

14. KINDNESS

[Generosity, Nurturance, Care, Compassion,

Altruistic Love, “Niceness”]

■ *Dame Cicely Saunders was trained as a nurse, a medical social worker, and finally as a physician. Since 1948 she has been involved with the care of patients with terminal illness. She founded Saint Christopher’s Hospice in London as the first research and teaching hospice linked with clinical care in 1967. This has been a pioneer in the field of palliative medicine and has links with those developing such work around the world. She holds the prestigious Order of Merit as well as many honorary degrees. Aged 84 in 1999, Dame Cicely addressed an audience in Cambridge, Massachusetts, indicating that even though she is officially retired, she still goes into Saint Christopher’s each day to help out with routine care, joining the hospice teams as they care for patients who are dying and assisting with the tasks of care. Dame Cicely appears to most observers to have a genuinely warm and attentive affective presence, a kind of palpable altruistic love, which has served to inspire the people around her over the years. In addition to this general compassion, she also seems to act from a sense of self-identity, that is, a sense that this is just the kind of caring that people must do for one another. She does not view herself as extraordinary. In addition to being an inspiring presence, Dame Cicely is also a practical woman with a sense of how to create lasting institutions. She is universally revered as the founder of the hospice movement. She selected the word hospice because in the medieval period, a hospice was simply the place where travelers could rest. She saw that those on the journey of dying are also travelers, and hence she applied the term in this narrower sense. Dame Cicely has a strong sense of equal regard for all humanity, regardless of race, creed, or other idiosyncrasies (Saunders, 1999). ■*

■ Consensual Definition

Kindness, generosity, nurturance, care, compassion, and altruistic love are a network of closely related terms indicating a common orientation of the self toward the other. This orientation can be contrasted with solipsism, in which the self relates to others only insofar as they contribute to his or her agenda and are therefore considered useful. Kindness and altruistic love require the assertion of a common humanity in which others are worthy of attention and affirmation for no utilitarian reasons but for their own sake. The affective or emotional ground of such kindness distinguishes it from a merely dutiful or principle-based respect for other persons. Such affective states are expected to give rise to helping behaviors that are not based on an assurance of reciprocity, reputational gain, or any other benefits to self, although such benefits may emerge and need not be resisted.

Individuals with this strength would strongly endorse statements such as the following:

- Others are just as important as me.
- All human beings are of equal worth.
- Having a warm and generous affect seems to bring reassurance and joy to others.
- Giving is more important than receiving.
- Doing good for others with love and kindness is the best way to live.
- I care for the ungrateful as well the grateful.
- I am not the center of the universe but part of a common humanity.
- People who are suffering need compassion.
- People in need require care.
- It is important to help everyone, not just family and friends.

■ Theoretical Traditions

The practice of other-regarding or altruistic love is the foundation of moral and spiritual life in all the major world religions and in most successful virtue traditions (Batson, 1991). *Agape* is a Greek word that describes an unlimited, unselfish, and accepting form of love. It was appropriated by early Christianity and perhaps best described by Saint Paul as love that was patient, kind, unenvious, humble, generous, and forgiving. This form of love is present in all the major world religions, from the Jewish notion of *chesed* (steadfast love) and the Buddhist ideal of *karuna* (compassion) to rough equivalents in Islam, Hinduism, Taoism, Confucianism, and Native American spirituality. Roman antiquity created the myth of *Cura*, the goddess of care, and also developed the concept of *philantropia*.

In the Western Enlightenment, Scottish moralists such as David Hume and Adam Smith based their ideas on careful empirical descriptions of sympathy, and later German phenomenologists focused on empathy and care as the foundation of ethical living. Among modern feminists, the ethics of care has been described as an empathic responsiveness to others, in contrast to the contractarian tradition of enlightened self-interest. As is well known to students of psychology, unconditional love was the centerpiece of the work by Carl Rogers.

Altruism is usually contrasted with egoism. An altruist intentionally acts for the other's sake as an end in itself, rather than as a means to public recognition or internal well-being. The altruist no longer perceives of self alone as the center of worth. Altruism, especially when it extends beyond biological relations (kin altruism) and "tit-for-tat" calculations grounded in self-interest (reciprocal altruism), is widely lauded and commonly considered a foundation of spiritual and moral life. In its fullest expression, which may include significant self-sacrifice in the aid of strangers or even enemies, altruism is a source of perennial fascination across cultures.

What is at the very core of altruistic love, which is distinguished from general altruism by its deep emotional features and full affirming presence? We all know what it feels like to be valued in this way. We remember loving persons who conveyed this affirmation through tone of voice, facial expression, or hand on the shoulder at a time of grief. How uniquely human is altruistic love? What are the building blocks that might be found in nonhuman species, and can we apply such knowledge to human enhancement? How do we encourage love by worldview (including principles, symbol, and myth) and imitation to achieve consistency? Altruistic love is the most complex and impressive expression of human altruism.

■ Measures

Kindness and altruism are most commonly studied as discrete behaviors in field and laboratory studies. However, some experimental work has also attempted to measure these constructs as traitlike dispositions (Table 14.1). Most measures of kindness, altruism, and prosocial behavior as a trait have relied on self-report. It is important to recognize that self-reports of one's own altruistic tendencies may be prone to distortions due to the obvious social desirability in most social settings of being seen as generous, helpful, and giving. Therefore, it is important to consider the extent to which such self-reports also converge with other measures, such as informant reports or observations of actual altruistic behavior.

Rushton, Chrisjohn, and Fekken (1981) developed a self-report measure called the Self-Report Altruism (SRA) scale. This scale manifested adequate

TABLE 14.1 *Measures of Kindness**Altruism Facet Scale for the Agreeableness Measure of the NEO-PI-R*

Costa & McCrae (1992)

This is a self-report questionnaire consisting of 8 items that reflect active concern for the welfare of other people; items are rated on a scale from 0 (strongly disagree) to 4 (strongly agree).

- Internal consistency reliability: alpha = $\sim .75$ (self-rating form) and $.80$ (other-rating form)
- Test-retest reliability: $\sim .75$ (2 weeks; see Yang et al., 1999)
- Construct validity: correlates highly with other self-report personality measurements, including the adjectives *warm*, *softhearted*, *gentle*, *kind*, and *tolerant*; also correlates with measures of nurturance, friendliness, and femininity; self-ratings correlate with peer ratings ($r = .33$) and spouse ratings ($r = .57$)

Self-Report Altruism (SRA) Scale

Rushton, Chrisjohn, & Fekken (1981)

This self-report questionnaire consists of 20 items that ask participants how often they have engaged in 20 altruistic behaviors (e.g., “I have given directions to a stranger”); respondents endorse items on a 5-point scale (where 1 = never and 5 = very often).

- Internal consistency reliability: alpha = $\sim .70$
- Test-retest reliability: unknown
- Construct validity: correlates highly with scores from a peer report version of the same instrument, as well as with peer’s global ratings of participants’ altruistic qualities; also correlates positively with likelihood of having completed an organ donor card, personality measures of sensitivity, empathy, social responsibility, nurturance, and people’s responses to emergency rescue scenarios

correlations with informant reports and is also useful for predicting stated willingness to engage in particular helping behaviors. In addition to the considerable evidence for its validity, this measure recently has also been translated into other languages, including Chinese (Chou, 1996) and Hindi (Khanna, Singh, & Rushton, 1993), making it potentially useful in cross-cultural applications.

Another self-report measure of altruistic tendencies is the Altruism facet subscale of Costa and McCrae’s (1992) NEO-PI-R. As with the Rushton measure, this subscale (which is a facet of the Agreeableness dimension) has considerable evidence for its reliability and validity. As well, it has been translated into a wide variety of languages (McCrae & Costa, 1997b).

■ Correlates and Consequences

The consequences of kindness can be quantified in a number of metrics. Insofar as kindness and altruism are viewed as the major motives behind volunteerism (admittedly, a tenuous assumption; Omoto & Snyder, 1995), the number of hours volunteered by persons in the United States attests to the massive social consequences of kindness. In 1998 alone, people in the United States volunteered nearly 20 billion hours of their time, worth nearly \$226 billion (Independent Sector, 1999).

In addition to such tangible societal (qua economic) benefits that result from kindness, some evidence suggests that a certain form of helping behavior—namely, volunteerism—is associated with many measures of mental and physical health for benefactors. This may be especially true for older adults (Van Willigen, 2000; Wheeler, Gorey, & Greenblatt, 1998). Relatedly, it also appears that people receive mental health benefits from the intervention of older adult volunteers (Wheeler et al., 1998).

It is conceivable that the psychological and physical benefits of volunteering eventuate in longer life. Two recent studies (Musick, Herzog, & House, 1999; Oman, Thoresen, & McMahon, 1999) found that among community-dwelling older adults, volunteering led to reduced risk of early death. Although these studies are preliminary, and some of their conclusions are contradictory (e.g., whether the apparent protective effects of volunteering are stronger for people with different levels of overall social support), both studies suggest that older adults who engage in service to the community may reap benefits that increase longevity.

Secular and devotional literatures from around the world are replete with stories of individuals who experienced changes in their personality, well-being, and goals after receiving altruistic love from another person. However, we know very little about the transforming power of such acts of altruism. Specifically, it would be helpful to investigate how such love causes changes in the recipient, how long the love must be sustained, and how lasting this change is. It would also be useful to study how receiving such love unleashes the capacity to love, thereby producing a shift from egoism to altruism, and on how hatred, fear, anger, and resentment might be reduced.

■ Development

It is becoming clear that the extent to which adults manifest various aspects of kindness and prosocial behavior can be predicted on the basis of their behavior during childhood and adolescence. Young adults' self-reported prosocial dispositions are related to the degree of empathy, sympathy, and prosocial behav-

ior they manifested years earlier (Eisenberg et al., 2002). Moreover, prosocial moral judgment among young adults can be predicted on the basis of the degree of prosocial behavior that one manifested during the preschool years (Eisenberg et al., 2002).

To some extent, the disposition toward altruism—as operationalized by self-report scales such as that by Rushton et al. (1981)—may have a large heritable component. Rushton, Fulker, Neale, Nias, and Eysenck (1986) reported evidence from twin research which indicated that approximately 50% of the variance in self-reported tendencies toward altruistic behavior was due to additive genetic factors. The lion's share of the remaining variance was attributable to unique aspects of the individual environment, with only a trivial amount due to common environment. A considerable amount of the variance in agreeableness itself—the Big Five trait that may form a basic foundation for the altruistic personality—appears to be heritable (Plomin & Caspi, 1999). Moreover, at least one study suggests that as much as 28% of the variance in empathic concern for others may be attributable to additive genetic factors (M. H. Davis, Luce, & Kraus, 1994).

■ Enabling and Inhibiting Factors

In considering the factors that enable and inhibit altruism and kindness, it is helpful to differentiate between altruism as a trait and altruism as a discrete behavior in response to a particular situation.

Altruism as a Trait

An important question dominating the literature on kindness and altruism has been whether some people possess a reliable disposition toward altruistic behavior. Scholars have long presumed that there are types of people who, by virtue of the traits they possess, are predisposed toward altruism and other types of prosocial behavior. Although a variety of traits have been implicated as features of the altruistic personality, three have been predominant in investigators' attempts to identify these traits empirically: (a) empathy/sympathy, (b) moral reasoning, and (c) social responsibility (e.g., Batson, Bolen, Cross, & Neuringer-Benefiel, 1986; Carlo, Eisenberg, Troyer, Switzer, & Speer, 1991; Eisenberg et al., 1989).

Empathy/Sympathy. Empathy and sympathy are other-oriented emotions that commonly are defined as either (a) the ability to experience the affective state of another person or (b) a soft, tender emotion of pity and concern that is associated with imagining the plight of another person. Empathic and sympathetic tendencies have been shown to predict not only self-report measures of the dis-

position toward altruistic behavior (Rushton et al., 1981; Rushton, Fulker, Neale, Nias, & Eysenck, 1989; Unger & Thumulari, 1997) but also informants' ratings of people's actual tendencies toward altruistic behavior (McNeely & Meglino, 1994) and helping in emergency situations (Bierhoff, Klein, & Kramp, 1991).

The trait of empathy holds a special status in modern understandings of kindness because empathic affect is believed by some to be a reliable facilitator of an altruistic motivation to help (e.g., Batson, 1990). Batson et al. (1986) reported data indicating that scores on self-report measures of empathic tendencies are not reliably related to increased helping of others when people can easily justify their decisions not to help (i.e., in situations in which they might choose not to help if not truly motivated to aid the other person), whereas they are related to helping in situations in which it is more difficult to justify one's choice not to help. This finding led Batson et al. to conclude that personality traits may promote helping generally, but not necessarily helping that is specifically motivated by the desire to improve the well-being of the person in need. Interestingly, Carlo et al. (1991) found the same effect but interpreted it in a theoretical context that allowed them to conclude that this finding was evidence in support of the notion of an "altruistic personality." Regardless of which side one takes in this debate, the important lesson seems to be that the effects of dispositional factors such as empathy on helping seem to be more salient in some situations (*viz.*, when, at a practical level, it is quite difficult not to help) than in others (*viz.*, when it is easy to avoid helping).

Moral Reasoning. People with more sophisticated and developed moral reasoning abilities are more helpful toward others in general. Children with other-oriented moral cognitions reliably tend to be more helpful toward their peers (P. A. Miller, Eisenberg, Shell, & Fabes, 1996). Moreover, students who employ more internalized reasoning and reasoning that focuses on the needs of other people appear to engage in more prosocial behavior (e.g., Carlo, Koller, Eisenberg, Da Silva, & Frohlich, 1996). In contrast, children who make their decisions about whether to help other people based on hedonistic concerns (e.g., consideration of the amount of satisfaction or pleasure they will be forced to forgo if they decide to help) tend to engage in less prosocial behavior.

Social Responsibility. People who are high in social responsibility (L. Berkowitz & Lutterman, 1968) believe that they have a personal ethical responsibility to care for the welfare of other people, including strangers and their neighbors (e.g., they would be likely to endorse the statement "Every person should give some of his time for the good of his town or country"). People high in social responsibility are more likely to render aid at the site of automobile accidents than are people lower in this trait (Bierhoff et al., 1991), are more willing to accept shocks for a bystander when they are unable to avoid exposure to the other person's plight (Batson et al., 1986), and exhibit greater cooperation in mixed-motives dilemmas

(De Kremer & Van Lange, 2001) than do people with lower levels of social responsibility (see also Midlarsky, Kahana, Corley, Nemeroff, & Schonbar, 1999).

As implied earlier, among the Big Five personality dimensions, agreeableness is likely to be the most important correlate of kindness, prosociality, and altruism. Conversely, people who are high in altruistic tendencies tend to manifest low levels of antisocial and narcissistic traits (S. R. Axelrod, Widiger, Trull, & Corbitt, 1997), suggesting that these personality disorders (or traits associated with them) may inhibit kindness. Agreeableness also appears to stimulate greater concern for the welfare of other people in dilemmas in which people share access to a common pool of resources that can be depleted by overuse (Koole, Jager, van den Berg, Vlek, & Hofstee, 2001).

Altruism as a Discrete Behavior

In addition, there have been efforts to identify the factors that govern people's altruistic responses to particular interpersonal situations in which another person is in need of help.

Positive Mood. One interesting and well-documented effect is that people who are put into a positive mood are considerably more willing to help others than are people who are in a neutral mood (Carlson, Charlin, & Miller, 1988). This effect has been reproduced across a wide variety of positive mood inductions and a wide variety of measures of helping. The effect of positive mood on helping behavior is considerable, with people in positive moods approximately one half of a standard deviation more helpful than are people in neutral moods. In general, however, the positive mood–helping relationship is strongest when giving help is pleasant and the help does not require sustained effort. Carlson et al. also found evidence that good moods have stronger effects on helping among people over age 30 than among people younger than age 30. The effects of good mood on kindness-related behaviors are mediated in part by heuristic versus effortful decision making. People who are in a good mood feel more secure and, as a result, more willing to rely on consensus and reciprocity heuristics (e.g., imitating the cooperative behavior of others) rather than effortful processing (e.g., adjusting one's personal cooperative effort in response to the perceived cooperativeness of other people) in deciding how much to cooperate (Hertel, Neuhof, Theuer, & Kerr, 2000).

Empathy. A final highlight of the work on the situational approach is the long-standing debate over whether a true altruistic motivation exists. Batson (1990, 1991) has hypothesized that altruistic motivation to help a person in need is a function of the amount of empathic emotion the individual experiences toward the person in need. In situations in which an individual does not experience empathy toward a person in need, the altruistic motive does not appear to be stimulated, and thus,

helping behavior that might arise does not appear to be altruistic *per se*. Researchers have offered a wide variety of alternative explanations for the empathy–helping link that do not require the concept of altruistic motivation (e.g., Cialdini, Brown, Lewis, Luce, & Neuberg, 1997; Cialdini et al., 1987; K. D. Smith, Keating, & Stotland, 1989), but the evidence does appear to support the idea that true altruistic motivation is a distinct human possibility (see Batson, 1990, 1991, 1997).

■ Gender, Cross-National, and Cross-Cultural Aspects

Of particular concern to researchers over the last several decades is the possibility that gender may differentially influence whether one gives or receives help in real-world dilemmas. Eagly and Crowley (1986) summarized this large literature and reported a very small tendency for men to provide help more readily than do women. Although this effect was statistically significant, it was so small as to be nearly meaningless (i.e., on average, men were .07 standard deviations more helpful than were women). Moreover, it is important to keep in mind that most of these studies focus on chivalrous acts toward strangers—that is, altruistic behavior that is accompanied by a strong gender stereotype—but not acts of kindness and altruism within existing relationships, a form of helping that may be more common among women. Interestingly, women were reliably more likely to be recipients of other people’s helping behavior, suggesting that women receive more help from both men and women than do men.

Research by R. C. Johnson et al. (1989) addressed possible cross-cultural differences in giving help. These researchers compared the scores of students from Australia, Egypt, Korea, the Republic of China (Taiwan), the United States, and Yugoslavia on a 56-item scale on which participants indicated the frequency with which they engaged in each of 56 helping behaviors. They found some evidence for cross-national differences in the mean frequencies of self-reported help-giving in these samples, although the differences are difficult to interpret (see also den Ouden & Russell, 1997; Hedge & Yousif, 1992). Jha, Yadav, and Kumari (1997) also reported religio-cultural differences in self-reported altruistic behavior among young adults (ages 20–35), with Christian respondents scoring higher on self-reported altruism than did Hindus or Muslims.

■ Deliberate Interventions

Despite the massive literatures on moral development in education and guidance, surprisingly little seems to be known about how to encourage kindness and altruism directly. This oversight is rather astonishing. Studies that evaluate the effectiveness of interventions for encouraging kindness in the context of parenting, mentoring, and education would be most welcome.

■ What Is Not Known?

Despite a wealth of important findings related to the personality and social factors that influence altruism, many other questions remain regarding the “roots” and “fruits” of altruism. The following questions could be productively studied by psychologists, as well as other scientists from the social, biological, and medical sciences:

- What are the evolutionary origins and neurological substrates of altruism and altruistic love? How might these interface with cultural, religious, and social factors?
- What are the physiological correlates of altruistic love both given and received?
- What role does attachment play in the expression of altruistic love?
- How does the giving or receiving of altruistic, compassionate love affect physical health and mortality?
- How does such love affect persons with mental or physical illnesses, especially in severe cases?
- How does the receiving of such love influence persons with cognitive deficits—for example, persons with retardation or dementia, or persons with serious mental disorders?
- To what extent are health care professionals motivated by altruistic love, and how does this affect them and their patients?
- How do altruism and altruistic love enter into the context of organ donation, in which the donation of organs is viewed as a “gift of life” for the stranger in need?
- What means are available to expand or extend altruism and altruistic love to those thought of as outside one’s social group? How do we define the “outsider,” and how does this influence our attitudes and actions?
- Are there specific spiritual practices (e.g., types of prayer, meditation, silence, worship) that might help to encourage altruistic love?
- What can economic research tell us about the nature and expression of altruism and altruistic love? How does such love affect our attitudes and behaviors toward money and the use of wealth? What is the basis of philanthropy, and can it be successfully encouraged?

■ Must-Read Articles and Books

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