Positive Altruism: Helping that Benefits Both the Recipient and Giver

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Advisor: Joseph Kasper

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Abstract

Positive psychology is the scientific study and practice of what enables individuals and groups to thrive. Positive psychologists emphasize the significant impact social relationships have on our well-being. This paper explores altruism, which is behavior motivated by the unselfish goal of helping others. Positive altruism occurs when altruistic behavior increases the welfare of both the benefactor and beneficiary. Research suggests that the source of altruism is empathy, which is an other-focused emotional response that is elicited by and congruent with the perceived welfare of another person. While empathy can lead us to help unselfishly, it can also create bias in decision making and lead to emotional exhaustion. Loving-kindness meditation is one practice that helps lead to positive altruism: it promotes empathy, while protecting against burnout. Research supports the link between altruistic behavior and increased health and well-being. Altruistic behavior can also facilitate post-traumatic growth (PTG). Further research on how we can facilitate positive altruism would have positive implications on the field of positive psychology.

Dedication

I dedicate this Capstone to all the people who live kind and altruistic lives. Your kindness and altruism give me hope and help me stay encouraged, in the face of the adversity and suffering that inevitably accompany life. I dedicate this Capstone to my mother, Yasmin Abadian, who has made countless personal sacrifices to improve my welfare. This includes encouraging me to apply to MAPP and paying my tuition and school costs, so I did not have to take on the financial burden. I also dedicate this Capstone to my advisor, Joe Kasper, who inspired me with his empathy and altruism, invited me to work with him to learn more about what motivates post-traumatic altruistic motivational force (PTAMF), and supported my learning throughout the process. Also, I thank Joe for suggesting the term that encapsulated my ideas from this paper: positive altruism. Finally, I dedicate this Capstone to Ryan Kasper, Joe's son, whose legacy continues to grow as more good is done in his name.

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In September 2017, I began the Master of Applied Positive Psychology (MAPP) program at the University of Pennsylvania. During our first few days of the program, my professor asked the class to complete a positive introduction (Peterson, 2006). A positive introduction is a way of introducing yourself by sharing a story about a time that you were at your best. Upon considering this prompt, a couple of times came to mind, all of which had something in common: I had been kind and altruistic, after a time that I had suffered. During these times, I genuinely cared about others and helped them when they were in need. These individuals were facing the same challenges I had faced – bullying, isolation, abuse – and I acted in ways that reduced their suffering. Helping them also helped me heal. Because I had struggled, I had empathy and understood their adversities. With this understanding, I was able to improve their welfare and make something good come of my own hardships. Now, thanks to my kindness and altruism, I am able to think back on these times and feel proud.

In October of 2017, my class attended our first MAPP Summit, where positive psychology practitioners, professors, and scholars gathered to share knowledge and build relationships. During the summit, there were two speakers whose presentations inspired me deeply and brought me to tears. The presenters were Lea Waters and Joe Kasper. Both Lea and Joe had endured incredible trauma and, yet, they were unbelievably vulnerable, empathetic, and altruistic. They were deeply concerned with the welfare of others and actively working to make a positive difference in the world. I found their kindness and altruism, in spite of their tremendous losses, to be deeply encouraging.

Lea is an Australian psychologist and President of the International Positive Psychology Association (IPPA). She is also a professor of positive psychology and the Founding Director of

the Centre for Positive Psychology, University of Melbourne. During her presentation, Lea shared stories of the abuse she and her siblings endured during their childhood, her struggle with bulimia, and the tragic loss of her sister to suicide. The suffering and loss that Lea had faced broke my heart, while her incredible drive to help children and parents through her teaching, research, writing, and speeches on positive parenting left me incredibly hopeful.

Joe Kasper is a physician and MAPP alumnus. He shared the story of how he lost his son, Ryan, at only 19 years of age to Lafora disease. Lafora disease is a rare genetic form of myoclonic epilepsy that is fatal by the third decade of life (Kasper, 2018). After Ryan passed away, Joe became motivated to help other families who were also suffering from Lafora Disease. Joe entered the MAPP program, where he developed the concept of co-destiny. Co-destiny is the idea that you add to a person's legacy by doing good in their name (Kasper, 2018). I was put in a state of awe and brought to tears from his empathy, kindness, and altruism, especially in the face of his devastating loss. At the end of his presentation, Joe expressed interest in continuing to study the topic of post-traumatic altruistic motivational force (PTAMF) and invited us to reach out to him if we were interested as well. Specifically, Joe wanted to learn more about how people can stay motivated to be altruistic after trauma, over time. I went up to speak with Joe at the summit and a few days later, I contacted him to share my interest in potentially working together. After a couple of conversations, I asked Joe to be my Capstone advisor.

In November of 2017, my class completed the VIA Character Strengths Assessment for the second time. Kindness, humor, and honesty were all tied for first place in my profile. Kindness is caring about the welfare of others: kind people go out of their way to help others in unfortunate circumstances and commit altruistic acts for another person's benefit, as an end in itself (Peterson & Seligman, 2004). After completing the assessment again, I realized that the

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story I had chosen to share for my positive introduction was related to my value of kindness. My signature strength and value of kindness is also what drew me to reach out to Joe and pursue a Capstone on altruism. It is why I felt I was at my best when I was altruistic.

The awareness that I was at my best when I helped others made me realize how important the topic of altruism is to the field of positive psychology. If the field of positive psychology wants to increase human flourishing, then promoting altruistic behavior that helps both the recipient and the giver can achieve this goal. This Capstone provides evidence of the link between human flourishing and altruism, including post-traumatic altruism. It provides some answers to the question as to why some people, despite immense suffering and trauma, became increasingly altruistic. It also describes what motivates altruism and identifies benefits that we can experience from helping others. My hope is that, through increased research, we can learn how to foster altruistic behavior that helps both the recipient and the giver.

Before exploring the topic of altruism, I provide an overview of the field of positive psychology and define well-being, which is a key topic in the field of positive psychology. I discuss positive interventions, which cultivate positive feelings, behaviors, and thoughts. I also explain how social relationships impact our well-being, both psychologically and physically. I will then introduce altruism, which has an important impact on individual, interpersonal, and community well-being.

An Introduction to Positive Psychology

During his American Psychological Association (APA) Presidential Address in 1998, Martin Seligman urged his fellow psychological researchers to expand their focus from primarily human problems and pathology, to the positive aspects of human existence (Donaldson, Dollwet, & Rao, 2015). He named this new science *positive psychology* and created a distinct field that

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encompasses the scientific study of what makes life worth living. Although the modern field is

only twenty years old, philosophers, religious leaders, and theologians have pondered for

millennia some of the same questions that positive psychologists study today: What is well-

being? What is the good life? What does it mean to be happy? Is it possible to pursue happiness

directly or is happiness a consequence of other pursuits? (Peterson 2006). While this wisdom has

added value to the field, social and behavioral science is required to gain an understanding of

human flourishing that is empirically sound (Seligman & Csikszentmihalyi, 2000). Although

some psychologists had already researched topics related to the field long before 1998, the

number of empirical and non-empirical studies have increased drastically since the field of

positive psychology was founded. For example, 1336 articles linked to positive psychology were

published between 1999 and 2013; 771 of which included empirical studies (Donaldson et al.,

2015). Figure 1 graphs the number and type of positive psychology related publications over
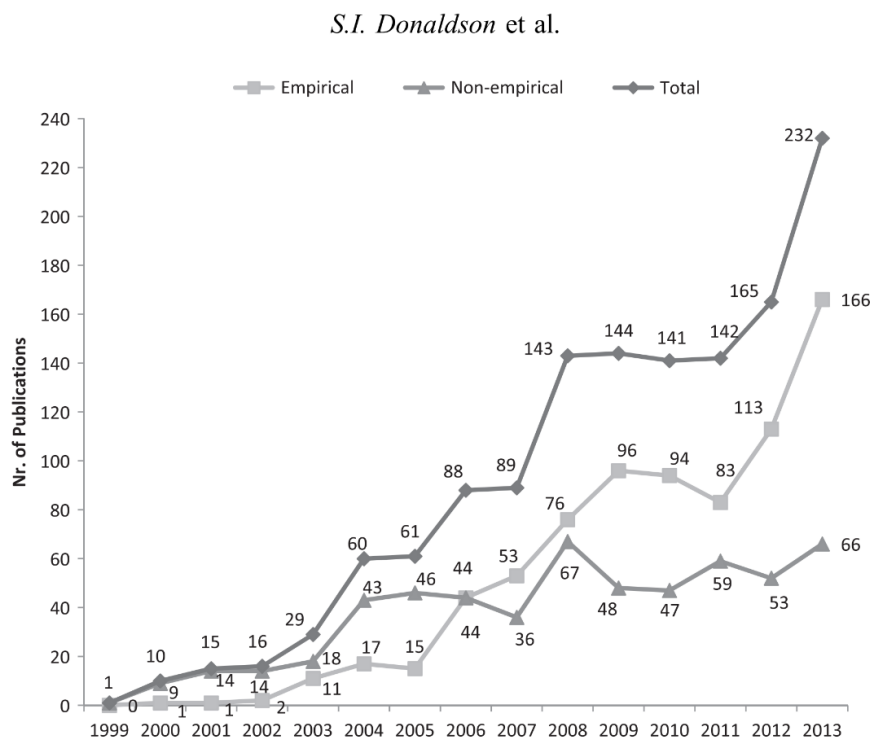
time.

S.I. Donaldson et al.

Figure 1. Trend of the number and type of publications over time (From Figure 1, Donaldson et al., 2015).

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This incredible increase in articles suggests that positive psychology is a growing and expanding sub-field within the larger field of psychology (Donaldson et al., 2015). Furthermore, this increase in scientific study is important because, by studying what makes life worth living, we can identify the actions that lead to greater well-being, positive individuals, and thriving communities (Seligman & Csikszentmihalyi, 2000).

Positive Psychology Defined

Seligman and Csikszentmihalyi (2000) define positive psychology as the science of "positive subjective experience, positive individual traits, and positive institutions" (p. 5). They further elaborate on these three levels of positive psychology provided in their definition: *subjective*, *individual*, and *group*. At the subjective level, which encompasses positive subjective experiences, they include well-being, satisfaction, hope, optimism, flow, and happiness (Seligman & Csikszentmihalyi, 2000). At the individual level, which involves positive individual traits, they include the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom (Seligman & Csikszentmihalyi, 2000). Lastly, at the group level, which includes positive civic virtues and positive institutions, they include responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic. The topic of this Capstone is altruism, which falls within the group level of positive psychology defined by Seligman and Csikszentmihalyi (2000).

More recently, positive psychology has been defined as the scientific study and practice of what enables individuals and groups to thrive (International Positive Psychology Association, 2014); and the scientific study of happiness, excellence, and optimal human functioning (Donaldson et al., 2015). This last definition of positive psychology encapsulates all aspects of the construct of well-being, which is a key topic in the field of positive psychology.

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Well-Being

As defined by Ryan and Deci (2001), *well-being* refers to optimal experience and psychological functioning. Our current understanding of well-being is informed by two general perspectives. The first is called *hedonism* (Kahneman, Diener, & Schwarz, 1999). The hedonic approach defines well-being in terms of attaining pleasure and avoiding pain (Ryan & Deci, 2001). Hedonia occurs from maximizing positive emotions that accompany human flourishing (e.g. happiness). The second approach is called *eudaimonism* (Waterman, 1993). The eudaimonic approach defines well-being by the degree to which a person is fully functioning (Ryan & Deci, 2001). Eudaimonia occurs when humans live in accordance with their true selves and achieve their highest levels of functioning. The eudaimonic approach focuses on meaning and self-realization and asserts that well-being consists of more than just pleasure (Ryan & Deci, 2001).

Positive interventions and well-being. Although uncontrollable factors, such as genetics and life events, affect our well-being, much of our well-being is still within our influence. For example, more than a third of the variance in our individual levels of happiness is under our control (Bao & Lyubomirsky, 2014). Through the scientific study of hedonic and eudaimonic well-being, positive psychologists can increase human flourishing (Seligman, 2011). More specifically, research has confirmed that we can enhance well-being through the application of positive interventions (Sin & Lyubomirsky, 2009).

Positive interventions are activities, exercises, and treatment methods that help healthy people thrive by cultivating positive feelings, behaviors, or thoughts (Pawelski, 2009; Sin & Lyubomirsky, 2009). Positive interventions build strengths, rather than treat or heal something that is pathological or deficient (Sin & Lyubomirsky, 2009). In addition, positive interventions are neither passive nor quick fixes. Rather, positive interventions actively and intentionally build

well-being over time. Our ability to focus our actions and thoughts in a conscious effort makes us uniquely human (Csikszentmihalyi, 1990) and the behaviors we choose are crucial in creating a positive life (James, 1899).

Our ability to focus our consciousness correlates with achieving hedonic and eudaimonic well-being (Csikszentmihalyi, 1990). Control over our consciousness leads to control over the quality of our experience, and a more meaningful and positive life. Our attention is the most important tool we have in improving the quality of our lives because attention determines the information we let into our consciousness (Csikszentmihalyi, 1990). When the information we allow into our consciousness is aligned with our goals and purpose, our attention flows effortlessly. During optimal experience, also called flow, there is more energy and attention freed up to deal with our outer and inner environment (Csikszentmihalyi, 1990). We can use this freed-up energy and attention to direct and control the course of specific conscious events, allowing us to thrive, despite the obstacles and setbacks we experience. The ability to endure, despite challenges and setbacks, is a crucial trait for succeeding in life (Csikszentmihalyi, 1990).

In addition to focused consciousness, positive interventions involve consistent action in creating a good life. Everything we do is a means to an end, and that end is something good (Melchert, 2002). Aristotle asserts that the highest good is happiness because, unlike everything else, we pursue happiness for its own sake (Melchert, 2002). To Aristotle, the happy life, also known as the good life, is a life of activity in accord with excellence (Melchert, 2002). Excellence is not learned through feeling, but rather by doing. We develop habits and achieve excellence through repeatedly practicing a behavior (Melchert, 2002). We can also experience good feelings through good action because action and feeling go together (James, 1899). Our actions and attitudes determine our inner state. By regulating action, which is more under our

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direct control, we can regulate feeling (James, 1899). Therefore, if we want to feel good, we

must do good (James, 1899).

This paper provides support for the argument that, by doing good, we can feel good

(James, 1899). *Positive altruism* occurs when altruistic behavior positively increases the welfare

of both recipient and the giver. Figure 2 outlines the emotions, behaviors, and events that lead to

positive altruism.

Positive Altruism

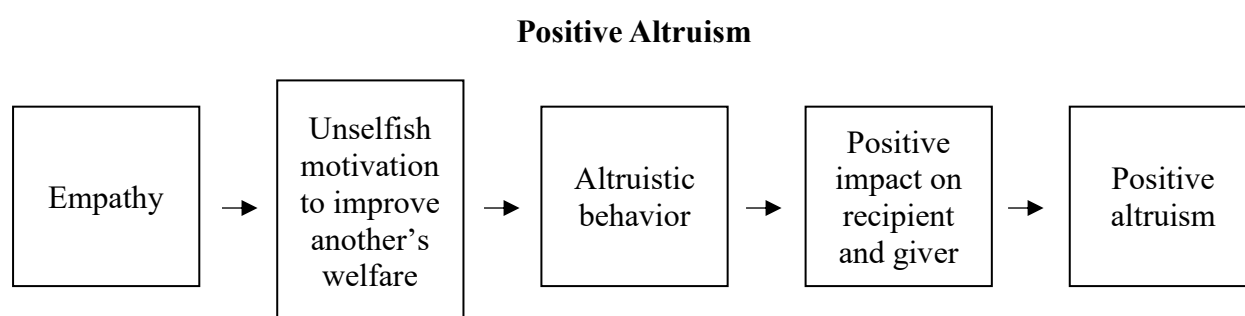| Empathy | → | Unselfish motivation to improve another's welfare | → | Altruistic behavior | → | Positive impact on recipient and giver | → | Positive altruism |

Figure 2. Emotions, behaviors, and events that lead to the occurrence of positive altruism

Positive altruism is a positive intervention because it strengthens both hedonic and

eudaimonic well-being; it cultivates positive emotions, behaviors, and thoughts; and it can build

strengths (e.g. kindness, love, teamwork) and well-being over time. The link between altruism

behavior, positive emotions, and increased human functioning supports this. This paper expands

on this argument and identifies how positive altruism leads to a better life. Altruistic behavior

improves our social relationships, which are key elements of our well-being. The next section

describes three models of well-being.

Models of well-being. Well-being is a psychological construct that is composed of

several measurable elements or domains (Seligman, 2011), which interact and work together

(Prilleltensky, 2016). Positive psychologists and researchers have developed different theories

through scientific study and operationalized the construct of well-being to measure and increase

it. For example, in one model, Seligman (2011) identified five elements that make up the

PERMA model of well-being: positive emotion, engagement, meaning, positive relationships,

and accomplishment (Seligman, 2011). Each of these elements contribute to well-being, are

pursued for their own sake, and are measured independently of the other elements (Seligman,

2011). In another model, Prilleltensky (2016) defined well-being as the positive state of affairs in

six domains: interpersonal, community, occupational, physical, psychological, and economic (I

COPPE). In a third model, Rath and Harter (2010) defined well-being as the interaction of five

essential elements: career, social relationships, finances, physical health, and community. While

there are differences between these three models, they all agree that relationships with other

people are a key contributor to our well-being.

One way we interact and relate with other people is through altruistic behavior. Altruistic

behavior requires a focus on the welfare of others, rather than the self. Positive altruism is when

our altruistic behavior positively impacts our own well-being and our relationships with others.

To fully understand the value of altruistic behavior, we must first examine the importance of

interpersonal relationships. The next section explores the link between positive relationships and

well-being.

Positive Relationships

To flourish, humans need connection and interaction with other people (Seligman, 2011).

Social support in the form of close relationships is one of the biggest environmental contributors

to well-being (Meyers, 2000) and our relationships impact well-being and health as soon as we

are born. For example, Rene Spitz (1945) compared the mortality rate between children in an

orphanage and children in a nursery. Spitz found that children in the orphanage died from a lack

of stimulation and human contact. These babies did not have a central person in their lives with

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whom they could develop a lasting and intimate connection and, as a result, their well-being

suffered immensely. Compared to the children in the nursery who received more regular physical

contact, the orphans who did survive were smaller, less confident, and more socially maladapted

(Spitz, 1945). These findings demonstrate the significant impact that a caregiver has on a child's

survival. Because the relationship with a caregiver is so central to a child's survival, dedicated

attachment systems are built into both mother and child in all species that rely on maternal care

(Bowlby, 1988).

Relationships and Attachment Style

Attachment theory, which was developed by psychoanalyst John Bowlby and informed

by research assistant Mary Ainsworth, emphasizes the importance of the relationship between

mother and child. Attachment theory identifies three attachment styles: secure, avoidant, and

resistant. These attachment styles emerge gradually during thousands of interactions between

child and caregiver (Bowlby, 1988). Research findings suggest that attachment style has a

significant impact on our well-being. For example, Bowlby (1988) claimed that developing a

secure attachment is so crucial, that children who are denied a stable, long-term attachment

relationship are likely to be damaged for life. Although this is extreme, research suggests that our

attachment styles often persist beyond childhood. For example, research by Hazan and Shaver

(1987) indicates that, while it is possible for attachment style to change, it rarely does. Rather, it

affects how we form relationships with friends and romantic partners (Hazan & Shaver, 1987).

Relationships Impact Physical Health

Research from several sources support the link between close relationships and physical

health (Gable & Gosnell, 2011). Studies have linked social isolation with substantial increase in

mortality risk, as well as poorer functioning cardiovascular, immune, and endocrine systems

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(Cohen, 1988). In contrast, positive close relationships are associated with happiness and satisfaction with life (Gable & Gosnell, 2011).

Relationships Impact Emotional Well-being

Our close relationships also impact our emotions. A longitudinal study by Fowler and Christakis (2008) found that our chance of being happy increases by 15% if a direct connection in our social network is happy. Thus, having direct and regular social contact with happy people increases our chances of being happy.

People who report having more social ties also report greater well-being than those with fewer ties, even when no stressors are present (Cohen & Wills, 1985). When stressors are present, supportive connections can serve as a buffer during stressful events and protect us from their negative effects, if our interpersonal resources are perceived to be available (Cohen & Wills, 1985; Rather & Harter, 2010). There is good evidence that social support can directly reduce the number of stressors in our lives and equip us to better handle them (Gable & Gosnell, 2011). Social support is also generally associated with greater meaning in life (Smith, 2017) and an increased sense of self-efficacy and personal goal fulfillment (Gable & Gosnell, 2011).

Relationships Impact Work

Connection and relationships also affect well-being by influencing our level of engagement and meaning at work. Gallup's research reveals that those who have a best friend at work are seven times more likely to be engaged in their work, are better at engaging their clients and customers, produce higher quality work, are less likely to get injured on the job, and have higher well-being (Rath & Harter, 2010). In contrast, those without a best friend at work have only a one-in-twelve chance of being engaged (Rath & Harter, 2010). Our connections at work also have a significant impact on our lives outside of work (Jane Dutton, 2003). We spend a

significant portion of time at work, so both our work and our lives feel more meaningful when strong work relationships make us feel we belong (Smith, 2017).

Relationships Impact Behavior

Our social relationships also have an impact on our behavior. The existence of a relationship with others can influence whether we engage in particular health or helping behaviors. The more directly connected we are to another person, the more the relationship seems to influence our behavior. However, simply being familiar with another person, even if that person is a stranger (e.g. seeing someone every day during our commute to work), can impact us.

Health behavior. We tend to mimic our friends, including their health habits: if our best friend is very active, it nearly triples our chances of engaging in high levels of physical activity. If our best friend has a very healthy diet, we are more than five times as likely to have a very healthy diet (Rath & Harter, 2010). In addition to mimicking their good habits, we also mimic our friends' bad health habits. If a direct connection is a smoker, we are 61% more likely to smoke and if a friend becomes obese, it increases our odds of becoming obese by 57% (Rath & Harter, 2010).

Helping behavior. In addition to impacting our health habits, social relationships have an impact on our helping behavior. Helping behavior seems to be increased when social bonds exist between people. Research findings support this claim: when a social relationship is present, motivation for helping is increased (Schoenrade, Batson, Brandt, & Loud, 1986). When a social relationship is not present, people may not help, or if they do help, it may be for their self-benefit. Familiarity with another person, even if that person is a stranger, can lead to increased helping (Pearce, 1980).

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Data suggest that we need six hours a day of social time to thrive (Rath & Harter, 2010). We must invest in our social relationships and communities to flourish, since they are a primary source of our health and well-being. One way we invest in our social relationships and communities is through helping. Helping can be motivated for several reasons, such as to avoid guilt or shame, to gain praise and approval, to gain self-praise for being kind, or to benefit ourselves in the afterlife. We may also help because we think others expect it, we think it will benefit us, or we do not have a choice (Batson & Shaw, 1991). Sometimes we help with the sole purpose of benefitting another person. This type of helping is called altruism and will be a central focus of this paper.

Introduction to Altruism

The term altruism was coined in 1875 by Auguste Comte (1798-1857). Although altruism was discussed before Comte, it was referred to in different terms, such as compassion, charity, benevolence, and friendship (Batson & Shaw, 1991). Comte (1875) recognized the existence of helping behavior motivated by two opposing forces: selfishness (egoism) and selflessness (altruism). Despite his acknowledgement of egoism, Comte still believed in the existence of altruism and defined it as social behavior that originated from the unselfish desire to "live for others" (Comte, 1875, p. 556). In more recent times, Batson and Shaw (1991) of the University of Kansas define *egoism* as behavior motivated by the end goal of increasing one's own welfare and *altruism* as behavior motivated by the end goal of increasing another person's welfare (Batson & Shaw, 1991). Those who believe in universal egoism claim that all action is really to benefit the self, regardless of how much it helps others. In contrast, those who believe in altruism claim that some of us are motivated by the end goal of benefitting someone else (Batson &

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Shaw, 1991). Given the importance of these two motivations, I will explore egoism and altruism in the next part of this paper.

Universal Egoism

Theories of universal egoism dominated psychology by around 1920 (Batson, 1987). The main psychological theories of motivation, including Freudian, behavioral, and humanistic, claimed that everything we do is to benefit ourselves (Batson, 1987). These theories assert that, even when we help another person because of empathy, it is ultimately selfish and for personal benefit - we are trying to reduce our own distress, avoid punishment, or earn rewards (Batson, Ahmad, & Lishner, 2011).

The *arousal-reduction* model provides an explanation for why helping others is a way to reduce our own distress. The arousal-reduction model generally states that, when we observe an emergency, we experience a state of arousal (Piliavin, Dovidio, Gaertner, & Clark, 1982). As this state of arousal (e.g. distress) increases, it becomes more unpleasant. Thus, as a bystander, we are motivated to reduce the arousal by responding to the emergency. The model also states that the bystander will tend to respond in a way that reduces the arousal most quickly and thoroughly, and with the fewest costs as possible (Piliavin et al., 1982).

Universal egoism claims that we help others because, if we do not, we will experience shame and guilt. Therefore, we help to avoid these negative emotions. We also help to gain a reward. The *negative-state relief explanation* states that, when we witness another person in distress, we feel empathy and help that person (Cialdini et al., 1987). However, this explanation argues that the goal of helping is to earn mood-improving self-rewards (e.g. praise, honor, pride) for ourselves, which we learned to associate with helping through socialization.

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Bandura's (1977) Social Learning Theory (SLT) sheds light on how we become socialized and can learn to associate punishment and rewards with helping behavior. According to Bandura (1977), we are constantly processing information around us and considering the consequences of our actions. As children, we tend to copy our role models, who provide examples of appropriate behavior. In addition to modeling behavior, our role models also respond to our behavior with external reinforcement or punishment. Behavior is strengthened when it is reinforced, which means we are likely to repeat that behavior in the future (Bandura, 1977). An example of external reinforcement is if we receive praise from our favorite teacher because she approves of our behavior. In addition to being externally reinforced by our role models, behavior can also be internally reinforced. For example, if we feel happy because of our teacher's praise, we receive internal reinforcement. Our behavior is also influenced by the consequences other people experience due to their behavior. This type of reinforcement is known as *vicarious reinforcement* (Bandura, 1977). Over time, we identify with role models who have qualities that we find rewarding. These role models can be real or imaginary (e.g. members of our family, teachers, people we read about in books or see in movies, fictional characters, etc.). When we identify with a role model, we tend to adopt the behaviors we observe of those people.

In sum, SLT explains how, even when we do not necessarily receive an external reward or punishment, we may receive an internal reward (e.g. praising ourselves for being kind) or avoid internal punishment (e.g. self-criticism, guilt, and shame) (Bandura, 1977). Therefore, even though a helping behavior might appear selfless, it is possible to be motivated by egoism. Those who believe in universal egoism claim that even those who act heroically are selfishly motivated. Actions that appear selfless and require significant or complete self-sacrifice can also be motivated to avoid guilt or shame or gain praise and admiration (Batson, 1987).

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While I understand that sometimes people help for selfish reasons, I believe that people also help with the primary goal of benefitting others. I do not think it is selfish that we benefit from our altruistic behavior. Rather, it is important that altruism is reinforced through positive consequences. To continually give of ourselves over time, we must preserve the self and our well-being. We cannot sustain giving and helping if we do not benefit, as a result. Positive altruism is important for these reasons. When both the recipient and the giver benefit from the altruistic behavior, giving is reinforced and sustainable. In the next section, I discuss altruistic motivation, which takes the opposite perspective of universal egoism.

Altruism

As previously discussed, Comte (1875) coined the term altruism, which is behavior motivated by the unselfish goal of helping others. Comte did not deny that people often help for selfish reasons. However, he still claimed that there are times when people are motivated by altruism and help with the sole aim of benefitting the person in need (Batson et al., 2011). As one might predict, Comte received criticism from the universal egoists of his time. The universal egoists disputed that, even if an individual is solely motivated to increase another person's welfare, this person would gain pleasure from reaching his desired goal; therefore, this helping behavior is egoism, not altruism. However, later philosophers identified a flaw in this argument. They pointed out, even if we gain pleasure from reaching our goal, this pleasure is a consequence of achieving our goal - not the goal itself (Batson, 1987). The self-benefits of altruistic behavior are unintentional consequences and these consequences do not negate the original, unselfish motivation to benefit another person (Batson et al., 2011).

To understand the difference between the perspectives of universal egoism and altruism, we will consider an example. Imagine you are riding your bicycle and you notice a man on the

side of the road who is suffering from a gunshot wound. You are on a small side road, so no one else is around except for you and he is bleeding heavily. You immediately stop when you see him and call 911. You also use your belt to compress the area where he is bleeding. You stay with him until the ambulance comes, which thankfully takes him to the hospital where he can get the medical attention he needs.

If you helped because you wanted to relieve your own distress, which was caused by seeing him bleed, then according to the arousal-reduction hypothesis, your behavior was an example of egoism. If you helped to avoid feeling the shame and guilt you would have felt for doing nothing or to feel proud and gain praise from your friends, then according to the negative-state relief explanation, your behavior was an example of egoism. These two examples are egoism since the purpose of your action was to make yourself feel better in the present or future - helping was only the means to achieve that end. In contrast, if your end goal of helping was to relieve his suffering, then your behavior was altruism. Regardless, helping would have ended your distress and prevented you from feeling guilt; however, the fact that your ultimate goal was to relieve his suffering means you were altruistic.

As illustrated by this example, there is a chain reaction when we observe someone else in need, which can lead to helping behavior. This reaction begins with an observation of the event. When we observe another person in need, we experience an emotional response, which triggers the motivation to help (altruistic motivation or egoistic motivation). Our motivation to help then leads us to behave in ways that provide relief for the person in need (altruistic behavior or egoistic behavior). When our altruistic motivation to help results in behavior that improves the welfare of the self and others, we achieve positive altruism. In the next section, I explore two emotional responses, which are the fuel for altruistic and egoistic motivation.

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Sources of Egoism and Altruism

When we observe another person in need, evidence suggests that there are two common types of emotional responses: feelings of personal distress and feelings of empathy (Batson, Fultz, & Schoenrade, 1987). Feelings of personal distress include feeling upset, disturbed, troubled, worried, etc. In contrast, feelings of empathy include feeling sympathetic, compassionate, kind, caring, etc. These different emotional responses result in different motivational outcomes. When we experience personal distress, we appear to experience egoistic motivation to reduce our own distress. When we experience empathy, we seem to experience altruistic motivation to reduce the other's distress (Batson et al., 1987).

Empathy. *Empathy*, which is the most frequently identified source of altruistic motivation, is defined as an other-focused emotional response that is congruent with and provoked by the perceived welfare of another person (Batson et al., 2011). Batson and colleagues (2011) elaborate on this definition, due to its many parts. First, when this definition references emotional congruence, it is referring to emotional valence (negative or positive), rather than the specific emotion the other person is feeling. For example, I am empathetic when I feel happy for someone who is excited about a new job opportunity or sad for someone who is afraid to lose their job. In this example, my emotions are not the same as theirs, but my positive emotion is congruent with their positive emotion, and my negative emotion is congruent with their negative emotion. Second, altruistic motivation is hypothesized to result from the empathy that is elicited when another person is perceived to be in need, rather than when another person is perceived to be in good fortune (Batson et al., 2011). Finally, empathy includes a collection of feelings, not a single emotion. These empathetic feelings are for the other person (e.g. feeling distressed for,

worried for, afraid for). It is possible to feel distressed, worried, or fearful and not be other-oriented. However, these feelings are considered empathy when they are other-focused.

Empathy-Altruism Hypothesis. The empathy-altruism hypothesis states that empathic emotion induces altruistic motivation to help the person for whom we feel empathy (Batson, 1987). This hypothesis does not deny the benefits we often receive as a result of helping. Rather, it claims these benefits are unintended consequences of achieving the end goal of reducing or eliminating the distress or need of another person

The empathy-altruism hypothesis is supported by scientific evidence. For example, one experiment had undergraduate subjects watch a female undergraduate (the victim) receive shocks (Batson, Duncan, Ackerman, Buckley, & Birch, 1981). Batson et al. (1981) created two groups of subjects - one that identified with the victim and one that did not - to manipulate the level of empathy the subjects experienced. Batson et al. (1981) used this approach because people are more likely to identify with a person they think is similar to them and, consequently, feel more empathy for that person (Stotland, 1969). In addition, people are less likely to identify with a person they think is different from them and, consequently, feel less empathy for that person (Stotland, 1969). To test the empathy-altruism hypothesis, Batson et al. (1981) gave subjects the chance to help the victim by taking some shocks themselves, which reduced the number of shocks the victim had to take. Batson and colleagues (1981) hypothesized that subjects who felt a high level of empathy for the victim would be willing to help, regardless of whether it was easy or difficult to escape without helping. They also hypothesized that when empathy was low, subjects would only help when it was difficult to escape the situation without helping. They believed this because the likelihood that the egoistically motivated person will help is dependent on the costs associated with choosing to escape. These costs include the physical effort needed to

escape the situation and the anticipated feelings of guilt, shame, and distress caused by letting the victim continue to suffer. The findings in this experiment supported the empathy-altruism hypothesis: when empathy was high, subjects were altruistic, regardless of how easy it was for them to escape the experiment without helping. In contrast, subjects with low empathy had an egoistic motivation to help – they helped when escape without helping was hard, but not when it was easy.

An experiment conducted by Toi and Batson (1982) provides additional evidence that empathy is a source of altruistic motivation. First, Toi and Batson (1982) used Stotland's (1969) technique for manipulating empathy: subjects were shown a person in distress (the victim) and asked to observe the victim's feelings (high empathy group) or reactions (low empathy group). Then, similarly to Batson et al. (1981), Toi and Batson (1982) manipulated the level of difficulty for escape without helping the victim. Their findings were consistent with Batson et al. (1981): subjects who experienced high levels of empathy displayed a greater amount of helping, whether escape without helping was easy or difficult because they were motivated by altruism. Subjects who experienced low levels of empathy helped more when escape was difficult and less when escape was easy. This is likely because their helping was motivated by egoism.

The findings of these studies are important because they suggest that the source of motivation impacts our likelihood to help those in need, when certain conditions are present (Batson et al., 1981; Toi & Batson, 1982). In these studies, when individuals experienced empathy and their behavior was motivated by altruism, they were more likely to help, regardless of whether they could easily escape the situation. These findings suggest that those who are altruistic are more likely to help, even if their helping requires self-sacrifice. While some helping

situations do not require a great deal of self-sacrifice, others do, and it benefits our relationships, society, and humanity when we are altruistic.

　　Limitations of empathy. Although the above studies illustrate positive consequences that can result from empathy, other studies have uncovered limitations. One limitation is that empathy can lead to emotional exhaustion (Bloom, 2016). Because empathy means we feel emotions that are congruent to what others feel, it can be unpleasant, exhausting, unsustainable, and intolerable when others suffer. *Emotional contagion*, which occurs when we experience a disproportionate amount of emotional empathy, is correlated with burnout and impairment (Maslach, 1982).

　　Another limitation is that empathy can lead to bias (Bloom, 2016). Like a spotlight, empathy makes the suffering and troubles of others real and concrete. However, while the spotlight shines bright on a particular area, its focus is limited. This limited focus results in blind spots and biases (Bloom, 2016). Empathy is not objective and there are factors that dictate whether you feel empathy for another person. These factors include whether you are instructed to feel empathy, whether the person is attractive, and whether they are of your ethnicity or another group you affiliate with (Bloom, 2016). Due to the biases that result from empathy, there can be consequences of using empathy to make decisions (Bloom, 2016). For instance, empathy can motivate action that is not morally right. A study conducted by Batson, Klein, Highberger, and Shaw (1995) found that increased empathy made participants less fair and less moral. Findings suggest that empathy-induced altruism can lead us to act in ways that violate the moral principle of justice (Batson et al., 1995). This is because empathy increased participants' specific concern for one person, at the cost of many others (Bloom, 2016).

To mitigate these potential negative consequences, it is important we consider the following questions when emotional empathy drives us to act: Am I being biased and potentially hurting others by empathizing with this person or people? Am I potentially hurting this person with my empathy because I am not doing what is best for them in the long-term to avoid short-term suffering? Am I hurting others with my empathy because I am only focusing on one person or a limited situation, rather than being objective and considering others who are not in the spotlight right now?

Fostering empathy. Even though empathy can lead to bias and emotional burnout, it is still the most frequently identified source of altruistic motivation (Batson et al., 2011). Altruistic motivation can lead to helping, even in situations that help can be avoided. Therefore, it can be advantageous to foster empathy, especially through practices that limit emotional contagion. Loving-kindness meditation is an example of this kind of practice. Loving-kindness meditation is a compassion-based type of mindfulness meditation that includes cognitive and emotional aspects (Salzberg, 1995). Research conducted using statistical analyses found that those who practiced loving-kindness meditation for six weeks experienced increases in dimensions of empathy (Leppma & Young, 2016). The practice increased feelings of kindness, warmth, and caring for oneself and others. While concern for the other person's well-being was increased, they experienced a level of detachment that protected them from emotional vulnerability and burnout (Leppma & Young, 2016). Through the practice of loving-kindness meditation, we may be able to foster the empathy required to motivate altruistic behavior, while minimizing the negative consequences that accompany emotional contagion. This would result in positive altruism, since both the benefactor and beneficiary are positively impacted by the altruistic

behavior. In the next section, I discuss the psychological and physical health benefits that can occur when we are altruistic.

Benefits of Altruism

I previously discussed the benefits of social relationships on our health and well-being when we are on the receiving end. In addition to benefitting the receiver, positive altruism also benefits the giver. Although a certain amount of self-focused attention is important for being able to self-regulate and self-develop, overly self-focused attention can have negative consequences on our emotional and physical health (Penn & Witkin, 1994). *Self-focused attention* is defined as attention that is directed towards the self, including a focus on behavioral, cognitive, affective, and physical aspects of the self (Carver, 1979). The more constricted self-focus is to one aspect of the self, the more likely that personality and/or behavioral pathologies may begin to emerge (Penn & Witkin, 1994). Overly self-focused attention has been associated with several conditions, including depression, alcohol abuse, suicide, eating disorders, anxiety, and loneliness (Penn & Witkin, 1994). Penn and Witkin (1994) found that by expanding the content of focus to other aspects of the self, individuals can improve their well-being and reduce conditions such as depression and suicide. They also note the importance of being able to adjust our focus across a range of situations. Being able to shift our focus to accommodate the demands of different situations is functionally adaptive and beneficial to our psychosocial well-being (Ingam, 1990).

Because of the link between overly self-focused attention and negative health consequences, it makes sense that altruistic behaviors benefit our physical and mental health, in addition to our social relationships and well-being. Stephen Post (2005) of Case Western Reserve University's School of Medicine provides a summary of the research on altruism and its health benefits. This research indicates a strong relation between altruistic behavior and well-being,

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health, and longevity. Altruistic behavior is linked to health benefits when it is not experienced as overwhelming (Post, 2005). Helpers who are overwhelmed with helping tasks that are chronic and unchanging, like being a caretaker for a family member with Alzheimer's disease, may be at greater risk for depression (Maslach, 1982). Positive altruism cannot occur if the helper's emotional and physical health diminish as a result of their altruistic behavior. However, when helping is voluntary, not experienced as a burden, not enduring and not static, there are numerous mental and physical benefits. These benefits can lead to positive altruism.

The benefits of altruistic behavior are supported by a model provided by Lyubomirsky, Sheldon, and Schkade (2005), who argue that the most promising means of altering our happiness levels is through intentional activity. By intentional activity, they mean specific actions or practices that are voluntary and require a degree of effort. They place intentional activity into three categories: *behavioral*, *cognitive*, and *volitional*. Some types of behavioral acts are linked with well-being, such as trying to be kind to other people (Keltner & Bonanno, 1997; Magen & Aharoni, 1991). Cognitive activities can also increase well-being, such as reframing our circumstances to view them more positively or pausing to create awareness of our good fortune and count our blessings (Emmons & McCullough, 2003; King, 2001; Seligman, 1991). Volitional activities can also increase well-being, like when we devote effort to achieve our important personal goals (Sheldon & Houser-Marko, 2001) or towards meaningful causes (Snyder & Omoto, 2001). Altruistic activity improves happiness because it encompasses all three types of intentional activity that have been linked to improved well-being - altruism is volitional behavior that influences our cognition. The next section provides more detail on the benefits of altruism, which are a result of the behavioral, cognitive, and volitional nature of altruistic activities.

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Psychological Health Benefits

Midlarsky (1991) has provided five explanations for the beneficial effects of altruism on our psychological well-being. These five psychological benefits are a greater appreciation for one's good fortune, improved mood and positive affect, greater perceptions of self-efficacy and competence, increased social integration, and enhanced meaning in life.

Greater appreciation for one's good fortune and a distraction from one's own troubles. Helping others reduces self-focused attention (Midlarsky, 1991). Experimental studies have found that helping increases the strength of other-focused moods and decreases the strength of self-focused moods (Millar, Millar, & Tesser, 1988). This is supported by findings mentioned earlier: that overly self-focused attention can have negative consequences, and by expanding the content of our focus, we can improve our health and well-being (Penn & Witkin, 1994). In addition, focusing on the suffering of others distracts the self from its own challenges and problems. Through social comparison with individuals who are still struggling, we may view our own suffering differently and perceive it to be less distressing (Tedeschi, Park, & Calhoun, 1998). Lyubomirsky (2007) argues in her book, *The How of Happiness*, that we should invest in our social relationships by doing acts of kindness and identifies this same benefit. When we help others in need, it creates a greater awareness and appreciation for our own good fortune, which leads to greater levels of happiness (Lyubomirsky, 2007).

Improved mood and positive affect. Mood is generally improved from helping, both in the short term and in the long term (Midlarsky, 1991; Salovey, Mayer, & Rosenhan, 1991). Research conducted by Allan Luks (1988) on volunteering supports this relationship between altruism and improved mood. Luks (1988), who is known for coining the term "helper's high," conducted a study with over 3,000 male and female volunteers. His study found that those who

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volunteer regularly are ten times more likely to be in good health than those who do not. One potential mediator of the altruism-health relationship is positive affect: those who volunteered reported experiencing positive emotions because of helping and positive emotions improve our health in two ways. First, they push aside negative emotions, which are accompanied by negative consequences (Anderson, 2003). The consequences of negative emotions that provoke our fight or flight response (e.g. fear, anxiety, anger, resentment, sadness, loss of purpose) are increased risk of disease and poor health outcomes (Post, 2005). By pushing aside negative emotions, positive emotions protect us from these negative consequences. In addition to protecting us from the negative states, positive emotions also help us by creating more positive resources. This claim is supported by the broaden-and-build theory, which was developed by Barbara Fredrickson (2009) after extensive research on the impact of positive emotion on our well-being. The broaden-and-build theory explains how positive emotions broaden our consciousness and build our resources over time (Fredrickson, 2009). We can use these resources in the future, which improves our well-being and functioning. The broaden effect is supported with scientific evidence. Experiments with brain imaging reveal that positive emotions expanded peoples' field of view and literally widened their outlook (Fredrickson, 2013). Positive emotions make us more receptive and creative, helping us acquire new skills, relationships, and knowledge (Fredrickson, 2009). Shared positive emotions, like love, can build social bonds and community (Fredrickson, 2016). The build effect is also supported with scientific evidence. One longitudinal experiment found that participants' self-generated shifts to positive states increased cognitive, psychological, social, and physical resources (Fredrickson, 2013).

In addition to improving mood in the short-term, altruistic behavior can also generate greater satisfaction and positive feelings in the long-term (Salovey, Mayer, & Rosenhan, 1991).

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Humans often have many different goals and hopes in life, many of which take time to develop.

One goal many of us have in life is to be ethical, even in times when it is difficult. Being ethical

can lead to greater satisfaction with the self and makes the world a more moral place to live in.

To achieve such a goal, we often use our capacity to self-regulate to delay short-term pleasure

for greater long-term good. *Self-regulation* is the uniquely human ability to intercept and direct

our thoughts, feelings, impulses, and behavior (Baumeister, Gailliot, DeWall, & Oaten, 2006).

Humans are far more advanced in self-regulation than other animals, suggesting that this trait

was evolutionarily advantageous to our species. Our ability to self-regulate allows us to adapt to

social standards and participate in cultural groups (Baumeister, 2005). Self-regulation is key to

long-term regulation. Salovey, Mayer, and Rosenhan (1991) define *long-term regulation* as

consistent ways of shaping life experiences so that long-term results generate satisfaction and

positive emotion. Long-term regulation often involves experiencing negative consequences in

the short-term to gain positive consequences in the future. One way we often achieve this long-

term gain is through altruism. For example, when we help those who are experiencing unethical

treatment, even if the short-term consequences are detrimental to ourselves, we achieve our long-

term goal of being ethical and, as a result, feel more satisfied. A historical example is those who

risked or sacrificed their lives to rescue the Jews from the Nazis. Rescuers made the decision to

forgo the short-term benefits of not helping, for the long-term gains of being able to reflect on

their actions with immense satisfaction in the future. Research findings by Oliner and Oliner

(1988) support this. Oliner and Oliner (1988) conducted intensive interviews with rescuers of

Jews in Nazi Europe and the rescuers' reflections indicated that altruistic behavior does have

long-term positive impact on affect. Furthermore, these positive long-term consequences often

extended beyond the helper. For example, when one daughter spoke of her mother who had

rescued others, she explained how important it was for her to have a figure who, rather than destroyed life, sustained it. To this woman, people like her mother made such a difference in the world (Oliner & Oliner, 1988).

Greater perceptions of self-efficacy and competence. Altruism can improve our self-perceptions. When we are altruistic, we may begin to view ourselves as kind and compassionate people. We may also become more aware of our strengths, abilities, and resources (Lyubomirsky, 2007). This new identity can foster increased perceptions of competence and self-efficacy (Midlarsky, 1991; Schwartz & Sendor, 1999). A study conducted by Schwartz and Sendor (1999) tracked five women volunteers over a period of three years, all of whom had multiple sclerosis (MS). These volunteers were chosen to act as peer supporters for 67 patients who also had MS. The volunteers were instructed to call each patient once per month, for 15 minutes, and were trained to use active and compassionate listening techniques. After three years of volunteering, the helpers reported increased satisfaction, self-efficacy, self-esteem, self-acceptance, and feelings of mastery. They expressed greater confidence in their ability to manage their own MS and the inevitable ups and downs that came with living with an uncurable disease.

Increased social integration. Helping, in some cases, may promote social integration, a heightened sense of interdependence, and increased cooperation in the community (Midlarsky, 1991; Lyubomirsky, 2007). In addition to reporting greater perceived self-efficacy and competence, the five volunteers from the study conducted by Schwartz and Sendor (1999) reported becoming more tolerant and open to others, with help from their improved, active and compassionate listening skills. They also became more involved in social activities. Increased social integration occurs through helping because of generally positive attitudes toward those who are altruistic and kind, norms of reciprocity, and mutual social support (Gouldner, 1960).

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Enhanced meaning in life. Altruism can create and enhance meaning in life (Midlarksy, 1991). Psychologist Roy Baumeister explains the pursuit of a meaningful life as four main needs: a need for purpose, a need for values, a need for a sense of efficacy, and a need for a basis for self-worth (Baumeister, 1991). Baumeister (1991) has found that individuals who have satisfied all four of these needs are likely to report their lives as meaningful. To summarize further, psychologists generally agree that people with meaningful lives feel their lives are significant and worthwhile – or part of something bigger, believe their lives make sense, and are driven by a sense of purpose (Smith, 2017). With this understanding of meaning, the link between altruistic behavior and enhanced meaning in life becomes evident. When we are altruistic, our focus is on others and not only the self. Through altruistic behavior, we improve the welfare of others, which is a contribution towards something greater than ourselves.

Studies on volunteering confirm this. For example, Rowe and Kahn (1998) studied the public health benefits that volunteering has on older adults. They found that older adults, for the most part, felt that life was not worth living unless they could contribute to the well-being of others (Rowe & Kahn, 1998). To these older volunteers, altruism gave them a sense of purpose and made their lives meaningful. Baumeister and colleagues' research also found that giving was positively related to meaningfulness because, when we give, we are connecting and contributing to something beyond the self (Baumeister, Vohs, Aaker, & Garbinsky, 2013).

In addition, altruistic behavior can enhance meaning and increase well-being after suffering. When we have suffered, we can find meaning in our suffering by preventing or reducing the suffering of others (Vollhardt, 2009). By preventing or reducing the suffering of others, we make something good result from our suffering and enhance the meaning it has had in our lives.

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Physical Health

In addition to improving our mental health through increased positive emotion, altruism is also linked to improved physical health. Research on volunteerism provides evidence for this relationship. One study followed 427 married women with children for 30 years and found that more than half the women who did not belong to a volunteer organization experienced a major illness. In contrast, only about one third of those who belonged to a volunteer organization had experienced a major illness (Moen, Dempster-McCain, & Williams, 1993).

Another study on volunteerism hypothesized that older volunteers experience benefits to their health and well-being (Musick, Herzog, & House, 1999). Results confirmed this hypothesis: the study found that volunteering for a moderate amount of time was associated with lowered risk of death. Volunteering was a protective factor among those who lacked other social support. Even more compelling evidence exists. A study that focused on 2,025 community-dwelling residents found that those who volunteered for two or more organizations were 63% less likely to die during the study period than non-volunteers (Oman, Thoresen, & McMahon, 1999). The findings were still highly significant at 44%, even after controlling for age, mental health, social support, physical health, exercise, and other factors.

In his article, Post (2005) provides considerable evidence on the correlation between altruism and health. He also suggests that research on the benefits of altruism could fuel a public health movement that focuses on civic engagement and helping behavior within communities. He claims that, in addition to focusing on environmental toxins and the control of epidemics, we can improve public health by nurturing kindness and altruistic behavior.

The countless benefits that altruism can have on our health and well-being, in a general context, has been thoroughly covered in this paper. Altruism can also help us through adversity,

suffering, and trauma. The next section explores the link between altruism and trauma, as well as the positive impact altruism can have on those who have suffered.

Altruism and Post-Traumatic Growth (PTG)

The negative consequences of trauma are well documented and widely known (Calhoun & Tedeschi, 2006). Typical, but not universal, reactions to the loss of a loved one includes sadness, longing for the deceased, and wishing that things were different (Wortman & Silver, 2001). In addition, the negative consequences of trauma were studied and documented far before the positive consequences. Since 1980, post-traumatic stress disorder (PTSD) has been in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1980), which is used by psychiatrists and psychologists to classify and diagnose mental disorders. In contrast, the systematic study of the positive consequences of trauma did not occur until 5 to 10 years later (Calhoun & Tedeschi, 2006).

Lawrence Calhoun and Richard Tedeschi are two of the leading experts on post-traumatic growth (PTG). In 1995, they wrote the first book that specifically looked at the phenomenon of positive change occurring from trauma through a behavioral and social sciences perspective (Tedeschi & Calhoun, 1995). In 1996, they reported on the development of their own scale, the Posttraumatic Growth Inventory (PTGI) (Tedeschi & Calhoun, 1996). They coined the term *post-traumatic growth*, which they define as positive change that occurs due to the struggle with highly challenging life events or circumstances (Calhoun & Tedeschi, 1999). In their writing, they use trauma, crisis, highly stressful events, and other similar words interchangeably to describe sets of circumstances that significantly challenge an individual's adaptive resources, understanding of the world and their place in it (Tedeschi & Calhoun, 2004).

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They developed the items on the PTGI out of a review of literature on responses to highly stressful events and life crises. These items measure five areas of growth that people can experience after a crisis: they had stronger and more meaningful interpersonal relationships, their life priorities changed, their sense of personal strength increased, their spiritual life deepened, and their appreciation for life in general increased (Tedeschi & Calhoun, 2004, p. 5).

Empathy and Altruism After Trauma

Increased empathy and altruism have been identified as potential growth outcomes of trauma and may be the reason our interpersonal relationships can become stronger and more meaningful (Tedeschi et al., 1998). Those who are suffering are more vulnerable and have a greater need for support. By recognizing their own vulnerability, they become better at feeling empathy for others, which makes trauma appear to be a kind of "empathy training" (Tedeschi et al., 1998, p. 12). Also, from this empathy may come the desire to help others. This altruistic desire may emerge if the survivor notices their personal strength has increased since the event; and they have knowledge, experience, and skills they can now offer to others who are experiencing similar trauma (Tedeschi et al., 1998). Through helping others, the survivor can also experience additional healing, along with an increased awareness of personal strength through the comparison with those who are still suffering (Tedeschi et al., 1998). Because of their increased empathy, altruism, and meaning, some people dedicate themselves to a survivor mission.

Survivor Mission

Lifton (1987) defines a *survivor* as someone who was exposed to the possibility of death or witnessed the death of others yet remained alive. Some survivors stay within the boundaries of their personal lives to resolve their trauma, while others are motivated to engage with the broader

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world (Herman, 1992). Survivors of trauma can become driven to commit their lives to resolving

the adversities they have personally experienced (Eskreis-Winkler, Shulman, & Duckworth,

2014). This drive to help those who have suffered like they have can lead to the adoption of a

survivor mission (Herman, 1992). Coined by Judith Herman (1992), a survivor mission describes

the attitudes and behaviors of survivors who transform the meaning of their personal trauma and

make it the foundation for social action. These individuals often feel a sense of responsibility to

the dead and a need to honor them or carry out their wishes to justify their own survival (Lifton,

1987). Examples of survivor missions are survivors of sexual abuse who became sexual abuse

therapists (Herman, 1992) and survivors of the atomic bomb who became advocates of nuclear

disarmament (Lifton, 1987). Additionally, Lea Waters and Joe Kasper, whom I wrote about

earlier, inspired me to write this paper because of their work to reduce the suffering of others in

areas similar to their own trauma. Lea teaches strengths-based parenting to help children see and

develop what is best in them and Joe helps others grow from the devastating loss of a loved one.

The survivor missions that these individuals have adopted are examples of altruistic behavior

that has resulted from trauma. This type of altruistic behavior is what inspired me to write this

paper because it made me ask: why do some people, despite immense suffering and trauma,

become increasingly altruistic while others do not? In the next section, I discuss altruistic

behavior that results from trauma and describe a model by Staub and Vollhardt (2008), which

outlines the experiences and psychological changes that lead to altruistic behavior after trauma.

Altruism Born of Suffering (ABS)

There are many reasons why people suffer. These reasons can be divided into three broad

categories: suffering caused by natural events (e.g. illness, natural disasters), suffering

unintentionally caused by humans (e.g. car accident), and suffering intentionally caused by

humans (e.g. abuse, war, genocide) (Staub & Vollhardt, 2008). Ervin Staub has studied the roots

of altruism in the aftermath of suffering and coined the term *altruism born of suffering* (ABS)

(Staub, 2003, 2005). ABS is the phenomenon that occurs when those who have suffered recover

meaning and become caring and helping towards others (Staub & Vollhardt, 2008). Research

supports the link between suffering and altruistic behavior. For example, one study found that

those who had suffered were more likely to display prosocial attitudes and behavior, even toward

outgroup members in need, when compared to those who had not experienced significant

hardship (Vollhardt & Staub, 2011).

Staub and Vollhardt (2008) have developed a model that identifies the experiences and

processes that encourage ABS. Facilitating ABS is important because, in addition to the benefits

of altruistic behavior that have already been established, ABS can prevent a cycle of violence

that can occur after people have been victimized and experienced intentional harm (Staub &

Vollhardt, 2008). A cycle of violence can occur because, when suffering is caused intentionally

by other humans, victims can become psychologically wounded and view the world as dangerous

(Staub & Vollhardt, 2008). These victims can then turn against others: some victims can respond

defensively and aggressively, or even become perpetrators, which results in a cycle of violence

(Mamdani, 2002). The psychological processes that facilitate ABS tend to reduce the likelihood

of aggression and violence (Staub, 2003) and enhance caring, helping, and harmonious

relationships (Staub & Vollhardt, 2008). Altruistic behavior and positive social relationships can

significantly impact our well-being; therefore, it serves us to promote actions and behaviors that

produce these. Figure 3 identifies different experiences and psychological changes that lead to

ABS.

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Suffering   +   **Experiences promoting psychological change** → **Psychological processes** → **Altruism born of suffering**
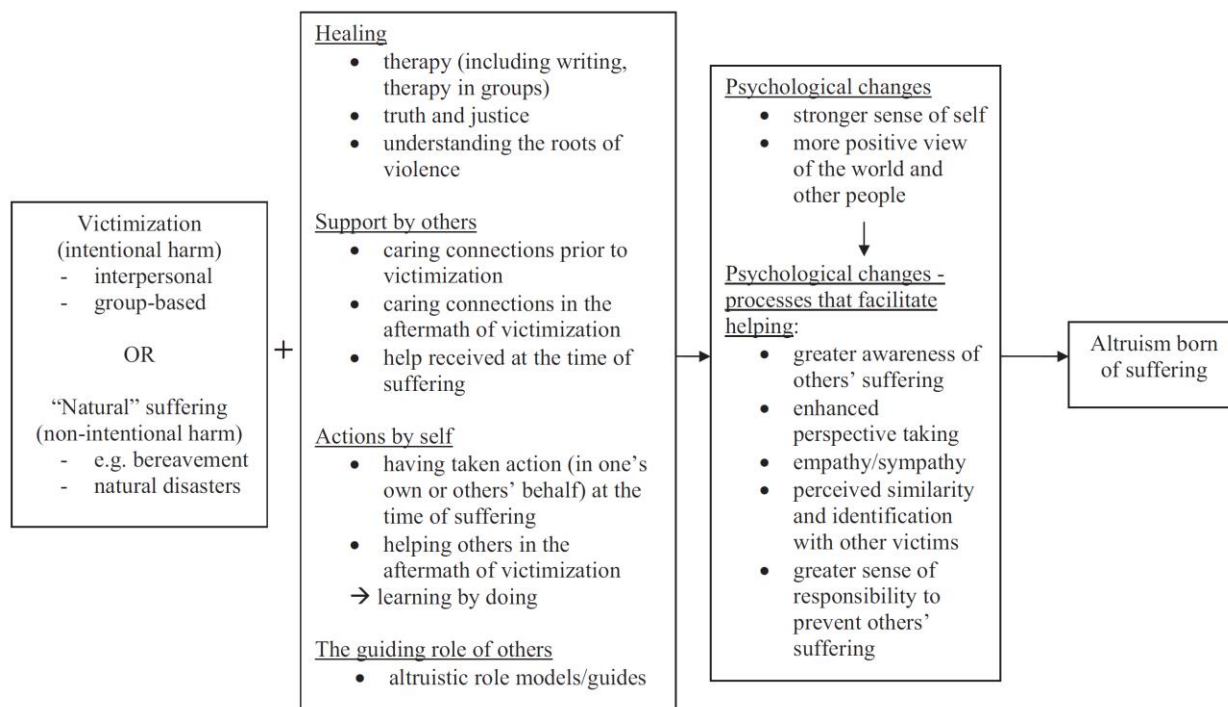

Figure 3. Experiences and psychological changes leading to altruism born of suffering (From Figure 1, Staub and Vollhardt, 2008).

      According to Staub and Vollhardt (2008), ABS is promoted when our suffering is followed by experiences that initiate psychological change and lead to certain psychological processes. Included in these experiences and processes are social support, altruistic behavior, and empathy. Support before, during, and after suffering, as well as guidance from others (e.g. role models) are experiences that encourage psychological change that lead to ABS. For example, in one study, traumatized individuals recounted that experiences that made them feel nurtured, liberated, or validated helped them to achieve growth (Woodward & Joseph, 2003). The beneficial experiences they reported in the study included both receiving social support (e.g. the role of a caring teacher) and providing social support to others (e.g. helping children).

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Additionally, an increased awareness of other peoples' suffering, increased perspective taking, greater empathy, perceived similarity with other victims, and an increased sense of responsibility to prevent the suffering of others are psychological processes that lead to ABS (Staub & Vollhardt, 2008). In this paper, I have discussed the importance of our social relationships, the benefits of altruistic action, and the role empathy plays as a source of altruism. Figure 3 provides additional support for the importance of, and connection between, our social relationships, altruistic behavior, and empathy.

As illustrated by the ABS framework, it is important that we provide social support that makes those who have suffered feel cared for, nurtured, and validated (Woodward & Joseph, 2003). In the next section, I briefly touch on the topic of how to help others so that they feel supported in the aftermath of trauma.

Helping

While altruism is defined as behavior motivated by the unselfish goal of helping others, the term helping is referred to as behavior that benefits another person, regardless of the actor's end goal (Batson et al., 2011). This distinction is important because, as explained earlier, we can still help another person, even if our end goal is selfish. Because this paper focuses on altruism, it is important to examine helping behavior and develop an understanding on how to actualize our intentions of benefitting another person.

Impact Matters: Helpful vs. Unhelpful Help

In discussing altruism and helping, the distinction between intentions and impact is important. Despite our good intentions, we have all experienced a time when our attempt to help was not actually helpful. We have also experienced times when other peoples' help did not help us, even though their intentions were good. These experiences can be explained by the fact that

our intentions and impact are not the same: our intentions are what we aim to bring about and our impact is the direct effect we have on another person or thing (Merriam-Webster, 2018). Even though we may intend to help, our impact can be unhelpful. Edgar Schein distinguishes "helpful help" from "unhelpful help" (Schein, 2009). When our intentions, impact, and the needs of the receiver are not aligned, we end up providing "unhelpful help." In contrast, when our intentions to help are aligned with our impact and need of the receiver, we are able to provide "helpful help." In the next section, I present the insights of Lucy Hone on how to help the bereaved. With the application of this information, we can increase our chances of providing "helpful help" to those who are suffering from the loss of a loved one.

How to Help the Bereaved

In her book, *Resilient Grieving*, Lucy Hone (2017) shares the story of the sudden death of her twelve-year-old daughter. She provides research and strategies on how to navigate the grieving process as best as possible and embrace life once again. She dedicates one chapter in her book to relationships and emphasizes the essential role family, friends, and the community can play during times of loss. Despite what many may think, demonstrating resilience in the face of trauma is rarely done alone. There are many research studies that support the significance of social support for effectively moving through the grieving process. For example, studies have shown that the most resilient survivors of child abuse usually survived because they had a supportive adult who helped them (Masten, 2014). Hone (2017) discusses other research, including a study that found that adults coped better after trauma (e.g. natural disaster, warfare, physical abuse) if they were well supported (Charney, 2013). In addition, some studies found that people are less likely to become depressed when they have strong social networks – just by having one supportive person, the risk of depression was cut in half for people who had lost their

jobs or experienced divorce (Charney, 2013). Research has also indicated that types of social

support are more beneficial to the bereaved than others, especially at certain points in the

grieving process.

Hone (2017) also provides the reader with guidance on how to most effectively help the

bereaved. While she notes that everyone's process will be different, there are some general

guidelines that can be helpful. These include letting the bereaved share their story, helping them

reminisce, giving them time to grieve, and remaining by their side during depression. Hone

(2017) also provides some guidance on what Schein (2009) calls "unhelpful help." Some

examples of unhelpful things to say are that the person who has passed away is "in a better

place," asking the grieving if they feel better "yet," and saying that "everything happens for a

reason" or that "it'll be ok." Hone (2017) also lists some unhelpful behaviors, which include

changing the subject, talking about yourself too much, asking "why" questions, preaching or

lecturing, and asking too many questions. See the Appendix for additional examples of helpful

and unhelpful help.

Hone's (2007) advice includes not changing the subject, letting the bereaved tell their

story, and helping them reminisce. This advice is in line with advice provided in the book *Option

B* (Sandberg & Grant, 2017). Often, people avoid discussing upsetting topics and rather than

provide the support the bereaved need, people sometimes avoid the topic all together. This

tendency to stay quiet and avoid unpleasant topics is called the Mum Effect (Tesser & Rosen,

1975) and can leave the bereaved feeling alone and isolated, which increases suffering. Sandberg

and Grant (2017) suggest that the bereaved can overcome the Mum Effect by opening-up to

others about their loss. In addition, it is important that others acknowledge the suffering that the

bereaved person is experiencing, or as Sandberg and Grant (2017) call it, acknowledge the

elephant in the room. One way that we can do this is by asking the bereaved "How are you today?" rather than "How are you?" When we ask about today, we show the bereaved that we understand that bereavement is a cycle that takes time (Sandberg & Grant, 2017).

In this section, I have presented a few suggestions on how to provide valuable help to the bereaved. However, this is only the beginning. I suggest that the field of positive psychology conduct additional research to identify helping behavior that is most effective in improving the welfare of others.

Conclusion

In this paper, I provide an overview of positive psychology, which is the scientific study of well-being and optimal human functioning. I describe three models of well-being and emphasize the commonality between them: positive relationships. Positive psychologists have emphasized the significant impact positive relationships have on our well-being. Through our positive relationships, we are able to give and receive the social support and help that fosters health and well-being. This paper explores altruism, which is behavior motivated by the unselfish goal of helping others. While some helping behavior can be motivated selfishly, other behavior can be altruistic. Positive altruism occurs when altruistic behavior increases the welfare of both the recipient and the giver. Research suggests that the source of altruism is empathy, which is an other-focused emotional response that is elicited by and congruent with the perceived welfare of another person. While empathy can lead us to help unselfishly, it can also create bias in decision making and lead to emotional contagion, which can result in burnout and exhaustion. Loving-kindness meditation is one practice that helps lead to positive altruism: it can promote empathy and concern, while protecting against emotional contagion. I identify the psychological and physical benefits of altruism, when not experienced as overwhelming. Altruism can also

facilitate post-traumatic growth (PTG) and as a result of PTG, we can become increasingly altruistic. I provide two examples of how survivors can grow post-trauma: through a survivor mission and through altruism born of suffering (ABS). Because ABS is facilitated through social support received before, during, and after the trauma, I present suggestions on how we can increase positive altruism and provide "helpful help" so that we improve the welfare of others in need.

Given the strong evidence that positive altruism exists and can lead to health and well-being benefits for the self and others, I believe that empathy and altruism warrant additional research. Specifically, I suggest the field conduct research on how we can expand and broaden empathy, so that we can empathize with more people and increase positive altruistic. The expansion of empathy is especially important for marginalized and minority groups that are isolated and lack the authority to influence decisions that impact their welfare.

I also suggest the field conduct additional research on how we can foster empathy that leads to caring and helping behavior, while protecting against emotional burnout. Loving-kindness meditation is one practice which has empirical support and I suggest we continue to identify additional practices through scientific research.

My hope is that this paper has provided substantial evidence and created greater awareness of the power that positive altruism can have on us individually and collectively. When I recall instances that I was at my best, I was serving and benefitting others. In my most difficult times, it is my kindness and altruism that makes me most proud. And in witnessing other peoples' suffering, it is their kindness and altruism that leaves me in awe and most encouraged. I know that I am not alone in these sentiments and look forward to continuing to learn more about

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how we can develop positive altruism and empathy to make the world a place worth living in,

despite the inevitable suffering that accompanies life.

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Appendix

Support from friends, families, and colleagues can reduce psychological distress after experiencing trauma (Hone, 2017). The quality of the social support is also an important factor in reducing distress. Lucy Hone (2017) provides the below suggestions on how we can help the bereaved more effectively.

What can family, friends, and colleagues do to help?

1. Let the bereaved tell their story

2. Help the bereaved adjust (practically) to life without their loved one

3. Discourage the bereaved from making major life-changing decisions too soon

4. Help the bereaved reminisce

5. Understand the bereaved's lack of tolerance for life's small frustrations/detail

6. Give the bereaved time to grieve

7. Don't compare your own grief stories with those of the very recently bereaved

8. Stand by through depression

Inappropriate things to say to the bereaved:

1. At least she's in a better place now.

2. Are you feeling better yet?

3. I know how you feel-my pet died last year.

4. Everything happens for a reason. You'll be united up in heaven.

5. It'll be ok.

Non-supportive behaviors:

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- Changing the subject

- Talking too much about yourself

- Asking "why" questions

- Preaching or lecturing

- Asking too many questions

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