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# How Efficacious, Caring Samaritans Cope When Their Help is Rejected Unexpectedly

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This experiment, with 167 introductory psychology subjects, successfully replicated and extended to a wider array of affective, evaluative, and cognitive reactions, previous research on how would-be helpers cope when their help is rejected. It again supported the thesis that violation of perceived expectancy of acceptance mediates the effects of rejection. Using an individual difference measure of generalized self-perceptions of being a person who is sufficiently *efficacious and caring* (acronym, EFCA) to help others, we found support for the predictions that high EFCAs would react more strongly than low EFCAs on "proximal" forms of coping, but relatively less strongly on "confrontational" (future-oriented) forms. Our rationale was that high EFCAs expect more acceptance, are more optimistic, and have greater self-investment in the outcome. Mixed support was obtained for the prediction that situational differences in prior expectancy of acceptance moderate the effects of rejection.

It has been theorized that rejection of help by a person needing help is experienced by would-be helpers as a stressful expectancy violation—stressful because of the rejection's unfavorable implications for those aspects of their self-image that have to do with being sufficiently efficacious and caring to help (Rosen, Mickler & Spiers, 1986; Rosen, Mickler & Collins, 1987). Such rejection might well activate self-doubt as to whether the prospective helper possessed sufficient technical resources (task-relevant skills) for meeting the recipient's needs, interpersonal resources (social skills) for achieving outcome control (i.e., for inducing acceptance of those technical resources), and cognitive-affective resources (empathic orientations and concerns) that would sensitize helpers to the recipient's need for help and motivate them sufficiently to care.

We reasoned that, to cope with such stress, rejected helpers engage in a variety of reactions (affective, evaluative, cognitive, and behavioral), the immediate functions of which might be considered attempts to restore or reaffirm these helpers' self-perceptions of having control and thereby counter the self-doubt. We also reasoned that helpers' reactions to the *outcome* of their offer (i.e., to its rejection or acceptance) are

mediated by the extent to which they perceived the outcome to be an expectancy violation.

Some support for this theorizing was found in earlier experiments showing that rejected helpers, compared to those whose offer was accepted, subsequently ventilated more negative affect; this could be regarded as an attempt to restore emotional control. In addition, they evaluated the recipient much less positively, but the self only slightly less positively, than did their counterparts. They attributed the rejection (as opposed to acceptance) to an unflattering profile of recipient characteristics suggestive of the recipient's being defensive, and they gave a relatively pessimistic prognosis regarding the recipient's future performance. They also "postdicted" a relatively low likelihood of acceptance after the rejection; thus, they stated that they had considered it relatively unlikely prior to making their offer that the offer would be accepted. By implication, the rejection did not constitute a personal failure; instead, they may have redefined the situation as one of those in which normative or situational pressures call for offering help as the proper thing to do, even knowing beforehand that the help is likely to be refused. Such low postdicted acceptance could also be regarded as a motivated form of hindsight bias (Cheuk et al., 1989). Finally, rejected helpers tended to express relatively less desire for further association with the recipient. In sum, this cluster of evaluative and cognitive reactions might be considered as various attempts to deal psychologically with the threat to perceived outcome control (Rosen et al., 1990). Rejected helpers were also relatively less likely to acknowledge that they had complete freedom to decide whether to offer help, even though they had been told before they made their offer that the choice as to whether to offer help was entirely theirs. By implication, if control over decision-making did not rest exclusively with them, but the responsibility for making the offer could be diffused to include normative considerations or third parties, then the rejection could not be said to reflect unfavorably on their own wisdom as decision makers (see Janis & Rodin, 1979, on decision vs. outcome control; also Abramson & Alloy, 1981, on the "illusion of no control").

The present experiment had four objectives. One was to replicate these main effects of the outcome and to show its effects on several additional dependent variables. We predicted that rejected helpers would express not only more negative affect but also relatively less positive affect; attribute relatively less task involvement to the learner in accounting for the outcome; reveal self-serving bias by attributing relatively less responsibility for the outcome to themselves; and state that they contributed relatively little to the recipient's learning.

A second objective was to provide further evidence on the mediational role of perceived expectancy violation. Some support for this was found in an earlier study: When its magnitude was controlled for statistically, the impact of rejection on the coping reactions then measured was substantially reduced if not eliminated, for the most part (Rosen et al., 1990).

A third objective was to investigate whether individual differences in the kinds of self-perceived resources having to do with being sufficiently efficacious and caring to help others serve to moderate the effects of outcome. In the interest of brevity, this

cluster of resources is identified by the acronym *EFCA*. Note that the emphasis here is on regarding oneself as both efficacious and caring, for, in the last analysis, being efficacious enough to help but uncaring, or being a caring person but lacking the wherewithal to help, is not conducive to successful helping. It was reasoned that those standing high on this *EFCA* dimension would differ from their "low" counterparts in the strength of their responsiveness to the outcome of their offer, partly because they have a greater self-investment in helping, and partly because rejection would constitute more of an expectancy violation given their self-image.

Some evidence for this was shown with regard to the postdiction of acceptance. In an earlier experiment, those who stood higher on a composite of several individual difference measures of self-perceived efficacy, interpersonal control, and empathy gave relatively more extreme postdiction responses to the outcome than did their lower counterparts. They postdicted relatively less acceptance after being rejected than did the rejected "lows;" conversely, they postdicted relatively more acceptance after being accepted than did the accepted "lows" (Cheuk et al., 1989; Rosen et al., 1990). The present experiment extends this theorizing concerning the moderating role of *EFCA* to a wider array of coping reactions and uses a 17-item measure of *EFCA* derived from those earlier efforts.

Consideration of coping reactions in the light of individual differences suggests one way of grouping those reactions that is relatively independent of their control functions. For helpers to express relatively high decision freedom, high desire for further association with the recipient and high self-evaluation, despite encountering rejection, suggests that their coping is of a confrontational, problem-solving, future-oriented, perhaps optimistic quality (e.g., see Folkman, Lazarus, Gruen & DeLongis, 1986, on "confrontive coping" vs. "distancing"; also Norem & Cantor, 1986, and Scheier & Carver, 1985, on chronic optimism), whereas the remaining coping reactions addressed appear to have a more proximal quality, aimed at dealing with the here-and-now. It was predicted that, compared to low *EFCA*s, high *EFCA*s would react more strongly to the outcome than would the low *EFCA*s on the "proximal" forms of coping reaction. However, the high *EFCA*s would react *less* strongly to the outcome than would their low counterparts, on the "confrontational" form of coping. A possible implication of such "confrontational" reactions is that rejected high *EFCA*s consider the recipient's resistance to their attempted persuasion as a temporary setback and challenge and that future efforts on their part would succeed in overcoming such resistance.

The present experiment also investigated expectancy of acceptance as a possible moderator (i.e., independent) variable. Logically, one might infer that expectancy violation had occurred to the same degree whether helpers who had considered acceptance from a needy person highly likely, then experienced rejection, or whether helpers who had considered acceptance highly unlikely, then experienced acceptance. However, an earlier study showed that the average (undergraduate) helper regarded acceptance as more probable than rejection (Rosen et al., 1986). Moreover, earlier research with the present paradigm indicated that rejection elicited more perceived expectancy violation (i.e., surprise) than did acceptance (Rosen et al., 1990). This suggests that the

effects of outcome would be greater if helpers had prior information indicating that the likelihood of acceptance from such needy persons is high than if that prior information indicated that the likelihood was low.<sup>1</sup>

## METHOD

### *Overview*

Subjects reported for individual sessions for the alleged purpose of helping to tutor a "remedial" student learner. After completing a 17-item EFCA scale, they administered and evaluated the learner's performance on two word-assembly practice tasks by referring to certain bogus performance norms. The learner (a same-sex confederate) failed badly on both tasks, thus appearing to need help. Subjects were then asked whether they had decided to offer help and told that the choice was entirely theirs. Only those who agreed to offer help (nearly all did) then received preliminary instructions on the procedure for offering help. Some subjects (considered "control" subjects for this issue only) were asked to predict how likely it was that their offer of help would be accepted. All subjects next received a "fact sheet" indicating either that 82% (High Expectancy) or 18% (Low Expectancy) of remedial learners in our previous studies had accepted help from their tutors.

Subjects were invited to select (or write if they preferred) some rules for word construction that the learner might find helpful in preparing for the subsequent test task, then to offer and send them. Meanwhile, the experimenter would tape-record the verbal offer and the learner's verbal response. The outcome manipulation occurred after the offer was made. As prearranged, the learner either categorically accepted or rejected the offer. Under acceptance, the learner appeared to study the rules that were sent. All subjects then completed questionnaires addressing the dependent variables (other than postdicted acceptance), in the mistaken belief that the test task would come next. Those subjects who had not been asked beforehand to predict the likelihood of acceptance were asked to postdict its likelihood (they were considered as "experimental" subjects for this issue only). Finally, all subjects were debriefed and credited with participation.

### *Subjects and Design*

Introductory psychology students (79 females, 88 males) were recruited from a departmental research participants pool in return for research participation credit. The basic design was an Outcome (rejection/acceptance)  $\times$  EFCA (low/high)  $\times$  Expectancy of acceptance (low/high)  $\times$  Importance (low/high) factorial. For the special issue of prediction/postdiction of acceptance, 48 constituted the control (i.e., prediction) group, while 105 constituted the experimental (i.e., postdiction) group. All subjects were requested to respond to the remaining postoutcome questions.

### Construction of EFCA Scale

Construction was guided by earlier work on an EFCA composite scale (Rosen et al., 1990). The composite was derived from eight individual difference scales. Four were considered suggestive of chronic self-perceived efficacy: namely, the Personal Efficacy and Interpersonal Control scales from the SOC battery (Paulhus, 1983); the Masculinity scale from the PAQ battery (Spence, Helmreich & Stapp, 1974); and a 6-item scale of self-perceived Competence: (examples: unskilled/skilled, weak/strong, incompetent/competent) that we had developed earlier for use as a dependent variable (Rosen, Mickler & Collins, 1987). The other four scales were considered suggestive of chronic self-perceptions of being a caring person: the Empathic Concern and Perspective Taking scales from the IRI battery (Davis, 1983); the Femininity scale from the PAQ; and a 6-item scale of self-perceived Sociability (examples: insensitive/sensitive, egotistic/altruistic, cruel/kind) also developed earlier for use as a dependent variable (Rosen, Mickler & Collins, 1987). The composite score was obtained by summing, then averaging, the standardized mean scores of each subject on all eight scales ( $\alpha = .78$ ).

To construct a less cumbersome, shorter EFCA scale for the present study, a factor analysis was performed on the 49 items comprising six of the eight scales. Competence and Sociability were excluded so that they could again be used as a joint measure of the dependent variable *self-evaluation*. Of the four factors that emerged, the dominant first factor consisted mainly of Empathic Concern and Femininity items, suggestive of the affective aspect of caring. A relatively closely linked second factor consisted mainly of Perspective Taking items, suggestive of a cognitive-instrumental aspect of caring. The remaining two factors largely contained Personal Efficacy, Interpersonal Control, and Masculinity items, suggestive of technical and interpersonal efficacy. Eighteen items were then selected, such that each of the six scales was represented by three high-loading items. The 18 items were administered to the present sample in the form of 7-point rating scales (1 = does not describe me well, 7 = describes me very well). One of the Masculinity items ("I feel very superior") was discarded because it seemed inconsistent with the EFCA conceptualization and contributed most poorly to overall reliability. The final 17-item version ( $M = 5.08$ ,  $SD = 0.65$ ,  $\min = 3.07$ ,  $\max = 6.55$ ) was considered of sufficient internal consistency for present purposes ( $\alpha = .76$ ). Moreover, a factor analysis on the present EFCA data yielded essentially the same factor structure as that obtained in the earlier study.

### Dependent Variables

All dependent variables except for *affect* were based on 11-point rating scales. *Perceived expectancy violation* was based on how surprised subjects were by the learner's response to their offer (1 = not at all, 11 = very surprised). A 6-item measure of *negative affect* was constructed from subjects' postoutcome ratings (via 7-point rating scales) of whether they were presently feeling annoyed, insulted, sad, etc. A measure of *positive affect* was similarly constructed from subjects' rating of whether they were

feeling glad, cheerful, happy, etc. To measure *postdicted acceptance*, experimental subjects were asked to rate, on a scale whose endpoints were "[ZERO] in 10 chances..." and "10 in 10 chances that the learner would accept," how likely they had thought it was as they were making the offer that the learner would accept it. Control subjects were asked to complete a comparable rating form before they proceeded to make the offer.

*Self-serving bias*, or *attribution of responsibility* for the outcome to internal factors (i.e., to themselves) was based on subjects' mean response to three items: Agreement that the outcome was due to their own ability in handling situations like this and as to how they went about trying to get the learner to accept, but disagreement that it was due to factors in the situation beyond their own control and authority. Logically, a higher score would be expected after interpersonal success than after interpersonal failure.

*Attributed defensiveness*, a 7-item index, was based on subjects' mean agreement that the learner's response to their offer was due to the learner's being a very stubborn person, too proud for his/her own good, one who hates to feel indebted, and other such blameworthy attributes. A praiseworthy index of *attributed task involvement* was based on agreement that the learner's response was due to the learner's thinking that, by really trying hard, she or he could succeed and to the learner's seeing the task as a challenge. The *prognosis* measure was based on subjects' judgment of whether the learner was likely to complete the "forthcoming" test task on time. *Self-evaluation* was based on subjects' mean self-rating across the twelve bipolar items comprising the combined Competence and Sociability scales. *Evaluation of the learner* was based on subjects' mean rating of the learner across the same twelve rating scales. *Desired association* was measured by averaging each subject's rated willingness to serve as this learner's regular tutor and willingness to associate informally with this learner, if it could be arranged. *Estimated own contribution* was based on agreement that any learning that took place in this learner was due to the personal effort of the subject. *Decision freedom* was based on subjects' rating of the extent to which their prior decision to offer help had been entirely up to them alone.

## RESULTS

Excluded from analyses were five subjects (four were male) who chose not to offer help, nine who expressed suspicion about our true purpose (eight were in the rejection condition), and one who misunderstood instructions. All subjects retained reported correctly whether their offer had been accepted or rejected. The manipulation check on expectancy, performed necessarily on the control subjects, was successful: Those in the high expectancy condition predicted a greater likelihood of acceptance ( $M = 7.42$ ) than did those in the low expectancy condition ( $M = 6.09$ ,  $F(1, 39) = 6.30$ ,  $p < .02$ ). There was neither a significant main effect of EFCA nor a significant Expectancy  $\times$  EFCA interaction effect. However, the prediction of highest acceptance came from high EFCAs in the high expectancy condition ( $M = 7.81$ ), and the lowest prediction came from low EFCAs in the low expectancy condition ( $M = 5.72$ ),  $F = 8.22$ ,  $p < .02$ . Yet,

TABLE 1  
Mean Reactions of Helpers to Outcome of Their Offer

Form of Reaction	Outcome of Offer			
	Rejection	Acceptance	F	p
Expectancy violation	7.74	4.01	74.44	.0001
Negative affect	2.94	1.96	26.43	.0001
Positive affect	2.90	4.14	39.86	.0001
Evaluation of learner	6.34	7.21	20.21	.0001
Postdicted acceptance	6.12	7.35	7.58	.01
Self-serving bias	5.39	5.96	2.41	ns
Attributed defensiveness	6.49	4.34	54.78	.0001
Attributed task involvement	6.06	6.90	6.00	.02
Own contribution	2.83	5.92	79.36	.0001
Prognosis	2.84	5.25	47.30	.0001
Decision Freedom	7.42	8.47	4.57	.05
Desired association	5.87	6.95	6.37	.02
Self-evaluation	8.44	8.63	1.25	ns

*Note.* Higher means on the respective variables signify greater perceived expectancy violation (surprise), negative affect, positive affect, positive evaluation of learner, self-serving bias, attribution of defensiveness, attribution of task involvement, greater acknowledgement of own contribution, greater expression of a favorable prognosis, of decision of freedom, of a desire for further association, and of positive self-evaluation.

Postdicted acceptance

attention should be drawn to the restricted range of these differences and the "predictions" of the control subjects were relatively optimistic, overall.

Although sex of subject (and partner pair) did not interact systematically with the manipulated variables, the fact that males scored lower on the EFCA scale than did females ( $r [163] = -.33, p < .0001$ ) suggested the advisability of employing analyses of covariance (ANCOVAs), with sex as the covariant. A dichotomized version of the EFCA distribution was employed in the Outcome  $\times$  EFCA  $\times$  Expectancy  $\times$  Importance ANCOVAs (again, see Footnote 1). The *N*s varied somewhat across ANCOVAs due to incomplete responding.

### Effects of Outcome

The main effects of outcome are described here in general terms. Specific means and significant levels are reported in Table 1.

The directions of differences were consistent with the hypotheses and were significant at least at the .05 level in all but two instances (self-serving bias and self-evaluation). More expectancy violation (surprise) was expressed under rejection than under acceptance. Rejection, compared to acceptance, elicited relatively more negative affect, less positive affect, less positive evaluation of the learner, lower postdiction of acceptance, more attributed defensiveness and less attributed task involvement to the learner, lower acknowledgement of own contribution to the recipient's learning, less

TABLE 2  
Mean Reactions of Low- versus High-EFCA Helpers to Outcome of their Offer

Form of Reaction	Level of EFCA			
	Low		High	
	Rejection	Acceptance	Rejection	Acceptance
Expectancy violation	7.51	4.61	8.48	3.91
Negative affect	2.84	2.13	3.05	1.78
Positive affect	2.93	3.85	2.88	4.43
Evaluation of learner	6.53	7.05	6.16	7.37
Postdicted acceptance	6.19	6.88	6.06	7.82
Self-serving bias	5.91	5.50	4.88	6.41
Attributed defensiveness	6.24	4.42	6.74	4.26
Attributed task involvement	6.21	6.58	5.91	7.22
Own contribution	3.02	5.64	2.63	6.20
Prognosis	3.13	4.91	2.55	5.59
Decision freedom	6.50	8.03	8.34	8.90
Desired association	5.23	6.65	6.51	7.25
Self-evaluation	7.86	8.26	9.03	9.01

*Note.* See footnote to Table 1 with regard to direction of means. EFCA is based on a measure of individual differences in self-perceptions of being sufficiently efficacious and caring to help others.

optimistic prognosis regarding the learner's future performance, lower expression of decision freedom, and less desire for further association. We had predicted that the negative effect of rejection on self-evaluation would be relatively small. The effect was nonsignificant.

#### *Perceived Expectancy Violation as Mediator*

Expressed surprise was entered as an additional covariate in a series of ANCOVAs on the other dependent variables. As hypothesized, the effect of outcome was reduced, though it still remained significant in the following cases: Negative affect,  $F(1, 147) = 5.52, p < .025$ ; positive affect,  $F(1, 146) = 24.76, p < .0001$ ; attributed defensiveness,  $F(1, 145) = 13.22, p < .0005$ ; estimated own contribution,  $F(1, 147) = 42.66, p < .0001$ ; and prognosis,  $F(1, 146) = 18.13, p < .0001$ . Its effect was reduced to marginal significance both on evaluation of learner,  $F(1, 143) = 3.75, p < .10$ , and on desired association,  $F(1, 145) = 3.78, p < .10$ . The effect of outcome on attributed task involvement was reduced to nonsignificance,  $F(1, 147) = 1.91, ns$ . Its effects remained nonsignificant both on self-serving bias,  $F(1, 120) = 1.14, ns$ , and on self-evaluation,  $F < 1.00$ . Only on postdicted acceptance did the significance of the effect of outcome increase somewhat,  $F(1, 87) = 9.09, p < .005$ .



### MODERATING EFFECTS OF EFCA

The respective Outcome  $\times$  EFCA patterns are described here in general terms. Specific means of the high and low EFCAs under rejection and acceptance, respectively, on the various measures appear in Table 2. The Outcome  $\times$  EFCA interaction effect was marginally significant in the case of surprise,  $F(1, 148) = 3.70, p < .10$ . As anticipated, however, the effect of outcome on surprise was stronger on high EFCAs,  $F = 53.14, p < .0001$ , than on low EFCAs,  $F = 25.51, p < .0001$ . With regard to coping reactions per se, one of the Outcome  $\times$  EFCA interaction effects, was significant, namely the effect on self-serving bias,  $F(1, 121) = 7.19, p < .01$ . Two of the interaction effects were marginally significant, namely, the effect on learner evaluation,  $F(1, 146) = 3.29, p < .10$ , and the effect on prognosis,  $F(1, 149) = 3.25, p < .10$ . Interaction effects on the remaining dependent variables were nonsignificant.

Planned comparisons revealed, as predicted, that the comparative differences due to outcome tended to be greater among the high EFCAs than among the low EFCAs on the "proximal" measures and lower among the high EFCAs than among the low EFCAs in the case of the "confrontational" measures. Specifically, the effects of outcome tended to be greater among high EFCAs than among low EFCAs on the following: Negative affect,  $F(1, 150) = 20.72, p < .0001$ , versus  $F = 7.88, p < .01$ ; positive affect,  $F(1, 149) = 29.74, p < .0001$ , versus  $F = 11.82, p < .001$ ; learner evaluation,  $F(1, 146) = 18.80, p < .0001$ , versus  $F = 4.24, p < .05$ ; postdicted acceptance,  $F(1, 88) = 7.20, p < .01$ , versus  $F = 1.44, ns$ ; self-serving bias,  $F(1, 121) = 8.56, p < .01$ , versus  $F < 1.00$ ; attributed defensiveness,  $F(1, 148) = 34.37, p < .0001$ , versus  $F = 22.46, p < .0001$ ; attributed task involvement,  $F(1, 150) = 8.37, p < .02$ , versus  $F < 1.00$ ; own contribution,  $F(1, 148) = 50.51, p < .0001$ , versus  $F = 32.27, p < .0001$ ; prognosis,  $F(1, 149) = 35.58, p < .0001$ , versus  $F = 14.97, p < .0002$ . In contrast, the effects of outcome tended to be smaller among the high EFCAs than the low EFCAs on the following: Decision freedom,  $F(1, 149) < 1.00$ , versus  $F = 5.56, p < .025$ ; desired association,  $F(1, 148) = 1.44, ns$ , versus  $F = 5.39, p < .02$ ; and self-evaluation,  $F(1, 145) < 1.00$  versus  $F = 3.17, p < .10$ .<sup>2</sup>

### MODERATING EFFECTS OF MANIPULATED EXPECTANCY OF ACCEPTANCE

The respective Outcome  $\times$  Expectancy interaction patterns are described below in general terms. Specific means appear in Table 3.

The Outcome  $\times$  Expectancy interaction effect on perceived expectancy violation (surprise) was marginally significant,  $F(1, 148) = 3.03, p < .10$ . As anticipated, the effects of outcome on surprise were stronger under high expectancy,  $F = 57.91, p < .0001$ , than under low expectancy,  $F = 23.89, p < .0001$ . It is noteworthy, too, that rejected helpers under high expectancy were more surprised than accepted helpers under low expectancy,  $F = 31.71, p < .0001$ .

With regard to the coping reactions per se, all the Outcome  $\times$  Expectancy interaction effects were nonsignificant, except for the marginal case of negative affect,  $F(1, 150)$

It is interesting that mean postdicted acceptance of the rejected high expectancy-high EFCA experimentals ( $M = 5.69$ ) was significantly lower than mean predicted acceptance of the high expectancy-high EFCA controls ( $M = 7.81$ ),  $t(1, 135) = 2.38$ ,  $p < .02$  (two-tailed). This was the only significant difference on the prediction-postdiction issue between experimental and control subjects of the same expectancy and EFCA levels.

## DISCUSSION

Our first aim was to replicate and extend to a broader array of coping reactions within the confines of the same study previous scattered findings on how would-be helpers respond to a recipient's rejection, as against acceptance, of their offer of help. Second, we sought to replicate and extend previous findings concerning the mediational role that perceived expectancy violation was posited to play. Our third aim was to demonstrate, through a newly constructed individual difference scale, that the effects of rejection, as opposed to acceptance, are moderated by the extent to which helpers generally view themselves as sufficiently efficacious and caring (acronym, EFCA) to be helpful persons. The fourth objective was to demonstrate the possible moderating role of situational differences in prior (i.e., pre-outcome) expectancy of acceptance.

The first objective was clearly realized. We successfully replicated the hypothesized main effects of outcome: Compared to accepted helpers, rejected helpers ventilated more negative affect and evaluated the recipient relatively negatively, but their self-evaluations suffered little. They postdicted relatively lower acceptance, attributed the outcome to a profile of relatively unflattering traits suggestive of recipient defensiveness, and made a relatively gloomy prognosis regarding the recipient's future task performance. Furthermore, they were relatively more inclined to report that their decision to offer help had not entirely been made freely and expressed relatively little desire for further association with the recipient. Our predictions were also supported on three additional measures: Rejected helpers expressed relatively less positive affect, attributed relatively less task involvement to the recipient in accounting for the outcome, and acknowledged that they had contributed relatively little to the recipient's learning.

We had speculated that the immediate function of these various coping reactions by rejected helpers is to restore, if possible, emotional control in the case of affective reactions, outcome control in the case of the evaluative and the cognitive reactions other than perceived decision freedom, and low decision control in the case of decision freedom. Furthermore, we had reasoned that all three categories of control-restoring attempts may serve in turn to reduce self-doubt about their self-perceived EFCA. On the surface, it may seem odd to regard outcome control and low decision control as serving the same end of self-image maintenance. The implied strategy in the first case is to suggest there are boundaries that limit their domain of outcome control and that, by locating at least some of the responsibility for the present outcome outside of that domain, the domain can be regarded as still intact. The implied strategy in the second case is to suggest that there are boundaries to their domain of decision control and that, to the extent that these helpers can locate at least some of the responsibility for the

helping decision outside of that particular domain, the unfavorable consequences of the decision cannot be said to reflect adversely on their wisdom as decision-makers. Put differently, the boundaries of both domains seem to be expanded or contracted psychologically, depending on the goodness of the just-experienced outcome.

Our second objective was also clearly reached. In keeping with its posited mediational role, when perceived expectancy violation (which was elicited considerably more by rejection than by acceptance) was treated in turn as a covariate, the effects of the outcome on most of the forms of coping reaction measured were significantly reduced, if not eliminated.

Our third objective was also attained. We had theorized that individual differences in self-perceived EFCA would moderate the effects of outcome, such that those effects would be stronger among the high EFCAs than among the low EFCAs on the "proximal" forms of coping reaction, but that the effects would be relatively weaker among high EFCAs than among low EFCAs on the "confrontational" forms of reaction, based on the rationale that high EFCAs have a relatively greater self-investment in helping and that rejection would constitute a relatively greater expectancy violation for their self-image.

In support of this reasoning, we found that rejection was indeed perceived to be more of an expectancy violation by the high than by the low EFCAs. Support with regard to proximal reactions was shown in that the predicted effects of outcome were relatively greater among the high EFCAs on affect ventilation, learner evaluation, postdicted acceptance, self-serving bias, attributions of defensiveness and low task involvement to the recipient, estimation of own contribution, and prognosis. It should be noted that the moderating effects of EFCA in the case of postdicted acceptance constituted a successful conceptual replication.

Support with regard to the confrontational forms of reaction was seen in the weaker effects of outcome among high EFCAs than among low EFCAs on desired association, self-evaluation, and decision freedom. This pattern of confrontational differences is consistent with the implication drawn at the outset that high EFCAs may regard the rejection as a challenging, temporary setback that future efforts on their part could overcome (again, see Footnote 2).

Pursuit of our fourth objective produced equivocal results. We had reasoned that the effects of outcome would be stronger under preconditions of high than of low expectancy of acceptance. The differences observed were consistent with our theorizing on some forms of reaction, opposite to what we had hypothesized on other forms, and essentially equivalent on the remaining ones. Still, we think it would be premature to dismiss the posited moderating role of situational expectancy. Recall again the optimistic subjective probabilities of acceptance expressed by a previous sample (Rosen et al., 1986) and the fact that the predictions made by the control subjects in the present experiment were also relatively optimistic. This prevalent form of "positivity bias" may very well put limitations on the effectiveness of certain kinds of expectancy manipulation, at least as employed here.

An alternative might entail giving helpers prior expectancy knowledge about the

specific target recipient. For instance, such knowledge might indicate how often that recipient had accepted help from others in the past. Jones (1990) has suggested that a "category-based expectancy" (in the present experiment, how often other remedial recipients have accepted help from other helpers) may often be treated "probabilistically" by the perceiver, in the sense that, if the perceiver then experiences a disconfirmation at the hands of a particular target person, the category-based expectancy is apt to be dismissed as irrelevant or inapplicable. Such dismissal, says Jones, is less likely to occur if a "target-based expectancy" (expectancy knowledge about the specific target person) is disconfirmed.

In our opinion, it was no accident that expectancy moderated the effects of outcome on postdicted acceptance, as hypothesized. Recall that the main effect of outcome, the Outcome  $\times$  EFCA interaction effect, and the Outcome  $\times$  Expectancy interaction effect on postdicted acceptance were significant. Note again, too, that the sole significant difference between the prediction of acceptance (by the control subgroup) and the postdiction of acceptance (by the experimental subgroup) occurred in the case of high EFCAs who were subjected to the high expectancy condition. It may be that postdiction of acceptance proved effective because the measure is relatively subtle and because postdiction is relatively closely linked, conceptually, to central elements of the theory.

There are a number of directions in which it might be fruitful to move. One would entail further work on the EFCA scale. It would also be desirable to study the reactions of spurned helpers in contexts other than transitory encounters with strangers, in settings outside the laboratory, and with helpers other than undergraduate students. In this last connection, there are some indications that rejection by clients is stressful for professional caregivers too (e.g., Kasl, 1975; Maslach & Jackson, 1982). If so, their reactions deserve systematic study. Apropos of coping reactions, it would be useful to include not only "interpretive" (self-reportive) forms but also behavioral forms (Rothbaum, Weiss & Snyder, 1982), such as persistence in attempts to induce acceptance.

## NOTES

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1. We had considered the perceived importance of the outcome for the helper's self-image to be an additional mediator of the effects of outcome. The present experiment included importance as a second possible situational moderator. Although its manipulation check was successful, the manipulation only yielded two isolated, uninterpretable higher-order interaction effects.

2. Apropos of the "confrontational" measures, it should be noted that EFCA differences yielded main effects in the direction of greater reported decision freedom,  $F(1, 149) = 6.93, p < .01$ ; also greater desired association,  $F(1, 149) = 4.44, p < .05$ ; and more positive self-evaluation,  $F(1, 145) = 28.80, p < .0001$ . It might be mentioned, too, that, when experimental subjects were asked to indicate (on an additional item) how strongly they had felt that the learner should accept their offer, high EFCAs endorsed this item more strongly ( $M = 8.82$ ) than did low EFCAs ( $M = 7.71$ ),  $F(1, 90) = 4.80, p < .05$ , regardless of outcome.

## REFERENCES

- Abramson, L.Y., & Alloy, L.B. (1981). Depression, nondepression, and cognitive illusions: A reply to Schwartz. *Journal of Experimental Psychology: General*, *110*, 436-447.
- Cheuk, W. H., Mickler, S., Cochran, W., Harlow, T. F., McIntosh, W. D., Rawa, P., & Rosen, S. (1989, August). *Hindsight bias and other coping reactions of rejected helpers*. Paper presented at the meeting of the American Psychological Association, New Orleans, LA.
- Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology*, *44*, 113-126.
- Folkman, S., Lazarus, R. S., Gruen, R. J., & DeLongis, A. (1986). Appraisals, coping, health status, and psychological symptoms. *Journal of Personality and Social Psychology*, *50*, 571-579.
- Janis, I., & Rodin, J. (1979). Attribution, control, and decision-making: Social psychology and health care. In G. C. Stone, F. Cohen, N. E. Adler & Associates (Eds.), *Health psychology—A handbook* (pp. 487-521). San Francisco, CA: Jossey-Bass.
- Jones, E. E. (1990). *Interpersonal perception*. New York: W. H. Freeman.
- Kasl, S. V. (1975). Issues in patient adherence to health care regimens. *Journal of Human Stress*, *1*(3), 5-17.
- Maslach, C., & Jackson, S. E. (1982). Burnout in health professions: A social psychological analysis. In G. S. Sanders & J. Suls (Eds.), *Social psychology of health and illness* (pp. 227-250). Hillsdale, NJ: Lawrence Erlbaum.
- Norem, J. K., & Cantor, N. (1986). Anticipatory and post hoc cushioning strategies: Optimism and defensive pessimism in "risky" situations. *Cognitive Therapy and Research*, *10*, 347-362.
- Paulus, D. (1983). Sphere-specific measures of perceived control. *Journal of Personality and Social Psychology*, *44*, 1253-1265.
- Rosen, S., Mickler, S. E., Cheuk, W. H., McIntosh, W. D., Harlow, T. F., Rawa, P., & Cochran, W. (1990). *Moderating effects of self-perceived efficacious caring and recipient need on helpers' reactions to violated expectancy of acceptance*. Unpublished manuscript.
- Rosen, S., Mickler, S. E., & Collins, J. E., Jr. (1987). Reactions of spurned helpers. *Journal of Personality and Social Psychology*, *53*, 288-297.
- Rosen, S., Mickler, S., & Spiers, C. (1986). The spurned philanthropist. *Humboldt Journal of Social Relations*, *13*, 145-158.
- Rothbaum, F., Weisz, J., & Snyder, S. (1982). Changing the world and changing the self: A two-process model of perceived control. *Journal of Personality and Social Psychology*, *42*, 5-37.