

Summer 1-1-1991

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### Recommended Citation

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## DO ADOLESCENTS HELP AND SHARE?

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### ABSTRACT

Although developmental and social psychologists have studied prosocial behavior for the past twenty years, its occurrence in adolescents has received little attention. In the present paper, observational and self-report data were collected on 37 nonhandicapped and handicapped (behaviorally disordered) adolescents in public school settings. Helping, sharing, cooperating, comforting, defending, donating, and rescuing were the prosocial behaviors investigated. The adolescents with handicaps displayed significantly more prosocial behavior than did the nonhandicapped adolescents. However, the nonhandicapped adolescents perceived themselves as engaging more frequently in prosocial behavior than did their handicapped peers. The teachers of the handicapped adolescents used a prosocial teaching style more frequently than did the teachers of the nonhandicapped adolescents. Implications for future research and training are discussed.

Of particular importance in a person's behavioral repertoire are behaviors that benefit others. Helping, sharing, donating, rescuing, defending, comforting, and cooperating are essential to an individual's and society's maintenance and well-being. Although these altruistic or prosocial behaviors have received intermittent attention from social and developmental psychologists since the early 1900s, very little is known about adolescent prosocial behavior. Developmental psychologists have concerned themselves with infants and preschool children, and, to a lesser extent, older children. Social psychologists have focused on college students and adults when examining prosocial behavior. Adolescents, in particular those with behavior problems, have received scant attention from prosocial behavior researchers.

The attention focused on prosocial behavior by developmental and social psychologists is in part due to the critical role that such behavior plays in the formation of positive interpersonal relationships. Children who are rated high in altruistic behavior have been shown to be more popular among peers (Hartup, Glazer, & Charlesworth, 1967), and receive more help from peers (Mannarino, 1976; Raviv, Bar-Tal, Ayalon, & Raviv, 1980). Prosocial behavior has been positively correlated with self-concept (Midlarsky, 1968; Staub 1978) and being happy (Moore, Underwood, & Rosehan, 1973). In younger children, prosocial

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*ADOLESCENCE*, Vol. 26, No. 102, Summer 1991  
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behavior training has reduced aggression (Feshbach, 1982) and improved peer relationships (Cooper, Johnson, Johnson, & Wilderson, 1980).

Learning appropriate social behavior and building the skills necessary for positive interpersonal relationships are developmental objectives during adolescence. Many adolescents with handicapping conditions, especially adolescents with behavior disorders, demonstrate an inability to establish and maintain satisfactory relationships with teachers and peers. Adolescents with behavior disorders frequently exhibit disruptiveness, fighting, uncooperativeness, and aggression (Cullinan, Epstein, & Kaufman, 1984). Although prosocial behavior may be a potentially powerful intervention tool in the development of positive social interaction skills among handicapped as well as nonhandicapped adolescents, it is inaccurate to generalize our current knowledge of prosocial behavior among young children to an older population. Several prominent researchers in the field of prosocial behavior have commented on the absence of information regarding prosocial behavior in adolescents in general and the handicapped in particular (Radke-Yarrow, Zahn-Waxler, & Chapman, 1983). The same prosocial processes that have been defined for young children may not be operating or relevant with adolescents.

The purpose of this study was to examine the types of prosocial behavior exhibited by nonhandicapped and handicapped adolescents. Descriptive data of this nature are required to fill the gaps in the prosocial research and to develop a foundation of knowledge for future curriculum and treatment.

## METHOD

### *Subjects*

The sample consisted of 17 behaviorally disordered adolescents (2 females and 15 males; mean age = 14.6) and 20 nonhandicapped adolescents (10 females and 10 males; mean age = 14.1). The subjects were enrolled in public junior and senior high schools in the same city. The behaviorally disordered adolescents attended special education programs for students classified as emotionally disturbed or behaviorally disordered according to state criteria. The nonhandicapped adolescents were randomly selected from a pool of junior and senior high school students matched for age and grade.

### *Setting*

Direct observation took place in regular and special education classrooms. Semistructured activities during which the students were al-

lowed to interact freely with the teacher and their peers were arranged for all settings. Comparison classrooms were matched with the special education classrooms by the investigator on the basis of classroom structure, general classroom rules, and opportunities available for social interaction.

### *Data Collection*

Prosocial behavior data were collected via direct observation (event sampling) and self-report measures. The adolescents were videotaped simultaneously in their respective classrooms during the same 50-minute period for 10 consecutive school days. A total of 500 minutes of observational data were collected for each group. During the first 300 minutes, the subjects became accustomed to being observed and videotaped. The last 200 minutes were used for data analysis.

The students' sharing, helping, defending, comforting, donating, rescuing, and cooperating behaviors were coded from the videotapes. Subjects were coded as acting prosocially either spontaneously (initiated) or in compliance with a teacher/peer command or request (responsive). (Definitions of the coded behaviors are available from the author.) All videotapes were coded in random order by trained graduate and undergraduate students. A reliability check was made every 60 minutes, and exceeded 95% agreement on all but two of the checks, at which point the coders were retrained to reach 100% agreement. The videotapes were viewed as many times as needed in order to code all behaviors.

In addition to direct-observation data, information on prosocial behavior was solicited from the adolescents themselves by having them complete the Self Report Altruism Scale (SRA; Rushton, Chrisjohn, & Fekken, 1981), which was adapted to more appropriately measure the prosocial behavior of junior and senior high school students. This self-report scale consisted of twenty statements that referred to various prosocial behaviors, such as: "I have shared my favorite food/books with my classmates"; "I have helped my friend to do his/her household chores and jobs"; and "I have defended a classmate, an acquaintance, or a friend who was being picked on by others." The adolescents rated the frequency with which they engaged in each prosocial behavior using a 5-point Likert-type scale: never, once, more than once, often, and very often. The highest prosocial score possible was 100. The original SRA has been shown to correlate highly with peer ratings of altruistic responses (Rushton et al., 1981).

To account for differences among classrooms, a questionnaire was administered to teachers of the behaviorally disordered and nonhandicapped adolescents to determine teaching styles. Information was gathered on the frequency with which they employed prosocial teach-

ing techniques, such as encouraging the students to view situations from others' perspectives and to work in groups.

## RESULTS

Descriptive and nonparametric statistics were employed to answer the following research questions: What types of prosocial behavior do adolescents exhibit? Does the prosocial behavior of behaviorally disordered adolescents differ from the prosocial behavior of their nonhandicapped peers?

In almost every category of prosocial behavior, the behaviorally disordered adolescents exhibited higher frequencies than did nonhandicapped peers. Table 1 contains the frequencies, mean frequencies, and

Table 1  
Frequency, Mean Frequency and Percentage of Adolescent Prosocial Behavior (a)

| Prosocial Behaviors | Handicapped Adolescents |           |     | Nonhandicapped Adolescents |           |     |
|---------------------|-------------------------|-----------|-----|----------------------------|-----------|-----|
|                     | n=17                    |           |     | n=20                       |           |     |
|                     | f                       | $\bar{x}$ | %   | f                          | $\bar{x}$ | %   |
| Sharing             | 87                      | 5.1       | 41  | 50                         | 2.5       | 43  |
| Cooperating         | 64                      | 3.8       | 31  | 23                         | 1.1       | 20  |
| Helping             | 56                      | 3.4       | 27  | 41                         | 2.1       | 35  |
| Comforting          | 2                       | .1        | 1   | 0                          | 0         | 0   |
| Defending           | 0                       | 0         | 0   | 0                          | 0         | 0   |
| Donating            | 0                       | 0         | 0   | 0                          | 0         | 0   |
| Rescuing            | 0                       | 0         | 0   | 2                          | .1        | 2   |
| Total               | 209                     | 12.4      | 100 | 116                        | 5.8       | 100 |

(a) During 200 minutes of observation

percentages of the prosocial behaviors exhibited by the behaviorally disordered and nonhandicapped adolescents. Helping, sharing, and cooperating were the most frequently displayed prosocial behaviors by both groups. Relatively few opportunities arose in the classrooms for donating, rescuing, defending, and comforting behaviors.

The two groups' prosocial behavior frequencies were analyzed for differences using the Mann-Whitney *U* test. The behaviorally disordered adolescents exhibited significantly more prosocial behavior (median = 15.00) than did the nonhandicapped adolescents (median = 4.50) ( $U = 371.0, p < .01$ ).

The quality of the prosocial behavior displayed by both groups of adolescents was examined by analyzing their initiated versus responsive behavior (Table 2). Forty-four percent of the behaviorally disordered adolescents' prosocial behavior was initiated, as compared with 48% of their nonhandicapped peers' behavior. Over half of both groups' prosocial behavior was responsive in nature. There was no significant difference between the groups' proportions of initiated versus responsive prosocial behavior.

There was a significant difference between the self-report ratings of the behaviorally disordered and nonhandicapped adolescents ( $U = 201.0, p < .02$ ). The behaviorally disordered adolescents rated themselves lower (median = 44.00) than did the nonhandicapped adolescents (median = 54.00).

Table 3 presents the results of the teacher questionnaires. The teachers of the behaviorally disordered adolescents used a cooperative teaching style (encourage students to work together, help each other, and

Table 2  
Percentages of Adolescent Initiated and Responsive Prosocial Behavior

| Type of Prosocial Behavior | Handicapped Adolescents |     | Nonhandicapped Adolescents |     |
|----------------------------|-------------------------|-----|----------------------------|-----|
|                            | f                       | %   | f                          | %   |
| Initiated                  | 91                      | 44  | 56                         | 48  |
| Responsive                 | 118                     | 56  | 60                         | 52  |
| Total                      | 209                     | 100 | 116                        | 100 |

Table 3

Teacher Mean Ratings Pertaining to Teaching Style

| Questionnaire Items    | Teachers of: |                |
|------------------------|--------------|----------------|
|                        | Handicapped  | Nonhandicapped |
|                        | Adolescents  | Adolescents    |
|                        | n=2          | n=2            |
| Encourage students to: |              |                |
| work together          | 3.0          | 2.0            |
| help each other        | 4.0          | 3.0            |
| work in groups         | 4.5          | 1.5            |
| to view situations     |              |                |
| from another's         |              |                |
| perspective            | 4.5          | 3.5            |

Higher scores indicate strategies employed more frequently

work in groups) more frequently than did the teachers of the nonhandicapped adolescents. The teachers of the behaviorally disordered adolescents also encouraged them to view situations from another person's perspective more frequently than did the teachers of the nonhandicapped adolescents.

## DISCUSSION

The results are somewhat surprising given what is known about adolescents with behavior disorders. Students classified in the school system as behaviorally disordered are characterized more often by their aggression than their sharing; they are more often singled out for their disobedience than for their helping behavior. The data from this study point out that while they may be characterized by their negative behavior, behaviorally disordered adolescents also possess the potential for prosocial behavior. Several characteristics of special education classrooms facilitated the prosocial behavior exhibited in this study.

The structure and atmosphere of the special education classroom may have influenced the behaviorally disordered adolescents. Goal structures of a classroom have been shown to affect student behavior (Johnson, 1975). If there is a cooperative goal structure, students show an increase in cooperation. Results of the teacher questionnaire are evidence that cooperative goal orientations may have been in place in the special education classrooms.

The atmosphere of the special education classrooms may also have been more conducive to helping and sharing. Students in special education programs often progress through the educational system together in these small, intensive programs. Thus, they have the opportunity to establish intimate relationships and may become more open to helping each other. Children who are with close friends tend to share more than when they are paired with nonfriends (Gottman, Gonso, & Rasmussen, 1975; Hartup et al., 1967). In contrast to special education classes, the composition of regular education junior and senior high school classes changes often. The regular education students do not spend time in their classes discussing feelings, personal problems, or family life, which is often done in classrooms for students with behavior disorders. As a result, the atmosphere in regular education classrooms may not have been as conducive to establishing close relationships and performing prosocial behavior. The influence of teachers and peers on adolescent prosocial behavior is not yet clear. Analogue research is needed to isolate social and environmental factors that inhibit or enhance prosocial behavior among adolescents.

The behaviorally disordered adolescents perceived themselves to be less frequently engaged in prosocial behavior than did their nonhandicapped peers, despite the fact that they actually performed more prosocial behaviors. The adolescents' self-report ratings reflect their perceptions of their prosocial behavior in school and *nonschool* environments. The adolescents may help and share in their special education classrooms when under teacher scrutiny; however, they may not act in the same way when they are at home, at a party, or in an emotionally stressful situation. Perhaps it is in these environments and social situations that the behaviorally disordered adolescents *know* they do not perform prosocial behavior, and this knowledge was reflected in their self-report ratings. Understanding more about adolescent prosocial behavior in nonschool environments is essential to the development of generally applicable components for training packages. Future studies on adolescent prosocial behavior will need to focus on a variety of environments in which adolescents may exhibit prosocial behavior.

There is much yet to be learned. How regular and special education teachers influence the prosocial behavior of their students needs to be

explored. Are there techniques for encouraging prosocial behavior that teachers of the behaviorally disordered adolescents are using that would be beneficial for all educators? Beyond the exploration of influences on prosocial behavior, a close examination of the behavior itself is needed. What role does prosocial behavior of adolescents play in the larger scheme of social interactions? Does prosocial behavior exhibited by adolescents increase the likelihood of successful mainstreaming? This study has established a foundation for further research in the area of adolescent prosocial behavior.

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## FAMILIAL CORRELATES OF SEXUALLY ACTIVE PREGNANT AND NONPREGNANT ADOLESCENTS

Jawanda K. Barnett, Dennis R. Papini, and Edward Gbur

#### ABSTRACT

The relationship of familial, demographic, and individual characteristics to the probability of pregnancy was examined among 124 sexually active adolescent females. Logistic regression analyses revealed that adolescent pregnancy status was a function of a combination of demographic and familial variables. Adolescents who were pregnant at the time of the study perceived their families as having low levels of family strength, perceived communication with parents as closed, came from homes characterized by family fragmentation (i.e., only one parent or no parent living in the home), came from low-income households, were unlikely to use any method of birth control, and were more likely to be married than their nonpregnant counterparts.

The sexual socialization of adolescents within the family context has been receiving greater attention from researchers (Chilman, 1985; Fox, 1980; Papini, Farmer, Clark, & Snell, 1988). Increased interest and awareness of familial contributions to teen problems has focused on the family's ability to permit expressions of individuality while fostering a sense of emotional connectedness among family members (Grotevant & Cooper, 1986). Families which are able to develop and maintain a balance between emotional connectedness and individuation have been found to facilitate adolescent psychosocial development (Grotevant & Cooper, 1985; Papini, Sebbly, & Clark, 1989). The purpose of the present study was to determine if certain patterns of family functioning, along with demographic and individual developmental characteristics, are predictive of sexually active pregnant and nonpregnant adolescents.

The application of the Grotevant and Cooper (1986) model of adolescent psychosocial development to the study of familial influences on teen pregnancy leads in several speculative directions. First, families that do not foster emotional connectedness may generate feelings of social and emotional isolation, feelings which may be compensated for through the adolescent's establishment of premature sexual activity

This research was supported by a grant to the second author from the Agricultural Experiment Station at the University of Arkansas (ARK1303).

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*ADOLESCENCE*, Vol. 26, No. 102, Summer 1991  
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