DOCUMENT RESUME

ED 085 109   PS 007 018

AUTHOR   Hoffman, Martin L.
TITLE   Empathy, Role-Taking, Guilt, and Development of
                Altruistic Motives.
INSTITUTION   Michigan Univ., Ann Arbor. Dept. of Psychology.
SPONS AGENCY   National Inst. of Child Health and Human Development
                (NIH), Bethesda, Md.
PUB DATE   Jun 73
NOTE   69p.; Paper presented at the National Institute of
                Child Health and Human Development Workshop
                (Elkridge, Md., May 1972); Revised form of paper
                presented at the Annual Meeting of APA (80th,
                Honolulu, Hawaii, Sep. 2-8, 1972); For related
                document, see PS 007 014

EDRS PRICE   MF-$0.65 HC-$3.29
DESCRIPTORS   Age Differences; *Altruism; Behavior Patterns;
                *Cognitive Development; Concept Formation; *Early
                Childhood; Emotional Development; *Empathy;
                *Motivation; Self Concept; Social Behavior;
                Socialization
IDENTIFIERS   Guilt; Role Taking

ABSTRACT
        This paper presents the theory that altruistic
motives develop out of the synthesis of empathic distress and the
child's increasingly sophisticated cognitive development, especially
his level of self-other differentiation. An examination of empathy
and the sense of other is included, followed by a discussion of
empathic distress, various forms of synpathetic distress, cognitive
mediation, personal and existential guilt, and some hypotheses about
socialization that derive from the theory. A review of research on
object permanence in infants, role taking in early childhood, and
identity in later childhood is also included. (SET)

ED 085109

EMPATHY, ROLE-TAKING, GUILT, AND DEVELOPMENT OF ALTRUISTIC MOTIVES

Martin L. Hoffman

University of Michigan

PS 007018

EMPATHY, ROLE-TAKING, GUILT, AND DEVELOPMENT OF ALTRUISTIC MOTIVES[1]

Martin L. Hoffman

Department of Psychology
University of Michigan

I. Introduction

Several years ago a young woman, Kitty Genovese, was attacked and killed
on the streets of New York. The knifing took place in full view of several
dozen people watching from apartment windows but no one came to her aid or
even called the police. This incident was viewed by social scientists and
laymen alike as a sad reflection on the lack of concern for others that char-
acterizes our contemporary society. Perhaps more than any other event, it
served to stimulate enormous interest in the study of altruistic behavior.

The fact that it took an incident of such monstrous proportions to prod
psychology into taking on this line of research may reflect certain value
orientations of Western society. Though the ethical norms of our traditional
religions stress the importance of altruism, consideration and helping others,
the striving individualism of the culture places obstacles in the way of such
behavior. The society places a positive value on altruism but also sends
mixed messages about it; for example, altruistic behavior is often suspect,
regarded as manipulative or as serving the instrumental needs of the actor who
really has something to gain from the help he gives others. Behaving altru-
istically may also be viewed as a means of demonstrating one's superiority
over the other person, as an unwanted intrusion on the other's privacy, or
even as a sign of insensitivity to the other's pride in his ability to help
himself. The point is not that these interpretations lack substance -- they
often do fit reality -- but that the cynical stress on the selfish basis of

altruism helps undermine the positive value society places on it.

Western psychology, too, seems to have evolved along lines antithetical to giving consideration for others a central place in the overall view of personality. The doctrinaire view has been that altruistic behavior can always be explained ultimately in terms of instrumental self-serving motives in the actor. This is apparent in psychoanalytic theory which has generally assumed that the individual's willingness to give up more than he gains involves the suppression and transformation of primitive impulses and self-oriented motives, in the service of avoiding guilt or anxiety. Interestingly, this view also fits well with the behavioristic assumption that complex motives such as altruism derive from the operation of more basic biological drives and that all altruistic acts are therefore instrumentally motivated -- directly or vicariously serving the needs of the actor. Finally, the non-deficiency theorists like Maslow have either ignored altruistic motivation or simply assumed without justification that it is one manifestation of self-fulfillment; they have not, for example, examined the seeming contradiction between altruism and the search for peak experience.

The theory of evolution has typically stressed self preservation and other egoistic motives. It can be argued equally well, however, that there must have been selection for altruistic motives since at least in the early periods of human existence some form of cooperative activity and group life -- hence some degree of subordination of the individual's interests in favor of the group -- were necessary for survival.[2] Campbell (1965) has made the interesting suggestion that the joint presence of both egoistic and altruistic tendencies has greater survival value than either alone or than a more consistent intermediate tendency because of the varied and multiply contingent nature of the environment; that is, while sometimes egoistic behavior was functional for survival, at other times altruistic behavior was functional.

Whether or not Campbell's formulation is correct, there seems to be no a
priori reason to assume that one motive system -- the egoistic or the altruis-
tic -- is inherently more powerful than the other.[3] It seems more plausible to
think of both as being present: each being called forth in certain situations
but not in others; each being more nurtured in certain societies and individ-
ual socialization settings than in others. In these terms Western society has
perhaps fostered the egoistic more than the altruistic, while the Eastern
nations in recent decades appear to be placing more stress on the altruistic.

Our assumption then is that man is innately capable of both egoistic and
altruistic motivation, and our aim here is to propose a theory of how the lat-
ter may develop in the individual. First, a brief look at the relevant re-
search literature to see if it is at all supportive of the idea that altruis-
tic behavior may be based on other than selfish motives.

In the research altruism has been implicitly defined as any purposive
action on behalf of someone else that involves a net cost to the actor. Two
types of altruistic behavior have been studied: (a) rescue or helping another
in distress and (b) sharing or making an anonymous donation to someone in
need. The main focus has been on factors in the situation or in the person
that momentarily govern these responses. The research on children has dealt
mainly with age differences and the effects of observing a model who engages
in sharing behavior, for example, makes a small donation to charity. And the
theoretical concepts guiding the research typically pertain to imitation or to
the arousal of norms of reciprocity, equity, or social responsibility which
presumably already exists in the individual, rather than the origins of altru-
istic motivation. The research has been reviewed by Krebs (1971), Bryan and
London (1970), and Staub (In press).

The research presents a less bleak picture than that depicted in the

social commentary following the Genovese incident. Thus a number of studies show that many people who do not offer help when other bystanders are present will often do so when alone, perhaps because only then does the individual feel the focus of responsibility to help is on himself (Darley & Latané, 1968; Latané & Rodin, 1969). In the studies reported thus far anywhere from a sizeable minority to all of the subjects have been found to help the victim, the exact number depending on personality and situational factors. Among the more dramatic studies indicating a tendency to help when the need is clear and unambiguous, three stand out. In one it was found that among adults who thought they heard (over earphones) someone having an epileptic fit, 85 percent of those who believed they were alone attempted to help -- and 90 percent of these acted within a minute (Darley & Latané, 1968). In another study all the subjects intervened upon hearing a maintenance man fall and cry out in agony, the average reaction time being under nine seconds (Clark and Word, 1972). Perhaps even more impressive because of the greater cost to the actor is Schwartz's (1970) report that 59 percent of his adult subjects indicated a willingness to donate blood marrow to a stranger described as desperately needing it in order to live, even though they were warned in advance that they would have to take a general anesthetic, spend a day in the hospital, and be sore for several days afterward.[4]

The findings with children are less dramatic but consistent. Murphy (1937) reports that the nursery school children she observed who had the necessary coping skills typically offered help to other children in distress. Using more structured observations of normal and retarded children in two age groups (3-5 and 8-10 year olds), Severy and Davis (1971) found that 35 to 57 percent of the opportunities to help others were acted upon by the children. These figures are consistent with those obtained by Staub (1970, 1971) in a more controlled laboratory setting. Staub found that approximately half of the

second- to fourth-grade children in his study left what they were doing to help a crying child in the next room -- which is particularly interesting in view of the usual restraint shown by young children in laboratory studies. Though fewer sixth graders offered help in the same situation half of those who had been given prior permission to enter the room did so, as did over 90 percent of a seventh grade sample.

The one monumental exception to the altruistic trend in the research is Milgram's (1963) finding that adult males will administer high levels of electric shock on instruction from the experimenter, despite strong feelings of compassion for the victim. Although this finding must make us less sanguine about the altruistic potentialities at least of Western man, it should be noted that by making the subject the observer rather than the person responsible for administering the shock Tilker (1970) obtained quite different results. The subjects not only showed compassion as the shock levels were increased but often intervened to stop the experiment, despite the instructions to the contrary and the continuing opposition from the person administering the shock.[5]

It seems reasonable to conclude from the research that most people of all ages tend to help others in distress, although they may not do so when more powerful competing motives such as obedience to authority are also aroused.

The mere fact that people tend to help others of course tells us nothing about their underlying motivation for doing so. There is some evidence, however, that helping others is not associated with deprived need states in the actor, an association that would be expected if helping were a primarily ego-istic-need-satisfying act. Thus Murphy (1937) reports that though some of the nursery school child's helpful acts seemed calculated to win adult approval many obviously were not (e.g., shoving an attacker away from the victim and instances in which the child's attention is fixed on the victim and he is in-

tensely concerned and clearly oblivious to others about him). Murphy also reports that the children who seemed most concerned about others in distress were among the more popular and emotionally secure members of the group. Block reports a similar positive relation between helping behavior and such personal attributes as emotional security and self confidence.[6] And, Staub and Sherk (1970) obtained a negative correlation between making charitable donations and the need for social approval in children.

There is also evidence that situationally induced feelings of well being rather than deprivation contribute to helping behavior. Several investigators, for example, have found that succeeding on a task increases the disposition of adults to help others (Berkowitz & Connor, 1966; Isen, 1970). Success experiences have also been found to increase helping behavior in children (Isen, Horn, & Rosenhan, In press), as has a prior friendly interaction with an adult (Staub, In press). The contribution of a positive mood to prosocial action has also been illustrated by Moore, Underwood, and Rosenhan (1973) who asked seven- to eight-year-old children to think of things that made them happy or sad. Subsequently, when given an opportunity to donate money to other children, those who had experienced positive affect gave more than those who had experienced negative affect.

It thus appears that helping and sharing, though often viewed as effective means of gaining rewards such as social approval do not characterize the very people who have the greatest need for these rewards; nor are these behaviors associated with the arousal of egoistic needs in the situation. This makes sense when we realize that egoistic need deprivation very likely leads to a state of preoccupation with the self -- with one's own needs, hopes and fears. Such concern for the self should be expected to interfere with the individual's inclination to help others, rather than contribute to it. A state of well being and need fulfillment, on the other hand, may very well

facilitate prosocial behavior because it reduces pressures toward egoistic self-concern, leaving the person more open and responsive to the needs of others.

That people help others when their own needs are not salient, indeed when they are in a state of well being rather than want, suggests at the very least that helping behavior does not typically serve the actor's egoistic needs. This lends credence to the view that an altruistic motive system separate from the egoistic may exist within the individual. Further evidence for an independent altruistic motive comes from the finding by Weiss, Boyer, Lombardo, and Stitch (1973) that an instrumental response (pushing a button) can be learned and maintained when the only reinforcement present is the deliverance of another person from suffering (terminating shock). Furthermore, the reinforcement function of the altruistic act resembles that of conventional nonaltruistic reinforcers, for example, its latency is affected by the magnitude of the reinforcement (the subject acted more quickly when the shock level and number of distress cues from the victim were increased). If altruistic action can thus produce its own reinforcement, it is further evidence for the existence of an altruistic motive.

The notion of a motive to act on behalf of others without anticipating direct benefit to the actor is therefore plausible, however fragile it may appear in our society. It thus seems reasonable to think of the motivation underlying a prosocial act as having altruistic as well as egoistic components. The remainder of this paper will be taken up with a theoretical account of the development of the altruistic component. The scheme which will be presented rests ultimately on the human capacity to experience the inner states of others who are not in the same situation. It attempts to pull together what is known about the individual's affective response to another

person's distress (empathy, sympathy, guilt), on the one hand; and cognitive development and role-taking on the other.

II. Affective Response to Another's Distress

Empathy pertains to the involuntary, at time forceful, experiencing of another person's emotional state rather than a more pertinent and appropriate response to one's own actual situation. The emotion is elicited either by expressive cues which directly reflect the other's feelings or by other kinds of cues which convey the affective impact of external events on him.

The tendency to respond empathically to another in distress has long been noted in children and adults. Lois Murphy (1937) in her classic study described numerous instances of empathic responses in nursery school children and concluded that "experiencing distress when another is in distress seems primitive, naive, reasonably universal" -- as natural a response as anger is to threats to the self (and, as in anger, only its specific form due to learning). Feshbach and Roe (1968) found that 4-7-year-old children typically gave empathic responses to a series of slide sequences depicting other children in different affective situations. College students respond affectively, as indicated by physiological measures, when observing another person being administered electric shock or heat, or failing in a task (Berger, 1962; Craig & Weinstein, 1965; Stotland, 1969; Tomes, 1964; Weiss et al., 1973). Clore and Jeffrey (1972) found that watching someone in a wheel chair for an hour produced feelings of empathy and diminished potency in the observer. The exception to the trend is Lerner (1970) who reports that adult subjects often lower their estimation of someone perceived as a victim rather than empathize with him. There is evidence, however, that this may be due to an experimentally induced set to scrutinize the victim (Aderman & Berkowitz, 1970).

The various explanations for empathic distress boil down to two basic classical conditioning paradigms. The earliest one developmentally begins with the bodily transfer of tension from the caretaker to the infant through physical handling. For example, when the mother experiences distress her body may stiffen, with the result that the child (if he is being handled at that time) also experiences distress. Subsequently, the mother's facial and verbal expressions that initially accompanied her distress can serve as conditioned stimuli that evoke the distress response in the child. Furthermore, through stimulus generalization, similar expressions by other persons become capable of evoking distress in the child.

The second, later process involves a situation in which distress cues from another person which resemble stimuli associated with the actor's own actual painful experiences in the past, now evoke the unpleasant affect associated with those experiences. A simple example is the child who cuts himself, feels the pain, and cries. Later on, he sees another child cut himself and cry. The sight of the blood, the sound of the cry or any other distress cue from the other child associated with the observer's own prior experience of pain, can now elicit the unpleasant affect that was initially a part of that experience.

In both processes the observer's empathic distress is due to the similarity between distress cues from another person and stimuli associated with his own actual distress experiences in the past.[7,8] The second is more important for our purposes, however. Because it is neither confined to early infancy nor limited to distress originating in tensions communicated mechanically by the caretaker, it opens up the possibility of a multiplicity of distress experiences with which the child can empathize.

Empathy and altruism. The possible contribution of empathy to altruism has long been noted in the literature. In 1924 Stern suggested that empathy contributes to such acts as attempting to comfort, help, or avenge a distressed person. Isaacs (1933) similarly viewed empathy as one root of reciprocity, the ability to take turns, and to cooperate with active sharing. And Anna Freud (1937), in discussing altruistic surrender, saw the individual as projecting his own needs to others and then gaining vicarious gratification from his efforts to satisfy these needs. More recently it has been suggested that the parent's use of induction (discipline techniques which point up the harmful consequences of the child's act for others) contributes to moral development partly because it arouses empathy for the victim of the child's actions (Hoffman, 1963, 1970a, 1970b; Hoffman and Saltzstein, 1960, 1967). Aronfreed and Paskal (1965, 1966) have proposed a two-stage theory: empathic distress results from observing another's distress in close association with one's own experience of distress; the altruistic act is then acquired by observing another person's altruistic act in conjunction with the reduction of one's own empathic distress. This is similar to Murphy's (1937) two-stage theory except that she did not specify the type of reinforcement involved in the acquisition of the overt act.

These writers have stressed the affective and reinforcing properties of empathy, to the relative neglect of the cognitive.[9] Since cognitive processes help determine how even the simplest emotion is experienced, the same must be true for a complex emotional experience like empathy. It seems likely, for example, that the actor experiences not only the feelings but also the perceptions, thoughts and wishes of the other person, as well as images of his own past distress and the actions of others that helped relieve it -- which may serve as cues to what might be done in the immediate situation. These

cognitions would have obvious ramifications for altruistic motivation and action. More fundementally, since empathy is a response to cues about the affective state of others it must depend to a great extent on the actor's cognitive development, especially his level of self-other differentiation. We now turn to an examination of self-other differenti :ion, following which an attempt will be made to combine it with empathy to account for the development of altruistic motives.

III. Development of a Sense of the Other

The literature bearing on development of a sense of the other can be organized around three topics: attainment of object permanence in infancy, role taking especially in early childhood, and identity in later childhood and adolescence. Since our aim is a developmental synthesis of empathy and the sense of the other it is esential to estimate, within the limits of available data, the age at which each of these capabilities exist.

A. Object "Permanence"

To have a sense of the other means at the very least to be aware of the other's existence as a separate entity from the self. The young infant apparently lacks such awareness. Objects, ev nts, and people are not experienced as distinct from the self. The infant, for example, makes no distinction between sounds that he has produced and sounds that are independent of him. It is not until about six to eight months of age, according to Piaget, that he begins to organize the fleeting images making up his world into discrete objects and to experience them as separate from his biologically determined sensations. The main evidence for this comes from studies of object displacement. If a desired object is hidden behind a screen before the infant's eyes he will, before six months of age, lose interest in it, as though it no longer existed. After that age he will typically remove the screen to

obtain the hidden object. This shows that the infant is now capable of re-
producing internally the image of an object external to him, and maintaining
the image long enough for it to guide him to the object. The infant's sense
of the object is highly limited, however, not only because it is short lived
but also because the screen, which remains in view, appears to be necessary as
a sign of the object's presence. The evidence for this is the fact that the
infant will not go after an object that has been <u>invisibly</u> displaced (i.e.,
first hidden visibly behind a screen and then while still out of sight, hid-
den behind another screen) until approximately 18 months. At that age the
child will retrieve a toy after several successive invisible displacements,
which indicates that he can then evoke the image of an object even when there
is nothing in sight to attest to its existence. From this pattern of behavior
Piaget and others infer that it is not until about 18 months that the child
shows the beginning of true object permanence, that is, the beginning of a
stable sense of the separate existence of physical objects even when they are
outside of his immediate perceptual field.

The development of "permanence" with respect to persons is more important
for our purposes. Piaget has suggested that this occurs before object perma-
nence and the research literature is generally supportive. Consider the work
on infant attachment and the related phenomenon of stranger anxiety which has
often been observed as early as seven months. The fact that the child re-
sponds positively to the mother and cries at the approach of a stranger indi-
cates that he can discriminate the two. It also suggests that he is capable
of matching the image of the mother who is absent, against the immediately
evoked image of the stranger. Perhaps, as suggested by Spitz (1950), the
stranger first evokes the image of the mother with all its positive associa-
tions and expectations, but when the stranger comes close enough the child
recognizes it is not the mother and then cries out of disappointment. In any

case, the existence of stranger anxiety suggests that as early as seven mont'
the chiid can carry an internal image of a preferred person.[10] Whether the
image can be evoked spontaneously or only by a stimulus having elements in
common with this person (such as a stranger) is not known.

A direct comparison of person and object permanence has been made by
Bell (1970) who tested the child's ability to retrieve (a) a toy and (b) his
actual mother when visibl,, and invisibly, displaced. Person permanence was
found to exceed object permanence by several months in most subjects. This
study suffers from a lack of controls, for example, the mother was a larger
and more familiar stimulus than the toy and was hidden in more familiar sur-
roundings, behind familiar items. Seeing the mother move around and hide a
different places must have been intrinsically more interesting to the child.
And of course the child must have been more highly motivated to regain a dis-
appearing mother than a toy. For these very reasons, however, finding the
mother may have provided a truer test of the child's actual cognitive capac-
ity -- although it would be useful to know whether the crucial factor was
motivation, familiar surrounds, or the animation of the object. In any case,
the sense of the other under highly motivating conditions is pertinent for our
purposes, and the evidence suggests that early in the second year of life the
child has a sense of the mother -- and perhaps other persons whom he values
and interacts with frequently -- as a separate physical entity. Just how long
he remains aware of the mother's existence following her departure is not
known, although the research suggests he can hold her image for at least a few
moments. From then on, the period of retention presumably increases gradually
with age.

B. Role Taking

Having attained a sense of the separate existence of persons, the child's
sense of the other is still highly limited. He is bound up in his own point

of view which he regards as absolute; the world exists as he perceives it. Though aware of the other's existence as a physical entity, he does not yet know that others have inner states of their own and he tends to attribute to them characteristics that belong to him. According to Piaget, it is not until about seven or eight years of age that this egocentrism begins to give way to the recognition that others have their own perspective. The research by and large supports Piaget's view, although its emphasis has been heavily cognitive as to both the type of role taking studied (perceptual and cognitive rather than affective) and the measures used.

Consider first the studies of perceptual role taking, defined by Flavell as "the ability to estimate how the other person literally perceives a situation, rather than what he thinks or feels about it," which have been reported by Piaget and Inhelder (1956), Flavell (1968), Lovell (1959), and Selman (1971). The procedures used are variants of the classic one devised by Piaget in which the child is seated facing a scale model of three mountains and tested for his ability to predict how it would look to another child seated at various positions around it. The problem with these measures is that the presence of the other person is incidental. The child could just as well have been alone and asked what he would see if he were located elsewhere in the room. In other words, the skill tested bears on the child's conception of space and his competence in spatial relations -- more specifically, the ability to imagine how things would look from different vantage points.[11] It does not bear on assessing feelings and thoughts except when these are affected by the physical surrounds and the actor who is located elsewhere must mentally juxtapose himself in order to see the same physical cues seen by the other person. The tasks, in short, pertain to a cognitive skill which may contribute to role taking under certain conditions but is not an essential part of the role taking process.

In other role taking studies the subject is placed in the situation of
communicating a message to someone whose perspective is deficient in some re-
spect, for example, he is much younger than the subject or handicapped by be-
ing blindfolded (Flavell, 1968). Or, the subject's task is to predict the
cognitive response of someone who has limited information (Flavell, 1968;
Chandler & Greenspan, 1972). In Flavell's study, which is representative, the
child is shown an ordered series of seven pictures which, comic-strip fashion,
illustrate a story. After the child has narrated the story, the experimenter
removes three of the pictures, leaving a four-picture sequence. The set of
pictures was constructed in such a way that the four-picture sequence illus-
trates a story that is very different from the seven-picture sequence. A
second experimenter then enters the room and the subject is told that this
individual has never seen any of the pictures before. The subject's task is
to predict the story he thinks the adult would tell on the basis of seeing
only the set of four pictures; and probe questions are asked to assess the
reasoning behind his predictions. The question may be raised here too as to
whether it is primarily role taking that is being tested, or some other cog-
nitive skill that may contribute to role taking. Flavell found that the de-
tails of the stories given by younger subjects in response to the seven-
picture sequence often seemed to influence the responses they gave to the
four-picture sequence. His explanation is that these children may have had
difficulty in maintaining the "other's supposedly fresh and naive perspective
vis-a-vis the four pictures" because of the intrusion of the child's already
formed perspective based on the seven pictures. I would suggest that there
may have been no clash of perspectives at all and as in the perceptual role-
taking research, the presence of the other person was incidental to the task.
The young children may have failed simply because they could not keep the
details of both stories separately in mind and thus could not prevent the

details of the first story from intruding when answering probe questions about their responses to the second. The subjects who succeeded on the task, on the other hand, had the necessary cognitive skills to hold the first story in abeyance while constructing and answering questions about the second. The processes required for the task, then, might have been first, cognitively processing the test materials and second, attributing the outcome of this processing to the other person. Here again, what may be involved are cognitive skills which may often contribute to role taking because they help the child logically derive the response of the other but which are not a necessary part of the role-taking process since they do not require that he address himself to the other person's inner states.

Flavell also used an entirely different role taking measure, in which the child was asked to pretend to choose from among several items -- a silk stocking, necktie, toy truck, doll, and adult book -- those which he would give as gifts to his mother, father, teacher, brother or sister. The appropriateness of the child's choices determined his role taking score. This task lacks the problems associated with the previously described measures since it requires less cognitive processing -- just a simple matching of each item to a particular category of person. It also requires the subject to orient himself to a greater degree to the other person. It may not be a true role-taking task, however, since success or failure may turn on the child's prior knowledge about the preferences of the different classes of people.

There is a small body of research dealing directly with the ability to infer another person's emotions in different situations. Borke (1971) told 3-8-year-old children stories in which the main character might be perceived as happy, sad, afraid, or angry and then gave them blank faces to fill in with the appropriate expression. While significant age differences were reported on most stories, on "happy" and "afraid" stories the majority of even

the youngest children were correct in their identifications. "Sad" stories

were correctly interpreted by a majority of 5-6 year olds and "angry" stories

were not accurately perceived by a majority of any age group. Borke conclud-

ed that children as young as three years can successfully abandon their own

egocentric viewpoints to adopt the point of view of another. Chandler and

Greenspan (1972) showed cartoon sequences depicting the same four emotions to

children in grades one through seven and asked them to describe the feelings

of the central characters. All age levels mastered this task, thus confirm-

ing Borke's results. In the second part of the experiment subjects were re-

shown the cartoons and asked to reinterpret the situation from the point of

view of a late-arriving bystander who missed out on the important antecedent

events. The younger subjects were inept at this task: 85 percent of them

erred in assigning to the bystander information available only to themselves--

an error made by only four percent of the older subjects. Chandler and Green-

span conclude that Borke's interpretation is wrong: The young child can not

assume perspectives which are different from his own. Their study may be

criticized on the grounds that the measure confounds role taking with cogni-

tive and verbal skills. A previous study by Burns and Cavey (1957) would

seem to support their criticism of Borke, however. Three-to-six-year-old

children were shown pictures in which the expression of the main character

was incongruent with the situation (frowning at his birthday party). When

asked to describe how the character felt, the five- and six-year-olds re-

sponded appropriately. The three- and four-year-olds typically did not per-

ceive the incongruity and judged the pictures in terms of how they would feel

in the situation, thus showing they cannot perceive feelings of others that

differ from their own.[12]

To summarize, the dominant focus of the research has been perceptual and

cognitive role taking and the tasks used typically put a premium on cognitive

and verbal skills. One must have these skills to perform the task. Requiring cognitive operations beyond the child's capacity may thus mask his actual role-taking capability. It follows that to estimate how early in life the child can take another's role requires evidence from studies employing measures that are minimally complex cognitively. Thus far only Selman's (1971) measure even comes close to this ideal. Selman's subjects were given a simple concept-sorting task and asked to predict what choices would be made on a similar task by another child from whom one of the test items had been hidden. Nearly all six-year-old subjects could perform the task, while younger subjects did poorly. This fits well with Burns and Cavey's results and the two studies together suggest that role taking becomes possible at about five or six years of age, which is a year or two earlier than Piaget's estimate. The question may be asked whether still younger children would show evidence of role taking in tasks requiring even less cognitive processing, for example, where the child already has the information necessary for assessing the other person's thoughts and feelings in the situation and is maximally motivated. To provide a tentative answer requires drawing on anecdotal evidence in natural settings familiar to the child.

First, though Flavell concludes from his research that the budding awareness of perspective difference does not occur until about six years of age, he gives several anecdotal examples of cognitive role taking in four- and five-year-olds. An incident which I observed involved a still younger child. Marcy, aged 20 months, was in the playroom of her home and wanted a toy that her sister Sara was playing with. She asked Sara for it but Sara refused vehemently. Marcy then paused, as if reflecting on what to do, and then began rocking Sara's favorite rocking horse (which Sara never allowed anyone to touch), yelling "Nice horsey! Nice horsey!", and keeping her eyes on Sara all the time. Sara came running angrily, whereupon Marcy immediately ran

around Sara directly to the toy and grabbed it. Without analyzing the full complexity of Marcy's behavior, it is evident from her actions that she had deliberately set about luring her sister away from the toy. Though not yet two years of age she was capable of being aware of another person's inner states that were different from her own. While her behavior was Machiavellian rather than altruistic, this child demonstrated that she could take another's role; yet had she been a subject in the experiments discussed previously it is doubtful that she could have understood the instructions, much less performed the designated role-taking response.

The final example is in some respects less dramatic and depicts a cognitively less demanding type of behavior, but the child was only 15 months old and the context is more germane to our altruistic concerns. For these reasons it will be examined in more detail. The boy, Michael, was struggling with his friend Paul over a toy. Paul started to cry. Michael appeared concerned and let go of the toy so that Paul would have it, but Paul kept on crying. Michael paused, then gave his teddy bear to Paul but the crying continued. Michael paused again, then ran to the next room, returned with Paul's security blanket and offered it to Paul -- whereupon he stopped crying. Several aspects of this incident deserve comment. First, it seems clear that Michael first assumed that his own teddy which often comforts him, would also comfort his friend. Second, its failure to do this served as corrective feedback which led Michael to consider alternatives. Third, in considering the processes underlying Michael's final, successful act, three possibilities stand out: (a) he was simply imitating an effective instrumental act observed in the past, that is, he had observed Paul being comforted with the blanket. This can tentatively be ruled out since his parents could not recall his ever having such an opportunity; (b) in trying to think of what to do he remembered another child he had seen being soothed by a blanket and this reminded him of

Paul's blanket -- a more complex response than might first appear, since
Paul's blanket was out of his perceptual field at the time; (c) Michael, as
young as he was, could somehow reason by analogy that Paul would be comforted
by something which he loved in the same way that Michael loved his teddy.

I favor the last although it does involve a complex response for a young
child to make. Regardless of which if any of the three explanations is cor-
rect, however, the incident suggests that a child not yet a year and a half
may be able, with a very general form of corrective feedback (Paul's continu-
ing to cry when offered Michael's teddy), to assess the specific needs of an-
other person which differ from his own. The same conclusion may be drawn from
a strikingly similar incident recently reported by Borke (1972). This is a
far cry from the five or six years suggested by the laboratory research -- a
discrepancy too large to be explained strictly in terms of Michael's precoc-
ity. It is unclear what the crucial variables were -- Michael's intense moti-
vation, his familiarity with the other child and the physical surroundings,
or the corrective feedback which though minimal was sufficient to disconfirm
his initial more primitively based interpretation of the other's needs.
(Though feedback was not present in the previously described incident involv-
ing Marcy, Michael was a few months younger and perhaps this was enough to
make the difference between needing feedback and not needing it.[13]) Further
study may identify which if any of these factors - motivation, familiarity,
or feedback -- none of which has as yet been investigated systematically, is
the more crucial in situations of this kind.[14]

In conclusion, Flavell's view that "an awareness of perspective differ-
ences is an occasional and fragile affair initially heavily dependent upon
direct instigation, for example, explicit instructions to find the other's
perspective" appears to be correct -- although simple feedback rather than
direct instigation may at times be enough. It also appears that just as "per-

son permanence" may precede "object permanence" by several months, certain

forms of role taking in familiar and highly motivating natural settings may

precede the more complex forms investigated in the laboratory by several

years. The child who can take the role of a familiar person at home may be-

have egocentrically in complex role-taking tasks in the laboratory because he

cannot utilize the available cues regarding the inner states of others and

must therefore rely on his own perspective. In other words, the rudiments of

role taking competence may be present before the child is two years old -- not

long after he has attained person permanence -- although role-taking perfor-

mance varies with the cognitive and verbal complexity of the particular task.

C. Awareness of Identity

The sense of the other as having his own personal identity, that is, his

own life circumstances and inner states beyond the immediate situation, has

been ignored in the literature. The closest to it is Erikson's conception

of ego identity which pertains to the individual's own sense of sameness

through time. In support of Erikson's view, it seems reasonable to suppose

that at some point the child develops the cognitive capacity to integrate his

own discrete inner experiences over time and to form a conception of himself

as having different feelings and thoughts in different situations but being

the same continuous person with his own past, present, and anticipated future.

Though not a focus of much research, there are some findings that offer clues

as to when this capacity develops. First, from Piaget's work on cognitive

development it appears that during the pre-operational period (2-7 years of

age) the child does not realize that physical attributes of objects such as

mass, weight, length, or number are constant. When the perceptual configu-

ration in which an object appears varies, these attributes are seen to vary

rather than to remain stable. For example, when a quantity of liquid is

poured from a low flat container into a high narrow one, the child thinks the

amount of liquid has been increased even though the transfer took place before his eyes. Or if a row of marbles is spread out he thinks there are now more marbles.

Kohlberg (1966) suggests that the same is also true of qualitative attributes. Most four-year-old children, for example, will agree that a cat could be a dog if it wanted to or if its whiskers were cut off. By six or seven, however, children are firm in asserting that a cat could not change its identity in spite of apparent perceptual changes. Kohlberg also asked four- to eight-year-old children if a pictured girl could be a boy if she wanted to, if she played boy's games, or if she wore boy's haircuts or clothes. He found that "by age six to seven, most children were quite certain that a girl could not be a boy regardless of changes in appearance or behavior," in contrast to younger children who were often thrown off by physical appearances and thought that girls could change to boys in these ways. This suggests that the child has a sense of stabilization and continuity regarding gender by about 6 or 7 years of age.

The findings on racial identity are similar. Proshansky (1966), after reviewing the research literature, concludes that a firm sense of one's racial identity does not appear to be established until about seven or eight years of age. Though the four- or five-year-old child may often use racial terms to describe himself and others and show a preference for one race over another, his racial conception is more apparent than real, that is, he seems to have a verbal fluency that is sometimes in error rather than a stable attainment of racial concepts.

Finally, Guardo and Bohan (1971) in a development study of self-identity in middle-class white children found that while six- and seven-year-olds recognized their identity as humans and as males or females, this was mainly in terms of their names, physical appearance, and behaviors -- which is consis-

tent with the findings on gender and racial identity. Their sense of self-
continuity from the past and into the future was still hazy, however. It was
not until eight or nine years of age that more covert and personalized dif-
ferences in feelings and attitudes made a contribution to their sense of iden-
tity, although even then most felt that their names, physical characteristics,
and behaviors were the essential anchorage points of identity. Only one out
of six felt that the feeling of being a singular and personal individual is
the main factor that provides for continuity across time.

It would appear then that somewhere between seven and nine years marks
the beginning of the child's conception of his own continuing identity. This
emerging sense of his own identity may be presumed to result in a broadening
of his view of others. That is, once he has the cognitive capacity to see
that his own life has coherence and continuity despite the fact that he reacts
differently in different situations, he should soon be able to do the same with
regard to others. He can then not only take the role of others and assess
their reactions in particular situations but also generalize from these inter-
actions and construct a mental image of the other's general life experience.
In sum, his awareness that others are coordinate with himself expands to in-
clude the notion that they, like him, have their own identity as persons that
goes beyond the immediate situation. His perspective on others and his inter-
pretation of their response in the immediate situation is thereby dramatically
altered.

IV. Development of Altruistic Motives

The foregoing analyses of empathy and the sense of the other provide
needed background for the following theory of altruistic motivation, which is
essentially a developmental account of the synthesis of these affective and
cognitive capacities.

A. Empathic Distress

Developmentally first is empathic distress. As discussed previously,
this is very likely a conditioned affective response based on the similarity
between distress cues from someone else in the immediate situation and elements
of one's own actual distress experiences in the past. The neural capacity
necessary for such a response is minimal and since both classical and operant
conditioning are possible in the early weeks of life (e.g., Kessen, Haith,
and Salapatek, 1970) it follows that the infant is capable of empathic distress
long before he has developed a sense of self or a sense of the other.

As a result of this lack of self-other differentiation we may assume that
at least for most of the first year the child is unclear as to who is experi-
encing any distress that he witnesses and he will often behave as though he
were experiencing it. That is, he sees the other's distress cues and they
automatically evoke an upset state in him. He may then seek comfort for his
own distress. This was recently illustrated by an eleven-month-old child of
a student of mine. On seeing another child fall and cry, she first stared at
the victim, appearing as though she was about to cry herself, and then put
her thumb in her mouth and buried her head in her mother's lap -- her typical
response after she has hurt herself and needs comforting.

This is obviously a very primitive response. We use the word empathy but
the child does not put himself in the other's place and try to imagine what he
is feeling. The response is rather a conditioned, passive, involuntary one --
based on the "pull" of surface cues associated with elements of one's own
past. If there is action, its dominant motivation is hedonistic: to eliminate
discomfort in the self. Empathic distress is nevertheless basic in the early
development of altruistic motivation precisely because it shows that we may in-
voluntarily and forcefully experience emotional states of others rather than
those pertinent and appropriate to our own situation -- that we are built in

such a way that distress will often be contingent not on our own but someone else's painful experience.

B. Sympathetic Distress

A major change in the child's reaction to distress occurs when he becomes capable of distinguishing between himself and others. When confronted with another person in pain, he still experiences empathic distress but because of this new cognitive capacity he will now know that it is the other person and not he who is in actual pain. The recognition that the other is actually experiencing the distress transforms the empathy with the victim -- a parallel affective response -- into sympathetic concern for the victim -- a more recip-rocal response. This is not to deny that the response may continue to have a purely empathic component.[15] The important thing, however, is that the quasi-hedonistic motive to alleviate the child's "own" distress (I want to get rid of my distress) gives way, at least in part, to the more prosocial motive to alleviate the other's distress (I want to get rid of his distress); and this is a new addition to the child's repetoire. The transformation of empathic to sympathetic distress occurs in three stages, which are tied to the three levels of cognitive apprehension of the other -- permanence, role taking, and identity. The three stages of sympathetic distress will now be described, following which an attempt will be made to probe more deeply into the transition between empathic and sympathetic distress.

Empathic distress and permanence. At the level of person permanence the child has acquired a sense of the other but only as a physical entity. He knows that the other is the victim and his empathic reaction is transformed by this knowledge into a genuine concern for the other, but he cannot distinguish between his own and the other's inner states (thoughts, perceptions, needs). Without thinking about it, he automatically assumes the other's states 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 what the other's needs
are in the situation. This is often evidenced in his efforts to help, whi.
consist chiefly of giving the other what he himself finds most comforting. In
the example cited earlier, Michael's initial attempt to placate his friend is
a case in point. I have also heard a description of a thirteen-month-old
child who brought his own mother to comfort a crying friend, even though the
latter's mother was equally available; and of another child the same age who
offered his beloved doll to comfort an adult who looked sad. (At this age
the child's helping behavior may also at times be quite transitory and the
next moment he may strike the person he was just comforting.)

This first level of sympathetic distress is in some ways as primitive as
the empathic distress described earlier -- a passive, involuntary, and some-
times grossly inaccurate and transitory response to cues perceptually similar
to those associated with the child's own past distress. It is a significant
advance, however, since for the first time, though the child's effort may be
misguided due to cognitive limitations he has the motive to help the other.
The motive is aroused by the awareness of someone in distress although its
qualitative aspects, including the conception of the nature and intensity of
the other's distress and the type of action needed to relieve it, will depend
on the actor's level of cognitive development.

Empathic distress and role taking. At the second developmental level the
child has begun to acquire a sense of others not only as physical entities but
as sources of feelings and thoughts in their own right. That is, he is no
longer certain that the real world and his perception of it are the same thing.
He has begun to realize that others may have inner states that differ from his
own and different perspectives based on their own needs and interpretations of
events, although he may be uncertain as to what their perspectives actually
are. This advance, as mentioned in the discussion of role taking, is very

likely the result of the child's cognitive development together with experiences in which his expectations about others, which are based on the assumption of identical inner states, are disconfirmed by their responses and he receives corrective feedback from them.

The awareness that the other's inner states though similar to one's own also differ, has profound effects on the nature of the child's response to distress. Though the affective aspect of the distress aroused in him remains essentially the same and he may continue to project his own feelings to the victim as in the past, these reactions are now only part of a more conscious orientation to the other's state. The child is, moreover, aware of the guesswork involved and therefore uses other inputs besides his own empathic distress in formulating an image of the other's needs and feelings -- such as specific information about which acts will alleviate the other's distress and which will not. Initially he may engage in trial and error based on his own past experience and like Michael in the example discussed earlier, alter his behavior in response to corrective feedback in the situation. Eventually the trial and error and reality testing take place internally and external feedback is no longer needed except perhaps in new and complex situations.

For the first time in our developmental account, then, the child begins to make an active effort to put himself in the other's place, although he remains aware of the tentative and hypothetical nature of the inferences he makes. His motivation to relieve the other person's distress is far less egocentric than it was and based to a far greater degree on a veridical assessment of the other's needs. His attempts to help, as a result, are more sophisticated and appropriate.

Empathic distress and identity. Despite the abvious progress, the child's response at the second level is still confined to the other's distress in the immediate situation. This deficiency is overcome at the third level, owing to

a significant new input. The child's emerging conception of others, as well
as himself, as continuous persons each with his own history and identity. The
child now becomes aware that others not only react to situations with feelings
of pleasure and pain but that these feelings occur within the context of their
larger pattern of life experiences. He continues to react to their momentary
distress but feels worse when he knows it is chronic. He may also imagine
their repeated experiences of distress even when these are not reflected in
the immediate situation. In sum, being aware that others have inner states
and a separate existence beyond the immediate situation enables him to respond
not only to their transitory, **situation**-specific distress but also to
what he imagines to be their general condition. The transitory and the general
are ordinarily consonant but when they conflict his response will be determined
by the latter, since it is the more inclusive hence compelling index of the
other's welfare (except when the cues of the transitory are so salient as to
preempt his response).

This level of development then consists of the synthesis of empathic dis-
tress and a mental representation or image of the other's _general_ state or
plight -- that is, 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 image of the other falls short of what the observer conceives to be a
minimally acceptable standard of well being[16] (and if the observer's own life
circumstances place him above this standard) this third level of the sympathet-
ic distress response will typically be evoked regardless of the other's ap-
parent momentary state.

To summarize thus far, the individual who progresses through these three
stages may reach the point of being capable of a high level of sympathetic
response to another person in distress. He can process all levels of informa-
tion -- including that gained through his own empathic reaction, immediate

situational cues, and general knowledge about the other's life -- act out in his own mind the emotions and experiences suggested, 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 for him and wish to help -- while all the time maintaining the sense that this is a separate person from himself.

With further cognitive development the person may acquire the capacity to comprehend the plight not only of an individual but of an entire group or class of people to whom he is exposed -- such as those who are economically impoverished, politically oppressed, socially outcast, victimized by war, or mentally retarded. Since the observer is part of a different group, his own distress experiences may not be quite like those of the less fortunate group. All distress experiences have much in common, however, and since by this stage the individual has the capacity to generalize from one distress experience to another it may be assumed that most people have the cognitive an . affective requisites for a generalized empathic distress reaction.[17] Possible exceptions are those rendered incapable of empathy by their socialization or whose status in life has permitted only the most superficial contact with less fortunate people (consider Marie Antoinette's aprocryphal "Let them eat cake" response to the people who were clamoring for bread). In any case, the synthesis of empathic distress and the perceived plight of an unfortunate group results in the final level of sympathetic distress.[18]

C. Transformation of Empathic Distress into Sympathetic Distress

A key assumption in this theoretical account is that with the development of a sense of the other the child's self-oriented empathic distress is transformed into a true sympathetic concern for the other. The question may be asked, why doesn't the child once he realizes that he is not actually in distress simply feel relieved and ignore the other's plight. The answer requires

taking a closer look at the transition between empathic and sympathetic distress.

As discussed previously, the child at first does not differentiate himself and others and when he observes someone in distress he feels it is his own distress. He has unpleasant feelings that he wishes would terminate and he may also experience images of acts by others that will relieve or comfort him perhaps because they have done so in the past. The "he" who is experiencing this distress is initially a vague global entity consisting of stimuli both from his own body and from the other person, and it seems reasonable to assume that the unpleasant feelings, wishes and images associated with this entity would be transferred to both the separate "self" and the "other" that emerge. That is, the properties of the whole become the properties of its emerging parts.

Secondly, the process of differentiation is gradual and very likely subject to occasional regression, for example, when the child is fatigued or under tension. This means that in the early stages of differentiation he is for a time, as suggested in the earlier discussion of object permanence, only vaguely and momentarily aware of the other as distinct from the self. He must therefore go through a period of responding to another's distress by feeling as though his dimly perceived self and the dimly perceived other are somehow simultaneously -- or perhaps alternately -- in distress. That is, the self and the other slip in and out of focus as the object whose distress he wishes to have terminated. Consider the child of a colleague whose typical response to his own distress beginning late in his first year was to suck his thumb with one hand and pull his ear with the other. At thirteen months, on seeing a sad look on his father's face he proceeded to look sad himself and to suck his thumb while pulling his father's ear! An early period of subjectively overlapping concern such as this, in which the self and the other are

experienced as "sharing" the distress would seem to provide a further basis for a positive orientation toward the emerging other. The gradual nature of self-other differentiation is therefore important because it gives the child the experience of wishing the termination of the emerging other's distress (as well as that of the emerging self) -- thus providing a link between the initially hedonistic empathic distress response and the earliest trace of sympathetic distress. If the sense of the other were attained suddenly the child would lack this experience and when he discovers that the pain is some-one else's he might simply react with relief (or even blame the other for his own empathic distress).

Though the child now responds with sympathetic distress he is still ego-centric and his concern for the other may be due partly to his assumption that the other's inner states are the same as his own. When the child develops role-taking capabilities the question that introduced this section might be reformulated as follows: Why should he continue to be positively oriented toward others once he discovers that they are the sources of their own inner states? The reason I would advance is that in the course of discovering that other's have their own internal reactions to situations the child finds that although their reactions at times may differ from his, the differences are typically outweighed by the similarities. The role-taking literature, to be sure, stresses development of the capacity to grasp another's perspective when it differs from one's own, but this is only to make clear the nature of the child's progress away from egocentrism. In real life, when he takes the perspective of others he is apt to find that it is much like his own except for minor variations. In the example discussed earlier, though Michael found out that he and his friend differed as to the particular object they would want in the situation, the basic feeling that he initially projected to his

friend was shown by the final outcome to be verdical. That is, his assumption

that his friend's basic emotional needs would be the same as his, was confirmed.

Thus while moving away from the automatic, egocentric assumption that the

other's inner states are identical to his own, the child discovers that al-

though others react as persons in their own right their responses are very

similar to his own. The realization that his feelings resemble those exper-

ienced independently by others in similar situations must inevitably contrib-

ute to a sense of "oneness", which preserves and may even enhance his motivation

to alleviate the other's distress.

To summarize, there are three aspects of the child's early response to

another's distress that may account for the seemingly paradoxical notion that

self-other differentiation, which might be expected to create a barrier be-

tween persons, and empathic distress, which is partially hedonistic, combine

to produce the developmental basis for a motive to help others. Two of these

occur in the earliest stages of self-other differentiation: (a) the transfer

of the unpleasant affect associated with the initial global "self" to its

emerging separate parts one of which is the mental image of the other person;

and (b) the subjective experience of "sharing" distress, which is due to the

gradual attainment of a sense of the other and gives the child the experience

of wishing the other's distress to end. The third -- a growing awareness of

the similarity between one's own and the other's independent affective response

to situations -- occurs during the shift away from egocentrism.[19] When we

add the fact that all children have the same basic nervous system, as well

as an increasing capacity for stimulus generalization on the basis of both

conceptual and perceptual similarities, and that they have many experiences

in common during the long period of socialization, it would appear that the

human potential for a sense of oneness, empathy and sympathy may well be

enormous. The developmental synthesis of empathic distress and the cognitive

sense of the other postulated here, may thus be a fundamental fact of life

for most individuals.[20]

D. The Role of Cognitive Mediation

Besides the central role that cognitive development plays in the trans-

formation of empathic distress into the three forms of sympathetic distress,

it also has an obvious mediational function throughout. Thus the child's

response initially is dependent on the physical similarity between cues of

the other's distress and those associated with his own past distress. That

is, he can only respond to visible types of distress such as cries over falls,

cuts, bruises, and lost possessions. Cognitive development enables him to

respond on the basis of conceptual as well as perceptual similarities, and

verbal as well as physical expressions of distress -- thus opening the door

to a host of psychologically more subtle types of distress such as those re-

sulting from rejection, disappointment, and unfulfilled needs. It also

facilitates access to the other's perceptual and conceptual perspective thus

enabling him to make inferences about the other's distress on the basis of

information about his situation or general life conditions when these differ

from his own and when the other person is not physically present. Finally,

cognitive growth may eventually help the individual attain the concept of a

generalized distress experience which enables him to respond sympathetically

to types of distress that he has not experienced himself.

V. Motives and Action

The focus of this paper is on motives; a full treatment of the relation

between motives and action is beyond its scope. This topic cannot be ignored

however since the importance of motives ultimately lies in their influence

on behavior. The assumption implicit in our formulation is that motives do

relate to action -- that both empathic and sympathetic distress predisposes the individual to act though only in the latter case does he feel himself to be acting on the other's behalf. Developmentally, this means that as the child acquires coping skills he will tend to use them in the service of these motives. At first, he simply enacts behaviors that alleviated his own distress in the past, as exemplified in our earlier illustrations of empathic distress and the lowest level of sympathetic distress. Eventually an element of doubt enters, role taking and higher levels of cognitive processing intervene between the motives and the act, and the child's response becomes more veridical in terms of the victim's needs. Presumably there is also some sort of feedback or reinforcement process throughout, whereby acts which successfully alleviate the other's distress are retained and repeated in the future. The corrective feedback that often follows unsuccessful, inappropriate acts may lead to trial and error or the operation of higher level cognitive processes that in turn result in appropriate acts.

To date, there is only slight empirical support for the key point in this formulation -- that sympathetic distress predisposes the person to act altruistically. In the intensive nursery school observations by Bridges (1931) and Murphy (1937) the younger children usually reacted to another in distress with a worried, anxious look but did nothing, presumably because of fear or lack of necessary skills. Had they been in the familiar surroundings of the home they might have responded more actively, like the twenty-month old son of a colleague 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 immediately reminded him that he would miss the teddy if he gave it away but he insisted -- as if his sympathetic

distress were greater than the anticipated unpleasantness of not having the
teddy, which may be indicative of the strong motivational potential of sym-
pathetic distress. In any event Murphy found that with   older children
sympathetic distress was usually accompanied by an overt helpful act. The
laboratory studies by Feshbach and Roe (1968) and Staub (1970), taken together
also suggest that preschool and older children typically react to another
child's distress with both sympathy and attempts to help. Finally, several
other studies cited earlier when taken as a group provide evidence for a
similar association between altruistic motivation and behavior in adults.
That is, witnessing another being shocked or failing in a task typically re-
sults in both an affective reaction, as measured physiologically, and an
overt attempt to help (Berger, 1962; Craig & Weinstein, 1965; Krebs, 1970;
Stotland, 1969; Tomes, 1964; Weiss et al., 1973).[21]

It would appear then that sympathetic distress is accompanied by ten-
dencies toward helpful action. Whether it motivates, or is merely associated
with the action is uncertain, although there is some evidence in one of
Murphy's empirical generalizations that it may motivate:

> ...unpreparedness to handle the situation in active terms ac-
> centuates the response on the emotional level. As verbal and
> physical techniques develop to the point where the child can
> cope with a large portion of the varied situations to which he
> is exposed, an active response occurs and there is less likeli-
> hood of prolonged affective response (Murphy, 1937, p. 300).

Thus when the child overtly helps the other, the affective portion of his sym-
pathetic distress diminishes; when he does not help, the affect is prolonged.
This applies both developmentally (more action and less affect with age) and
within the same child at a given age. Latane' and Darley (1968) found some-
thing similar with adults: subjects who helped a person seemingly having an

epiletic fit showed less emotion afterwards than those who did not help.
These findings are all consistent with the notion that sympathetic distress
predisposes the person to act; acting then reduces the sympathetic distress,
whereas inaction does not.[22]

Assuming that sympathetic distress does create a predisposition to help,
a question arises concerning the time elapsing between the observation of
distress and the act. Initially a short latency is to be expected due to the
child's egocentrism and lack of doubt about the appropriateness of the first
act that occurs to him. When role taking and ognitive processing begin to
play a role, a longer latency would appear inevitable. With further increases
in cognitive processing the changes in the duration of decision time becomes
problematic. We might expect a reduction in decision time and perhaps in dur-
ation of affective response, owing to advances in the individual's ability to
process information rapidly -- with the result that in an emergency he could
more quickly choose among available alternative acts. On the other hand, the
latency might increase because of the entry of new types of information such as
that bearing on the cost to the actor of the various alternative acts to be
considered and thus the increased time required to process this and the feed-
back information. The relevant research is sparse and equivocal. Fellner and
Marshall (1970) report that most of the kidney transplant donors they inter-
viewed made their decision instantaneously, with very little weighing of pros
and cons; Schwartz's blood marrow volunteers, however, took a lot of time and
agonized over their decision. Many factors within the situation as well as
differences in personal style undoubtedly govern the latency of the altruistic
response.

Though sympathetic distress may predispose the child to act altruistically,
this of course does not guarantee that he will do so. Whether or not he acts
depends on other things besides the strength and level of the motive. Action

will be more likely when the appropriate thing to do is obvious and within his repetoire, and less likely when there is little that can be done. The costs to the observer and the strength of competing motives aroused in him in the situation must also be taken into account. Hoffman (1970b) and Staub (1970), for example, have suggested that American middle-class children are socialized both to behave altruistically and to follow the rules, but that in some situations following the rules will interfere with altruistic action. In an individualistic society like ours altruistic motives will also often be overriden by more powerful egoistic motives. It may well be in such a society that altruistic motives have a reliable effect on behavior only in situations in which one encounters someone in distress and is not self-preoccupied.

Pending clarification in future research, I would suggest the following formulation of the relationship between altruistic motives and action: (a) distress cues from another person trigger the altruistic response system; (b) the observer experiences sympathetic distress and his initial tendency is to act: (c) if he does not act, for whatever reason (situational counter-pressures, competing motives, lack of necessary skills) he will typically either continue to experience sympathetic distress or cognitively restructure the situation so as to justify inaction, for example, by derogating the victim or otherwise convincing himself that the victim wanted or deserved what he got.

VI. Guilt and Reparative Altruism

Thus far nothing has been said about what happens when the observer sees himself as the cause of the other's distress. Blaming oneself becomes possible once one has acquired the cognitive capacity to recognize the consequences of his action for others and to be aware that he has choice and control over his own behavior.[23] The synthesis of sympathetic distress and awareness of being the cause of the other's distress may be called guilt since it has both the

affectively unpleasant and cognitive self-blaming components of the guilt expe-
rience.

Personal or true guilt may be experienced directly as the result of
specific acts of commission or, later, omission (things the person might have
done to help the other but didn't). This type of guilt, which has been found
to relate to parental discipline (Hoffman & Saltzstein 1960, 1967; Hoffman,
1970b), differs from the psychoanalytic conception of guilt which is based not
so much on the actual harm done to others as the transformation of anxiety
over loss of parental love into self blame, and the return of repressed hostile
impulses which are then turned toward the self. Little is known about the de-
velopment of the guilt response. Though Murphy (1937) reports numerous instan-
ces of sympathetic distress in preschool children she found few examples of
guilt or reparative behavior. Harming others usually occurred in the context
of a fight or argument and it was typically a bystander rather than the aggres-
sor who helped the victim. In the few instances of accidental harm, however,
the responsible child was sympathetic or made some spontaneous attempt at rep-
aration. A boy on a swing who knocked a girl down, for example, gave her a
long ride on the swing afterwards, pushing her gently all the while. Such
instances suggest that young children are capable of an immediate reaction to
the awareness of the harmful effects of their behavior. There is also indirect
evidence that their reaction may extend beyond the immediate situation: Chil-
dren exposed to parental discipline which points up the harmful effects of their
behavior were generally considerate of their nursery school peers (Hoffman,
1963).[24]

Most of the 10-12 year old subjects, in our unpublished moral development
research, gave guilt responses to projective story completion items in which the
transgression committed by the central figure was an act of commission (cheating;
accidentally harming another) or omission (not helping a small child who later

suffered as a result). In most cases the guilt feelings were followed immediately by some sort of reparative behavior which functioned to reduce the guilt. When reparation was precluded by the story conditions (it was too late for anything to be done) the guilt response was typically prolonged. (This pattern is similar to Murphy's finding that sympathetic distress typically leads to action which diminishes the actor's affect but if there is no action the affect is prolonged.) The central figures in the story were also often portrayed as resolving to become less selfish and more considerate of others in the future. This suggests that one mechanism by which guilt may contribute to altruistic behavior is to trigger a process of examination and restructuring of values which may help strengthen one's altruistic motives.[25]

Experimental evidence that guilt contributes to altruism has been obtained in a number of studies in which adults who were led to believe they had harmed someone showed a heightened willingness to help others. They did this by engaging in various altruistic deeds such as volunteering to participate in a research project (Freedman, Wallington, & Bless, 1967), contributing to a charitable fund (Regan, 1971) and spontaneously offering to help a passerby whose grocery bag was broken (Regan, Williams, & Sparling, 1972). These studies are limited since they only show short-run effects (the altruistic deed immediately followed the guilt induction) and the subjects were all college students. Together with the story completion data for children, however, they support the view that guilt may result in a generalized motive for altruistic action beyond immediate reparation to the victim.

The fact that 10-year-olds show evidence of guilt over inaction is worthy of note since the person has really done nothing wrong but just happened to be present when someone needed help, and children are not often taught to feel bad over inaction. I would suggest that the guilt is due to the observer's sympathetic distress response to the victim, in combination with the awareness of

what he might have done to help if not for his selfishness. Guilt over in-
action thus appears to have much in common with sympathetic distress -- the
difference being that the observer is aware of something he could have done.
It is also very likely more advanced developmentally than guilt over the
actual commission of an act since it requires the capacity to visualize some-
thing that might have been done but was not.

Existential guilt. The human capacity for experiencing guilt despite
doing nothing wrong is illustrated even more dramatically in other situations.
The well known phenomenon of survivor guilt in natural disasters and in war
is a case in point. A recent example is the Navy pilot whose right arm had
been partially crippled by schrapnel, who said on being released after two
years as a Vietnam war prisoner, "Getting released, you feel a tremendous
amount of guilt. You developed a relationship with the other prisoners...
and they're still there and you're going away..." (Newsweek, October 9, 1972,
page 27.)

This remark suggests that despite a person's own plight he might feel
guilty owing to the sense of being far better off than others. Lifton (1968)
also points to the sense of relative well-being as a major source of survivor
guilt among the Hiroshima atomic bomb survivors. Despite being seriously
maimed and disfigured these people typically felt guilty "for selfishly re-
maining alive" while others had died. Lifton suggests that the

> ...survivor can never, inwardly, simply conclude that it was
>
> logical and right for him, and not others, to survive. Rather
>
> he is bound by an unconscious perception of organic social bal-
>
> ance which makes him feel that his surviving was made possible
>
> by others' deaths: If they had not died, he would have had to;
>
> if he had not survived, someone else would have. (p. 56)

In discussing the idea of the "radiation of guilt" Lifton further highlights

the contribution of the sense of one's relative well being to the guilt ex-

perience,

> ...the survivors feel guilt toward the dead; ordinary Japanese
>
> feel guilt toward survivors; and the rest of the world feels
>
> guilt toward the Japanese. Proceeding outward from the core of
>
> the death immersion each group internalizes the suffering of
>
> that one step closer than itself to the core which it contrasts
>
> with its own relative good fortune... (p. 499)

Survivor guilt, like the simple form of guilt over harming another dis-

cussed earlier, also appears to predispose one toward altruistic action. Thus

Lifton states that many respondents felt guilty not only because they sur-

vived but also because they did nothing to help others. They experienced an

intense need to act; and some were able to find through their religion an al-

truistic act they could perform -- praying for the souls of the dead,

> In the midst of the disaster I tried to read Buddhist scrip-
>
> tures continuously for about a week, hoping that my effort would
>
> contribute something to the happiness of the dead. It was not
>
> exactly a sense of responsibility...It was a vague feeling -- I
>
> felt sorry for the dead because they died and I survived. I
>
> wanted to pacify the spirits of the dead...in Buddhism we say
>
> that the souls wander about in anxiety, and if we read the
>
> scriptures to them, they lose their anxiety and start to become
>
> easy and settle down. So I felt that if I read the scriptures,
>
> I could give some comfort to the souls of those who had de-
>
> parted. (p. 375)

Of greater potential interest for altruism is the fact that not only the

survivor but also the person fortunate enough to have a good and affluent

life may be subject to guilt feelings for no other reason than his relative well being in comparison to others. The awareness of one's relative well-being may be especially difficult to avoid in an age of instant mass communication when one is constantly confronted with direct evidence of the plight of others and the fact that one's pleasures and satisfactions in life are not shared. Examples may be found among the affluent American youth of recent years. Keniston (1968), for example, very neatly captures the essence of this type of guilt (although he does not call it "guilt")[26] and the role of seeing oneself as relatively advantaged when he describes his sample of young social activists of the mid-1960's as stressing "...their shock upon realizing that their own good fortune was not shared...and their indignation when they 'really' understood that the benefits they had experienced had not been extended to others." (page 131-132)

One of Keniston's respondents, in discussing some poor Mexican children he had known years earlier, exclaimed in a manner vividly illustrating the concept of relative advantage and its possible role in altruistic action,

...I was the one that lived in a place where there were fans and no flies, and they lived with the flies. And I was clearly destined for something, and they were destined for nothing...Well, I sort of made a pact with these people that when I got to be powerful I might change some things. And I think I pursued that pact pretty consistently for a long time. (page 50)

Something between guilt over survival and guilt over affluence is exemplified by the Black student at Harvard who recently wrote that he and others like him,

...have had to wrestle with the keen sense of guilt they feel being here while their families still struggle in Black ghettoes...

> The one sure way of easing guilt was to demand 'relevance' from
> Harvard, which means, in effect, instruction that can be di-
> rected toward improving the quality of life for Blacks as a whole
> in this country...by seeking to relieve our guilt via build-
> ing takeovers, strikes, and other kinds of demonstrations...
> (Monroe, 1973)

Guilt over survival and over affluence differ in certain obvious re-
spects. The survivor has shared in the other's distress and feels guilty over
not continuing to suffer, or suffering less than they; his own condition may
be bad but theirs is much worse. The affluent youth typically has not shared
in the other's distress and the contrast to which he reacts is between his own
life condition which is extremely good and theirs which is extremely bad. What
the survivor, the affluent, and the formerly disadvantaged person have in com-
mon, however, is that they feel deeply guilty not over any transgression but
over the vast difference in well being that they perceive to exist between
themselves and relevant others.

American psychology has long been interested in "social comparison pro-
cesses" (e.g., Festinger, 1954; Masters, 1972) but the focus has been on com-
petitive contexts, for example, the contribution to one's sense of self-
worth of out-performing others. It now appears that in a non-competitive
context the perception of one's relative well-being may have quite different,
though no less powerful, effects. Though the observer's well-being may al-
ways be necessary for sympathetic distress as mentioned earlier, there are times,
as suggested by the phenomena of guilt over survival and affluence, when the
contrast between the other's life condition and one's own is so great as to
make one's relative well-being become the salient, focal point of attention.
Sympathetic distress may then no longer be a response to the other's plight
alone but to the other's plight in relation to one's own well-being. That

is, the individual feels overwhelmed by the knowledge that others suffer far greater misfortunes than he, or that he enjoys pleasures that they are denied. When this occurs in the absence of any justification for one's relative advantage the experience of sympathetic distress may become tinged with a sense of guilt. I call it existential guilt, for lack of a better term, to distinguish it from true guilt since the person has done nothing wrong but feels culpable due to circumstances of life beyond his control.

Existential guilt may take on some of the qualities of true guilt, however. The activist youth in Keniston's sample, for example, appear to have concluded that owing to their privileged position, especially their education, there is something they can do to alleviate the condition of the less fortunate and that doing nothing therefore makes them personally responsible for helping perpetuate the conditions they deplore. For some individuals existential guilt may shade still further into a sense of individual complicity or true personal guilt, should they come to view their own group as actually contributing to the other's plight. This is suggested in the statement made by a young educated white woman at a city housing ordinance meeting ten years ago. Complaining about housing discrimination against minorities, she stated,

> I cannot be silent and let the burden of shame and guilt that I
> carry be passed on to my children any longer...I am ashamed of
> you, my representatives, as I am of my own southern white cousins...
> as I am of those good, white, solid old-family people in this
> country...The lack of conscience, the lack of concern...make me
> sick, angry, and ashamed. I am ashamed of my own skin, for we
> make others suffer for theirs... (Ann Arbor News, Editorial
> Page, September 2, 1963)

A more recent illustration comes from the responses given by a Congressional intern to the question, why are so many middle-class youth turned off

by the very system which gave them so many advantages and opportunities:

> ...these people feel guilty that they have had the highest stan-
> dard of living ever. They feel guilty because while they are
> enjoying this highest standard of living, American Indians are
> starving and black ghettoes are overrun by rats. What they see
> is that in America...all sorts of people are starving. This
> goes on while they eat steak every day. Their sense of moral
> indignation can't stand this; and they realize that the blame
> rests on the shoulders of their class. (The New Republic,
> November 29, 1970, p. 11)

These and other statements I have heard which explicitly point up the actor's relative advantage suggest that two conditions are necessary for existential guilt to be experienced: (a) the circumstances of the other's life must be vividly imagined and (b) there must be a lack of justification for one's relative well-being. The first, a keen sense of the other's plight, may require direct exposure to the day-to-day life experiences of the less fortunate, hence being witness to the discrepancy in well being as well as the basic human similarities that exist.[27] Such exposure may be gained through the kind of close personal contact that Civil Rights, Peace Corps, and Vista volunteers had a decade ago.[28] Continued exposure through books, travel and perhaps some liberal arts and social science curricula also play a contributing role. Perhaps even more significant are the mass media, especially the vastly increased news coverage that instantly brings the scene home to many people.

As regards the second requisite, recent European and American history has seen the breakdown of many of the former justifications for relative advantage. Perhaps the most significant contribution to this breakdown in the past century is the emergence and rising acceptance in most developed societies of

equalitarian social norms -- all people have equal worth. The diminished hold of traditional religious doctrine such as the Calvinist view of well being as a sign of grace is another contributing factor. Of more recent importance is the scientific evidence against genetic inferiority, in favor of environmental determinism. Finally, one of the last remaining justifications in our society, the idea that one deserves what one earns, appears only now to be losing its effectiveness owing to recent increases in the proportion of people for whom the material basis of their affluence is no longer earned but inherited.

The statements and actions of some of the white radicals of the 1960's suggest that existential guilt may at times be a far more potent motivating force than the simpler type of true personal guilt discussed earlier, since it may require continued activity in the service of alleviating human suffering rather than a discrete act of restitution in order to afford one a continuing sense of self worth.[29] It also seems likely, as with true guilt, that if the person does nothing the guilt will continue, or he might cognitively restructure the situation so as to justify or deny the relative advantage ("He has other pleasures and enjoys living the way he does"; "He is a bad person and brought his misfortune on himself"; "I worked hard for what I have").

Another alternative might be to reduce the relative advantage by renouncing one's privileges or in other ways "identifying with the lowly." This may of course take on the character of pure self punishment and cease to be altruism. Indeed for some individuals existential guilt may be an obstacle to the development of personal competence, achievement and success. As a possible illustration of this, in a recent study of achievement and fear-of-success motives (Lois Hoffman, In press), a male college student gave the following response to Horner's (1965) projective story cue ("John finds himself at the top of his medical school class"). "John is perplexed upon hearing the

news. He's mad that everything is so assured. Resents the fact that he's hereditarily good and others are not." If this response really does reflect guilt over competence and if it is at all representative, it might mean that existential guilt is contributing to the erosion of the competitive individualistic ethic in the affluent highly educated group in which this ethic has traditionally been foremost.[30]

In like manner, the search for personal fulfillment in general may be hampered by existential guilt. This would throw into question Maslow's dictum that once an individual's deficiency needs are satisfied his primary motive becomes the attainment of self actualization and peak experience. Perhaps when others in society are known to be at a deficiency level, striving for personal fulfillment and peak experiences makes a person feel guilty, unless he represses the misery of others or resorts to the type of cognitive restructuring mentioned above. If so, Maslow's formulation would need to be revised as follows: Given the awareness of one's relative advantage, the satisfaction of one's deficiency needs leads either to the motivation to fulfill oneself or to existential guilt. Or, some individuals may strive both for personal fulfillment and the resolution of existential guilt; for example, by entering one of the service professions with the aim of helping others.[31]

A. Guilt and Sympathetic Distress

Though guilt and sympathetic distress differ it appears from the preceding that they at times overlap and enhance one another. Developmentally, guilt probably also relates to the levels of sympathetic distress discussed earlier. Thus at the second level (synthesis of empathy and role taking) the child will experience sympathetic distress when he is not responsible for the other's plight. When an act of his is responsible, however, the sympathetic distress converts to guilt feelings; and with further cognitive development this conversion can result from the awareness of not helping when one might

reasonably have been expected to do so. Eventually, with the capability of foreseeing the consequences of action and inaction, anticipatory guilt becomes another possibility. From then on sympathetic distress may always be accompanied by some guilt, except when the situation clearly rules out the possibility of helpful action.[32]

Similarly, at the highest level of sympathetic distress, if the focus of concern shifts from the other's general plight to the discrepancy between it and the observer's relatively advantaged state (in the absence of moral justification) sympathetic distress may convert to existential guilt.[33] Furthermore, once the capacity for this dual self-other perspective is attained, there is no reason to believe it will be abandoned in subsequent observations of unfortunate people. Existential guilt may then become part of all future experiences of sympathetic distress.

To summarize, (a) sympathetic distress is both a necessary developmental prerequisite, and a continuing part of the guilt response; (b) guilt is the synthesis of sympathetic distress and the awareness of one's blame or relative advantage; (c) once the capacity for guilt over inaction and relative advantage is attained, guilt may be part of all subsequent responses to another's distress in situations in which one thinks he might have helped, or he is relatively advantaged without justification.

VII. Implications for Socialization

The theory presented here, that altruistic motives develop out of the synthesis of empathic distress and the child's increasingly sophisticated cognitive sense of the other, is esentially that of a naturally evolving process. Under normal conditions of growing up everyone acquires the capacity for sympathetic distress, assuming he is sufficiently secure emotionally to be open to the needs of others. The child's socialization experiences may

nevertheless play an important role by strengthening or weakening the child's natural empathic tendencies, shaping his developing attitudes toward others, and placing more or less stress on competing motives that may neutralize the altruistic. Though peripheral to this paper, some hypotheses about socialization that derive from the theory will be briefly presented in the hope that they will stimulate needed research.

Hypotheses that follow directly from the theory are (a) sensitivity to the needs and feelings of others may be fostered by allowing the child to have the normal run of distress experiences rather than shielding him from them, so as to provide a broad base for empathic and sympathetic distress in the early years [34]; (b) providing the child with opportunities for role-taking and for giving help and responsible care to others, along with corrective feedback when he is unable to interpret available cues, should foster both sympathetic distress and awareness of the other's perspective as well as the integration of the two; (c) encouraging the child to imagine himself in the other's place, and pointing out the similarities as well as differences between him and others may also make a significant contribution.

Another hypothesis is that development of altruistic motives is enhanced by exposing the child to loved models (parents) who behave altruistically, while communicating their own thoughts and feelings as well as the presumed inner states of the persons they help. A special case is the model of consideration displayed by the parent in relation to the child (e.g., the willingness, within limits, to accept inconvenience for the sake of the child and in other ways show consideration for his needs.)[35] To make altruism salient in the child's life the model should also communicate a general and deep concern with the moral and ethical dimensions of life within the family and outside it (e.g., in handling such issues as playing with unpopular children) and make it clear that the desired behavior in any situation can be deduced

from broad principles concerning human kindness and consideration. There is
some empirical support for the importance of altruistic parental models in a
study of Civil Rights workers (Rosenhan, 1969),and in the positive relations
obtained between the altruistic attitudes of college students and their par-
ents (Rettig, 1956) and between the humanistic moral orientation of pre-
adolescent boys and their fathers' expression of concern for the feelings of
a victim (Hoffman, 1970b).[36]

Since encounters with another in distress involve conflict between the
needs of the actor and the other, the child's prior experience in conflict
situations especially with peers must play an important role in the develop-
ment of altruistic motives. Does he emerge from them with little understanding
of the other's point of view and the feeling that differences between him and
them are irreconcilable, or with greater understanding of others as entities
like himself having similar feelings and needs, and the recognition that dif-
ferences can be worked out mutually? The outcome depends in part on how the
conflicts are handled by parents and other socialization agents. It is likely
to be negative when power assertion and love withdrawal are the usual disci-
pline methods because they arouse resentment and anxiety and focus the child's
attention on the consequences for himself (physical punishment or loss of
love) rather than the other's needs in the situation. As discussed elsewhere
(Hoffman, 1963, 1970a, b; Hoffman & Saltzstein, 1960, 1967) it is inductive
discipline, which points out the effects of the child's behavior on others
and perhaps arouses empathy in the process, that helps foster a sensitivity
to the needs of others even when in conflict with them. Inductions may also
at times help clarify the other's intentions or point up the similarities be-
tween the child's and the other's needs and emotions in the situation. The
objective of inductive discipline in this context is not to make the child
feel guilty over his actions, although it may have this effect, but to help

put the feeling of others into his consciousness and thus guide his future actions.

Finally, socialization is undoubtedly a significant factor in determining whether a person actually behaves altruistically when so motivated. For one thing, certain personality characteristics may be fostered which though not intrinsic to altruistic motivation, since not exclusively contingent on the needs of others, may nevertheless be important in certain situations. Courage and autonomy, for example, may be crucial when altruism requires taking the the initiative in the absence of group support (London, 1970). Secondly, children may be trained in specific ways of aiding others, resolving conflicts and making amends for harm done -- by appealing to motives like mastery and autonomy ("Big boys help others") or pointing out positive consequences of the child's acts for the recipient ("Now he feels good"). Direct reinforcement of altruistic behavior may also make a positive contribution, although total reliance on this approach would presumably have the effect of making subsequent altruistic action dependent on the continuation of reinforcement.

References

Aderman, D. & Berkowitz, L. Observational set, empathy, and helping.

    Journal of Personality and Social Psychology, 1970, 14, 141-168.

Agee, J. Let us now praise famous men. New York: Houghton Mifflin, 1941.

Aronfreed, J. Conduct and conscience. New York: Academic Press, 1968.

Aronfreed, J. & Paskal, V. Altruism, empathy, and the conditioning of positive

    affect. Unpublished manuscript. University of Pennsylvania, 1965.

Aronfreed, J. & Paskal, V. The development of sympathetic behavior in children:

    an experimental test of a two-phase hypothesis. Unpublished manuscript, 1966.

Bell, S. M. The development of the concept of object as related to infant-

    mother attachment. Child Development, 1970, 41, 291-311.

Berger, S. M. Conditioning through vicarious instigation. Psychological

    Review, 1962, 69, 450-466.

Berkowitz, L. & Connor, W. H. Success, failure and social responsibility.

    Journal of Personality and Social Psychology, 1966, 4, 664-669.

Borke, H. Interpersonal perception of young children: Egocentrism or

    empathy? Developmental Psychology, 1971, 5, 263-269.

Borke, H. Chandler and Greenspan's "Ersatz Egocentrism": A Rejoinder.

    Developmental Psychology, 1972, 7, 107-109.

Bridges, K. M. B. The social and emotional development of the preschool

    child. London, 1931.

Bryan, J. H. & London, P. Altruistic behavior by children. Psychological

    Bulletin, 1970, 73, 200-211.

Burns, N. & Cavey, L. Age differences in empathic ability among children.

    Canadian Journal of Psychology, 1957, 11, 227-230.

Campbell, D. T. Ethnocentric and other altruistic motives. Nebraska

    Symposium on Motivation. 1965, 13, 283-311.

Campbell, D. T.   On the genetics of altruism and the counter-hedonic components in human culture.   The Journal of Social Issues, 1972, 28, 21-38.

Chandler, M. J. & Greenspan, S.   Ersatz egocentrism: A reply to H. Borke. Developmental Psychology, 1972, 7, 104-106.

Clark, R. D. & Word, L. E.   Why don't bystanders help? Because of ambiguity? Journal of Personality and Social Psychology, 1972, 24, 392-400.

Clore, G. L. & Jeffery, K. M.   Emotional role playing, attitude change, and attraction toward a disabled person. Journal of Personality and Social Psychology, 1972, 23, 105-111.

Craig, K. D. & Weinstein, M. S.   Conditioning vicarious affective arousal. Psychological Reports, 1965, 17, 955-963.

Darley, J. M. & Latane, B.   Bystander intervention in emergencies: Diffusion of responsibility. Journal of Personality and Social Psychology, 1968, 8, 377-383.

Darley, J. & Latane, B.   Norms and "normative" behavior: Field studies of social interdependence. In J. Macauley & L. Berkowitz (Eds.), Altruism and helping behavior. New York: Academic Press, 1970.

DiLollo, V. & Berger, S. M.   Effects of apparent pain in others on observer's reaction time. Journal of Personality and Social Psychology, 1965, 2, 573-575.

Fellner, C. H. & Marshall, J. R.   Kidney donors. In J. Macaulay & L. Berkowitz (Eds.), Altruism and helping behavior. New York: Academic Press, 1970.

Feshbach, N. D. & Feshbach, S.   The relationship between empathy and aggression in two age groups. Developmental Psychology, 1969, 1, 102-107.

Festinger, L.   A theory of social comparison processes. Human Relations, 1954, 7, 117-140.

Flavell, J. H. The development of role-taking and communication skills in
    children. New York: Wiley, 1968.

Freedman, J. L., Wallington, S. A., & Bless, E. Compliance without pressure:
    The effect of guilt. Journal of Personality and Social Psychology,
    1967, 7, 117-124.

Freud, A. Ego and the mechanisms of defense. London: Hogarth Press, 1937.

Guardo, C. J. & Bohan, J. B. Development of a sense of self-identity in
    children. Child Development, 1971, 42, 1909-1921.

Hebb, D. O. Comment on altruism: The comparative evidence. Psychological
    Bulletin, 1971, 76, 409-410.

Hebb, D. O. & Thompson, W. R. The social significance of animal studies.
    In G. Lindzey (Ed.), Handbook of social psychology, Vol. 1. Research
    Methods.   Cambridge: Addison-Wesley, 1954.

Hoffman, M. L. Parent discipline and the child's consideration for others.
    Child Development, 1963, 34, 573-588.

Hoffman, M. L. Moral development. In P. Mussen (Ed.), Carmichael's manual
    of child psychology. New York: Wiley, 1970a.

Hoffman, M. L. Conscience, personality, and socialization techniques.
    Human Development, 1970b, 13, 90-126.

Hoffman, M. L. & Saltzstein, H. D. Parent practices and the development of
    children's moral orientations. In W. E. Martin (Chm.), Parent behavior
    and children's personality development: Current project research.
    Symposium presented at American Psychological Association, Chicago,
    September 1, 1960.

Hoffman, M. L. & Saltzstein, H. D. Parent discipline and the child's moral
    development. Journal of Personality and Social Psychology, 1967, 5,
    45-57.

Isaacs, S. S. Social development in young children. London, 1933.

Isen, A. M. Success, failure, and reaction to others: The warm glow of
    success. Journal of Personality and Social Psychology, 1970, 15,
    294-301.

Keniston, K. Young radicals. New York: Harcourt, Brace, and World, 1968.

Kessen, W., Haith, M. M., & Salapatek, P. H. Infancy. In P. Mussen (Ed.),
    Carmichael's manual of child psychology. New York: Wiley, 1970

Kohlberg, L. A cognitive-developmental analysis of children's sex-role
    concepts and attitudes. In E. Maccoby (Ed.), The development of sex
    differences. Stanford, Cal.: Stanford University Press, 1966.

Krebs, D. L. Altruism: An examination of the concept and a review of the
    literature. Psychological Bulletin, 1970a, 73, 258-303.

Krebs, D. L. Empathically-experienced affect and altruism. Unpublished
    doctoral dissertation, Harvard University, 1970b.

Krebs, D. L. Infrahuman altruism. Psychological Bulletin, 1971, 76, 411-
    414.

Latane, B. & Darley, J. Group inhibition by bystander intervention in
    emergencies. Journal of Personality and Social Psychology, 1968, 10,
    215-221.

Latane, B. & Rodin, J. A lady in distress: Inhibiting effects of friends
    and strangers on bystander intervention. Journal of Experimental
    Social Psychology, 1969, 5, 189-202.

Lerner, M. J. The effect of a negative outcome on cognitions of responsi-
    bility and attraction. Unpublished manuscript, University of Kentucky,
    1968.

Lerner, M. J. The desire for justice and reactions to victims. In J.
    Macaulay & L. Berkowitz (Eds.), Altruism and helping behavior. New York:
    Academic Press, 1970, pp. 205-229.

Lerner, M. J. & Simmons, C. H. Observer's reactions to the "innocent victim": Compassion or rejection? _Journal of Personality and Social Psychology_, 1966, _4_, 203-210.

Lifton, R. _Death in life; survivors of Hiroshima_. New York: Random House, 1968.

Lipps, T. _Psychological studies_. Baltimore, Md.: The Williams and Wilkins Co., 1926.

London, P. The rescuers: Motivational hypotheses about Christians who saved Jews from the Nazis. In J. Macaulay & L. Berkowitz (Eds.), _Altruism and helping behavior_. New York: Academic Press, 1970, pp. 241-250.

Lovell, K. A follow-up of some aspects of the work of Piaget and Inhelder on the child's conception of space. _British Journal of Educational Psychology_, 1959, _29_, 107-117.

Macaulay, J. R. & Berkowitz, L. (Eds.) _Altruism and helping behavior_. New York: Academic Press, 1970.

Masters, J. C. Social comparison by young children. In W. W. Hartup (Ed.), _The Young Child_. Vol. 2. Washington, D. C.: National Association for the Education of Young Children, 1972.

McBride, A. F. Meet Mister Porpoise. _National History Magazine_, 1940, _45_, 16-29.

McBride, A. F. & Hebb, D. O. Behavior of the captive bottle-nose dolphin. Tursiops truncatus. _Journal of Comparative Physiological Psychology_, 1948, _41_, 111-123.

Milgram, S. A behavioral study of obedience. _Journal of Abnormal and Social Psychology_, 1963, _67_, 371-378.

Monroe, S. Guest in a strange house. _Saturday Review of Education_. February, 1973, pp. 45-48.

Moore, B. S., Underwood, B., & Rosenhan, D. L. Affect and altruism. Devel-
opmental Psychology, 1973, 8, 99-104.

Murphy, L. B. Social behavior and child personality. New York: Columbia
University Press, 1937.

Nissen, H. W. & Crawford, M. P. A preliminary study of food-sharing behavior
in young chimpanzees. Journal of Comparative Psychology, 1936, 22, 383-
419.

Peterson, C. L., Danner, F. W., & Flavell, J. H. Developmental changes in
children's responses to three indications of communicative failure.
Child Development, 1972, 43, 1463-1468.

Piaget, J. & Inhelder, B. The child's conception of space. New York: Norton,
1967 (originally published in 1948).

Proshansky, H. M. The development of intergroup attitudes. In L. W. Hoffman
and M. L. Hoffman (Eds.), Review of Child Development Research, Vol. 2,
Russell Sage Foundation, New York, 1966.

Regan, D. T., Williams, M., & Sparling, S. Voluntary expiation of guilt:
A field experiment. Journal of Personality and Social Psychology, 1972,
24, 42-45.

Regan, J. W. Guilt, perceived injustice, and altruistic behavior. Journal
of Personality and Social Psychology, 1971, 18, 124-132.

Rettig, S. An exploratory study of altruism. Dissertation Abstracts, 1956,
16, 2229-2230.

Schwartz, S. Moral decision making and behavior. In J. Macaulay & L. Berk-
owitz (Eds.), Altruism and helping behavior. New York: Academic Press,
1970.

Selman, R. L. Taking another's perspective: Role-taking development in
early childhood. Child Development, 1971, 42, 1721-1734.

Severy, L. J. & Davis, K. E. Helping behavior among normal and retarded
children. Child Development, 1971, 42, 1017-1031.

Spitz, R. A. Anxiety in infancy, a study of its manifestations in the first
year of life. International Journal of Psychoanalysis, 1950, 31, 138-
143.

Staub, E. A child in distress: The influence of age and number of witnesses
on children's attempts to help. Journal of Personality and Social
Psychology, 1970, 14, 130-140.

Staub, E. A child in distress: The influence of nurturance and modeling on
children's attempts to help. Developmental Psychology, 1971a, 5, 124-132.

Staub, E. Helping a person in distress: The influence of implicit and explicit
"rules" of conduct on children and adults. Journal of Personality and
Social Psychology, 1971b, 17, 137-144.

Staub, E. Helping a distressed person: Social, personality, and stimulus
determinants. In L. Berkowitz (Ed.), Advances in experimental social
psychology. Vol. 7. New York: Academic Press, in press.

Staub, E. & Sherk, L. Need for approval, children's sharing behavior, and
reciprocity in sharing. Child Development, 1970, 41, 243-253.

Stern, W. Psychology of early childhood. New York, 1924.

Stotland, E. Exploratory investigations of empathy. In L. Berkowitz (Ed.),
Advances in experimental social psychology. Vol. 4. New York: Academic
Press, 1969.

Tilker, H. A. Socially responsible behavior as a function of observer re-
sponsibility and victim feedback. Journal of Personality and Social
Psychology, 1970, 14, 95-100.

Tomes, H. The adaptation, acquisition, and extinction of empathically med-
iated emotional responses. Dissertation Abstracts, 1964, 24, 3442-3443.

Weiss, R. F., Boyer, J. L., Lombardo, J. P., & Stich, M. H. Altruistic drive
and altruistic reinforcement. Journal of Personality and Social
Psychology, 1973, 25, 390-400.

Feshbach, N. D. & Roe, K. Empathy in six and seven year olds. Child Develop-
ment, 1968, 39, 133-145.

Hoffman, L. Fear of success in males and females: 1965 and 1972. In press.

Horner, M. Sex differences in achievement motivation and performance in compet-
itive and non-competitive situations. (Doctoral Dissertation, University
of Michigan) Ann Arbor, Michigan: University Microfilms, 1968.

Piaget, J. & Inhelder, B. The child's conception of space. London: Routledge
and Kegan Paul, 1956.

Rosenhan, D. Some origins of concern for others. In P. H. Mussen, J. Langer,
and M. Covington (Eds.), Trends and issues in developmental psychology.
New York: Holt, Rinehart, and Winston, 1969. pp. 134-153.

Footnotes

1. This paper was prepared in conjunction with Grant HD-02258 from the National Institute of Child Health and Human Development. It is an expansion of a paper presented initially at the NICHHD Workshop "The Development of Motivation in Childhood" in Elkridge, Maryland in 1972 and, in revised form, at the American Psychological Association meetings in Honolulu, 1972.

2. Evidence for altruism in animals is scanty, anecdotal, and often subject to alternative interpretations. (See the recent controversy between Krebbs, 1971, 1972, and Hebb, 1971.) Several of the reports, however, do seem to provide reasonably good evidence for altruistic rescue behavior. One is the detailed description of a chimpanzee's response when the experimenter inflicted pain on her cagemate (Nissen, 1951, page 445). When the cagemate screamed, Lia tried alternatively to pull her to safety and to attack the experimenter. A week later when the experimenter reappeared and her cagemate approached him, Lia strenuously tried to pull her away and continued to do so for the one or two minutes that the experimenter remained. The behavior of porpoises (McBride, 1940; McBride and Hebb, 1946) also suggests altruism. As summarized by Hebb and Thompson (1968) "...the female giving birth in captivity...was very exciting to the males, one of which became aggressive. The other females gathered around the one in labor and helped ward off the attacking male...When the newborn infant began its first gradual ascent to the surface to breathe, another female accompanied the mother in swimming just below the infant in readiness to support it if it had failed to make the grade..." Porpoises similarly aid wounded adult members by raising them to the surface for air.

Lower forms, e.g., wasps, will sacrifice themselves for the group but this is a fixed response to certain physical stimuli, hence irrelevant to

man. Genetic predispositions to act probably exist in man, and the higher
mammals, but they are often contradictory and subject to the intervention of
cognitive processes. In man we may thus talk about an innate basis for al-
truistic dispositions or motives -- but not behavior.

3. Campbell (1972) has recently retreated from the above position. He
now accepts the more conventional view that while an ambivalence between
altruism and selfishness may be universal in man, only the selfish component
of this conflict is genetic; the altruistic component is a product of social
rather than genetic evolution.

4. Two limitations of this finding should be noted: (a) we do not know
how many of the subjects would have actually followed through on their commit-
ment; (b) the high rate of volunteering may be due partly to the fact that
over 80 percent of the sample were regular blood donors, although there was
no relation between volunteering and number of previous blood donations and
an even higher proportion of first-time blood donors volunteered to join the
bone marrow pool.

5. The research by Lerner (1970) showing derogation of a victim might
also seem counter-indicative of a general tendency to respond altruistically
to distress. In one of Lerner's unpublished studies (1968), however, though
the subjects who perceived themselves as responsible for the suffering of
their partner tended to lower their estimation of him, they nevertheless were
willing to take his place in a shock condition.

6. Personal communication.

7. Some theories are more precise about the mechanism involved than
necessary for our purposes, for example, the view by Lipps (1926) that in
empathizing we partially imitate the other person with slight movements (in
expression or posture) and thus create for ourselves inner cues that give us
an understanding of his feelings.

8. Once a person has experienced empathic distress it may itself be elicited subsequently as a secondary conditioned affective response to distress cues, thus contributing an additional component to future experiences of empathic distress.

9. An exception is Hoffman and Saltzstein (1960, 1967) who viewed the synthesis of empathic distress and the cognitive awareness of causing the distress as the basis of the guilt experience.

10. It has been suggested that fear of strangers is a direct response to noxious stimuli (the stranger might approach rapidly) or to the unknown. These are unlikely explanations since in the recent research the stranger approaches slowly and quietly; and children this age are usually attracted by novel inanimate objects.

11. Furthermore, the complexity of the tasks varies and this affects the results. Thus Selman (1971) found perceptual role taking in five-year-olds whereas Piaget and Inhelder (1948) did not find it before eight or nine. This discrepancy is probably due to the fact that shortly before administering the task Selman showed the subjects the entire experimental setup, in the course of which they undoubtedly had the opportunity to view the stimulus materials from the same vantage point as the other child. As a result their estimate of the latter's perception may have been aided by short-term memory. Piaget and Inhelder's subjects lacked such an opportunity and thus had to rely entirely on their imagination in constructing what the other child perceived.

12. The young subjects' judgments may have been determined by the situational cues because these happened to be more salient in the pictures used. Their judgments would probably have been determined by the feelings had the pictured child's facial expressions been more salient. Only the older children can take both the more and less salient cues into account and see the

incongruity. Studies like this are important in illuminating the processes that occur in real life, where the young child's "centered" interpretation of such events is obscured because the situational and personal cues are typically consistent.

13. The amount of feedback needed of course varies with the child's developmental level. A less mature child than Michael requires more specific and direct feedback, which may contribute to the very first stirrings of awareness that people's perspectives and needs differ. A more mature child requires less feedback, and at some point can supply his own; though his first tendency might still be to attribute his needs to the other person, he may correct himself internally before acting. Eventually the entire feedback process is short circuited, the person's initial response tendency being based on a more veridical interpretation of the other person's state. Even the fully mature person might project his own perspective, however, if he lacked the necessary information. Unlike Michael, though, this would be done with the advance expectation of corrective feedback.

In a recent laboratory study of communicative role taking (Peterson, Danner, and Flavell, 1972) four-year-olds readily reformulated their initial messages when explicitly requested to do so by the listener but they failed to do this in response to nonverbal, facial expressions of listener noncomprehension and implicit verbal requests for additional help ("I don't understand"). They interpreted the latter as a request for help but did not understand what kind of help was needed.

14. A final point worth making about this incident is that it seems to have the necessary requisites for a kind of learning experience that may be necessary for the child to rid himself of egocentrism. That is, given the requisite cognitive capacity, the child reacts to corrective feedback with doubt and finds himself forced to reexamine his prior expectations. If this

analysis is correct it is interesting to note that adults who are present on such occasions might often deprive the child of this type of growth experience by either giving him highly specific feedback or by carrying out the appropriate helping act themselves.

15.   A fear component may also be present (what happened to the other may happen to the self).

16.   It seems obvious that most people have such standards, however vaguely defined they may be.

17.   This does not mean that most people constantly experience such distress -- a theoretical possibility since one is aware of the ever-present human misery in the world -- but that they have the capacity for it when the misery of others becomes salient.

18.   The plight of the group and of the individual are often consonant. When they conflict, the group's plight will ordinarily be more compelling since it is the more inclusive indicator of human well being. The distress cues from the individual may at times be more salient, however, and preempt the observer's response.

19.   Another possible contributing factor results from the fact that empathic distress is from the beginning and perhaps through life, largely, if not entirely, an involuntary response. The resulting awareness that other people's distress is inevitably accompanied by unpleasant feelings in oneself, given the basic positive orientation discussed above, may add to the sense of oneness with others.

20.   It should be noted that by "synthesis" we do not mean an instantaneous occurrence but a sequential process in which the empathic and the cognitive enhance one another. Thus the empathically produced cues within the observer serve as one source of cognitive information about the other's state.

The cognitive understanding of the other's state, on the other hand, may trigger, intensify, or give broader meaning to his empathic response. Which of the two initiates the process is presumably a function of personal style and the nature of the situation. Where there is close contact between obsevver and victim the empathic response may be aroused prior to full comprehension of the victim's plight. In cther situations, for example, seeing a stranger drowning, cognitive comprehension may precede empathic distress.

21. DiLollo and Berger (1965) found that exposure to the pain cues of a victim in a simulated shock experiment resulted in a decrease in reaction time for a button-pushing response. Though this was not a helping response the finding further supports the idea that the affective response to another's distress is accompanied by an overt response tendency.

22. The study by Weiss et al., suggests a direct way to test the assumption that sympathetic distress predisposes the individual to act. They found a positive correlation between intensity of distress cues and speed of the subject's helping response. The subjects also sweated a lot when exposed to the distress cues. It should be possible to find out, using similar procedures along with systematic physiological measures of emotional arousal, if arousal precedes the overt helping response, its intensity relates positively to the speed of the response, and it diminishes right afterwards -- all of which would be expected if sympathetic distress predisposes the person to act.

23. We deal here with the general structural basis for guilt. There are obviously individual differences: some people feel guilty even when they have no choice and some avoid guilt even when they have choice.

24. This was only true when the parent was generally non-power assertive in his discipline pattern. Pointing up harmful consequences by highly power assertive parents resulted in the child's showing little considerate behavior -- suggesting a possible "reactance" effect.

25. It would be interesting in this connection to follow up the subjects in Milgram's classic study. From Milgram's description, many of them seemed to feel extremely guilty afterwards. This might be just the kind of guilt experience that leads to the personal reassessment and reworking of one's value system.

26. Keniston believes that it is only in non-affluent societies that radicals and revolutionaries -- "...who almost invariably come from privileged backgrounds -- tend to react with guilt to the 'discovery' of poverty, tyranny, and misery." In affluent societies "the radical feels indignation rather than guilt..." (p. 247)

27. Close contact may produce guilt for other reasons, too. James Agee (1941), for example, reported feeling intensely guilty over observing others whose poverty put them in undignified and embarrassing positions. Another source of guilt is the observer's knowledge that he cannot fully identify with the victims because he can return to his former life whenever he chooses.

28. A sequence that seems to have been characteristic of some civil rights activists in the early 1960's is as follows: (a) information about conditions in the South led to sympathetic distress which in turn provided part of the motive to go there and help; (b) the close contact with poor Southern Blacks that ensued led to intensification of the sympathetic distress and a heightened awareness of relative advantage, which resulted in existential guilt.

29. In relating existential guilt to social activism I do not mean to imply that it was the only, or even the primary, motive for activism, only that it may have been a contributing factor.

30. In Hoffman's study over two-thirds of the male subjects responded to Horner's items with responses indicating a negative attitude toward success. In Horner's original work, done seven years earlier, less than 10 percent of the males gave such responses. (Two-thirds of the females gave such responses in both studies.)

31. Our views on existential guilt seem less applicable to the youth of·today than in the mid-1960's. I have interviewed young people informally and found several types of responses that might explain the change. The most pre-alent is that despite their parents' affluence the youth of today do not feel relatively advantaged because of (a) their own worries about finding a desirable job and (b) their view that economic conditions have improved for minority groups who also now have the favored position in the job market. This response -- which may contain elements of a backlash -- is in keeping with our views of existential guilt, although it appears to he somewhat inconsistent with the interpretation of the negative evaluation of success given above. Clearly more systematic study of these issues is called for.

32. In the study by Schwartz (1970) cited earlier, 83 percent of the respondents who volunteered to contribute blood marrow said afterwards that they would have felt guilty or self critical if they had not done so.

33. Since the person was presumably aware of his and the other's life conditions before this but only now responds to both of these facts together, existential guilt appears to be based on a kind of "decentering" in Piaget's sense hence more advanced developmentally than sympathetic distress.

34. Too much distress, however, especially if unsatisfactorily resolved, may cause the child to built up defenses which desensitize him to the distress of others; or result in his being too wrapped up in his own needs to respond to others.

35. There are limits to how far the parent should go in making sacrifices. If overdone and not balanced with appropriate demands, instead of identifying with the model the child may grow to expect others to continue to make sacrifices for him.

36. The many laboratory studies showing that children will imitate a model who shares, summarized by Bryan and London (1970), are not cited here

because the results appear to be due primarily to the demand characteristics

inherent in their designs.