Psychology of Women Quarterly, **22** (1998), 685–704. Printed in the United States of America.

GENDER-RELATED PATTERNS OF HELPING AMONG FRIENDS

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In this study, the social role theory of gender and helping (Eagly & Crowley, 1986) was applied to understand gender differences in helping behavior. Relationships among criterion variables of time spent helping and help quality; and key predictors of problem severity, empathic tendency, anger, sympathy, closeness, causal controllability, coping, and self-efficacy were applied. Participants from a large community sample ($N = 1,004$) described situations in which they helped a friend and completed questionnaires describing factors that influenced their actions. Recipients of the help also filled out similar questionnaires. It was found that across many problem settings women spend more time helping, give higher quality help, and feel more empathy and sympathy in response to their friends' problems. Further, the presence of anger toward a friend is associated with more time spent helping but a lower quality of help. In contrast, men rate their friends' problems as more controllable/blameworthy and experience more anger. Further, controllability has a greater influence on a number of help-related variables. For both men and women, self-efficacy and perception of problem severity are the greatest direct predictors of helping.

Prosocial behavior—helping others in need—has long been of interest to the general public and to scientific researchers. Although early studies demonstrated a fairly consistent pattern of gender differences in which men often emerged as the more

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Published by Cambridge University Press 0361-6843/98 $9.50

helpful gender (e.g., Hope & Jackson, 1988; Huston, Ruggiero, Conner, & Geis, 1981; Piliavin, Rodin, & Piliavin, 1969), this perspective has been challenged. Wilson and Kahn (1975) suggested that men are not intrinsically more helpful, but that the types of help given by women and men differ based on gender-related characteristics of the task.

Eagly and Crowley (1986) have extended this idea by proposing a social-role theory of gender and helping. This theory contends that the male role fosters helping that is heroic and chivalrous, whereas the female role encourages helping that is nurturant and caring. They suggest that the reason men have often been shown to be more likely to give help (and women more likely to receive help) is that most studies on helping have explored situations of giving aid to strangers in short-term encounters. The instrumental types of help required in these settings is, they suggest, more characteristic of the male role. Helping among friends has not been as extensively explored, and Eagly and Crowley contend that in this setting the nurturant and caring help more characteristic of women may result in gender differences disappearing or women actually emerging as the more helpful gender. Some studies have supported the idea that women are more helpful in situations involving the giving of empathic types of help (Eagly & Crowley, 1986; Hoffman, 1977), low-risk low-physical-strength tasks (Erdle, Samson, Cole, & Heapy, 1992), helping children with neurological dysfunctions (Barnett, Feighny, & Esper, 1983), lending notes to a class mate (Betancourt, 1990), or helping same-gender friends with an academic problem (George, 1996).

A primary goal of the present research was to take an extensive look at helping among friends, more specifically, to study naturalistic acts of helping between friends in an everyday context and across a number of different problem situations. In this setting it would be possible to test the Eagly and Crowley contention that in the closeness of friendship women may emerge as more helpful. A second objective that extended beyond the theoretical perspective of Eagly and Crowley, was to explore a number of factors that studies have shown to be influential in the helping process, and to see if significant gender differences would be revealed when examining their influence on helping or help-related variables. To accomplish these objectives, participants from a large community sample were asked to describe help they provided for a friend during the previous month, answer questions about the help given, and indicate emotional and situational factors that influenced their actions. In addition, the help recipients were asked to describe from their perspective the help they received. Within this context, it was anticipated that women would report spending more time helping than men, giving a higher quality of help, and giving proportionally more empathic help than other types of helping.

The second objective required the selection of relevant predictor variables. The selection of these constructs was based in some instances on theoretical perspectives (sympathy, empathetic tendency, controllability, anger) and in others on empirical findings (problem severity, self-efficacy, and coping).

Sympathy

Sympathy has often been investigated as an emotion that has the potential to affect the helping process and has been measured by ratings of sympathy, pity, and compassion (e.g., Betancourt, 1990; Reisenzein, 1986; G. Schmidt & Weiner, 1988;

Weiner, 1980). Hope and Jackson (1988) found that women were affected by the primary emotional reaction of sympathy when judging whether to help a needy stranger, but for men in a similar setting, sympathy was not found to be a significant response. Betancourt (1990) discovered that both men and women experienced sympathy when responding to a fellow student requesting class notes, however, women experienced significantly more sympathy than men in this context. Similarly, George (1996), in a study of individuals helping same-gender friends with academic problems, found that women experienced significantly more sympathy toward their needy friends than did men. In this research it was expected that women would experience more sympathy than men and that sympathy would play a larger role in the helping process for women.

Empathic Tendency

Whereas sympathy is often defined as an emotional response to a particular situation, the related construct of empathic tendency is generally considered to be a trait that generalizes an empathic response in a variety of circumstances. A wide body of research has demonstrated substantial gender differences in empathic tendency (e.g., Feshbach, 1979; Hoffman, 1977). The facilitative influence of empathy on helping was first presented in an early study by Gergen, Gergen, and Meter (1972). They discovered that the need to be nurturant, in a sample of female undergraduates, was characteristic of those willing to give advice to same-gender peers who were coping with a personal problem. Hoffman (1977), extending this type of research to explore the influence of empathy (rather than need to be nurturant), discovered that within a helping context women experienced more of a general empathic reaction to another's need, whereas men were more likely to respond with instrumental action when help was required.

More recently, Eisenberg and Lenin (1983) revealed that women score significantly higher than men on empathic tendency when a self-report measure was used (rather than experimenter observation or physiological measures). This finding was supported in the George (1996) study of helping, which found that women scored substantially higher than men on empathic tendency as measured by the Mehrabian–Epstein Scale of Empathic Tendency (Mehrabian & Epstein, 1972). In the present study it was anticipated that women would score higher in empathic tendency and that empathy would have a greater influence on helping and help-related variables for women than for men.

Controllability

Attribution theorists have often found that perceived controllability of the cause of a problem is a significant predictor of helping behavior and of the emotional responses (anger and sympathy) that directly predict helping (e.g., Betancourt, 1990; Brewin, 1984; George, 1996; Reisenzein, 1986; Weiner, 1980, 1986). These studies have established that if the problem cause is perceived as uncontrollable the helper is more likely to feel sympathy and render assistance, but if the cause is seen as controllable, anger and neglect are the more likely responses.

Structural modeling in the Betancourt investigation revealed not only these mediated relationships through anger and sympathy, but also a direct relationship between controllability and helping. Gender differences were also found with men rating the problem cause as significantly more controllable than women. When George (1996) expanded the measure of controllability to include responsibility/fault, similar results were produced. A further finding demonstrated a direct negative link between controllability and time spent helping for men (a more controllable cause of the problem resulted in less time helping), whereas for women controllability was significantly correlated with sympathy and anger, but there was no direct relationship between controllability and helping itself. It was expected that in the present study men would rate problems as more controllable (and the recipients more responsible and at fault) and that there would be a negative correlation between controllability and helping for men but not for women.

Anger

Although anger is an emotional response widely studied by attribution theorists as a significant predictor of helping (e.g., Betancourt, 1990; Brewin, 1984b; George, 1996; Reisenzein, 1986; Weiner, 1980, 1986), few have explored gender differences on this construct. Most attributional studies have consistently shown anger to reduce the likelihood of helping a stranger, however, a recent study (George, 1996) discovered the opposite. In the context of helping same-gender friends with academic problems, greater anger was found to result in significantly *more* time spent helping. There were also unexpected gender differences: although men experienced more anger, anger was significantly correlated with more time helping for women but for men there was no relationship between the two variables. In the present study it was anticipated that similar findings would occur.

Problem Severity

Many studies have substantiated that a more severe problem will frequently elicit greater support (e.g., Gruder, Romer, & Korth, 1978; Hobfoll & Lerman, 1988; Huston et al., 1981; Oliner & Oliner, 1988; Rabow, Newcomb, Monto, & Hernandez, 1990). Although no published research suggests that problem severity has a greater *influence* on helping for either men or women, in two different settings women have been found to rate problems as more severe. In a study of medical students prescribing drugs for illness, Brewin (1984) found that women rated the patients' needs as greater than did men, whereas in the George (1996) study referred to earlier, women also rated the severity of problems significantly higher. In the present study, similar results were anticipated.

Self-Efficacy and Coping

Also included in the study were two additional factors that have been shown to significantly influence the helping process but for which gender differences have not yet been uncovered: self-efficacy and coping. Self-efficacy, only recently included in

the helping literature (George, 1996; Schwarzer, Dunkel-Schetter, Weiner, & Woo, 1993), has been found to be one of the strongest direct predictors of helping. Neither Schwarzer et al. (1993) nor George (1996) found significant gender differences, however. Numerous studies have also demonstrated that in many settings, if the help recipient is coping well, more help is likely to result (e.g., Dunkel-Schetter, Folkman, & Lazarus, 1987; Karasawa, 1991). As with self-efficacy, studies have not yet uncovered gender differences on the influence of recipient coping on helping behavior.

In summary, the present study sought first to test the Eagly and Crowley social-role theory in the context of friends helping friends. In addition, gender differences were explored within the context of more comprehensive models of helping than have previously been tested. This was the first investigation to incorporate all seven predictor variables presented earlier: controllability; recipient coping; problem severity; and the helper's experience of sympathy, anger, empathic tendency, and perceived self-efficacy. Time spent helping and quality of the help were created as the primary measures of help giving.

METHOD

Participants

Participants were recruited via the snowball sampling technique described in the text that follows. Complete forms were returned by 537 helpers and 467 of the corresponding help recipients. Thus 1,004 individuals participated in the study. For the valid helper forms that did not have corresponding recipient forms, missing data (2.7% of total data) were replaced with predicted values based on regression equations. The study specified only same-gender helping, so the *N* of 537 represents 537 same-gender helper–recipient pairs. Of these pairs, 212 were male (40%) and 325 were female (60%).

Participants ranged in age from 17 to 89 with a mean age of 31.3 years (30.4 for women, 32.9 for men). The ethnic composition was 55% Caucasian, 13% Asian, 15% Hispanic, 9% African American, and 8% other or unspecified. These proportions were not significantly different for men or women. The types of problems reported included 229 goal-disruptive problems, 209 relationship problems, 86 problems with illness, and 13 problems that represented emergency or catastrophic situations. Chi-square analyses indicated significant deviation from expected values for men and women with men more likely to report goal-disruptive problems and women more likely to report relational problems ($\chi^2 = 16.58$, $p < .001$).

Procedure

Participants were recruited through individual contacts of community members by 33 senior psychology majors enrolled in an advanced research methods class at the University of California, Los Angeles (UCLA). Requests made by students to potential participants briefly described the project as "a UCLA-sponsored study

of helping behavior," and requested their involvement. If the person agreed to cooperate, he or she received the following materials: A 6-page, 76-item helper questionnaire printed on white paper; a 3-page, 26-item recipient questionnaire printed on light-blue paper, folded, and inserted in an unsealed legal-size envelope; an envelope to return the helper's form, and the sealed form completed by his/her friend, and a manila envelope that enclosed these materials.

The researchers then read aloud the directions on the helper's form while the participants read the same instructions silently. Time was allowed for clarifications. Participants then read the instructions for the help recipient (on the blue form) and noted the place where he or she would write the problem of interest for his/her friend's benefit. Participants were then instructed to complete the helper form, have the friend complete the recipient form, collect the recipient form sealed in the provided envelope, and then return both forms within 2 weeks.

Care was taken to prevent participants from biasing the recipients' responses. Participants were clearly instructed to "simply request that your friend complete the blue form. You need give no further information. All instructions to your friend are included, you have already written the problem of interest on his or her form, and confidentiality is ensured."

Questionnaires were distributed and collected over a 5-week period of time. Of the 561 pairs of forms eventually returned, 24 were discarded because of discrepancies or abnormalities prior to entry of data for analysis.

Measures

Some items on the questionnaire were answered by the helpers only and others by both the helpers and the recipients. Questions presented to both were essentially identical except that questions posed to the recipients were modified to reflect that perspective (e.g., "your friend's problem" for the helpers, became "your problem" for the recipients).

Demographics

Demographic information included the participants' gender, age, occupation, marital status, years of schooling, ethnicity, size of household, number of minor children in household, and annual family income.

Problem of Interest

Participants were asked to describe a recent problem experienced by a friend for which they offered help. Instructions read:

> Now, in three or four sentences, please describe a problem that a *same-gender friend* has experienced in the past month. Please note carefully how we define the term "FRIEND" in this study. In addition to anyone who is a "friend" in the normal sense of the word, also included are same-gender siblings (brother/sister) or other relatives. EXCLUDED are: (a) parents, (b) your own children, (c) anyone under 18 years of age (this is a study of adult helping), (d) spouse or romantic partner (boyfriend, girlfriend, lover), (e) anyone in a position of authority over you such as employer, minister, etc. A PROBLEM is defined as anything your friend is experiencing that causes pain, trauma, or disrupts normal life patterns such as: loss of job, divorce,

bereavement, illness, depression, frustration of an important goal, and many others. Please describe this problem in the space provided below.

Each helper wrote a similar description of the problem on the recipient's form, which allowed him or her to understand to which specific problem the questions referred.

Closeness of the Relationship

One question asked participants to rate the closeness of the relationship with the other person on a scale of 1 = *casual friend* to 7 = *very close friend.*

Severity of the Problem

Severity of the problem was measured by two questions, one dealt with the extent of disruption or upset to the friend's life and the second concerned the amount of emotional distress experienced by the friend. These questions were measured on 7-point scales with anchors of 1 = *very little* to 7 = *a great deal.*

Controllability of the Cause of the Problem

Controllability was measured by two questions. The first asked whether the cause of the problem was something the friend could have controlled, and the second asked whether the problem's cause was the friend's responsibility or fault. The two questions were measured on 7-point scales with anchors of 1 = *could not have controlled* to 7 = *could have controlled,* and 1 = *not his/her fault or responsibility* to 1 = *entirely his/her fault or responsibility,* respectively.

Emotional Reactions to the Friend's Need

The helper's *sympathy* was assessed by four questions that measured the subject's feelings of compassion, sympathy, being moved, and pity toward the friend. The helper's *anger* was determined by four questions that measured feelings of anger, irritation, aggravation, and being annoyed at the friend. Responses for these items (and all items that follow except for time spent helping) were measured on 7-point scales, ranging from 1 = *not at all* to 7 = *very much so.*

Empathic Tendency

Empathic tendency was assessed by 14 questions from the Mehrabian–Epstein Scale of Empathic Tendency (Mehrabian & Epstein, 1972), which measures the amount of empathy experienced across a wide range of situations.

Coping

The recipient's coping was measured by three questions asking to what extent the friend was successfully *coping* with the problem, was making an *effort* to resolve the problem, and had the *resources/ability* to deal with the problem.

Quality of Help

Quality of help, the first of the dependent variables, was determined by six questions (3 by the helpers, 3 by the recipients) that assessed the overall *quality* of the help given, to what extent the help was *effective,* and to what extent the friend *benefited.*

Time Spent Helping

The total amount of time spent helping was the second primary dependent variable. Its measure was the sum of participants' ratings of the total amount of time (scale

points were *none, 0–15 min, 15–30 min, 30–60 min, 1–2 hr, 2–5 hr,* and _____ *hr*) spent by the helper assisting the needy friend during the previous month. There were 15 help questions (assessed by both helpers and recipients) that described 15 types of helping behavior. These questions depicted three categories of helping (empathic help, instrumental help, and informational help) widely used in the social-support and helping-behavior literature (e.g., Dunkel-Schetter, Blasband, Feinstein, & Bennett, 1992; House & Kahn, 1985). Six items related to empathic types of helping (e.g., complimenting or affirming the friend's value), four measured instrumental types of helping (e.g., performing tasks to assist the friend), four concerned informational types of helping (e.g., offering suggestions or advice), and the 15th question was open ended to allow the subject to insert an additional kind of helping.

Self-Efficacy

There were 15 self-efficacy questions, one paired with each of the 15 help questions (Sample help question: How much time did you spend offering suggestions or advice? Corresponding efficacy question: To what extent did you believe you had the ability to offer useful suggestions or advice?). The questions were paired to ensure that the help and efficacy measures were based on identical constructs. This is consistent with findings that behavioral or trait-type measures (such as self-efficacy) should be measured at the same level of specificity as the activities with which they are associated (e.g., Block, 1989; Epstein, 1979, 1980).

Two additional questions measured the amount of worry experienced by the helper ("To what extent did you feel anxious or worried about your friend's situation?"); and feelings of obligation felt by the helper toward his or her friend ("To what extent did you feel obligated to help your friend?").

Classification and Operational Definitions of Types of Problems

Problems were selected by the participants and described in their own words. Each of these problems was then classified into one of four different categories of problems commonly reported in the support literature (see George & Huetter, 1996 for a review). Operational definitions follow:

Goal disruptive problems. Problems in which the main focus of difficulty was perceived by the helpers to be the blocking of some goal.

Relational problems. Problems in which the main focus of difficulty was perceived by the helpers to be disruption of or stress within a relationship.

Illness. Problems in which the main focus of difficulty was perceived by the helpers to be the physical illness of the recipient.

Catastrophic problems. Problems that were judged by the researchers (not the helpers) as sufficiently severe to merit their own category.

Three different researchers independently read and classified the problems into each of the four categories. There were instances when some problems could be classified into more than one category (e.g., an illness may have blocked a desired goal). This difficulty was anticipated and the classification rule employed was to

determine the *focus* or the *overriding concern* in each instance. This resulted in unanimity of classification for 531 of the 537 problems. For the six others, discrepancies were resolved by discussion.

Analytic Strategy

The study used a nonexperimental, correlational, and cross-sectional design. Two fundamentally different types of analyses were conducted with these data (a) *t*-tests and chi-square analyses identified whether men differed from women on particular constructs (e.g., men experience more anger, women help more with relational problems), (b) correlational analyses (bivariate correlations, multiple regression analyses, structural equation modeling) identified whether relationships *between* variables differed significantly for men and women (e.g., controllability has a greater influence on the quality of help for men, anger has a greater influence on time spent helping for women).

For correlational analyses, the focus was not on the significance of individual correlations, but on whether correlations (or β weights) between variables for men differed significantly from the corresponding correlations for women. The somewhat infrequently used test that identifies whether one correlation (or β weight) significantly differs from another is based on a *z*-score transformation of the correlation values (Fisher, 1921), followed by a likelihood-ratio procedure presented by Kendall and Stuart (1979).

Scale Construction

Predictor Variables

Coefficient alpha was calculated to assess the internal consistency of each variable with multiple indicators (alpha values are included in Table 1). It was found that both internal consistency and face validity for three of the variables (sympathy, empathic tendency, self-efficacy) would be improved by deletion of one or more of the indicators, and thus we eliminated questions from those three variables to improve their psychometric properties. The value entered for each variable was the mean of the indicators. Variables used in the structural models included problem severity (2 questions), causal controllability (2 questions), sympathy (3 questions), anger (4 questions), empathic tendency (9 questions), helper's rating of recipient coping (3 questions), and self-efficacy (14 questions). In addition, single-question items about age, closeness of the relationship, and the helper's feeling of worry and sense of obligation were used in bivariate correlations and regression analyses.

Dependent Variables

For the entire sample and for the male and female subsets of the sample, three different dependent variables were used in the analyses—time spent helping, help quality, and total help (weighting time and quality equally). Although all predictor variables were based on the helpers' perceptions only (consistent with an attributional perspective), to produce more objective measures, the help constructs were based on both helper and recipient responses, weighted equally.

Table 1

Psychometric Properties of Key Variables and *T*-Tests Assessing Gender Differences

Variable (#)	*Code*	*Mean*	SD	*kur-tosis*	*Skew*	*Alpha*	t (*df*)	p
Severity (2)	H	5.02	1.58	−.64	−.49	.88	3.20	.001
women	H	5.19	1.50	−.70	.27	.87	(535)	women > men
men	H	4.75	1.66	−.72	−.42	.90		
Controllability (2)	H	3.21	1.73	−.89	.34	.76	−3.60	.000
women	H	3.00	1.69	−.78	.47	.80	(535)	men > women
men	H	3.54	1.74	−.94	.16	.71		
Sympathy (3)	H	5.14	1.30	.01	−.62	.82	5.11	.000
women	H	5.37	1.24	.60	−.85	.82	(535)	women > men
men	H	4.79	1.32	−.28	−.31	.80		
Anger (4)	H	2.19	1.54	.81	1.32	.94	−2.85	.005
women	H	2.04	1.54	1.69	1.61	.95	(535)	men > women
men	H	2.42	1.52	−.07	.96	.92		
Coping (3)	H	4.96	1.22	−.39	−.30	.67	2.75	.006
women	H	5.08	1.22	−.19	−.39	.69	(535)	women > men
men	H	4.78	1.21	−.59	−.19	.64		
Empathic tendency (9)	H	4.97	.94	.14	−.50	.80	7.68	.000
women	H	5.21	.90	.27	−.63	.80	(535)	women > men
men	H	4.61	.87	.33	−.58	.80		
Self-efficacy (14)	H	4.72	.96	−.12	−.12	.85	2.94	.003
women	H	4.81	.97	−.09	−.23	.85	(535)	women > men
men	H	4.57	.94	−.01	.01	.85		
Time helping (30)	lnZ H/R	.00	1.00	−.14	−.36	.94	4.28	.000
women	lnZ H/R	.14	.94	−.24	−.25	.94	(535)	women > men
men	lnZ H/R	−.21	1.04	−.31	−.40	.93		
Quality of help (6)	Z H/R	−.01	1.00	.46	−.60	.89	3.11	.002
women	Z H/R	.09	.97	.37	−.62	.90	(535)	women > men
men	Z H/R	−.14	1.02	.88	−.60	.87		
Total help (36)	H/R	−.01	.74	.24	−.34	.95	4.62	.000
women	H/R	.12	.70	−.19	−.18	.95	(535)	women > men
men	H/R	−.18	.75	.45	−.51	.94		

Entire Sample—$N = 537$, women—$n = 325$, men—$n = 212$, (#)—number of items for each variable, H—rating by helper, R—rating by recipient, Z—*z*-score, ln—natural logarithm.

Time Spent Helping

This was initially the sum of the helper/recipient means for each of the 15 types of help measured. The distribution of these values, however, displayed severe psychometric distortion ($M = 19.69$ hours, $SD = 21.39$, kurtosis = 6.43, skewness = 2.27). The remedy was to take the natural log (ln) of the raw scores, and convert the results to *z* scores. This procedure maintained the rank order of the original data, allowed for variations in magnitude of values, created a measure that was easily interpretable (*z* scores), produced a metric almost identical to other variables in the study (*z* scores varied from −3 to +3, other measures varied between 1 and 7), and yielded a measure that was psychometrically sound ($M = 0.0$, $SD = 1.0$, skewness = −.46, kurtosis = −.05).

Help Quality

The helper rating of the quality of the help was the mean of the three questions that measured this construct. Similarly, the recipient rating of quality was the mean of the corresponding three questions. The final quality-of-help measure was the mean of the helper and recipient quality-of-help means changed to z scores (M = 0.0, SD = 1.0, skewness = −.57, kurtosis = .30).

Total Help

This variable was the mean of the time spent helping and the quality of help measures (M = −.01, SD = .74, skewness = −.24, kurtosis = −.22). In the structural-modeling process, it was found that using two separate dependent variables (time helping and help quality) produced the best fit of data, but the total help measure was used in a number of other analyses. Psychometric information and alpha values for all variables are included in Table 1.

RESULTS

This section begins with results that relate to the theoretical perspective of Eagly and Crowley (1986), including gender differences on the amount and quality of help, the type of help, and how the problem type influences help giving, followed by the influence of sympathy, empathy, and the closeness of the relationship. Extending beyond the social-role theory, the influence of controllability is considered, followed by the effect of anger, and a description of some important gender similarities.

To assist with interpretation of the material that follows, a matrix of correlations among 15 key variables for both men and women (Table 2) and the structural models for men and women (Figure 1) are included.

Gender Comparisons on Time Spent Helping, Help Quality, Help Categories, and Problem Type

For the three help measures (collapsed across all problem types), women spent more time helping than men [Ms = .14 vs. −.21; SDs .94 vs. 1.04; t (535) = 4.28, p < .001], provided a higher quality of help than men [Ms = .09 vs. −.14; SDs .97 vs. 1.02; t (535) = 3.11, p = .002], and gave more total help [Ms = .12 vs. −.18; SDs .70 vs. .75; t (535) = 4.62, p < .001]. Concerning types of help, women gave more empathic help than men [Ms = 10.4 hr vs. 6.5 hr; SDs 11.24 vs. 7.67; t (535) = 4.63, p < .001], and more informational help [Ms = 5.6 hr vs. 3.9 hr; SDs 5.82 vs. 4.33; t (535) = 3.92, p < .001], but men and women did not differ significantly on the amount of instrumental help given. Women were significantly more likely to report helping with a relational problem, whereas men were more likely to report helping with a goal-disruptive problem [χ^2 (3, N = 537) = 16.81, p < .001]; there were no gender differences for illness or catastrophic problems.

Table 2

Correlation Matrix of Key Variables for Women (Below the Diagonal), and for Men (Above the Diagonal)

Variable	*Age*	*Closeness*	*Severity*	*Control*	*Sympathy*	*Anger*	*Worry*	*Obligate*	*Coping*	*Efficacy*	*Empathy*	*Time*	*Quality*	*Total*
Age	—	−.24	.12	−.11	.13	.05	.12	−.04	−.06	−.07	−.03	.12	.00	.08
Closeness	−.15	—	−.24	−.01	.21	−.08	.28	.27	.08	.23	.04	.19	.10	.18
Severity	.32	.08	—	.01	.41	.18	.52	.20	−.11	.17	.09	.40	.14	.34
Control	−.07	−.03	−.03	—	−.38	.47	−.06	−.09	−.10	.05	−.19	−.03	−.21	−.14
Sympathy	.19	.25	.35	−.20	—	−.15	.50	.36	−.01	.19	.26	.30	.21	.32
Anger	−.04	−.11	.10	.48	−.22	—	.13	−.01	−.20	−.07	−.07	.05	−.17	−.07
Worry	.10	.07	.41	.07	.36	.21	—	.40	−.03	.22	.20	.39	.11	.32
Obligation	.03	.24	.13	.00	.23	.06	.27	—	.06	.29	.16	.23	.18	.26
Coping	−.08	.21	−.12	−.24	.16	−.39	−.11	.10	—	.09	.03	−.06	.29	.13
Efficacy	.03	.24	.15	.02	.22	.01	.00	.13	.21	—	.14	.46	.42	.55
Empathy	−.14	.14	.03	.02	.16	.12	.11	.20	.09	.10	—	.18	.19	.23
TIME HELPING	.05	.28	.35	.10	.21	.22	.27	.20	−.03	.37	.12	—	.29	.83
HELP QUALITY	.05	.30	.17	−.10	.22	−.22	−.01	.21	.32	.54	.10	.29	—	.78
TOTAL HELP	.06	.36	.33	.00	.27	.00	.16	.26	.18	.57	.14	.81	.80	—

Correlations for men are above the diagonal; correlations for women are below the diagonal.
Underlining refers to significant differences between correlations for men and correlations for women: single underling, $p < .01$, double underlining, $p < .001$. Entire sample—$N = 537$, women—$n = 325$, men—$n = 212$.

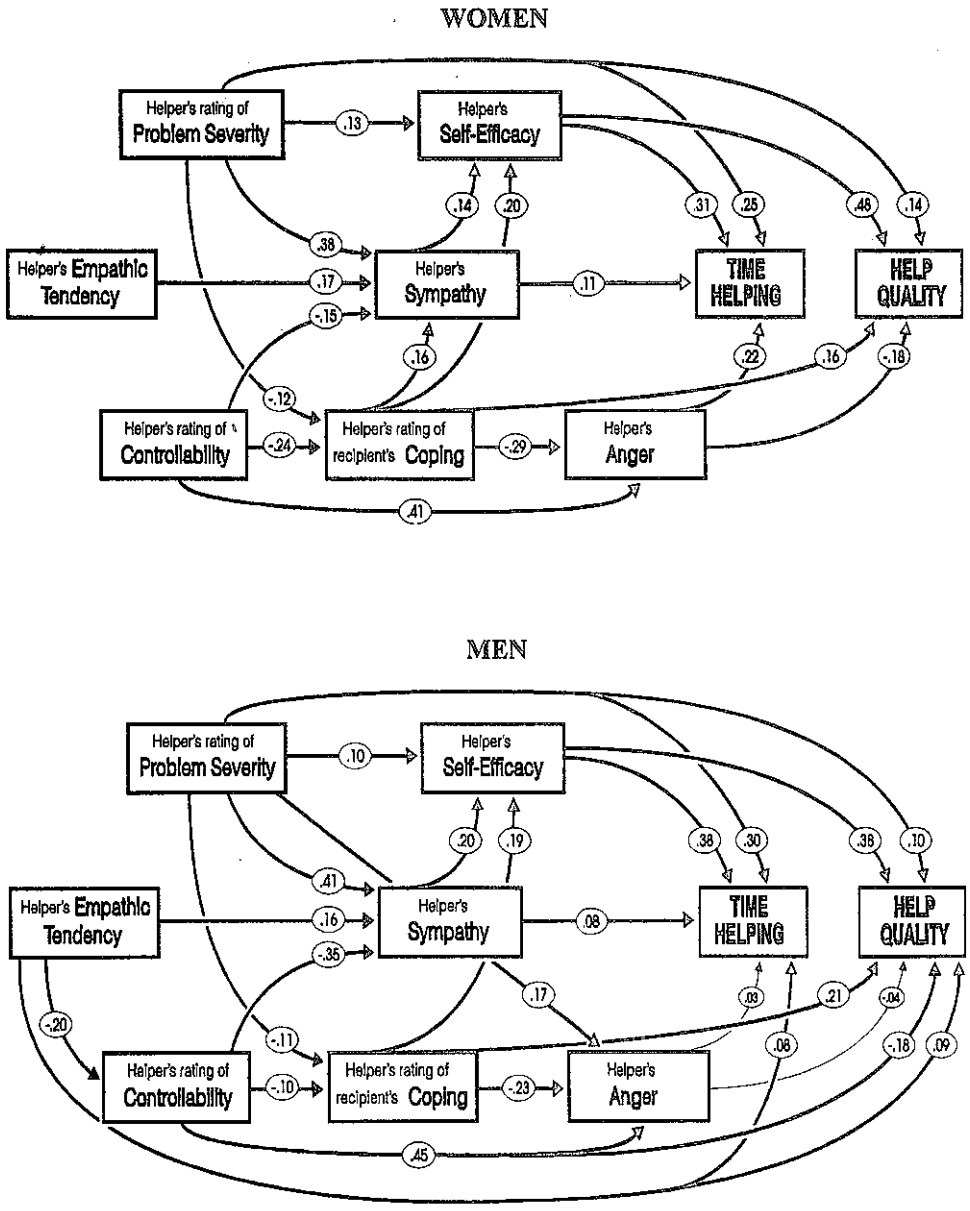

FIGURE 1. Structural model for women: χ^2 (15, $N = 325$) = 24.569, $p = .056$, Normed fit = .956, Nonnormed fit = .956, Comparative fit = .982. Covariances between the residuals of sympathy and anger = −.20, between the residuals of time and quality of help = .16. Structural model for men: χ^2 (13, $N = 212$) = 9.371, $p = .744$; Normed fit = .974; Nonnormed fit = 1.031; Comparative fit = 1.000. Covariances between the residuals of time and quality of help = .11, between the residuals of controllability and self efficacy = .13. Paths between anger and time spent helping and between anger and help quality are nonsignificant and are shown only for the sake of comparison with the model for women.

Empathy, Sympathy, and Closeness

Women scored higher than men on empathy [*M*s = 5.21 vs. 4.61; *SD*s .90 vs. .87; t (535) = 7.68, $p < .001$], experienced more sympathy in response to their friends' problems [*M*s = 5.37 vs. 4.79; *SD*s 1.24 vs. 1.32; t (535) = 5.11, $p < .001$], and rated the relationship with those they helped as closer [*M*s = 5.55 vs. 5.05; *SD*s 1.40 vs. 1.35; t (535) = 4.15, $p < .001$]. The gender difference for empathy was the greatest of any of the t-test comparisons.

Although women scored substantially higher in empathic tendency, for men empathy had a greater influence on other variables. For instance, for men (across all problem types), higher empathy was associated with lower judgments of controllability/fault (βs = −.19 vs. +.02, $p < .01$) and lower levels of anger (βs = −.07 vs. +.12, $p < .05$). For relational problems the differences were particularly salient as empathy facilitated the amount of time helping for men but actually diminished it for women (βs = +.21 vs. −.10, $p < .001$). Other problem-type comparisons contributed additional contrasts. For women, high empathy facilitated total help for goal-disruptive problems but diminished it for relational problems (βs = +.16 vs. −.09, $p < .01$). The reverse pattern occurred in men: empathy was associated with more time helping for relational problems but had no influence on goal-disruptive problems (βs = +.21 vs. .01, $p < .05$).

Shifting attention to closeness, it was found that the closeness of the relationship between the help giver and the help recipient had a greater influence for women than for men on time helping (βs = .11 vs. .00, $p < .05$), help quality (*r*s = .30 vs. .10, $p < .001$), and total help (*r*s = .36 vs. .18; βs = .19 vs. .00, *p*s < .01).

Extensive Influence of Controllability

The helper's rating of the controllability of the cause of the problem was found to have a significant influence on several variables in the structural models. For all participants, controllability was found to significantly influence the helper's sympathy (less controllable problems elicit more sympathy), anger (more controllable problems provoke more anger), and coping (if the problem cause is controllable, the recipient is perceived by the helper as coping more poorly). Significant gender differences show men rating problems as more controllable (and the recipient as more responsible and at fault) than women [*M*s = 3.54 vs. 3.00; *SD*s 1.69 vs. 1.74; t (535) = −3.60, $p < .001$]. Further, for men, controllability had a significantly greater influence on sympathy (βs = −.35 vs. −.15, $p < .001$), on help quality (βs = −.18 vs. +.02, $p < .001$), and total help given (βs = −.15 vs. .00, $p < .01$).

Influence of Anger

Men reported more anger than women in response to their friends' problems [*M*s = 2.42 vs. 2.02; *SD*s 1.54 vs. 1.52; t (535) = −2.85, $p = .005$]; however, anger had a significantly greater influence on both time helping and help quality for women than for men. Greater anger was associated with significantly *more* time spent helping for women (βs = .22 vs. .03, $p < .001$), and a significantly *lower* quality of

help (βs = −.18 vs. −.04, $p < .01$). The positive anger/time-helping relationship was even higher in the goal-disruptive setting where, for women, anger was the greatest predictor of time helping ($\beta = .31, p < .001$), whereas for men there was no influence ($\beta = .04$, *n.s.*). For women who scored high in empathy, there was significantly more anger expressed toward the friend but for men there was less [$r(325) = .12$ vs. $r(212) = -.07, p < .001$]. By contrast, if the problem was severe, men were more likely than women to experience anger (βs = .17 vs. .07, $p < .05$).

Gender Similarities: Self-Efficacy, Problem Severity, Coping

In this section beta weights are reported, womens' first, followed by mens'. For the entire sample, self-efficacy was the greatest direct predictor of time helping (βs = .31 vs. .38) and of help quality (βs = .48 vs. .38). For both women and men, a more severe problem was associated with greater sympathy (βs = .38 vs. .41), poorer coping (βs = −.12 vs. −.11), more time spent helping (βs = .25 vs. .30), and better help quality (βs = .14 vs. .10). For coping, if the help recipient was coping well, it resulted in better quality help (βs = .16 vs. .21), and higher efficacy on the part of the helper (βs = .20 vs. .19), but if the recipient was coping poorly it was associated with greater anger (βs = −.29 vs. −.23).

DISCUSSION

The most noteworthy findings of this research support Eagly and Crowley's (1986) contention that in the context of friends helping friends across a number of different problem settings, women emerge as substantially more helpful than men. This finding holds true whether the measure used is time spent helping, quality of the help, or a combined measure. For different categories of helping, women spend more time than men in giving empathic types of help, informational help, and, even on a construct where men were hypothesized to provide more help than women (instrumental help), women help more (although not significantly). Across problem types, similar results are found. Consistent with the social-role theory of helping, women report more occurrences of helping with relational problems and men report more incidents of helping with goal-disruptive problems (there is no difference for illness). Using the total-help measure, however, women are found to provide significantly more helping for all three types of problems. These findings counter the contention that men are more helpful than women and support the growing number of studies that reveal women as the more helpful gender across many settings.

Empathy, Sympathy, and Closeness

The strongest findings support the social-role-theory position that helping by women is more likely to be associated with caring and nurturance: Women measure higher in empathic tendency and also experience more sympathy than men in response to their friends' problems. Also, for women, good coping by the recipient is associ-

ated with a sympathetic response, whereas for men there is no relationship between the two variables.

In addition to the substantial gender differences on the amount of empathy experienced, there are also sharp contrasts for the influence of empathy on other variables. Men who are more empathic (as compared to women who score high on this measure) are less likely to blame the recipient, experience less anger, and, for relational problems, spend more time helping. These responses for empathic men parallel responses for women in general. The phenomenon at play appears to be that when men possess qualities more characteristic of women (higher empathy) their response patterns are more similar to those of women (more help, higher quality help, less blame, and less anger).

For women, empathic tendency facilitates helping for goal-disruptive problems and actually diminishes helping for relational problems. This reverses the finding for men in which greater empathy enhances helping with relational problems but has no influence on helping with goal-disruptive problems. It may be that too much empathy is counterproductive in settings where empathy, sympathy, and closeness are generally facilitative (relational problems). An example illustrates: If someone is trying to assist a friend who is weeping uncontrollably and ends up weeping uncontrollably himself or herself, the benefit may be minimal. Some level of objectivity, even detachment, may be useful. Thus, women (who in general score very high in empathic tendency) may be more effective with greater objectivity, whereas men (who generally score much lower) find an increase of empathy facilitative in a relational setting.

Sympathy, on the other hand, demonstrates a different phenomenon. It shows fairly strong bivariate correlations with all three measures of help for both men and women (ranging between .21 and .32). In the models, however, these correlations drop to barely significant relationships between sympathy and time helping (.08 and .11, respectively) and entirely disappear for help quality. One problem may be that in the structural models, sympathy is posed as *influencing* self-efficacy and help, but being influenced *by* severity, controllability, and coping. Bidirectionality might be a more accurate representation of the data. If we think of sympathy influencing one's rating of problem severity, controllability, recipient coping, and self-efficacy (rather than the other way around), then the direct and mediated influence of sympathy on time and quality of help approach the values suggested by the bivariate correlations. This also introduces the useful observation that one's feeling of sympathy might certainly influence one's judgment of problem severity, causal controllability, or how well one is coping with a particular problem.

Another assertion of the social-role theory of helping is that women are more likely to assist in close relationships. This perspective is supported in the present study. Analyses show that women rate the relationship with the person they helped substantially closer than do men, suggesting that closeness may be more integral to the helping process for women. This finding may also be associated with the greater empathy and sympathy women experience (presented earlier) and is also suggested by the research of D. E. Schmidt and colleagues (D. E. Schmidt, Conn, Greene, & Masirow, 1982) who found women more likely to affiliate with a needy friend and provide greater support, whereas men were more likely to withdraw from a friend who was experiencing a problem.

Not only do women report greater closeness, but closeness also has a larger influence on the helping process for women. Correlational analyses show a stronger relationship between closeness and all three types of helping (more time, higher quality, and more total help) for women than for men. In regressions, after the influence of other variables has been partialled out, closeness remains a significant predictor of all three types of helping for women, but is not a predictor of any of the help measures for men. Closeness appears to have less of an influence on the more instrumental, action-oriented help often provided by men. This result parallels the finding that, regardless of gender, closeness is more characteristic of help with relational problems and has little facilitative influence in a goal-disruptive setting. If I have a flat tire, I want the tire repaired, not warmth, closeness, or sympathy.

Controllability and Anger

By contrast, men rate the causes of problems as significantly more controllable, and as significantly more blameworthy (greater responsibility, more fault) than do women. Further, this perceived causal controllability has greater influence on several variables for men: Controllability has a significant influence on sympathy for both men and women (a more controllable problem yields less sympathy) but the influence for men, even in the most conservative analysis (the structural models), is much larger than for women (−.35 vs. −.15). The controllability–anger link is also stronger for men but not significantly. Then, empathy has a substantial influence on controllability for men (more empathy is associated with the helper perceiving the recipient as less at fault and the problem cause as less controllable) but not for women. Finally, the most telling difference finds that controllability has a significant direct influence on help quality for men but not at all for women. There appears to be some sort of pejorative or judgmental factor at play that has a greater influence on the helping process for men. Note the pattern: Men consider the help recipient as more responsible or at fault, and this is associated with less sympathy, more anger, and a lower quality of help. Before further comment, a look at the influence of anger may prove useful.

The largest gender differences in the correlational analyses involve the anger variable. Although men experience more anger than women within the helping context, anger has a much greater influence on helping for women. For men, the relationship between anger and any of the three help measures does not approach significance, but for women, anger emerges as strongly associated with *more* time spent helping and a *lower* quality of help. The difference of beta weights (for women) between anger and time helping (+.22) and between anger and help quality (−.18) is a substantial .40. Corresponding values for men are .03 and −.04, a difference of only .07. This contrast is particularly salient in a goal-disruptive setting where, for women, anger is the greatest predictor of time helping (higher even than self-efficacy) but for men there is no influence. Although these findings are consistent with hypotheses suggested by George's (1996) research, one is left wondering why anger influences time helping and help quality so differently, and why the gender difference between the two is so great.

This issue extends beyond the Eagly and Crowley social-role position, but theoret-

ical perspectives that might assist in understanding these diverse findings are found in the work by Kohlberg (1970) and Gilligan (1977, 1982) on moral development. Helping behavior certainly represents one aspect of moral behavior, and despite disagreement between these researchers, their descriptions of "conventional morality" for men and women are fairly similar. Kohlberg (Rice, 1995, p. 451) suggests that "women base morality on social relations and rules that are defined by others' approval or disapproval." Gilligan (Rice, 1995, p. 451) also proposes a social-relations basis of morality that "emphasizes sensitivity to other's feelings and rights, and showing concern and care for others." Both agree on their understanding of conventional morality for men: Kohlberg speaks of a morality based on "rigid conformity to society's rules, law and order mentality, and avoiding censure for rule breaking" (Rice, 1995, p. 448). Gilligan suggests that men base morality on obedience to abstract principles that "emphasize justice and the preserving of principles, rules, and rights" (Rice, 1995, p. 452).

These perspectives are congruent with many of the gender differences cited earlier. For men, note the following pattern: Within the helping context, men experience more anger and a greater number of factors cue their anger. They judge the problem cause as more controllable and the friend as more responsible and at fault. Finally, lower levels of sympathy and empathy combine with less time spent helping and a lower quality of help to suggest a law-and-order mentality: "If the person doesn't deserve help, then I'll not give it."

For women, the picture is equally consistent: Within the helping context, women experience a closer relationship with the friend and respond with sympathy and empathy to her/his problems. Their perception of the problem cause as less controllable and the friend as less responsible or at fault supports Gilligan's emphasis on sensitivity, feelings, concern, and care for the needy friend. The unusual influence of anger makes sense within the context of the Kohlberg viewpoint on morality. Anger that results in more time helping but a lower quality of help suggests "going through the motions, but one's heart is not in it"—a morality based on social approval. Perhaps a feeling of obligation to the friend encourages this type of response. Regression analyses showing obligation is a significant predictor of help quality and total help for women but not for men lends support to this idea.

Gender Similarities and Conclusion

It is just as important to note gender similarities as gender differences in the helping process. For both men and women, self-efficacy is the greatest predictor of all three types of helping, whereas problem severity ranks second in importance as a predictor of time helping and total help. For quality of help, problem severity is a significant (but weak) factor for women and a marginally significant predictor for men. The influence of sympathy on the helping process is also similar for both—a strong positive influence in the correlations, weaker in the structural models. Note in Figure 1 that the top halves of the structural models (dealing with problem severity, self-efficacy, and sympathy) look almost identical, whereas the lower halves (that deal with empathy, controllability, coping, and anger) reflect some of the differences described earlier.

Finally, findings of the present study contrast with those of other studies suggesting that in the context of helping friends, across many settings, and for different types of helping, women emerge as the more helpful gender. Further, the correlates of helping among women appear to be closely associated with sympathy, empathy, and the closeness of the relationship, whereas for men, judgments of controllability, responsibility, and fault loom larger. The unusual findings on anger require further study before strong conclusions can be drawn.

Initial submission: November 21, 1996
Initial acceptance: April 7, 1997
Final acceptance: November 29, 1997

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