

Harm, Help, and the Nature of (Im)Moral (In)Action

Nate Carnes and Ronnie Janoff-Bulman

Department of Psychology, University of Massachusetts, Amherst, Massachusetts

The title of Gray, Young, and Waytz's article gives notice that they are making grand claims, for they profess to identify the "essence of morality." The authors do not actually deal with the entire moral domain, but instead focus only on immorality, and acknowledge this in a brief footnote. The crux of their argument regarding immorality is that "all moral transgressions are fundamentally understood as agency plus experienced suffering – i.e., interpersonal harm" (p. 101).

There are many ways to approach an evaluation of their claims; we've chosen to focus on forms of (im)morality rather than specific content. In this commentary we concern ourselves with both morality and immorality. In doing so we contend that there are four distinct "quadrants" that compose the (im)moral domain, and Gray et al. specifically address one of them. We then attempt to use their dyadic mind perception perspective to better understand the four distinct quadrants. Although a thorough mapping of the forms of morality and immorality poses an important challenge to the Gray et al. claims, in the end we hope to demonstrate that they have provided a very valuable analysis of (im)morality; however, this conclusion rests on tweaking their argument in particular ways, as we discuss next.

Four "Quadrants": Expanding the Domain of (Im)Morality

In recent years we have been interested in understanding diverse forms of morality, and our efforts have been guided by a distinction we have drawn between *prescriptive* and *proscriptive* morality. Based on two fundamental motivations discussed in excellent past work on approach-avoidance, behavioral inhibition/activation systems, and regulatory focus (see, e.g., Carver & Scheier, 1998; Gable, Reis, & Elliot, 2003; Gray, 1990; Higgins, 1998), Janoff-Bulman, Sheikh, and Hepp (2009) distinguished between proscriptive morality, which is inhibition based and focused on avoiding negative outcomes, and prescriptive morality, which is activation based and focused on advancing positive outcomes. The term "morality" here is actually an inclusive label, for this dual system perspective refers to both morality and immorality. Simply stated, and in keeping with the definitions of the terms, pre-

scriptions are what we *should do* and proscriptions are what we *should not do*.

At first glance, then, it would seem that immorality involves doing what we should not do and morality entails doing what we should do. Gray et al. claim that "perceived harm" unites different domains of immorality; and at the very end of the article, in suggesting directions for future research, they call for work on goodness, or morality, and propose that "perceived help" unites this domain. For illustrative purposes let us accept their propositions; then perceived harm would seem to constitute the universe of immorality, and perceived help would seem to constitute the universe of morality. If we are dealing with the clear case of immorality that involves an agent who intentionally harms another and a victim who now suffers as a consequence (i.e., the Gray et al. cognitive template), we would have little trouble concluding that this is an instance of wrongdoing and immorality. This is a case of proscriptive immorality—doing what we shouldn't. Similarly, regarding morality, consider a person who sees another clearly in need and intentionally helps the individual, who feels considerably better as a result. Here we would likely have little trouble regarding this as a good deed, "right conduct," and an instance of morality. This is an example of prescriptive morality—doing what we should.

Yet our understanding of morality and immorality would be incomplete if we stopped here. Rather, there are proscriptive and prescriptive forms of both morality and immorality (see Figure 1). More specifically, proscriptive morality involves not doing what we shouldn't—that is, refraining from harm-doing. This is a domain very familiar to Kant, who posited that a moral person does the right thing out of a sense of duty, which leads us to avoid wrongdoing—to *not* lie, cheat, or steal, for example. Conversely, prescriptive immorality involves not doing what one should. Examples here would include the parent who does not provide for his or her child or the person who denies help to a friend in deep distress.

Proscriptive immorality (doing harm) and prescriptive morality (providing help) seem like the easy, or perhaps strong, instances of immorality and morality respectively. Prescriptive immorality and proscriptive morality are less clear-cut and in general may seem like weaker instances of immorality and morality, a

	IMMORALITY	MORALITY
<u>PROSCRIPTIVE</u>	harming	not harming (restraint)
<u>PRESCRIPTIVE</u>	not helping (indifference)	helping

Figure 1. The four quadrants of (im)morality.

conclusion that would follow from the recognition that they are essentially omissions rather than acts. Thus, in accordance with the “omission bias,” greater blame is attributed for harmful acts (commissions) than omissions (see, e.g., Baron & Ritov, 2004; Haidt & Baron, 1996; Ritov & Baron, 1999; Spranca, Minsk, & Baron, 1991). Yet recent research has challenged the generality of this bias and suggests that the phenomenon may be less robust than initially believed (e.g., Connolly & Reb, 2003; Patt & Zeckhauser, 2000; Tanner & Medin, 2004). Omissions, too, can be powerful evidence of immorality and morality. In fact many debates in the moral realm seem to specifically involve our failure to help, whether we are talking about our failure to intervene in genocides, aid the distant starving child, or reduce poverty in our own society. Thus our concern is not with comparing acts and omissions per se, but rather with recognizing that morality and immorality concern both what we do and what we don’t do.

There are four quadrants that constitute the universe of (im)morality. Gray et al. focus on one quadrant—proscriptive immorality. Can their analysis inform the other three? To what extent does their mind perception perspective reflect our understanding of (im)morality in the four quadrants?

Harm, Help and the Role of Mind Perception

Although harming and helping were used in the previous examples simply to illustrate the four quadrants of (im)morality, we actually believe that harm and help compose the key elements of the moral and immoral domains; here we concur with Gray et al. However, rather than define them as tied specifically to immorality and morality, respectively, we instead regard harm as the prime element of proscriptive (im)morality and help as the prime element of prescriptive (im)morality. The importance of this perspective lies in recognizing that proscriptive morality (based on restraint of harm) and prescriptive immorality (based in failure to help) are also a part of the larger moral/immoral domain.

Thus in positing the two forms of morality, Janoff-Bulman et al. (2009) emphasized the importance of “recognizing a distinction between moral rules that prohibit harming others and those that enjoin one

to help others” (p. 522). Further, we use the verbs “protect” and “provide” to distinguish between proscriptive and prescriptive morality and regard these as the broad moral motives underlying the two types of (im)morality. The “protect” motive specifically involves protecting from harm, whereas the “provide” motive specifically involves providing for the well-being of the recipient—that is, providing help. Janoff-Bulman (2009; also see Janoff-Bulman, Sheikh, & Baldacci, 2008) proposed that these distinct protect–provide moral orientations, which reflect different approach versus avoidance sensitivities, underlie differences in political orientation and public policy preferences. Most recently, our concurrence regarding the importance of harm and help is evident in our model of moral motives (Janoff-Bulman & Carnes, 2012). This 2×3 taxonomy is based on crossing protect and provide with three social contexts: the self (individual), other (interpersonal), and group (intragroup). A recognition of the centrality of harm (specifically its avoidance) and help are apparent in the model; they are the fundamental forms of proscriptive and prescriptive (im)morality, respectively. Here specific moral motives involving both individuals and groups are broadly conceived, much in line with Gray et al.’s own efforts to account for “immoral” acts that at first glance do not seem to involve harm (e.g., purity “transgressions”). No doubt many of the commentaries in this issue will address the appropriateness of this interpretive flexibility, but this is not the focus of our concern.

Rather, we are interested in whether the mind perception model adequately describes the entire realm of (im)morality. Gray et al. note that the perception of the intentional agent and experiencing patient (i.e., suffering patient in the case of transgressions) serves as a cognitive template for all moral judgments. Using the metaphor of Picasso’s drawing of the bull, they regard this template as the fundamental, essential aspect of immorality. In our own attempt to evaluate the authors’ mind perception claims, we prefer to regard the intentional agent and experiencing patient as the prototype for harming and helping; that is, they constitute the best example or central representation, even if not reflected in every member of the category. This shifts the task before us; rather than set out to find specific exceptions that might undermine the authors’ claims, we

are instead interested in determining whether the best case—their dyadic morality “prototype”—adequately describes the four quadrants of (im)morality and the moral judgments that flow from them.

A Closer Look at Harming and Helping

Although harming and helping appear to be opposite sides of the same coin at first glance, we would argue that this isn't the case. For example, the opposite of harming is avoiding causing harm, rather than helping. In refraining from harming another, we are not necessarily helping; similarly, the opposite of helping is not doing harm, but rather failing to help. Helping and restraint from harming, both indications of morality, represent very different forms of motivation. In refraining from harm-doing (proscriptive morality) we have to inhibit a motivation that exists (i.e., a temptation or desire to engage in an unacceptable behavior), whereas in helping (prescriptive morality) we must activate or establish a motivation to act. Both take motivational “effort,” but of different sorts (i.e., inhibition vs. activation). The “enemy” of proscriptive morality is a strong motivation to engage in harm-doing (i.e., negative motivation). Although the enemy of prescriptive morality can be a strong motivation *not* to help, the more common enemy is likely to be apathy or neglect, reflecting a *lack* of motivation. It follows that harm-doing (proscriptive immorality) involves a strong (although negative) motivation, whereas a failure to help (prescriptive morality) typically involves an absence of motivation—apathy or neglect.

These differences have interesting implications for mind perception and what, specifically, is perceived in rendering judgments of morality or immorality. The two quadrants that involve the instigation of behavior—harming and helping (i.e., proscriptive immorality and prescriptive morality respectively)—both clearly reflect the central role of agency and experience posited by Gray et al. In the case of harm, we have an intentional agent who causes suffering in another. Without the experienced negative state (suffering, pain) we would not recognize the harm, and without the intentional agent we would be more likely to be outside the moral domain; the person's experienced suffering, for example, could result from accidental or nonhuman causes (e.g., disease, natural disaster). This powerful cognitive prototype provided by Gray et al.—of the intentional agent and the suffering patient—seems to clearly reflect judgments of proscriptive immorality.

An intentional agent and an experiencing patient also seem to define helping, or prescriptive morality. The need for activation of a motivation to help supports the crucial role of an intentional agent. In this case, however, the agent does not cause pain or suffering; the experience reflects a more positive state rather than

a negative state in the patient. Yet what, specifically, is the nature of the experience we perceive in the recipient of help?

The response to this question provides us with a deeper understanding of helping and its role in social groups, because in the end we believe it inextricably links harming and helping. Just as harming involves changing someone's experience for the worse, helping involves changing their experience for the better. Suffering provides the experiential prototype for harming; it is more difficult to point to a singular experience that would be prototypical of helping. It need not involve happiness or thriving even in the best cases. Instead, we suggest that helping involves (some) perceived relief from suffering for the patient. More specifically, harming concerns the onset of suffering, and helping concerns its amelioration.

Morality is fundamentally about harm and suffering; it involves the avoidance of intentional harm as well as attempts to minimize harm through helping. Help targets both the human-induced and non-human-induced suffering of another; the intentional agent strives to relieve the sufferer's pain. Again, we regard this as the prototype, and examples can include instances in which the onset of helping involves a patient state that is not very painful; helping a friend better understand a homework assignment involves relief of suffering in the mildest sense but nevertheless relieves the help recipient of some distress. Of course the same can be said of harming, and Gray et al. do a fine job of relating more mild or distal instances of suffering to the harm prototype.

There is a natural progression in considering the concerns of intentional harming and helping, and empathy is the key to understanding this relationship. Harming creates suffering, and helping aims to relieve it. Harm-doing typically begins with a focus on the agent and his or her motivation, or intention. In contrast, helping generally begins with a focus on the patient and his or her suffering—with the realization that another is in need or distress. This in turn motivates the agent, who intentionally tries to relieve the suffering—that is, to help. Research clearly demonstrates the strong link between empathy and altruism (for reviews, see Batson, 1991; Batson, Ahmad, Powell, & Stocks, 2008).

Empathy seems to blur the boundaries between agent and patient, for in empathizing the potential agent experiences (somewhat) what it's like to be a patient; this is moral typecasting at its weakest. Of interest, the self-evaluative moral emotions—shame and guilt—also seem to obscure patient-agent boundaries, for they involve a mental state akin to that of patients—suffering—yet experienced by (immoral) agents. Recent research has found that shame is more strongly associated with proscriptive morality, and guilt with prescriptive morality; shame focuses the

agent on what she did wrong, and guilt focuses the agent on what he didn't do right (Sheikh & Janoff-Bulman, 2010). These moral emotions serve to motivate us toward more moral conduct in the future.

In judgments of prescriptive morality, it is the intentional agent of helping and the relief of suffering in the patient that is paramount. Surely harm-doing (proscriptive immorality) would be minimized if we could get agents to empathize with potential victims. But as research and history have made all too apparent, the intentional harm-doer (and potential harm-doer) is likely to minimize or misinterpret the victim's pain (see, e.g., Bandura, 1999). Thus empathy seems a less powerful tool for preventing harm-doing than for promoting helping.

The Challenging Quadrants: Refraining from Harm and Failing to Help

Whereas (prototypical) harm and help involve clearly intentional agents and patients' experiences of suffering or its relief, not harming and not helping seem to pose a challenge to Gray et al.'s mind perception perspective. Not harming and not helping are motivationally distinct, but they share one very important element, and that is that they are non-acts, or omissions. Thus as we sit and write at our computers, we are neither harming nor helping others; surely this does not lead to a judgment of immorality (not helping) or morality (not harming). The very pervasiveness of inaction is certainly not a formula for morality or immorality when considered solely in terms of the inaction. Interestingly, these instances that are more likely to be overlooked than acts of harm-doing or helping in discussions of (im)morality may in the end fundamentally depend on mind perception in accordance with Gray et al.'s analysis, although mind perception with a difference.

The easier case of the two is that of refraining from harm. For inaction to be regarded as moral, it must be perceived as an intentional effort to restrain what would otherwise be immoral behavior. This is equivalent to the inhibition of temptation through self-control, which depletes ego resources (Baumeister, Vohs, & Tice, 2007). Consistent with Kant's notion that morality doesn't involve inclinations, research has found that one gets moral credit for refraining from a "bad" behavior only if it is done from a sense of duty rather than desire (Janoff-Bulman et al., 2009, Studies 6 & 7). The "intention" bar is therefore raised. Consider a person who volunteers to be the designated driver for an evening out with friends. If she hates the taste of liquor and refrains from drinking, she clearly doesn't intend to drink but is unlikely to be regarded as particularly moral. If she really likes alcohol and wants to drink but intentionally refrains, she is likely to receive moral credit.

Restraint from harm-doing does not involve a suffering other but rather more likely the imagined suffering of the other. Tempted spouses who refrain from cheating have presumably considered their partner's pain. Some expectation of suffering or harm is likely to be prototypical in judgments of proscriptive morality. Here we have an intentional agent of restraint and the recognition of harm that will be avoided; it is the counterfactual that operates here—if I do what I shouldn't, some harm is likely to result. In judgments of proscriptive morality we recognize specifically what is likely to have happened if the agent had not chosen restraint. Judgments of morality in this quadrant involve some massaging of the mind perception model yet nevertheless engage a representation of an intentional agent and a suffering patient, but in the counterfactual.

The remaining quadrant seems somewhat more problematic from a mind perception perspective. This is the case of failing to help, or prescriptive immorality. Although some instances of this immoral inaction involve a strong intention specifically not to help, which would fit the template of an intentional agent of sorts, in most cases we are likely to be dealing with apathy or uncaring—a mental state responsible for neglect in the face of needed help. But here again the mental state of the patient is important, because not helping (an inaction) is only diagnostic of immorality in the face of another's suffering or distress. When judgments reflect the recognition that we didn't act but should have in light of an individual's suffering, we enter immoral territory; here we are not relieving the suffering of another. Yet if the mental state of the nonacting "agent" is indifference, it is difficult to attribute true intentionality; there appears to be no goal or desired end involving the other. In fact it seems that the immorality of this quadrant rests in the absence of the intention to help. Again in judgments of immorality, it appears to be the counterfactual that once again operates. There is a realization that if the agent, who readily has the means to help, actually engaged in the intentional act of helping, the patient would experience some relief from suffering.

In instances of inaction, whether not harming (an instance of morality) or not helping (an instance of immorality), it seems likely that the minds of the non-acting agent and patient remain important in our understanding and judgments of morality and immorality. However mind perception here operates most crucially in our counterfactuals, our beliefs about what would happen if inaction turned to action.

Some Final Thoughts: Moral Asymmetry and Moral Regulation

The good society strives to promote morality—to prevent harm-doing and to foster helping on the part of

its members. Communities rely on moral proscriptions to not harm and moral prescriptions to help others in the group. Yet there are important differences between proscriptive and prescriptive morality, differences that are reflected in a moral asymmetry. The harm-based focus of the proscriptive system and the help-based focus of the prescriptive system account for these differences and echo the negativity bias found in psychology (for reviews, see Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001; Rozin & Royzman, 2001).

With its avoidance-based focus on harm, proscriptive regulation is harsher and more demanding than prescriptive regulation, with its approach-based focus on helping. More specifically, based on our research findings, the proscriptive system is mandatory, strict, and condemnatory, whereas the prescriptive system is more discretionary and commendatory (Janoff-Bulman et al., 2009). Both are regarded as crucial components of our moral repertoire, but proscriptive morality requires greater vigilance and stronger compliance. Thus greater blame is attributed for proscriptive than prescriptive immorality, but greater credit for prescriptive than proscriptive morality; and the costs of failure in the case of proscriptive immorality are greater than the rewards of success in prescriptive morality (Janoff-Bulman et al., 2009). Not surprisingly, at the societal level the more mandatory and strict proscriptive morality is largely regulated via legal systems, with laws focused on what we should not do. The mandatory nature of laws generally renders them less conducive to the more discretionary prescriptive morality, which is typically regulated through social norms. To render helping more obligatory and mandatory, societies tie it to specific societal roles; thus, parents are required to care for their children, and firefighters are required to help those trapped in fires.

The more mandatory, condemnatory nature of proscriptive morality suggests a natural affinity with deontological perspectives; and the more commendatory, discretionary nature of prescriptive morality suggests a more natural affinity with consequentialist views. These differences also follow from very practical realities associated with proscriptive and prescriptive regulation; that is, it is impossible to help all people in need, but it is not impossible to avoid harming all others. Of interest, the classic footbridge and trolley problems in psychology essentially pit prescriptive and proscriptive morality against one another. You can save five lives (prescriptive morality) by taking the life of one (proscriptive immorality); or you can restrain from harming the one (proscriptive morality) and forfeit the lives of five (prescriptive immorality). Based on what we know about the stricter, more mandatory proscriptive system, it is not at all surprising that when this “forfeiting” involves directly harming another (i.e., pushing a stranger off the footbridge), it carries the day and the five lives on the track are sacrificed. To re-

verse this pattern, the harm to the other must be “defanged,” in the sense that it becomes impersonal and distal in nature. Then prescriptive regulation, and its frequent reliance on consequences, takes over, and saving a total of four lives seems like the moral path to follow.

Judgments of morality readily follow when we help, given the less mandatory nature of helping. But instances of not helping are in many ways the most difficult of all four quadrants to judge. This is a particularly problematic domain of (im)morality, and it is where many of the most interesting moral issues and questions seem to arise in our globalized world. With ever-increasing awareness of needs across the globe, we are confronted with many powerful instances of suffering and pain that cry out for relief. We are clearly moral when we offer aid and help. But when are we immoral? When we don’t help our neighbor who is ill? When we don’t help the homeless in our town? When we don’t help the starving family across the ocean? What degree of suffering—and by whom—is sufficient to lead to a judgment of immorality in the face of inaction? Judgments of immorality are powerful condemnations. Yet recent analyses by well-known moral philosophers ask us to acknowledge our own immorality in living well without donating considerable amounts of money to help those who are starving or dying from treatable diseases (Singer, 2010; Unger, 1996). It is precisely the less strict, more uncertain nature of prescriptive immorality that raises critical questions about right and wrong in the context of inaction.

Gray et al. (this issue) provide an important, compelling analysis, and we share their claim that harm and help are key to understanding (im)morality. Our distinction between prescriptive and proscriptive forms of both morality and immorality, however, alerts us to the limits of a mind perception model focused on an intentional agent and experiencing patient. With some adjustments, especially an emphasis on the use of counterfactuals, the value and utility of their model is retained. Yet our own analysis calls for a greater emphasis on cases of inaction—both moral instances of not harming and, in particular, immoral instances of not helping—in our efforts to understand and promote morality.

Note

Address correspondence to Ronnie Janoff-Bulman, Department of Psychology, University of Massachusetts, 135 Hicks Way, Tobin Hall, Rm 628, Amherst, MA 01003. E-mail: janbul@psych.umass.edu

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