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ABSTRACT

This paper attempts to tie empathy to the individual's development of a cognitive sense of the other, and thus to lay the groundwork for a stage analysis of the development of altruistic motivation. The first stage proposed in this scheme is empathic distress, the involuntary experiencing of another person's painful emotional state. Empathic distress results from the infant's complete fusion of self and other, so that he cannot distinguish another person's distress from his own and thus responds to it as though it were his own. The second stage, sympathetic distress, is divided into three levels. The first level occurs when the child knows that others are separate physical entities but does not realize that they have thoughts and feelings different from his own. At this level, the child can sense the distress of others, and tries to confort them in the same way he himself likes to be comforted. The second level occurs when the child becomes aware of others as sources of thoughts and feelings in their own right and tries to find means of comforting them that are suited to their individual situations. The final level occurs when the child can be sympathetic to the overall life situation of a person or class of people. (Author)

THE DEVELOPMENT OF ALTRUISTIC MOTIVATION

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A type of moral encounter of increasing interest to psychology is that in which an individual witnessess another person in distress. Whether or not he attempts to help is presumably the net resultant of egoistic and altruistic forces. The source of the egoistic requires no explanation, since this has long been the focus of motivation theories. In this paper I shall present a summary of the latest version of a developmental theory of altruistic motivation I have been working on that may provide an integrative framework for ordering the rapidly accumulating research findings on the topic.

The basic thrust of the theoretical argument is the coalescence of empathy and certain facets of cognitive development. The idea that empathy may contribute to altruism is not new. Aronfreed and others have recently suggested it. And so did Wilhelm Stern 50 years ago. Indeed, as far back as the 18th century writers like Adam Smith and David Hume thought of empathy as the psychological basis for benevolence and other forms of moral behavior. What may be new in my proposal is the attempt to tie empathy to the individual's development of a cognitive sense of the other, and thus to lay the groundwork for a stage analysis of the development of altruistic motivation.

The first stage in this scheme pertains to simple empathic distress, which refers to the involuntary, at times forceful experiencing of another person's painful emotional state (I might add that the scheme ignores empathizing with positive emotions like joy and excitement, since the empathic response to another's distress must be mainly unpleasant). Empathic distress may be elicited by expressive cues that directly reflect the other's feelings, or by other cues which convey the impact of external events on him. The most parsimonious explanation of empathic distress as a learned response in infancy is the classical conditioning paradigm in which cues of pain or displeasure from another person, or from his situation, evoke associations with the observer's own past pain, resulting in an empathic affective reaction.

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There is also suggestive evidence for a rudimentary, possibly isomorphic distress response shortly after birth. Thus Simner reports that two-day old infants cried vigorously and intensely at the sound of another infant's cry. And this was not merely a response to a noxious stimulus, since the infants reacted in a more subdued manner to equally loud nonhuman sounds including computer-simulated infant cries. Nor did the subject's cries appear to be due to imitation, since they appeared to be genuinely upset and agitated by the other's cry. Regardless of the process involved, it seems to me that the resulting co-occurrence of the infant's own cry, his distress, and the other's cry--given the fusion of self and other in the infant's mind--may contribute to his eventually learning that others experience distress just as he does. Simner's finding may thus signify an innate mechanism that contributes to the early learning of empathic distress.

Such an innate mechanism is consistent with but not crucial to my thesis. What is crucial is the known fact that conditioning is possible in the early weeks of life. This, together with the inevitable distress experiences in infancy makes it highly likely that humans are capable of experiencing empathic distress long before acquiring even the initial vestiges of a cognitive sense of the other. For much of the first year at least, then, it follows that distress cues from others probably elicit a global empathic distress response in the infant--presumably a fusion of unpleasant feelings and stimuli from his own body, from the dimly perceived "other", and from the situation. The infant cannot yet differentiate himself from the other, and there is evidence that he also has difficulty differentiating the other from the other's situation. Consequently, he must often be unclear as to who is experiencing any distress that he witnesses, and he may at times behave as though what happened to the other person was happening to him. That is, the cues associated with another person's distress evoke an upset state in him; and he may then seek comfort for himself. Consider a colleague's 11-month-old daughter who, on seeing another child fall and cry, first stared at the victim, appearing as though she were about to cry herself, and then put her thumb in her mouth and buried her head in her mother's lap--her typical response when she has hurt herself and seeks comfort.

This appears to be a primitive, involuntary response, that is, a response based mainly on the "pull" of surface cues, and minimally on higher cognitive processes, attention, and affort. If the child acts, his motive may in a sense be

egoistic: to eliminate discomfort in the "self". It is not entirely egoistic, however, since the "self" at this stage is not in opposition to the other but a fusion (self/other/situation) that includes the other. Perhaps the more fundamental reason for viewing this simple form of empathic distress as basic in the development of altruistic motivation, despite its egoistic components, is that it shows that we may involuntarily and forcefully experience emotional states pertinent to another person's situation rather than to our own--that we are built in such a way that our own feelings of distress will often be contingent not on our own but someone else's misfortune.

That's the first stage--before cognition has had much of a chance to operate. The research on emotion indicates that cognition exerts a steering function and determines how affective states of arousal are identified and experienced. We should therefore expect a major change in the child's empathic response when he begins to discriminate between the stimuli from his own body and those from without, that is, to acquire a sense of the other as separate from himself. When confronted with someone in pain, he now knows that it is the other, and not he, who is actually in distress. Consequently, it seems reasonable to assume that the earlier empathic distress, a parallel affective response, is gradually transformed into a more reciprocal, sympathetic concern for the victim, which may be called sympathetic distress. This transformation is hypothesized to occur in three broad stages; which correspond to three stages in the development of a cognitive sense of the other.

First, the research on object permanence, more specifically that on person permanence by Sylvia Bell and others, suggests that about 1 year of age marks the beginning of the child's sense of another person as being a separate physical entity from the self. It seems reasonable to suppose that along with the gradual emergence of a sense of the other as distinct from the self, the affective portion of the child's global empathic distress--that is, the feeling of distress and desire for its termination--is extended to the separate self and other that emerge. Early in this process the child may be only vaguely and momentarily aware of the other as distinct from the self; and the image of the other, being transitory, may often slip in and out of focus. Consequently, he probably reacts to another's distress as though his dimly perceived self and other were somehow simultaneously, or

alternately, in distress. As an example, consider a child I know whose typical response to his own distress, beginning late in the first year, was to suck his thumb with one hand and pull his ear with the other. At 12 months, on seeing a sad look on his father's face, he proceeded to look sad and suck his thumb, while pulling his father's ear. The co-occurrence of distress in the emerging self and other may be an important factor in the transition from simple empathic distress, to the first stage of sympathetic distress which includes an affective response, awareness of the fact that another person is the victim, and desire to terminate his distress.

The child's response at this stage may continue to have a purely empathic component including the desire to terminate his own distress, and perhaps an element of fear that the undesired event may happen to him. The important thing, however, is that the quasi-egoistic concern for his "own" discomfort gives way, at least in part, to the feeling of concern for another. This is a new addition to the child's repetoire which enables him for the first time to behave in what appears to be a truly altruistic manner, that is, to attempt to relieve the distress of another person who is perceptuall distinct from the self. (The response of a colleague's 20-month-old son may be illustrative. When a visiting friend who was about to leave burst into tears complaining that her parents were not home (they were away for two weeks), his immediate reaction was to look sad but then he offered her his beloved teddy bear to take home. His parents reminded him that he would miss the teddy if he gave it away, but he insisted--possibly because his sympathetic distress was greater than the anticipated unpleasantness of not having the teddy, which would be indicative of the strong motivational potential of sympathetic distress).

Though the child now knows that the other is a separate physical entity and therefore that he is the victim, he cannot yet distinguish between his own and the other's inner states (thoughts, perceptions, needs) and without thinking about it, automatically assumes that they are identical to his own. Consequently, although he can sense the other's distress, he does not understand what caused it nor does he know the other's needs in the situation (except when they happen to coincide with his own). This lack of understanding is often evidenced in the child's efforts to help, which consist chiefly of giving the other what he himself finds most comforting. Examples are a 13 month old child who brought

his own mother to comfort a crying friend even though the latter's mother was equally available; and another child who offered his beloved doll to comfort an adult who looked sad.

Despite the limitation of this initial level of sympathetic distress it is a significant advance, since for the first time the child experiences a feeling of concern for the other as distinct from the self, though his actual attempts to help may be misguided due to limited understanding of the nature of the distress and the type of action needed to relieve it.

At about 2-1/2 years, according to recent role-taking research, the child begins to acquire a sense of others not only as physical entities, but also as sources of feelings and thoughts in their own right, that is, who have inner states that at times differ from his own, as well as perspectives based on their own needs and interpretations of events. He does not know what their perspectives are, however, and is in general no longer certain that the real world and his perception of it are the same thing.

Perhaps at this point a clarification is in order. Though the role-taking research stresses development of the capacity to grasp another's perspective when it differs from one's own, this is only to expose the nature of the child's progress away from egocentrism. In real life, I believe the child usually finds the perspective of others is similar to his own--owing to the fact that all children have the same basic nervous system, as well as many experiences in common during the long period of socialization. Thus while moving away from the automatic, egocentric assumption that the other's inner states are identical to his, the child discovers that his feelings resemble the feelings experienced independently by others in similar situations. The other's feelings are independent of his, but not basically different. This must inevitably contribute to a sense of "oneness," which preserves and may even enhance the motivation to alleviate the other's distress which he acquired earlier.

At this second level of sympathetic distress the child's empathic proclivity continues to direct his attention away from himself and towards others, and he may still have a tendency to attribute his own feelings to the victim. But now, owing to the emerging awareness that others have independent inner states, the affect aroused in him by another's distress may be presumed to motivate more active efforts to put himself in the other's place and find

the true source of his distress. He is also very likely more aware of the tentative and hypothetical nature of his resulting inferences. Consequently, his motivation to relieve the other's distress is less egocentric and based to a greater degree on veridical assessment of the other's needs, trial and error, and response to corrective feedback. With increased role-taking ability, he can also detect more subtle cues of distress (e.g., those reflecting inferred inner states like disappointment and longing). These too may then stimulate his concern and motivate efforts to discern the source of the other's discomfort.

Despite the obvious progress, the child's response is still confined to the other's immediate distress. This limitation is overcome at the third level, owing to the emerging conception of himself and others as continuous persons each with his own history and identity. There is no directly relevant research but the findings on gender, racial, and self-identity suggest that this begins around 6 to 9 years of age. By early adolescence the child should therefore be fully aware not only that others feel pleasure and pain in situations; but also that these feelings occur in the context of their larger pattern of life experiences. Consequently, though he may continue to react to their situational distress, his concern is intensified when he knows this reflects a chronic condition. That is, being aware that others have inner states and a separate existence beyond the situation enables him to respond not only to their transitory, situation-specific distress but also to what he imagines to be their general condition. Though the situational may often reflect the general, this is not always true and there may at times be a discrepancy between the two. On these occasions the observer will ordinarily be expected to respond in terms of the general since it is the more inclusive, hence compelling index of the victim's welfare.

This third level, then consists of the synthesis of empathic distress and a mental representation of the other's general plight--his typical day-to-day level of distress or deprivation, the opportunities available or denied to him, his future prospects, and the like. If this representation falls short of what the observer conceives to be a minimally acceptable standard of well being (and if the observer's own life circumstances place him substantially above this standard), a sympathetic distress response may be expected, regardless of the other's apparent momentary state.

(To summarize, the individual who progresses through these three stages becomes capable of a high level of sympathetic distress. He can process various types of information--that gained through his own empathic reaction, immediate situational cues, and general knowledge about the other's life. He can act out in his mind the emotions and experiences suggested by this information, and introspect on all of this. He may thus gain an understanding of the circumstances, feelings and wishes of the other, have feelings of concern and the wish to help --while maintaining the sense that his is a separate person from himself.)

With further cognitive development the person may also be able to comprehend the plight not only of an individual but also of an entire group or class of people--such as the economically impoverished, politically oppressed, socially outcast, victims of war, or mentally retarded. Because of his different background, his own specific distress experiences may differ from theirs. All distress experiences may be presumed to have a common affective core, however, and this together with the individual's cognitive capabilities at this age provides the requisites for a generalized empathic distress. The synthesis of empathic distress with the perceived plight of an unfortunate group may result in what would seem to be the developmentally most advanced form of sympathetic distress.

That completes my summary of the theory. A question I am often asked is: since sympathetic distress has an empathic component, doesn't the act of helping another also contribute to reduction of the actor's distress? And doesn't this mean that sympathetic distress is really an egoistic motive? My answer is that all motives may prompt action that is potentially gratifying to the actor, but this must not obscure certain fundamental differences among them. Sympathetic distress differs from the usual egoistic motives (e.g., sensual pleasure, material gain, social approval, economic success) in three significant ways: it is aroused by distress in another person rather than oneself; a major goal of the ensuing behavior is to help the other, not just oneself; the potential for gratification in the observer is contingent on his acting to reduce the other's distress. For these reasons it seems appropriate to designate sympathetic distress as an altruistic motive and distinguish it from the more directly self-serving, egoistic motives.

I would now like to pull together some of the research findings that I think can be encompassed by this theoretical scheme. To begin, there are three general predictions about sympathetic distress and its relation to helping behavior that follow from it: (1) Most people should respond to another's distress with an affective response as well as a tendency to help; (2) the intensity of the affect and the speed of the helping response should increase with the salience of the pain cues; and (3) the affect should tend to subside more quickly when the observer engages in helping behavior than when he does not. All three expectations have empirical support. First, it is clear from the research, newspaper accounts to the contrary notwithstanding, that most people of all ages tend to help, at least when they are the only witness present and the need is clear; and they also respond affectively, as measured physiologically. Second, the intensity of the affective response and the speed of the helping act have been found to increase as the number and intensity of distress cues from the victim increase. And, third, there is evidence that the affect continues at a high level of intensity in subjects who do not go to the aid of the victim, but declines for those who do.

The theory also leads to the expectation that young children, even before acquiring the necessary cognitive skills, would nevertheless experience empathic or sympathetic distress, although at times they may do nothing or engage in inappropriate action. Evidence for this can be found in the nursery school observations reported long ago by Bridges and Murphy in which the younger children usually reacted to another's distress with a worried, anxious look but did nothing, whereas the older children typically engaged in an overt, helpful act; and also in the several anecdotes I mentioned earlier describing an affective response followed by an overt act that was clearly designed to help but inappropriate.

The fact that role-taking training appears to contribute to altruism is also consistent with the theory, although a more pertinent hypothesis would be that such training is most effective when it directs the subject's attention to the feelings of others; and also that it interacts with the subject's prior empathic capability. Another hypothesis that it should be possible to test is that the child's naturally developing motivation to help others in distress would be enhanced by certain socialization experiences, for example, being allowed the normal run of distress experiences--rather than being shielded from them--since this would help provide a broad base for empathic and sympathetic distress in the early years. (I

refer here to mild distress experiences which the child can readily resolve on his own or with parental help when necessary; frequent, severe distress may lead to a building up of frustration and subsequent egoistic self-preoccupation which could interfere with the child's sensitivity and openness to the needs of others.) And, still another expectation would be that when a discrepancy exists between the various cues indicating another person's distress (e.g., when the cues indicating the victim's immediate distress are at odds with the available information regarding his general life condition) the observer will ordinarily react in terms of the more inconclusive distress index.

I would like to add, in conclusion, that the assumed synthesis in this schema between the affect aroused empathically and the observer's cognitive sense of the other is in keeping with some recent brain research. According to Paul MacLean, the limbic system--an ancient part of the brain which humans share with all mammals--has two parts. One is concerned with the feelings, emotions and behavior that insure self-preservation; the other is involved in expressive and feeling states that are conducive to sociability and preservation of the species. There are also connections with both the hypothalamus--which helps integrate emotions and viscerosomatic behavior--and the prefrontal cortex--which, to quote MacLean, functions in "helping us to gain insight into the feelings of others...deriving part of this 'insight' from its connection with the limbic brain." In other words, the brain structures required for affective involvement with objects in the external world, including people, were apparently present early in man's evolution. The more recent addition of newer brain structures, mainly the pre-frontal cortex, along with the acquisition of connective neural circuits have made it possible for such affect to be experienced in conjunction with a cognitive, increasingly sophisticated, social awareness or insight into others--and all of this appears to be independent of the neural base for egoistic, self-preserving behavior.

I find MacLean's work intriguing for three reasons: First, it suggests a neural basis for the synthesis of empathic distress and the cognitive sense of the other that is assumed in my theory. Second, it suggests that empathy may have been a human attribute far back in our evolutionary history, which fits what is known about early man--that his ecology was harsh and he coped with it not alone but by banding together with others in small hunting and gathering groups. Empathy may thus have evolved through natural selection

because it maximized the benefits of group life and thus facilitated survival. A third point of interest is MacLean's suggestion that there is a neural basis for an altruistic motive system in man that is independent of his egoistic motives. This view provides a serious challenge to the doctrinaire, but never tested, view in psychology that altruistic behavior can always be explained ultimately in terms of egoistic, self-serving motives. There seems to me to be an important issue here for psychology. Whether there is an independent altruistic motive base would have implications for the type of socialization experiences, perhaps even the type of societal structure, that would be needed to assure more altruistic action in man.