

The Moral Value of Compassion

Introduction

Many people think that compassion has an important role to play in our moral lives. We might even think, as Arthur Schopenhauer (2010 [1840]) did, that compassion is the basis of morality. More modestly, we might think that compassion is one important source of moral motivation and would play an important role in the life of a virtuous person. Recently, however philosophers such as Roger Crisp (2008), and Jesse Prinz (2011) and psychologists such as Paul Bloom (2016) have called into question the value of sharing in another's suffering. All three argue that this should not play a significant role in the life of the morally virtuous person. In its place, Crisp endorses rational benevolence as the central form of moral motivation for virtuous people.

The issue of whether compassion is a superior form of motivation to rational benevolence is important for at least two reasons. First, it is important for both ethics and political theory. Care ethicists for example, seek to defend moral and political outlooks based on compassion. Carol Gilligan, for instance, claims that care ethics is "tied to feelings of empathy and compassion" (1982, 69). Similarly, Elizabeth Porter (2006) argues in favour of basing politics on compassion. These appeals are only plausible if we accept that compassion is a valuable part of morality. Second, the issue of whether or not compassion plays a valuable role in morality is also important for moral education. Whether or not we see compassion as having a valuable role here is likely to be largely settled by the issue of whether compassion plays a useful role in our moral lives.

I will argue that despite the problems facing compassion, it has a distinctive role to play in moral life that cannot be fully captured by rational benevolence. My discussion will proceed as follows. In §1, I examine the nature of compassion and explain how I will be using the term in this paper. I will then, in §2, explain the traditional account of the value of compassion as a source of moral motivation. In §3, I will investigate a number of challenges to the value of compassionate moral motivation. I will then, in §4, explain why, despite facing important problems, compassion has a distinctive role to play in moral life.

1. What is Compassion?

The starting point for my use of the term compassion is the account given by Adam Smith in the following: "the emotion which we feel for the misery of other, when we either see it, or are made to conceive it in a very lively manner," (2007 [1759] p.9). Roger Crisp offers a similarly simple account, claiming that, "what is central to compassion is the non-cognitive element of pain or distress at the pain or distress of others," (2008 p.240). According to both Smith and Crisp, compassion involves experiencing unpleasant feelings as a result of experiencing the suffering of others.

However, this does not yet pinpoint what is distinctive about compassion. Imagine someone who witnesses someone suffering and feels disgusted by them. This person is experiencing unpleasant emotions as a result of experiencing the suffering of others but this is not compassion. As Brian Carr (1999 p.420) points out, what is needed for compassion is that the compassionate person

shares in the negative experience of the sufferer. The person who feels disgust in response to someone's suffering is not compassionate, as there is no shared experience of suffering between the two.

How exactly should we understand this shared experience? According to Laurence Blum (1980 p.510), compassion involves imagining what the experience of suffering would be like for the person experiencing it. It is not enough for someone to imagine what it would be like for herself to be in that situation. To experience compassion a person must experience the emotions that they imagine that the sufferer is experiencing. On its own though, this is insufficient for compassion. Someone who experienced another's suffering but did not care about that person could not be said to have compassion. Compassion involves feelings of care as well a shared experience of the another's suffering. The account of compassion that I will be working with in the remainder of this paper then, will be as follows:

Compassion: Person *A* feels compassion for another person *B* if and only if:

- 1) *A* experiences shared unpleasant feelings as a result of having imagined *B*'s experience of suffering.
- 2) *A* cares about *B*'s suffering.

While this account may seem to straightforwardly capture what is meant by compassion, it is narrower than some accounts of compassion. For example, according Steve Bein (2013 p.88) compassion involves not only negative feelings caused by witnessing the suffering of others but also positive feelings in response to witnessing other people's positive feelings. I have decided to restrict my discussion of compassion to negative feelings. As Bein (2013 p.89) himself admits, ordinary usage of compassion is confined to negative feelings. My arguments though, can be accepted whether or not we extend compassion to include positive feelings.

The account of compassion I have given is also more inclusive than some accounts found in the literature. One of the most high profile and detailed accounts of compassion is given by Aristotle in the *Rhetoric* (1959, 2.8, 1385b13-16). In her discussion of Aristotle's view, Martha Nussbaum (2001 p.306) finds three necessary cognitive appraisals that someone must have in order to be said to be experiencing compassion.¹ First, the target of compassion must be judged to be experiencing serious, as opposed to trivial, suffering. Second, the target must be judged to not deserve her suffering. Finally, the person experiencing the emotion must judge that the possibilities she faces are similar to those facing the sufferer. Nussbaum's own account of compassion endorses the first two of these requirements, while replacing the third for a requirement that the person experiencing compassion, "must consider the suffering of another as a significant part of his or her own scheme of goals or ends," (2001 p.319).

In my view this account is overly restrictive. As both Roger Crisp (2008 pp. 235-240) and Laura Ekstrom (2012 pp. 160-162) have argued, none of these conditions appear to be plausible necessary conditions for compassion. We can feel mild pain in response to witnessing the mild suffering of others, such as someone who has stubbed her toe or given herself a papercut. We can

¹ Aaron Ben-Ze'ev (2000 p.331) also endorses the first two of Aristotle's three necessary conditions.

also feel pain when witnessing the suffering of those we think are being justifiably punished. It also seems possible for people to experience pain when observing the suffering of others facing very different challenges from any they will ever face or for those whose suffering we do not consider to be a significant part of our own scheme or goals. In all of these cases there seems little reason to withhold the term compassion from these cases of fellow feeling.

Finally, given that I will be discussing Paul Bloom's work it is worth mentioning that I will be using compassion in a different way from his use of the term. For Bloom (2016 p.138) compassion does not involve sharing the suffering of other people. Instead it means something closer to what I will be calling (following Crisp) rational benevolence. The criticisms I will be investigating from Bloom are targeted at the sharing of the suffering of other people, which he calls empathy. Unlike Bloom, I take the shared experience of another's suffering to be a necessary, though not sufficient, condition of compassion. This view of compassion fits more neatly with the ordinary use of the term and the ongoing philosophical discussion into its nature and value. Bloom's criticisms of empathy then, will also apply to my view of compassion, as it involves the sharing of another's suffering. While this is far from a full defence of this use of the term, it does not affect the strength of these arguments whether we apply the term compassion to this phenomenon or not.

2. Compassion and Altruistic Motivation

Having looked at what compassion is let's now consider the traditional way in which compassion has been deemed morally valuable. The value of compassion is claimed by many to stem from its ability to motivated altruistic behaviour. As Jean Jacques Rousseau puts the point in the following:

Compassion is a natural feeling, which, by moderating the violence of love of self in each individual, contributes to the preservation of the whole species. It is this compassion that hurries us without reflection to the relief of those who are in distress (1913 [1755] pp.119-200).

Compassion motivates us to try to relieve the suffering of the person we are feeling compassion for. This makes sense given the definition of compassion I provided in the previous section. Given that compassion involves sharing in the suffering of another and caring about the other, it is to be expected that it will typically motivate people to attempt to assist the other's suffering.

It is worth, though, being cautious about this point. While Rousseau certainly seems right to say that compassion usually motivates us to try and relieve suffering, there may be cases where this motivation does not occur. Someone may feel compassion while reading about the suffering of those who died of starvation in the Irish potato famine in the 19th Century. Clearly in this case there is no way of relieving the suffering of those who have been dead for over a hundred years. As a result, we would not expect someone to be motivated to relieve the pain of those who suffered. Nevertheless, it seems reasonable to say that in *typical* cases people experiencing compassion will be motivated to relieve the pain of the sufferer.

Rousseau's claim is backed up by a number of psychological studies. As Martin Hoffman (2000 p.30-31) explains a number of psychological studies provide evidence for the claim that the imaginative sharing of another's suffering is correlated with prosocial behaviour (Berndt (1979),

Davis (1983), Otten et al (1991) and Penner et al (1995)). This correlation is consistent with the claim that compassion leads to increased motivation but is far from conclusive evidence for it. After all, it could be that compassion and prosocial behaviour share a common cause. Importantly though compassion has also been found to *precede* prosocial behaviour (Hoffman (1978) and Gaertner and Dovidio (1977)) and *diminish in intensity after prosocial behaviour* (Darley and Latane (1968), Batson and Shaw (1991) and Batson and Weeks (1996)). This gives us good, though still not conclusive, reason to think that compassion is a cause of prosocial behaviour.

Given the evidence that compassion leads to altruistic or prosocial behaviour, we might think the moral value of compassion is clear. It is valuable because it leads us to behave in an altruistic way. However, as we will see in the next section, a number of problems have been raised against this form of moral motivation.

3. Challenges to Compassionate Moral Motivation

As Bloom (2016 p.22), Crisp (2008 p.244) and Prinz (2011 p.219) point out, compassion is not the only source of moral motivation. We can be motivated by moral outrage rather than empathy. We can also be motivated to perform morally praiseworthy acts that have no identifiable beneficiary, such as acting to protect the environment for the benefit of future people. Even kind or benevolent actions need not be motivated by compassion. These actions could be motivated from a wish to help another person that is not accompanied by any shared feelings. Alternatively, they could be motivated by a sense of duty. Given that compassion is not the only source of moral motivation, it is appropriate to ask how it compares to the alternatives. Would a virtuous person tend to be motivated to act morally by compassion? According to Crisp, the answer is no. Instead, she would respond to other people's suffering "through rational consideration of how she can do most to help," (2008 p.245). Bloom (2016 p.5) advocates a similar view stressing, "the value of conscious, deliberative reasoning in everyday life."

Crisp (2008 p.245) supports this claim by offering four reasons to be wary of compassion as a source of moral motivation. First, who we feel compassion towards is entirely contingent on whose suffering we happen to experience or imagine. Suppose I happen to switch on the television during a news report about a famine happening thousands of miles away. This may move me to help in whatever way I can, perhaps through donating money to a trustworthy aid agency. This would strike many as a praiseworthy form of moral motivation. However, if I had turned on the television to a different news programme discussing the plight of those effected by neglected tropical diseases then compassion may have moved me to donate my money to third world health organizations instead. Crisp's point is that we would not expect the moral behaviour of virtuous people to be dependent on chance in this way. Instead we might hope that a virtuous person would be motivated to donate their money to wherever it could do the most good.

Crisp's second concern is that compassionate motivation often bypasses reason (2008 p.245). A televised interview with someone suffering homelessness is likely to move me more than any dry, statistical report on the growing number of people losing their homes. We are also more likely to be motivated by events happening close by than by those happening on the other side of the world. Adam Smith (2007 [1759] p.136) makes a similar point, giving the example of a man with no connection to China who hears about a disastrous earthquake there which killed hundreds of

millions of people. Smith (2007 [1759] p.136) claims that while such a man would might express sorrow for the misfortune of those far away from ourselves, he would not be truly moved by their plight. Whereas, Smith claims, the man would be distraught if a much smaller misfortune were to befall himself or those close to him. Bloom (2016 p.89) takes this to be a perfect example of the weakness of compassionate motivation.

Further support for the claim that compassion bypasses reason can be found in a study conducted by Small and Loewenstein (2003). Participants were given \$10 and told they could give as much of the money as they wanted to another person who had not been given any money. The other person would be selected randomly and identifiable only by a number. Some subjects would draw the number before deciding how much to donate, while other would draw the number after having decided. Those who drew the number before deciding gave on average 60 per cent more money. Bloom (2016 p.88) explains this result by claiming that those who drew the number first were better able to imagine themselves in the position of the other person and so were more motivated to help. Whether the other random person has been selected yet or not though is clearly a morally irrelevant feature of this situation. Again, this is not how we would expect a fully virtuous person to be motivated. Rather we would hope a fully virtuous person would engage their rational capacities in deciding how to act.

The third, related problem that Crisp (2008 p.245) raises is that compassion is influenced by how closely we identify with the sufferer. As David Hume (1739, 2.1.11) puts the point: “The stronger the relation is betwixt ourselves and any object, the more easily does the imagination make the transition.” Crisp cites evidence from fMRI studies (Singer et al. 2006 and Singer 2006) to support this claim. Further evidence for this claim can be found in a study by Feshbach and Roe (1968) investigating empathy in children. They found boys to have more empathetic responses to other boys and girls to have more empathetic responses to other girls. Similarly, a study by Xu et al. (2009) found that Caucasians were more empathetic towards other Caucasians than towards Chinese participants. Given that we would, says Crisp, hope that the fully virtuous person would not be biased towards helping those who more closely resemble them, it looks like we should also want the fully virtuous person to not be motivated by compassion.

Finally, Crisp (2008 p.245) points to problematic ways in which compassion can be blocked. For example, the inclination to obey authority appears to be an effective block to compassion, as shown by Stanley Milgram’s (1963) experiments in which experimenters asked participants to administer electric shocks to others. The presence of an authority figure requesting the participants to continue appeared to be sufficient to block any compassion the participants would normally have for those to whom thought they were administering the shocks. Given that we would want the virtuous person’s motivation to be robust in the face of such morally irrelevant aspects of the situation, we again have reason to hope that compassion would not be her primary form of motivation.

All of these problems concern compassion’s unreliability. The problem, as Crisp sees it, is that compassion may motivate us to perform good acts on some occasions but it won’t reliably lead us to act morally. Some critiques of compassion go further. According to C. Daniel Baston and colleagues (1995), compassion can be a source of unjust behaviour. Their support for this claim comes from a psychological study they conducted in which participants listened to an interview

with a child on the waiting list to be helped by an organization that worked to improve the lives of terminally ill children. Before listening to the interview, participants were divided into those who were asked to try and take an objective perspective and those who were asked to try and imagine how the child being interviewed felt about what was happening. Participants were then asked whether they would like to fill out a special request to move the child up the waiting list. It was made clear that doing so would mean that children higher on the list would have to wait longer to receive care. Three quarters of those participants who had been asked to imagine the feelings of the child responded by saying that they would like to move the child up the list. In comparison, only one third of the participants who had been asked to take an objective perspective gave this response. Those who responded with compassion then, were more likely to unjustly give special treatment to the person they were feeling compassion towards.

A final objection that might be raised against moral motivation from compassion is that it causes an unnecessary increase in suffering. Compassion involves sharing in the suffering of another. Given that this form of motivation involves an increase in the total amount of suffering in the world, it seems reasonable to prefer another source of moral motivation. If we could also be motivated to act morally through benevolent concern that does not involve suffering then there seems good reason to prefer this form of moral motivation. Why, if an alternative exists, would we prefer the form of moral motivation that would increase the total amount of suffering in the world?

4. The Value of Compassionate Moral Motivation

In the previous section I looked at a number of challenges to the traditional view of the value of compassion. In this section I will provide a defence of compassionate moral motivation. My aim is not to argue against any of the objections to compassionate motivation considered above, though nor do I wish to say that all of these objections are insurmountable. Instead, I will argue that compassion has a distinctive and important role to play in morality that cannot be fully captured by rational benevolence. Before doing so however, it is worth pointing out that there is no reason why someone could not be motivated to act morally by both compassion and rational benevolence. Given the many incentives people often have to act immorally we might think that a morally virtuous person would be someone who is influenced by multiple sources of moral motivation. It is open then for someone who holds that rational benevolence is the superior source of moral motivation to hold that compassion nevertheless plays a useful supporting role in ensuring people are motivated to act morally. This is an important point that is hardly mentioned by critiques of compassion. However, as I will show in this section, it is far from the only defence of compassionate moral motivation that can be given.

A. Compassion and Self-interest

The first reason to think that compassion may be a preferable form of moral motivation than rational benevolence is that it can reduce the conflict between acting morally and acting in line with self-interest. It is a familiar feature of our lives that we sometimes experience a conflict between acting in line with morality and acting in line with our self-interest. Imagine, for example, that you see an elderly man fall over in the street while you are on your way to an important job interview with no time to spare. In this case there are good moral reasons to help the old man. However, we

might think that, given the importance of the job interview and the bad impression that would be made by arriving late, your self-interested reasons in such a case would count against doing this.

This conflict between morality and self-interest creates a problem for moral motivation. How can we ensure that people will act morally in cases where it is against their self-interest to do so? Compassion, unlike rational benevolence, can help here. Given that the compassion involves sharing in the pain of the person who is suffering, in alleviating the sufferer's pain the compassionate person will also be alleviating her own pain. This means that the gap between morality and self-interest will be smaller for the compassionate. That is not to say that there will not be cases where someone motivated by rational benevolence will face no conflict between morality and self-interest. The point rather is that a change to the agent's self-interested reasons is built into the structure of compassionate motivation in a way that it is not for benevolent motivation.

We might worry that those who act on this additional self-interested reason for acting morally cannot be classed as being morally motivated. If the compassionate person has self-interested reason to act morally then we might think that her behaviour is purely self-interested rather than altruistic. However, that is not the right way to think about the role of the self-interested reasons here. The point is not that compassionate person is acting for the sake of her self-interest. What is motivating her is her care for the other person's suffering. However, compared to the person motivated by rational benevolence, this concern for another's suffering is less likely to experience a conflict between helping the other person and acting in line with self-interest. This in no way prevents the compassionate person's motivation from being a morally laudable one. Removing or reducing the conflict between morality and self-interest does not prevent someone's motivation from being moral, it simply increases the chances of the person deciding to perform the moral action.²

B. Compassion and Attention

The second reason why compassionate motivation is preferable to rational benevolence is given by Bishop Butler (1726/ 2009 p.43). Butler compares someone who is only motivated to act morally by rational benevolence to someone who is only motivated to act in line with self-interest by a dispassionate understanding of what would promote her own self-interest. Butler claims that such a person would struggle to act in line with her own self-interest. As Butler (1726/ 2009 p.43) puts the point:

The private interest of the individual would not be sufficiently provided for by reasonable and cool self-love alone: therefore the appetites and passions are placed within, as a guard and further security, without which it would not be taken due care of. It is manifest our life would be neglected, were it not for the calls of hunger and thirst, and weariness; not withstanding that without them reason would assure us, that the recruits of food and sleep are the necessary means of preservation.

² A similar point is made by Batson (2011 p.60).

This claim appears plausible when we consider cases of people who are unable to feel pain. Those born with a congenital insensitivity to pain often adequately fail to protect themselves and seriously damage their bodies as a result (Damasio 2006 p.264). Pain plays an important informational role in alerting us to damage to our bodies. Those who do not receive such signals will often be unaware that they are damaging their bodies and so fail to act to protect their bodies. Likewise, those who never felt hunger or thirst would fail to adequately supply their bodies with food and water due to being unaware of their need for either.

In addition to pain insensitivity, there exist people who are *indifferent* to pain. Unlike those who are insensitive to pain, those indifferent to pain have no difficulty in recognizing and processing sensory information. This sensory information though, fails to provoke the normal pain response. This condition is called pain asymbolia and has been studied in detail by Erwin Stengel (1931) and Marcelo Berthier (1988). The condition was typically caused by lesions to the brain's insular cortex which in turn had been caused by brain tumours or strokes. These patients were subjected to painful stimuli such as pinpricks, hot and cold water and electric shocks. Unlike those unable to feel pain, pain asymbolics felt the impact of these stimuli and even talked of being 'hurt' by them. However, Berthier (1988 42-47) reports that his patients exhibited no tendency to withdraw from the stimuli, they reported no unpleasantness, their body language indicated no evidence of discomfort and they appeared to suffer no negative emotional reactions. These patients were aware that their sensations represented bodily harm but showed no inclination to avoid them. In fact, these patients were even worse than those insensitive to pain at learning which situations called for avoidance behaviour and would even sometimes deliberately approach the harmful stimuli.

This condition raises interesting issues for how we should think about the concept of pain.³ For my purposes though, I simply want to point out what this case tells us about the important role pain plays in self-protection. While the case of pain *insensitivity* highlighted the important informational role that pains play, pain asymbolia tells us that this informational role does not exhaust the valuable role pain plays in self-protection. Pain plays a valuable role in motivating us to act in ways that will protect our bodies from damage that goes beyond the motivation that typically accompanies a rational understanding that something is damaging our body. We can see this by the ease in which we engage in behaviour that damages our body but does not immediately cause us pain, such as drinking too much alcohol or eating too much sugar. On the other hand it is only with extraordinary will power that we are able to ignore hunger or thirst when we are in a position to sate them. What this tells us is that Butler was right to point out that a rational appreciation of what would be best for us is insufficient for ensuring that we will act in ways that promote our self-interest. We need pains, hungers and thirsts to ensure that we protect our bodies and consume sufficient food and drink.

Once we have accepted this point, Butler claims we should also accept the value of compassion over rational benevolence. If we accept that a rational appreciation of what is in our self-interest would be insufficient for ensuring we act in line with prudence then we should also accept that rational benevolence will be insufficient for ensuring we act morally. (1726/ 2009 p.43). Just as we need to feel our own pain to ensure we act in line with our self-interest, we need to experience the pain of others to ensure that we are motivated to act morally. It is all too easy to ignore our

³ See Bain (2014), Grahek (2007) and Klein (2015).

judgements of what would be best from the point of view of benevolence, just as it is all too easy to ignore our judgements about what would be prudentially best. However, when we share in another's suffering, then it is much harder to ignore. Our attention is drawn towards the suffering of the other person through our own experience of their pain. In Butler's (1726/ 2009 p.43) words, "compassion acts as an advocate within us," forcefully pleading the sufferer's case to do what we can to help."

The second advantage of compassion over rational benevolence then, is that when we are experiencing compassion it is more difficult to ignore our reasons to aid those who are suffering. While judgements of benevolence remain all too easy to ignore, we find it much harder to evade other's suffering when we are experiencing it ourselves. In the same way that pain prevents us from ignoring the damage being done to our bodies, compassion prevents us from ignoring the suffering of others.

C. Compassion and Recognition

So far I have claimed two reasons for thinking that compassion is a more effective source of moral motivation than rational benevolence. The final advantage I want to claim for compassion looks to the victim of suffering rather than the person in a position to help. Compassion, I will argue, helps victims come to terms with their own suffering. This gives us reason to favour compassion over benevolence even when we are assured of the motivational power of benevolence.

To see the value of compassion to those experiencing pain or suffering let's start by considering a case where it is absent. In Havi Carel's book *Illness*, she draws on her personal experience to examine the nature of illness. In a particularly moving passage, Carel (2013 pp.45-55) describes her feelings of loneliness and powerlessness in response to undergoing medical tests conducted by a health professional lacking in empathy or compassion. Based on this experience, Carel argues that patients' experience of their illness would improve if health care workers sought to try to imagine how the illness feels from the patient's point of view. As Carel (2013 p.55) puts the point: "the way ill people experience their time in hospital or at the health centre, may be radically changed if they feel that their loss and the ways in which their world has become limited have been acknowledged."

A similar view of the importance of compassion for medical professionals can be found in *A Fortunate Man*, John Berger and Jean Mohr's portrait of John Sassal, a country doctor in a rural English community. According to Berger, Sassal's success as a doctor comes from the compassion he feels towards his patients. As Berger (1976 p.76) puts the point

How is it that Sassal is acknowledged as a good doctor? By his cures? This would seem to be the answer but I doubt it. [...] No, he is acknowledged as a good doctor because he meets the deep but unformulated expectation of the sick for a sense of fraternity. He recognizes them.

There are two reasons why it is helpful for patients to have their suffering recognized in this way. First, as Carel discusses, patients have a desire for their suffering to be recognized and acknowledged by other people. By sharing in the suffering of the patient, Sassal is able to partially

satisfy this desire. In doing so he is not only better able to diagnose their illnesses but also to offer them the assurance that their suffering is recognized by other people. He is able to ensure that none of his patients were faced with the feelings of loneliness and isolation that Carel describes when enduring suffering in the face of an uncompassionate nurse. However, this recognition does not obviously require compassion. We might think that all that is required to secure this benefit is that a doctor feels sympathy for the patient, that she cares about the patients suffering.

The second reason why this recognition is helpful is specific to compassion though. A patient who sees that her doctor is sharing in her suffering will be in a more secure position to trust that the doctor has her best interests at heart. There are three reasons for this. First, the patient will be aware that the doctor appreciates the seriousness of the patient's suffering. It is of course entirely possible for a benevolent and non-compassionate person to understand the seriousness of a patient's condition. However, when a patient can see that the doctor is sharing in her experience she can be more confident in her belief that her doctor has this understanding, as she can see that the doctor is sharing in this experience. Second, as discussed above when someone shares in the suffering of another they are given new self-interested reasons to alleviate the other person's suffering. Moreover, this pain, as Butler put it, functions as an advocate within, focusing attention towards the suffering of the other. This means that a patient who knows that her doctor is sharing in her suffering and that her attention is focused towards it can be more confident that her suffering will be taken seriously and that her doctor will do what she can to alleviate it. Finally, a compassionate doctor will foster trust simply because a shared experience of pain strengthens social bonds. In a series of studies, Brock Bastian and his colleagues (2014) examined the effects of pain on social groups. They found that the participants who had gone through painful experiences together were significantly more likely than the control group to report feelings of connection and solidarity to their fellow participants and to engage in cooperative behaviour. This suggests that shared pain strengthens social bonds. If this is right then when a doctor shares the pain of her patient this will strengthen the bond that exists between them and increase cooperation between them. Note that sympathy would be incapable of securing these advantages, as it does not involve a sharing in the suffering of the other.

The relationship between a patient and her doctor is only one form of human relationship and we may think it tells us little about moral motivation more generally. However, the benefits I have outlined for this relationship can be applied to human relationships more generally. Those with illnesses are not the only ones who suffer, nor are they alone in desiring that their suffering be recognized by others. This is a common wish amongst those who suffer and receiving compassion from other people will help to satisfy this desire. Similarly, the reasons I gave to think compassion fosters trust also apply more generally. As a result, there is good reason to think that compassion will be more effective than rational benevolence at fostering relationships of trust between the sufferer and the compassionate person.

Conclusion

I have responded to the growing suspicion of compassion that can be found in the philosophical and psychological literature. I started by explaining what compassion is and then investigating a number of challenges that have been raised against it. I have not sought to respond to these objections by showing them to be mistaken. Rather, I have sought to provide three reasons for

thinking that compassionate motivation has a distinctive and important role that cannot be fully captured by rational benevolence. First, compassion reduces the gap between acting morally and acting in line with self-interest in a way that rational benevolence does not. Second, compassion focusses attention towards the suffering of others, making it harder to ignore their plight. Both of these aspects of compassion makes it a more effective motivational tool than rational benevolence. Finally, I have argued that even when both compassion and benevolence would lead to moral action compassion may still be a preferable form of motivation. The reason for this is that it can help to fulfil the desire of the suffering to have their pain recognized by others as well as helping to promote trust and cooperation.

What does all this mean for the role that compassion would play in the life of a virtuous person? It does not, I think, give us reason to think that compassion would be the only form of moral motivation, nor will it always be the most desirable one. Given the problems with compassion pointed out by Crisp, Bloom and Prinz, we should be wary about the potential problems facing compassionate motivation and should not always act in the ways in which our compassion is pushing us towards. However, nor should we seek to eliminate compassion from our lives altogether. Compassion does have an important role to play in the lives of the morally exemplary. Both in providing a source of motivation that is more resistant to the competing call of self-interest and in enabling the suffering to have their pain recognized by others and promoting trust and cooperation. While compassion should not be the only source of moral motivation then, it does have an important role to play in the life of the morally virtuous.

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