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Recipient Need and Efficacious Caring as Moderators of Helpers' Reactions to Rejection and Acceptance

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Two experiments support and extend the thesis that rejection of their help is stressful for would-be helpers, and that it leads to "damage controlling" reactions whose eventual goal is to restore their self-image of being efficacious at helping and caring. American college students were invited to offer help, if they wished, to a poorly performing (confederate) recipient who then either rejected or accepted it. Rejected helpers expressed relatively negative affect, biased postdictions of low acceptance, claims of low decision control, recipient- and self-devaluation, and less desire for further association. Individual differences in self-perceived "efficacious caring" and manipulated level of recipient need were shown to moderate some of these outcome reactions. Violated expectancy of acceptance was shown to mediate some of these reactions. Studies were cited showing the generalizability of these findings and theoretical framework to applied contexts and across cultural settings.

The question of how would-be helpers react to rejection of their offers of help has received little systematic investigation until recently. The present two experiments extend a series of studies that address this question. The series builds on the basic assumption that spurning of help is stressful for would-be helpers, an assumption that is suggested by self-reports of professional caregivers (Farber, 1983) and by their interest in overcoming widespread client noncompliance (Meichenbaum & Turk, 1987).

In earlier role-play simulations (Rosen, Mickler, & Spiers, 1986), followed by "live" experiments involving American undergraduates (Cheuk & Rosen, 1993; Rosen, Mickler, & Collins, 1987), Rosen and his associates provided support for the hypotheses that helpers whose offers of help are rejected, as opposed to being accepted, by the recipient of the offer would react with negative affect and various forms of "damage control." They expressed relatively negative evaluations of the recipient, and made causal attributions for the unsuccessful outcome of their offer (rejection) that cast the recipient in a negative light. The unfavorable attributions occurred (though not as severely) even if the recipient was a close friend rather than a stranger (Cheuk & Rosen, 1992). Furthermore, the rejected helpers postdicted relatively lower acceptance: they maintained after the fact that they had considered it relatively unlikely before making their offer that the recipient would accept it (a form of hindsight bias). They also claimed that they had had relatively less control over the decision to offer help, despite having been told in advance that the decision to offer help was theirs to make, and they gave a relatively gloomy "prognosis" regarding the recipient's future performance. In addition, they expressed relatively less desire for further association with the recipient (Cheuk & Rosen, 1993).

An Asian sample of high school students on the peninsula of Macau provided support, in a rejection-only experiment, for the hypotheses that postdictions of acceptance would be lower, recipient evaluations would be more negative, and causal attributions more unfavorable to the recipient (recipient defensiveness), if acceptance was perceived (via manipulation) to be highly important (than unimportant) for the helper's self-image of social competence, or for the recipient's future academic welfare. Contrary to predictions, however, relatively greater (rather than less) desire for further association with the rejecter was expressed under the high importance conditions (Cheuk & Rosen, 1996).

Support was obtained by Rosen and his associates for the inference that the rejection constitutes an expectancy violation, namely, disconfirmation of the helpers' expectations that the offer would be accepted (Cheuk & Rosen, 1993; Rosen et al., 1987). They also showed that such expectancy violation mediated helpers' subsequent reactions to rejection (Cheuk & Rosen, 1993). In addition, participants who had previously rated themselves as highly efficacious at helping and caring, based on a 17-item measure adapted by Cheuk and Rosen (1993) mainly from Paulhus's control scales (1983) and Davis's empathy scales (1983), showed more extreme differences in expectancy violation after experiencing the outcome (rejection/acceptance) than did those with low self-perceptions of efficacy and caring. Moreover, the outcome reactions tended to be greater among these "highs" than among the "lows" on postdicted acceptance, prognosis, and self-serving bias, but relatively less among the "highs" on deci-

sion control and desired association. This last finding was interpreted as signifying that further association would provide the "highs" with an opportunity to overcome the recipient's resistance to being helped, thus reaffirming their self-image of "efficacious caring."

The first of the present experiments was undertaken with several objectives in mind. One objective was replication of some of the reactions of helpers to the *outcome* (rejection/acceptance) of their offer of help obtained by Rosen and his associates, the reactions in question being postdicted acceptance, decision control, prognosis, and desired association. Another objective was to investigate whether recipient-need level serves to moderate helpers' reactions to the outcome of their offer. In the Rosen et al. experiments previously cited, the level of need for help was kept relatively constant by representing the same-sex confederate as a peer, and by having the recipient always complete the same insufficient number of words on a practice task, regardless of condition. Yet the need for help may be more urgent for some individuals than for others. In the present experiment this issue was addressed by manipulating the academic status of the recipient who was represented either as a "remedial" student (high need) or as a "nonremedial control" (low need). The general hypothesis was that the effects of outcome would be relatively greater under high need than under low need, partly because rejection by a high-need recipient would be more of an expectancy violation, hence more stressful.

A third objective was a conceptual replication of some of the moderating effects of individual differences in self-perceived efficacious caring (EFCA), using a more extensive set of items than were employed in the Cheuk and Rosen (1993) study. It was hypothesized that high EFCA helpers would show relatively greater differences than low EFCA helpers in postdicted acceptance and decision control, the rationale being that high EFCA helpers would have a greater self-investment in the outcome. On the additional rationale that high EFCA helpers would feel relatively optimistic that they could achieve outcome control if given an opportunity to do so, it was predicted that their desire for further association, and their prognosis regarding the recipient's future performance, would be less affected by outcome than would be the case for low EFCA helpers.

EXPERIMENT 1

Method

Design and participants. The basic experimental design was an Outcome (rejection/acceptance) \times recipient Need Level (high/low) factorial. A 2-level third factor, (high/low) EFCA, was constructed from a distribution of composite scores based on eight individual difference scales. Of 173 students in introductory psychology at an American university who volunteered to participate in exchange for research credit, 14 were excluded for misunderstanding instructions and 11 were dropped for deciding not to offer help, leaving 74 women and 74 men.

Procedure. Several days after completing the eight group-administered individual difference scales, participants arrived for their individual session. They were told

either that they would be tutoring a remedial student or a nonremedial control student (like themselves) in a "feasibility study of peer tutoring." The tutors were instructed on how to administer a word assembly practice task to the "learner" (a same-sex confederate) and to evaluate the latter's performance. The learner, whom they could see through a one-way mirror, failed to complete more than four of the required six easy words in the allotted two minutes, thus appearing to need help.

Tutors were then asked whether they wished to help the learner prepare for the subsequent test task. Helping would entail offering the learner some rules for word construction (described as written by former helpers) that they could select from a card file on their table, and/or rules that they themselves might wish to write. Those who voiced their decision to offer help were told: "In a situation like this you can't just hand your rules to the learner. You have to find out first if the learner really wants your help. A way to find this out with minimum embarrassment is to make your offer through this partly prepared memo, then wait for the learner's answer." The memo, printed either in lower case or in all capitals, contained the caption, "memo" and the sentence, "I have some rules that you might find useful in preparing for the test task. Would you like to see them?" The memo was slipped under the learner's door and retrieved by the learner. The learner responded to a lower-case memo by writing "okay" (i.e., acceptance) on it, but to an all-capitals memo by writing "no" (rejection) on it, then returning it to the tutor. In the acceptance condition the tutor assembled a packet of rules and slipped it under the learner's door, whereupon the learner retrieved the packet and pretended to study the rules.

All tutors then completed a questionnaire that addressed the dependent variables and manipulation checks, in the mistaken belief that the test task would come next. All were then debriefed and credited with participation. Several students of each sex served as learners and several as experimenters.

A measure of efficacious caring (EFCA). A composite measure of efficacious caring was derived from responses, along 7-point rating scales, to sixty-one items comprising eight individual difference scales. Four of these scales were considered suggestive of chronic self-perceived efficacy. These were the Personal Efficacy and Interpersonal Control scales from Paulhus's (1983) Spheres of Control (SOC) battery, the Masculinity scale from the Personal Attributes Questionnaire (PAQ) of Spence, Helmreich, and Stapp (1974), and a 6-item scale of self-perceived Competence (unskilled/skilled, weak/strong, incompetent/competent, awkward/poised, naïve/sophisticated/ and incapable/capable). The Competence scale had been developed earlier by Rosen et al. for use as a dependent variable (Rosen et al., 1987; Rosen, Tomarelli, Kidda, & Medvin, 1986) and had yielded results paralleling those of the Masculinity scale. The present four alphas ranged from .58 to .83. The remaining four scales were considered suggestive of chronic self-perceptions of being a caring person. These were the Empathic Concern and Perspective Taking scales from Davis's (1983) battery of empathy scales, the Femininity scale from the PAQ, and a 6-item scale of self-perceived Sociability (egoistic/altruistic, vain/modest, unsympathetic/sympathetic, insensitive/sensitive, cruel/kind, not likeable/likeable). The Sociability scale had also been developed and used earlier by Rosen et al. in the same two studies cited and had yielded results paralleling

those of the Femininity scale. The present four alphas ranged from .73 to .82.

Subset scores were constructed by summing across, then averaging, the standardized mean scores of each participant on the four scales comprising the efficacy and caring subsets. Their respective alphas were .78 and .76. The correlation between these two subset scores, $r(146) = .32, p < .001$, though modest, was considered sufficient for present purposes to justify construction of an overall EFCA score. This score resulted from summing, then averaging, the standardized mean scores of each participant on all eight scales ($\alpha = .78$). For data analysis, a median split was performed on the EFCA distribution.¹

Dependent variables. All four measures were based on postoutcome responses on the questionnaire. To measure *postdicted acceptance*, participants were asked, via an 11-point rating scale ranging from "0 in 10 chances" to "10 in 10 chances," how likely they had thought it was, as they were making their offer, that the learner would accept it. A composite measure of *desired association* was constructed by averaging each participant's responses to two 11-point scales (to what extent they would be willing to serve as the learner's regular tutor, and to associate informally with the learner, if it could be arranged); ($r = .52, p < .001$). To measure *prognosis* participants were asked, via binary choice, for their "best guess as to how the learner will perform on the test task." The alternatives were: learner will complete (vs. not complete) the task (at least six words) successfully in the allotted time. In the case of *decision control* participants were asked to rate, via an 11-point scale, the extent to which their decision to offer help was up to them alone (1=not at all up to me, 11=entirely up to me).

Results and Discussion

Data were processed via Outcome \times EFCA \times Need Level analyses of variance (ANOVAs); *ns* varied across analyses due to incomplete responding. Preliminary ANOVAs had included sex of the helper-recipient pair as an additional factor, but that variable did not interact with the independent variables. Apropos of the seemingly "androgynous" flavor of the EFCA composite, female participants yielded higher scores than the males, $t(145) = -.25, p < .01$. This tendency turned out to be due to the caring component, $t(145) = -.38, p < .0001$, not the efficacy component, $t(145) = -.02, ns$. In any event, covariance analyses with pair gender as covariate produced essentially the same results.

Manipulation checks. Three participants incorrectly answered the question of whether their offer had been accepted and eleven responded incorrectly before offering help as to whether the learner was a remedial or nonremedial student; these fourteen were excluded from the main analyses. Those retained were subsequently asked to rate the extent to which "the other student had learned from his or her experience here up to now" (1=very little, 7=very much). As expected, the nonremedial learner was judged to have learned more ($M = 4.26$) than was the remedial learner ($M = 3.51$), $F(1, 136) = 10.77, p < .001$.

Main effects of outcome. All four main effects were in the predicted directions, though only two were clearly significant: Rejected helpers postdicted less acceptance

($M=7.28$) than accepted helpers ($M=8.06$), $F(1, 139)=6.16$, $p<.02$, and made much less optimistic prognoses ($M=.48$) regarding the recipient's future performance than accepted helpers ($M=.80$), $F(1, 139) = 16.89$, $p<.0001$. They also tended to desire less association with the recipient ($M=9.08$) than did accepted helpers ($M=9.86$), $F(1, 129) = 2.97$, $p<.10$. Their claim of decision control ($M=8.34$), though less than that of accepted helpers ($M=9.35$), was nonsignificant ($F=1.00$).

EFCA as personal moderator. The hypotheses called for the effects of outcome on postdicted acceptance and on decision control to be relatively greater among high EFCA than among low EFCA, but for the effects of outcome on desired association and prognosis to be relatively smaller among the high than the low EFCA. Although the patterns of obtained means were in the hypothesized directions on all four dependent variables, the differences were most clearcut with respect to postdicted acceptance. The Outcome \times EFCA interaction effect on postdicted acceptance was significant, $F(1, 139) = 11.29$, $p<.001$, with rejection eliciting significantly lower postdictions from high EFCA ($M=6.78$) than did acceptance ($M=8.61$), $F(1, 139) = 17.06$, $p<.0001$; this was not the case with low EFCA (corresponding M s = 7.79, 7.51), $F< 1.00$. The Outcome \times EFCA interaction effect on decision control was nonsignificant ($F=1.13$).

The Outcome \times EFCA interaction on desired association was also nonsignificant, $F(1, 139) = 1.13$, although the absolute differences tended to be less among high EFCA ($F< 1.00$) than among low EFCA ($F=2.35$, *ns*), as hypothesized. A highly significant main effect of EFCA on desired association was also obtained, $F(1, 129) = 19.99$, $p<.0001$, indicating relatively greater desired association by high EFCA ($M=10.48$) than by low EFCA ($M=8.45$), a difference that is consistent with the reasoning that high EFCA would be more socially outgoing.

The Outcome \times EFCA interaction effect on prognosis was not significant ($F= 1.50$, *ns*). However, rejected high EFCA tended to be more optimistic ($M=.58$) than rejected low EFCA ($M=.38$), $F(1, 139) = 3.55$, $p<.10$, as anticipated; accepted high and low EFCA were equally optimistic (M s = 80, .79).

Recipient need as situational moderator. The results did not support the general hypothesis that the effects of outcome on all four dependent variables would be relatively greater in the case of the high-need recipient. None of the Outcome \times Need Level interaction effects reached significance (F s < 1.00). The effects of outcome on postdicted acceptance were significant under low need ($p<.02$), but not under high need. The effects of outcome on desired association were marginally significant under high need ($p<.10$), but nonsignificant under low need.

In sum, the predicted main effects of outcome were significantly supported in the case of postdicted acceptance and prognosis, with relatively lower postdictions of acceptance and less optimistic prognoses following rejection. The main effect predictions were marginally supported in the case of desired association. The results on decision control were in the appropriate direction (lower following rejection), but nonsignificant.

Consistent with the view that EFCA as a personal moderator would amplify the effects of outcome on postdicted acceptance and decision control, but reduce the

effects of outcome on desired association and prognosis, high EFCA, relative to low EFCA, were significantly more responsive to the outcome in their postdictions of acceptance, and nonsignificantly more responsive on decision control. It had also been reasoned that high EFCA would be less responsive to outcome in the case of desired association and prognosis. Although the obtained patterns of means were in the appropriate directions, the differences were nonsignificant. The reasoning that high EFCA are more socially outgoing was supported by a significant main effect of EFCA on desired association.

The results failed to support the theorizing that recipient-need level would function as a situational moderator of helpers' reactions to rejection/acceptance of their offers of help. Two weaknesses may be suggested regarding the manipulation of need level: (a) having the nonremedial control recipient perform just as poorly on the practice task as did the remedial recipient might have diluted their perceived differences and (b) a failing performance on the sole practice task provided may not necessarily have suggested that the recipient "reliably" needed help. Experiment 2 sought to rectify these possible shortcomings by an amended manipulation of need level. Also the binary choice measure of prognosis in Experiment 1 may have been insufficiently sensitive to capture interaction effects; the measure was therefore revised in Experiment 2. Apart from these methodological concerns there were also substantive objectives, as reported in the upcoming material.

EXPERIMENT 2

For replication purposes the two independent variables were outcome of offer, but a performance-focused manipulation of recipient need level. The dependent variables again included *decision control*, but a revised version of *prognosis*. To these two were added an affective measure—*negative affect*, valuatative measures—*recipient evaluation* and *self-evaluation*, and an attribution measure—*recipient defensiveness*—to address helpers' explanations for the outcome. A measure of perceived *expectancy violation* was added to test again its posited mediational role.

It was hypothesized that, due to its stressfulness, rejection of their offer would elicit relatively more negative affect from helpers, and less favorable recipient evaluation. Furthermore, it would elicit a relatively less favorable self-evaluation, the rationale being that the rejection casts doubt on the helper's self-image of being competent at helping and caring, not simply because the rejection is an expectancy violation. In the interest of coping with the failure to induce acceptance, recipient evaluation would suffer more than self-evaluation. To aid coping, rejected helpers would diffuse responsibility for the outcome by attributing its cause to recipient defensiveness, by once again expressing a less optimistic prognosis, and by lower claims of having had sole decision control.

It was also hypothesized that recipient-need level would amplify the effects of outcome such that helpers' affective, valuatative, and cognitive (recipient defensiveness, prognosis, decision control) reactions to the recipient's response would be relatively greater if that response, particularly rejection, came from a high-need recipient. It was

reasoned again that the straits of a high-need recipient would be regarded as relatively more urgent, hence rejection by such a recipient would be more stressful, partly because it would be more unexpected. Finally, it was predicted, in keeping with the mediation hypothesis, that, while rejection would be perceived as a greater expectancy violation than acceptance, controlling for magnitude of expectancy violation would result in reducing the predicted effects of outcome.

Method

Design and participants. The basic design was an Outcome (rejection/acceptance) \times recipient Need Level (low/high) factorial, and a repeated measures third factor—Evaluation Target (recipient/self). Of 77 volunteers from the university's introductory psychology pool, 5 (four in the rejection condition) were dropped for suspecting their outcome reactions were being studied, and 9 were dropped for deciding not to offer help. Remaining were 40 females and 29 males; however, *ns* varied across analyses due to incomplete responding. Each participant was paired with a same-sex (confederate) partner. Pair sex did not interact systematically with the independent variables. Several confederates were used.

Overview. The procedure differed in certain respects from that in Experiment 1: The true participants were each told they were being paired with another volunteer from the same pool, that they themselves were randomly chosen to be tutor and their partner the learner, and that there would be three word-assembly tasks, the first two being practice tasks. Participants were shown a "manual" listing bogus performance norms allegedly based on hundreds of freshmen, and indicating that six words per practiced task constituted the average freshman performance. As prearranged, the learner completed either five words (low need) or three words (high need) on each practice task. Participants were then advised that most learners improve enough with practice to perform at the average level, and that those who do not may need help. The final decision of whether to offer help, however, was being left to the tutor. The remainder of the session was carried out as in Experiment 1.

Dependent variables and expectancy violation. Except for the manipulation checks on need level, the measures were based on postoutcome responses. Affect was measured by having participants rate via 7-point scales the extent to which each of the following eight emotional states reflected their present feelings: sad, bothered, insulted, offended, alarmed, annoyed, distressed, angry. Their internal consistency ($\alpha = .92$) clearly justified summation and averaging to construct an index of *negative affect*; similar items had produced a main effect of outcome in Rosen et al. (1987). Evaluation was measured by having participants rate themselves, then the recipient, on the same twelve (7-point) bipolar scales that were used in Experiment 1 for measuring two components of the EFCA measure, namely, self-perceived competence and sociability. The competence subscales ($\alpha s = .86, .90$, respectively for self and recipient) and the sociability subscales ($\alpha s = .83, .89$, respectively for self and recipient) were sufficiently correlated (.72 for self, .61 for recipient) to justify averaging into one index of *self-evaluation* and one of *recipient evaluation*.

Causal attributions regarding the outcome were elicited by having participants rate via 7-point scales their extent of agreement with whether each of fifteen suggested "reasons" (derived earlier from open-ended probing) would explain the learner's response to their offer. A principal components factor analysis yielded five factors with eigen values exceeding 1.00. The dominant first factor (eigenvalue = 5.66), however, accounted for 38% of the variance. Varimax rotation identified seven items loading at least .50 on this factor. These items were: the learner's being very stubborn, too proud for own good, too untrusting of tutor's ability to help, a person who hates to feel indebted, doubtful that tutor really cared, wanting to work independently, and wanting to do things through own efforts. Responses to these seven items were combined through simple summation and averaging into a composite index of *recipient defensiveness* ($\alpha = .90$), similar to one employed by Rosen et al. (1987) that had yielded a main effect of outcome. *Prognosis* was measured this time by having participants rate via an 11-point scale their extent of agreement that the learner would complete the third task on time. *Decision control* was measured as in Experiment 1. *Expectancy violation* was measured by having participants rate how surprised they were by the learner's response to their offer (1 = not at all, 7 = very surprised).

Results

Manipulation checks. All participants indicated correctly whether their learner had completed five words (low need) or three (high need) on each practice task. Some participants were also asked to rate the overall quality of the learner's performance on the two practice tasks (1 = very poor, 11 = very superior). As anticipated, there was a main effect of need level, $F(1, 38) = 45.82, p < .0001$, the high-need learner receiving lower ratings ($M = 3.54$) than did the low-need learner ($M = 5.00$). All participants correctly indicated whether their offer had been accepted.

Main effects of outcome. Differences due to outcome were all in the hypothesized directions, and reached significance. Rejected helpers expressed more negative affect ($M = 2.04$) than did accepted helpers ($M = 1.42$), $F(1, 63) = 7.55, p < .01$. Evaluation, analyzed via a mixed-design, yielded a non-surprising main effect of target, with less positive evaluation of the recipient ($M = 4.85$) than of the self ($M = 5.62$) across conditions, $F(1, 65) = 63.89, p < .0001$. There was also a main effect of outcome: rejected helpers expressed less positive evaluation across both self and recipient ($M = 4.96$) than did accepted helpers ($M = 5.55$), $F(1, 65) = 12.75, p < .0001$. As hypothesized, there was an Outcome \times Target interaction effect, $F(1, 65) = 6.94, p < .02$, such that outcome made more of a difference on recipient evaluation, $F(1, 65) = 19.50, p < .0005$, than on self-evaluation, $F(1, 65) = 3.21, p < .10$. In addition, greater recipient defensiveness was attributed to the rejecter ($M = 4.32$) than the acceptor ($M = 2.53$), $F(1, 63) = 37.85, p < .0001$. Furthermore, the rejecter elicited a less optimistic prognosis ($M = 5.52$) than did the acceptor ($M = 7.70$), $F(1, 63) = 17.77, p < .0001$. Rejected helpers also claimed less decision control ($M = 6.60$) than did accepted helpers ($M = 8.45$), $F(1, 63) = 5.09, p < .05$.

Recipient need as moderator. Although the Outcome \times Need Level interaction ef-

fects failed to reach significance, the patterns of means in the case of evaluation, prognosis, and decision control were in the predicted direction of stronger outcome reactions under high need than under low need. The rejecter was evaluated less positively ($M = 4.34$) than the acceptor ($M = 5.41$) under high need, $F(1, 65) = 17.26, p < .0001$, than under low need (corresponding M s = 4.55, 5.18), $F(1, 65) = 4.63, p < .05$. Self-evaluation was lower under rejection ($M = 5.46$) than under acceptance ($M = 5.96$) by the high-need recipient, $F(1, 65) = 3.77, p < .06$. The corresponding difference under low need was nonsignificant, $F < 1.00$. Outcome made a substantial difference on prognosis under high need, $F(1, 63) = 15.44, p < .0002$, favoring the acceptor ($M = 6.88$) than the rejecter ($M = 4.10$); the difference under low need (corresponding M s = 8.53, 6.94) was in the same direction but less significant, $F(1, 63) = 4.40, p < .05$. Outcome made a significant difference, too, on decision control under high need, $F(1, 63) = 6.31, p < .02$, with less claimed under rejection ($M = 6.00$) than under acceptance ($M = 8.76$); the difference under low need was in the same direction but nonsignificant, $F < 1.00$. Need level produced no moderating effects in the case of negative affect and recipient defensiveness.

Expectancy violation as mediator. It was first necessary to show (Baron & Kenny, 1986) that expectancy violation was directly affected by outcome. As expected, an Outcome \times Need Level ANOVA yielded a main effect outcome, with rejection eliciting far more surprise ($M = 5.62$) than did acceptance ($M = 2.60$), $F(1, 63) = 70.02, p < .0001$. The zero-order correlations between expectancy violation and the various dependent variables proper were then examined. The correlation of surprise with negative affect (.34), self-evaluation (-.29), recipient evaluation (-.60), prognosis (-.32), and attributed defensiveness (.54) were all significant at the .02 level or better; the correlation with decision control was nonsignificant. To test the mediation hypothesis, Outcome \times Need Level analyses of covariance (ANCOVAs) were performed on the dependent variable measures, with expectancy violation as the covariate. The overall prediction that the main effects of outcome would be reduced was supported on all the measures except decision control: The ANCOVAs essentially eliminated the effects of outcome on negative affect ($F = 1.01$), self-evaluation, and recipient evaluation (both evaluation F s < 1.00). It reduced the effects of outcome on recipient defensiveness, $F(1, 61) = 10.00, p < .005$, and on prognosis, $F(1, 61) = 5.07, p < .05$. The effect of outcome on decision control remained unchanged, $F(1, 61) = 6.70, p < .02$. Expectancy violation generally produced far more attenuation as a covariate than would any of these dependent variables, if the dependent variable were substituted for expectancy violation as the covariate.

GENERAL DISCUSSION

The basic theorizing guiding these studies was that would-be helpers cope with the stressful failure to induce acceptance of their help by resorting to various strategies in the attempt to bring about "damage control," with the ultimate goal of restoring their sense of being competent and caring enough to help people in need. In both experiments reactions to the outcome of their offer (rejection/acceptance) were consistent,

for the most part, with this theorizing. Although plausible alternative explanations could be offered for certain specific reactions this theoretical framework for interpreting those outcome reactions seems to prove more parsimonious and fruitful.

In Experiment 1, rejected helpers gave relatively lower postdictions of acceptance and poorer prognoses regarding the recipient's future performance. They also tended to claim that they had had less decision control, as to whether to offer help, and tended to express less desire for further association with the recipient. Although not all these predicted effects were significant, their directions were consistent with those reported by Cheuk and Rosen (1993). The experiment also employed a measure of individual differences in self-perceptions of efficacy at helping and caring for people in need (EFCA) as a possible moderator of helpers' outcome reactions. This measure, however, was based on a more extensive battery of items than the one employed by Cheuk and Rosen (1993). The reasoning that level of EFCA would amplify outcome effects on postdicted acceptance and decision control, but dampen outcome effects on prognosis and desired association was supported by the patterns of obtained means, although only the effect on postdicted acceptance was significant. Still, the directions of the means obtained using the present version of EFCA are parallel to the directions of means obtained on the same four variables by Cheuk and Rosen (1993) using their EFCA version. The first experiment also sought to test the proposition that level of recipient need would function as a situational moderator of helpers' outcome reactions. The results of need level were inconclusive, and led to the employment of a different manipulation of need level in a second experiment.

Experiment 2 also used a somewhat different array of dependent variables, namely, negative affect, recipient evaluation, self-evaluation, and recipient defensiveness, and, once again, prognosis and decision control. It also sought to investigate again the posited role of expectancy violation as a mediator of outcome reactions. As predicted, rejected helpers in Experiment 2 expressed more negative affect than did accepted helpers. They also expressed significantly lower decision control and poorer prognoses, results that were consistent with the directions obtained on these variables in Experiment 1; the new measure of prognosis clearly produced improved results. In addition, rejected helpers evaluated the recipient relatively less positively, tended to evaluate themselves less positively, too, and to attribute the outcome to recipient defensiveness—all results that parallel the results obtained by Cheuk and Rosen (1993).

The new manipulation of need level in Experiment 2 was successful for the most part in supporting the general prediction that the effects of outcome would be relatively stronger if the recipient were highly in need of help than less in need: the effects of outcome on recipient evaluation, self-evaluation, prognosis, and decision control were significantly stronger under high-need than low-need conditions. Need level had no effect in the case of negative affect and recipient defensiveness. It is conceivable that, although recipient performance per se was perceived as distinctly poorer in the high-need than low-need condition, the fact that the recipient was represented as essentially a peer who had come from the same pool of psychology students may have served to decrease somewhat the absolute significance of high need. An even stronger manipulation of recipient need might be achieved by combining both poor perfor-

mance with inferior academic status, namely, by representing the high-need recipient as a "remedial" student (as in Experiment 1), who then performed more poorly on practice tasks (as in Experiment 2), but representing the low-need recipient as a "control" student who then performed less poorly than his remedial counterpart.

Empirical support was likewise obtained in Experiment 2 for the proposition that rejection (compared to acceptance) would be perceived as an expectancy violation that, in turn, would mediate helpers' outcome reactions. Controlling statistically for expectancy violation reduced the main effects of outcome on negative affect, evaluation of both recipient and self, prognosis, and attribution of recipient defensiveness. These results parallel those obtained by Cheuk and Rosen (1993).

The self-threat implications for would-be helpers of having their offer of help rejected have been pursued in converging fashion in the laboratory both through use of a situational moderator and an individual difference moderator. The situational moderator, which alluded to acceptance of one's help as an important diagnostic of one's social competence, was shown by Cheuk and Rosen (1996) as influencing rejected helpers' reactions. A side benefit of that study was that, inasmuch as the study was carried out in the Far East with an Asiatic sample of high school seniors, the results bode well for the thesis that the phenomenon of spurned helpers' reactions is not simply a reflection of North American cultural influence. Still, the impact of this moderator under conditions of acceptance has yet to be investigated.

The individual difference approach to the self-threat issue, taken in the study of Cheuk and Rosen (1993) and in present Experiment 1, has shown promise, too. It points to the implications of high self-investment in acceptance of their help for the strength of helpers' reactions to its rejection. At the present stage of development, however, neither version of "efficacious caring" should be regarded as a completed product. A version whose psychometric properties are more fully explored and shows greater predictive validity would be highly desirable.

Still another self-threat approach would be to consider the reactions of practitioners whose careers are intimately concerned with helping others, yet who experience repeated spurning of their help from those it is their business to help. This approach was taken by associates of Rosen in three studies of professional caregivers. The studies were influenced by reports indicating that client resistance is a prime source of perceived job stress for professional caregivers (Farber, 1983; Kyriacou & Sutcliffe, 1978; Maslach & Jackson, 1982), reflects unfavorably on their sense of professional competence (Harrison, 1983), and reduces their attraction to clients (Wills, 1978). The studies were also influenced by the allegation that client resistance can contribute to burnout, that is, to a low sense of personal accomplishment, to depersonalization of clients (i.e., to caregivers tending to distance themselves from clients and caring less about them), and to emotional exhaustion—especially in the more dedicated of these caregivers (Pines, 1982).

In the first of those field studies, a New England sample of physicians and nurses rated the extent to which patients and colleagues reject their offers of help, via a 12-item measure of perceived spurning. They also completed a burnout and other

measures. As predicted, perceived spurning was positively associated with burnout, more specifically with a low sense of personal accomplishment and with depersonalization. Spurning was also associated with job-expectancy violation and disillusionment. However, those medical practitioners whose formal training had provided them with the advance expectation that patients often resist being helped were less likely to experience burnout than were those whose formal training had not provided this advance expectation. Such expectancy training also tended to buffer the spurning-burnout association (Mickler & Rosen, 1994). The measure of perceived spurning was subsequently adapted for use in two studies of Asian school teachers on Macau. It was shown to be positively associated with burnout in those two studies, too. Spurning was also associated with other forms of job stress and job dissatisfaction (Cheuk & Rosen, 1994). The receipt of supervisor support was inversely associated with burnout and appeared to buffer the spurning-burnout relationship (Cheuk, Wong, & Rosen, 1994).

It should be noted, however, that because all the measures in the three field studies were administered concurrently and because some of the data were based on retrospective accounts, the direction of causality linking spurning to burnout has yet to be demonstrated empirically. Still, those field studies, conducted as they were in different cultural settings and in different arenas of caregiving, support the propositions that repeated rejection of their help can indeed threaten the self-image and well-being of those who lives are dedicated to caregiving, apart from the possible consequences of such rejection for the well-being of the rejecters themselves.

NOTES

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1. An examination was also made to determine how median-split versions of both the efficacy and caring subsets would fare if they were substituted for the composite EFCA measure in the ANOVAs reported below. On all four variables the patterns of means using the efficacy subset as moderator closely paralleled those obtained using the entire composite, but to a less significant degree. The patterns of means using the caring subset as moderator were consistent with those produced by the EFCA composite only in the case of predicted acceptance; the remaining three analyses did not convey a clear picture. Thus the composite was a superior predictor than were either of the subsets. Also noteworthy is that analyses based on considering as high EFCA only those who stood above the respective medians on both the efficacy and caring subset scores, and as low EFCA only those who stood below the respective medians on both subset scores, produced essentially the same patterns of differences on all four dependent variables as did the original EFCA composite. But the resultant reduction in sample size (by a third) saddled the "purer" measure of "efficacious caring" with less power.

For purposes of comparison with the 17-item EFCA version of Cheuk and Rosen (1993), a factor analysis was carried out on the forty-nine items comprising six of these scales. Competence and Sociability were excluded inasmuch as these two factors were used in Experiment 2 to construct a joint measure of self-evaluation. Four factors accounted for 36% of the variance. The dominant first factor consisted mainly of Empathic Concern and Femininity items, suggesting the affective aspect of caring. A relatively closely linked second factor consisted mainly of Perspective-Taking items, suggesting a more cognitive aspect of caring. The remaining two factors contained Personal Efficacy, Interpersonal Control, and Masculinity items, suggesting the instrumental side of helping. This factor structure was essentially the same as in the Cheuk and Rosen study, which also produced a comparable level of internal consistency ($\alpha = .76$).

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