutually validated one another.

The primary outcome of this exploratory investigation, then, is how comfortably the experimental findings seem to nestle into the matrix of survey correlations in Table 4.

The stranger-child interactions

One might well look beyond the quantitative results that those coefficients succinctly summarize to look at a more qualitative facet of the experimental findings: Exactly how did adults respond when unexpectedly confronted by the troubled plea of a nine-year-old child?

Sociologist Erving Goffman refers to a child alone on a city street as "a with without" (Wolff, 1972). People are accustomed to seeing a child only

"with"
an adult, so a distressed child standing alone in a public area may be a striking sight. From a child's point of view, too, becoming lost can be a trauma; the central office in any large beach or park ordinarily contains a number of dazed, frightened, or crying youngsters separated from their family, who have suddenly found themselves to be hopelessly alone in the world.

Consider the many different ways a stranger could perceive and react to the lost child who entreats his aid. Aloof strangers may see the child as a "brat" (what Webster defines as "another person's child"), and decide his predicament is certainly not their concern. Others may view the nine-year-old as capable of caring for himself, and thus dismiss his plea for help. Still others may be concerned for the child's welfare, as if he were their own child.

All of these reactions proved common. About a dozen strangers surpassed the lost child's request to contact his home by offering to actually take him there. Then again, about a dozen at the other extreme actually pushed the child out of their path as they continued walking.

Many of the 20 communities in this study had a distinct social environment which could be sensed

almost before conducting a single experimental trial. Tables 5 and 6 contrast strangers' behavior in the West Village of Manhattan (90% helping) with South Jamaica in Queens (20% helping). There seems to be a thread running through these two sets of reactions, exposing very different attitudes towards the lost child. Those in Greenwich Village seemed uniformly concerned about the child's welfare, two of them to the point of offering to escort him home. Pedestrians in the low-DIPOV Queens community showed a distinct indifference and suspicion of the nine-year-old, sometimes ignoring his plea or gently pushing him out of their way. Each neighborhood seemed to be what the "subcultural" urban theorists term a "smaller context within the city" which possesses its own distinct ambience (Fischer, 1976; also Gans, 1964; Takooshian, 1978; Milgram, in Duncan, 1977). Each community had a distinctive "personality" which was tapped by the DIPOV as well as the lost child test, and was reflected in the stranger-child interactions.

Table 5. Responses of strangers to lost child in a helpful neighborhood, Greenwich Village (90% help).

Trial	response	Description
#654	help	A 30ish white woman was going to phone child's home and take the child there.
#655	refuse	A 30ish white man coldly barked "find a cop" while walking by.
#656	help	A 20ish white woman reversed her direction to take the child to a phone and call his home.
#657	help	A 30ish white woman asked "Is anyone home?...Well, let's try."
#658	help	Two 20ish white men consoled the child, said they would take care of everything, as they went to phone home.
#659	help	Woman chatted with child about 3 minutes, went to phone home.
#660	help	A 30ish black woman says "We'll get you home safely" and goes to phone home.
#661	help	A 20ish white man manipulates the child's serious face to extract a smile, laughingly tries to cheer him up before going to a phone.
#662	help	Two 50ish white women refused to use the child's 25¢, used their own money to phone home.
#663	help	A fashionable 30ish Hindu woman whisked the child into her office. Later told the researcher she couldn't get an answer at home phone, and was considering whether to escort the child home or take child to nearby police precinct. Was concerned about child's safety.
#664	help	A 30ish black woman hesitantly took child to a nearby phone to call home.

Table 6. Strangers' responses to lost child in an unhelpful neighborhood, South Jamaica (20% helping).

Trial	response	Description
#670	refuse	A 50ish white female nodded "No" while walking by.
#671	refuse	A 30ish white man said "I don't have time" and walked by without breaking pace.
#672	help	A 40ish black woman told the researcher "I was just taking him to the policeman on the next block."
#673	refuse	A 50ish black man reads the child's address for 30 seconds, then says "Ask someone else" and walks away without looking back at child.
#674	help	A 50ish white woman used her own money rather than the child's to phone his home.
#675	refuse	A 30ish black man gave the child a cold stare, hesitated, and silently walked on.
#676	refuse	A 70ish white man gently pushed child aside as he continued walking.
#677	refuse	A 30ish black man mumbled "Sorry" as he walked past the child.
#678	refuse	A 40ish black man said "I can't help you", and went into nearby bank without looking back at all.
#679	refuse	A 70ish white man glared at child (and scared him), then silently walked on.

Limitations of the findings

There are at least two notable limitations in the interpretation of this study's findings.

First, the study is descriptive, not explanatory. The findings identify a clear relation between the DIPOV and actual behavior towards a needy child, without an equally clear explanation of the mechanism underlying this close relation. Certainly, this is common in scientific investigation, where the affirmation of facts precedes their explanation via testing. We well know there are sex differences in behavior and even in perceptual processes (Denmark, 1977), or that urbanization and social status are closely linked with the prevalence of mental disorders (Dohrenwend & Dohrenwend, 1974), yet are still gathering conclusive evidence on the source of these relations.

In the present study, two tentative explanations may be proposed to explain why the DIPOV and lost child measures relate to the order of r= +.54 or -.64. One is that the two measures are tapping a modal personality type in each area. The same pedestrians who compose the census data are simply being retested here and, for example, those who have become accustomed to devaluing their child's importance at home then treat the experimental

child more coldly. A second, very different explanation hinges on the neighborhood social environments. At the moment the child makes his request, the stranger seeks cues in the milieu for an appropriate response. These are two quite different explanations, the first asserting it is the different type of person encountered in each community, the second emphasizing the unique social environments.

Data related to the personality explanation yielded no results. Chi-square analysis of the responses of the 200 strangers found no relation between their sex ($p=.77$) race ($p=.28$), or apparent age ($p=.35$) and their likelihood of aiding the nine-year-old child. The child was helped about equally by black and white, male and female, young and old strangers.

Data related to the situational explanation also yielded no significant result. The one situational aspect monitored most closely in the present study (see Figure 3) was the presence of others at the time of the child's plea. Correlational analyses find no relation between the response and the number of people within a 3-meter radius of the request ($p=.12$), nor the number of people within sight at the time of the request ($p=.45$).

Though there is no information in the findings with which to conclusively select one explanation over the other, there are reasons to prefer the environmental hypothesis. For one, personality correlates of helping behavior have been few and weak (Huston & Korte, 1976; Latane & Darley, 1970, p. 116). Indeed, virtually no battery of personality factors has been found to predict so much as 25% of the variance ($r = .50$) in behavior in a field experimental setting (see Hogan, DeSoto & Solano, 1977). In contrast, helping behavior has been shown to be highly related to situational cues, such as the appearance of the "victim" or the simple presence of others at the scene of an event. Huston and Korte (1976) speculate that the predominance of situational over dispositional factors in the helping literature is, at least in part, due to the fact that emergencies are typically unforeseen, a bystander hardly has any opportunity to "reach a decision," and his or her behavior is thus so often "spur of the moment" or "out of character". Or, as Latane and Darley note (particularly in their epileptic seizure study) even the most socially responsible personality type may find himself paralyzed for long minutes of indecision due to the totally alien nature of an emergency event. In short, unpredicted helping situations (such as the lost child on the street)

are likely to offset whatever dispositions are within the stranger, and lead him to rely on situational cues in determining his reaction.

If this is the case here, than a simple study could be suggested to test this situational explanation. One could test the response of the same individual in several different neighborhoods. Social psychologists can reasonably expect behavior to vary with the social environment as, for instance, one will act differently in midtown vs. his residential community (Milgram & From, 1972).

A second limitation of this study is in the interpretation of the obtained relationship. Though it has been assumed the DIPOV and lost child each tap child welfare, it is likely they are tapping more than this one construct. For instance, the DIPOV is very clearly measuring a "good-bad" dimension in communities, of which child welfare is one aspect. Note in Table 1 how much such child-irrelevant variables as homicide (r= .89), public assistance (.94) or even tuberculosis (.82) load on the DIPOV factor. By the same token, a stranger's willingness to aid the youth is likely one aspect of a general pro-social response. One might well inquire whether a needy adult would also receive more help in high DIPOV communities.

It may be revealing to conduct a further examination of a DIPOV-helping relation, substituting some experimental measure unrelated to child welfare, or perhaps even inversely related. For instance, the "lost-letter" technique devised by Milgram, Mann and Harter (1965) might be applied: Would people who find a stamped envelope on the pavement in a high-DIPOV area be significantly less likely to helpfully send it on its way if it is addressed to the "Committee Against Child Abuse" rather than, say, to the "Society to Legalize Child Labor" or the "Committee to Prosecute Child Offenders"? This may determine what Campbell and Fiske (1959) term the "discriminant validity" of experimental helping behaviors: whether community variations in behavior towards the lost child are indicative more of general prosocial responses, or else of child welfare specifically.

Footnotes

1. Note a recent and controversial example of method variance among two types of social indicator, which shows how out-of-line two methods may be in their findings. Econometrists for years have talked about the prosperity of Americans in terms of their own highly sophisticated barometers of social well-being, such as GNP, NNP, and rate of unemployment. Bienstock (1978) recently estimated that the Bureau of Labor's CPI (Consumer Price Index) was developed at a cost of 8 years and $50,000,000 to accurately gauge the "cost of living." Yet this body of econometric Quality of Life measures has been roundly attacked by psychologists who are now substituting their own measures of the "subjective QOL" of Americans. Schneider's (1976) interviews of Americans in 13 major American cities, for example, found virtually no relation between self-reported work or financial dissatisfaction and fluctuations in the economic indicators. Numerous other psychologists have found this same consistent nonrelation between the economic QOL and the subjective QOL (Andrews & Crandall, 1975; Campbell, Converse & Rodgers, 1976; Campbell, 1976; C. Fischer, 1973; G. Fischer, 1977; Strumpel, 1976; Fitzsimmons & Ferb, 1977; Katona, 1976; Kleinfeld, 1978; Krupat & Guild, 1978; Rodgers, 1977; Gordon, 1977; Ahlbrandt, 1977; Clemente & Sauer, 1976; Andrews & Withey, 1976; Flanagan, 1978). What are social theorists to do when relevant measures so consistently fail to relate? Is it more important that, say, Americans feel safe from crime or that they actually are safe from crime, feel their employment is adequate or have more and better jobs? At least a few scientists have addressed the disparity by maintaining two different constructs are being tapped and openly prefering the more objective QOL over the subjective QOL method as more valid, reliable and meaningful (Buttel et al., 1976; Gove & Geerken, 1977; Turner & Krauss, 1978). Yet it seems the larger faction of observers feel the disparity demands reconciliation, and that the subjective QOL is regarded as a valid method not only by psychologists (cited above) but by sociologists (Cohn, 1977), political scientists (Beveridge, 1976), and policy analysts (Abrams, 1975). It is conceivable that the current methods of assessing the "state of the child" in America are equally full of method variance, which should be determined by cross-validation of the measures.

2. These two recorded measures of bystander density seem necessary, in light of the findings by Latane and Darley (1970) and others, that the presence of others may have an inhibiting effect on one's helpful behavior.

3. This sample size was chosen by considering the approximate reliability of the two measures, the projected magnitude of the correlation, and the N at which a correlation coefficient of this magnitude would be significant at the .05 level of probability. Table 2 shows a reanalysis of lost child data from 246 earlier trials (Takooshian, Haber & Lucido, 1977). The split-half reliability of this measure at 24 locations, calculated with the Spearman-Brown technique, is a fairly consistent .68:

$$r_{SB} = \frac{n\ r}{1+(n-1)r} = \frac{1.026}{1.513} = .678$$

This assumes that 10 measurements are made per location. Meanwhile, the 1960-1970 reliability of the DIPOV index was calculated by Kogan to be .89. These are related by Edwards' formula (1967, p. 179), which derives the maximum correlation of two measures based on the square root of the product of their reliabilities:

$$\begin{matrix}\text{maximum} \\ \text{validity}\end{matrix} \quad r = .68\ (.89) = .776$$

If the maximum theoretical convergent validity is .78, the obtained correlation will fall somewhere short of it. A sample size of 20 was thus chosen, which marks the N at which a reasonable correlation of about .40 is significant at the desired .05 level (one-tail).

4. The original intention to obtain about 10 trials per location was offset slightly by the complications that normally beset field experiments: (a) inclement weather abbreviated a couple of the Brooklyn series and, (b) more often, the child's fatigue forced a halt to the day's research on a few of the series, in which the experimenter was loathe to push the child further. The modest variation in N per location proved unrelated to the rate of helping, and is not seen as a problem in the analysis.

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SUBJECT'S CONSENT STATEMENT (Long Form)

CITY UNIVERSITY OF NEW YORK
THE GRADUATE SCHOOL AND UNIVERSITY CENTER

Principal Investigator(s): Harold TaKooshian

Project: Helping behavior as a social indicator

I hereby acknowledge that on 14 July, 1978, I was informed by H. TaKooshian (Principal Investigator) of the Graduate School, CUNY (College), of a project concerning or having to do with the following: (Describe briefly) testing pedestrians' responses to a lost child

I was told with respect to my participation in said project of the possible risks involved, the procedures involved; possible alternative procedures and the expected benefits from the program, i.e., that: (State information given)

That I will interact with strangers while a researches is present nearby, and that this is the same procedure I have been involved with the past 2 years.

I am fully aware of the nature and extent of my participation in said project and possible risks involved or arising therefrom. I hereby agree, with full knowledge and awareness of all of the foregoing, to participate in said project. I further acknowledge that I have received a complete copy of this consent statement.

I also understand that I may withdraw my participation in said project at any time and that I may inspect a copy of the Institutional Assurance filed by the Research Foundation, CUNY, with the U.S. Department of Health, Education and Welfare.

Dated: New York 14 July, 1978

Eric K Monsonis

James A. Monsonis (father)
(Signature of Subject or Responsible Agent)

JAMES MONSONIS
(Printed Name of Subject or Agent)

236 STERLING ST. BROOKLYN NY
(Residence of Subject or Agent)