Considering others in Need: On altruism, empathy and perspective taking
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CHAPTER 5

Summary and Discussion

Although many people agree that behaving in altruistic ways is morally right and even desirable, it does not seem to be part of their daily repertoire of behaviours. Although most people tend to admire those who behave altruistically, they also recognize that much of their own behaviours are mainly motivated by obtaining personal gain. Yet, for most people striving for personal gain is eventually not the most satisfactory way of living. Even for those for whom personal gain is the primary goal in their life, others are more important than they may admit as the value of their accomplishments depends for a large part on comparisons with others. Although people often don't realize, this dependence on others is a core fact of our existence. The self only exist in recognition of others as distinct entities. And one's view on the world is coloured by both.

Much psychological research on altruism has approached altruism in terms of whether it exists or not. According to the empathy-altruism hypothesis (Batson, 1991), altruism arises when a person experiences empathy for another in need. Empathy expresses the valence of the welfare of the other person in need to the potential helper (Batson et al., 1995). Altruistic behaviour then, is the behaviour that has this welfare of the person in need as the ultimate motive for the help given. The first two empirical chapters in this dissertation were based on this line of thinking, and showed how different perspectives in combination with characteristics of the helper and the person in need of help form our perception of the need of others. The third empirical chapter examined both previous research as well as new data on the nature of the affective reaction that is often called empathy. In this chapter I will focus on how to get people, given a certain context, to act in altruistic ways. To do this, I will further distinguish empathy and sympathy from other theoretical concepts such as emotional contagion and compassion and relate them to the concept of altruism. I emphasize the crucial role of perspective taking in eliciting a motivation to help others in need. Finally, I will propose altruism as a choice, attainable by taking different perspectives within a certain context and responding with compassion to the emotional and cognitive consequences of these perspectives. First I will give a summary of the main empirical findings of the present thesis.
Summary of Main Findings

Chapter 2

In this first empirical chapter, I investigated how the combination of social comparison orientation (SCO) and taking different perspectives influenced the affective response to a person in need. The first two studies were designed to examine the hypothesis that the negative affect often expressed by people high in SCO after downwards comparison is an expression of their empathic concern for the person who is worse off than themselves. Study 2.1 revealed that SCO moderates the role of perspective taking on empathy. People high in SCO who imagined how a person in need must feel (imagine-other perspective) experienced more empathy for this person than people low in SCO or people who tried to stay objective (objective perspective). Study 2.2 not only replicated this result, but additionally showed that a process of identification with the victim took place. People high in SCO automatically experienced feelings of oneness when focusing their attention on the victim, whereas people low in SCO only experienced oneness when asked to imagine the other close to them (close-other perspective). Moreover, these feelings of oneness with the victim mediated the relationship between SCO and empathy when taking an imagine-other perspective.

Taken together, the results of these two studies suggest that the negative affect often reported by people high in SCO after downward comparisons (Buunk et al., 2001; Buunk & Gibbons, 2005) actually reflects sympathy and care for those people worse off when people high in SCO imagine how a victim in need must feel (other-perspective). The experienced sympathy thus seems to stem from a process of identification. In other words, how the dispositional inclination to compare oneself with others (SCO) influences one's affective response to these other people is determined by the perspective from which one sees their situation.

Chapter 3

In this chapter I switched my attention from the influence of characteristics of the helper to those of the person in need. I examined whether friends in need evoked different emotional responses than family in need and whether these responses had different consequences for the willingness to help. Specifically I looked at the role of two important predictors of helping: empathy and perceived reciprocity and tested these against alternative predictors of helping such as feelings of distress or oneness. Because
previous research has typically placed family and friend relationships within the same category (e.g., communal relationship; Clark, 1984), comparing situations in which the recipient was imagined to be kin versus friend afforded a new assessment of which psychological motivators of helping were particularly relevant for this typical set of close-relationships. Study 3.1 demonstrated that empathy predicted willingness to help when the victim was imagined to be a friend whereas perceived reciprocal support predicted willingness to help when the victim was imagined to be a family member. Study 3.2 replicated these findings in an older community sample, ruling out the possibility that these findings were due to the young age, and the specific relationships that go with it, of the participants in the first sample.

These studies shed light on an under-explored issue: the degree to which perceived reciprocal support matters within kin relationships. Based on the principles of kin selection, research on prosocial behavior has typically focused on the extent to which kin are more likely to be assisted than nonkin (e.g., Burnstein, Crandall, & Kitayama, 1994), with reciprocity as a main predictor of non-kin helping. I show consistently that reciprocity also plays an important role in helping kin, probably due to the perceived security of help offered within families. The studies further show that future research on prosocial behavior must attend to type of relationship between helper and recipient.

Chapter 4

In this last empirical chapter I focused entirely on the construct of empathy itself. I first reviewed the definitions of empathy within the existing literature, showing how definitions moved from cognition-based to emotion-based. Next, I focused specifically on the use of state empathy within psychology over the past five decades. I described how the most commonly used measure of state empathy (Emotional Response Questionnaire; ERQ) proposed by Coke, Batson and Davis (1978) came into existence, what it consists of and how it is used within –mainly social– psychological research. In the following section I reviewed the status of contemporary empathy measurement, discussing 20 factor analyses reported in the existing literature. I showed how these factor analyses report a wide diversity of findings and choices in which the questions asked have clearly shaped the answers given. Specifically, I concluded that the choice for a two factor solution seems inappropriate and not sufficiently based on the outcomes of the factor analyses reported in the literature so far. I then reported nine new factor analysis conducted on our own datasets. I considered both two factor solutions as well as three factor solutions and I proposed to split up the original empathy measure in two separate
scales: sympathy and tenderheartedness. Finally, I determined the discriminatory power of the sympathy and tenderheartedness scales. The division of the original empathy scale in sympathy and tenderheartedness was supported by several findings. I first showed that participants in the experiments experienced significantly less tenderheartedness than sympathy in that specific need situation. I also showed that a gender difference existed for sympathy but not for tenderheartedness. Women reported more sympathy but not more tenderheartedness than men. Finally, with regard to perspective taking, I showed that participants reported more sympathy when taking an other-perspective or a self-perspective than when trying to stay objective, but not more tenderheartedness. Yet, when imagining the person in need to be a person close to themselves, they did report significantly more tenderheartedness than they did in the other- or objective perspectives. I therefore concluded that the creation of the two indexes will likely contribute to a more precise use of the adjectives. Also, depending on the context in which the affective reactions and motives are measured, sympathy and tenderheartedness will likely contribute differently to altruistic behaviour.

In this last empirical chapter I described the confusion existing within psychological research about both the theoretical as well as the operational definitions of empathy. This confusion is importantly handicapping the progress of research on prosocial behaviour and altruism. I believe (and so do others; Wispé, 1986; Eisenberg & Fabes, 1990; Vignemont & Singer, 2006) that refining the theoretical basis and the measurement of concepts such as empathy and sympathy contributes to the necessary fine-tuning within this complex field of research. I took a first step towards this refinement by empirically distinguishing empathy from sympathy and tenderheartedness. I will now try to distinguish them theoretically from related concepts such as emotional contagion and compassion.

**Relations with Other Research**

*Defining the Empathic Response: what's going on in our minds?*

With the term “empathic response” I refer to the whole set of cognitions and affect that can be elicited when we see others suffering. In chapter 4 I focused on the empirical difference between empathy, sympathy and tenderheartedness. In this chapter I will go even further, putting empathy and related concepts under a magnifying glass. In trying to map this empathic response I need to describe how empathy is similar to– as
well as different from related concepts. Subsequently, I will try to place relationships between these concepts in an overall model.

Recent work with functional magnetic resonance (fMRI) techniques has added a new dimension to our understanding of empathy. According to the Perception Action Model (PAM; Preston & de Waal, 2002), the perception of emotions activates the neural mechanisms that are responsible for the generation of emotions. Indeed, a growing body of neuroscientific research shows that witnessing someone else’s suffering leads to similar neuronal activation in both the person suffering and the observer of this suffering (Preston & de Waal, 2002; Decety & Jackson, 2006; Lamm et al., 2007; Singer et al., 2004). Therefore, within social neuroscience, Singer (2006) defines empathy as ‘the capacity to understand emotions of others by sharing their affective states’. This definition is close to earlier definitions in developmental psychology, where empathy is defined by Eisenberg and colleagues (e.g. Eisenberg et al. 1994) as: “an affective response that stems from the apprehension or comprehension of another’s emotional state or condition and is similar to what the other person is feeling or would be expected to feel.” Note that according to this definition of empathy, it is not guaranteed that the affective response accurately reflects the feelings of the other. One can feel sad for a person in need because one perceives the person to be suffering while this person’s own emotional reaction might be anger or distress. Empathy thus becomes (a) an affective response to (b) the perception of the affective state of someone else, in which (c) one knows that the other person is the source of one’s own affective state and which (d) encompasses at least partly the sharing of affective states with the other. Although this definition is not extensive, and alternative definitions are possible too, choosing this particular definition makes it possible to explicitly compare empathy with other concepts.

**Empathy is not emotional contagion**

In the experience of empathy, individuals must be able to disentangle themselves from others (e.g. Hoffman, 1981). Emotional contagion is defined as “the tendency to ‘catch’ (experience / express) another person’s emotions (his or her emotional appraisals, subjective feelings, expressions, patterned physiological processes, action tendencies, and instrumental behaviours; Hatfield, Cacioppo, & Rapson, 1992, p. 153)”. Importantly, there is no differentiation between self and other in emotional contagion. It is a non-conscious process of somatic mimicry, i.e. the tendency to automatically mimic and synchronize facial expressions and movements with those of another person, and consequentially to converge emotionally (Hatfield, Cacioppo, & Rapson, 1993). Recent
fMRI studies on empathy and perspective taking show that in contrast to emotional contagion, there are neuronal differences between the self- and the other-perspective. According to this research, agency (i.e. the awareness of oneself as an agent who is the initiator of actions, desires, thoughts, and feelings; Decety & Grèzes, 2006) is a crucial aspect of empathy to successfully navigate the representations which are shared by self and other (Decety & Sommerville, 2003; Decety, 2005). FMRI studies and lesion studies in neurological patients show that the right temporo-parietal junction plays a critical role for self-agency (Decety & Sommerville, 2003). Also, adopting the perspective of another person to imagine his or her emotional reactions (Ruby & Decety, 2004) or his or her pain (Jackson, Bunet, Meltzoff, & Decety, 2006) is associated with an increase in certain specific brain areas (the posterior cingulated and precuneus, and the right temporo-parietal junction, TPJ). The right TPJ is specifically involved when participants imagine how another person would feel in everyday-life situations that elicit social norms (Ruby & Decety, 2004), or in painful experiences, but not when they imagine these situations for themselves (Jackson et al., 2006; Lamm et al., 2007). In short, whereas agency is absent in emotional contagion, it is thought to be a crucial aspect of empathy, represented on a neurological level in the brain.

Empathy is not sympathy

Whereas empathy is elicited by- and possibly partly identical to the affective state of another person, it is not yet other-oriented. Further cognitive processing an empathic response can subsequently turn into sympathy. Eisenberg (2000) defines sympathy as “an emotional response stemming from the apprehension or comprehension of another’s emotional state or condition, which is not the same as what the other person is feeling (or is expected to feel) but consists of feelings of sorrow or concern for the other” (p. 672). According to Eisenberg, a sympathetic reaction is often based on either empathic sadness, on cognitive perspective taking, or on encoded cognitive information relevant to another’s situation accessed from memory. In chapter 2 of this dissertation is demonstrated how taking an other-perspective or a close-other perspective increases one’s sympathy for a person in need. In sum, empathy is the expression of an affective response to the perception of another person’s need, but it takes further cognitive processing to turn this affective response into an other-oriented affective response, which is sympathy.
Empathy is not tenderheartedness or distress

Sympathy is only one of the affective responses which can result from empathy. Many other affective expressions can also play a role, either simultaneously with- or instead of sympathy. Tenderheartedness and personal distress are two of these emotional responses. In chapter 4 I showed that perspective taking influences tenderheartedness differently than it influences sympathy. Tenderheartedness is elicited by taking a perspective of someone close to oneself but not by taking an other-perspective (which elicits sympathy) or an objective-perspective (which elicits neither sympathy nor tenderheartedness). Also, tenderheartedness can be felt in response to a person's need but it is not necessarily an emotion felt for that person. Separating tenderheartedness from empathy and sympathy leaves us new questions about whether tenderheartedness plays a role in altruistic behaviour at all, whether this role is different from that of sympathy, and whether tenderheartedness is felt to the same extent for all people (and other animals) in need. These questions are empirical in nature and need to be addressed in future research.

Research on personal distress has gone hand in hand with research on empathy in psychology. Personal distress is a self oriented aversive emotional response. It taps into more direct feelings of discomfort evoked by witnessing the plight of the other (Batson, 1987). Many researchers have distinguished personal distress from empathy (see chapter 4 of this dissertation). Personal distress is said to result from empathic over-arousal (Hoffman, 1981) and a complete overlapping between self and other (Decety & Jackson, 2006). It evokes the egoistic motivation to relieve one's own distress (Cialdini et al., 1997; Batson, 1991). Eisenberg (1986, 2002) emphasizes that personal distress is a self-centered response, related to anxiety, worry, shame or guilt rather than sympathy and empathy. It can interfere with empathic care-giving (Eisenberg, 2002), yet under some circumstances, it can also drive helping behaviour through the desire to enhance one's own emotional state (Piliavin et al., 1981) or to relief one's own negative state (Cialdini et al., 1987). Thus while sympathy and personal distress have been extensively differentiated from each other and linked empirically to prosocial behaviour, tenderheartedness has not yet been differentiated from sympathy or empathy before. Its motivational role in prosocial behaviour needs to be further investigated.
Altruism, from inclination to choice

The research approaches which investigate whether, and to what extent, human beings are (or can be) altruistically inclined have given us many insights in which mechanisms stimulate helping behaviour. Given the social importance of these behaviours a next interesting step would be to investigate how altruistic behaviour can be promoted in daily life. In the remainder of this discussion, I will combine the large empirical body of research in psychology with other approaches now emerging in this area of research, and propose a model of altruism in which the individual, at several moments in time, has the choice to act altruistically. In this model, the concept of compassion plays a crucial role in the translation of affective reactions into altruistic behaviour.

Compassion is a concept which is as complex and comprehensive as empathy and relatively long neglected by Western science. Eastern traditions have viewed compassion as central to liberating the mind from the power of destructive emotions such as fear, anger, envy and vengeance (Goleman, 2003). Compassion involves being open to the suffering of self and others, in a non-defensive and non-judgemental way. It also involves the desire to relieve that suffering, cognitions related to understanding the causes of that suffering, and behaviours – acting with compassion (Gilbert, 2005). Thus, compassion involves the combination of motives, emotions, thoughts and behaviours. This is very different from feeling ‘compassionate’ (which is part of our sympathy measure). Feeling compassionate is a spontaneous emotion felt for particular people in need. It is not non-judgemental, it does not necessarily imply a motivation to relieve the need, it does not require a real understanding of the suffering and it does not encompass behaviour. Due to its comprehensive nature, research on compassion is bound to encounter the same definition-related problems as research on empathy has. Indeed, the first scientific books on compassion and its possible functionality in the human mind (e.g. Gilbert, 2005) show a wide variety of definitions by different researchers. Nevertheless, some differences between compassion and empathy can be distinguished.

Differentiating Compassion from Empathy

First, compassion is not thought of as an emotion but rather as a state of mind in which cognition and emotion are inseparable. This is built on the assumption that our thoughts give rise to- and underlie our emotions (Ladner, 2004). For example, when we are angry, we believe that others are inherently unpleasant and causing our unhappiness.
In other words, anger relies on our attribution, which is a cognitive process. Second, compassion is not an instantaneous reaction which evolves in something else. It requires effort and cognitive control to evoke and maintain a compassionate state of mind.

Thus, both empathy and compassion are comprehensive theoretical concepts and therefore prone to be interpreted in a wide variety of ways. The most clear difference between these two concepts involves the automaticity of the generation of empathy and compassion: whereas empathy is thought of as an automatic process, elicited by the perception of suffering and concern for the welfare of another person, compassion is a more effortful cognitive state of mind, elicited to control one’s own emotional states and involving the desire to eliminate the causes of the perceived suffering.

**Compassion as a key for altruistic behaviour**

Although the complexity of compassion makes it difficult to translate in empirical research, it has several benefits which make it interesting to try. First, compassion requires a good understanding of the cause(s) of the suffering of others. None of the emotional reactions researched thus far (empathy, sympathy, tenderheartedness, distress) requires an accurate understanding of the need of the person suffering. Secondly, compassion involves the intention to relieve these causes of the perceived suffering. Thus, compassion involves directing any of the emotional reactions in the observer which are elicited by a certain need situation, at the intention to relieve the person who is actually suffering in that situation. Third, compassion requires action to relieve that suffering.

The mental practice of compassion can be seen as a bridge between self and other. It starts at recognizing the own perception and emotion. Subsequently, it aims at analyzing the suffering of the other and invokes the intention to relieve it. Finally, it entails action to stop that suffering by removing the causes giving rise to the suffering. Of course, one can argue that such a comprehensive concept could better be split up in several parts, especially when it comes to training or measuring compassion. Before turning towards these pitfalls I will first introduce the Altruistic Choice Model. This model is depicted in figure 5.1.
Figure 5.1: The Altruistic Choice Model when Meeting the Suffering of Others
An example may help clarify the different stages in this model. Imagine you walk home from work when all of a sudden you see a man lying face down in front of you on the road. Once (and if) you perceive the man to be suffering, you automatically experience empathy for this person (Preston & de Waal, 2002). And, while perceiving this suffering, you immediately have a first moment of choice. This is the choice of the perspective from which you subsequently encounter his suffering. In Chapter 2 of this dissertation I showed that explicitly taking different perspectives leads to different affective consequences. Thus, by practicing to view this man’s situation from different perspectives, you can develop a first level of control over your affective reactions, fostering sympathy and trying to control personal distress. For instance, when you imagine how you would feel lying face down on the road, you will likely not only develop sympathy for the man but you will also develop feelings of personal distress. Yet, when imagining how the man must feel, and thus not focusing on your own feelings, you will develop sympathy for the man’s situation but you won’t develop substantial personal distress. In chapter 3 I showed the importance of the type of relationship – friend vs. family member - with a person in need. Type of relationship served as an unconscious perspective-taking manipulation in these studies. Yet, by imagining what you would do if this man would be a good friend or a close family member, you can also actively seek to increase your sympathy for this person.

A second moment of choice appears when you try to put these affective reactions into compassionate action. According to this model, all emotional reactions to the suffering of others can be the basis for an altruistic motive, because all these emotions can evoke the desire to renounce the man’s suffering. Compassion is the mental state beyond emotional reactions, in which one cognizes the causes of suffering and desires to eliminate the suffering and its causes. In the case of the man lying on the floor, you need to cognize what the cause is of his uncomfortable position. Immediately acting upon your own personal distress or sympathy might motivate you to turn the man around, or move him to the nearby pavement. But what if the man has a broken neck? Moving him might be altruistically motivated but ineffective in terms of ending his suffering. Moreover, the man could die when you turn him around, you would contribute to his suffering instead of ending it. Yet, when you cognize the causes of the man’s suffering, you might see the awkward position of the neck. You might also see that the man’s arms and legs look relatively unharmed. This could lead you to conclude that if the man would have wanted to turn around, he should probably be able to do it himself. If you do not know how to physically help someone with a broken neck, your compassionate action will be not to touch the man at all. Instead, you can clear the road, call an ambulance, and stay with the
man until the ambulance arrives. These actions contribute to relieving the suffering of this man, both at the level of the expression of the suffering as well as at the level of its causes. Your choice of behaviour is psychologically altruistic because your ultimate goal is to relieve the man’s suffering. Undoubtedly, this course of action has positive consequences for you yourself as well. You might feel better about yourself; you might gain satisfaction from helping the man. These unintended consequences are interesting to remember for they can provide you the determination to follow a same cognitive course of action the next time you perceive others to suffer.

**Limitations and Ruminations**

The Altruistic Choice Model (ACM) which I propose in this last chapter is the fruit of four years of mental and empirical research. Although a large body of literature now exists to confirm the first half of the model, I want to stress that the second half of it needs training and thorough empirical testing. In this last section I will discuss both limitations as well as ruminations concerning this dissertation and the resulting model.

There is disagreement in the literature about the exact nature and definition of the phenomenon empathy. My choice concerning the definition of empathy in this discussion as an automatic affective response is based on recent work in the fields of social neuroscience and developmental psychology (e.g. Singer, 2006; Decety & Jackson, 2004; Preston & de Waal, 2002; Eisenberg, 2000). Whereas the fields of philosophy and psychology have a long tradition of conceptualizing and studying empathy, social neuroscience is just starting to pick up on this literature, providing concrete data on which brain areas are involved in perspective taking (see Decety & Jackson, 2004 for a review), mind reading and empathy (see Singer, 2006 for a review). The new information from this scientific tradition regarding the brain processes involved in empathy, in combination with a thorough reading of the literature so far has led me to this specific definition. I think that disagreement on definitions need not be a problem as long as we recognize the differences between the different phenomenon’s labeled ‘empathy’ (see also Batson, in press). By being explicit about what is called empathy, we create room to discuss and interpret empirical differences.

In Chapter 2 of this dissertation I showed that explicitly taking different perspectives, in combination with individual differences (in this case social comparison orientation) leads to different affective consequences. This is only a small contribution to large body of research on the effects of perspective taking that has emerged since Batson et al.’s work in 1997. Also, because I did not take these experimental studies to other,
more applied settings, it is difficult to determine the ecological validity of this work. One
of the many questions which remain, is whether a person can learn to alternate between
different perspectives. Determining the efficacy of practicing with different perspectives
is crucial to the model I propose. Indeed, which choice are we left with if we have no
means to switch between perspectives? Research on empathic accuracy (Ickes, 1997) and
mindfulness training (Kabat-Zinn, 1994) could give us the necessary background to
develop new interventions in this direction.

The possible practical role of compassion in choosing altruistic behaviour is still
very speculative. Nevertheless, recent research on compassion provides indications that it
could be a crucial tool for self-control. Western science has begun to think about
compassion as a process for healing both oneself and others (Gilbert, 2005). When
directed at oneself, compassion involves being open to one’s own suffering, not avoiding
or disconnecting from it, generating the desire to alleviate one’s suffering and to heal
oneself. It also involves offering nonjudgmental understanding to one’s pain, inadequacies
and failures, so that one’s experience is seen as part of the larger human experience (Neff,
2003a; Neff, 2003b). Increased self-compassion has been found to predict enhanced
psychological health over time (Gilbert and Procter, 2006; Neff, Kirkpatrick & Rude,
2007), and to explain lessened stress following participation in a widely implemented
stress-reduction program (Mindfulness-Based Stress Reduction; Shapiro, Astin, Bishop, &
Cordova, 2005). Also, approaching painful feelings with self-compassion is linked to a
happier, more optimistic mindset, and appears to facilitate the ability to grow, explore,
and wisely understand oneself and others (Neff, Rude, & Kirkpatrick, 2007). If
compassion can be a tool to relieve one’s own experienced stress, it might also, when
applied to the suffering of others, prove to be an effective mindset with which one can
relieve the stress of a person in need. Einstein put it this way: “A human being is a part of the
whole called by us universe, a part limited in time and space. He experiences himself, his thoughts and
feeling as something separated from the rest, a kind of optical delusion of his consciousness. This delusion
is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to
us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all
living creatures and the whole of nature in its beauty.” (Albert Einstein (1879 - 1955)

How to develop compassion is relatively new terrain for western science. Yet,
eastern philosophical and psychological traditions (especially Buddhism) provide us with
many techniques which can be further developed for application to western societies.
Research is now starting to focus on developing methods to train compassion, both for
the self (Gilbert and Proctor, in press), as well as others (see for instance Tulk Rinpoche
& Mullen, 2005, Adler, 2004). This is essential to the ACM, because it teaches us how to
turn the automatic affective responses that stem from perspective taking into deliberate compassion.

Conclusion

By investigating the role of perspective taking on empathy for- and willingness to help a person in need and by investigating the way in which empathy has been operationalized in psychological research, I hope to have contributed with this dissertation to a more complete and thorough understanding of the field of prosocial behaviour. Together, the studies and the model described in this dissertation show that to some extent a predetermined inclination for altruism may exist, but that there is also opportunity to take control over ones own altruistic actions. If there is a will to increase the frequency of altruistic behaviour, the altruistic choice model might be a first step toward finding a way to realize this goal.