High cost helping scenario: The role of empathy, prosocial reasoning and moral disengagement on helping behavior

Marinella Paciello [a,*], Roberta Fida [b], Luca Cerniglia [a], Carlo Tramontano [c], Ellie Cole [c]

[a] Uninettuno Telematic International University, Rome, Italy
[b] Department of Psychology, Sapienza University, Rome, Italy
[c] Leonard Cheshire Disability and Inclusive Development Centre, UCL, London, United Kingdom

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ABSTRACT

This study aimed to investigate the process that leads people to offer or omit help in response to an explicit request for assistance, taking into account both emotional and cognitive factors. Specifically, a hypothetical scenario methodology was used in a sample of 174 Italian youths (50% males) to examine whether and how factors such as empathy, prosocial moral reasoning and moral disengagement influence the propensity to help when providing assistance is not in the individual's personal interest. While a few previous studies have included moral disengagement as an antecedent of prosocial decision making, we highlight the significance of this factor in the avoidance of moral responsibility towards others in need. The results highlight two ways in which differences in emotional tendencies and moral-cognitive processes may operate in prosocial decision making in high personal cost situations. First, high empathy levels could promote an altruistic response which in turn fosters mature prosocial moral reasoning. Second, personal distress may enhance moral disengagement mechanisms that may facilitate self-centred behaviors.

1. Introduction

1.1. Theoretical background

The offer of assistance is not guaranteed, even when help is explicitly requested. Early studies on helping behaviors have pointed to this issue, focusing on identifying reasons why people may decide to offer or not offer help to others in different circumstances. Of particular interest are situations in which assisting others is not in the interests of the helper and even may be disadvantageous to them (Batson, 1991). A well-known example of this from the psychological literature is the case of *Kitty Genovese*, whose cries for help after being attacked were ignored by all of the 38 people who heard her. With this example in mind, the results of several studies examining factors that may promote helping behaviors and hinder harmful behaviors become extremely significant. In particular it is important to consider the role of the emotional and relational spheres of personality, such as the ability to feel and show emotional concern for others (Eisenberg, Fabes, & Spinrad, 2006), as well as cognitive factors related to an individual's moral functioning, such as moral thinking and moral reasoning (Turiel, 2006), personal responsibility and self-regulatory capacities (Bandura, 1991; Estrada, 1995).

In the current study we will investigate the process that leads people to offer or omit help in response to an explicit request for assistance, taking into account the path leading from emotion through cognition to the propensity to help. In particular, based on the theoretical model proposed by Batson (1991), we aim to examine how individual differences in emotional reactions to others' discomfort can sustain moral cognitive processes and, in turn, influence the propensity to help in high personal cost scenarios. To this aim, we will integrate in a single posited model both affective and cognitive dimensions that are well-documented in previous research on moral functioning: empathy and personal distress (Batson & Shaw, 1991; Davis, 1980) as emotional responses, and prosocial moral reasoning (henceforth PMR) (Eisenberg, 1986) and moral disengagement (henceforth MD) (Bandura, 1991) as two moral cognitive processes that imply different degrees of responsibility. More specifically, using a hypothetical scenario methodology, we will investigate in a sample of adolescents how empathy and personal distress influence PMR and MD foster or inhibit helping behaviors when a request for assistance is not in the helper's personal interest. We focused on adolescence because moral experiences and expertise gained in this developmental period set the foundations for adult moral character, identity and agency (Blasi, 2001). Thus the study of moral functioning in this peculiar period of life is pivotal to understanding how individual

* Corresponding author. Address: Corso Vittorio Emanuele II, 39, 00186 Rome, Italy. Tel.: +390669207660.
E-mail address: m.paciello@uninettunouniversity.net (M. Paciello).

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sense of responsibility takes shape and how affective and cognitive dynamic processes foster social behavioral tendencies which have important implications for communities as a whole. While empathy and PMR have received great attention in previous literature aimed at understanding determinants of prosocial behavior during adolescence, personal distress and MD has been considered only in few studies (Hyde, Shaw, & Moilanen, 2010). Moreover, to the best of our knowledge no previous empirical studies investigated these dimensions concurrently. We strongly believe that it is necessary to further investigate the role of both personal distress when perceiving others in need and MD to understand the self-interested processes conducive to the omission to help in high-cost conditions. In particular, MD could be particularly applicable in coping with personal distress and in avoiding moral responsibility towards others, which allow potential helpers to prioritise their own needs over those of others.

1.1.1. Empathy and personal distress

Empathy has been defined as the capacity to share and be affected by others' emotional states. This implies the capacity to grasp the underlying causes of a specific emotional state, taking the perspective of and identifying oneself with the other (Hoffman, 2000). Helping and caring behaviors arising from this identification are labelled empathy-based behaviors. Detert, Treviño, and Sweitzer (2008) have suggested that people may differ in their levels of empathy. This might explain why some people are more perceptive of others' feelings and therefore more likely to help in situations of need and less motivated to harm others.

Furthermore, as suggested by previous literature (Batson, Fultz, & Schoenrade, 1987; Hoffman, 2000), it is important to distinguish between empathy and personal distress. In the former, an individual feels a sort of *sympathetic concern* which is the true motive of a prosocial behavior. In the latter, an individual experiences an internal anguish that is similar to, and almost overlapping with, the emotional state of a person in a potentially harmful situation or in a clear state of suffering. Several studies have shown that empathy and personal distress are associated with different neurobiological correlates. For example, empathy is associated with low levels of physiological arousal, whereas high levels of arousal are associated with personal distress (Decety & Lamm, 2009; Eisenberg et al., 1994). Furthermore, personal distress can be considered a self-centred perspective as it is focused upon one's own emotions, whereas empathy is 'other-centred' as it is concentrated on another's experience. In line with this, whereas empathy promotes a mode of reasoning oriented to improve others' conditions, personal distress fosters a hedonic reasoning which is only conducive to prosocial behavior that has minimal cost for the self (Eisenberg, Guthrie, Cumberland, Murphy, & Shepard, 2002). Finally, research on different prosocial motives (Batson, 1991; Batson & Shaw, 1991) have documented that when people feel true empathy, they perform helping behaviors to reduce others' negative feelings, even when their own personal interests are compromised and there is opportunity to escape the situation. Conversely, when people experience personal distress, they tend to reduce their own negative emotional reactions and help others only if their own interests are not compromised and if there is no alternative. However, in this case people will need to find justification for their behavior.

In summary, based on the previous literature it is plausible to consider empathy as a positive and personal distress a negative emotional response to the perception of others in need, which promote respectively other- or self-focused reasoning in high personal cost situations.

1.1.2. Prosocial moral reasoning

A large body of research has documented how PMR, in conjunction with other psychosocial factors, influences prosocial behavior and moral conduct (Eisenberg et al., 2006). PMR is a thought process involved in the decision whether or not to help, assist or take care of others in situations characterized by (1) difference in the interests or scope of the potential helper and of the people in need; and (2) minimal or absent external rules. Eisenberg and colleagues have extensively examined this construct and have proposed a theoretical model that has identified different levels of PMR which was empirically related to different prosocial behavior across ages (Carlo & Randall, 2002; Eisenberg et al., 2002). In particular the model identified five types of PMR. On the bottom level is *hedonistic* reasoning, which occurs when an individual is focused on the consequences of the behavior for themselves rather on the morality of the behavior. *Needs-oriented* reasoning occurs when an individual shows a recognition of others' physical and psychological needs but there is no genuine empathy shown. The *approval-oriented* reasoning occurs when an individual mainly looks for social approval of behavior. *Stereotyped* reasoning is when motivations for prosocial behavior are linked to stereotypically defined concepts of good and evil, rather than true internal values. Finally, the highest level is *internalized* reasoning, which occurs when prosocial behavior is based on internal values, such as the sense of responsibility, the desire to improve the conditions of society and confidence in dignity, justice and equity. Findings showed that prosocial behavior in situations that are costly for those helping is more likely to be associated with a mature moral functioning, which implies a higher level of PMR (Eisenberg et al., 2006). Internalized PMR tends to be positively correlated with altruistic prosocial actions and helping behavior in anonymous situations (Carlo, Hausmann, Christiansen, & Randall, 2003). Moreover, the more the PMR matures and becomes internalized with age, the stronger is its relationship with prosocial behavior (Eisenberg et al., 2002, 2006).

1.1.3. Moral disengagement

MD was first introduced by Bandura in his theory of moral agency to encompass social-cognitive mechanisms that allow individuals to prevent self-recrimination while preserving moral standards (Bandura, 1991). MD could be considered a cognitive distortion (Gibbs, Potter, & Goldstein, 1995) where individuals may look at their unmoral behavior and its negative consequences in a socially and morally favourable way, without having to deny their personal values and societal norms. MD involves cognitive maneuvering which enables internal control to be selectively deactivated, avoiding moral self-sanctions, and reducing the moral implications of damaging behaviors. As a consequence misbehaviors become acceptable without experiencing the emotional reactions or associated moral sanctions of engaging in behaviors in clear contradiction with one's own moral standards.

There are eight mechanisms through which self-sanctions can be disengaged from harmful conduct: moral justification, euphemistic language, advantageous comparison, displacement of responsibility, diffusion of responsibility, disregarding or distorting the consequences of action, dehumanization and attribution of blame (see Bandura, 1991). A vast literature has demonstrated the disinhibitory power of MD in fostering harmful conduct (Bandura, Caprara, Barbaranelli, Pastorelli, & Regalia, 2001; Paciello, Fida, Tramontano, Lupinetti, & Caprara, 2008). The role that MD could play in the process from emotional reaction to another's discomfort to exhibiting prosocial behavior has been rarely considered. However, there are a limited number of empirical studies that focus on the negative relationship between MD and individuals' socio-moral emotions (e.g. empathy) and positive social behaviors (Bandura et al., 2001; Hyde et al., 2010). MD could play a pivotal role in understanding the negative moral functioning that leads individuals to perceive omission as an appropriate