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A STUDY OF KINDNESS: THEORETICAL AND
EMPIRICAL DEVELOPMENT OF A NEGLECTED
INTERPERSONAL TRAIT

MIROSLAVA A. YANEVA

A thesis submitted to the University of Huddersfield in partial
fulfilment of the requirements for the degree of Doctor of
Philosophy

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Abstract

A growing body of literature underscores the importance of studying kindness. Despite the concept's apparent popularity in academic research, it is, in fact, rather vague and suffers a few important deficits. Firstly, a vast majority of sources tend to use just a single act of kindness (e.g. giving directions) to distinguish between groups of individuals. Second, kindness is understood from a rather unidimensional perspective that is either the idea that empathy leads to kindness or that kindness is based mostly on principles, rather than considering the possibility for multidimensionality. Finally, this growing interest in the study of kindness, as indicated by a number of investigative approaches, is lacking one important detail, that is a formal measure for evaluating kindness in terms of its independent status as a human quality.

In order to address the above deficits this thesis examined the concept of kindness from a perspective of multidimensionality, using the principles of Facet Theory. The items in the questionnaire were based on six main facets of kindness drawn from previous research e.g. manifestation, form of expression, recipients, benefit, cost, and anonymity. The hypothesised items were tested on 165 participants of the British general population and analysed using a multidimensional scaling procedure, known as Smallest Space Analysis (SSA-I) and traditional psychometric analyses. This gave rise to three distinct modes of kindness: Benign Tolerance, Empathetic Responsivity, and Principle Proaction. In addition, the SSA-I configuration pointed at a core element, central to the three modes illustrating an essence to kindness that is not a product of social learning. This newly discovered concept was termed Anthropophilia.

The Facet approach undertaken in this thesis allowed for the modification of the initial definitional framework in order to address the pilot findings. The updated measure was then tested on a total of 1 039 participants as part of an extensive survey across the British general population. This revealed that four possible combinations of facets (source and expression of kindness) gave rise to four modes of kindness: Affective Socially Prescribed, Affective Proactive, Principle Socially Prescribed and Principle Proactive modes, as well as a more pronounced form of Anthropophilia.

Besides the various structural validations and reliability analyses, the kindness measure was further validated through a correlational investigation that included similar to kindness measures (empathy), dissimilar measures (Machiavellianism, psychopathy) and measures of personality (Big Five). A number of correlations were carried out on 251 individuals, including the five kindness modes and each of the scales in the other measures. The findings supported all of the predictions and revealed moderate correlations between the kindness measure and the other measures indicating that the scales are independent (from others) constructs.

A further test of the validity of the measure was to examine how well it distinguished between groups of individuals. For this stage standard scale scores, instead of raw scale score were used in order to allow for meaningful comparisons between groups. Gender and age group comparisons were carried out with a sample of 1 039 individuals. These comparisons were indeed as expected and revealed that women are generally kinder than men. Although, younger and older individuals did not differ in overall kindness, fine tuned analyses indicated that different types of kindness dominate in different parts of life. Similarly, the kindness measure was administered to 375 individuals across a range of occupations and revealed that in support of previous research, respondents with person-focused job were kinder than those with task-focused jobs. Further comparisons showed that professionals tend to be kinder than non-professionals. A more detailed investigation into the career choices of 171 students revealed that nursing students are kinder than music, business and science students.

A Partial Order Scalogram Analysis of 99 individuals distinguished between four main types of people that varied along the axes of Affective- and Principle-based kindness, thus differentiating the types in terms of whether empathy, principles or both were the dominant source for kindness. In addition, it became evident that proactive kindness, more than socially prescribed, increased the overall level of kindness in individuals.

These findings were discussed in terms of theoretical, methodological, and practical implications and some directions for future research were offered. Altogether, the contributions of this thesis to the literature on kindness and positive and personality psychology, is sixfold. This research contributes (1) to the understanding of the structure of kindness and its components, (2) to the emergence of kindness as an independent human trait, (3) to the scientific knowledge with regard to the role of different groups of individuals in terms of kindness, (4) to the identification of types of people each bearing unique characteristics of kindness, (5) to the advanced understanding of other concept through kindness, and (6) to the development of a unique measure of kindness.

Chapter 1

Introducing a new concept

An increasing number of studies within the positive psychology milieu have revealed that people who carry out acts of kindness feel more confident, in control, and optimistic about their ability to help others (Lyubomirski, Sheldon & Schkade, 2005). They also report that people who act kindly can be characterised by a careful consideration of others and their communities, an outstanding desire to cooperate and respond to helping cues, as well as an awareness of their own kind disposition. Furthermore, generosity is thought to promote acceptance by others, appreciation, gratitude (Emmons & Crumpler, 2000; McCullough, Emmons, & Tsang, 2002; Watkins, Woodward, Stone, & Kothe, 2003; Peterson & Seligman, 2004; Otake, Shimai, Tanaka-Matsumi, Otsui, & Fredrickson, 2006), and prosocial reciprocity (Gouldner, 1960; Trivers, 1971; Uehara, 1995), all of which are valuable in times of stress and need. Moreover, acts of kindness could also be a response to a sense of being loved, as captured through secure attachment primes (Mikulincer & Shaver, 2007). Kind behaviours have also been observed in the sense that they can satisfy the basic human need for relatedness (Baumeister & Leary, 1995), thereby contributing to higher degrees of subjective happiness (Lyubomirski et al., 2005; Otake et al., 2006) and satisfaction with life (Buchanan & Bardi, 2010). Ultimately, kindness is considered the most prevalent strength in human beings (Park, Peterson & Seligman, 2006).

1.1. Towards a concept of kindness

Despite the elaborate literature on the benefits of kindness, the academic community does not provide a unified perspective on it, nor does it give us the means to measure

kindness so we could study it more precisely. In fact, the term ‘kindness’ does not exist as a set of aspects on its own nor has it been identified as such. Instead, what ‘kindness’ actually is and which actions are considered ‘kind’ take on different forms in different studies. In particular, scholars typically observe kindness (1) as part of a larger concept (i.e. mindfulness, happiness, self-compassion); (2) as one side of a reciprocal relationship (i.e. kindness and gratitude or kindness and wellbeing); (3) as a social role; or (4) as a synonym to empathy and compassion.

For instance, Neff (2003) observed kindness as part of the general concept of self-compassion which, in turn, is an adaptive form of self-to-self relating (Gilbert & Irons, 2005; Leary, Adams & Tate, 2005; Leary, 2004). In particular, kindness is investigated in the sense of self-kindness as opposed to self-judgement, suggesting that if individuals endorse self-kindness when confronting suffering, inadequacy or failure it means that they offer themselves a warm non-judgemental understanding, rather than underestimating their pain or scolding themselves with self-criticism (Neff, 2003; Neff, Kirkpatrick & Rude, 2007). This, in turn, leads to enhanced wellbeing because it contributes to individuals feeling cared for, connected, and emotionally balanced (Gilbert, 2005). Further, self-compassion engenders greater capacity for intimacy, effective emotional regulation and successful coping with the environment (Gilbert, 1989; 2005) as well as life satisfaction, social connectedness and emotional intelligence (Neff, 2003). However, this approach to kindness only focuses on the self, without considering acts of kindness that extend to others.

In contrast Lyubomirsky et al. (2005) investigated acts of kindness in terms of intentional activity towards others which, in turn, is one element of a three component model of happiness. Intentional activity could include types of behavioural activity, such as trying to be kind to others which is typically associated with wellbeing, including community service (Magen & Aharoni, 1991), volunteering (Ramey, Lawford & Rose-Krasnor, 2017) and

formal volunteering opportunities (Hershberg, Johnson, DeSouza, Hunter, & Zaff, 2015), as well as some cognitive activity, such as forgiveness (McCullough, Pargament & Thoresen, 2000), thoughtful self-reflection (King, 2001; Lyubomirsky, Sousa & Dickerhoof, 2004) and, finally, some kinds of volitional activity, such as devoting time and effort to meaningful causes (Snyder & Omoto, 2001). These, in contrast to Neff's self-kindness, could be described as behaviours costly to the self that benefit others. Although, this approach seems to provide more insight into some behavioural as well as cognitive aspects of kindness, the main focus is on how these behaviours in general affect subjective happiness.

Similarly, Kraus and Sears (2009) explored kindness from the perspective of a broader concept - mindfulness. In clinical intervention context, mindfulness represents a collection of practices that emphasise paying attention in the present moment in a kind, curious and nonjudgmental way (Kabat-Zinn, 1990). In addition, Buddhist teachings of the benefits of mindfulness consider kindness as one of the four immeasurable qualities - loving kindness, compassion, joy and equanimity. Kindness in this case stands for love in a non-romantic, friendly sense that is the polar opposite of judgment, hate and anger (Kraus & Sears, 2009). Although, this approach clearly outlines a subset of kind characteristics, it does not extend further in order to address specific acts which in turn could help define the universe of kindness more precisely. Instead, it includes human qualities that are considered related to kindness, such as friendliness, lack of judgment, hate and anger (i.e. Self-Other Four Immeasurables scale; Kraus & Sears, 2009).

Fewer researchers, however, have focused on kindness as an independent concept without investigating it as part of larger domains, such as self-compassion, happiness or mindfulness. For instance, Otake et al. (2006) postulated that as a strength, kindness has three components (1) the motivation to be kind to others, (2) the recognition of kindness in others and (3) the enactment of kind behaviour in one's daily life. According to these authors, happy

people endorse higher levels of all three components and more positive experiences in their daily life. In particular, happy people can be characterised not only by a heightened desire to be kind but they are also accustomed to recognise kindness and more likely to behave in a kind manner. The rationale for this approach is entirely based on the hypothesis that a reciprocal relationship may exist between kindness and happiness, as has been established for gratitude and happiness (Emmons & McCullough, 2003), thus exploring kindness as one side of a relationship, rather than in its own right. Specifically, the focus is intended for the effects that kindness has on other concepts, such as gratitude and happiness.

The above approaches are rather different from Exline, Lisan, and Lisan (2012), who observed kindness from the perspective of a prosocial behaviour that is partly motivated by the desire to follow social norms. Some researchers refer to these in term of rules about how people are expected to behave within a given society or group (Marks & Song, 2009; Oliner, 2002). Although norms could exist about virtually any behaviour, Exline et al. (2012) focus on norms that would press people to behave in generous ways; therefore, proposing two types of kindness – normative and non-normative. For instance, normative kindness is often demonstrated towards close others (particularly kin) than distant others (Burnstein, Crandal, & Kitayama, 1994; Cialdini, Brown, Lewis, Luce, & Neuberg, 1997) or when helping is part of the benefactor's role, as in the case of helping professionals (Bryan, 2009) or parents (Davey & Eggebeen, 1998). Normative kindness could be also carried out based on principles of reciprocity (Gouldner, 1960; Uehara, 1995), social exchange (Clark & Mills, 1979; Thibaut & Kelley, 1959) or equity (Walster, Berscheid, & Walster, 1973). A non-normative kindness, on the other hand, might be one performed by a stranger or a rival as opposed to a loved one (Exline et al., 2012). The approach investigates kindness mostly from the perspective of the recipient of kindness, rather than the benefactor. It is based around the idea that (1) receiving kindness leads to positive feelings within the recipient, (2) receiving

normative kindness triggers more positive and less negative emotions than receiving non-normative kindness and (3) normative kindness predicts more generosity towards a third party, rather than non-normative kindness. Although, this approach is what seems to be the first to investigate types of kindness, it mostly does so by focusing on the characteristics of recipients of kindness, rather than on benefactor, thus, examining the effects of kindness on people, rather than the trait itself.

Aspects of kindness, such as caregiving, could be traced back to the seminal work of Bowlby and his attachment theory (1973; 1980; 1982), however, such acts are mostly referred to as empathic tendencies. According to Bowlby (1982), human beings are born with a capacity to protect and support others who are either chronically dependent or temporarily in a need for help. Bowlby (1982) claimed that these supportive behavioural tendencies (e.g. empathy and compassion) are organised by an innate caregiving behavioural system, whose goal is to alleviate other people's suffering, protect them from harm, and foster their growth and development (Collins, Guichard, Ford, & Feeny, 2006; George & Solomon, 2008; Gillath, Shaver & Mikulincer, 2005). According to Collins et al. (2006), caregiving is likely to occur (1) when another person is experiencing danger, stress, or discomfort and is either requesting help or would clearly benefit from it and (2) when another person either needs help in taking advantage of an opportunity or seems eager to talk about and be validated for their accomplishments. In either case, a potential support-provider's caregiving system is activated, and individuals call upon a set of behaviours aimed at relieving the needy person's distress through supporting their coping efforts. The theory clearly hints at a range of behaviours such that includes physical as well as emotional support for others. However, those were never identified in a way that provides a systematic framework of what exactly is included in this repertoire.

It is worth noting, however, that none of the described elements, such as feelings of empathy or compassion towards others includes actual behavioural manifestation. To clarify, whilst empathy and compassion appear to be both necessary aspects of kindness they are not sufficient descriptors of the *behavioural* variety that is included in carrying out acts of kindness. For instance, empathy indeed underlies prosocial behaviour (Feshbach, 1987; Miller & Eisenberg, 1988), however, it is only described as the vicarious experiencing of the feelings, thoughts, or attitudes of another, rather than involving any outward behavioural manifestation. In contrast to empathy, compassion does not include sharing the suffering of the other, rather, it is characterised by a sense of warmth, concern, and care for the person in need (Singer & Klimecki, 2014), yet compassion, too, does not involve any outward expressions beyond the protagonist's own internal feelings. Therefore, based on the wide range of previous approaches discussed above, it could be said that kindness involves actual actions and reactions to people's suffering, rather than just the ability to have these responses. In particular, one may go beyond a simple state of feelings for or with another in order to physically help that person.

Amidst this growing interest in kindness and its benefits, no concerted effort can be found that explores what psychological processes underlie kindness and how it can be measured. However, it does raise a number of important questions of the nature of kindness. For instance, is kindness drawn from emotions as in the case of attachment theory or is it cognitive in nature as McCullough et al. (2000) stated or could it be a case of a simple behavioural response that is aimed at improving one's own wellbeing as emphasised by Luybomirski et al. (2005) and Otake et al. (2006)? Is it about behaving in a socially normative way or going beyond the call of duty as most clearly identified by Exline et al. (2012)? In order to answer these questions, a thorough exploration into the structure of kindness as a distinct concept is necessary. One way of doing this is through an attempt to

develop a measure of kindness. However, before doing so existing attempts in measuring kindness would be discussed.

1.2. Methods in measuring kindness

Previous experimental studies have focused on kindness by exploring how performing (Otake et al.,2006; Buchanan & Bardi, 2010), recalling (Exline et al.,2012), or observing (Baskerville, Johnson, Monk-Turner, Slone, Standley, Stansbury, Williams, & Young, 2000) kind acts can increase positive emotional states, such as gratitude (Otake et al.,2006; Exline et al.,2012), sense of being loved, amazement (Exline et al.,2012) and happiness (Luybomirski et al., 2005). However, these explorations take a specific act or aspect of cognition that is accepted as ‘kind’ and observe its influence on another concept, such as happiness or life satisfaction. They do not offer a measure that allows the identification of different forms of kindness, or assists in differentiating between people in terms of levels of kindness.

Experimental studies typically focus on exploring a single act of kindness without specifying any other subsets of behaviour that may or may not be accepted as kind. In fact, the decision of what is kind is made entirely by the participants. For instance, Otake et al. (2006) reported that happy people become more kind and grateful through a counting kindnesses intervention. Participants were asked to acknowledge their own kind behaviour towards other people every day for one week and record each act of kindness they carried out. Additionally, participants’ subjective happiness was measured one month before and one month after the intervention. Similarly, Buchanan and Bardi (2010) reported that performing acts of kindness results in an increased life satisfaction. In this experiment participants performed acts of kindness every day for ten days and their life satisfaction was measured

before and after the intervention. Although, these studies are one of the few that measure kindness particularly, they do not provide a specific set of kindness items/behaviours upon which participants are evaluated. Moreover, the definition of what is considered kind and what is not relies entirely on the participants' own interpretations e.g. recording their own daily acts of kindness. For instance, different people may hold different opinions on what is considered kind and what is not. Therefore, well-established criteria for which acts could be considered kind is virtually missing. Additionally, in the case of Otake et al. (2006), the suggested framework for kindness seems to be effective for happy people specifically but little information is given about less happy people.

Alternatively, other experimental studies have examined how recalling acts of kindness could increase positive mood and inspire generosity (Exline et al., 2012). In this particular study participants were asked to recall a situation in which another person has done something kind for them. The descriptions are later on coded according to normative and non-normative types of kindness. This particular method focuses on the recipient of kindness, rather than on the benefactor, making this an exploration of the benefits of kindness, rather than kindness as an autonomous human quality. Moreover, the focus is on how kindness types affect mood and generosity and do not provide further insight into any individual group differences that may or may not exist.

In contrast, one experimental study based on observing acts of kindness by a third party (e.g. Baskerville et al., 2000) outlines a specific act of kindness (flower giving) carried out repeatedly towards strangers. Individuals were approached at random and in public by the benefactor, whereas coders rated the recipients' reactions on a carefully predesigned coding sheet. Men and women and young and old people are then compared with respect to their reactions to receiving a flower. Baskerville et al. (2000) discovered that women would react more favourably than men to random acts of kindness; however, there were no differences

with respect to age. Although, this study is one of the few to report group differences (gender and age), it seems to examine a single behaviour that may or may not be considered kind (flower giving) by different individuals or groups of individuals. The study does not propose an examination of other acts of kindness, causing applicability issues. For instance, women are typically more socially inclined than men (Tavris, 1992; Minas, 1993) and may not be as uncomfortable when approached by another in a public place; however, the specific act of receiving a flower might be less appealing to men than to women. Additionally, the method provides more insight into the reactions of the recipient of kindness, whereas no information is given concerning the benefactor.

Although studies, exploring who is kind to whom, reveal that people display more kindness towards close others than distant others (Burnstein et al., 1994; Cialdini et al., 1997), and that acts of kindness may also be expected when helping is part of the benefactor's social role (Bryan, 2009; Davey & Eggebeen, 1998), little is known of how people in general vary across different forms of kindness. The value of measuring such possible variations also arises from studies revealing that kindness differentiate in type across different ages (Baldwin & Baldwin, 1970; Shorr & Shorr, 1995). For instance, Shorr and Shorr (1995), in a study modelled after Baldwin and Baldwin's (1970), administered five story pairs, each containing attributions for helping contrasts, to a large set of young individuals varying from nursery age to college age. They found that the perception that anonymous helping is kinder than non-anonymous helping appears to emerge quite late by most individuals. For instance, it is not until the age of 11-12 that the majority of children view anonymous helping as kinder. However, it is not until the age of 13-14 that a significant majority of adolescents start to perceive anonymous help as kinder. Further, while the majority of older individuals perceived anonymous helpers as kinder, a substantial minority did not. This, according to Shorr and Shorr (1995), suggests that there are stylistic differences in mature people's perceptions of

helping. Such findings of gender and age differences indicate the importance of exploring whether variations in amount and variety of kindness in benefactors may be a distinct interpersonal trait.

In order to further explore this possibility a few related quantitative measures should be considered. A couple of self-report methods touch on components of kindness or refer to it as part of a broader concept. In an attempt to tackle the issues surrounding research on mindfulness, one measure considers kindness as part of the four immeasurable human qualities – loving kindness, compassion, joy and equanimity (Nhat Hahn, 1991) – here captured by the Self-Other Four Immeasurables scale (SOFI; Kraus & Sears, 2009). The scale includes eight adjectives (each assigned with towards ‘self’ and ‘others’ modes) that describe the four qualities, including their near and far enemies. For instance, the adjective that describes kindness was chosen to be friendly and its enemies - hate and anger. Kindness emerges in the positive qualities factor, along with joyful, accepting, and compassionate, both towards the self and others; however, when a self versus other rating is considered the factors could include either ‘self’ adjectives or ‘others’ adjectives. The findings distinguish between groups of individuals by revealing that people who meditate experience higher levels of kindness than those who do not (Kraus & Sears, 2009). However, research in the field does not provide any further information on how groups of people differentiate in general in their ability to be kind.

The most widely used measure to include kindness based items is the Inventory of Strengths (VIA-IS; Peterson & Seligman, 2004). This is a 240-item measure of 24 strengths, amongst which are gratitude, social intelligence, forgiveness, open-mindedness, and kindness. Women typically report higher scores on the measure than men, specifically on the strengths kindness, love, gratitude and social intelligence (Linley, Maltby, Wood, Joseph, Harrington, Peterson, Park & Seligman, 2007). Kindness is included in the virtue of humanity

(e.g. interpersonal strengths that involve tending and befriending others) along with love and social intelligence, where it stands for doing favours and good deeds for others. Empirically kindness is part of the interpersonal strengths factor (Peterson, Park, Paul, D'Andrea, & Seligman, 2008), however, the factor's content varies across different studies. For instance, Peterson et al. (2008) placed kindness in one factor with humour, leadership, love, social intelligence, and teamwork, whilst Ruch, Proyer, Harzer, Park, Peterson and Seligman (2010) identified it along with leadership, forgiveness, teamwork, and fairness. Further, high levels of kindness have been associated with stable life satisfaction even when an individual has a physical disorder (Peterson, Park, & Seligman, 2006), higher GPA in college students (Lounsbury, Fisher, Levy, & Welsh, 2009), less negative effects of stress and trauma (Park & Peterson, 2006; Park & Peterson, 2009a) and less popularity within high school groups (Park & Peterson, 2009b). However, in each empirical case this perspective on kindness is taken in a combination with other related strengths, thus posing difficulties in establishing the precise influence of kindness or whether there are any particular aspects of it that are responsible. Although, remarkably thorough, the VIA-IS does not give us the means to study kindness specifically or independently from other human qualities, however, it has provided a solid foundation for considering it.

1.3. A need for a measure of kindness

Despite the large interest in investigating kindness, scholars seem to be mostly focusing on the benefits of kindness and how these benefits might affect recipients. In fact, none of the existing studies is directly concerned with the benefactors of kindness and what psychological processes may underlie the human desire to be kind. Moreover, none of these studies provide a substantive range of kind behaviours upon which individuals could be

evaluated. In other words, there are no established criteria of what is kind or how these differentiate with respect to different individuals or groups of individuals.

However, these studies, even though somewhat limited in their pursuit of kindness, do reveal a curious pattern when observed together. For instance, women have been shown to endorse more kindness and react in a more positive way to it than men. Kindness also appears to take different forms in different age periods of one's lifespan. Further, in any given case happy people are more capable of recognising and enacting kindness than less happy people. Moreover, the level of positivity in reacting to kindness depends on whether the type of kindness received comes from a relative or a stranger. In other words, when these differences between people are considered together, rather than individually they are suggestive of a broader underlying psychological process that develops differently in different groups of people. Therefore, based on previous research this process or human trait was identified as *kindness*.

The current thesis builds on previous research by recognising that whilst various aspects can describe kind behaviour, they are not sufficient in providing an adequate theoretical framework for kindness in their own right. It is then proposed that a rather different approach should be considered, one that is multidimensional, rather than unidimensional, or in other words, an integration of all of these aspects into one systematic framework of kind behaviour. In order to do that a specific measure of kindness that reflects these distinct aspects is necessary. Of course, this measure would be rather different than exploring kindness through a broader concept (e.g. self-compassion, mindfulness, happiness); or as a single item (e.g. helping, flower-giving); or through the experience of recipients as has been the case in previous studies. Such a measurement would go beyond earlier research in which (1) respondents typically are asked to perform or recall an act of kindness over a particular period of time and/or make a judgment of their overall life quality, (2) a third party

is included in order to evaluate kindness dynamics between benefactors and recipients, or (3) kindness is measured partially or as part of larger concepts. Moreover, a measure of kindness would assist in outlining both the theoretical and empirical, in contrast to commonly accepted, understanding of the vast variety of behaviours that kindness as a human trait includes. Furthermore, it would contribute to the establishment of a benchmark for the assessment of the amount and variety of kindness a person exhibits.

Chapter 2

Psychological Explanations of Kindness

Although, scholars seem to agree that kindness is an important human quality (Exline et al., 2012, Peterson & Seligman, 2004; Otake et al., 2006) much of research has observed acts of kindness from a variety of contradictory perspectives which, in turn, give rise to a number of pertinent questions. For instance, kindness has been largely explored within the boundaries of a simple helping behaviour that benefits people (Luybomirski et al., 2005), empathy (Eisenberg, Spinrad, and Morris, 2014), social duty (Eisenberg, 1986; Ottoni-Wilhelm & Bekkers, 2010), genuine concern for others (Macaulay & Berkowitz, 1970), agreeableness with others (McCrae & Costa, 2003), and even self-interest (Van Lange, 1999). However, none of these approaches consider the possibility that all of these aspects may contribute towards an integrated framework of kindness. Furthermore, in both theoretical writings and research literature, it is impossible to determine whether authors are referring to kindness, altruism, cooperative or socially competent behaviour, or all of them. Therefore, in order to define kindness more precisely it is necessary to discuss it in relation to other concepts.

2.1. Empathy: An emotional source for kindness

The suggestion that empathy may be an important determinant of prosocial and even altruistic behaviour has been widely accepted among psychologists (Batson & Coke, 1981; Hoffman, 1981; Feshbach, 1978; Staub, 1978; Aronfreed, 1970). Specifically, Eisenberg et al. (2014) and de Waal (2008) demonstrated that empathy could be regarded as one of the main psychological motivators for kindness. In particular, research on empathy mainly states

that empathising with the suffering of another can equip the individual with the emotional impulse that is necessary in order to engage in helpful acts meant to alleviate the other person's suffering (Eisenberg & Eggum, 2009). This can also lead to sympathetic feelings of sadness and concern for the person's well-being (Eisenberg & Eggum, 2009), as well as prosocial behaviour towards that person (Miller, Nuselovici, & Hastings, 2016).

A vast majority of these studies have used the Interpersonal Reactivity Index (IRI; Davis, 1980) which measures dispositional empathic concern. In particular, heart rate deceleration and facial electromyographic (EMG) are typically used as physical measures of affective empathy. For example, heart rate deceleration, which is typically associated with sadness and sympathy (Eisenberg, McCreath, & Ahn, 1988), and increased facial sadness when observing others in need, are both associated with increased desire to help (Eisenberg, Fabes, Miller, Fultz, & Shell, 1989). Dispositional empathic concern, as measured by the IRI, has also been associated with higher levels of charitable giving (Davis, 1983a) and greater concern for the wellbeing of others (Batson, 1998). Studies examining cognitive empathy and helping behaviour have focused on correlating the perspective-taking subscale of the IRI to self-reported prosocial behaviour. These studies have found that perspective-taking is responsible for increased frequency of volunteering (Carlo, Allen & Buhman, 1999) and self-reported prosocial tendencies (Carlo, Hausmann, Christiansen, & Randall, 2003). Together, these studies broadly suggest that both affective and cognitive empathic processes are essential in motivating prosocial behaviour (Carlo et al., 2003; Hoffman, 2001; Batson, 1998; Eisenberg et al., 1989). Some further analyses showed that cognitive and affective empathy uniquely predict prosocial behaviour, suggesting that both components play a role in motivating helping (Lockwood, Seara – Cardoso, & Viding, 2014).

Despite this rich evidence of a relationship, it is also important to differentiate between kindness and empathy. Whilst it appears that kindness is a product of empathy it is

different from empathy in the sense that it is more active in dealing with the actions and reactions of a person, rather than just their ability to have these responses. In other words, while empathy could be regarded as a variety of processes within the individual, involving (1) verbal and nonverbal emotional expressions, such as facial and vocalic changes, and body movements, (2) subjective feelings that resonate with affective experiences, and (3) physiological changes (Hastings, Miller, Kahle, & Zahn-Waxler, 2014), kindness includes direct behaviour that physically helps the person in need. Further, it is of note that, one of the main psychological sources from which kind acts are derived is precisely empathy, most clearly demonstrated by Eisenberg et al. (2014) and de Waal (2008).

Therefore, it is hypothesised that the approach of kindness taken in this thesis, similarly to previous findings would have empathy as one of the main motivators for kind behaviour. Besides this apparent relationship it is also hypothesised that kindness and empathy would emerge as two independent constructs.

2.2. The Principle of care: A cognitive source for kindness

The theoretical analysis of kindness moves beyond the empathy-kindness association to posit that helping is also a consequence of an internalised moral value than one should help those in need most clearly illustrated by Eisenberg (1982; 1986) and Ottoni-Wilhelm and Bekkers (2010). In particular, this moral value is known in the literature as the ‘principle of care’ (Hoffman, 2000; Batson, 2011). In fact, in theories of moral development (Eisenberg, 1982; Hoffman, 2000), the principle of care is thought to emerge at a higher stage of development than empathy. For instance, Bekkers and Ottoni-Wilhelm (2016) stated that individuals whose preferred helping style is the principle of care are prone to help others in

need, not just because they feel bad for their suffering, but because they recognise helping as the morally right thing to do. It is within those terms that these authors concluded that the principle of care provides an additional basis for helping people in need.

Of course, the principle of care and empathy differ fundamentally in their authority over helping behaviour. For instance, empathy appears more strongly associated with helping that resonates with the needs of close others, such as kin, than in response to distant others, such as unrelated individuals and strangers (Sturmer, Snyder, & Omoto, 2005). Similar results were achieved by Exline et al. (2012) where helping close others was associated with positive mood and emotions as opposed to non-normative kindness which revealed more negative emotions. In contrast, Bekkers and Ottoni-Wilhelm (2016) postulated that the principle of care encourages individuals to help those in need regardless of their social, psychological, or genetic distance. For instance, one such behaviour, as illustrated by Bekkers and Ottoni-Wilhelm (2016) is charitable giving. Their study clearly demonstrated that the association between principle and giving was indeed stronger than the association between empathic concern and giving. Other behaviours associated with the principle of care are giving food or money to a homeless person, lending an item to a stranger, volunteering, and donating blood (Ottoni-Wilhelm, & Bekkers, 2010).

It is also of value to mention that the two concepts, principle of care and empathic concern, are related but independent constructs. First, Staub (1978) and Batson (1994; 2011) state that they may emerge due to different motives, such as helping out of concern for the other or out of obligation, although according to Hoffman (2000) both motives could be simultaneously present. Second, Hoffman (2000) further argues that empathic concern includes an automatic emotional process triggered by someone in need who is also present right now, whereas the principle of care involves cognitive evaluation of the situation from the perspective of a moral point of view whether or not the needy person is at a distance or

vaguely known. Third, empathic concern typically leads to a stronger reactive outcome that is almost always given in response to the need of someone familiar (Sturmer et al., 2005).

According to Hoffman (2000), such a familiarity bias can only be overcome by those who rely on the principle of care in order to help.

Consequently, according to Bekkers and Ottoni-Wilhelm (2016), the principle can be perceived as an expansion of the norm Schwartz (2010) defined as ‘benevolence’ e.g. preserving and contributing to the wellbeing of those in frequent contact, in order to incorporate the norm he called ‘universalism’ or the understanding, protection, and tolerance of the wellbeing of all people, including nature.

Therefore, alongside empathy, cognition also appears to be a valuable way to manifest kindness, hence it is hypothesised that it, too, would emerge as part of the kindness domain proposed in this study.

2.3. Differentiating between kindness and altruism

Amongst the various forms through which kind behaviour can manifest, altruism is perhaps the most popular and widely researched form. Following the multidimensional approach outlined in this study, it is hypothesised that altruism could be best seen as an aspect of kindness. Therefore, it becomes important to differentiate between these two forms of helping. Of these, kindness has been defined as a voluntary behaviour that benefits others (Luybomirski et al., 2005; Exline et al., 2012; Otake et al., 2006) or ‘an action that has the consequence of [...] improving the wellbeing of another person’ (Dovidio, Piliavin, Schroeder, & Penner, p. 22). The motive is typically undetermined and may be positive, negative or both (Eisenberg, 1982; Staub, 1978). In contrast, altruistic behaviour could be defined as a subtype of kindness that is not only a voluntary behaviour that benefits others, but also one that is performed without the expectation of rewards and does not include

avoidance of externally produced aversive stimuli or punishment (Macaulay & Berkowitz, 1970).

Although, to date no unified effort has been made to empirically differentiate kind from altruistic behaviour, researchers have been arguing that an important difference could be found in the motivation to help someone. For instance, Batson (1987), using his empathy-altruism hypothesis, claimed that some helping some of the time is truly altruistic. On the other hand, Cialdini, Kenrick, and Baumann (1982), employing their negative state relief model, attempted to demonstrate the classic behaviourist's position that all actions are based on self-interest, that is all helping is egoistic. Specifically, the important contrast is between helping that is motivated by egoistic concerns, for instance helping someone for the sake of feeling better or more popular, and helping that is motivated by altruistic concerns, for instance helping someone in order to alleviate their suffering. Thus, there is a possibility that some types of kind behaviour may not be entirely driven by a genuine concern for others.

Consistent with the negative state relief model, scholars have demonstrated that the act of causing or witnessing harm to someone promotes helping among a vast majority of individuals. However, an important exception to rule is that when people experience a mood-enhancing event between the occurrence of the harm and the opportunity to help (Cialdini, Darby, & Vincent, 1973), helping then appears less frequently. Interestingly when individuals experience high levels of sadness they tend to help others more than people who experience less sadness. Again, an important exception is that when the potential helper undergoes another mood-enhancing event, such as listening to a comedy tape or having the opportunity to help another person (Schaller & Cialdini, 1988), helping in the moment loses priority. However, it is suggested that negative moods facilitate helping only if people believe that their moods are manageable (Manucia, Baumann, & Cialdini, 1984). According to this

model, negative states can be said to promote helping, as long as helping is perceived by benefactors as a way to relieve their own negative state, for instance, sadness.

In contrast to the egoistic model of helping, Schroeder, Dovidio, Sibicky, Matthews, and Allen (1988) found that individuals with high levels of empathic concern demonstrated high levels of helpfulness even when they thought that their own moods were impossible to manage. Consistent with the empathy-altruism hypothesis, Batson, Batson, Griffitt, Barrientos, Brandt, Sprengelmeyer, and Bayly (1989) replicated Schaller and Cialdini's (1988) procedure and confirmed that, indeed, expected mood enhancement did not lead individuals high in empathic concern to be less helpful. They concluded that 'anticipated mood enhancement is not sufficient to reduce the helping of empathically aroused individuals because it does not permit them to reach the altruistic goal to relieve the victim's distress' (p.931). Thus, the question of whether kind behaviour is based on self-interest or altruistic motivation remains unsolved (Dovidio, Allen, & Schroeder, 1990).

These findings suggest that kindness is not only a broader concept than anticipated but could include either self-interest or genuine altruistic elements. In other words, there is a possibility that altruism could be perceived as a subcategory of kindness. Further, these conclusions are in line with the proposition for multidimensionality of kindness and consistent with the idea that the understanding of kindness should go beyond a simple response to others needs.

2.4. Social dilemmas: Facilitators for kindness

Yet another rather complex type of social behaviour is reflected through the aspiration that kindness could be a multidimensional trait, rather than a unitary structure. This movement could be best described as an integration of both self-serving and principled aspects of kindness in what is known as 'social dilemmas'. A long line of research has

outlined the importance of studying cooperation in social dilemmas and its impact on society (Lumsden, Miles, Richardson, Smith, & Macrae, 2012; Van Lange, Schippers, & Balliet, 2011; Shelley, Page, River, Yeagley, & Kuhlman, 2010; Nauta, De Dreu, & Van der Vaart, 2002; Van Lange, 1999; McClintock & Allison, 1989), extending the possibility for and benefits of kindness beyond the needs of a single individual to the wellbeing of society in general. Of course, this is different from the traditional view of kindness in the sense that this behaviour may not require a one-on-one interaction but rather a desire to cooperate in matters that may or may not affect one's community.

Broadly, social dilemmas involve a conflict between immediate self-interest and long-term collective interest (Van Lange, Joireman, Parks, & Van Dijk, 2013). Researchers claim that these are complicated situations mostly because acting out of self-interest is tempting to everyone, even though individuals benefit more from acting in the long-term collective interest. For instance, employees may choose to engage solely in activities prescribed by their job descriptions without exceeding these expectations, even though this could benefit the organisation as a whole. Further, individuals may decide to ignore their right to vote, leaving the faith of their country to their fellow citizens. According to Van Lange et al. (2013), this apparent variation in choosing to help the 'greater good' or not has been mainly discussed within four broad categories that are relevant to kindness, including individual differences, decision framing, affect, and dynamic interaction processes. Therefore, in order to define kindness in the context of social dilemmas, it is important to understand how various psychological aspects affect individuals' decisions to help themselves or to help others.

2.4.1. Individual differences

Researchers have often explored individual differences in social dilemmas in terms of social value orientation (Van Lange, 1999; Messick & McClintock, 1968), trust (Parks, Henager, & Scamahorn, 1996; Parks, 1994), consideration of future consequences (Joireman, Posey, Barnes Truelove, & Parks, 2009), as well as personality characteristics. In particular, research has shown that, unlike individualists and competitors, prosocial individuals are more willing to donate and help the ill and the poor and volunteer as participants in a psychology experiment (McClintock & Allison, 1989; Van Lange et al., 2011), be seen as cooperative on the basis of their non-verbal behaviour (Shelley et al., 2010), engage in proenvironmental behaviour (Cameron, Brown, & Chapman, 1998), exhibit citizenship behaviour in organisations (Nauta et al., 2002), coordinate their behaviour with an interaction partner (Lumsden et al., 2012), and express stronger preferences for public transport (Van Vugt, Meertens, & Van Lange, 1995). Therefore, it is immediately apparent that social values may be a powerful motivation to be kind.

Another variable, according to Van Lange et al. (2013), that produces individual differences in cooperation is trust. In particular, trust represents the uncertainty and risk that comes with the control another person has over one's life. Alternatively, it is also associated with positive expectations or a set of beliefs in the cooperative behaviour of another person (Evans & Krueger, 2010). Some of the work on trust in social dilemmas reveals that those high in trust were more likely, than those low on trust, to help in response to a partner's immediate intention to help (Parks et al., 1996), limit the use of scarce goods (Messick, Wilke, Brewer, Kramer, Zemke, & Lui, 1983), and contribute to public goods (Parks, 1994; Yamagishi, 1986). Further, trust becomes more important when individuals possess limited knowledge of another person's intentions or when they are experiencing uncertainty regarding that person (Yamagishi, 2011). For instance, levels of cooperation were much

lower when people experience a social dilemma with ‘noise’ and this was more specific for people low on trust than for people high on trust (Tazelaar, Van Lange, & Ouwerkerk, 2004).

Yet, another aspect of helping in social dilemmas is the consideration of future consequences, as identified by Van Lange et al. (2013). This is best illustrated by people’s potential to consider the consequences of their own behaviour and the extent to which their behaviour is influenced by these consequences (Strathman, Gleicher, Boninger, & Edwards, 1994). A series of studies have supported this notion and demonstrated that, indeed, highly considerate individuals are more likely than less considerate individuals to assist others in social dilemmas created in a laboratory setting (Joireman et al., 2009; Kortenkamp & Moore, 2006). This is further illustrated by highly considerate individuals engaging in proenvironmental behaviour (Joireman, Van Lange, & Van Vugt, 2004), commuting by public transport, rather than a personal car (Joireman et al., 2004), and supporting structural solutions to transportation problems if the solution will reduce pollution (Joireman, Lasane, Bennett, Richards, & Solaimani, 2001).

Other individual differences could be explained by referring to the personality literature. For instance, assistance in social dilemmas is found to be higher amongst individuals who are less narcissistic (Campbell, Bush, & Brunell, 2005), less extroverted but highly agreeable (Koole, Jager, van den Berg, Vlek, & Hofstee, 2001), less envious (Parks, Rumble, & Posey, 2002), but more prone to sensation seeking and self-monitoring (Boone, Brabander, & van Witteloostuijn, 1999) and the need to belong (De Cremer & Leonardelli, 2003).

2.4.2. Decision making

According to Van Lange et al. (2013), another psychological category that could provide some insight into why people help in social dilemmas is decision making. In general, emphasising the egoistic aspect of these dilemmas or, in other words, gaining some external reward after cooperating, makes people less cooperative than emphasising the prosocial aspect of the dilemmas or the contribution towards the greater good (Kramer & Brewer, 1984). Similarly, helping appears less frequently when the dilemma is perceived as a business decision by decision makers, rather than an ethical (Tenbrunsel & Messick, 1999) or a social one (Lieberman, Samuels, & Ross, 2004). Finally, helping could decrease in frequency if people become convinced that they have been outperforming the expectations, and increase if they have been doing worse than expected (Parks, Sanna, & Posey, 2003).

2.4.3. Affect

The influence of affect on helping in social dilemmas is another topic of importance, as indicated by Van Lange et al. (2013). Here research has focused on both general mood states and specific emotions. Regarding mood, a rather peculiar but clear pattern emerges in the sense that improved mood is not a necessary requirement for inducing cooperation. Of course, this is a qualitatively different type of helping to the one described by scholars, such as Otake et al. (2006) who claim that happy people provide help more frequently. For instance, positive moods can cause people to believe that they have been supportive enough (of the group) and that they are now allowed to choose between helping or not (Hertel & Fiedler, 1994). Alternatively, it is possible that positive mood experience causes people to focus more on their internal emotional states, which could, in turn, harness selfish tendencies,

while negative mood experience may lead to a more externalised focus, which could foster cooperation (Tan & Forgas, 2010).

Such findings are in line with the rather contradictory statement that happiness may not be necessarily understood as the most beneficial mood for helping (Gruber, Mauss, & Tamir, 2011). In particular, it has been confirmed that individuals who feel unhappy with their contributions in social dilemmas will become more cooperative in future dilemmas in order to compensate for their behaviour (Ketelaar & Au, 2003). In support, helping behaviour could be associated with a number of negative emotions, such as envy (Parks et al., 2002), guilt (Nelissen, Dijk, & de Vries, 2007), shame (De Hooge, Breugelmans, & Zeelenberg, 2008), regret (Martinez, Zeelenberg, & Rijsman, 2011), anger and disappointment (Wubben, De Cremer, & Van Dijk, 2009), in the sense that these stimulate helpfulness and cooperation.

2.4.4. Dynamic interaction

Yet another psychological variable, as indicated by Van Lange et al. (2013), dynamic interaction, is concerned with various interaction processes within social dilemmas. These can include the individual's behaviour following their choice, the individual's behaviour after they have learned of other choices, and/or the individual's behaviour after being faced with a subsequent choice. Specifically, reciprocal strategies are considered.

A growing body of research explains the impact of different reciprocal strategies on cooperation in social dilemmas (Komorita, Parks, & Hulbert, 1992). A well-known fact is that the Tit-For-Tat (TFT) strategy is the most effective strategy if one is motivated to pursue collective wellbeing, as well as individual wellbeing (Axelrod, 1984). The success of the former, however, has been shown to depend on social value orientation of individuals. For instance, in the seminal work of Kuhlman and Marshello (1975) cooperators, individualists and competitors play 30 trials of a 2-person prisoner's dilemma game against one of three

pre-programmed strategies (100% cooperative, TFT, 100% non-cooperative). These authors found that cooperators reveal high cooperation, unless their partner always chose to behave in a non-cooperative manner. On the other hand, competitors display low cooperation, regardless of their partner's preferences. Finally, individualists show high cooperation only when teamed with a partner who uses a TFT strategy.

Recent studies, however, have questioned most of these findings. For instance, Weber and Murnighan (2008) in an attempt to argue against the non-selfish nature of co-operators showed that persistent cooperators can successfully increase cooperation in social dilemmas with the aim to promote their own interests. Further, although it was previously suggested that competitors were not capable of cooperation, Sheldon (1999) showed that they can learn cooperation in response to a tit-for-tat strategy when given enough time. Finally, it is expected that the timing of rewards and punishments may have an important role in cooperation, as most clearly stated by Parks and Rumble (2001). For instance, whereas highly cooperative individuals are more likely to assist even more when their effort is reciprocated, competitors are more likely to help when punishment for non-cooperation is delayed.

Besides the effects of direct reciprocity, research also points at how indirect reciprocity can promote helping in individuals. Whereas, the former can be observed in simple social interactions of individuals, the latter occurs in larger settings. In line with this view, cooperation in individuals may increase significantly but only towards others who have helped others in the past. For instance, Wedekind and Milinski's (2000) experiment clearly illustrates that indirect reciprocity may be related to a sense of reputation such that individuals who cooperate may gain a better reputation than individuals who do not. Further, individuals are more likely to extend their cooperation to others who are known to donate to charity foundations like UNICEF (Milinski, Semmann, & Krambeck, 2002). It is of note thought, that the more individuals are aware of these reputation benefits, the more they

donate as opposed to individuals who are not aware (Griskevicius, Tybur, & van den Bergh, 2010). In fact, even the slightest chance of observers can increase donations (Bateson, Nettle, & Roberts, 2006), which further underscores the power of reputation over a genuine sense of cooperation.

In sum, social dilemma research has revealed how various social encounters can promote social duty (vote, recycle etc.) or even genuine kindness (charity). Further, it has provided the foundations for considering cooperation in social dilemmas as a form of kindness.

2.5. Kindness and personality

Yet another area of psychology that should be considered for the development of an integrated framework for kindness taps on aspects that have been related to personality research. The investigation of these aspects would provide a foundation for considering various personality traits as mediators of kind behaviour. In other words, it may provide further insight into the type of traits most commonly encountered in kind individuals.

Personality traits associated with high functioning interpersonal relationships account for high levels of extroversion, conscientiousness, agreeableness and low levels of neuroticism (McCrae & Costa, 2003; Lee, Dean & Jung, 2008) and are opposite of what is associated with psychopathy (Lynam, Caspi, Moffit, Raine, Loeber, & Stouthamer-Loeber, 2005; Miller et al., 2001) and Machiavellianism (Aghababaei & Blachnio, 2015). In particular, such personality traits, similarly to kindness, have been repeatedly associated with high levels of wellbeing (McCrae & Costa, 2003; DeNeve & Cooper, 1998; Lee, et al., 2008).

Intuitively, almost all of the Big Five dimensions could be said to take some part in the kind personality. For instance, Carlo, Okun, Knight, and de Guzman (2005) found that extroversion may be associated with the impulsive tendency of jumping into a frozen river in

order to save others. On the other hand, Tobin, Graziano, Vanman, and Tassinari, (2000), suggested that neuroticism, in the sense of high anxiety and vigilance to threat, could decrease helping to an extent of no response. Additionally, conscientiousness may be related to kindness through its apparent association with compliance with prosocial norms and rules and with duty (Jensen-Campbell, Rosselli, Workman, Santisi, Rios, & Bojan, 2002). Finally, openness to experience might be related to kindness due to the general acceptance that runs through this trait. Helping a victim in a need of assistance may be a result of both of these aspects. However, it is more worthwhile to consider one domain in the consensus five-factor structure – agreeableness – in somewhat greater depth due to its apparent association to kindness.

In particular, agreeableness is typically associated with social adaptability, likability, friendly compliance, agreeableness and love (John & Srivastava, 1991) and overlaps with common understandings of empathy, especially empathic concern (Eisenberg & Strayer, 1987; Graziano, Habashi, Sheese & Tobin, 2007). Moreover, Graziano et al (2007) found that agreeableness is positively associated with greater empathic concern after exposure to a needy target and that these feelings of sympathy mediate the effect of agreeableness on helping others. In support, Penner and Finkelstein's (1998) two-dimensional model of prosocial personality, comprising other-oriented empathy (the tendency to experience empathy for, and to feel responsibility and concern about the wellbeing of others) and helpfulness (a self-report history of engaging in helpful actions), correlated closely with agreeableness. Thus, this investigation also supported a positive link between kindness and agreeableness. In another investigation, however, Penner, Fritzsche, Craiger, and Freifeld (1995) found a significant association between agreeableness and other oriented empathy but not between agreeableness and helping. These authors then concluded that perhaps agreeableness is more closely related to prosocial thoughts and feelings than to prosocial

behaviour. A question, therefore, arises as to the possibility for a kindness trait that may not necessarily fall within the five-factor structure.

When extroversion and kindness are considered, a word of caution must be voiced. For instance, individuals high on extroversion typically socialise with other people, enjoy other peoples' company, and subsequently experience greater positive affect (Lucas & Fujita, 2000). However, they are able to remain happy even when not in social situations (Pavot, Diener & Fujita, 1990), rejecting the need for relatedness present in individuals high on kindness (Baumeister & Leary, 1995). Moreover, extroverts typically demonstrate traits, such as assertiveness and excitement-seeking (Costa & McCrae, 1995) which are theoretically unrelated to any of the aspects of kindness.

Although, intuitively the dimensions of the Big Five seem to share a strong relationship to kindness, the empirical findings point at a dramatically different picture. The rest of the traits in the five factor model typically reveal varying degrees of association with others-oriented constructs (Mooradian, Matzler, & Szykman, 2008; Mooradian, Davis & Matzler, 2011), such as empathy and helping behaviour. For instance, openness to experience emphasises the rational, intellectual aspects of curiosity and the capacity for imagination (John & Srivastava, 1999). Hence, it is often associated to perspective-taking and imagination, in particular the willingness to imagine the point of view of other people (Mooradian et al, 2011) but not necessarily undertaking helping behaviour. However, in contrast, conscientiousness facilitates task-and-goal behaviour, such as thinking before acting, following norms and rules, planning and organising (John & Srivastava, 1999). It is typically reported to share only a weak relationship to others-oriented constructs, leading many researchers to believe that it is unrelated to genuine interpersonal response (Mooradian et al., 2011; Thielmann & Hilbig, 2015), hence an association with kindness should be unlikely. Finally, the neuroticism domain is largely based on negative emotionality and

poorly regulated emotions, thus it is negatively associated to concepts that include emotional responses (MaCrae & Costa, 2003; Lee et al., 2008). Additionally, high levels of several facets of neuroticism, including angry hostility and impulsiveness were linked with psychopathy (Miller & Lynam, 2003), further suggesting a polar relationship between neuroticism and kindness.

Overall, although kindness may be overlapping with some of the Big Five dimensions, such as agreeableness it seems unlikely that it could be considered a part of the five-factor structure. Perhaps the best possible way to resolve this debate is through correlating kindness and the Big Five.

2.6. Psychopathy and Machiavellianism: Opposites of kindness

Moving from various aspects of kind behaviour, this section would discuss kindness in terms of what it is not, thus helping to further outline the concept. An important area of research is concerned with the idea that the quality of one's interpersonal relationships (towards which kindness contributes; Otake et al., 2006), is critical to subjective happiness and wellbeing (Lyubomirski et al., 2005). However, the relationships of psychopaths and Machiavellian individuals are generally manipulative, shallow and lack empathy, rather than being of caring and prosocial nature (Furnham, Richards & Paulhus, 2013; Pabian, De Backer & Vandebosch, 2015). Therefore, psychopaths and individuals high on Machiavellianism typically exhibit high levels of depression and negative affect, and low levels of life satisfaction, happiness and positive affect (Love & Holder, 2014; Aghababaei & Blachnio, 2015). For instance, highly psychopathic males tend to select their friends in a way that provides them with opportunities for sexual partners and personal protection, rather than

focusing on aspects that build a genuine relationship (Jonason & Schmitt, 2012). In particular, these deficits may not be associated with overall empathy, but rather limited to emotional contagion and affective empathy (Wai & Tiliopoulos, 2012).

Supporting research has shown that individuals high on psychopathy and Machiavellianism typically display high levels of perspective-taking and low levels of empathy (Barnett & Thompson, 1985). Therefore, they are able to identify the feelings of others and may understand their experiences on a situational level but not emotionally. For instance, psychopaths are known to be extremely charming (Hare, 2003), and construct-based predictions of their behaviour indicate an ability to display signs of cooperation and prosocial behaviour when it is in their best interest i.e. in corporate settings (Babiak & Hare, 2006). However, findings reveal that highly psychopathic individuals tend to offer less help than those low on psychopathy (Mahmut, Cridland & Stevenson, 2016) but do offer more help to an attractive female (Mahmut et al., 2016; Kirkman, 2005).

Another line of research concerning kindness and psychopathy focuses on examining incarcerated individuals. The few studies that have focused on helping behaviours have found that social closeness (O'Connor, 2002), socialisation and role-taking ability (Vitale, Smith, Brinkley, & Newman, 2002), and caring behaviour (Vablais, 2007) are negatively related to psychopathy. However, Lehman and Ittel (2012), using kindness-specific items to test offenders (such as 'being kind to others', 'being a good listener', 'lending belongings to a inmate', and 'making others feel welcomed') reported lack of correlational coefficients between prosocial behaviour and psychopathy. Similar findings were revealed in a study of female offenders where non-significant correlations between psychopathy and warmth were found (Salekin, Rogers, & Sewell, 1997). In particular, the produced relationship with prosocial behaviour differs when types of psychopathy, such as primary and secondary psychopathy, are concerned. For instance, White (2014) discovered that whilst primary

psychopathy relates inversely to anonymous and altruistic prosociality, secondary psychopathy does not relate at all. This apparent distinction leads to the hypothesis, that the association between kindness and psychopathy may vary according to the types of kindness and types of psychopathy examined.

Similarly to psychopathy, a number of research sources state that a negative association can be observed between the level of Machiavellianism and the ability to recognise and identify emotional features on the faces of others (McIllwain, 2003). From one point of view, Machiavellians can understand the perspective of others by assimilating their goals and knowledge and even place themselves in their position, however without taking on their emotions (McIllwain, 2003). Another point of view, however, states that Machiavellian people have mastered their emotions, specifically in predicaments where these emotions may interfere with, or yet, violate their personal aims. For instance, cynical Machiavellians often excuse their actions by projecting their own cunning onto other people in the sense that they would similarly resort to cheating in similar situations (Davies & Stone, 2003), possibly causing their limited desire to help others.

With respect to their specific cognitive orientation, people with high levels of Machiavellianism do not tend to display helping behaviour, except when their immediate interest motivates them to do so (Paal & Bereczkei, 2007). Their willingness to help typically increases when Machiavellians become convinced that their generosity would be rewarded by the attention and respect of others (Bereczkei, Birkas, & Kerekes, 2010). Further, Bereczkei et al. (2010) state that when the opportunity to improve their reputation decreases, high Machiavellians, then resort to minimising the cost imposed by the type of helping behaviour (i.e. effort, time, disruption of ongoing activities etc.), and are, thus, unlikely to display any form of prosocial behaviour. Similar findings were obtained from studies involving school-aged children where Machiavellian adolescents were characterised as antisocial and

aggressive, but socially skilled, charming, and simultaneously popular among their peers (McIllwain, 2003; Repacholi, Slaughter, Pritchard, & Gibbs, 2003), as well as being often warm and reciprocal in their relationships with friends (Hawley, 2003).

Despite the obvious links to antisocial behaviour, little is actually known as to how psychopathy and Machiavellianism affect different types of kindness. Individuals, elevated on primary psychopathy and Machiavellianism are likely to be more superficial and selfishly motivated by extrinsic rewards (such as expectations of reciprocity, social recognition, and status), than individuals low on these traits. Such rewards are typically obtained in situations involving interactions in public settings, where these individuals can charm and manipulate others through superficial prosocial acts in order to receive desired social rewards, such as admiration or the desire to be seen as heroes. Additionally, the assertion that public helping behaviour is focused on benefiting the self is widely negatively related to various affective components, such as empathy (McGinley & Carlo, 2006) and possibly kindness.

2.7. Towards a definition of kindness

A systematic review of the literature reveals the possibility that kindness encompasses more than one aspect at a time, such as emotions, cognitions, genuine concern for others, social obligation, anonymity, type of recipients, and even self-interest. The notion of multidimensionality is immediately evident when these aspects are considered together. In addition, important mediators of kind behaviour appear to be a variety of personality traits, such as high levels of agreeableness and low levels of neuroticism, Machiavellianism, and psychopathy. However, individuals high on Machiavellianism and psychopathy could also appear kind to others, although, this type of kindness is rare and typically motivated by rewards, such as popularity, finance or other personal gains.

An integrated framework of kindness is currently lacking from the literature leading many to philosophise on the nature of kind behaviour. Although studies investigating human kindness have been useful in establishing various aspects of kindness, a broader understanding of different types of kindness may benefit from the multidimensional approach undertaken in this study e.g. the development of a formal theoretical framework of the psychological bases of behavioural variation. This would, in turn, inform consideration of the processes that generate kindness, or alternatively the diverse nature of this popular human aspect. More broadly, a formal understanding of what it is that distinguishes types of kindness from one another may provide a framework for the development of diverse causal explanations of human kindness.

Chapter 3

Defining the Domain of Kindness: Facets of Kindness

Although benefits of kindness and who is kind to whom have been frequently discussed throughout the literature, very little is known about the psychological nature of kindness in general and how such behaviour manifest in first place. As already mentioned, various researchers explore kind behaviour from a multitude of perspectives, from acts of kindness that are based on emotion (Bowlby, 1982), cognition (McCullough et al., 2000; Eisenberg et al., 2014) and behaviour (Lyubomirski et al., 2005), through actions that are reactive or proactive (Warneken, 2013), or normative (Exline et al., 2012) to helping that is of anonymous or nonanonymous nature (Shorr & Shorr, 1995) and yet discuss similar findings. Therefore, a possibility exists that these similarities inform a rather complicated underlying structure of kindness than is typically examined within research.

Although this apparent variation of behavioural components research so far fails to acknowledge the possibility for a domain for kindness. In particular, there is no formal psychological explanation of how these behavioural variations may inform different types of kindness. Therefore, in order to identify whether there is any apparent structure to the kindness domain an attempt was made to identify potential components or facets and their elements as discussed in the literature.

The most straightforward way for identifying the facets of a domain is offered by what is known as the Facet approach, as discussed in most detail by Canter (1985), Shye, Elizur, and Hoffman (1994), and Borg and Shye (1995). Here, a facet takes the form of a criterion or a rule for classifying virtually anything from attitudes to behaviours, associated with a given concept (Shye et al., 1994). The facet is typically drawn from the related

literature given that enough evidence supports its selection. More than one facet could be used simultaneously and each additional facet defines a new classification and further differentiates amongst possible behavioural (in the case of kindness) variations. Based on the literature, six facets most clearly distinguish between kind behaviour and, therefore, could be said to form the domain of kindness.

3.1. Manifestation

The first and most clearly defined (by scholars) facet is Manifestation or most specifically the source through which kind behaviour is manifested. This facet contains three elements, in particular actions, cognitions, and emotions which, in turn, are known in research as the behavioural modality facet (Elizur, 1984; 1986; 1991; Canter, 1985). This facet has been successfully used in determining the structure of life and work values (Elizure, Borg, Hunt, & Beck, 1991), attitudes (Guttman & Levy, 1982), intergroup relations (Guttman, 1959) and even political involvement (Levy, 1979). This, therefore, provides a strong reason to believe that the modality facet would produce equally meaningful insights for the structure of kindness.

Various acts of kindness are manifested through *behaviour* and have direct, concrete, and practical consequences on other peoples' lives. This class of behaviour is prevalent in the kindness literature and is regarded as intentional activity towards others that benefits them (Lyubomirski et al., 2005; Peterson & Seligman, 2004) or as a set of kind behaviours that people carry out in their daily lives (Otake et al., 2006; Buchanan & Bardi, 2010). For instance, doing favours for others (Peterson & Seligman, 2004), picking up things that people have dropped (Aime, Broesch, Aknin, & Warneken, 2017), donating to charity, or volunteering (Ramey et al., 2017) are all actions that indicate behavioural manifestations of kindness.

Another way of kindness to emerge is through feelings mainly in the context of interpersonal relations and may be classified as *affective (emotions)* (Bowlby, 1982; Gilbert, 1989; 2005; Eisenberg et al., 2014). These emotions are investigated in the sense of feelings that arise in an individual while another is experiencing suffering, such as compassion (Oveis, Horberg, & Keltner, 2010; Valdesolo & DeSteno, 2011) and empathy (Davis, 1980; 1983a; 1983b). This, in turn, leads to a specific act on the part of the benefactor in order to help the person in need (Eisenberg & Miller, 1987). This was discussed in more details in Chapter 2.

Certain other acts of kindness could refer to beliefs and principles as also outlined in Chapter 2. For instance, activities, such as forgiveness (McCullough et al., 2000), thoughtful self-reflection (King, 2001; Lyubomirsky et al., 2004), social norms (Exline et al., 2012), and moral values (Eisenberg 1982; 1986; Ottoni-Wilhelm & Bekkers, 2010) are examples of an active *cognitive* element that is clearly responsible for the manifestation of kindness.

3.2. Forms of expression

Another facet concerns the Form in which acts of kindness are delivered, most specifically the form of expression. This facet could be split into two elements, each describing a fundamentally different type of helping as indicated by the literature. Of course this is different to Manifestation in the sense that it is not the source of helping that is important but the form of helping, in particular, whether the helping is reactive or proactive.

The nature of some of the kind behaviour as discussed in the literature is clearly *reactive* such that it provides assistance in response to a clear behavioural cue or direct communicative request for help (Warneken, 2013). Researchers claim that reactive helping promotes successful relationships, such that it creates and sustains social exchange norms that benefit other individuals (Spitzmuller & Van Dyne, 2013). Examples for such behaviours are

helping others when asked (Aime et al., 2017), doing favours for people (Peterson & Seligman, 2004), donating to charity (Eagly & Crowley, 1986; Johnson, Danko, Darvill, Bochner, Bowers, Huang, Park, Pecjak, Rahim, & Pennington 1989), as well as group cooperation (Nowak & May, 1992) and even cooperation in social dilemmas, such as engaging in proenvironmental behaviour (Cameron et al., 1998) and reducing consumption of scarce goods (Messick et al., 1983) as reactions to a more generalised concern for both people and nature.

In contrast, other types of kind acts could be expressed in a form such that one may assist others even when help is unsolicited, namely *proactive* helping. According to researches, another key component of kindness is that people support each other even when help is not requested, including situations in which the target is unaware of a problem and thus cannot indicate that they may need assistance (Warneken, 2013; Warneken & Tomasello, 2008; Jaeggi, Burkart, & Van Schaik, 2010). For instance, a benefactor may pick up the wallet of someone who accidentally dropped it and chase that person in order to return it, or provide their seat on a bus to someone who appears to need it more but does not ask for it. These proactive behaviours are particularly difficult to identify because they require the benefactor to understand the intentions or/and desires of the person in need, as well as the compatibility of the situation with them (Carpendale, Kettner, & Audet, 2015; Paulus, 2014).

Finally, a third element of the Form facet is suggested, such that some aspects of kindness do not require an outward expression or an immediate needy person. In particular, kindness could be observed as a set of processes within the benefactor that are directed towards a needy person or persons but do not include any kind of assisting behaviour. For instance, a kind person could experience concerned feelings for unfortunate others or get upset or excited by events that happen on a world scale and outside of her/his control.

3.3. Recipients

Although, the conceptualisation of kindness as an independent human trait is virtually missing in the literature, a vast majority of researchers seem to focus on the variety of recipients of kindness instead (Exline et al., 2012; Burnstein et al., 1994; Cialdini et al., 1997; Baskerville et al., 2000). Therefore, a third facet, Recipient, could be identified. This facet could distinguish between kind behaviour that is directed towards people in need, people in need who have wronged the helper in the past and towards people in general regardless of whether or not they need help.

In almost each case, the recipient of kindness is someone *who is experiencing a form of struggle and is in a need for help*. For instance, this type of kindness could be as simple as helping someone who dropped something whilst in a hurry (Aime et al., 2017) or, in contrast, kindness that requires more involvement, such as helping a friend who struggles to find a place to live after being evicted (Cialdini et al., 1997). It is within those terms that the majority of researchers have explored kind behaviour, leading many to believe that kindness could only be observed when a needy person, both familiar and unfamiliar, is present.

Another similar type of recipient of kindness is someone needy but one that *has been unfair towards the benefactor in the past*. Although, these individuals are also in need for help, an important distinction with the above recipients should be made. In particular, in this case a benefactor must make a decision whether to do what is morally right and therefore help or choose not to help, thus avenging the wrong that has been done to them. However, the latter is irrelevant to the present study and, therefore, would be omitted from the discussion. The former, however, has been identified by Exline et al. (2012) who claim that people tend to show kindness towards people who have been unkind to them or their close others in the past, most clearly illustrated by the ability to forgive someone who had repeatedly made fun

of the forgiver. Exline et al. (2012) labelled such receivers as ‘enemies’ alongside two other types of recipients of kindness - ‘strangers’ and ‘close others’.

A third type of recipients, however, exists such that includes people that are neither in need nor suffering but have deserved the right to be treated kindly. This is in contrast to the other two elements in the sense that kindness is extended regardless of whether it is needed or not. Because this type of kind behaviour does not include a suffering other it has been rarely classified as such. However, a closer look at the literature reveals a number of studies that examine similar acts, such as giving gifts to strangers for no reason (Baskerville et al., 2000), throwing a surprise party for a close other (Exline et al., 2012), or simply trying to be kind *in general*. In addition, the broad nature of this element suggests that more people could be recipients of kindness than are typically examined. For instance, individuals could show kindness towards others through preserving nature and protecting their community, most clearly illustrated by authors, such as Cameron et al. (1998) and Messick et al. (1983).

3.4. Benefit

Another facet of kindness could be identified concerning the type of benefit provided for the recipient. Logical and theoretical considerations revealed that the Benefit facet comprises of two elements e.g. emotional support and practical help.

In fact, scholars seem to agree that recipients receive either *emotional support* or *practical help* from the benefactors (Aime et al., 2017; Warneken, 2013; Lyubomirski et al., 2005; Peterson & Seligman, 2004; Cialdini et al., 1997; Bowlby, 1982). In particular, emotional support could include concerned feelings and empathy (Davis, 1983; Cialdini et al., 1997) or compassion (Eisenberg, Michalik, Spinrad, Hofer, Kupfer, Valiente, Liew, Cumberland, & Reiser, 2007) towards the person in need. In addition, these indicate genuine feelings of warmth, tenderness and soft-heartedness present in the benefactor when there is a

needy other (Batson, Polycarpou, Harmon-Jones, Imhoff, Mitchener, Bednar, Klein, & Highberger, 1997; Shaver, Schwartz, Kirson, & O'Connor, 1987).

Across these emotional contexts, it is thought that kindness, in response to suffering, promotes behaviour that is aimed at soothing, calming, or caring for the needy person. Specifically, all of these emotional characteristics motivate practical help oriented towards the reduction of need and suffering (Eisenberg & Miller, 1987). This type of practical help could include actual behaviour, such as volunteering (Ramey et al., 2017), charitable giving (Exline et al., 2012) and doing favours for others (Peterson & Seligman, 2004). However, it is important to note that some practical help may not be the result of emotions but rather a compliance with socially accepted behaviour, such as giving up a seat on the train to an elderly individual or holding the door for someone.

3.5. Cost

Another important area concerned with the exploration of kindness is the Cost that comes with performing acts of kindness. Three elements could be identified in the literature, namely, emotional cost, financial cost, and time/effort cost.

Research on prosocial motives has confirmed that when people experience genuine empathy (Batson, 1991; Batson & Shaw, 1991) or are characterised by high levels of prosocial moral reasoning (Eisenberg, Fabes, & Spinrad, 2006; Carlo & Randall, 2002; Eisenberg, Guthrie, Cumberland, Murphy, Shepard, Zhou, & Carlo 2002) they typically perform kind behaviours to reduce others negative feelings. This behaviour occurs regardless of whether or not their personal interests are affected and there is an opportunity to avoid helping. In particular, one's effort in order to help another comes at a variety of different costs.

Perhaps, the most widely researched cost is the *emotional cost*. An emotional cost could be anything that negatively affects the emotional state of the benefactor at the time of helping. This negative emotional state could be born out of both positive and negative characteristics, such as feelings of empathetic concern (Hoffman, 2000), negative emotionality (Davis, 1983; Eisenberg et al., 2002), altruism (Carlo, et al., 2003), and compassion. Of course, positive characteristics, such as the ability to empathise and act altruistically are mostly associated with genuine concern for others which may, in turn, hold some negative consequences for the benefactors, such as worrying about others wellbeing. However, it is worth noting that some kindnesses some of the time could be associated with a general negative emotional experience on the part of the benefactors, as opposed to genuine concern for others, such as helping someone who has wronged them or sharing things with others even if a desire to share is not readily present.

Another popular type of cost is also identified, namely *financial cost*, that is associated with acts of kindness that require a certain financial sponsorship on the part of the benefactor. For instance, such acts could be donating money for charity (Exline et al., 2012; Rubaltelli & Agnoli, 2012), lending money to strangers in need (Dovidio, 1982), or other familiar situations, such as giving change to beggars in the streets or tipping someone who has done a good job. Universally, in each case the benefactor must provide any amount of personal finance in order to be classified under this element of the Cost facet.

Finally, a third element of the Cost facet could be identified according to Lyubomirski et al.'s (2005) notion that some kind behaviour some of the time requires a certain degree of *effort or time* in order to accomplish. Such costly behaviours could be observed in both interactions with strangers and close others. For instance, a benefactor may offer assistance to someone in distress even though they are running late (Holmes & Singh, 2012) or in a hurry to reach their target destination (Darley & Batson, 1973), such as providing a lost individual

with directions in the process. In contrast, a benefactor may choose to devote their free time in order to help a friend with a physical task, such as moving into a new house or take the time to organise a surprise party for them.

3.6. Anonymity

Based on the literature, a final facet of kindness could be identified, namely Anonymity. This facet could be split into two polar elements concerning whether or not recipients are aware of receiving assistance from someone.

According to Eisenberg (1982) adults and older children view intentional as opposed to accidental helping and spontaneous as opposed to solicited helping as kinder. In contrast, younger children often do not take such attributional contrasts into account when evaluating kindness. Based on such helper attributions acts of kindness could be said to be carried out *with* or *without* the knowledge of the recipient.

In particular, non anonymous helping could be associated with most contexts of social interactions where a recipient is almost always aware of the assistance being offered. Such behaviours could include carrying someone's bags (Shorr, 1993), picking things up for someone who dropped them whilst in a hurry (Aime et al., 2017), giving money to a homeless person in the street or simply helping someone who is present in the moment. Of course, it is not necessarily the case that benefactors pursue some kind of internal or external rewards by offering to help. In fact, as indicated in previous chapters, some kind behaviour is typically genuine and frequently occurs without the expectation for rewards, such as in the case of altruistic individuals or individuals who experience high levels of empathic concern for others, or even those who consider helping those in need as a social responsibility.

In contrast, anonymous acts of kindness tend to be associated with no recipients present in the moment of helping. However, it is possible that these recipients may find out

that help has been provided if specified so or may never find out at all. In particular, benefactors who tend to carry out anonymous acts of kindness may assist both close others, such as collecting an item for a friend without their knowledge (Shorr, 1993) or distant others, such as donating to charity (Exline et al., 2012). Of course, in the former case the friend would eventually find out, whilst in the latter this is not necessarily true. In addition, anonymous help could best be described as form of proactive support.

3.7. Towards a definitional framework for kind behaviour

Research, so far, allows for the identification of six key facets of kindness. According to Facet theory these facets could then be used in the establishment of an integrated definitional framework for kind behaviour which would, in turn, assist in the development of a formal measure of kindness that is an evaluation of how kind people are.

In sum, kind behaviour appears to manifest in three different ways through emotions, actions or cognitions. These, in turn, could be expressed in the form of reactive or proactive activities or when no action or reaction is directly required. The recipient appears to be anyone from a needy person, through individuals who had been unfair towards the benefactor, to people who are not in need of help but have deserved to be treated kindly in general. The benefits of kindness are typically in the form of either emotional or practical support and come at a cost on the part of the benefactor that could be of emotional, financial, or timely nature. Finally, acts of kindness appear to be carried out either with or without the knowledge of the recipient.

Altogether, these facets and their elements could be said to describe the domain of kind behaviour. Empirical analysis would then focus on the exploration of these content facets and whether or not they truly reflect the structure of kindness.

Chapter 4

Towards a Measure of Kindness

4.1. What is kindness?

A survey of the literature on kindness revealed immediately that the concept is rather vague. Various researchers refer to different things in dealing with the topic. Ultimately, according to them, almost any frame of reference could be defined as kindness.

Similar results emerged when a different inquisitive approach was adopted. Pilot discussions with diverse members of the general public drew attention to a similar paradox: while everyone recognises kindness when witness to it, there is considerable disagreement as to exactly what it is.

Perhaps the most straightforward way to exploring the variations of kind behaviour discussed in previous research and with the general public is through the laws of Facet Theory (Guttman, 1954; 1959). Facet theory is a systematic approach to the coordination between theory and research created by Louis Guttman who also contributed towards several key advancements in matrix algebra, measurement scales, factor analysis and multidimensional scaling. Guttman initially proposed Facet Theory as a solution to the general dissatisfaction with the constraints of factor analysis and rating scales as a mean of selecting appropriate items in test construction (Guttman, 1954; 1959) (evaluation of this is provided in the discussion of this chapter). Therefore, this thesis would mainly utilise Facet Theory as a primary method for the development of the kindness theory and scale. In addition, as a secondary measure, the results of factor analysis would be provided in order to further support the findings.

So, on the basis of various observations and kindness facets identified in the literature, an initial definitional statement (Figure 4-1) was articulated in an attempt to specify the concept of human kindness. The definitional system draws on the *mapping sentence* framework as part of Facet Theory, articulated most clearly by Borg and Shye (1995). The definitional statement in Figure 4-1 provides guidelines for the development of a preliminary questionnaire to measure self-reported kindness.

<i>Person X is kind to the extent that they report</i>			
MANIFESTATION (A)		FORM (B)	
{Actions <i>a1</i> }	<i>in a way that is</i>	{Proactive <i>b1</i> }	<i>to provide a person/s</i>
{Cognitions <i>a2</i> }		{Reactive <i>b2</i> }	
{Emotions <i>a3</i> }		{By omission <i>b3</i> }	
RECIPIENT (C)		BENEFIT (D)	
{Less fortunate/in need <i>c1</i> }	<i>with</i>	{Emotional support <i>d1</i> }	
{Who has wronged you <i>c2</i> }		{Practical help <i>d2</i> }	
{ In general – Neutral <i>c3</i> }			
<i>made without reward and at a</i>			
COST (E)		ANONYMITY (F)	
{Emotional cost <i>e1</i> }	<i>and</i>	{With <i>f1</i> }	<i>the knowledge of the recipient</i> →
{Financial cost <i>e2</i> }		{Without <i>f2</i> }	
{Time/Effort cost <i>e3</i> }			
RANGE			
1. Not at all			
2. Very rarely			
3. Sometimes			
4. Quite often			
5. Often			
6. Very often indeed			
7. Nearly always			

Figure 4-1. A definitional framework (mapping sentence) for kindness

4.2. A definitional framework for kindness

By definition a mapping sentence is “a verbal statement of the domain and of the range of a mapping, including connectives between facets as in ordinary language” (Shye, 1978, p.413) upon which questionnaire items are designed. For a given concept, it is important to have the content design specify both the similarities and differences between the

questions asked (Canter, 1985). A convenient way of doing this is precisely by the use of a mapping sentence.

The Facet approach suggests looking at the concept as a multivariate one. Each of the previous attempts of definitions may be regarded as emphasising some segment of the multifaceted concept. According to Shye et al. (1994), the commonality that combines all of these together is known as a common range. Examining the items used in various studies of kindness reveals that the range of the items is essentially ordered from positive to negative, hence the inclusion of the 7-point Likert scale from “not at all” to “nearly always” (Figure 4-1). The rationale, according to Borg (1977), is such that if the range of each item is (1) ordered and (2) ordered in the same sense then we could refer to it as common.

By definition the mapping sentence includes three types of facets (Shye et al., 1994). In terms of kindness (Figure 4-1), the first – symbolised by X – designates the population of respondents being researched e.g. any given individual. The second variety of facets classifies the content of the items e.g. Manifestation, Form, Recipient, Benefit, Cost, and Anonymity. Those six content facets along with their constituent parts called ‘elements’ define the domain of the mapping sentence. The third kind is the ‘range’, namely the set of response categories specified for the universe of the kindness items. The arrow in Figure 4-1 indicates the mapping of the kindness domain into seven possible responses.

A research design that includes a mapping sentence allows for assigning each respondent X a value of the range (from 1 to 7) for each item that is derived from the elements of the content facets of the domain. Specifically, each respondent X has only one response in the range for each of the items derived from the elements of the content facets (Shye et al., 1994).

The utility of this approach comes in three major advantages (1) it provides a systematic method for classifying a complex body of literature and observations (White &

Mitchell, 1976); (2) it permits a systematic specification of both the content and order of variables, rather than relying on intuitive guesswork after the data have been collected (Canter, 1985); and (3) it provides stimulation for systematic correction and improvement of the mapping of the domain. In other words, it is to be expected that the revised scheme should guide further research in extending and refining the lawfulness reported on in this current pilot study.

Overall, exploring kindness through the tools of the Facet approach allows us to establish whether there is a demonstrable correspondence between the conceptual structure and the structure of the empirical observation. In other words, it allows us to establish whether the proposed structure (Figure 4-1) can be reconstructed in an empirical way.

4.3. Development of a kindness scale

As discussed in details in chapter 1 a definition, as well as a measure of kindness are virtually missing from the literature. Ultimately, this led to a number of challenges in the development of a questionnaire. First, a large number of experimental studies that typically explore an aspect of kindness were consulted in order to gain a broader understanding of the variety of behaviour that is considered as kind among the academic community. Second, reliable measures that touch on components of kindness, such as the IRI (Davis, 1980) were explored in order to give the new measure an adequate foundation, thus relating it to previous research. Third, in order to gain an understanding of kindness from a more culturally relevant perspective, possible kind behaviours were offered by members of the British general public, such that provided another source for developing items. Finally, fourth, the majority of items, however, were written for the new instrument by the author based on theory and logic. A discussion of the contribution of each approach to the development of the questionnaire follows.

Experimental studies of kindness proved to be fruitful in the development of some of the items in the proposed measure. In particular, the condition of the experiment, such as giving a gift (Baskerville, et al., 2000), picking up things that people dropped (Aime et al., 2017), donating to charity (Ramey et al., 2017) or organising a party for another person (Exline et al., 2012) provided the main focus of the item which was then worded according to the mapping sentence in Figure 4-1. This produced four items that were added to the initial kindness measure i.e. 'I give gifts for no particular reason', 'I give to charity', 'I help strangers with small things, for example if they drop something', and 'I have surprised another person with a party for them'.

Some of the items were borrowed or adapted from other measures (e.g. Interpersonal Reactivity Index; Davis, 1980) in order to provide the new questionnaire with an adequate and valid foundation. This approach is widely implemented in the development of new measures. For instance, the widely accepted Interpersonal Reactivity Index that constitutes a multidimensional individual differences measure of empathy (Davis, 1980) was initially based on other measures of empathy, such as Mehrabian and Epstein's emotional empathy scale (1972) and Stotland's Fantasy-Empathy scale (1978). Therefore, in a similar fashion, a few items that could be classified by the mapping sentence were adapted for use in the kindness measure. For instance, the suggested items 'I have concerned feelings for people less fortunate than me', 'I feel protective towards people who are being taken advantage of', and 'Some things happen that really touch me' were adapted from the empathic concern items of the IRI measure (Davis, 1980) e.g. 'Other people's misfortunes do not usually disturb me a great deal' (reversed scoring), 'When I see someone being taken advantage of, I feel kind of protective towards them', and 'I am often quite touched by things that I see happen', respectively. Although, these items seem to measure empathic tendencies they do satisfy the elements of the content facets of the mapping sentence in Figure 4-1 and could be

theoretically and logically identified as aspects of kindness. In particular, they all contribute towards a personality that is driven by helping others of the type that Eisenberg et al. (2014) and de Waal (2008) describe.

Third, discussions with members of the British public led to the identification of several other items that have not been outlined as aspects of kindness in other related measures. Behaviours, such as giving up one's seat on a train to an elderly person, opening the door for someone who is carrying a number of bags, shopping for a friend who is incapable or overcoming egoistical urges were all pointed out as acts of kindness. These, in turn, reflect intentional activities towards others that benefit them as most clearly discussed by Lyubomirski et al. (2005). Therefore, a few items were added to the pilot questionnaire, such that reflect more general examples than the ones proposed by the public and such that could be classified by the elements of the content facets. In particular, 'I give up my seat on the bus/train for someone who may need it more', 'I open doors to let people through', 'I have given treats to a friend who was ill', and 'I share things even if I do not really want to'.

Finally, the new instrument also contains items that were developed by the author of this thesis in order to maintain originality of and relevance to the issue of kindness. A few items were fashioned based on the author's own understanding of kindness, however one that complies with theoretical explanations of kindness and logic. In fact, these items were necessary in order to address some of the elements of the content facets that remained poorly represented after considering previous measures, previous research, and public opinion. For instance, the item 'I do not like somebody but treat him/her fairly' represents facet C Recipient, element c2 'someone who has wronged the benefactor' (see Figure 4-1) was not considered in any of the above approaches. The item 'I buy a poppy to commemorate war heroes', on the other hand was fashioned in order to address the deficit of items that could be classified by the second element (f2 anonymity) of the Anonymity facet. Additionally, items

that reveal the moral values of the kind person, as discussed by Eisenberg (1982; 1986) and Ottoni-Wilhelm and Bekkers (2010), were also added to the questionnaire, such as ‘I practice what I preach’ and ‘I admit when I do not know something’. These could best be seen as cognitive characteristics of the benefactors of kindness that lead to behaviour that affects others positively. In particular, these items could be best understood in terms of taking the perspective of another person, such as taking one’s own advice to others and respecting others’ opinion when one is unsure of one’s own knowledge.

It is often of value to include similarly or identically worded statements throughout the questionnaire on one or more original statements, such that one item can be encountered in both the first half and second half of the questionnaire. This is in accord with the approach to regional interpretation used in this thesis (Figure 4-4) which recognises that slight variations in an item’s position in a questionnaire will influence the precise answer that is given by participants. Within Facet theory terms, the further away the two identical items appear on the SSA plot (see Figure 4-4), the lower the reliability of these items for a particular measure. Therefore, in order to verify the utility of some items (i.e. ‘I do small favours for friends’) to the proposed kindness measure an identical version of them was added in the second half of the questionnaire. The expectation is that both variables would correlate sufficiently providing evidence for the reliability of the item. On the other hand, a weak correlation would mean that the item is not a measure of kindness and would be excluded from further refinements of the questionnaire. The same procedure is carried out in chapter 5 with a couple of other items (‘I find it easy to forgive’ and ‘I include other people if I know they are alone’) in order to ensure their inclusion in the refined questionnaire (see Figure 5-1).

The above approaches generated 31 positively worded items that could be theoretically and logically related to aspects of kindness as discussed in this thesis. However,

in order to prevent participants from slipping into inaccurate automatic response patterns, several negatively worded items were intended for inclusion in the questionnaire. However, the traditional mix of positively and negatively worded items creates more problems than it solves (Barnette, 2000; Sauro & Lewis, 2011) as often illustrated by lower internal reliability (Stewart & Frye, 2004), distorted factor structure (Pilotte & Gable, 1990; Schmitt & Stuits, 1985) and increased interpretation problems in cross-cultural use (Wong, Rindfleisch, & Burroughs, 2003). Additionally, according to Colosi (2005) when negatively worded statements and positively worded statements on the same topic are compared, 8% of participants answer inconsistently. However, when positively worded statements and other positively worded statements are compared, only 2% of participants answer inconsistently.

For these reasons, the intended negatively worded items in this study were rephrased in a positive way that eliminates potential distortion of the psychometric properties of the questionnaire and confusion among participants. Some of this confusion arises from the use of complex double-negative phrases (Foster & Parker, 1995). As suggested by Robinson (2018), in some cases it may be possible to rephrase the statement to alleviate such confusion. For instance, the statement 'I am jealous of other's good fortune' would be preferable to the equivalent yet negative and confusing statement 'I am not unhappy with other's good fortune'. In fact, recent studies (see Sauro & Lewis, 2011) have found that all positive questionnaire versions contribute to respondents being far less likely to make mistakes when responding, researchers being less likely to make errors in coding, and scores being similar to scores obtained from a mixed inventory.

Ultimately, nine positive, however, 'unkind' as opposed to 'kind' statements were included giving a 40-item questionnaire. The unkind items present behaviours that are, generally, less favourable in our society and display a level of hostility towards, as opposed to genuine concern of, others. For instance, the item 'I take advantage of people if I can' was

added in order to contrast the kind item ‘I feel protective towards other people who are being taken advantage of’. Similarly, the items ‘I do not forgive a person who has hurt me’ and ‘I am jealous of other’s good fortune’ were added in contrast to the items ‘I find it easy to forgive’ and ‘I have concerned feelings for people less fortunate than me’, respectively. Further, the unkind item ‘I am greedy’ was included as an opposite of the kind item ‘I share things even if I do not really want to’. The rest of the ‘unkind’ items were constructed in a way that follows the general pattern but are not necessarily opposites to any of the ‘kind’ items. These are: ‘I say nasty things about people’, ‘I like to gossip’, ‘I remember bad attitudes towards me’, ‘I hold compliments back’, and ‘I say nasty things about people when they are not there’.

Facet theory suggests that each statement in a questionnaire needs to be constructed according to the mapping sentence. However, the nine ‘unkind’ items do not reflect the kind disposition discussed in this thesis, therefore cannot be classified with the elements of the content facets of the definitional framework. This is reflected in Table 4-1 by the missing structuples for these items.

As suggested in the mapping sentence, there are six characteristics or facets which jointly describe the kindness scale. That this mapping sentence adequately reflects the items is shown by the fact that the mapping sentence can be used to unambiguously classify each item. By choosing one element from each of the six facets in such way that the element describes some aspect of that item, a structuple or an outline of the structure can be assigned to each item. For example, item 5 – ‘I do small favours for friends’ – has the structuple *alb2c1d2e3f1*. This means that the first component, or struct *a1*, of the structuple is the first element of facet A, namely Manifestation. The second struct is *b2* from facet B Form of expression, the third, *c1*, is from facet C Recipient, *d2* – facet D Benefit, *e3* – facet E Cost, and *f1* – facet F “Anonymity”. A list of the structuples for each of the kindness items could

be found in Table 4-1. The fact that a structuple is not listed for some of the items means that they belong to the set of unkind items included in the questionnaire, therefore, cannot be classified according to the proposed mapping sentence.

Table 4-1. Preliminary measure of kindness and item structuples

Items	Structuples
1. I have concerned feelings for people less fortunate than me	<i>a3b2c1d1e1f2</i>
2. I say nasty things about people	
3. I feel protective towards people who are being taken advantage of	<i>a3b2c1d2e1f1</i>
4. I try to see things the way my friends do	<i>a2b3c3d1e1f1</i>
5. I do small favours for friends	<i>a1b2c1d2e3f1</i>
6. I help strangers with small things, for example if they drop something	<i>a1b1c1d2e3f1</i>
7. I give money to beggars in the street	<i>a1b1c1d2e2f1</i>
8. Some things that happen really touch me	<i>a3b2c3d1e1f2</i>
9. People think I have a soft-heart	<i>a2b3c3d1e1f1</i>
10. I am greedy	
11. I have surprised another person with a party for them	<i>a1b1c3d1e3f1</i>
12. I like to make other people feel happy	<i>a1b1c3d1e3f1</i>
13. I think it is right to give everyone a chance	<i>a2b3c3d1e3f1</i>
14. I find easy to forgive	<i>a2b3c2d1e1f1</i>
15. I like to gossip	
16. I buy a poppy to commemorate war heroes	<i>a3b1c3d1e2f2</i>
17. I do not like somebody but treat him/her fairly	<i>a2b3c3d1e1f2</i>
18. I do not forgive a person who has hurt me	
19. I remember bad attitudes towards me	
20. I can sense other people's feelings	<i>a3b3c3d1e1f2</i>
21. I have done something that upset me to help a friend	<i>a1b2c2d2e1f1</i>
22. I have given treats to a friend who was ill	<i>a1b1c1d2e3f1</i>
23. I do small favours for friends	<i>a1b2c1d2e3f1</i>
24. I try to cheer up people who appear unhappy	<i>a1b1c1d2e3f1</i>
25. I practice what I preach	<i>a1b3c3d2e3f2</i>
26. I open doors to let people through	<i>a1b2c3d2e3f1</i>
27. I take advantage of people if I can	
28. I help people when they ask	<i>a1b2c1d2e3f1</i>
29. I hold compliments back	
30. I say nasty things about people when they are not there	
31. I smile at strangers	<i>a1b2c3d1e1f1</i>
32. I give up my seat on the bus/train for someone who may need it more	<i>a1b2c1d2e3f1</i>
33. I share things even if I do not really want to	<i>a1b2c3d2e1f1</i>
34. I feel sorry for other people when they experience problems	<i>a3b3c1d1e1f2</i>
35. I admit when I don't know something	<i>a2b3c3d1e1f1</i>
36. I am kind to others	<i>a1b3c3d2e3f1</i>
37. I am jealous of other's good fortune	
38. I give to charity	<i>a1b1c1d2e2f2</i>
39. I invite people for lunch if I know they will be alone	<i>a1b1c1d1e3f1</i>
40. I give gifts for no particular reason	<i>a1b1c3d1e2f1</i>

The kindness measure is thus a 40-item questionnaire of kind and unkind behaviours¹.

The inventory is typically administered online, always anonymously, with an administration

time of 10 minutes. Participants are instructed to answer each statement in relation to how *frequently* they endorse a specific behaviour, and responses are fully anchored on a seven-point Likert scale, such that 1 = ‘not at all’, 2 = ‘very rarely’, 3 = ‘sometimes’, 4 = ‘quite often’, 5 = ‘often’, 6 = ‘very often indeed’, and 7 = ‘nearly always’.

4.4. Pilot sample

The questionnaire was completed anonymously by 165 participants. The participants were (42%) male and (58%) female, between the ages of 18 and 70 ($M=32$ years; $SD=14.68$), drawn from a range of occupational backgrounds (including 75 professionals, 48 students, 10 labourers) from around the UK, (57% from the North). Mean scores and standard deviations for each of the 40 items are presented in Table 4-3.

4.5. Results

4.5.1. Individual item statistics

The mean scores of all items ranged from 2.44 to 5.55, indicating that participants were giving a useful range of responses and not giving a high degree of agreeableness that might have pointed towards a strong social-desirability response bias. Notably, almost no-one scored at the highest extremes of the scale (6 and 7) on average, which also indicated that participants were not trying to present themselves in a strongly positive light (see Table 4-2).

Table 4-2, further displays the items that received the lowest and the highest average score, indicating the most and least popular acts of kindness amongst this sample. For instance, item 8 ‘I like to make other people feel happy’ ($M=5.55$) and item 10 ‘I think it’s right to give everyone a fair chance’ ($M=5.55$) appear to be the most frequently displayed

kindnesses with 31% and 35% (respectively) of the sample responding with ‘nearly always’.

In contrast, the item with the lowest average score is item 20 ‘I give money to beggars in the streets’ (M=2.44) with 35% of the sample indicating that they have never done this and 26% indicating that they give money ‘very rarely’.

Table 4-2. Means and standard deviations for kindness items

Items	Mean (SD)
1. I admit when I don't know something	4.73 (1.71)
2. I give up my seat on the bus/train for someone who may need it more	5.42 (1.58)
3. I am kind to others	5.47 (1.24)
4. I try to cheer up people who appear unhappy	5.22 (1.43)
5. I find it easy to forgive	3.70 (1.67)
6. I feel sorry for other people when they experience problems	5.03 (1.57)
7. People think I have a soft-heart	3.90 (1.82)
8. I like to make other people feel happy	5.55 (1.43)
9. I open doors to let people through	5.52 (1.64)
10. I think it is right to give everyone a chance	5.55 (1.47)
11. I do not like somebody but treat him/her fairly	4.42 (1.63)
12. I help people when they ask	5.46 (1.59)
13. I can sense other people's feelings	4.89 (1.57)
14. I try to see things the way my friends do	3.95 (1.59)
15. I do small favours for friends	5.21 (1.55)
16. I have done something that upset me to help a friend	3.40 (1.63)
17. I do small favours for friends	5.28 (1.39)
18. I have surprised another person with a party for them	2.47 (1.65)
19. I feel protective towards people who are being taken advantage of	4.84 (1.54)
20. I give money to beggars in the street	2.44 (1.52)
21. I have given treats to a friend who was ill	4.42 (1.75)
22. I invite people for lunch if I know they will be alone	3.49 (1.83)
23. I give gifts for no particular reason	3.20 (1.69)
24. I give to charity	3.77 (1.78)
25. I have concerned feelings for people less fortunate than me	4.34 (1.56)
26. Some things that happen really touch me	4.52 (1.58)
27. I share things even if I do not really want to	4.52 (1.67)
28. I help strangers with small things, for example if they drop something	5.10 (1.70)
29. I practice what I preach	4.74 (1.31)
30. I smile at strangers	4.60 (1.72)
31. I buy a poppy to commemorate war heroes	4.23 (2.44)

4.5.2. Normality

Total scores for the whole kindness scale (31 items) have a potential range of 31 to 217 with higher scores indicating a greater endorsement of kindness. Figure 4-2 below, shows the frequencies of the sample's total scores on the kind items with a mean score of 139.42 (SD=23.95). The range and mean support the utility of this scale. The nine unkindness items in the questionnaire have a potential range of 9 to 63. High scores on that scale indicate high endorsement of unkind behaviours. Figure 4-3 below, shows the frequency of the sample's total scores on the unkind items with $M=27.78$ (SD=6.93)

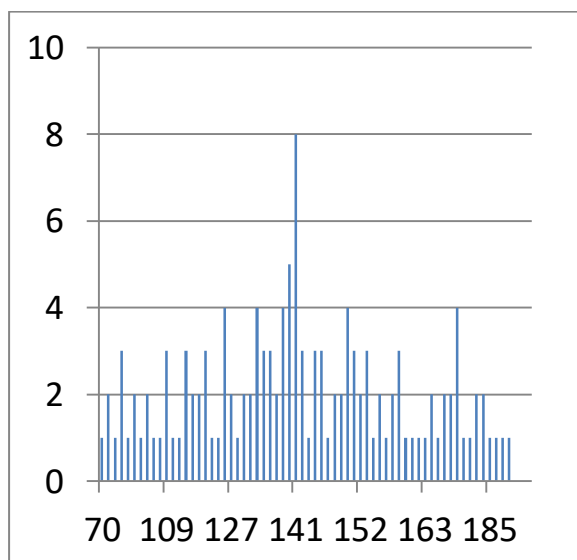


Figure 4-2. Distribution of total kindness scores

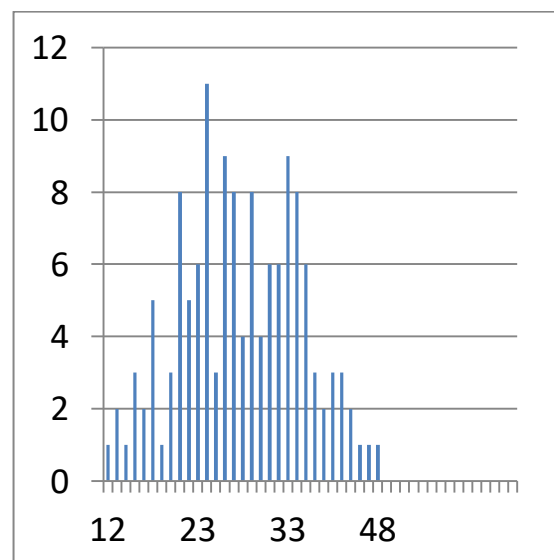


Figure 4-3. Distribution of total unkindness scores

The skewness of both sets of total item scores is well within a tolerable range. A bell-shaped line could be confidently applied to the histogram indicating normality of the data. Further, Shapiro-Wilk test for normality produced non-significant results for both scales, indicating that the scales are indeed appropriate for parametric statistical analyses.

4.5.3. Discovery of the main modes of kindness: Smallest Space Analysis (SSA-I)

To examine the possibility that kindness is a multifaceted concept rather than a single, unidimensional construct, the items were subjected to a multivariate analysis known as Smallest Space Analysis or SSA-I (Figure 4-4). The analysis was carried out across the 165 cases, intentionally omitting the ‘unkind’ items. The 7-point Likert scale incorporated in the questionnaire suggested the use of the coefficient of similarities known as Pearson correlation. The resulting coefficient of alienation (CoA) equalled 0.20 in three dimensions, indicating a reasonable fit for this data.

SSA-I has been widely employed for many years for revealing structures in assessment instruments covering everything from beliefs and attitudes (Guttman, 1959), to intelligence (Guttman & Levy, 1991), to judgements of social justice (Sabbagh, Dar & Resh, 1994), and even the actions of serial killers (Canter, Alison, Alison, & Wentink, 2004).

By definition SSA-I is a non-metric multidimensional scaling procedure in which the relationships between variables are represented as distances in a Cartesian space.

Within the Facet Approach (Canter, 1985), the resulting spatial configuration is examined to determine if meaningful regions can be identified. The SSA-I plot of variables offers a basis for testing and developing hypotheses about the structure of relationships between items in the questionnaire.

The CoA (Borg & Lingoes, 1987) indicates how closely the rank orders of the distances between the points in the SSA-I spatial representation relate to the rank orders of the correlations between the variables. Smaller CoAs indicate a better fit between the SSA configuration and the correlation matrix from which it is derived. The CoA ranges from 0 (indicating a perfect fit) to 1 (indicating no relation at all). A coefficient of 0.20 to 0.25 is considered a reasonably good degree of fit (Borg & Lingoes, 1987).

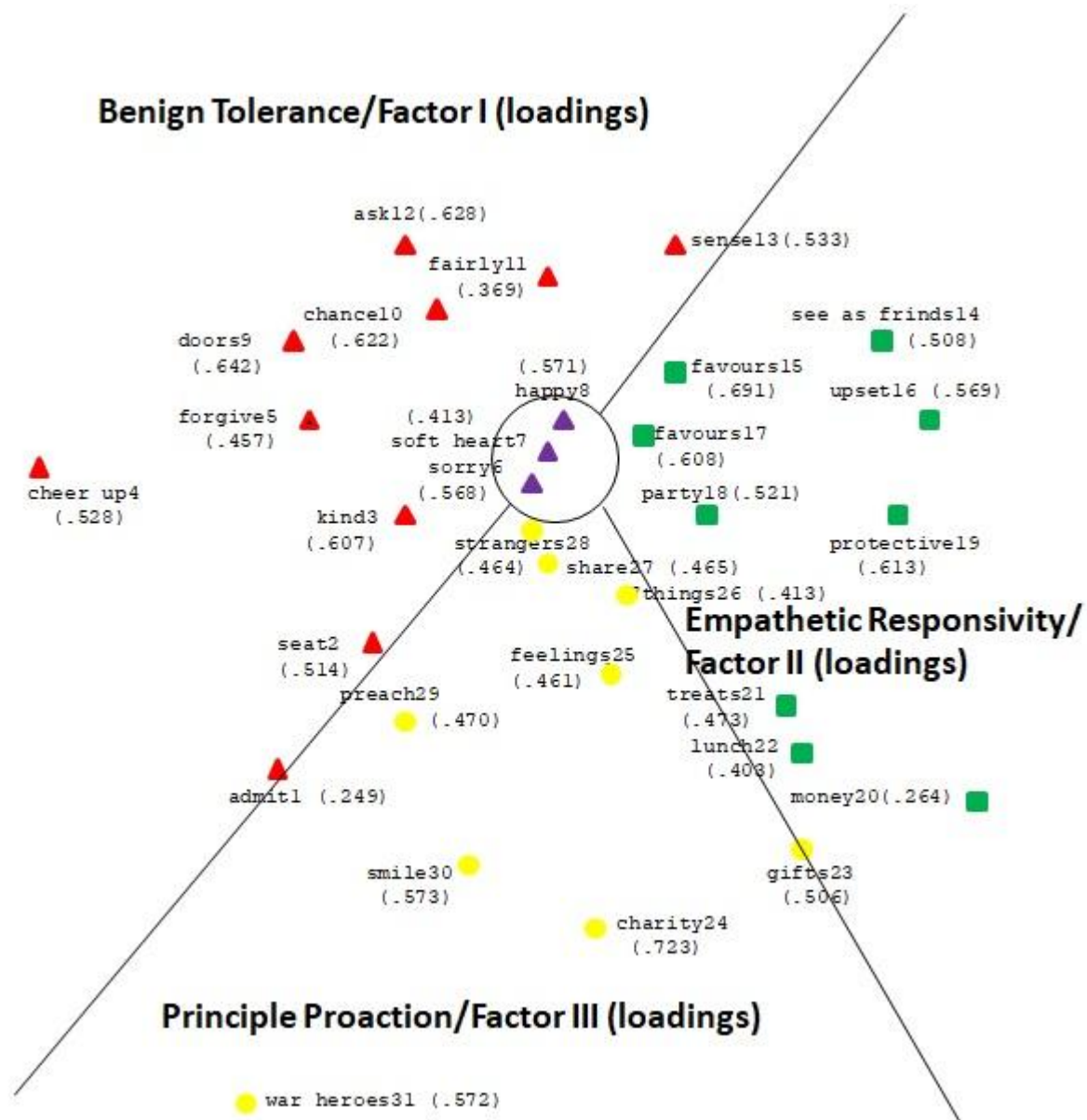


Figure 4-4.1 x 2 projection of 3-Dimensional Smallest Space Analysis: 31 Kindness Items for 165 Cases with Interpretation and Factor Division. CoA= 0.20. Coefficient of similarities: Pearson correlation. Numbers refer to items in Table 4-3.

4.5.3.1. Partitioning of the SSA space

Above the line running from the bottom left to the upper right corner of the configuration in Figure 4-4 is the region for all the items that are based on psychologically passive form of kind behaviour, such as ‘I help people when they ask’ (item 12 – factor loading on Factor 1 – 0.628.), and ‘I open doors to let people through’ (item 9 – factor

loading on Factor 1 – 0.642). Above the line drawn from the bottom right corner to the circle in the centre of Figure 4-4, are those items that have a much stronger empathetic component, such as ‘I try to see things the way my friends do’ (item 14 – Factor 2 - 0.508), and ‘I do small favours for friends’ (item 15 – Factor 2 - 0.691). In addition, below this line in the bottom right corner of the configuration are those items that have a distinctive cognitive component, such as ‘I give to charity’ (item 24 – Factor 3 – 0.723) and ‘I smile at strangers’ (item 30 – Factor 3 – 0.573). Those lines thus partition the regions in relation to the first ‘manifestation’ facet in the mapping sentence in Table 4-1 e.g. behaviour, cognition, and emotion.

The diagonal partition in Figure 4-1 provides the basis for the second facet in the mapping sentence, distinguishing the forms of expression. To the left are those items that are reactive such as ‘I give up my seat on the bus/train to someone who may need it more’ (item 2 – Factor 1 – 0.514) or ‘I try to cheer up people who appear unhappy’ (item 4 – Factor 1 – 0.528). To the right are kindness items that reveal proactive forms of expression. These include, for example, ‘I give to charity’ (item 24 – Factor 3 – 0.723), ‘I have done something that upset me to help a friend’ (item 16 - Factor 2 – 0.569) and ‘I have surprised another person with a party for them’ (item 18 – Factor 2 – 0.521).

Whilst the Manifestation and Form facets provide a solid foundation for the partitioning of the SSA space, the rest of the facets (Benefit, Recipient, Cost and Anonymity) provide either insufficient partitioning or could not be identified on the plot at all. For instance, facet C ‘Recipient’ contains three types of recipients that were identified in the literature as those who are less fortunate or in need (c1), recipients who have wronged the benefactor in the past (c2) and recipients who have earned the privilege to be treated kindly in general (c3). Perhaps the element that could be most clearly identified on the SSA plot is recipients who are less fortunate or in need. This is reflected in the items situated in the

bottom right corner of Figure 4-4, such as ‘I give to charity’ (charity24), ‘I give money to beggars in the street’ (money20), ‘I have given treats to a friend who was ill’ (treats 21), ‘I feel protective towards people who are being taken advantage of’ (protective19) and ‘I invite people for lunch if I know they will be alone’ (lunch22).

In contrast, the least identifiable element of this facet is recipients who had wronged the benefactor in the past but have been treated kindly by that person anyway. The three most descriptive items of this element, ‘I find it easy to forgive’ (forgive5 – left handside), ‘I have done something that upset me to help a friend’ (upset16 – right handside) and ‘I do not like somebody but treat him/her fairly’ (fairly11 – upper left corner) are situated in opposite sides of the SSA plot, such that a themed region could not be identified. This could be explained by the fact that a repeated identification of these recipients (other than Exline et al., 2012) is lacking in the literature in comparison to their less fortunate/in need counterparts as summarised in chapter 3. Perhaps the fact that a certain unfair treatment has taken place in one’s past does not affect that person’s desire to be kind in the present.

The third type of recipients that receive kindness in general, despite of whether they need it or not, have also proved difficult to identify on the SSA plot. For instance, the most descriptive items of this element, ‘I give gifts for no particular reason’ (gifts23 – lower right corner), ‘I have surprised another person with a party for them’ (party18 – right handside) and ‘I think it is right to give everyone a fair chance’ (chance10 – upper left corner) are all located in different parts of the SSA plot. Moreover, an underlying region with items containing only this element cannot be outlined, thus providing a second unidentifiable element of the Recipient facet. Ultimately, this facet only partially contributes to the division of the SSA plot and would be omitted from the final partitioning.

Chapter 3 further outlines that the benefits (facet D Benefit) of kindness come in the form of either emotional support (d1) or practical help (d2). Although efforts have been made

to incorporate items that reflect kindness through emotional support, such as ‘I have concerned feelings for people less fortunate than me’ (feelings25 – bottom half) and ‘I try to see things the way my friends do’ (see as friends14 – upper right corner) it is difficult to identify a region in Figure 4-4 that fully corresponds to this theme. Moreover, items that contain a form of emotional support or a personal characteristic that allows the benefactor to provide this support (see Batson et al., 1997; Shaver et al., 1987), such as ‘People think I have a soft heart’ (soft heart7 – centre) and ‘I like to make other people feel happy’ (happy8 – centre) are located in the centre of the plot away from other items with this element. Further, these central items correlate equally highly with the rest of the variables (hence their location in the middle of the plot), therefore it is unlikely that they could be included in the partitioning of the plot into regions (see section 4.5.3.2).

On the other hand, items that include practical help are equally scattered throughout Figure 4-4 instead of grouping in one area of the plot, such as ‘I do small favours for friends’ (favours15/17 – upper right handside), ‘I give up my seat on a bus/train to someone who may need it more’ (seat2 – lower left corner), ‘I help people when they ask’ (ask12 – upper left corner), ‘I help strangers with small things, for example if they drop something’ (strangers28 -centre). This could be interpreted as the dominant benefit of kindness and that the concept tends to be associated with an outward behaviour, such as practical help, rather than emotional support which is usually not reflected in any form of behaviour. Moreover, emotional support could be considered an act of empathy, rather than an act of kindness. In conclusion, facet D Benefit seems to be unsuccessful in partitioning the plot in Figure 4-4, therefore, like facet C, would be omitted from the final regional interpretation.

Another content facet of the kindness domain that was identified in chapter 3 is facet E Cost. It contains three elements e.g. emotional cost (e1), financial cost (e2) and time/effort cost (e3) all of which were hypothesised to meaningfully partition the SSA space into

regions. A careful examination of Figure 4-4 reveals that time/effort cost does not shape a region as the items that include this element are situated in various locations of the plot. For instance, items 15/17 'I do small favours for friends' are located in the upper right handside of Figure 4-4 while item 12 'I help people when they ask' is located in the upper left corner of the opposite handside. Similarly, item 21 'I have given treats to a friend who was ill' is located near the lower right corner of Figure 4-4, whilst item 10 'I think it is right to give everyone a chance' can be found diagonally near the upper left corner of the figure.

The bottom part of Figure 4-4, however, displays a few items that contain financial cost and thus could be identified as a strong element of this facet. For instance, items 23 'I give gifts for no particular reason', 24 'I give to charity', 20 'I give money to beggars in the street' and 31 'I buy a poppy to commemorate war heroes' are all situated next to each other and could be said to identify a themed region.

On the other hand, the same could not be confirmed for emotional cost since most of the items that contain this element are located in opposite areas of Figure 4-4. For instance, item 19 'I feel protective towards people who are being taken advantage of' is located in the right handside of the plot, while item 11 'I do not like somebody but treat him/her fairly' can be found across the plot in the upper left corner. Similarly, item 1 'I admit when I don't know something' is located at the lower left corner, while item 20 'I can sense other people's feelings' can be seen diagonally in the upper right corner. The scattered locations of these variables perhaps suggest that kindness could be characterised by an emotional cost in general, rather than having an emotional aspect of the cost associated with it. Overall, the SSA plot only partially supported the importance of facet E (e.g. financial cost) which was, therefore, excluded from future partitions.

Finally, the overview of the literature in chapter 3 produced a sixth content facet, named facet F Anonymity. It contains two elements e.g. non-anonymous kindness (f1) and

anonymous kindness (f2). The element for non-anonymous kindness is most clearly distinguished in the right handside of Figure 4-4. For instance, it contains behaviours that are clearly carried out with the knowledge of the recipient, such as items 15/17 ‘I do small favours for friends’, 22 ‘I invite people for lunch if I know they will be alone’, 21 ‘I have given treats to a friend who was ill’, 40 ‘I give gifts for no particular reason’ and 11 ‘I have surprised another person with a party for them’ to name a few. However, the same could not be said for kindnesses that are classified as anonymous, such as item 13 ‘I can sense other people’s feelings’, 24 ‘I give to charity’ and 25 ‘I have concerned feelings for people less fortunate than me’, since they could also be encountered in the right handside of Figure 4-4. Moreover, some clearly non-anonymous behaviour could be seen in the left handside of the plot as well, such as items 28 ‘I help people when they ask’, 26 ‘I open doors to let people through’, 24 ‘I try to cheer up people who appear unhappy’, 3 ‘I am kind to others’ and 32 ‘I give up my seat on a bus/train for someone who may need it more’. It is suggested then that facet F is not relevant to the domain of kindness as it fails to partition the plot into meaningful reagions. Therefore, it was also excluded from further analyses.

The two most pronounced facets (facet A Manifestation and facet B Form), therefore, generate three identifiable and meaningful regions that represent three different modes of kindness. To summarise, the analysis of the pilot pool of items distinguished reactive from proactive kindness. Proactive kindness was then distinguished according to whether it was predominantly emotional or cognitive in focus. This gave rise to three distinct forms of kindness outlined in three distinct regions on the SSA plot: Benign Tolerance (passive); Empathetic Responsivity (active emotional) and Principled Proaction (active cognitive).

4.5.3.1.1. Benign Tolerance (BT)

BT is located at the left hand side of Figure 4-4, colour coded in red. It could be best described as a live and let live, permissive humanity revealed in an everyday courteousness, acceptance and love of one's fellow man. It is a simple reactive behaviour that is psychologically passive ('I help people when they ask') in the sense that it may not be operated by cognitive or emotional elements. It is of note though that it appears to be in line with social norms ('I give up my seat on the bus/train for someone who may need it more'; 'I open doors to let people through') or behaviour that is encouraged by society. The general view of being kind ('I am kind to others') is revealed within the boundaries of this region, indicating that it is in those terms that people think of kindness. At times BT could include certain emotional ('I can sense other people's feelings') or cognitive ('I find it easy to forgive') elements, although they do not seem to dominate throughout the theme. In addition, BT does not extend beyond social norms as is the case with the other two modes. It is captured within the questionnaire by the items in column 1 of Table 4-3.

4.5.3.1.2. Empathetic Responsivity (ER)

ER is located at the right hand side of Figure 4-4 (colour coded in green) and it could be described as the active emotional component of kindness. ER is typically directed towards specific individuals, rather than others in general, revealing a more personal ('I do small favours for friends') and emotional element ('I have done something that upsets me to help a friend'). It appears more proactive in the sense that helping behaviour emerges out of concern or care for someone and not so much as a result of responding to that someone's suffering ('I have surprised another person with a party for them'; 'I invite people for lunch if I know that they will be alone'; 'I have given treats to a friend who was ill'). It is clear that ER extends

beyond a simple response to someone in need as in the case of BT to encompass a conscious consideration of the specific feelings of other particular individuals. It is captured within the questionnaire by the items listed in column 2, Table 4-3.

Table 4-3. Summary of main modes of kindness

BENIGN TOLERANCE	EMPATHETIC RESPONSIVITY	PRINCIPLE PROACTION
1. I admit when I don't know something.	14. I try to see things the way my friends do.	23. I give gifts for no particular reason.
2. I give up my seat on the bus/train for someone who may need it more.	15. I do small favours for friends.	24. I give to charity.
3. I am kind to others.	16. I have done something that upset me to help a friend.	25. I have concerned feelings for people less fortunate than me.
4. I try to cheer up people who appear unhappy.	17. I do small favours for friends.	26. Some things that happen really touch me.
5. I find easy to forgive.	18. I have surprised another person with a party for them.	27. I share things even if I do not really want to.
6. I feel sorry for other people when they experience problems.	19. I feel protective towards people who are being taken advantage of.	28. I help strangers with small things, for example if they drop something.
7. People think I have a soft-heart.	20. I give money to beggars in the street.	29. I practice what I preach.
8. I like to make other people feel happy.	21. I have given treats to a friend who was ill.	30. I smile at strangers.
9. I open doors to let people through.	22. I invite people for lunch if I know they will be alone.	31. I buy a poppy to commemorate war heroes.
10. I think it is right to give everyone a chance.		
11. Does not like somebody but treats him/her fairly.		
12. I help people when they ask.		
13. I can sense other people's feelings.		

4.5.3.1.3. Principled Proaction (PP)

PP is located in the bottom part of Figure 4-4 (colour coded in yellow) and could be considered as what is known as active cognitive kindness. In contrast to ER, PP appears to be driven more by principle, rather than emotion. It is about behaving respectfully towards others ('I buy a poppy to commemorate war heroes') as well as following a strong code of

honour ('I practice what I preach'; 'I have concerned feelings for people less fortunate than me'). PP is evidently proactive, as illustrated by a number of activities that are typically carried out without any behavioural cues ('I give gifts for no reason'; 'I smile at strangers', and 'I give to charity'). In contrast to previous findings (see Eagly & Crowley, 1986; Johnson et al., 1989) the item 'I give to charity' can be found in this region, suggesting that charitable giving is seen more as an autonomous decision to donate (e.g. proactive), rather than occurring in response to someone's appeal (e.g. reactive). Much of this behaviour could be considered altruistic. At times PP could include a form of sacrifice on the part of the benefactor in order to maintain one's principles ('I share things even if I do not really want to'). It is captured within the questionnaire by the items in column 3 of Table 4-3.

4.5.3.2. A key aspect of human kindness: Anthropophilia

The structure indicated by the SSA-I revealed a further intriguing aspect of human kindness (Figure 4-4; purple colour coding). Apart from dividing the plot into the three regions, another region of items that are at the core of all three can be identified. The circle in the centre of Figure 4-4 indicates that these actions have something in common with all of the others. They can, therefore, be thought of as the general essence of kindness. This is reflected in the items: 'I feel sorry for other people when they experience problems' (sorry6); 'I like to make other people feel happy' (happy8); and 'People think I have a soft-heart' (soft heart7).

Specifically, it is in the nature of an SSA configuration that the actions at the centre of the plot are those that, empirically, have the most in common with each other, and that those at the periphery share a weaker relationship with them. As items are located further away from the core they form a distinct part or a specific region on the plot. To clarify, there are

acts of kindness that have more in common with each other and with all the other variables, providing a common source to kindness, whereas the rest of the actions in the periphery reflect specific emphases (BT, ER, and PP).

In addition, this central form of kindness appears to encompass all elements of the Manifestation facet e.g. behavioural, cognitive and emotional, as well as both Forms of proactive and reactive behaviour, hence its location at the centre of the plot. In other words, because the core is not part of any of the regions, it can be said that it is classifiable by all of the elements in the content facets. In order to encompass all of these elements, it is suggested that the new concept clearly relates to empathy but is more active in dealing with the actions and reactions of a person, rather than just their ability to have these responses. Specifically, it is a tendency towards active gestures motivated by genuine warm feelings for others. There is no expectation of reward or social approbation because these behaviours are anonymous and beyond social prescriptions. These active gestures may operate in a cognitive (PP), behavioural (BT) or affective (ER) mode. In order to best describe this concept a new term was coined '*Anthropophilia*', derived from the combining forms of the Greek words *anthropos* (human) and *philia* (love).

4.5.4. Validity

The structure indicated by SSA-I was cross-checked using factor analysis (Table 4-3). Initially, the factorability of the 31 kind items was examined. Several well-recognised criteria for the factorability of a correlation matrix were used. Firstly, 30 of the 31 items correlated at least 0.3 with at least one other item. Secondly, the Kaiser-Meyer-Olkin measure of sampling adequacy was .80, and Bartlett's test of sphericity was significant ($p < .001$). The diagonals of the anti-image correlation matrix were all above 0.5, supporting the inclusion of each item in

the factor analysis. Finally, 30 out of 31 communalities were all around or above 0.3.

Alltogether these indicators supported the appropriateness of conducting factor analysis on all 31 items.

Factor analysis with varimax rotations was implemented. The three factor solution, which explained 38.17% of the total variance, was preferred. The factor loading matrix for the final solution is presented in Table 4-4. The first factor explained 25.04% of the variance, the second factor 6.97% of the variance, and the third factor 6.17% of the variance.

For comparison with the SSA results items with high loadings on each factor were identified on the SSA plot in parentheses, as indicated on Figure 4-4. Of note is that those items highly loaded on a given factor were also those identified in the partition of the SSA space. Furthermore, the items in the centre of each region had higher loadings on their identified factor than those close to the boundaries of the region. For instance, higher loading items, such as item 9 ‘I open doors to let people through’ (.642) and item 12 ‘I help people when they ask’ (.628) are located in the central part of the BT region (see Figure 4-4), whilst items with lower loadings, such as item 1 ‘I admit when I don’t know something’ (.249) could be found near the boundary of BT and PP.

Additionally, lower loading items, such as item 22 ‘I invite people for lunch if I know they will be alone’ (.403) and item 21 ‘I have given treats to a friend who was ill’ (.473) of the ER region are within immediate proximity of the PP region, indicating stronger association with actions that are of cognitive nature, rather than emotional. Expectedly, items 21 and 22 revealed higher loadings on the Principle Proactive kindness (see Table 4-4).

This further supports the three-fold solution and also illustrates that the items at the boundaries of the regions are indeed those which are least distinct in defining that region. The SSA configuration goes beyond factor analysis in revealing that the three aspects of kindness

are different emphases of a common core, rather than totally independent entities as might be assumed from the interpretation of orthogonal factors.

Table 4-4. A varimax rotated component matrix for factor analysis of 31 kind items

Scales/Items	Factor Analysis/Components		
	1	2	3
BENIGN TOLERANCE			
1. I admit when I don't know something	.249		
2. I give up my seat on the bus/train for someone who may need it more	.514		.276
3. I am kind to others	.607		.270
4. I try to cheer up people who appear unhappy	.528	.412	
5. I find it easy to forgive	.457		.217
6. I feel sorry for other people when they experience problems	.568	.444	
7. People think I have a soft-heart	.434	.201	
8. I like to make other people feel happy	.571	.426	
9. I open doors to let people through	.642		
10. I think it is right to give everyone a chance	.622		
11. Does not like somebody but treats him/her fairly	.369		
12. I help people when they ask	.628		
13. I can sense other people's feelings	.337	.533	
EMPATHETIC RESPONSIVITY			
14. I try to see things the way my friends do		.508	
15. I do small favours for friends	.366	.691	
16. I have done something that upset me to help a friend		.569	
17. I do small favours for friends	.343	.608	
18. I have surprised another person with a party for them		.521	.371
19. I feel protective towards people who are being taken advantage of		.613	
20. I give money to beggars in the street			.264
21. I have given treats to a friend who was ill		.457	.473
22. I invite people for lunch if I know they will be alone			.403
PRINCIPLE PROACTIVE			
23. I give gifts for no particular reason		.269	.506
24. I give to charity			.723
25. I have concerned feelings for people less fortunate than me		.336	.461
26. Some things that happen really touch me	.256	.402	.413
27. I share things even if I do not really want to	.324	.465	.238
28. I help strangers with small things, for example if they drop something	.464	.434	.249
29. I practice what I preach	.470		
30. I smile at strangers	.281		.573
31. I buy a poppy to commemorate war heroes		-.331	.572

Note: Coefficients smaller than .20 were suppressed.

4.5.5. Internal consistency

One scale was constructed for each of the factors. An overall kindness scale (K) that is the sum of all ‘kind’ scores was also developed. The internal consistency among the four scales comprising the kindness measure was tested using Cronbach's alpha reliability. In the present sample, the five scales showed good to excellent internal consistency, demonstrating comparability across age and gender groups. The alphas ranged from 0.74 to 0.87 (M=0.76). Of note is that none of the alphas fell below the conventional minimum of 0.70 (Nunnally, 1976). No substantial increases in alpha for any of the scales could be achieved by eliminating any of the items, thus all of them were retained. Table 4-5 displays the reliability coefficients obtained for each scale as well as the means and standard deviations for these scales.

Table 4-5. Scales and Item Characteristics

Scale	N	Alpha	M (SD)
BT	13	0.78	65.74 (11.61)
ER	9	0.75	35.49 (8.41)
PP	9	0.74	39.58 (8.87)
K	31	0.87	140.81 (24.13)

4.5.6. Intercorrelations of the kindness scales

The SSA-I configuration suggested that the scales are different emphases of a common core, therefore it becomes important to investigate how equivalent they are. Table 4-6 below displays Pearson product-moment correlations between the kindness scales.

Table 4-6. Relationship between the kindness scales

Scale	Benign Tolerance	Empathetic Responsivity
Empathetic Responsivity	.56**	
Principle Proaction	.49**	.49**

Note: ** p < 0.01.

As could be seen, the significant correlations between the scales were moderate, ranging from 0.49 to 0.56 (M=0.51, p<.01). Of note is that the association between BT and ER was higher than the rest of the correlations, suggesting that some BT behaviour may be empathetic and some ER behaviour may be in line with social norms. These results further support the utility of the scales and that they are not equivalent of each other.

4.5.7. External validity

Total scores across all kindness scales, were significantly different between men and women (Table 4-7) as well as across age groups (Table 4-8).

Table 4-7. Comparison of male and female kindness scores

Gender	N	Mean (Standard Deviation)				
		Total Kindness	Benign Tolerance	Empathetic Responsivity	Principle Proaction	Unkindness
Female	94	145.12 (23.36)	67.69 (11.05)	35.33 (7.81)	42.09 (8.76)	27.09 (6.86)
Male	71	135.11 (24.10)	63.69 (12.71)	33.66 (7.99)	37.76 (9.74)	28.55 (7.41)
T-Value		2.69**	2.16*	1.34	3.00**	2.21

Equal variances assumed (on basis of Levene's test for equality of variance).

a Equal variances not assumed (on basis of Levene's test for equality of variance).

Significance: * p<.05 ** p<.01 * p<.001**

Gender differences were found for most of the scales (Table 4-7). Women scored significantly higher than men on Benign Tolerance, Principle Proaction and overall kindness. Differences in Empathetic Responsivity did not reach significance, however women scored

slightly higher than men. Overall, there were more differences than similarities.

Assessment of associations between the scales and age revealed that scores tend to increase with age (Table 4-8). Kindness was slightly higher in participants over 40 years-old, with significant differences being found in Principled Proaction and Unkindness (lower scores on unkindness indicate lower levels of unkindness).

Table 4-8. Comparison of kindness scores of younger and older individuals

Age	N	Mean (Standard Deviation)				
		Total Kindness	Benign Tolerance	Empathetic Responsivity	Principled Proaction	Unkindness
Young	111	138.27 (22.31)	65.41 (11.15)	34.02 (7.59)	38.84 (8.83)	28.56 (6.72)
Old	54	146.04 (26.95)	67.11 (13.41)	35.83 (8.47)	43.09 (10.03)	25.98 (7.64)
T-Value		-1.96	-.86	-1.39	-2.78**	2.21*

Equal variances assumed (on basis of Levene's test for equality of variance).

a Equal variances not assumed (on basis of Levene's test for equality of variance).

Significance: * $p < .05$ ** $p < .01$ *** $p < .001$

Potential differences were also explored at the detailed item by item level to highlight any particular points of variation that may exist across gender and age. Women ($M_6=91.10$; $M_7=90.60$; $M_8=96.12$; $p < .001$) scored significantly higher than men ($M_6=72.27$; $M_7=72.94$; $M_8=65.63$) on all three items (number 6, 7, and 8 in Appendix A) that were hypothesised as the building blocks for Anthropophilia. However, when comparisons between young and old participants were made, these items did not reach significant levels.

4.6. Discussion

The findings suggest that the preliminary kindness measure shows excellent psychometric properties and could be implemented in a variety of contexts with great certainty. This preliminary measure is characterised by high internal consistency and a stable multidimensional structure even when different measures of covariation are used. However,

this initial validation study is not sufficient in exploring all aspects of kindness, such as Anthropophilia, thus, chapter 5 concentrates on developing this further.

The findings revealed that some groups of individuals are kinder than others. These findings support previous research where scores for kindness, love, and gratitude have been found to be higher for women than for men (Linley et al., 2007). Essentially, these findings are compatible with various theories of gender differences, such as the nurturing hypothesis (Eagly & Wood, 2013) and attachment theory (Bowlby, 1973; 1980; 1982). However, in contrast to previous research, the behaviours in the Empathetic Responsivity region appear equally frequent in both genders. This is unexpected in the sense that in close relationships, such as the behaviours illustrated in ER, women are more likely to provide care and emotional support to others and empathise with their suffering than men typically do (Burleson & Kunkel, 2006). Similar findings were evident in another study (Cross & Madson, 1997) which claimed that women manifest greater awareness and sensitivity, concerning emotions, and their importance in friendship. Therefore, it is possible that ER may not capture behaviours that are entirely drawn from emotions.

Although kindness did not vary between young and old individuals as much as anticipated, the findings reveal that it may manifest differently in different ages instead. These findings were consistent with the idea that there may be a trend for development of kindness over the lifespan (Shorr & Shorr, 1995), indicating a gradual change with age. Specifically, principle-based kindness appears to be significantly higher in older individuals, indicating that over 40s are more likely to do what is morally right, than younger participants. Further, this difference also distinguished younger and older individuals in terms of proactive behaviour, illustrating that proactive kindness may be increasing with age. Such possibilities of character development are indicated in the seminal work of authors, such as Erickson (1959) and Maslow (1970).

However, the necessary condition for these differences to emerge is dependent upon sufficiently high levels of its core form Anthrophophilia. Such an ‘extreme’ prosocial behaviour is most clearly understood through an equally ‘extreme’ antisocial behaviour, such as psychopathy. For instance, it is a tender rather than the psychopathic tough heartedness (for example, ‘People think I have a soft heart’), a generalised genuine empathic response rather than the psychopathic superficial charm (for example, ‘I feel sorry for other people when they experience problems’), and a protectiveness towards others rather than the psychopathic exploitation or manipulation of others (for example, ‘I like to make other people feel happy’). It is in those terms that it is suggested that Anthropophilia could be understood as a polar opposite to psychopathy.

Taken altogether, the findings in this study support this idea. In particular, various meta-analytic results demonstrate that psychopathy may be a poorer predictor of future violence among women relative to men (see Edens , Campbell, & Weir, 2007; Salekin, Rogers, & Sewell, 1997). A possibility exists that this observation may be due to the fact that women are generally kinder than men, more willing to help on a daily basis (Benign Tolerance) and demonstrate higher moral and principle in order to alleviate others’ suffering (Principle Proaction). However, most importantly, Anthropophilia appears to be more strongly endorsed by women rather than men as indicated by the mean scores on the three central items. This raises questions about the role of kindness in understanding psychopathic individuals and why psychopathy is predominantly a male characteristic. Moreover, these current findings uncover the possibility of a new dimension of research on why some offenders are psychopaths but not all psychopaths are offenders and how kindness may be related to that. The apparent complexity and utility of this central to kindness concept, paves the path towards the development of a subscale that captures similar behaviours in order to provide a more adequate measure of Anthropophilia.

Although, this study reports that participants were giving a diverse range of responses and not demonstrating a high degree of acquiescence instead, a word of caution must be voiced concerning the non inclusion of negatively worded items in the final questionnaire. Further, although this was justified earlier in this chapter, no concerted effort was made to explore response bias when negatively worded items, other than the ‘unkind’ items, are included. Future studies may wish to incorporate negatively worded statements in order to explore whether or not the herein reported item statistics could be improved.

As previously mentioned the faceted common definitional framework enables development and testing of a theory of kindness. Moreover, this approach assists in outlining the suitability of the pretest items suggested by the pilot study, from at least two points of view.

First, the SSA-I structure of the pilot data supported only partially the proposed conceptual framework for generating items. For instance, facet A Manifestation received the strongest support by polarising the plot into its elements – actions, cognitions, emotions. Each corresponds to a different direction of the SSA space, which in turn emanates from a common origin, Benign Tolerance, Principle Proaction, and Empathetic Responsivity, respectively. However, although successful, this modality facet provides rather ambiguous conclusions in relation to the conception that kindness is mostly behavioural. In other words, it is highly likely that cognitive- or emotion-based kindness would manifest mostly through actions as indicated earlier in this thesis. Therefore, it is possible that the differentiation between the emphases would be relatively more obvious when only two modalities are studied e.g. cognition and emotion. This is not unusual as illustrated by Levy (1979) in an example of political involvement where cognitive political involvement was considered weak and instrumental involvement was classified as strong.

Facet B Form of expression, also successfully partitioned the plot, distinguishing between kind behaviour that is proactive i.e. the right hand side corner of the SSA plot (Principle Proaction and Empathetic Responsivity) and behaviour that is reactive i.e. the left hand side corner of the plot (Benign Tolerance). Whilst facets A and B provided the strongest support for kindness, the rest of the proposed facets did not contribute to the partitioning of the plot, suggesting that they are rather situational and may vary from context to context, hence were omitted from future studies. Ultimately, the above exploration into the structure of kindness brought out the need for modifying the existing definitional framework in order to encompass all of the immediate findings. Further development of the theory would in turn need more items to be tested with a modified mapping sentence.

Expectedly, second, the distribution of the items in the geometric space drew attention to areas of the domain that are insufficiently covered by the pilot questionnaire or missing altogether. For instance the selection of variables that was drawn on in order to explore the proposed structure may be too limited to provide a full picture, causing large empty spaces on the SSA plot, specifically within the Benign Tolerance region (see Figure 4-4). It also allowed the identification of poorly functioning items that could be included in more than one region, such as item 1 'I admit when I don't know something', item 23 'I give gifts for no particular reason', item 21 'I have given treats to a friend who was ill' and item 22 'I invite people for lunch if I know they will be alone'. This illustrated the importance of having a final facet design and structures before approving final wording of items.

Notes

¹Unkind questions were included but in preliminary analysis they were found to be distinct and not just the opposite to the kind ones. Therefore, all analyses reported are based on the "kind" items

Chapter 5

Development of a Measure of Kindness: Main Study

5.1. A need for a revised measure of kindness

A growing body of literature indicated the various benefits of acts of kindness. It drew attention to the virtual absence of research into what psychological processes underlie kindness and how it can be measured. Subsequently, a pilot study demonstrated the value in developing an instrument that allows the assessment of variations between individuals in the variety of forms that kindness can take. However, this initial exploratory study was not sufficient in outlining all aspects of kindness.

Utilising the Facet approach in the pilot study has proven useful in detecting a few flaws in the design of the questionnaire. The nature of this approach is such that it allows for a repeated modification of the definitional framework in order to satisfy the new findings. Using the mapping sentence as a blueprint for item writing provides us with more than intuition and the familiar rules for writing relevant items, and ensures that a set of items collectively and systematically represents all facets of a definition (Canter, 1985). Furthermore, a subsequent study can build upon it by expanding the definition of the construct to include more facets, and then writing items which represent the expanded mapping sentence (Canter, 1985). Following these possibilities, the present study focuses on the further development and refinement of the previously proposed framework.

The need for a revised measure emerged out of two main weaknesses 1) a definitional framework that was only partially supported by the analysis, which in turn caused 2) major gaps in the areas of the domain. Subsequently, this revealed a number of poorly functioning

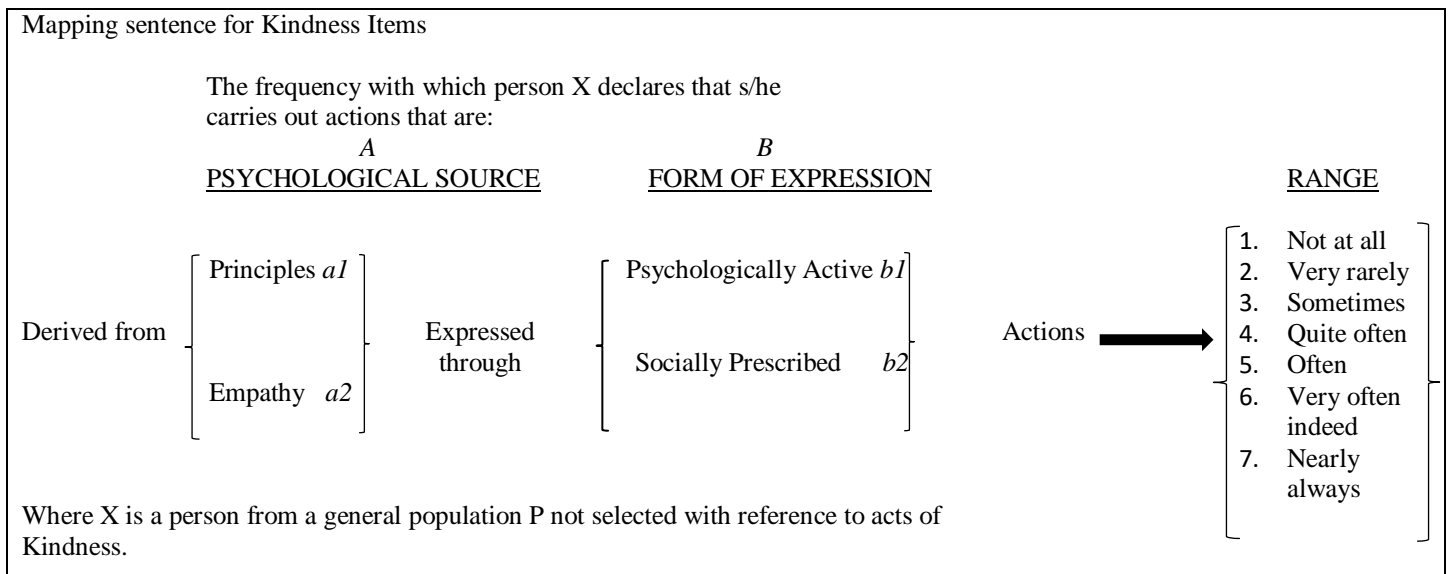
items which were then excluded from the initial pool and a new definitional framework was hypothesised.

5.2. A new definitional statement for kindness

The various studies of kindness open up a number of possible aspects of kindness that can be brought together as a definition open to test within the Facet approach as discussed in detail by Canter (1985), Shye et al. (1994) and Borg and Shye (1995). Two facets of this are proposed. The first is what initiates the activity within the person, what might be called its ‘psychological source’. This facet builds on the Manifestation facet and its elements (action, cognition, emotion) used in the pilot study. Specifically, the pilot SSA configuration confirmed that the dominant manifestation of kindness is through behaviour however, the source that stimulates such behaviour originates from two main psychological processes. Therefore, this new facet contains two elements. One subset of kind behaviour is based on a cognitive assessment of what *principles* are at stake, as explored in most detail by Ottoni-Wilhelm and Bekkers (2010). According to these authors, individuals whose preferred helping style is based on principles are prone to help others in need, not just because they feel bad for their suffering, but because they recognise helping as the morally right thing to do. A second subset of kindness finds its origins in *empathy* as Eisenberg et al. (2014) and de Waal (2008) demonstrated. In particular, this means that feeling empathy towards someone in need provides the necessary emotional impulse for endorsing helpful acts that benefit that person. This can also lead to sympathetic feelings of sorrow and concern for the person’s wellbeing (Eisenberg & Eggum, 2009) as well as prosocial behaviour towards that person (Miller et al., 2016).

The second facet is how the principles or empathy are acted on e.g. the form in which they are expressed. This was influenced by the Form facet in the pilot study, which conveniently partitioned the SSA space into two main regions – reactive and proactive kindness. The new ‘form of expression’ facet, therefore, also includes two elements. First, *proactivity*, or the psychologically active seeking out of opportunities to be kind of the form that Warneken (2013) discusses. In other words, it is possible that people help one another even when there is no clearly extended request for help. Another facet correlates with behaviour that is in line with *social prescriptions* as considered by Trivers (1971) and is another aspect of normative kindness (Exline et al., 2012) and reactive helping (Warneken, 2013).

Table 5-1. Summary of proposed facets of kindness



The other crucial aspect of the measurement of kindness is that it consists of interpersonal actions. It is distinct from feelings, such as empathy or attitudes. Therefore, it is appropriate to explore how often various actions are undertaken. In Facet Theory terms (Borg & Shye, 1995), this is known as the common range that questions are mapped into. It is

helpful to put all these considerations all together in the form of a generic sentence that defines kindness as can be measured by a questionnaire. This is given in Table 5-1.

5.3. Development of a revised kindness scale

Using this conceptual framework particular items were generated to extend the item pool that described acts precise enough to capture the nuances of the concepts yet general enough to maximise the likelihood of picking up the underlying tendency. In particular, the aim was to find a way to satisfy two conditions (1) achieve sufficient coverage of the construct and (2) maintain acceptable levels of internal consistency whilst keeping minimum overlap with other scales. The above was achieved with the following criteria: (1) items would correlate substantially higher with their own scale than any other. It was not considered acceptable to have an item correlated only marginally higher as this would contribute to a complex structure as defined by authors, such as Cattell, Kline, Guilford etc; (2) items should be cross-culturally applicable. Thus, items referring to culturally specific activities not considered prevalent in other countries or cultures were avoided; (3) items were to be limited to a simple and unambiguous structure to avoid confusion or measurement of more than a single behaviour at a time; (4) all gender specific pronouns were avoided.

As reflected in the mapping sentence, there are two characteristics or facets which jointly describe the kindness scale. That this mapping sentence adequately reflects the items is shown by the fact that the mapping sentence can be used to unambiguously classify each item. By choosing one element from each of the two facets in such way that the element describes some aspect of that item, a structuple – an outline of the structure – can be assigned to each item. For example, item 2 – ‘I open doors to let people through’ – has the structuple $a2b2$. This means that the first component, or struct $a2$, of the structuple is the first element of facet A, namely, Psychological source. The second struct is $b2$ from facet B Form of

Table 5-2. Kindness items and structuples

Item/Scale	Structuples
AFFECTIVE SOCIALLY PRESCRIBED	
1. I help strangers pick up things they have dropped.	<i>a2b2</i>
2. I open doors to let people through.	<i>a2b2</i>
3. I give up my seat on the bus/train for someone who may need it more.	<i>a2b2</i>
4. I help people when they ask.	<i>a2b2</i>
5. I help strangers pick things up they've drop.	<i>a2b2</i>
6. I don't mind doing favours for friends.	<i>a2b2</i>
7. I will listen to a friend's problems as long as they need.	<i>a2b2</i>
8. I am kind to others.	<i>a2b2</i>
9. I share things even if I do not really want to.	<i>a2b2</i>
10. I try to see things the way my friends do.	<i>a2b2</i>
11. I can tolerate friends' annoying habits.	<i>a2b2</i>
12. I treat everyone fairly whether I like them or not.	<i>a2b2</i>
13. I think it is right to give everyone a fair chance.	<i>a2b2</i>
14. I can sense other people's feelings.	<i>a2b2</i>
15. I try to cheer up people who appear unhappy.	<i>a2b2</i>
ANTHROPOPHILIA	
16. I include people if I know they are alone.	
17. I like to make other people feel happy.	
18. I share in other people's happiness.	
19. I include people if I know they will be alone.	
20. People think I have a soft-heart.	
AFFECTIVE PROACTIVE	
21. I have done something that upset me to help a friend.	<i>a2b1</i>
22. I have done something that upset me to help a friend.	<i>a2b1</i>
23. I have concerned feelings for people less fortunate than me.	
24. I feel protective towards people who are being taken advantage of.	
25. I've become unpopular to help someone people don't really like.	<i>a2b1</i>
26. I've helped someone who had done me wrong.	<i>a2b1</i>
27. I've spent ages to find something that might cheer up a friend.	<i>a2b1</i>
28. I've given more than could really afford to help someone without telling anyone.	<i>a2b1</i>
29. I've cancelled going where I really wanted to go because someone needed me.	<i>a2b1</i>
30. I've secretly got professional advice to find out how to help someone.	<i>a2b1</i>
31. I've worked hard at a practical job to help someone out.	<i>a2b1</i>
PRINCIPLED SOCIALLY PRESCRIBED	
32. It's my responsibility to recycle when I can.	<i>a1b2</i>
33. I find it easy to forgive.	<i>a1b2</i>
34. I find it easy to forgive.	<i>a1b2</i>
35. I think most people are inherently good.	<i>a1b2</i>
36. If a waitress has tried hard, I leave a good tip.	<i>a1b2</i>
37. I would let someone in a rush come ahead of me in a queue.	<i>a1b2</i>
PRINCIPLED PROACTIVE	
38. I feel sorry for other people when they experience problems	
39. I volunteer to help the sick or vulnerable.	<i>a1b1</i>
40. Things happen in the world that really touch me.	
41. I give to charity.	<i>a1b1</i>
42. I give blood when I can.	<i>a1b1</i>
43. I would give a stranger who had lost her purse the taxi fare home.	<i>a1b1</i>
44. I don't really mind if someone keeps me waiting.	<i>a1b1</i>
45. I give money to beggars in the street.	<i>a1b1</i>

expression. A list of the structuples for each of the kindness items is found in Table 5-2. The fact that a structuple is not listed for some of the items will be commented on at a later point. This gave rise to the development of a 45-item questionnaire measuring kindness.

5.3.1. Filling the gaps: From tolerant to socially prescribed kindness

To further develop the questionnaire a new subset of kind items was hypothesised in order to fill the empty space as indicated by the pilot SSA-I. A number of reasons led to the hypothesis that the empty space within the Benign Tolerance region (left corner of Figure 4-4) could include actions that are clearly in line with reactive behaviour as illustrated by the general description of that region. However, a closer examination of the Benign Tolerance region suggested that it could be best understood as behaviour based on some form of sympathy, rather than being entirely psychologically passive instead. In particular, items, such as ‘I can sense other people’s feelings’, ‘I give up my seat on the bus/train for someone who may need it more’ and ‘I am kind to others’ could be readily interpreted by participants in terms of some kind of affective influence. For instance, one could give up their seat on the bus/train as a result of experiencing a great deal of sympathy for a struggling elderly individual.

Because the items in Benign Tolerance could be associated with empathetic tendencies it was hypothesised that the empty space below may indicate a missing cognitive component. In particular, it was suggested that much like the right hand side of the pilot SSA-I, the left hand side could also be partitioned into empathy- and cognitive-based kind behaviour. Therefore, an attempt was made to incorporate principle-based behaviour in line with social norms, using the new definitional framework. This behaviour was captured within the affective- and principle-socially prescribed items in Table 5-2.

5.3.2. Elaboration of Empathetic Responsivity: Affective Proactive kindness

A closer examination of Empathetic Responsivity as an active emotional mode immediately revealed that the scale could be best described as a set of empathy driven proactive behaviour. It further uncovered a few poorly functioning items that were more descriptive of other regions, such as the socially prescribed items 15/17 ‘I do small favours for friends’ and the principle-based item 20 ‘I give money to beggars in the street’ (as indicated by its closer proximity to the Principle Proactive region). Other poorly functioning items were located closer to the boundaries of the region, rather than closer to the centre suggesting that these items could be considered poor descriptors of this kindness mode. In particular, those items were item 21 ‘I have given treats to a friend who was ill’ and item 22 ‘I invite people for lunch if I know they will be alone’. In addition, they appear more reactive, rather than proactive, thus were omitted from the hypothesised mode. However, items 15, 17 and 20 were retained and anticipated for inclusion in other more fitting scales.

Using the new definitional framework, a subset of items encompassing affective and proactive components was therefore generated. The new items followed the general theme of Empathetic Responsivity established in Chapter 4 by encompassing kind behaviour that is typically carried out for a specific individual (family, friend or acquaintance), rather than socially and/or genetically distant others. The new items are captured within the affective proactive items in Table 5-2.

5.3.3. Elaboration of Principle Proactive kindness

Similarly to Empathetic Responsivity, the pilot SSA revealed further missing or poorly functioning items within the Principle Proaction region. For instance, the large empty space within the centre of the region (Figure 4-4, Chapter 4) indicated that the initially

selected item pool may have been too limited in order to capture details of this behaviour. For this purpose, using the new mapping sentence a few new items, encompassing proactive behaviour based on principles, were included. Keeping in mind the most descriptive item for this region (as indicated by its eigenvalue .723), item 24 'I give to charity', a number of items were fashioned, such as 'I volunteer to help the sick and the vulnerable' and 'I give blood when I can' and added to the new pool of items.

Additionally, principle proactive items, such as item 29 'I practice what I preach' and item 23 'I give gifts for no particular reason' were considered poor representatives of this mode as they were located at the boundaries with other regions and, therefore, were omitted from the new item pool. This behaviour is captured within the principle proactive items in Table 5-2.

5.3.4. Developing Anthropophilia

The initial exploratory study (chapter 4) revealed the possibility for a core of kindness (Anthropophilia) upon which the various kindness modes are contingent. However, chapter 4 does not provide further development of Anthropophilia beyond the three identified items in the centre of Figure 4-4. Moreover, it does not take into consideration that the gaps in the geometric space around the circle in Figure 4-4 may indicate antropophilic behaviours that are altogether missing from the questionnaire. The empty space around the circle further suggests that it may be of value to elaborate the core form and explore other possible anthropophilic behaviours. Consequently, this would allow the development of Anthropophilia into a questionnaire scale which can assist in the evaluation of individuals. Therefore, similarly to the development procedures undertaken with the pilot kindness scales (refer to sections 5.3.1., 5.3.2., and 5.3.3. above) Anthropophilia was also subjected to

rigorous elaboration. This included identification and inclusion of new items that reflect the antropophiliac disposition discussed in chapter 4. The new items were logically derived and worded by the author of this thesis as a consequence of the originality of Anthoropophilia and its virtual absence from the literature.

The three items from the pilot SSA (6 ‘I feel sorry for other people when they experience problems’; 8 ‘I like to make other people feel happy’; and 7 ‘People think I have a soft-heart’) were retained and used as guidance for the development of new ones. Therefore, the new behaviours had to incorporate active gestures that are motivated by genuine warm feelings for others and go beyond social prescriptions. Additionally, a necessary condition was to omit any expectation for reward or social approbation. Two items that reflect these criteria were added, namely ‘I share in other people’s happiness’ and ‘I include people if I know they will be alone’. These are given in Table 5-2.

5.4. A representative sample

The data was obtained online through the following procedure. The new measure was uploaded on an online survey platform. The link to the survey was advertised online with the following specifications: participants needed to be over 18 years of age and representatives of the British population (e.g. Scotland, England, and Wales).

In order to obtain representativeness and avoid invalid responses the sampling plan followed well-established criteria: (1) the survey contained an attention filter question (e.g. This is an attention filter, please choose ‘Always’ as your response’) to improve data quality and prevent participants from choosing responses randomly. Failure to pass the attention filter led to end of participation. Such responses were recorded as ‘partial responses’ and eventually eliminated from the pool; (2) in order to minimise the amount of ‘hole’ in the data a ‘Force Response’ validation command was also implemented. This validation prevented

participants from continuing to the next page of the questionnaire without first providing an answer to all statements; (3) the study was initially designed to take no longer than ten minutes, therefore, responses that took significantly less or significantly longer than that were also excluded. These sampling criteria would be implemented throughout the thesis.

The 45-item questionnaire was administered to 1039 individuals from the British general population - 50% male and 50% female, between the ages of 18 and 79 ($M=50$ years; $SD=16.57$), drawn from a range of occupational backgrounds (39% professionals, 3.2% students, 5.7% labourers, 8.4% trade, 31.4% retired, 12% unemployed) from around the United Kingdom, (13.3% Scotland, 13% Wales, 15.3% North West England, 14.3% North East England, 15.6% Midlands, 12.8% London, 15.7% South England).

5.5. Results

5.5.1. Normality

Figure 5-1 below, shows the distribution of total kindness scores of a sample of 1 039 participants. The distribution revealed a raw mean score (M) of 180.85 and a raw standard deviation (SD) of 36.28 for Total Kindness. Carefull examination of Figure 5-1 further reveals that the skeweness is well within tolerable range and a bell-shaped line could be applied to the histogram indicating normality of the data. Normality of the data could be further accepted with respect to the central limit theorem (CLT). The CLT reveals that as the sample size becomes larger, the mean distribution that is measured from repeated sampling will reach the normal limits (Anderson, 2010). In other words, large datasets (over 30 participants) are considered approximately normal. Additionally, ‘the law of large numbers’ states that the larger the sample, the more likely it is to be representative of the ‘universe’ population (Porta, 2014). Finally, Shapiro-Wilk test for normality produced non-significant

results for Total Kindness, $p = 0.06$, indicating that the data are indeed appropriate for parametric statistical testing.

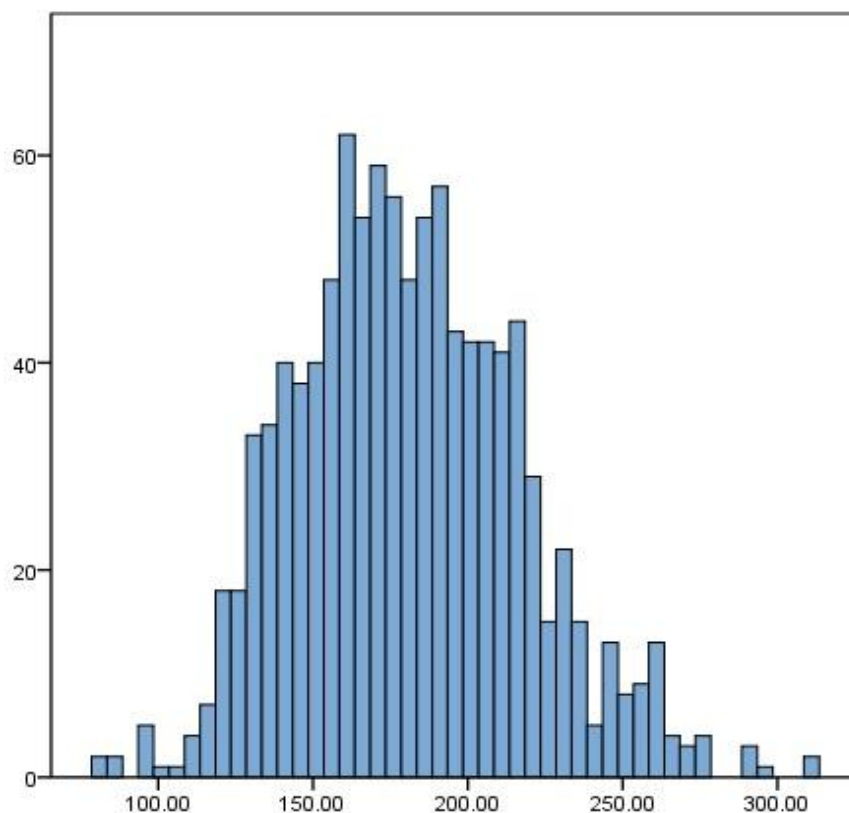


Figure 5-1. Distribution of total kindness scores

5.5.2. Individual item statistics

Mean scores across all questions ranged from 1.82 to 5.74, indicating that respondents were not trying to present themselves in a strong socially desirable light (see Table 5-3). The mean item score was 3.87, again comfortably in the middle of the seven-point range. Also, no one scored at the highest extremes of the scale (6 and 7) on average, which also confirmed that participants were giving trustworthy responses. Furthermore, this overcame the problem associated with Likert scales of five or more points that some respondents tend towards the extremes while others tend to avoid them (Kline, 1993). Thus, all 45 items met the selection criteria to form the final version of the kindness measure.

Table 5-3. Means and standard deviations (SD) of 45 kindness items

Item	Mean (SD)
1. I help strangers pick up things they have dropped.	5.00 (1.58)
2. I open doors to let people through.	5.43 (1.44)
3. I give up my seat on the bus/train for someone who may need it more.	4.96 (1.72)
4. I help people when they ask.	5.32 (1.29)
5. I help strangers pick things up they've drop.	4.75 (1.53)
6. I don't mind doing favours for friends.	5.10 (1.37)
7. I will listen to a friend's problems as long as they need.	5.14 (1.41)
8. If a waitress has tried hard, I leave a good tip.	4.78 (1.56)
9. I share things even if I do not really want to.	4.11 (1.43)
10. I would let someone in a rush come ahead of me in a queue.	4.24 (1.64)
11. I can tolerate friends' annoying habits.	4.21 (1.37)
12. I treat everyone fairly whether I like them or not.	4.51 (1.46)
13. I think it is right to give everyone a fair chance.	5.29 (1.38)
14. It's my responsibility to recycle when I can.	5.74 (1.46)
15. I have concerned feelings for people less fortunate than me.	4.18 (1.40)
16. I feel protective towards people who are being taken advantage of.	4.55 (1.39)
17. I feel sorry for other people when they experience problems.	4.72 (1.40)
18. I include people if I know they are alone.	4.24 (1.38)
19. Things happen in the world that really touch me.	4.39 (1.45)
20. I like to make other people feel happy.	4.91 (1.35)
21. I share in other people's happiness.	4.37 (1.37)
22. I try to cheer up people who appear unhappy.	4.48 (1.37)
23. I am kind to others.	5.08 (1.29)
24. I include people if I know they will be alone.	4.24 (1.45)
25. I try to see things the way my friends do.	3.92 (1.26)
26. I can sense other people's feelings.	4.53 (1.39)
27. People think I have a soft-heart.	3.96 (1.48)
28. I have done something that upset me to help a friend.	2.77 (1.25)
29. I have done something that upset me to help a friend.	2.86 (1.37)
30. I've become unpopular to help someone people don't really like.	2.38 (1.30)
31. I've helped someone who had done me wrong.	2.63 (1.22)
32. I've spent ages to find something that might cheer up a friend.	3.61 (1.40)
33. I've given more than could really afford to help someone without telling anyone.	2.85 (1.45)
34. I've cancelled going where I really wanted to go because someone needed me.	3.43 (1.43)
35. I've secretly got professional advice to find out how to help someone.	1.82 (1.24)
36. I've worked hard at a practical job to help someone out.	3.87 (1.42)
37. I find it easy to forgive.	3.59 (1.49)
38. I find it easy to forgive.	3.43 (1.50)
39. I don't really mind if someone keeps me waiting.	3.16 (1.29)
40. I think most people are inherently good.	4.04 (1.30)
41. I give money to beggars in the street.	2.32 (1.35)
42. I volunteer to help the sick or vulnerable.	2.69 (1.58)
43. I give to charity.	3.93 (1.62)
44. I give blood when I can.	2.08 (1.74)
45. I would give a stranger who had lost her purse the taxi fare home.	3.24 (1.65)

Table 5-3, further displays the items that received the lowest and the highest average score, indicating the most and least popular acts of kindness amongst the British general population. For instance, item 14 'It's my responsibility to recycle when I can' (M=5.74) appears to be the most frequently displayed kindness with almost half of the sample (43%) responding with 'nearly always'.

Further, item 2 'I open doors to let people through' (M=5.43) is the second most frequent kindness that is performed nearly always by 32%. Another popular act of kindness is item 4 'I help people when they ask' (M=5.32) displayed nearly always by 23%. Item 13 'I think it is right to give everyone a fair chance' (M=5.29) is indicated also nearly always by 25% of the sample.

Interestingly, all of these items are based on acts of kindness that can be considered the result of social prescription (see Table 5-2) and these are precisely when people display the most persistent acts of kindness. Similar results were discovered by Shorr and Shorr (1995) where normative kindness appeared to be perceived as kinder by observers and further related to increase in positive emotions and increased mood within the recipient (Exline et al., 2012).

In contrast, the item with the lowest average score is item 35 'I've secretly got professional advice to find out how to help someone' (M=1.82) with 57% of the sample responding that they have never done this and only 1% indicating involvement nearly always. The second least popular kindness is item 44 'I give blood when I can' (M=2.08) that revealed that 60% of the sample have never done this and 5% claimed that they have given blood almost always. Both of these items are related to a level of proactivity (see table 5-2) that is typically accompanied by some kind of discomfort on the part of the benefactor, suggesting that the more an act of kindness is associated with some kind of negative experience the least its frequency appears to be.

5.5.3. Analysis and identification of qualitatively different aspects of kindness

5.5.3.1. Smallest Space Analysis

Since the first presentation of Smallest Space Analysis (SSA-I) by Guttman (1954) the power of this form of analysis has been demonstrated across hundreds of studies going back over half a century as illustrated by Canter (1985), Shye et al. (1994) and Borg and Shye (1995), or more recently by Roazzi, Campello de Souza, and Bilsky (2015). It has been shown to allow the construction of robust models independently of the assumptions of linearity inherent in factor analysis, facilitating rich theoretical models.

Its power stems in part from its non-metric multidimensional scaling procedure in which the rank of the correlations between variables are related to the ranks of distances between the points representing those variables in a Cartesian space.

Within the Facet Approach (Canter, 1985), the resulting spatial configuration is examined to determine if meaningful regions can be identified. The SSA plot of variables offers a basis for testing and developing hypotheses about the structure of relationships between items in the questionnaire.

This procedure was employed with all 45 kindness items across all 1,039 respondents. The 7-point Likert scale incorporated in the questionnaire suggested the use of Pearson correlation similarity coefficient. For the resulting three-dimensional configuration, the CoA was 0.15 showing a good fit between the correlations and the distances in the space. The SSA-I projection of dimension one against dimension two is given in Figure 5-2 above. To facilitate interpretation of, and cross-validate this, the factor loadings from the varimax solution for each item (Table 5-4) that can be used to define a factor were put onto the plot (see section 5.5.3.2. below for factor analysis).

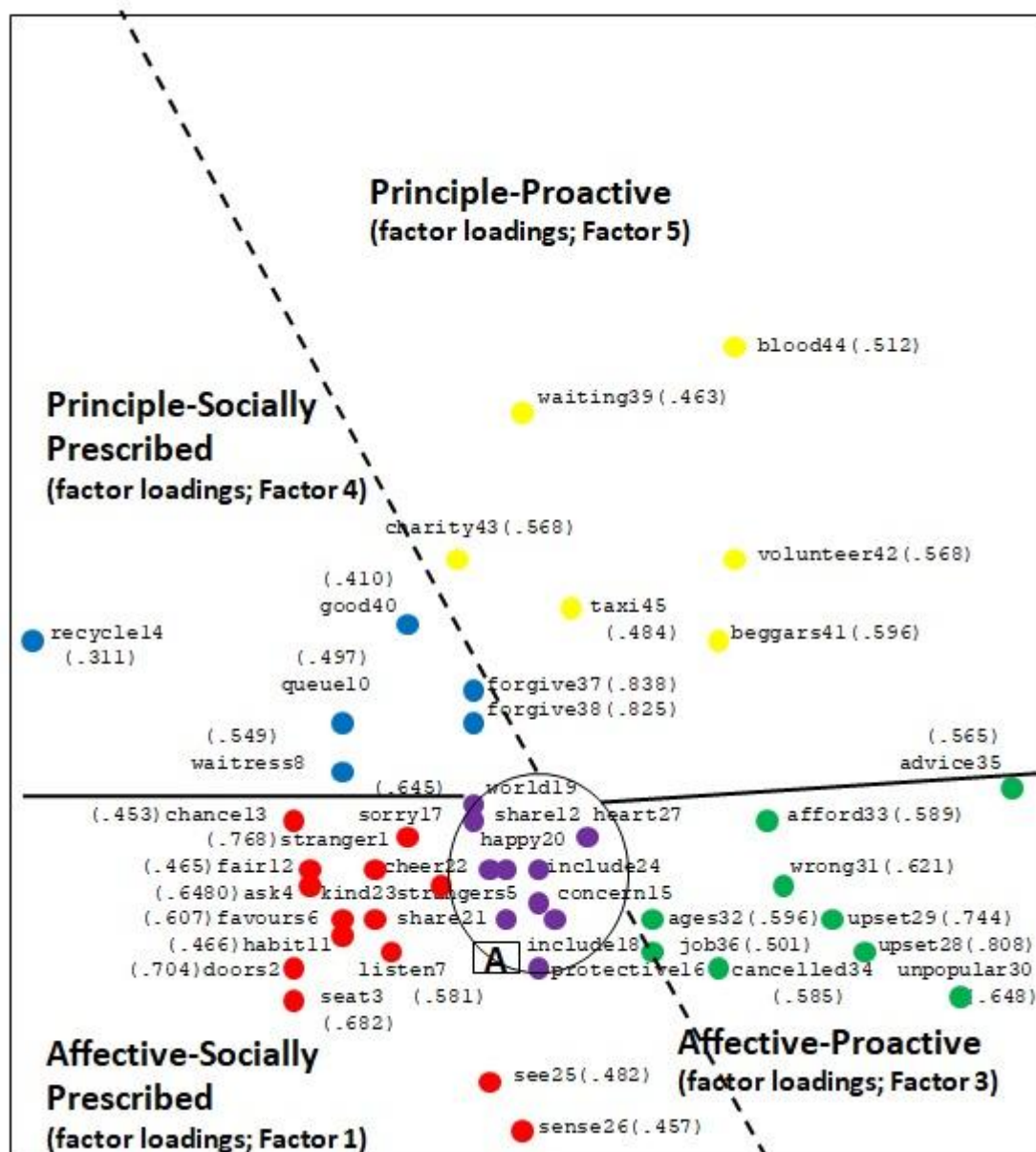


Figure 5-2. A 1 x 2 projection of a 3-dimensional Smallest Space Analysis of 45 items across a sample of 1039 respondents. Coefficient of Alienation = 0.15. Coefficient of similarities: Pearson correlation. The numbers to the right of the labels refer to the items as listed in Table 5-4. They are not the sequence in the questionnaire. The numbers in parentheses are the factor loadings for the factor those items define. The table below shows the factor loadings for variables in purple (A = Anthropophilia).

Anthropophilia (A) items	Factor loadings
concern15	.704
protective16	.672
include18	.637
world19	.637
happy20	.548
share21	.531
cheer22	.505
include24	.497
heart27	.444
sorry17	.645

The SSA-I revealed that human kindness is a broader concept psychologically than typically assumed or understood within a lay definition. There appear in fact to be five forms of kindness as shown in Figure 5-2.

5.5.3.1.1. Anthropophilia

Although, the SSA projection identified five regions that clearly correspond to five factors, the configuration sheds further light on the relationship of these regions (factors) to each other. Of particular interest is the central region as identified in Figure 5-2, Anthropophilia (factor 2 in Table 5-4). Of note is, that the concept appears to include more items than initially hypothesised, encompassing a total of ten items. These ten items, with loadings greater than 0.4 (as indicated by factor analysis), are shown within a circle around them in Figure 5-2 (colour coded in purple), marked with an 'A'. The items are central of the configuration. This indicates they are conceptually fundamental to the domain that the questionnaire measures thus cannot be classified as part of any of the four regions. They represent a subset of items that is different from all of the other items on the basis of their correlational analyses. The main items that form this region and their factor loadings are summarised in the table following Figure 5-2.

The theme of this central region is labelled Anthropophilia (A). This is proposed as a core form of kindness upon which all other types are predicated. It includes the items 'I have concerned feelings for people less fortunate than me' (labelled 'concern', with a loading of 0.704 on factor 2); 'I feel protective towards people who are being taken advantage of' ('protective' -0.672); 'I include other people if I know they are alone' ('include' - 0.637); 'Things happen in the world that really touch me' ('world' - 0.637), and 'I like to make other people feel happy' ('happy' - 0.548) to name a few. It can be seen that these items

incorporate both psychological sources - empathy and principles - from the mapping sentence and both aspects (proactivity and social prescription) of the forms of expression.

It is also of value to note that question 18 'I include other people if I know they are alone' and question 24 are identical. They fall in the same region of the space, but their distance apart provides some estimate of the unreliability of items. This is in accord with the approach to regional interpretations, recognising that slight variations in an item's wording or its position in a questionnaire will influence the precise answer that is given by participants. Consequently, items are taken as representations of a region of a domain, in the same way that they are taken as representations of some latent structure within factor analysis.

5.5.3.1.2. Partitioning of the SSA configuration

When considering the regions in relation to the factor loadings it is important to note that the items in the centre of each region had higher loadings on their identified factor than those close to the boundaries of the region. This illustrates that the items at the boundaries of regions are indeed those which are least distinct in defining that region. Thus, the regional location of items taken together with the factor loadings assists in identifying the modes of kindness that emanate from Anthropophilia. These four regions in Figure 5-2 do reflect four modes of kindness as indicated by the four factors in Table 5-4.

Above the line drawn horizontally across the configuration in Figure 5-2 is the region for all the items that are based on the psychological source of principled actions, such as 'I think most people are inherently good' (item 40 – factor loading on Factor 4 – 0.410.), and 'I give blood when I can' (item 44 – factor loading on Factor 5 – 0.512). Below the line are those items that have a much stronger empathetic component, such as 'I've spent ages to find something that might cheer up a friend' (item 32 – Factor 3 - 0.596), and 'I will listen to a friend's problem as long as they need' (item 7 – Factor 1 - 0.581). This line thus partitions the

regions in relation to the first Psychological source facet in the mapping sentence in Table 5-1.

The vertical partition in Figure 5-2 provides the basis for the second facet in the mapping sentence, distinguishing the Forms of expression. To the left are those items that include socially prescribed behaviour, such as ‘If a waitress has tried hard, I leave a good tip’ (item 8 – Factor 1 – 0.549) or ‘I open doors to let people through’ (item 2 – Factor 1 – 0.704). To the right are kindness items that reveal psychologically active forms of expression. These include, for example, ‘I give money to beggars on the street’ (item 41 – Factor 5 – 0.596) and ‘I have done something that upset me to help a friend’ (item 20, Factor 3 – 0.808).

Taken together these two facets, each with two elements, generate four subscales that represent four different modes of kindness.

5.5.3.2. Modes of Kindness

5.5.3.2.1. Principle-Socially Prescribed Kindness (PSP)

Represented by Factor 4, being the top left quadrant of the SSA (colour coded in blue), this form of kindness is cognitive, rather than emotional in origin. It is a tendency towards prosocial thinking (‘I think most people are inherently good’) and sympathetic behaviour (‘I would let someone in a rush come ahead of me in a queue’), rather than involving any outward expression or giving. It is psychologically passive, being consistent with socially prescribed actions and in the sense that it operates to support people by making allowances (‘I don't really mind if someone keeps me waiting’, ‘I find it easy to forgive’).

5.5.3.2.2. Principle Proactive (PP)

Principle Proactive kindness contains the items in the top right of the plot (colour coded in yellow), and specifically loaded on Factor 5. This is also a cognitively-grounded

form of kindness. It differs from Principled-Socially Prescribed in that it goes beyond a permissive mode of support to help others proactively ('I give blood when I can', 'I volunteer to help the sick or vulnerable'). On occasion, it will involve actions that extend the boundaries of socially-prescribed "good" behaviour, giving to others in a way that may go beyond social norms ('I would give a stranger who had lost her purse the taxi fare home', 'I give money to beggars in the street').

5.5.3.2.3. Affective Proactive Kindness (AP)

Affective Proactive kindness is located in the bottom right corner of the plot (colour coded in green). It is distinguished by Factor 3 and includes emotionally driven decisions to help someone. It is not about acting in a socially normative way but are rather an autonomous tendency to think about someone's feelings as a human being ('I try to see things the way my friends do') and what might be right for them ('I've secretly got professional advice to find out how to help someone'). It can require endurance and sacrifice ('I've spent ages to find something that might cheer up a friend', 'I've cancelled going where I really wanted to go because someone needed me'). In fact, it can involve committing socially prescribed behaviour and even personal suffering on the part of the protagonist ('I've become unpopular to help someone people don't really like').

5.5.3.2.4. Affective-Socially Prescribed Kindness (ASP)

A fourth psychological form of kindness in the bottom left of the plot (colour coded in red) and highly loaded on Factor 1 is a simple emotional reactive behaviour in line with social norms. It is driven by an empathetic response to circumstance rather than principles ('I help people when they ask', 'I help strangers pick things up they've dropped'). It's about friendship ('I can tolerate friends' annoying habits', 'I will listen to a friend's problems as long as they need') and simple everyday consideration of others along socially prescribed

lines ('I open doors to let people through', 'I share things even if I do not really want to').

Interestingly, it is within this variant of the SSA division that we find the item 'I am kind to others', suggesting that it is in these terms that most people think about kindness.

Thus, although a core kindness predisposition can be identified, any consideration needs to recognise that this manifests in a variety of different modes. However, none of these will exist without high core levels of Anthropophilia. They are all contingent upon this fundamental human attribute.

5.5.3.3. Factor Analysis

In order to cross-validate the five-region multidimensional structure of kindness, as identified by SSA, the factorability of the 45 kind items was examined. The expectation is that the final factor solution would correspond to the divisions in Figure 5-2.

Several criteria for the factorability of a correlation matrix were used. Firstly, all 45 items correlated at least 0.3 with at least one other item. Secondly, the Kaiser-Meyer-Olkin measure of sampling adequacy was 0.95, which falls into the range of being superb (Hutcheson & Sofroniou, 1999) and Bartlett's test of sphericity was significant ($p < .001$). The diagonals of the anti-image correlation matrix were all above 0.5, supporting the inclusion of each item in the factor analysis. Finally, 45 out of 45 communalities were all about or above 0.3. All together these indicators supported the appropriateness of conducting factor analysis on all 45 kindness items.

Factor analysis with varimax rotation was used. The five-factor solution, which explained 51.55% of the total variance, was preferred. The factor loading matrix for the final solution is presented in Table 5-4. The first factor (Affective Socially Prescribed region) explained 33.20% of the variance, the second factor (Anthropophilia) explained 7.02% of the variance, the third factor (Affective Proactive region) explained 4.17% of the variance, the

Table 5-4. Factor analysis with varimax rotation of 45 kindness items

Item/Scale/Factor	Factor Analysis/Component				
	1	2	3	4	5
AFFECTIVE-SOCIALLY PRESCRIBED					
1. I help strangers pick up things they have dropped.	.768	.143	.100	.068	.219
2. I open doors to let people through.	.704	.176	.052	.010	.064
3. I give up my seat on the bus/train for someone who may need it more.	.682	.035	.123	.002	.243
4. I help people when they ask.	.648	.319	.070	.220	-.013
5. I help strangers pick things up they've drop.	.631	.232	.175	.009	.263
6. I don't mind doing favours for friends.	.607	.286	.123	.229	.048
7. I will listen to a friend's problems as long as they need.	.581	.457	.154	.153	-.083
8. If a waitress has tried hard, I leave a good tip.	.549	.184	.061	.070	.280
9. I share things even if I do not really want to.	.531	.203	.342	.209	.069
10. I would let someone in a rush come ahead of me in a queue.	.497	.212	.075	.211	.259
11. I can tolerate friends' annoying habits.	.466	.198	.177	.429	-.020
12. I treat everyone fairly whether I like them or not.	.465	.329	.052	.370	.037
13. I think it is right to give everyone a fair chance.	.453	.441	-.089	.302	.154
14. It's my responsibility to recycle when I can.	.311	.227	-.221	.066	.260
ANTHROPOPHILIA					
15. I have concerned feelings for people less fortunate than me.	.070	.704	.106	.058	.398
16. I feel protective towards people who are being taken advantage of.	.190	.672	.202	.005	.243
17. I feel sorry for other people when they experience problems.	.419	.645	.084	.197	.158
18. I include people if I know they are alone.	.274	.637	.309	.046	.154
19. Things happen in the world that really touch me.	.268	.637	.117	.081	.305
20. I like to make other people feel happy.	.396	.548	.280	.254	.064
21. I share in other people's happiness.	.297	.506	.175	.271	.135
22. I try to cheer up people who appear unhappy.	.435	.505	.309	.162	-.007
23. I am kind to others.	.494	.500	.110	.259	-.043
24. I include people if I know they will be alone.	.455	.497	.347	.085	.168
25. I try to see things the way my friends do.	.173	.482	.194	.201	-.005
26. I can sense other people's feelings.	.305	.457	.311	-.016	-.072
27. People think I have a soft-heart.	.161	.444	.303	.329	.118
AFFECTIVE-PROACTIVE					
28. I have done something that upset me to help a friend.	.108	.058	.808	.043	.068
29. I have done something that upset me to help a friend.	.127	.077	.744	.055	.138
30. I've become unpopular to help someone people don't really like.	.008	.085	.648	.035	.140
31. I've helped someone who had done me wrong.	.057	.186	.621	.317	.078
32. I've spent ages to find something that might cheer up a friend.	.275	.357	.596	.048	.061
33. I've given more than could really afford to help someone without telling anyone.	.078	.232	.589	.125	.317
34. I've cancelled going where I really wanted to go because someone needed me.	.304	.229	.585	.076	.060
35. I've secretly got professional advice to find out how to help someone.	-.070	.092	.565	.080	.164
36. I've worked hard at a practical job to help someone out.	.327	.232	.501	.058	.095
PRINCIPLED-SOCIALLY PRESCRIBED					
37. I find it easy to forgive.	.088	.193	.112	.838	.125
38. I find it easy to forgive.	.097	.191	.108	.825	.112
39. I don't really mind if someone keeps me waiting.	.222	-.091	.165	.463	.211
40. I think most people are inherently good.	.193	.255	.064	.410	.304
PRINCIPLED-PROACTIVE					
41. I give money to beggars in the street.	.061	.262	.289	.095	.596
42. I volunteer to help the sick or vulnerable.	.051	.196	.261	.140	.568
43. I give to charity.	.229	.267	.044	.087	.568
44. I give blood when I can.	.135	-.105	.173	.070	.512
45. I would give a stranger who had lost her purse the taxi fare home.	.289	.132	.228	.195	.484

fourth (Principle Socially Prescribed region) 3.64%, and the fifth factor (Principle Proactive region) explained 3.53% of the total variance. The items included in each of the factor almost fully corresponded to the SSA division (Figure 5-2), indicating that the same underlying structure emerges even when different measures of covariation are used.

5.5.3.4. Reliability

Scales were constructed for each of these five aspects of kindness by selecting items from the regions of the SSA that had clear loadings on the relevant factors. Cronbach's alpha coefficients were calculated for each of these five scales. An overall kindness scale was also constructed of all items. Drawing on Nunnally's (1978) criterion of acceptable internal consistency an alpha coefficient of 0.7 or above was used as indicating acceptable reliability.

The alpha coefficients for the six scales are given in Table 5-5. The six scales showed good to excellent internal consistency, ranging from 0.68 to 0.95 ($M=0.81$). One of the six alphas fell just below 0.70, the value for the Principle Proactive scale being 0.68. No substantial increases in alpha for any of the scales could be achieved by eliminating any of the items, thus all items and scales were retained.

Table 5-5. Alpha coefficients for the six kindness scales indicating internal consistency

Scale	N	Item Mean	Mean (SD)	Alpha
Affective-Socially Prescribed	14	4.90	68.57 (13.70)	.90
Anthropophilia	10	4.43	57.56 (12.70)	.92
Affective-Proactive	9	2.91	26.22 (8.41)	.87
Principled-Socially Prescribed	6	3.56	14.23 (4.16)	.73
Principle-Proactive	6	2.85	14.27 (5.28)	.68
Total Kindness	45	4.02	180.85 (36.28)	.95

5.5.3.5. Intercorrelations of the kindness scales

It was anticipated that the four kindness subscales, representing different facets of the multidimensional construct kindness, as well its core form Anthropophilia, would be related

to each other with a moderate strength in order to be considered non-equivalent of each other. However, the associations between the scales and Anthropophilia are expected to be higher due to the fact that they are all contingent upon the core trait. In order to achieve that, Pearson product-moment correlation coefficients between the five kindness subscales were calculated and presented in Table 5-6 below.

As expected, all of the scales were associated moderately, indicating that they measure distinct aspects that are not equivalent of each other. Further, the relationships between Anthropophilia and the four kindness modes were, as hypothesised, slightly more pronounced, yet within the desirable moderate correlation range. Of note is that the mode that had the most in common with Anthropophilia was Affective Socially Prescribed kindness ($r = .79$). Therefore, high Anthropophilia scorers would typically display more of the behaviours included in Affective Socially Prescribed kindness.

Table 5-6. Interrelationships of the kindness scales

Scales	Anthropophilia	Principle Socially Prescribed	Principle Proactive	Affective Proactive	Affective Socially Prescribed
Anthropophilia	1	.64**	.57**	.60**	.79**
PSP	.64**	1	.55**	.40**	.69**
PP	.57**	.55**	1	.52**	.51**
AP	.60**	.40**	.52**	1	.50**
ASP	.79**	.69**	.51**	.50**	1

Note: ** $p < .01$.

On the other hand, the scale that revealed the lowest correlation coefficient with Anthropophilia was Principle Proactive kindness ($r = .57$), indicating that these behaviours have the least in common with the anthropophilic disposition. This is also evident from the apparently larger distances between the Principle Proactive items and the core, as illustrated in Figure 5-2. Further, Principle Socially Prescribed kindness displayed a higher correlation with Affective Socially Prescribed kindness, rather than with Anthropophilia. One possibility for this association could be the more pronounced presence of social norms in both of these aspects.

5.6. Discussion

This large-scale study provided a framework for measuring kindness and its various modes. The identification of Anthropophilia and four forms of kindness develops the three aspects identified in the previous pilot study, thereby providing a more refined framework for considering acts of kindness. The findings indicate that the kindness measures show useful psychometric properties and could be of value in a number of research contexts. This new measure is characterised by high internal consistency and a stable multidimensional structure cross-validated by different models of latent structure. The structure of kindness that emerges reveals four modes of interaction between the person and the social world. These support a model of kindness that recognises different psychological sources of actions and different forms of expression. Each of these modes is a specific aspect of a general relationship to others that has been labelled Anthropophilia.

As already mentioned, there is a possibility that this is a fundamental human trait that may not be entirely a product of social learning. It was also proposed that Anthropophilia could be regarded as the psychological opposite of psychopathy as discussed in detail in chapter 4. A closer consideration of the new Anthropophilia items reveals similar to the pilot results. For instance, it is (1) a tender, rather than the psychopathic tough heartedness (for example, ‘Things happen in the world that really touch me’); (2) a generalised, genuine empathic response, rather than the psychopathic superficial charm (for example, ‘I share other people's happiness’); and (3) a protectiveness towards, rather than the psychopathic exploitation or manipulation of others (for example, ‘I feel protective towards people who are being taken advantage of’).

Further, it is suggested, supporting Bryan’s (2009) study, that individuals who score high on Anthropophilia may be particularly interested in professions where helping is part of the role. Therefore, future research in the investigation of different forms of kindness typical

of different occupational contexts or personal relationships will be of particular interest.

Moreover, the present study successfully identified characteristics of Anthropophilia that could be logically and theoretically related to the concept of the psychopath. It is this trait which energises the various forms of kindness. Having a way of measuring this core trait allows exploration of its impact on people's lives. One hypothesis is that, much as psychopathy is argued to be present in many highly successful business people, there may be further distinct subgroups who owe their success to ways of being kind to people.

The implementation of a rather dynamic investigative approach, yet one that is not unfamiliar to the methodological community (Maslovaty, 1997; Maslovaty & Sitton, 1997; Schwartz, 1992; Levin, Montag & Comrey, 1983; Guttman, 1982) allowed for the identification of Anthropophilia which in turn is central to the kindness domain. The present study goes further than most exploratory studies (as also demonstrated in chapter 4) by implementing the Facet approach with SSA-I as well as Factor analysis (FA) to confirm the proposed theoretical framework and test the structural validity of scores on the kindness scales. However, a word of caution should be voiced concerning those two approaches. For instance, Maslovaty, Marshall, and Alkin (2001) state that SSA-I and FA share a common purpose reducing the number of variables by making parsimonious groupings which in turn could suggest that the two forms of analysis are equivalent to each other, thus making the use of one or the other redundant. Therefore, it becomes important to point out several main differences that clearly demonstrate the compensatory relationship of the two methods (Guttman, 1982).

Firstly, SSA-I provides more flexibility in describing the relationship between the variables. For instance, identifying a common core to kindness would not have been possible by simply interpreting orthogonal factors. Second, whilst FA may produce more factors than can be interpreted, SSA represents domains in fewer dimensions, making the results more

coherent, thus allowing for a more accurate factor solution (Maslovaty et al., 2001). For instance, the identification of the structure of personality traits through FA is often a subject to criticism. This is said to be due to the lack of a universally-recognised basis for choosing among solutions with different numbers of factors, which, in turn, led many to dispute about the ‘true’ number of factors (Pervin, Cervone & John, 2004). Third, much like FA, SSA-I generates a structure that a researcher interprets and infers. However, both Fornell (1987) and Bucik (1990) state that multivariate methods of the second generation (such as multidimensional scaling) are more rigorous than those of the first generation (such as FA) regarding the development of theoretical starting points, so they are typically verified by confirmatory techniques (Trninic, Jelaska & Stalec, 2013; Vodopivec, 1988). In other words, given the apparent similarities, it is not unusual for measures, such as SSA-I and FA to appear in the same investigation. Finally, FA might be instrumental in testing a hypothesis of unidimensionality, but it does not yield stable information about multidimensionality or about interrelationships among coexisting structures in the data (Canter, 1985). For instance, psychology is commonly concerned with cognitive, affective, and instrumental behaviour that is typically multidimensional in nature. Overall, FA identified five interpretable factors, whereas SSA-I allowed for the investigation of these factors as well as additional aspects (e.g. Anthropophilia). As has been demonstrated in this chapter, Facet theory with SSA-I provided a useful alternative to exploratory FA in psychological research as was also the case in Maslovaty et al. (2001).

The present study, however, does not provide a complete account of the validity of the kindness measure. The measure, so far, demonstrates a stable structure and excellent reliability levels, however, little is known about its validity when other similar and dissimilar constructs are considered. This, in turn, will help to clarify what it is about the acts that constitute the kindness scales that distinguish them from the feelings and attitudes reflected in

other social-psychological measures. In doing this the measure of kindness developed here would provide a contribution to research into the ways in which people are good to each other.

Chapter 6

Transformation of Raw Kindness Scores to Kindness Scale Scores: Linear Transformation

6.1. Standardising scores

Standardisation of scores is one of many ways that can be utilised in order to modify the distribution of a set of test scores. In particular, this type of score conversion, also known as transformation, mathematically modifies, specifically, raw score values (Osborn, 2002). A defining characteristic of these standard scores lies within their nature to utilise standard deviations in order to identify a particular score's distance from the mean. This, in turn, allows for the identification of equal units of measure within a given score distribution (Angoff, 1984). Further, Angoff (1984) argues that standard scores may be utilised in order to rewrite a given scale's number system. This, would, therefore, allow for a more effective interpretation of individual scores within a single test. The purpose of this short study will, therefore, be to explore the possibility of a formula for standardising raw kindness scores as well as obtaining their scale score equivalents.

The need for such score transformations emerges directly out of the problem that non-continuous data poses in psychological testing. For instance, psychological objects, such as personality, intellectual ability and knowledge can only be measured indirectly but not through a direct observation of their behaviour (Dunn-Rankin, 1983). This, therefore, led to the development of hierarchical scales in order to describe them e.g. scales that contain higher, as well as lower scores. However, these raw scores cannot assist in a way that presents exact quantities of participants' personality traits or attitudes. For instance, according to Nanna and Sawilowsky (1998) ordinal test items, such as Likert scales result in

raw scores that are meaningless without purposeful statistical interpretation. Further, measures with uneven standard deviations should be approached with caution as they obstruct the interpretation of test scores against performance benchmarks (Aiken, 1987). Moreover, raw scores threaten the robustness and power of the parametric statistical procedures that are typically used to analyse standardised test scores (Sawilowsky & Blair, 1992; Friedman, 1937).

Ever since Fisher and Yates outlined the normal deviates in 1938, statisticians have been transforming ordinal data into continuous scales. In fact, there are many movements on the scaling issues of converting raw scores into scale scores and testing programmes have made many types of scales available (Kolen & Brennan, 2004; Petersen, Colen, & Hoover, 1989; Angoff, 1984). However, a unified decision as to what the best scaling method is seems to be lacking. Moreover, choosing the appropriate measurement score scale may prove to be challenging, as indicated by Yen (1986). Similarly, Kolen and Brennan (2004) also discussed the importance of the choice of scale in the sense that it can affect how the scores are interpreted. However, utilising raw-to-scale methods of scaling aids users in interpreting the results, as discussed by Peterson et al. (1989), and thus should be encouraged. In sum, all of these authors agree that the usefulness of the resulting scale scores depends on how well the score scale facilitates meaningful interpretations and minimises misinterpretations and inaccurate inferences.

Linear and nonlinear methods could be both used to transform raw scores to scale scores, however, due to various procedural reasons listed below the method of linear transformation would be employed in order to standardise kindness raw scores. According to Angoff (1984), a linear transformation method utilises a linear equation that relates raw-to-scale scores by specifying the first two moments of the distribution. Specifically, it represents a simple process of relocating the raw score mean to the desired value and the raw standard

deviation into the desired size of units (Angoff, 1984). Angoff, further argues that this conversion process preserves the shape of the original raw normal distribution unlike most transformation techniques. In particular, the scale scores are distributed in exactly the same form regardless of which scale is involved. In other words, if the raw score distribution is normal, then it remains so after conversion. Similarly, if it is skewed either positively or negatively, it remains the same after conversion. In other words, Angoff (1984) clarifies that linear transformation of scores may affect the number system, but the equality of raw score units still remains (Angoff, 1984). According to Peterson et al. (1989), this simplicity is just one advantage of the utility of this method. Of note is, however, that through linear transformation the scale score reliability is equal to the raw score reliability, and the conditional standard error of measurements for scale scores will be a multiple of the raw score error (Kolen, Hanson, & Brennan, 1992). In simple terms, this means that a potential disadvantage of this technique is the multiplication of standard errors.

On the other hand, for comparison, nonlinear transformation procedures allow for the distribution of the raw scores to be converted to almost any pre-specified shape for a given group of participants (Peterson et al., 1989). However, Peterson et al. (1989) also emphasised that there is no theoretical rationale to sufficiently support this scaling procedure. Furthermore, other nonlinear transformation methods, such as the item response theory (IRT; Lord, 1980) where raw scores are converted to estimated IRT abilities or θ values are typically avoided in terms of score conversion because they hold a few practical problems, as indicated by Kolen and Brennan (2004). For instance, the discrepancy in the standard error of measurement along the θ scale can be too large. Specifically, the standard error for extreme scores may be larger than for scores in the middle. Moreover, IRT values are impossible for estimation by hand, and thus require a number of resources. In addition, Kolen and

Brennan (2004) stated that participants who have the same raw score often receive a different IRT score, making explanation of results challenging.

With the intention to facilitate score interpretation in future group/individual comparisons, the simple technique of linear transformation was adopted. Specifically, the purpose of this chapter was (1) to standardise raw kindness scores in order to allow purposeful statistical interpretation and (2) to develop raw-to-scale conversion tables in order to allow for comparisons of individual kindness scores against an established benchmark.

6.2. Method

6.2.1. Sample

A linear transformation method (LT) was implemented using a large representative sample drawn from the British general population ($N = 1\,039$). Converted scores would be further used for individual group comparisons in order to externally validate the kindness measure.

6.2.2. Procedure

Linear transformation was attempted by applying the transformation method to all of the kindness scales: Principle-Socially Prescribed, Principle Proactive, Affective-Socially Prescribed, Affective Proactive, Anthropophilia, and total kindness. Therefore, this section contains the description of the raw-to-scale score conversion process of the LT and the steps of the application procedure.

6.2.2.1. Linear transformation

LT is defined by setting the z-scores of the raw and scale scores to be equal. Let i be a raw score and $s(i)$ be its scale score equivalent. The linear raw-to-scale conversion can be expressed as (Angoff, 1984):

$$\frac{i - \mu_i}{\sigma_i} = \frac{s(i) - \mu_s}{\sigma_s}$$

where μ_i and σ_i are the mean and standard deviation of the raw scores and μ_s and σ_s are the desired mean and standard deviation of the scale scores. The scale score equivalent can be obtained by solving for $s(i)$ in the above equation, such that:

$$s(i) = \mu_s + \frac{i - \mu_i}{\sigma_i} \times \sigma_s$$

or equivalently

$$s(i) = \sigma_s z_i + \mu_s$$

where z_i is the raw score i expressed in z-score units.

6.2.2.2. Application process

The application process followed a well-established step-by-step procedure that has been long implemented in the standardisation of scores, such as IQ scores and various competence tests. First, the raw score distributions of each of the five kindness scales, including a total kindness score, were examined and raw mean scores and raw standard deviations recorded.

Second, linear transformation was applied in order to convert the given raw scores into scale scores. The procedure described above was followed. A scale score mean of 100 (μ_s) and a scale score standard deviation of 15 (σ_s) were set for each of the kindness scales

(see Table 6-1), indicating that scores under 100 on each scale would be considered below the average and scores above 100 – above the average. For instance, the scale score for a raw score of 81 and a raw mean and SD of, respectively, 180 and 36 could be obtained in the following way:

$$s(i) = 100 + \frac{81 - 180}{36} \times 15 = 100 - 2.75 \times 15 = 58.75$$

where the value of 58.75 is the standard score. Finally, this formula could be implemented in order to convert the values of all of the kindness scales, using three main parameters: (1) raw mean, (2) raw SD, and (3) an individual raw score. Alternatively, raw scores could be selected in blocks of any number of individual scores and respective standard scores calculated for the upper and lower values of these blocks in order to create benchmarks against which individual comparisons could be made. Of note is that each of the kindness scales contains a varying number of items, therefore, a consideration of the lowest and highest values of the scales is necessary.

6.3. Results

6.3.1. Linear transformation statistics

Summary statistics for the resulting scale scores based on LT are presented in Table 6-1 for the five kindness subscales and the total kindness scale. The results shown in this table were presented using the raw values as well as the final conversions. Both raw and scale means and SDs were reported, however, parameters such as skewness, kurtosis, and scale reliability remained the same after conversion, therefore were omitted from the analysis. Of note is that one of the few disadvantages of using LT is that it increases the standard error measurement of the new scale, however, this would be discussed further on in the chapter.

The summary statistics in Table 6-1 indicated that although the mean scale score for Principle-Socially Prescribed kindness and Principle Proactive kindness varied slightly from the desired mean, 99.58 and 101, respectively, the overall target mean criterion of 100 seemed to be closely met by employing the LT method.

Table 6-1. Kindness raw score summary statistics and conversion results for LT for each of the scales

Scale	Raw Statistics	Linear Transformation
Principle-Socially Prescribed		
Mean	25.83	99.58
SD	5.75	14.38
Principle Proactive		
Mean	17.43	101
SD	5.80	14.51
Affective-Socially Prescribed		
Mean	67.33	100.38
SD	13.34	15.39
Affective Proactive		
Mean	26.22	100.42
SD	8.41	15.76
Anthropophilia		
Mean	44.03	100.05
SD	10.38	15.58
Total Kindness		
Mean	180	100.35
SD	36.28	15.12

Note: SD - standard deviation

Further, for each of the scales the variability of the scale scores varied as well. Specifically, the scale scores SDs yielded by the LT procedure were approximating the set up value of 15, although the Affective Proactive and Principle-Socially prescribed scales, respectively 15.76 and 14.38 revealed a slightly stronger variation than the rest of the scales.

6.3.2. Standardising total kindness (TK) scores

The TK is a 45-item overall scale, that is the total sum of all five kindness scales. The response range of each item is anchored on a seven point Likert scale where 1 indicates ‘not

at all’ and 7 – ‘nearly always’. Given the total number of items comprising this scale and its response range the lowest raw and highest raw values of the scale could be calculated, respectively, 45 and 315. Additionally, Table 6-1 indicates the raw mean (M=180) and SD (SD=36) allowing for a raw-to-scale conversion table to be established (Table 6-2).

Table 6-2. Raw-to-scale conversion table for Total Kindness.

Total Kindness			
Raw Scores	Standard scores	Raw Scores	Standard scores
45	43.75	180	100 (M)
50	45.85	190	104.05
60	50.05	200	108.25
70	54.25	210	112.45
80	58.45	220	116.65
90	62.50	230	120.70
100	66.70	240	124.90
110	70.90	250	129.10
120	75.10	260	133.30
130	79.30	270	137.50
140	83.35	280	141.51
150	86.72	290	145.75
160	91.75	300	149.95
170	95.68	315	156.25

6.3.3. Standardising ‘Anthropophilia’ (A) scores

The core which the rest of the kindness types are predicted upon, Anthropophilia, consists of a total of ten items. Therefore, the highest possible raw score is 70 and the lowest – 10. Table 6-1 indicates that the raw mean of this scale equals 44 and the raw SD = 10. Using the proposed formula, the following conversion table was established, Table 6-3.

Table 6-3. Raw-to-scale conversion table for Anthropophilia

Anthropophilia			
Raw score	Standard score	Raw score	Standard score
10	49	44	100 (M)
20	64	50	109
30	79	60	124
40	94	70	139

6.3.4. Standardising Principle Socially Prescribed (PSP) scores

PSP consists of six items which reveal a lowest raw value of 6 and a highest raw value of 42. The rounded raw mean value of this scale, as indicated in Table 6-1, is M=26 with a raw SD=6. This gave rise to the following conversion Table 6-4.

Table 6-4. Raw-to-scale conversion table for PSP

Principle-Socially Prescribed			
Raw score	Standard score	Raw score	Standard score
6	50.05	30	110
10	60	40	135
20	85	42	140
26	100 (M)		

6.3.5. Standardising Principle Proactive (PP) scores

The PP is a 6-item, therefore, given the total number of items comprising this scale and its response range the lowest raw and highest raw values of the scale are respectively, 6 and 42. Additionally, Table 6-1 indicates the raw mean (M=17) and SD (SD=6) allowing for a raw-to-scale conversion table to be established (Table 6-5).

Table 6-5. Raw-to-scale conversion table for PP

Principle Proactive			
Raw score	Standard score	Raw score	Standard score
6	72.50	30	132.50
10	82.50	40	157.50
17	100 (M)	42	162.50
20	107.50		

6.3.6. Standardising Affective Proactive (AP) scores

AP consists of nine items which reveal a lowest raw value of 9 and a highest raw value of 63. The rounded raw mean value of this scale, as indicated in Table 6-1, is M=26 with a raw SD=8. This gave rise to the following conversion Table 6-6.

Table 6-6. Raw-to-scale conversion table for AP

Affective Proactive			
Raw score	Standard score	Raw score	Standard score
9	68.13	40	126.25
10	70	50	145
20	88.75	60	163.75
26	100 (M)	63	169.38
30	107.50		

6.3.7. Standardising Affective-Socially Prescribed (ASP) scores

Table 6-7. Raw-to-scale conversion table for ASP

Affective-Socially Proactive			
Raw score	Standard score	Raw score	Standard score
14	38.80	67	100 (M)
20	45.70	70	103.46
30	57.25	80	115
40	68.85	90	126.54
50	80.38	98	135.77
60	91.92		

The ASP is a 14-item, therefore, given the total number of items comprising this scale and its response range the lowest raw and highest raw values of the scale are respectively, 14 and 98. Additionally, Table 6-1 indicates the raw mean (M=67) and SD (SD=13) allowing for a raw-to-scale conversion table to be established (Table 6-7).

6.4. Discussion

In order to be able to compare any individual response to the population as a whole and therefore be able to calibrate the degree of kindness for the different modes a procedure was utilised that has direct parallels to the measurement of intelligence, the IQ. Because there is no absolute zero for such a measure nor any clear gradation in levels of the scale of measurement (as there would be for example in physical measurements such as weight or electrical current) psychologists have developed the procedure of setting the value of the average person and comparing all other score obtained on the measure with that value. These are known as ‘standard’ scores. The degrees of the scale are also adjusted according to the standard deviation of the population distribution. In this way a score of 100 is the average and scores above and below that value can be readily compared with the population at large. The major survey across the UK provided the statistical basis for these calculations.

This study employed the LT method for constructing scale scores on the kindness measure. The measure was explored using the data from the large representative sample used in Chapter 5. The purpose was to ensure the appropriateness of the LT method for the kindness measure and provide a basis for converting raw kindness scores to scale scores. The decision as to what raw-to-scale score transformation to employ relied mainly on ease of score interpretation. The outcome provided sufficient evidence that the LT method achieved this goal illustrated by the raw-to-scale conversion tables. The application of the LT method, further, allowed for the establishment of a set mean and standard deviation that were closely met.

Although the implementation of the LT method seems straightforward enough a word of caution must be voiced. Indeed, the LT method appears to be the most favourable due to its apparent simplicity that is the application of a single formula. In addition, it is inevitable that gaps occur in the conversions where there are more scale points than raw points,

however, the LT method eliminates this problem by preserving the structure of the raw score scale (Angoff, 1984) in contrast to nonlinear transformation where the gaps tend to be too large (due to expanding the upper and lower end of the scale) to be acceptable and hardly improve the interpretation of scores (Chang, 2006). However, both of these methods typically yield standard error of measurements that vary along the scale, indicating the issue of having constant error variance (Kolen et al., 1992). Kolen (1988) and Kolen et al. (1992) however, developed a rather different nonlinear approach, arcsine transformation, that aims to stabilise the error variance along the score scale by making the standard errors approximately equal along the scale so that a single error could be used when interpreting test scores (Kolen, 1988). Although, this method has proven to be very effective in decreasing the standard error measurement it does produce gaps along the scale similar to those present in other nonlinear transformation techniques (Chang, 2006). As Yen (1986) indicated, choosing the appropriate measurement score scale is difficult, therefore, future research may wish to focus on investigating the effects of the various raw-to-scale score transformation methods with the purpose of ensuring the currently proposed scaling procedure.

Developing a scale score system for kindness and its subscales is unprecedented and allows for evaluation of an individual and whether he or she is above or below the national average. A score system such as this could assist various institutions where the kindness measure could be useful, from hospitals that desire to employ workers who are capable of providing adequate support to patients to offender rehabilitation programmes which typically attempt to address various deficits in offenders' interpersonal skills. In addition, converting raw scores to scale scores allows for meaningful comparisons between groups to be made, further contributing towards the validity of the kindness measure.

Chapter 7

Kindness as an Independent Construct: A Correlational Study

7.1. Delineating kindness from other concepts

Kindness in the broadest sense refers to the actions and reactions of an individual to the observed experience of another. There are, of course, a variety of such possible actions and reactions and each relates in a specific way to other psychological concepts. For instance, Eisenberg et al. (2014) and de Waal (2008) demonstrated that empathy could be regarded as one of the main psychological motivators for kindness. In contrast, the relationships of psychopaths and Machiavellian individuals are generally manipulative, shallow and lack empathy, rather than being of caring and prosocial nature (Furnham et al., 2013; Pabian et al., 2015). In addition, personality traits associated with high functioning interpersonal relationships account for high levels of Extroversion, Conscientiousness, Agreeableness and low levels of Neuroticism (McCrae & Costa, 2003; Lee et al., 2008) and are opposite of what is associated with psychopathy (Lynam et al., 2005; Miller et al., 2001) and Machiavellianism (Aghababaei & Blachnio, 2015). However, little is known of how kindness relates to these concepts empirically.

To date, little research has directly examined the relationship between kindness and these concepts. In fact, the few investigations that have explicitly done so are limited in important ways. In particular, various studies have explored the association between different components of kindness and these concepts. For instance, one aspect of kindness that has been most widely tested is empathy in particular empathy and agreeableness or empathy and prosocial behaviour (Graziano et al., 2007), as well as empathy and the five-factor model

(Mooradian et al., 2011) and empathy and psychopathy and empathy and Machiavellianism (Furnham et al., 2013; Pabian et al., 2015). In addition, high quality interpersonal relationships were related to high levels of traits, such as agreeableness and extroversion (Lee et al., 2008), specifically prosocial behaviour was linked to agreeableness (Graziano et al., 2007). Ultimately, this limited however rich literature suggests that informed predictions of the nature of the associations with kindness could be made.

Therefore, the relationships between the five kindness scales and four potentially related constructs are considered in this investigation. The four constructs are empathy, psychopathy, Machiavellianism, and personality. Each of these constructs is expected, on theoretical and logical grounds, to be related to one or more of the kindness subscales. A brief description of the expected pattern of relationship follows.

7.1.1. Predictions

Based on evidence reviewed here, it seems quite likely that empathy and agreeableness would be the two constructs most strongly and pervasively related to kindness. Specifically, the Interpersonal Reactivity Index's (IRI) EC scale and agreeableness would be related to Anthropophilia (A) and the two affective kindness scales Affective Socially Prescribed (ASP) and Affective Proactive (AP). Given that EC scores are usually correlated positively with scores on the perspective taking (PT) scale (Davis, 1983b), PT's other-oriented (albeit nonemotional) nature and the relationship between agreeableness and PT (Mooradian et al., 2011), it is expected that A, ASP and AP should also display a positive but weaker association with PT.

Further, it is expected that Principle Socially Prescribed (PSP) kindness and Principle Proactive (PP) kindness should be most highly correlated with the most clearly cognitive PT scale. This prediction is based on the fact that one's perspective taking capabilities may both

affect reactions and beneficial behaviour towards others (Davis, 1980). Some association is expected between the PSP and PP scales in relation to EC due to EC's frequently reported association with cognitive measures (Davis, 1983b; Mooradian et al., 2011). However, both are expected to reveal significant associations with agreeableness.

In contrast, the constructs of psychopathy, Machiavellianism and neuroticism are hypothesised to share negative relationship with any of the kindness scales as they are typically related to impaired interpersonal relationship (Furnham et al., 2013; Pabian et al., 2015) and negative emotionality (John & Srivastava, 1999). Both extroversion and conscientiousness seem largely unrelated to the dimensions captured by the kindness measure, however, a few aspects of extroversion, such as sociability, warmth and positive emotionality could account for some correlations. From a theoretical point of view, substantial relationships are not expected between these dimensions and the kindness scales. On the other hand, openness to experience includes a perspective-taking element but its main focus is the individual's own experience (John & Srivastava, 1999), rather than others' experience. Therefore, some weak positive associations with kindness could be expected, in particular with the two cognitively grounded scales PSP and PP.

IRI's personal distress (PD) scale reflects both negative emotionality and poorly regulated emotions which are typical for individuals high on neuroticism (John & Srivastava, 1999). Studies frequently report positive associations between the two constructs (Mooradian et al., 2008; 2011), hence it is unlikely for the kindness scales to share any positive relationships with PD. In addition, a very weak relationship should be expected between the kindness scales and the fantasy scale (FS) as according to Davis (1983b), it is not apparent that a tendency to tap into the feelings and actions of fictitious characters will systematically affect one's social interactions.

7.2. Method

7.2.1. Sample

Although 302 individuals from the general population participated, 51 were excluded because they did not complete all questionnaires (N=47 participants) or completed them quicker than the agreed time expectation of 15 minutes (N=4), giving a total of 251 participants. These were collected through an opportunity sampling and divided into three surveys each including the kindness questionnaire and one or two other measures.

Survey 1 included measures on kindness and empathy. Eighty participants took part, of which 39% male and 61% female, between the ages of 18 and 59 (M=27 years; SD=8.71), drawn from a range of occupational backgrounds (20% professionals, 66% students, 5% unemployed) from around the world (50.3% United Kingdom, 10% United States, 7.5% Germany) with 35% being of white decent and 43.8% - white British.

Survey 2 obtained the data on kindness, psychopathy and Machiavellianism. Eighty-two individuals took part- 37% male and 63% female, between the ages of 18 and 55 (M=27; SD=8.80), drawn from a range of occupational backgrounds (13% professionals, 76% students, 4% unemployed) from around the world (51% United Kingdom, 6% United States, 5% Germany, 5% Poland) with 45% being of white decent and 37% - of white British.

Survey 3, assessed the kindness trait alongside the five factor personality model and was fully completed by 89 participants between the ages 18 and 69 (M=26; SD=8.94). Men comprised 39% and women – 61% of the sample. Of them 75% were students, 17% professionals, and 3% unemployed. The majority of the sample came from the UK (54%). The rest 46% included USA (8%), Poland (6%), France (3%), and Germany (3%). Additionally, 45% were white British and 30% - white.

7.2.2. Instruments

7.2.2.1. The Kindness Measure

The kindness measure is a 45-item self-report questionnaire which instructs participants to answer each statement in relation to *'how often they have performed a specific behaviour'*. The responses are fully anchored on a 7-point Likert scale ranging from 1 'Not at all' to 7 'Nearly always'.

7.2.2.2. Interpersonal Reactivity Index (IRI)

In order to confirm the convergent validity of the kindness measure it is important to correlate the new scales with other similar concepts. Chapter 2 discusses the possibility that empathy is an important determinant of kindness therefore, it is reasonable to believe that the two concepts would correlate to an extent, further adding to the validity of the kindness measure. However, the apparent similarity between the two concepts (e.g. genuine concern for others) raises the issue of whether or not kindness could be considered an independent (from empathy) concept. Therefore, it becomes important to explore the strength of association between the well established concept of empathy and the newly proposed concept of kindness. The most straightforward way for this is to correlate the kindness measure with a measure of empathy.

Perhaps the most widely accepted measure of empathy is the Interpersonal Reactivity Index (IRI; Davis, 1980). The IRI is a 28-item self-report questionnaire, consisting of four 7-item subscales, each tapping an aspect of global empathy. The responses are selected from a 5-point Likert scale, ranging from 1 'Does not describe me well' to 5 'Describes me very well'. Various psychometric studies have consistently validated Davis's proposed structure for the IRI, supporting the validity and reliability of the measure (i.e. Hawk, Keijsers, Branje,

Graaff, Weid, & Meeus, 2013; Pulos, Elison & Lennon, 2004; Cliffordson, 2001; Carey, Fox & Spraggins, 1988).

7.2.2.3. Levenson Self-Report Psychopathy scale (LSRP)

Besides establishing the convergent validity of the kindness measure, it is also important to explore its discriminant validity. In particular, it is of interest to explore whether theoretically different from kindness concepts are empirically different from it as well. In other words, a successful evaluation of the discriminant validity would show that the kindness measure is not highly correlated with other tests designed to measure theoretically different concepts. This would further contribute to the validity of the newly proposed measure.

In addition, various theoretical perspectives (discussed in chapter 2) suggest that kindness relates inversely to affective and interpersonal issues (primary psychopathy) and shares no relationship with antisocial behaviour (secondary psychopathy) (e.g. White, 2014). It is, therefore, important to correlate the new measure with a measure of psychopathy in order to empirically test these hypotheses. Further, earlier in this thesis, it was suggested that Anthropophilia could be best understood as the polar opposite of psychopathy. Therefore, it would be of value to examine the correlation of the two concepts. The most straightforward way is to correlate the kindness measure with a measure of psychopathy that is an evaluation of both primary and secondary psychopathy.

Perhaps the most widely used measure in research is the Levenson Self-Report Psychopathy scale (LSRP). The LSRP evaluates psychopathy levels by producing two factors which encompass the two-factor structure of the PCL-R (Levenson, Kiehl, & Fitzpatrick, 1995). Twenty-six items are rated on a four point scale where 1 = ‘disagree strongly’ and 4 = ‘agree strongly’. Additionally, the LSRP and the PCL-R correlate highly in a prison

population, however, LSRP is more accurate in non-institutionalised populations (Levenson et al., 1995), such as the samples used in this study.

7.2.2.4. Machiavellianism (MACH-IV)

Similarly to psychopathy, Machiavellianism can be also considered a theoretically different (from kindness) concept as discussed in details in chapter 2. In particular, previous research has established that individuals with high levels of Machiavellianism do not tend to engage in helping behaviour (Paal & Bereczkei, 2007). In fact, they are characterised by cold, strategic and pragmatic thinking, cynical and misanthropic views, and are typically agentically motivated (e.g. money, power, status), rather than communally motivated (e.g. love, family, harmony) (Rauthmann, 2011; Rauthman & Will, 2011), such as people who are particularly kind (Bakan, 1966). Thus, correlating kindness to Machiavellian aspects will further provide evidence of the validity of the new measure. In order to do that the kindness measure had to be correlated with a reliable measure of Machiavellianism.

Perhaps one of the most popular measures of Machiavellianism as well as one of the most widely used is the MACH-IV (Christie & Geis, 1970). The MACH-IV is a 20-item measure of global Machiavellianism, using a five-point scale ranging from 1 (totally disagree) to 5 (totally agree). Although, the measure was developed almost 40 years ago, it still remains one of the most popular tools for measuring Machiavellian tendencies. In fact, MACH-IV is repeatedly considered a reliable and a valid scale in a large variety of studies (i.e. Miller, Hyatt, Maples-Keller, Carter, & Lynam, 2017; Jones & Paulhus, 2009; Ramanaiah, Byravan, & Detwiler, 1994). In addition, the body of evidence for its predictive abilities has remained unmatched by similar measures (Fehr et al., 1992; Rauthmann, 2011).

7.2.2.5. 50-item IPIP

In order to determine whether kindness is part of a larger personality domain or, in contrast, exists as an independent human trait, the kindness measure needs to be correlated

with a measure of personality. Of particular interest is the trait agreeableness and how kindness relates to it. It was suggested that the newly proposed concept has to delineate from agreeableness in a way that shows the independent status of kindness and demonstrates the value of studying it. The most straightforward way to do so is by administering the kindness measure along with a personality measure.

Perhaps the most popular measure of personality is the NEO-PR, however, for logistic and convenience purposes a shorter version of the tool would be utilised. The 50-item IPIP is a representation of the domain constructs of the Five Factor Model, as expressed in Costa and McCrae's (1992) revised NEO personality inventory (NEO-PI-R). Responses are anchored on a five-point Likert scale, ranging from 1 'strongly disagree' to 5 'strongly agree'. The scales in the IPIP implementation correlate highly with the corresponding NEO-PI-R domain scores with correlations that range from .85 to .92 (International Personality Item Pool, 2001). The IPIP scales also outperform the NEO-PI-R versions of the same constructs as predictors of a number of clusters of self-reported behavioural acts (Goldberg, in press).

Additionally, Table 7-1 provides means, standard deviations and reliability analyses for all of the measures. All of the alphas are compliant with the required minimum of .70 (Nunnally, 1978) and within the same range as the original values, thus the measures are both reliable and valid for the current investigation.

7.2.3. Procedure

All measures were divided into three different versions of the survey and administered online. Each participant was randomly assigned to one of the three surveys. The link was advertised with the following specifications: participants needed to be over 18 years of age and in full consent to participate. However, in order to obtain representativeness and avoid

invalid responses the sampling plan followed the well-established criteria implemented in chapter 5.

Table 7-1. Means, standard deviations, and reliability of responses to questionnaires.

Questionnaires	<i>M</i>	<i>SD</i>	<i>Reliability (Cronbach's α)</i>
Survey 1			
Total Kindness	192.55	27.69	.90
Anthrophilia (A)	47.84	7.63	.85
Affective Socially Prescribed (ASP)	71.14	9.21	.80
Affective Proactive (AP)	29.18	8.62	.83
Principle Socially Prescribed (PSP)	26.69	5.71	.69
Principle Proactive (PP)	17.71	6.27	.71
Interpersonal Reactivity Index (IRI)	96.73	13.94	.84
IRI Empathic Concern subscale (EC)	26.58	4.63	.75
IRI Perspective Taking subscale (PT)	25.25	4.83	.80
IRI Fantasy subscale (FS)	25.39	5.54	.77
IRI Personal Distress (PD)	19.51	5.94	.81
Survey 2			
Total Kindness	203.09	37.27	.94
Anthrophilia (A)	49.67	10.90	.90
Affective Socially Prescribed (ASP)	74.87	12.14	.86
Affective Proactive (AP)	31.74	9.62	.84
Principle Socially Prescribed (PSP)	27.18	5.76	.69
Principle Proactive (PP)	19.62	6.56	.70
Levenson Self-Report Psychopathy scale (LSRP)	49.44	10.53	.87
LSRP Primary Psychopathy subscale (PPs)	28.67	7.63	.87
LSRP Secondary Psychopathy subscale (SP)	20.77	4.63	.71
Machiavellian personality scale (MACH-IV)	55.35	8.25	.74
Survey 3			
Total Kindness	197.92	39.72	.95
Anthrophilia (A)	47.99	10.31	.89
Affective Socially Prescribed (ASP)	72.85	12.01	.86
Affective Proactive (AP)	31.18	10.04	.86
Principle Socially Prescribed (PSP)	26.39	6.40	.70
Principle Proactive (PP)	19.51	6.87	.72
NEO – Agreeableness (AG)	40.25	7.03	.85
NEO – Extraversion (EX)	30.25	9.09	.88
NEO – Neuroticism (N)	26.28	8.93	.88
NEO – Openness to Experience (OE)	39.64	5.94	.78
NEO – Conscientiousness (CO)	35.79	6.11	.73

Note: High values indicate high levels (e.g. high scores on A indicate high levels of Anthrophilia)

Therefore, participants who failed to complete all questionnaires were excluded from the data as well as those who completed them too quickly. At the end of the survey each participant's

report was recorded and a total score calculated for each of the measures and the respective subscales.

7.3. Results

7.3.1. Correlations

Section 7.1.1., above, anticipated that the four kindness subscales, representing different facets of the multidimensional construct kindness as well its core form, would be related in a way to other psychological measures. In particular, it was predicted that the PSP and PP scales would be most highly associated with PT, whilst A, ASP and AP would be more related to EC and agreeableness and less related to extroversion.

Table 7-2. Relationships between kindness subscales and psychological measures

Measure	Anthrophophilia	Affective Socially Prescribed	Affective Proactive	Principle Socially Prescribed	Principle Proactive
<i>Empathy</i>					
Perspective Taking	.36**	.29*	.33**	.41**	.43**
Empathic Concern	.64**	.25*	.46**	.30**	.46**
Fantasy	.23*	.08	.28*	.14	.21
Personal Distress	.10	-.06	.16	-.10	-.03
<i>Psychopathy</i>					
Primary Psychopathy	-.41**	-.39**	-.19	-.33**	-.39**
Secondary Psychopathy	-.09	-.18	.19	-.05	-.05
<i>Machiavellianism</i>					
Machiavellianism	-.48**	-.42**	-.25*	-.39**	-.33**
<i>NEO-PI-R scales</i>					
Agreeableness	.63**	.51**	.29**	.46**	.19
Extroversion	.21*	.23*	.17	.12	.20
Neuroticism	-.02	.07	-.14	-.03	-.07
Openness to experience	.15	.20	.17	.21*	.09
Conscientiousness	.16	.16	.10	.18	.03

Note: * $p < .05$, ** $p < .01$

The kindness scales were also hypothesised to share a very weak relationship with the FS, conscientiousness, and openness to experience and a negative relationship with PD, neuroticism, Machiavellianism and psychopathy. Further, as outlined in section 7.1.1. it is possible that the kindness scales could be highly related to both EC and PT.

Table 7-2 displays the Pearson product-moment correlation coefficients between the five kindness subscales and other psychological measures in this study. Because not every measure was administered in each survey, these data do not constitute a full matrix, and the number of respondents contributing to each correlation coefficient varies according to the number of respondents present in a given survey. For ease of explication, the results pertaining to each of the five kindness scales are described separately below.

7.3.1. Anthropophilia

As expected, the highest correlation coefficients between A and the other measures were found with EC ($r = .64$) and agreeableness ($r = .63$), as illustrated in Table 7-2. Of note is that whilst these relationships produced the highest coefficient in the correlation matrix, their moderate values are not strong enough in order to imply that the scales measure the same construct. Therefore, high Anthropophilia scores are associated with high levels of empathic concern and agreeableness. The relationship with PT was weaker ($r = .36$), however it was still significant, thus revealing a positive association between Anthropophilia and perspective taking scores.

Opposite to expectations, there was a positive relationship between A and FS ($r = .23$) (Table 7-2). Although, this coefficient is rather weak it does reveal a significant pattern between high A scores and the tendency to relate to the feelings and actions of fictitious characters. As predicted, a similar coefficient emerged between A and extroversion ($r = .21$). Consistent to expectations, A displayed small relationships with PD ($r = .10$), neuroticism (r

= -.02), conscientiousness ($r = .16$), and openness to experience ($r = .15$) with the correlation coefficients being closer to zero than to any of the significance levels, as indicated in Table 7-2. However, instead of revealing a negative significant relationship, A displayed a rather small association with secondary psychopathy ($r = -.09$). As expected, inverse relationships were found between A and primary psychopathy ($r = -.41$) with the coefficient being slightly more pronounced for Machiavellianism ($r = -.48$).

7.3.2. Affective Socially Prescribed kindness

As expected, ASP was positively correlated to EC ($r = .25$) and agreeableness ($r = .51$) with the relationship being twice as weak for EC, as indicated in Table 7-2. Further, a substantial significant correlation was found between affective and cognitive components as previous research has suggested e.g. ASP and PT ($r = .29$). Therefore, individuals scoring high on ASP could also have a tendency towards high levels of cognitively based empathy. While this relationship may appear unusual it was not unexpected since similar correlations between cognitive and affective dispositions have been reported in some of the early work of Davis (1980). However, the relationship is not as strong in order to imply that this kindness scale is measuring both types of empathy. Further, as expected, ASP demonstrated small relationships with FS ($r = .08$) and PD ($r = -.06$).

Expectedly, extroversion revealed a weak but significant relationship with ASP ($r = .23$). However, the rest of the IPIP scales were not significantly associated with ASP. Specifically, neuroticism and conscientiousness displayed small relationships with ASP, revealing correlation coefficients of .07 and .16, respectively. Although openness to experience displayed a substantial correlation ($r = .20$) it was not significant. It is of note, that although non-significant, the correlation coefficient between ASP and neuroticism is the only positive associations between neuroticism and the kindness scales.

Further, the hypothesised inversed relationships with psychopathy and Machiavellianism were confirmed. Specifically, ASP was most strongly related to Machiavellianism ($r = -.42$) and primary psychopathy ($r = -.39$). However, similarly to Anthropophilia, secondary psychopathy displayed weak and non-significant relationship to ASP ($r = -.18$).

7.3.3. Affective Proactive kindness

An interesting pattern of results emerged from the correlations of AP and the psychological measures. The scale was positively related to EC ($r = .46$) and agreeableness ($r = .29$), however, in contrast to A and ASP the relationship with agreeableness was weaker. Similarly to ASP, AP also displayed a clear relationship with both EC and PT ($r = .33$). Although ASP demonstrated no relationship with FS ($r = .08$) as per the expectations, a substantial significant correlation between AP and FS was found ($r = .28$). Further, as hypothesised, AP displayed a weak but positive relationship ($r = .16$) when correlated with PD, revealing small levels of personal distress in high AP scores.

When the IPIP scales were concerned AP revealed small relationships. The only significant correlation was found with agreeableness ($r = .29$), although it was almost twice as weak as with Anthropophilia and Affective Socially Prescribed kindness. The rest of the scales displayed no significant levels of association with AP, although extroversion and openness to experience revealed a somewhat increasing pattern ($r = .17$ and $r = .17$ respectively).

However, an unexpected pattern of results emerged when psychopathy and Machiavellianism were considered. In particular, the relationship between AP and Machiavellianism ($r = -.25$) was the weakest, yet significant, association amongst the kindness scales. Further, in contrast to the rest of the kindness scales, there was little

association between AP and primary psychopathy ($r = -.19$), although the relationship could be considered weak rather than nonexistent. However, whilst the rest of the kindness scales revealed negative relationships to secondary psychopathy that tend towards the zero, AP displayed a positive association ($r = .19$). Although non-significant, this relationship is the strongest association between the kindness scales and secondary psychopathy.

7.3.4. Principle Socially Prescribed kindness

As expected, this cognitively-grounded type of kindness (PSP) was found to be most strongly positively related to EC ($r = .30$), PT ($r = .41$) and agreeableness ($r = .46$). It is of no surprise that PSP (as well as PP) revealed the highest association with PT, indicating that high PSP scores are associated with high cognitive empathy. Consistent with expectations, PSP was essentially unrelated to PD and FS with the correlation coefficients tending towards the zero point ($r = -.10$ and $r = .14$, respectively). Of note is that the relationship between PSP and EC was nearly identical to the one found for PT, indicating that high PSP scores are associated with both affective and cognitive empathy.

As already mentioned, agreeableness was significantly correlated with PSP. However, PSP revealed both the weakest and the strongest (although non-significant) association with extroversion ($r = .12$) and conscientiousness ($r = .18$), respectively, in comparison to the rest of the kindness scales. Moreover, PSP was significantly associated with openness to experience ($r = .21$). Expectedly, PSP and neuroticism revealed a very weak negative relationship ($r = -.03$).

As hypothesised, PSP revealed an inverse association with psychopathy and Machiavellianism as well. Specifically, PSP was almost equally inversely related to primary psychopathy ($r = -.33$) and Machiavellianism ($r = -.39$) and displayed a very weak negative relationship with secondary psychopathy ($r = -.05$).

7.3.5. Principle Proactive kindness

Consistent with expectations and in support to previous research, PP was found to be almost equally related to both PT ($r = .43$) and EC ($r = .46$). Therefore, high PP scores reveal high tendencies towards both affective and cognitive empathy. The PP scale was almost unrelated to PD ($r = -.03$) and displayed a weak, although non-significant, association with FS ($r = .21$).

Contrary to expectations, PP was the only kindness scale that was not significantly related to agreeableness ($r = .19$). In fact, none of the IPIP scales were significantly associated with PP with the correlation coefficient hovering around the zero point for neuroticism ($r = -.07$), openness to experience ($r = .09$) and conscientiousness ($r = .03$). The coefficient with extroversion ($r = .20$) was slightly more pronounced than with agreeableness, although both of them did not reach significant levels, hence indicating that PP shares very little variance with the NEO-PI-R dimensions.

Consistent with expectations, PP was inversely related to primary psychopathy ($r = -.39$) and Machiavellianism ($r = -.33$) and displayed a very weak negative relationship with secondary psychopathy ($r = -.05$).

7.4. Discussion

The proposition that kindness can best be considered as a set of related constructs and that the kindness subscales constitute valid and independent of other measures entities was tested. Hypothesised relationships between the kindness subscales and other well-established psychological measures were examined. Taken together, the results provide strong support for the original proposition. The kindness scales not only exhibit the predicted moderate

relationship to the measures used in this study, but also demonstrate a clear distinction from them.

These results support the validity of the kindness measure because they provide evidence that the four modes and the core tapped by the measure are separate constructs, each related in specific and specifiable ways with other scales. The core trait, Anthropophilia, for instance, displays the highest, yet moderate, associations with the implemented measures. It is positively associated with agreeableness which includes facets such as trust, altruism, tender-mindedness, and modesty (Costa & McCrae, 1995). Further, Anthropophilia is highly associated with empathic concern or the ability to have other-oriented feelings of sympathy and concern for unfortunate others (Davis, 1983b). It is also related to a cognitive aspect of empathy (perspective-taking) or the ability to spontaneously adopt the psychological point of view of others (Davis, 1983b). Although these relationships are somewhat weaker, Anthropophilia could be also associated with a tendency to imagine the feelings and actions of fictional characters (fantasy scale; Davis, 1983b) and to apply an energetic approach to the social and material world (extroversion: John & Srivastava, 1999).

When the four kindness modes were accounted for, the associations appeared to be slightly weaker, yet within the desirable moderate range. Affective Socially Prescribed kindness is a simple everyday consideration of others in line with social norms. It is most highly associated with agreeableness, which has been widely related to characteristics, such as kindness, sympathy, warmth, and consideration (Thompson, 2008). However, this kindness mode shares the weakest significant relationship with empathic concern possibly due to the presence of social norms. Affective Socially Prescribed kindness is also associated with the ability to adopt the point of view of others (perspective-taking) and a tendency towards sociability and positive emotionality (extroversion; John & Srivastava, 1999).

Affective Proactive kindness, however, revealed a rather unexpected pattern of

correlations. This mode is not about acting in a socially normative way but making an emotionally driven decision to help someone, even when a personal suffering on the part of the protagonist is included. Affective Proactive kindness is most highly associated with empathic concern and the ability to consider other people's point of view however it shares a somewhat weaker relationship with agreeableness. It is further associated with a tendency to tap into the feelings and actions of fictional characters. In fact, it is the only kindness scale to be highly associated with this tendency.

Principle Socially Prescribed kindness is a tendency towards prosocial thinking rather than involving any outward expression or giving. As anticipated, it is most highly associated with the cognitive element of empathy, perspective taking, and agreeableness. It reveals a weaker association with the tendency to consider other people's feelings in comparison to the rest of the kindness scales. However, this is not unexpected since the dominant psychological source of this kindness mode is principle rather than affect. Further, Principle Socially Prescribed kindness is the only scale to produce a significant association with the IPIP scale openness to experience. Thus, it is through this type of kind acts that individuals demonstrate open-mindedness and values. Additionally, a weak but notable association is present with conscientiousness possibly due to the presence of social prescription in both concepts (John & Srivastava, 1999).

Finally, Principle Proactive kindness, in contrast to Principle Socially Prescribed, goes beyond a permissive mode of support to help others proactively. It is most highly associated with empathy, in particular the tendency for perspective-taking and empathic concern. It is of note that, although this is a cognitively-grounded kindness scale it also correlates with affective measures possibly because of its proactive element that allows individuals high on it to give to others in a way that goes beyond social norms. Additionally, associations between cognitive and affective dispositions have been reported in various

studies of empathy (Hoffman, 1977; Coke, Batson, & McDavis, 1978; Davis, 1980; 1983b; Mooradian et al., 2011). In fact, perspective-taking appears to be primarily a combination of agreeableness, openness to experience and low neuroticism, a pattern that is comparable to what is found in empathic concern (Mooradian et al., 2011), hence its consistent association with the kindness scales. However, although, there is evidence of relationships between the IPIP scales and this scale, it is both weak and non-significant. A possibility exists, that Principle Proactive kindness may fall beyond the five-factor structure, however further investigation is needed in order to confirm this.

All of the kindness scales were inversely associated to impaired affective interpersonal characteristics (primary psychopathy; Levenson et al., 1995) as well as self-interest, lack of interpersonal closeness and desire for control (Machiavellianism; Fehr, Samsom, & Paulhus, 1992; McHoskey, 1999) as predicted but contrary to the expectations displayed almost no association with secondary psychopathy. This is consistent with previous research which states that individuals high in primary psychopathy (McGinley & Carlo, 2006; White, 2014) and Machiavellianism (Bereczkei et al, 2010) are less likely to behave prosocially specifically in anonymous contexts possibly because there is no promise for social rewards. With respect to the lack of relationship with secondary psychopathy, White (2014) discovered that whilst primary psychopathy relates inversely to anonymous and altruistic prosociality, secondary psychopathy does not relate at all.

However, Affective Proactive kindness was the only scale that failed to correlate significantly with primary psychopathy and displayed a positive (although non-significant) correlation with anti-social behavioural characteristics (secondary psychopathy; Levenson et al., 1995). Further, the association with Machiavellianism produced the weakest coefficient amongst all of the kindness types. A possible reason could be that similarly to psychopaths Machiavellian individuals also do not tend to engage in helping, except when their interest

immediately motivates them to do so (Paal & Bereczkei, 2007). However, it is noteworthy that in the case of this kindness mode, helping behaviour comes at a cost that may or may not be worth the effort. Moreover, Graziano et al. (2007) discovered that in individuals low in prosocial motivation, prosocial behaviour could be significantly undermined when the cost of helping is high. However, the increasing scores of both Affective Proactive kindness and psychopathy could mean that psychopaths may see this mode of kindness as a good opportunity for gaining something in return. However, this could not be confirmed by a simple correlational analysis such as this one.

Confidence in a correlational investigation, such as the present one can be increased when comparable findings also emerge from studies that use measures other than simple self-reports. Recently, such investigations of the relationship between empathy and acts of kindness have been conducted and their results do underscore the value of the present study. For instance, Miller et al. (2016) recently examined the relationship between empathy and prosocial development in children. Using a laboratory setting, children were exposed to accident simulations and their reactions were coded for sympathetic concern and prosocial behaviour. These investigators found that empathic sadness was linked to observed sympathetic concern and prosocial behaviour. Therefore, a similar relationship between empathy and kindness could be observed even when an experiment is conducted. In addition, such a relationship is consistently present throughout the lifespan starting as soon as early and middle childhood (Miller et al, 2016; Eisenberg et al., 2014), continues in adolescence (Cui, Sheffield Morris, Harrist, Larzelere, Criss, & Houlberg, 2015) and could be observed during adulthood (Preston & de Waal, 2002; Eisenberg & Eggum, 2009).

Further, the inverse relationship between kindness and psychopathy and kindness and Machiavellianism in this study could also be traced in experimental investigations. In particular, participants high on psychopathy would consistently offer less help to a lost

confederate asking for directions than low psychopathic individuals (Mahmut et al., 2016). Similarly, low-Mach individuals are more likely to volunteer in a charity organisation and give assistance to needy persons than high-Machs (Bereczkei, Birkas & Kerekes, 2010).

Finally, agreeableness revealed the highest and most consistent associations with four out of five kindness scales. Similar findings of the relationship between those two concepts are also evident in the experimental research. For instance, Graziano et al. (2007) and Burnstein et al. (1994) illustrated that individuals high on agreeableness offered assistance to a higher number of victims. In addition, their helping depended less on kinship than was the helping offered by individuals low on agreeableness. Moreover, individuals high on agreeableness are prone to assist different types of victims across a wider range of interpersonal situations probably because they appear to be characterised by helping (Penner, Fritzsche, Craiger, & Freifeld, 1995) and possibly because they have higher prosocial motivation (Graziano et al, 2007). Further, Graziano et al. (2007) found that individuals low on agreeableness, feel self-centred negative affect associated with the high demands placed on them, rather than feeling concern for the victim.

A word of caution should be voiced concerning the data in this study. Because they consist entirely of correlations between one self-report measure (the kindness measure) and other such measures, there clearly are limits to the interpretations that can be made. No true causal inferences, for example, can be drawn from results such as these. In addition, Pearson correlations do not allow for going beyond the data that is given. Further, the size of the sample in some of these analyses resulted in significant correlations as low as .21. It becomes important then, to look whenever possible for consistent pattern of relationships instead of individual correlation coefficients. The four psychological measures provide the best opportunity for this. Indeed the pattern of correlation between the kindness scales and these measures is clear and as predicted. The correlations between the kindness scales and the five

factors (except for agreeableness) are very modest in size. Therefore, although the direction of the relationship is consistent and as predicted, it should be apparent from these data that these general concepts cannot be described as a powerful influence on kindness.

Therefore, future research should focus on the various facets within the domains of the five-factor model in order to present a more detailed correlation matrix of the kindness scales. Further, exploring possible individual differences between kindness and the psychological concepts used in this study is a potentially fascinating direction for future research.

7.5. Conclusion

The previous chapters emphasised the value of the kindness measure and provided a detailed insight into the structure of the proposed concept. The new measure could be said to have the following characteristics. First, it demonstrates excellent psychometric properties even when different measures of covariation are implemented. In addition, the internal reliability of the scales is quite acceptable, with alphas varying from .68 to .95. Second, the pattern of gender and age differences found for the five scales is consistent with the general pattern found in the related research. This consistency could be seen in the pilot study as well as in the following chapter where the measure would be externally validated. The new instrument, therefore, appears quite well-suited for use as a research tool in studying human kindness and demonstrates excellent construct validity. Further evidence of its validity was achieved by correlating the measure with other well established concepts. The correlations appeared to be moderate and as predicted, suggesting that the questionnaire indeed measures independent dimensions.

Chapter 8

External Validity: Differentiating Kindness in Gender Groups

8.1. Variation of kindness in gender groups

There has been a long tradition of viewing kindness as a more feminine, rather than masculine trait. Studies conducted before the development of the kindness measure produced solid evidence of this (Diekmann & Goodfriend, 2006; Baskerville et al., 2000; Langford & MacKinnon, 2000; Eagly & Mladinic, 1994; Williams & Best, 1990). Therefore, considering this widely spread belief, it is expected that the kindness measure would reveal similar differences.

It has been reported that women respond more positively to kindness than do men suggesting that women may be more attuned to acts of kindness (Baskerville et al., 2000), therefore the next section would discuss prosocial behaviour as carried out by both men and women. Gender roles suggest that there are dramatic differences in the prosocial behaviours of women and men. According to Bakan (1966), a large variety of these differences can be summarised in two dimensions, labelled ‘communion’, or connection with others, and ‘agency’ or self-assertion. Within this gender typology, women are evaluated as more communal, which represents the capability of friendship, generosity, genuine concern for others, and emotional intelligence. In contrast, men are typically described as agentic, which summarises aspects, such as masterful, assertive, competitive, and dominant (Newport, 2001; Spence & Buckner, 2000). Specifically, women are more prone to bond with others in close, one-on-one relationships, than men, due to a number of prosocial qualities. For instance, various aspects, such as love, devotion, and soft-heartedness are thought to drive friendships, romantic relationships and family relationships and establish reciprocal assistance (Fiske,

Cuddy, Glick, & Xu, 2002). To clarify, Wood and Eagly (2002) stated that prosocial behaviour is more common in women if it has a relational emphasis in the sense of supporting or caring for an individual.

In contrast, the assertive, ambitious and competitive qualities that are typically associated with men are suggestive of an environment in which individuals differentiate in status thereby motivating men to constantly improve their position in the social hierarchy (Gardner & Gabriel, 2004; Baumeister & Sommer, 1997). Specifically, men would reveal high prosociality, if a given prosocial behaviour has a collective benefit or/and improves one's status (Wood & Eagly, 2002). In fact, although men direct much of their prosocial behaviour to groups (Gilmore, 1990), displaying a level of independence whilst in the group may provide them with influence (Shackelford, Wood, & Worchel, 1996) and potentially place them in the desired leadership position.

Overall, even though agentic attributes are not as favourably evaluated as the communal attributes associated with women (Eagly & Mladinic, 1994; Langford & MacKinnon, 2000) they do facilitate superior social status, by favouring a pervasive and masterful approach (Ridgeway & Bourg, 2004). Yet, various historical and present day references bring images of men capable of concern. These can be brave men who risk their lives to save others or soldiers who enter the battlefield in order to protect the land and honour of their nation. Such controversies raise questions of where the difference in prosocial behaviour between men and women lie. The herein developed kindness measure provides a solid base towards explaining the types of kindness that are characteristic of each gender.

A convenient organisation of trends in the agentic and communal prosocial behaviour allowed Eagly (2009) to classify findings by their social context in three main types of interaction e.g. interaction with strangers, interaction in close relationships, and interactions in workplace. In the case of interaction with strangers men helped more than women

(Johnson et al., 1989; Eagly & Crowley, 1986). Specifically, the studies include two scenarios. First, in situations where help is needed, men may volunteer to deliver aid through the observation that someone ill or distressed is present. A second scenario includes an explicit request for help extended towards the benefactors, such as an appeal for a charity donation. The findings bode well with the agentic theme of males, indicating that men were especially more helpful than women when it was socially required that the helpers take the initiative than when helpers had to respond to a request.

Findings that correspond with the notion that men's kindness is driven in part by social norms, revealed that in a prosocial context, men are prescribed with not only protecting women from danger but with delivering acts of chivalry as well, such as putting their coats on or pulling out a chair in order to seat them. In particular, a number of experiments revealed that men assisted more frequently than women did when the recipient of help was a female (Eagly & Crowley, 1986). Moreover, men, more than women, show a greater tendency to help when they find themselves in a public setting, but not when they are the only bystanders. Finally, an act of kindness that is seen as dangerous by women, such as inviting a stranger in one's house so they can use the phone, yields a higher frequency of helping among males (Eagly & Crowley, 1986).

In contrast, much of the prosocial behaviour in close relationships is of communal nature and includes virtues, such as caring for and sympathising with individuals. In support, a narrative review, conducted by Burleson and Kunkel (2006), revealed that "women are more likely to provide emotional support to others, to seek emotional support from others, to focus on emotions while providing support, and to use [...] person-centred comforting messages in the effort to relieve distress..." (p. 160). Such findings were evident in another narrative study (Cross & Madson, 1997) which claimed that women are characterised by greater emotional intelligence, such as awareness of other people's emotions, and their role in

friendship. Similar patterns of close social interactions emerge from marital relationships, especially in terms of emotional support that women provide to their spouses (Neff & Karney, 2005). Kindness in families extends beyond simple emotional support to a broader category of caring (Cancian & Oliner, 2000), e.g. caring for and helping family members, such as children, older family members and friends. However, this behaviour could extend even further to rare yet highly beneficial acts, such as organ donation between spouses where wife-to-husband transfers are considerably more common than husband-to-wife transfers (Becker & Eagly, 2004). In addition, female donors, as opposed to male donors, perceived this as an obligation to members of the family that extends to this physical form of caring (Simmons, Klein & Simmons, 1977).

Prosocial workplace behaviour often goes beyond what people are required to do on the job depending on the gender of the person who is providing the help. Within this domain women appear to engage in relational prosocial behaviour, such as helping a coworker who has been absent (Farrell & Finkelstein, 2007; Heilman & Chen, 2005), revealing that female managers deliver individual consideration behaviour in order to develop and mentor employees and attend to their individual needs than do male managers (Eagly, Johannesen-Schmidt, & van Engen, 2003). In contrast, men demonstrate behaviour from the civic duty dimension that focuses on the organisation rather than on the employee, such as attending meetings that are not mandatory but considered important (Farrell & Finkelstein, 2007).

Women's relational workplace behaviour exists regardless of their job status. For instance, Moskowitz, Suh, and Desaulniers (1994) found that women report more prosocial behaviours, such as friendly, unselfish, and expressive acts, than did men, especially when interacting with other women. Similarly, female physicians displayed kinder behaviour, such as positive talk, psychosocial counselling, emotion-focused talk, nodding and smiling (Roter, Hall, & Aoki, 2002). It is of no surprise then, that women are relatively rare in occupations,

such as construction (14%), transportation and storage (22%) and manufacturing (24%) which are related to physical strength and designed to build and improve the community (McGuinness, 2018). In contrast, women especially predominate in occupations included in the health and social work sector (78%) or in education (70%) which emphasise caring for individuals and developing their potential (McGuinness, 2018).

8.2. Method

8.2.1. Sample

The 45 item questionnaire was administered to 1039 individuals from the British general population - 50% male and 50% female, between the ages of 18 and 79 (M=50 years), drawn from a range of occupational backgrounds (39% professionals, 3.2% students, 5.7% labourers, 8.4% trade, 31.4% retired, 12% unemployed) from around the United Kingdom, (13.3% Scotland, 13% Wales, 15.3% North West England, 14.3% North East England, 15.6% Midlands, 12.8% London, 15.7% South England).

8.2.2. Instrument

The kindness measure is a 45-item self-report questionnaire which instructs participants to answer each statement in relation to *"how often they have performed a specific behaviour"*. The responses are fully anchored on a 7-point Likert scale ranging from 1 'Not at all' to 7 'Nearly always'. The measure provides individual scores on each of the four types of kindness – Principle-Socially Prescribed kindness (PSP), Principle Proactive kindness (PP), Affective-Socially Prescribed kindness (ASP) and Affective Proactive kindness (AP) – as well as the core Anthropophilia. In addition, the measure provides a total kindness (TK) score that is the sum of all five scales.

8.2.3. Procedure

A total raw score on each of the above scales was assigned to each participant. These total raw scores were then subjected to a standardisation procedure using the formula outlined in chapter 6. This produced standard scale scores which were used throughout the analysis.

8.3. Results

8.3.1. Normality

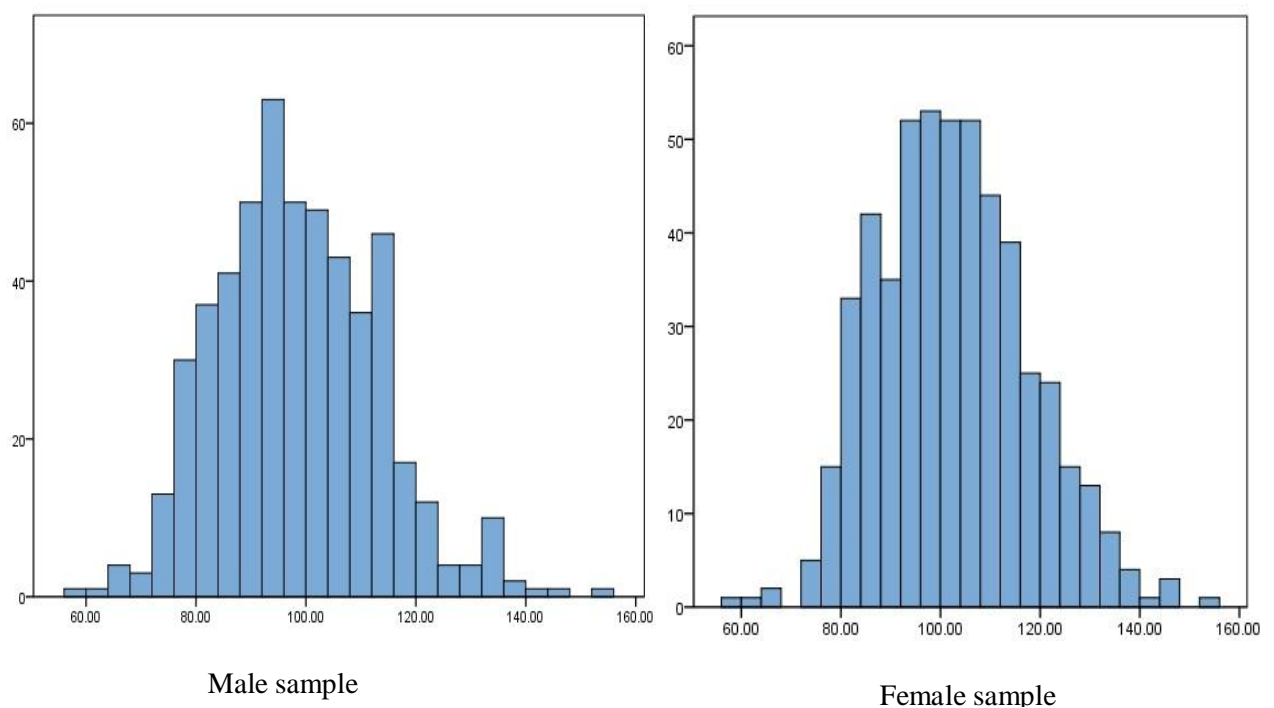


Figure 8-1. Distribution of total kindness scores for male and female participants

Figure 8-1 above, shows the distribution of total kindness scores of male and female participants. The distribution revealed a mean score (M) of 98.32 and a standard deviation (SD) of 14.81 for Total Kindness in men, and M=102.39 and SD=15.16 for Total Kindness in women. Carefull examination of Figure 8-1, further reveals that the skeweness is within tolerable range and a bell-shaped line could be applied to the the histograms indicating normality of the data. Further, Shapiro-Wilk test for normality produced non-significant

results for each of the datasets e.g. men, $p = 0.06$ and women, $p = 0.08$ which confirmed that the data are appropriate for parametric statistical analysis.

8.3.2. Independent group comparisons

An independent samples test was used to compare kindness scores for men and women. Table 8-1 clearly displays that, as anticipated, women scored significantly higher than men on almost all of the kindness measures. Significant results were obtained for the total kindness scale, $t(1037) = -4.37, p = .000$, with women revealing greater levels of overall kindness than men. For further precision effect size was also calculated. Given the two groups' similar size and standard deviations Cohen's d was implemented. The magnitude of the difference in the TK means for men and women (mean difference = 4.07, 95% CI: -5.89 to -2.24) was considered small (Cohen's $d = .3$) following a criteria established by Cohen (1988). The implication of $d=.3$ as an operational definition of a small difference between the means can be interpreted in a way that only 21.3% of the two samples' combined area did not overlap. Further measure of d , as introduced by Cohen (1988), indicated that 61.8% of men are exceeded by the female sample's mean for total kindness.

At a subscale level this score pattern was more pronounced as illustrated in Table 8-1. Significant difference between the two genders was found for Anthropophilia, $t(1037) = -6.63, p = .000$, with women displaying higher levels of core kindness. The magnitude of the difference in the both sets of Anthropophilia means (mean difference = 6.28, 95% CI: -8.16 to -4.42) was found to be of moderate size (Cohen's $d = .4$), indicating that 27.4% of the combined area of female and male distribution scores did not overlap. This further, indicated that 65.5% of women are characterised by higher levels of Anthropophilia than men.

Further significant results across gender were encountered for AP, $t(1037) = -2.60, p = .009$, with women scoring higher than men (Table 8-1). Cohen's d equalled .2 which

indicated that the size of the difference between the two sets of AP means (mean difference = 2.53, 95% CI: -4.45 to -.62) was small. The total non-overlapping area of the distributions of the two samples was only 14.7% or in other words, a total of 57.9% of all women exceed men on Affective Proactive kindness.

Affective-Socially Prescribed kindness also produced significant results across gender groups, $t(1037) = -3.41, p = .001$ (Table 8-1). The magnitude of the difference between the two means for ASP (mean difference = 3.24, 95% CI: -5.10 to -1.37) was $d = .2$, indicating a small effect size. Similarly to AP, the area of the two samples' distributions that did not overlap was only 14.7%, further indicating that 57.9% of female ASP scores exceeded male scores.

Finally, women scored higher than men on Principle Proactive kindness as well, $t(1037) = -2.19, p = .029$ (Table 8-1). The size of the difference between the two means (mean difference = 1.96, 95% CI: -3.73 to -.20) produced Cohen's d of .1, indicating a small difference. This coefficient, according to Cohen (1988) could be associated with only 7.7% difference between men and women, indicating that only 54% of women exceed men on Principle Proactive kindness.

Table 8-1. Comparisons of mean scores of male and female participants

Groups	N	TK	Anthrophophilia	PSP	PP	AP	ASP
Men	519	98.32 (14.81)	96.90(15.10)	98.80 (14.42)	100.10 (14.23)	99.15 (15.40)	98.76 (15.44)
Women	520	102.39 (15.16)	103.18(15.43)	100.37 (14.31)	102.06 (14.73)	101.68 (16.06)	102.00 (15.20)
T-Value		-4.37***	-6.63***	-1.76	-2.19*	-2.60**	-3.41***

Equal variances assumed (on basis of Levene's test for equality of variance).

a Equal variances not assumed (on basis of Levene's test for equality of variance).

Significance: * $p < .05$ ** $p < .01$ *** $p < .001$

Table 8-1 further revealed that women display generally higher levels of affective kindness (AP and ASP) than men do as indicated in the last two columns in the table. In

contrast, principle-based kindness types either varied slightly (PP) or did not vary between genders at all (PSP).

8.4. Discussion

The kindness measure was used in order to test its ability to distinguish between groups of individuals, in particular gender groups. The current findings indicated significant differences between men and women that corresponded with previous research and provided further insight into the types and level of kindness present in men and women. These findings not only bode well with widely shared role beliefs but also lend external validity to the kindness measure.

Similarly to previous findings it was confirmed that amongst 1 039 individuals, women were indeed kinder than men. Expectedly, women scored significantly higher than men on almost all measures of kindness except for Principle-Socially Prescribed kindness where male and female mean scores did not differ. In particular, women scored higher on total kindness, Anthropophilia, Affective-Proactive, Affective-Socially Prescribed and Principle Proactive kindness. This bode well with the general communal theme of female social interaction, indicating that women were more likely to respond empathetically, in a friendly manner, to other's needs and to obey social norms and expectations. Scores for kindness, love, and gratitude have been found to be higher for women in other quantitative studies (Linley et al., 2007) as well as narrative-based experiments (Burleson & Kunkel, 2006; Cross & Madson, 1997). Essentially, these finding are compatible with various theories of gender differences, such as the nurturing hypothesis (Eagly & Wood, 2013) and attachment theory (Bowlby, 1973; 1980; 1982).

However, it is interesting to note that even in this large sample there is no significant difference between men and women on one scale with the cognitive, principled element of

the psychological source facet; Principle-Socially Prescribed kindness. This supports the view that, this form of kindness, is based on some assessment of what is appropriate rather than the more emotional aspects that would be expected to be more dominant in women. Following this line of thought, it was not surprising that the two empathy-based kindness scales (Affective Proactive and Affective-Socially Prescribed) were more pronounced in women than men further emphasising the validity of the scales.

It is worth noting, though, that although there are significant differences in the expected direction the mean differences are not extremely large. This opens up questions about whether current behaviour in Britain is leading to less distinctions between men and women than might have been expected in the past.

These initial studies of gender relationships to aspects of kindness demonstrate some expected results that help to validate the various scales. However, there are some less expected results that are worthy of further study. The different ways in which men and women express kindness is one such area of research. Another is the complex variations in the forms kindness takes in different age groups.

Chapter 9

External Validity: Differentiating Kindness in Age Groups

9.1. Variation of kindness in age groups

A number of studies illustrate that generativity is an important attribute of successful aging (Fisher, 1995; Antonovsky & Sagy, 1990; Erikson, 1982). Within these studies, older individuals have been found to endorse more generative goals, such as helping others and contributing to the next generation, as well as other-focused problem solving, such as nurturing and guiding younger individuals and taking other's needs into account, than younger adults typically do (Hoppmann, Heckman Coats, & Blanchard-Fields, 2007). Similarly, Weiner and Graham (1989) discovered that pity and willingness to help characters in hypothetical situations increased with age. Additionally, in recalling autobiographical information middle-aged and older adults, more than younger adults, emphasised more themes of concern for both family and distant others (McAdams, St. Aubin, & Logan, 1993). Overall, in terms of socio-emotional selectivity theory elderly people report greater empathic concern than their middle-aged and young counterparts (Sze, Gyurak, Goodkind, & Levenson, 2012; Seider, Shiota, Whalen, & Levenson, 2011) possibly due to motivational shifts that direct the individual towards more emotional goals (Carstensen & Turk Charles, 1998).

Studies concerning the domain of kindness are, in fact, very limited and mostly focusing on charitable actions on behalf of the participants. For instance, the elderly donate more money to charity than any other age group (Sze et al., 2012; Midlarsky & Hannah, 1989). However, more precisely, when volunteering, instead of money donation, is included people aged 75+ are more likely to offer help. Similar experiments indicate that social

preferences and age may be positively associated. For instance, List (2004) observed that the mature cohort (49+) donated more money to charity than the younger cohort. Bekkers (2007) found that the elderly (65+) were more likely to donate than the young and also donated more money. Various dictator game experiments (e.g. Kettner & Waichman, 2016) provided supporting evidence. In them, a player is given money and can transfer any portion of it to a second player who has not been given any. Individuals aged 54+ transferred more money than younger participants (Bellemare, Kroger, & van Soest, 2008) and Cappelen, Nielsen, Sorensen, Tungodden, and Tyran (2013) observed that people over 50 years old were more likely to transfer a positive amount than their younger counterparts. Additionally, the elderly were more willing to split the sum equally (Roalf, Mitchell, Harbaugh, & Janowsky, 2012). In general, Carpenter, Connolly, and Mayers (2008) demonstrated that age is one of the main correlates of charity donation. Further proof for this can be found in various charity reports from the UK's Charities Aid Foundation (CAF, 2012) and Foresters (2014).

The notion that kindness increases with age is supported by another line of studies conducted by Shorr and Shorr (1995) who concluded that there are stylistic differences in mature persons' views on the virtues of helping, in particular anonymous versus non-anonymous helping. In a study modelled after Baldwin and Baldwin's (1970), Shorr and Shorr administered five story pairs, each containing attributions for helping contrasts, to nursery – college students. They found that the view that anonymous helping is kinder than non-anonymous helping appears to be acquired quite late by most individuals. For instance, it is not until the age of 11-12 that the majority of children view anonymous helping as kinder. However, it is not until the age of 13-14 that a significant majority of adolescents start viewing anonymous help as kinder.

Such progressive transformation of helping in young and old individuals, suggests that there may be a trend for development of kindness over the lifespan. Therefore, the new

measure should be able to successfully distinguish between groups of younger and older individuals. Although, researchers have been fruitful in distinguishing between these two groups, they mostly rely on a single act of kindness (e.g. donating money) in order to carry out comparisons. However, this does not indicate who is kinder than whom and in what aspects or how kindness may differ across all ages. The new measure, therefore, allows us to draw further inferences about the different types of kindness and their decrease or increase throughout the lifespan.

9.2. Method

9.2.1. Sample

The 45 item questionnaire was administered to 1039 individuals from the British general population - 50% male and 50% female, between the ages of 18 and 79 (M=50 years), drawn from a range of occupational backgrounds (39% professionals, 3.2% students, 5.7% labourers, 8.4% trade, 31.4% retired, 12% unemployed) from around the United Kingdom, (13.3% Scotland, 13% Wales, 15.3% North West England, 14.3% North East England, 15.6% Midlands, 12.8% London, 15.7% South England).

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as well as the core Anthropophilia. In addition, the measure provides a total kindness (TK) score that is the sum of all five scales.

9.2.3. Procedure

A total raw score on each of the above scales was assigned to each participant. These total raw scores were then subjected to a standardisation procedure using the formula outlined in chapter 6. This produced standard scale scores which were used throughout the analysis.

9.3. Results

9.3.1. Normality

Figure 9-1 below, shows the distribution of total kindness scores of young and old participants. The distribution revealed a mean score (M) of 100.91 and a standard deviation (SD) of 15.79 for Total Kindness in young participants and M=100.11 and SD=14.81 for Total Kindness in old individuals. Carefull examination of Figure 9-1 further reveals that the skeweness is well within tolerable range and a bell-shaped line could be applied to all of the histograms indicating normality of the data.

Further, Shapiro-Wilk test for normality produced non-significant results for each of the datasets e.g. young participants, $p = 0.09$ and old participants, $p = 0.10$. This confirmed that the datasets are appropriate for parametric statistical analysis.

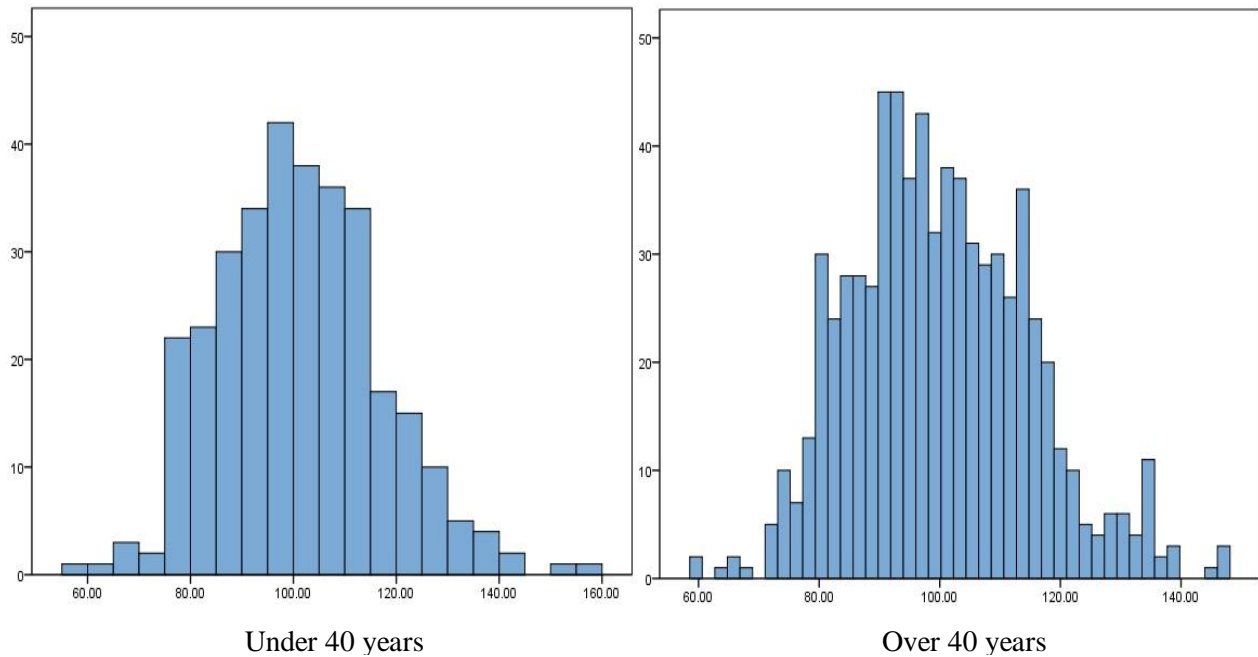


Figure 9-1. Distribution of total kindness scores for young (under 40s) and old (over 40s) participants

9.3.2. Kindness scores of younger and older individuals

In order to add to the external validity of the kindness measure participants were divided into two groups: under 40 years-old and over 40 years old. The distinction was made according to Erikson's (1959) eight stages of psychosocial development, according to which individuals under the age of 40 are considered young and individuals over that age are deemed old. An independent samples test was then used to compare kindness scores for young (under 40 years old) and older (over 40 years old) individuals. Table 9-2 indicates that, contrary to expectations older participants did not display higher overall kindness in comparison to young participants. In fact, the produced means were almost identical, indicating an average standardised score of $M=100.51$ for both groups. Significant results, however were obtained for Principle-Socially Prescribed kindness, $t(1037) = -3.93, p = .000$, with older individuals revealing greater levels of this type of kindness than younger individuals. The magnitude of the difference in the PSP means for young and old (mean

difference = 3.76, 95% CI: -5.65 to -1.89) was considered small (Cohen's $d = .3$). An implication of such coefficient is that only 21.3% of the two samples' combined area did not overlap. Further this coefficient indicated that a total of 61.8% of younger individuals are exceeded by older individuals' scores for PSP.

Table 9-2. Comparisons of mean scores of young and old participants

Groups	N	TK	Anthropophilia	PSP	PP	AP	ASP
Young	321	100.91 (15.79)	101.08 (15.34)	96.98 (14.61)	99.81 (14.94)	104.02 (17.00)	100.69 (16.13)
Old	718	100.11 (14.81)	99.58 (15.67)	100.75 (14.13)	101.65 (14.29)	98.81 (14.93)	100.24 (15.06)
T-Value		.79	1.44	-3.93***	-1.90	4.74^a***	.44

Equal variances assumed (on basis of Levene's test for equality of variance).

^a Equal variances not assumed (on basis of Levene's test for equality of variance).

Significance: * $p < .05$ ** $p < .01$ *** $p < .001$

Significant difference between the two age groups was found for Affective Proactive kindness as well, $t(549) = 4.98$, $p = .000$, however, younger participants displayed higher levels of AP than older participants. The magnitude of the difference in the both sets of AP means (mean difference = 5.21, 95% CI: 3.05 to 7.37) was found to be of small size (Cohen's $d = .3$), indicating that 21.3% of the combined area of young and old distribution scores did not overlap. This further, indicated that 61.8% of younger people were characterised by higher levels of AP than older people.

9.3.3. Variation of kindness scores over the life span

A closer examination of various age groups (20-29, 30-39, 40-49, 50-59, 60-69, and 70-79) revealed that kindness scores vary depending on the specific age of the individual (see Figure 9-2).

Utilising these six age groups as the independent variable and the kindness scales as the dependent variables, a one-way MANOVA confirmed that there is a statistically

significant difference in kindness scores based on these specific age groups, $F(25, 3798) = 5.80, p = .000$; Wilk's $\Lambda = .87$. In particular, Tukey's post hoc test revealed that age had a statistically significant effect on three kindness types, Principle-Socially Prescribed kindness $F(5, 1026) = 6.45, p = .000$, Principle Proactive kindness $F(5, 1026) = 3.66, p = .003$, and Affective Proactive kindness $F(5, 1026) = 6.65, p = .000$. Tukey's post-hoc tests further revealed that PSP mean scores were significantly different between the oldest participants (70-79) and 20-29 years old participants ($M = 96.79; p = .000$), 30-39 years old ($M = 96.98; p = .000$), and 40-49 years old ($M = 97.60; p = .001$) with oldest individuals displaying the highest means ($M = 103.60$). However, there were no significant differences between the oldest participants and participants from the age groups 50-59 ($p = .25$) and 60-69 ($p = .54$), indicating an increase of PSP with age. This is visualised in Figure 9-2, plot E.

In contrast, AP mean scores were significantly different between the youngest participants (20-29) and 40-49 years old participants ($M = 99.79; p = .004$), 50-59 years old ($M = 99.58; p = .002$), 60-69 ($M = 98.94; p = .001$), and 70-79 years old ($M = 97.03; p = .000$) with youngest individuals scoring the highest ($M = 106.40$). There were no significant differences between the youngest participants (20-29) and individuals from the 30-39 age range ($M = 102.35; p = .21$). These results are illustrated in Figure 9-2, plot F, revealing a gradual decrease of AP scores with age.

Finally, PP mean scores displayed neither a descending nor an ascending pattern with middle aged individuals of 30-39 years old ($M = 98.78; p = .021$) and 40-49 years old ($M = 98.38; p = .011$) scoring significantly lower than the oldest participants ($M = 103.47$). There were no significant differences between the middle aged individuals and the rest of the age groups, however Figure 9-2, plot B illustrated that scores tend to gradually increase in participants over 49 years old.

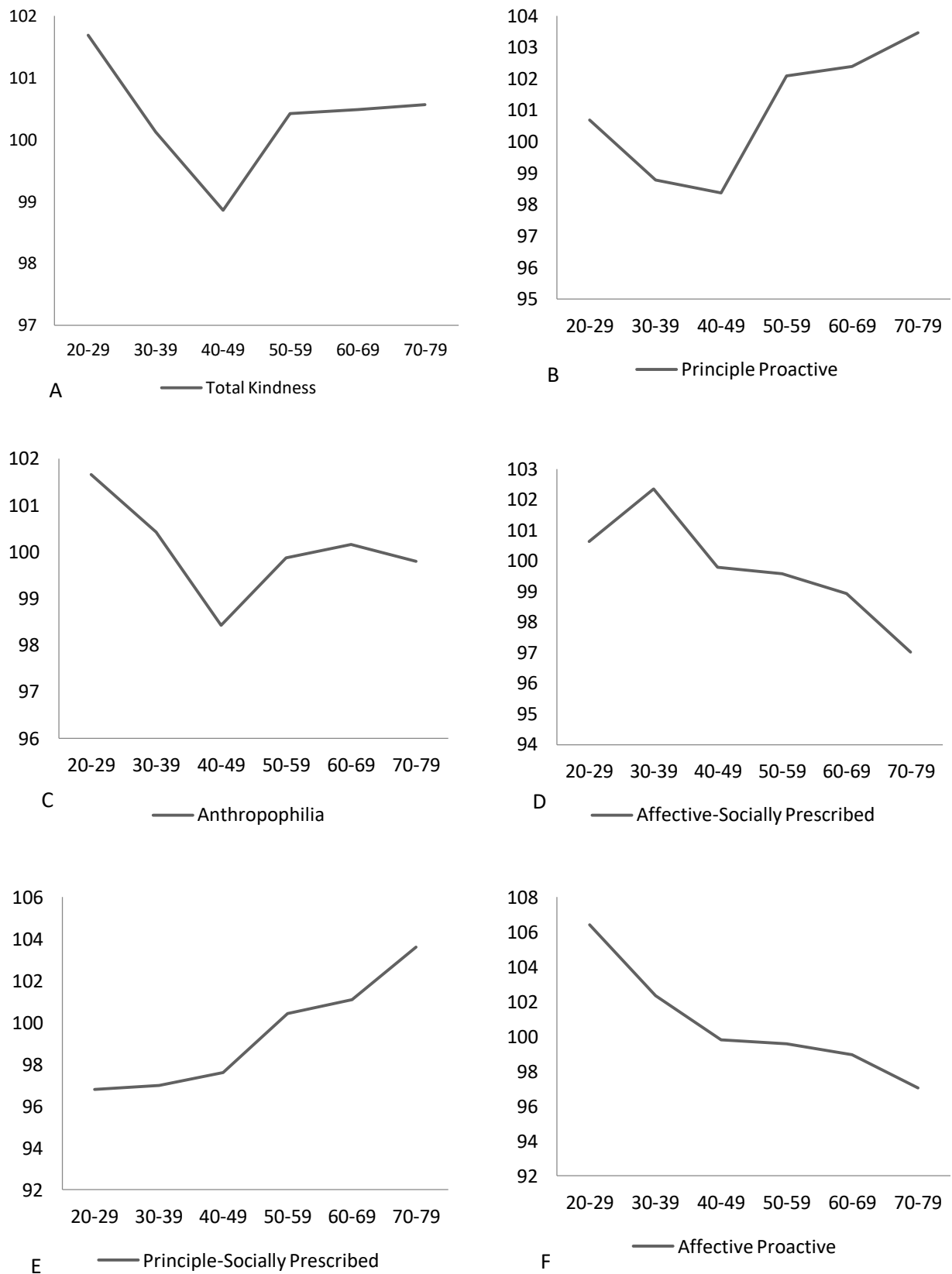


Figure 9-2. Variation of kindness scores over six age periods. Note: Plots B, E, and F produced significant results.

Although the differences are small and non-significant for some of the mean kindness scores, such as total kindness, Anthropophilia, and Affective-Socially Prescribed kindness, visualisation of the results does reveal that different types of kindness dominate throughout different periods of the lifespan. Figure 9-2 above illustrates both the significant and non-significant comparisons.

9.4. Discussion

The kindness measure was used in order to test its ability to distinguish between groups of individuals, in particular age groups. The current findings indicated significant differences between younger and older individuals that corresponded with previous research and provided further insight into the types and level of kindness present in young and old individuals. These findings not only bode well with widely shared role beliefs but also lend external validity to the kindness measure.

As shown in Table 9-2, there was a statistically significant difference in kindness scores between age groups, but only for Principle Socially Proscribed, and Affective Proactive kindness, the two combinations of different elements in the mapping sentence, being diagonally opposite in the SSA (chapter 5, Figure 5-1). Young people scored significantly higher than old people on Affective Proactive kindness, showing that younger people were more likely to be driven by emotions and go through a form of personal suffering in order to help someone as indicated by the general theme of this kindness type. Older people, on the other hand, scored significantly higher than the young on Principle-Socially Prescribed kindness, revealing that older individuals were more likely to do what is considered right and socially acceptable, rather than providing help based on some kind of emotional trigger. This distinction shows that kindness tends to transform from an emotional to a cognitive base with age. These findings are consistent with the idea that there may be a

trend for character development over the lifespan (Linley et al., 2007), specifically for kindness (Baldwin & Baldwin, 1970; Shorr & Shorr, 1995). However, this finding is opposite to the idea that aging shifts the individual's attention to more emotional goals, most clearly illustrated by Carstensen & Turk Charles (1998).

Further breakdown of the age of the participants into six groups revealed a curious similarity between kindness and Anthropophilia. As indicated in Figure 9-2, plots A and C, total kindness scores and Anthropophilia scores revealed a similar pattern over the ages characterised by a sharp decrease around the middle age group (40-49) followed by a gradual increase towards older age. Such similarities were not surprising as by definition kindness is contingent upon the core Anthropophilia and, therefore, is likely to vary accordingly to it.

The kindness types, on the other hand, were expected to reveal some variation over different age periods as indicated by previous research (Shorr & Shorr, 1995; Bekkers, 2007; Kettner & Waichman, 2016) (Figure 9-2). The two most pronounced types were Affective Proactive and Principle-Socially Prescribed kindness, indicating, respectively, a gradual decrease and increase with age as shown in plots E and F. It is also noteworthy that the second element of the 'psychological source' facet, principle-based kindness (plots B and E), increased with age, whilst its counterpart, empathy-based kindness (plots D and F), decreased. In addition, the point of decrease as well as of increase of the various kindness types appears to recur between 40 and 49 years old, indicating that the division between young (under 40) and old (over 40) individuals is accurate for measuring aspects of kindness.

Similarly to gender group comparisons, age group comparisons, although significant, did not produce large differences even when broader grouping (young and old) was implemented. These findings along with the understanding that personality traits show a high degree of stability across time (Roccas, Sagiv, Schwartz, & Knafo, 2002) indicate that kindness could best be seen as a trait rather than a simple attitude.

This initial study of age relationships to aspects of kindness demonstrates some expected results that help to validate the various scales.

Chapter 10

External Validity: Differentiating Kindness in Occupation Groups

10.1. Variation of kindness in occupation groups

It is reasonable to expect that through selective recruitment there would be differences between those employed in different occupations or job functions as a result of varying degrees of kindness. Specifically, individuals employed in person-focused jobs, such as carers, nurses, teachers, and other jobs that require human contact are known to display higher levels of prosociality than individuals with task-focused jobs, such as engineers, lawyers, business people, manual workers etc. This distinction is immediately evident in studies, such as Bryan (2009) and Davey and Eggebeen (1998), where levels of kindness are especially high when helping is part of the benefactor's role as in the case of helping professionals.

These distinctions are also evident when different occupations are compared to each other. For instance, high levels of prosocial tendencies, such as sharing, helping, and empathic behaviour have been found to co-occur in nurses (Biagioli, Prandi, Giuliani, Nyatanga, & Fida, 2016), education professionals (Krane, Ness, Holter-Sorensen, Karlsson, & Binder, 2016), and public administrators (Tepe & Vanhuyse, 2017). In contrast, less prosocially motivated individuals appear to emerge from occupations in the fields of law and business (Tepe & Vanhuyse, 2017). Specifically, public administrators behave more altruistically and display less strategic fairness than business individuals and they behave more cooperatively than individuals from both law and business (Tepe & Vanhuyse, 2017).

Perhaps the most widely researched occupation in terms of prosociality could be considered nursing. For instance, Hsu, Chang, Huang, and Chiang (2011) found that nurses

not only tend to engage in patient-oriented prosocial activities, including role prescribed service e.g. what is explicitly required in job descriptions and hospital rules but in extra role patient service as well e.g. willingness to go beyond the call of duty to help a patient. Similarly, Lagarde and Blaauw (2014) indicated several factors that promote prosocial behaviour in nurses amongst which generosity and dedication to others. In a study of theirs, nurses, more than others, were willing to take up particular positions associated with low material welfare for them and high benefits for others, such as servicing rural health centres (Lagarde & Blaauw, 2014). Moreover, Lee (2001) discovered that nurses' prosocial behaviour stems from two main qualities – commitment to the occupation and sense of self-efficacy.

Moving away from prosocial behaviour, the literature also suggests a psychological perspective on nurses' willingness to help. According to Larkin (2011), compassion is one of the most important characteristics of nurses and it is typically described as a positive emotion in nurses associated with elements, such as empathy, resilience, and love (Larkin, 2010). Further, Hamooleh, Borimnejad, Seyedfatemi, and Tahmasebi (2013) found that altruism, too, is a valuable component of nursing and encompasses complete patient acceptance, supportive behaviour and responsibility. Finally, nurses' empathy is largely accepted as a human trait, professional state, and communication process (Kunyk & Olson, 2001) and it is often associated with high-quality care delivery (Spichiger, 2010).

Although, similarly to nursing, studies that focus on investigating prosocial behaviour in business individuals reveal certain proactivity, it is mostly manifested through the need for successful management and achievement (Rauch & Frese, 2007). Business individuals are sometimes associated with unethical behaviour in negotiation tactics (Cohen, 2010), utilitarian judgement of others (Gleichgerricht & Young, 2013), and moral disengagement (Brown, Sautter, Littvay, Sautter, & Bearnes, 2010). Similarly, a number of studies using

samples of business students have discovered that business students become less prosocial, than other students, as their studies progress (Tepe et al., 2017). Moreover, empathy appeared to be the least valued among a set of ten leadership characteristics (Holt & Marques, 2012) with participants justifying their evaluation by claiming that empathy was not appropriate in a business setting. In fact, Bergman, Westerman, Bergman, Westerman, and Daly (2014), stated that business students are typically characterised by higher narcissism, than students from other disciplines. In support, Detert, Trevino, and Sweitzer (2008) confirmed that business students had less empathy than education students, although this study did not clarify why. Further, finance students typically indicate lower levels of empathy than any other types of majors in the business school (Brown et al., 2010).

Differences in the amount of prosocial tendencies can be found in other occupations and job preferences, such as education (Detert et al., 2008; Krane et al., 2016) and music (Schellenberg, Corrigan, Dye, & Malti, 2015). Although, research on prosocial behaviour in education professionals is rather limited and mostly focused on the benefits for students, it does state that kindness and caring for others are amongst the characteristics most frequently associated with teachers (Krane et al., 2016). Similar tendencies can be observed in musicians in the sense that music making enhances cooperative and prosocial behaviours, such as voluntary actions that benefit others (Eisenberg et al., 2014). Studies, involving adults revealed that they exhibit a number of prosocial behaviours, such as voting, donating to charity, volunteering and community involvement, even after holding constant potential confounding variables, such as gender and age (Polzella & Forbis, 2014). Suggestions that music making causes improved social and emotional skills in children, comes primarily from programmes that were designed specifically to promote such skills. In one instance, a random assignment of 8 to 11 year-olds to nine months of interactive music making led to increases in empathy (Rabinowitch, Cross, & Burnard, 2013). Studies involving control groups

produced similar results, such that children involved with music making had a greater incidence of helping, and increased levels of cooperation in a problem-solving task rather than children in the control group (Kirschner & Tomasello, 2010). A more recent study (Schellenberg et al., 2015) confirmed these findings by stating that compared to the control group, children in the music group had larger increases in empathy and prosocial behaviour, including children who had poorer prosocial skills than others.

Although very little is known about how people from different occupations vary in terms of kindness and in relation to each other, research on the benefits of prosocial behaviour in these occupations is extensive. For instance, it has been demonstrated that employees with high prosocial motivation achieve higher performance in organisations by demonstrating commitment and dedication (Besharov, 2008; Thompson & Bunderson, 2003), pursuing common goals and seeking to serve the common good (Perry & Hondeghem, 2008; Shamir, 1991); helping co-workers, supervisors, customers (Bolino, 1999), and patients (Biagioli et al., 2016); and displaying high levels of cooperation (Parker & Axtell, 2001) in order to achieve collective goals (Bowels & Gintis, 2011; Gaechter & Renner, 2014). In line with these findings, various studies reveal that prosocial behaviour is positively associated with high performance in government work (Perry & Hondeghem, 2008), fire fighting and fundraising (Grant, 2008; Rioux & Penner, 2001), nursing (Riggio & Taylor, 2000; Biagioli et al., 2016; Durkin, Beaumont, Hollins Martin, & Carson, 2016), hospital and educational work (Ilies, Scott, & Judge, 2006), and even in professions that require less human interaction, such as engineering (Kamdar & Van Dyne, 2007; Moon, Kamdar, Mayer, & Takeuchi, 2008).

Ultimately, three main reasons underscore the importance of utilising the kindness measure within an occupational context. First, although the importance of investigating kindness in various occupations and job functions, there is a deficiency of reliable scales for

measuring self-reported kindness, since most of them focus on measuring aspects of empathy (Hojat, 2007). Second, since the concept of kindness can be associated with varying levels in individuals from different occupations, it appears relevant to both the positive psychology literature and the kindness context, thus it should be examined further. Therefore, it is expected that the kindness measure would be able to successfully distinguish between different occupational contexts, and third, further adding to the external validity of the questionnaire.

The relationships between kindness and occupation, as discussed in the literature, allowed for the identification of several hypotheses. First, individuals with person-focused occupations, more than individuals with task-focused occupations, would display higher degrees of kindness. Second, professionals, more than non-professionals, would score higher on measures of kindness. Third, nurses, more than other job functions, would display higher degrees of kindness.

10.2. Method

10.2.1. Samples

A total of two samples were utilised in order to examine a wider range of occupation groups. One of the samples comprised of undergraduate students enrolled in different courses which illustrated their job orientation. The second sample was selected from a larger general population sample considering two job aspects and whether participants had high or low kindness scores.

10.2.1.1. General population sample

A total kindness score was assigned to each participant in the large sample (1 039) used in previous chapters. Then only the occupations of those in the top 200 and bottom 200

participants were considered for this study. This step was taken in order to clearly establish which occupations include kinder individuals and which include less kind individuals. Two aspects of occupation were then taken into account as identified in the literature e.g. whether they required interaction with people e.g. 'person-focused' or exerting effort into finalising a certain product e.g. 'task-focused' and whether they were professional or non-professional e.g. 'professionalism'. In some cases, 25 to be precise, people were retired or occupation was not provided. This gave a total of 375 individuals of whom 200 had person-focused jobs (36% male and 64% female, mean age = 45, SD=13.82), 175 had task-focused jobs (54% male and 46% female, mean age = 43, SD=12.22), 217 were professionals (45% male and 55% female, mean age = 45, SD=12.17), and 158 were non-professionals (43% male and 57% female, mean age = 45, SD=13.90).

10.2.1.2. Student sample

In order to explore possible differences between different professional orientations, a second sample was obtained. The sample comprised of a total of 171 undergraduate students enrolled in British university of whom 63 nursing students, 21 music students, 59 business students, and 28 science students. Division by gender indicated that there were 59 male and 112 female participants in general. At a course level, the nursing students comprised of 8% male and 92% female between the ages of 19 to 44 with an average age of $M = 25$ ($SD = 5.34$) drawn from an ethnic majority of white British (52%) and white European (30%). The music students were 67% male and 33% female from the age range 18 – 45 ($M = 21$; $SD = 5.75$) of which 52% were white British and 29% white European. Of the students enrolled in the business school 51% were male and 49% female from the ages of 18 to 59 ($M = 24$; $SD = 7.66$) of which white British comprised 46% and white European 25%. Finally, students enrolled in the school of applied sciences were 36% male and 64% female from the age range

18 – 29 ($M = 24$; $SD = 2.75$) of which 46% were white European and 21% were white British.

10.2.2. Instrument

The kindness measure is a 45-item self-report questionnaire which instructs participants to answer each statement in relation to *"how often they have performed a specific behaviour"*. The responses are fully anchored on a 7-point Likert scale ranging from 1 'Not at all' to 7 'Nearly always'. The measure provides individual scores on each of the four types of kindness – Principle-Socially Prescribed kindness (PSP), Principle Proactive kindness (PP), Affective-Socially Prescribed kindness (ASP) and Affective Proactive kindness (AP) – as well as the core Anthropophilia. In addition, the measure also provides individual scores for total kindness (TK) which was obtained by adding the total scores on all of the five subscales.

10.2.3. Procedure

As already mentioned, total scores on TK were obtained in order to differentiate between types of jobs. For this initial step the large data set of 1 039 participants was utilised which gave rise to two groups of individuals, those with high and those with low total kindness scores. These two groups were then coded in terms of two popular criteria, whether they were professional or non-professional and whether they had person- or task-focused jobs. The following groups were then subjected to multiple comparisons in order to explore whether there are differences in the expected direction.

Further, in order to investigate variation of kindness in groups of individuals with various job orientations, another sample was obtained. The kindness measure was, therefore

administered to a total of four groups of students from four different university schools, namely the schools of business, music, human and health sciences, and applied sciences. Each student received an email containing an online survey with the kindness measure. Their consent was recorded upon commencement of participation. Participants completed the survey voluntarily and not as part of any compulsory course credit enhancement platforms.

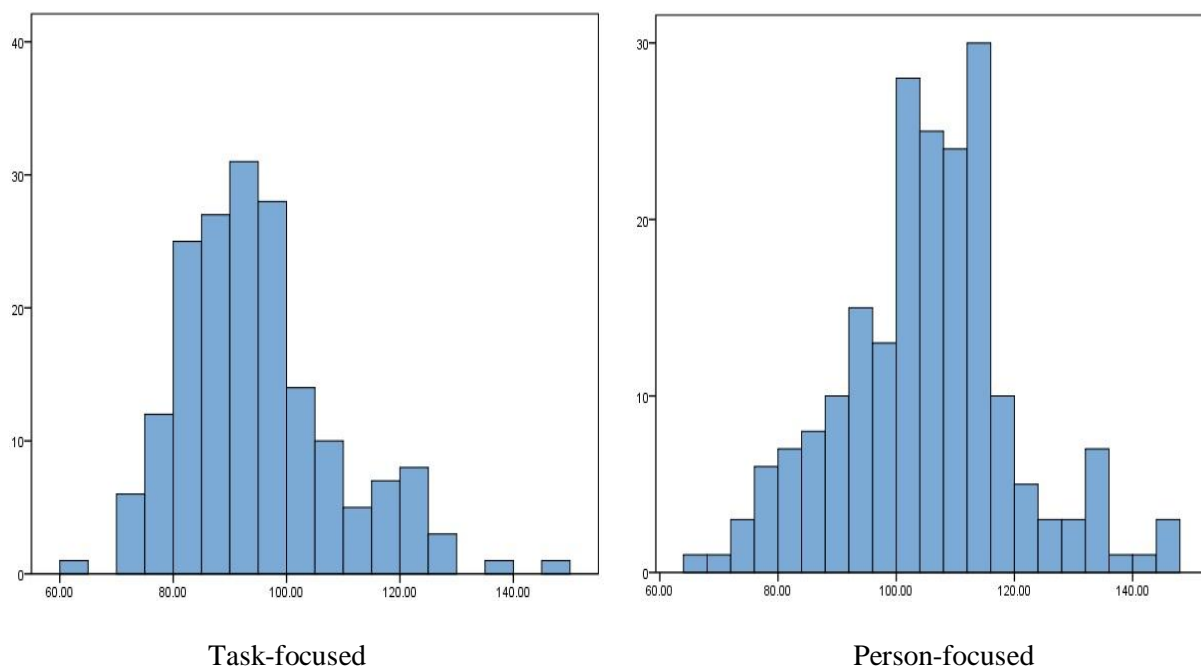
In order to obtain representativeness and avoid invalid responses the sampling plan followed well-established criteria: (1) the survey contained an attention filter question (e.g. This is an attention filter, please choose 'Always' as your response') to improve data quality and prevent participants from choosing responses randomly. Failure to pass the attention filter led to end of participation. Such responses were recorded as 'partial responses' and eventually eliminated from the pool; (2) in order to minimise the amount of 'hole' in the data a 'Force Response' validation command was also implemented. This validation prevented participants from continuing to the next page of the questionnaire without first providing an answer to all statements; (3) the study was initially designed to take no longer than ten minutes, therefore, responses that took significantly less or significantly longer than that were also excluded. Total scores on the kindness subscales and the total kindness scale were then obtained and subjected to multiple comparisons. For ease, standardised scores were utilised instead of raw scores throughout the analyses.

10.3. Results

10.3.1. Normality

Figure 10-1 below, shows the distribution of total kindness scores of person-focused and task-focused participants, as well as professionals and non-professionals. The distribution revealed a mean score (M) of 94.94 and a standard deviation (SD) of 13.99 for Total

Kindness in participants with task-focused jobs, $M=105.10$ and $SD=14.85$ for Total Kindness in individuals with person-focused jobs, $M=104.88$ and $SD=14.83$ for professionals, and $M=94.17$, $SD=13.73$ for non-professionals, and $M=107.23$ and $SD=14.49$ for student sample. Carefull examination of Figure 10-1 further reveals that the skeweness is within tolerable range and a bell-shaped line could be applied to all of the histograms indicating normality of the data. Further, Shapiro-Wilk test for normality produced non-significant results for each of the datasets e.g. task-focused, $p = 0.06$, person-focused, $p = 0.09$, professionals, $p = 0.31$, non-professionals, $p = 0.06$, and student sample, $p = 0.07$. This confirmed that the datasets are appropriate for parametric statistical analysis. However, a word of caution should be voiced concerning the task-focused and non-professionals samples as they appear slightly skewed to the left. In addition, although the normality test produced non-significant results indicating that the data is normal, the similarity coefficients ($p = 0.06$ for both) are closer to indicating non-normality.



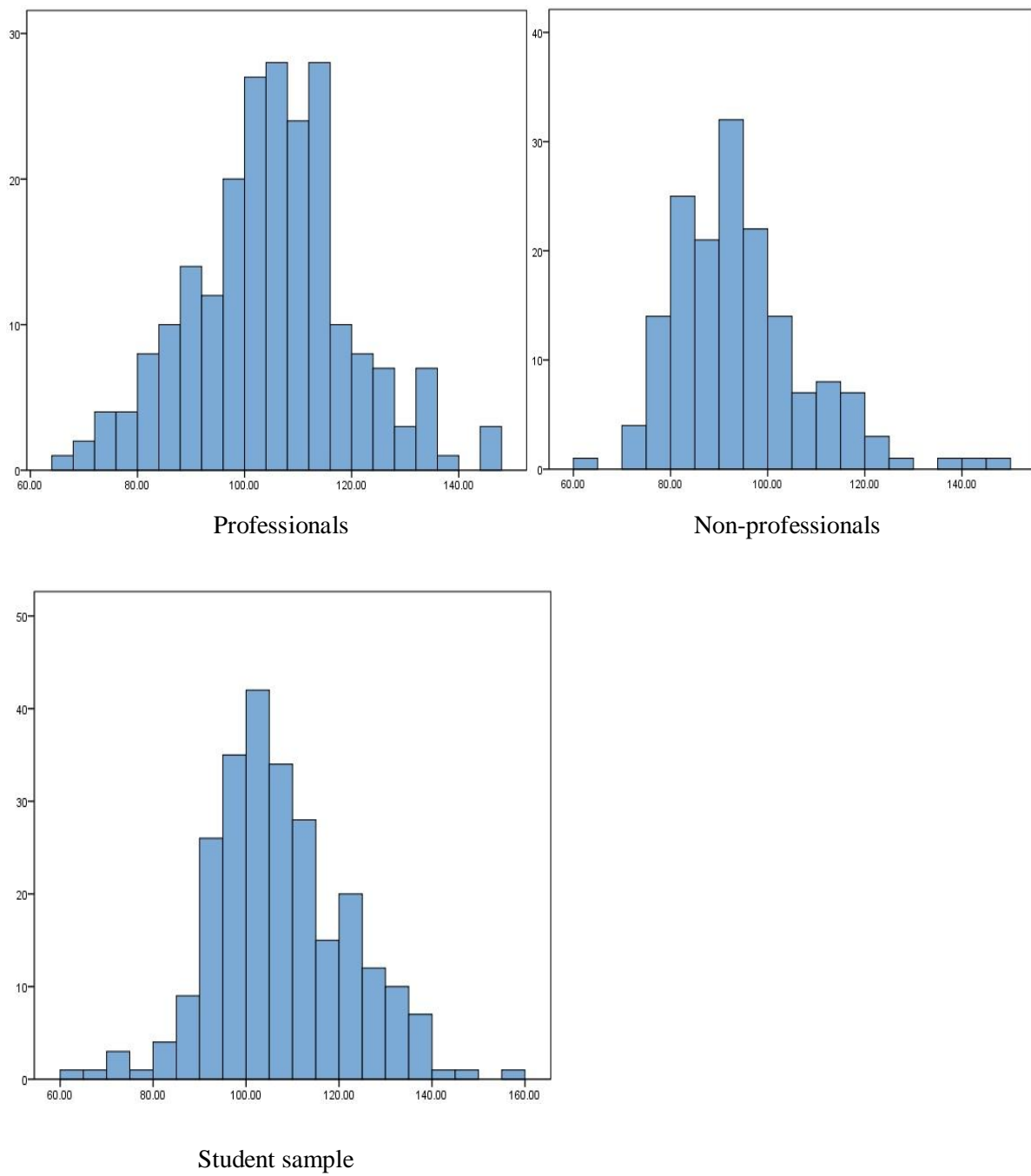


Figure 10-1. Distribution of total kindness scores in individuals with task- and person-focused jobs, professionals and non-professionals and students

10.3.2. Comparison of person- and task-focused occupation groups

An independent samples test was used to compare kindness scores for person- and task-focused occupation groups. Table 10-1 clearly displays that, as anticipated, individuals with person-focused jobs scored significantly higher than individual with task-focused jobs on all of the kindness measures. Significant results were obtained for the total kindness scale, $t(375) = -6.87, p = .000$, with individuals with person-focused jobs revealing greater levels of overall kindness than those with task-focused jobs. For further precision effect size was also calculated. The magnitude of the difference in the TK means for person- and task-focused jobs (mean difference = 10.17, 95% CI: -13.08 to -7.26) was considered large (Cohen's $d = .7$) following a criteria established by Cohen (1988). The implication of $d=.7$ as an operational definition of a large difference between the means can be interpreted in a way that almost half (43%) of the two samples' combined area did not overlap. Further measure of d , as introduced by Cohen (1988), indicated that 75.8% of individuals with task-focused jobs are exceeded by the kindness mean of individuals with person-focused jobs.

Significant difference between the two occupation groups was found for Anthropophilia, $t(375) = -6.64, p = .000$, with person-focused employees displaying higher levels of core kindness. The magnitude of the difference in the both sets of Anthropophilia means (mean difference = 10.26, 95% CI: -13.30 to -7.22) was found to be of large size (Cohen's $d = .7$), indicating that 43% of the combined area of the distribution of both types of jobs did not overlap. This further, indicated that 75.8% of person-focused employees are characterised by higher levels of Anthropophilia than task-focused employees.

Further significant results across job focus were encountered for AP, $t(371) = -4.78, p = .000$, with person-focused employees scoring higher than task-focused (Table 10-1). Cohen's d equalled .5 which indicated that the size of the difference between the two sets of

AP means (mean difference = 7.15, 95% CI: -10.09 to -4.21) was moderate. The total non-overlapping area of the distributions of the two samples was 33%, in particular a total of 69.1% of all person-focused employees exceed task-focused employees on Affective Proactive kindness.

Affective-Socially Prescribed kindness also produced significant results across focus groups, $t(375) = -6.29$, $p = .000$ (Table 10-1). The magnitude of the difference between the two means for ASP (mean difference = 9.46, 95% CI: -12.42 to -6.50) was $d = .6$, indicating a moderate effect size. The area of the two distributions that did not overlap was 38.2%, further indicating that 72.6% of person-focused ASP scores exceeded task-focused scores.

Further, person-focused employees scored higher than task-focused employees on Principle Proactive kindness as well, $t(371) = -5.39$, $p = .000$ (Table 10-1). The size of the difference between the two means (mean difference = 7.8, 95% CI: -10.65 to -4.95) produced Cohen's d of .5, indicating a moderate difference. This coefficient, according to Cohen (1988) could be associated with 33% difference between the means of the two groups, indicating that 69.1% of person-focused employees exceeded task-focused employees on Principle Proactive kindness.

Table 10-1. Comparisons of mean scores of person- and task-focused employees

Groups	N	TK	Anthrophophilia	PSP	PP	AP	ASP
Person-focused	200	105.10 (14.85)	104.79 (15.43)	104.50 (14.60)	105.55 (15.79)	102.15 (15.98)	104.49 (14.42)
Task-focused	175	94.94 (13.99)	94.53 (14.66)	98.42 (13.50)	97.75 (12.50)	95.00 (13.26)	95.03 (14.99)
T-Value		-6.87***	-6.64***	-4.21***	-5.39^a***	-4.78^a***	-6.29***

Equal variances assumed (on basis of Levene's test for equality of variance).

^a Equal variances not assumed (on basis of Levene's test for equality of variance).

Significance: * $p < .05$ ** $p < .01$ *** $p < .001$

Finally, person-focused employees scored higher than task-focused employees on Principle-Socially Prescribed kindness, $t(371) = -4.21$, $p = .000$ (Table 10-1). The size of the difference between the two means (mean difference = 6.08, 95% CI: -8.91 to -3.24) produced

Cohen's *d* of .4, indicating a small difference. This coefficient is associated with 27.4% difference between the means of the two groups, indicating that 65.5% of person-focused employees exceeded task-focused employees on Principle-Socially Prescribed kindness.

These findings were further illustrated (Figure 10-2), by comparing each group, person- and task-focused employees according to their frequencies in the low and high total kindness scores. This added to the current findings by illustrating that low kindness scores tend to be dominated by task-focused jobs and high kindness scores are more typical for person-focused jobs.

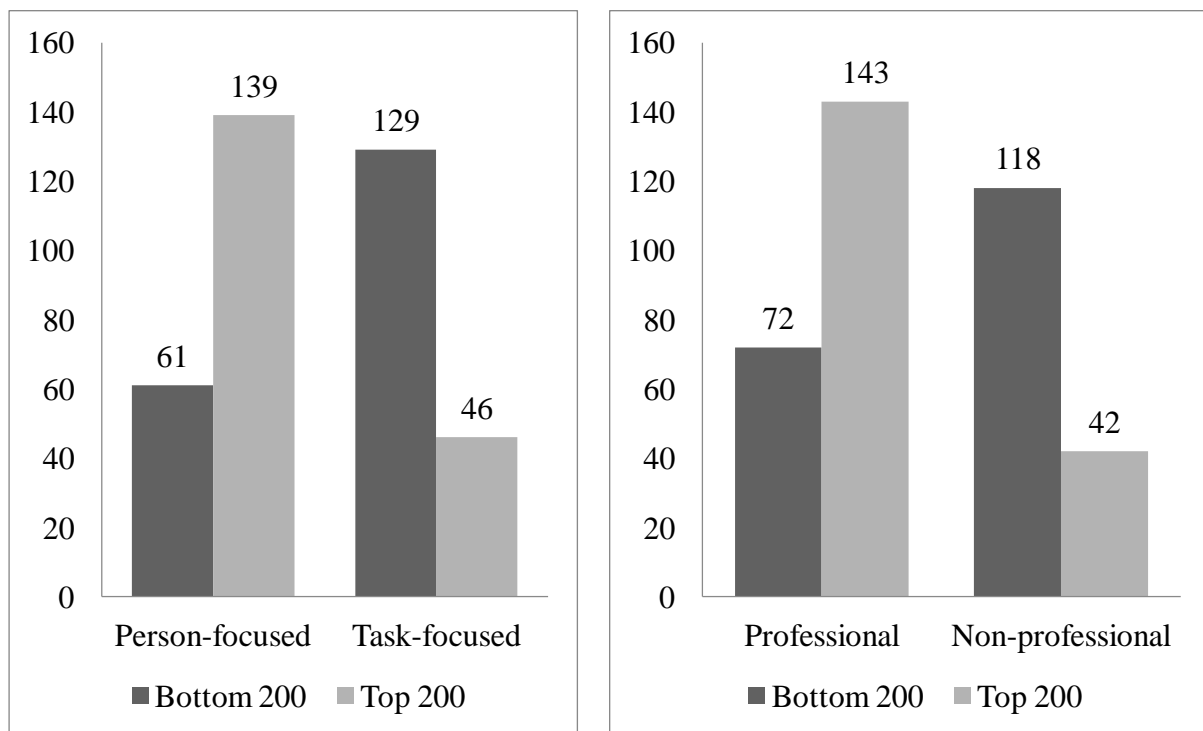


Figure 10-2. Frequency of Task- and Person- focused occupations in top and bottom kindness scores $\chi^2 = 69.48, p = .000$; Frequency of professional and non-professional occupations in top and bottom kindness scores $\chi^2 = 9.78, p = .002$.
Significance: * $p < .05$ ** $p < .01$ *** $p < .001$

10.3.2. Comparison of professional and non-professional occupation groups

An independent samples test was also used in order to compare kindness scores for professional and non-professional occupation groups. Table 10-2 illustrates that, as expected, professionals scored significantly higher than non-professionals on all of the kindness measures. Significant results were evident for the total kindness scale, $t(375) = -7.20$, $p = .000$, with professionals displaying greater levels of overall kindness than non-professionals. The magnitude of the difference in the TK means for the two groups (mean difference = 10.71, 95% CI: 7.78 to 13.63) was considered large (Cohen's $d = .7$) (Cohen, 1988). The implication of $d=.7$ can be interpreted in a way that almost half (43%) of the two samples' combined area did not overlap. Further measure of d indicated that 75.8% of non-professionals were exceeded by the professionals' mean.

Significant difference between the two occupation groups was found for Anthropophilia, $t(375) = 6.17$, $p = .000$, with professionals displaying higher levels of core kindness. The magnitude of the difference in the both sets of Anthropophilia means (mean difference = 9.69, 95% CI: 6.61 to 12.78) was found to be of moderate size (Cohen's $d = .6$), indicating that 38.2% of the combined area of the distribution of both groups did not overlap. This further, indicated that 72.6% of professionals were characterised by higher levels of Anthropophilia than non-professionals.

Further significant results across professionalism were encountered for AP, $t(371) = -3.90$, $p = .000$, with professionals scoring higher than non-professionals (Table 10-2). Cohen's d equalled .4 which indicated that the size of the difference between the two sets of AP means (mean difference = 5.86, 95% CI: 2.91 to 8.82) was small. The total non-overlapping area of the distributions of the two samples was 27.4%, in particular a total of 65.5% of all professionals exceeded non-professionals on Affective Proactive kindness.

Affective-Socially Prescribed kindness also produced significant results across professionalism groups, $t(375) = 6.33, p = .000$ (Table 10-2). The magnitude of the difference between the two means for ASP (mean difference = 9.62, 95% CI: 6.63 to 12.59) was $d = .7$, indicating a large effect size. The area of the two distributions that did not overlap was 43%, further indicating that 75.8% of professionals' ASP scores exceeded non-professionals.

Further, professionals scored higher than non-professionals on Principle Proactive kindness as well, $t(371) = 7.20, p = .000$ (Table 10-2). The size of the difference between the two means (mean difference = 9.96, 95% CI: 7.24 to 12.68) produced Cohen's d of .7, indicating a large difference. This coefficient, according to Cohen (1988) could be associated with 43% difference between the means of the two groups, indicating that 75.8% of all professionals exceeded non-professionals on Principle Proactive kindness.

Finally, professionals scored higher than non-professionals on Principle-Socially Prescribed kindness, $t(371) = 6.86, p = .000$ (Table 10-2). The size of the difference between the two means (mean difference = 9.48, 95% CI: 6.76 to 12.20) produced Cohen's d of .7 indicating a large difference. Similarly to PP, this coefficient can also be associated with 43% difference between the means of the two groups, indicating that 75.8% of professionals exceeded non-professionals on Principle-Socially Prescribed kindness.

Table 10-2. Comparisons of mean scores of professionals and non-professionals

Groups	N	TK	Anthrophilia	PSP	PP	AP	ASP
Professional	217	104.88 (14.83)	104.09 (15.15)	105.67 (14.37)	106.12 (15.65)	101.29 (15.94)	104.14 (14.72)
Non-professional	158	94.17 (13.73)	94.40 (15.23)	96.19 (12.56)	96.16 (11.45)	95.43 (13.39)	94.52 (14.61)
T-Value		7.20***	6.17***	6.86***	7.20***	3.90***	6.33***

Equal variances assumed (on basis of Levene's test for equality of variance).

a Equal variances not assumed (on basis of Levene's test for equality of variance).

Significance: * $p < .05$ ** $p < .01$ *** $p < .001$

These findings were illustrated in Figure 10-2 above, by comparing each group, professionals and non-professionals, according to their frequencies in the low and high total

kindness scores. Figure 10-2, illustrates that low kindness scores were typically dominated by non-professionals, while high kindness scores included more professionals.

10.3.3. Differences in specific occupation groups

In order to investigate the third hypothesis of this study, the total scores of four groups of students from different academic backgrounds were subjected to multiple comparisons. The four partaking occupations were nursing, business, music, and science. Expectedly, nursing students displayed the highest scores on five out of six kindness scales, including the overall scale (TK) as indicated in Figure 10-3. In particular, nursing students had significantly higher TK scores than both business ($p = .000$) and science students ($p = .013$) and did not differ significantly to music students ($p = .635$), $F(3, 167) = 6.44$, $p = .000$. Figure 10-3, similarly, illustrates that Anthropophilia scores, $F(3, 167) = 7.13$, $p = .000$, were significantly higher in nurses than in business ($p = .000$) and science students ($p = .008$) but not significantly higher than music students ($p = .712$).

Nurses also had significantly higher scores than business students ($p = .001$) on PP kindness, $F(3, 163) = 5.38$, $p = .001$, but not significantly higher than music ($p = .278$) and science students ($p = .081$). Comparisons of AP scores were also the highest in nurses than in business ($p = .017$) and science students ($p = .013$), although non-significant with music students ($p = .434$), $F(3, 167) = 4.41$, $p = .005$. Finally, the highest ASP scores were displayed also by the nurses, however, they were significantly higher only than business students ($p = .017$), and non-significant with music ($p = .951$) and science students ($p = .258$), $F(3, 167) = 3.33$, $p = .021$. There were no significant variations of mean scores on PSP.

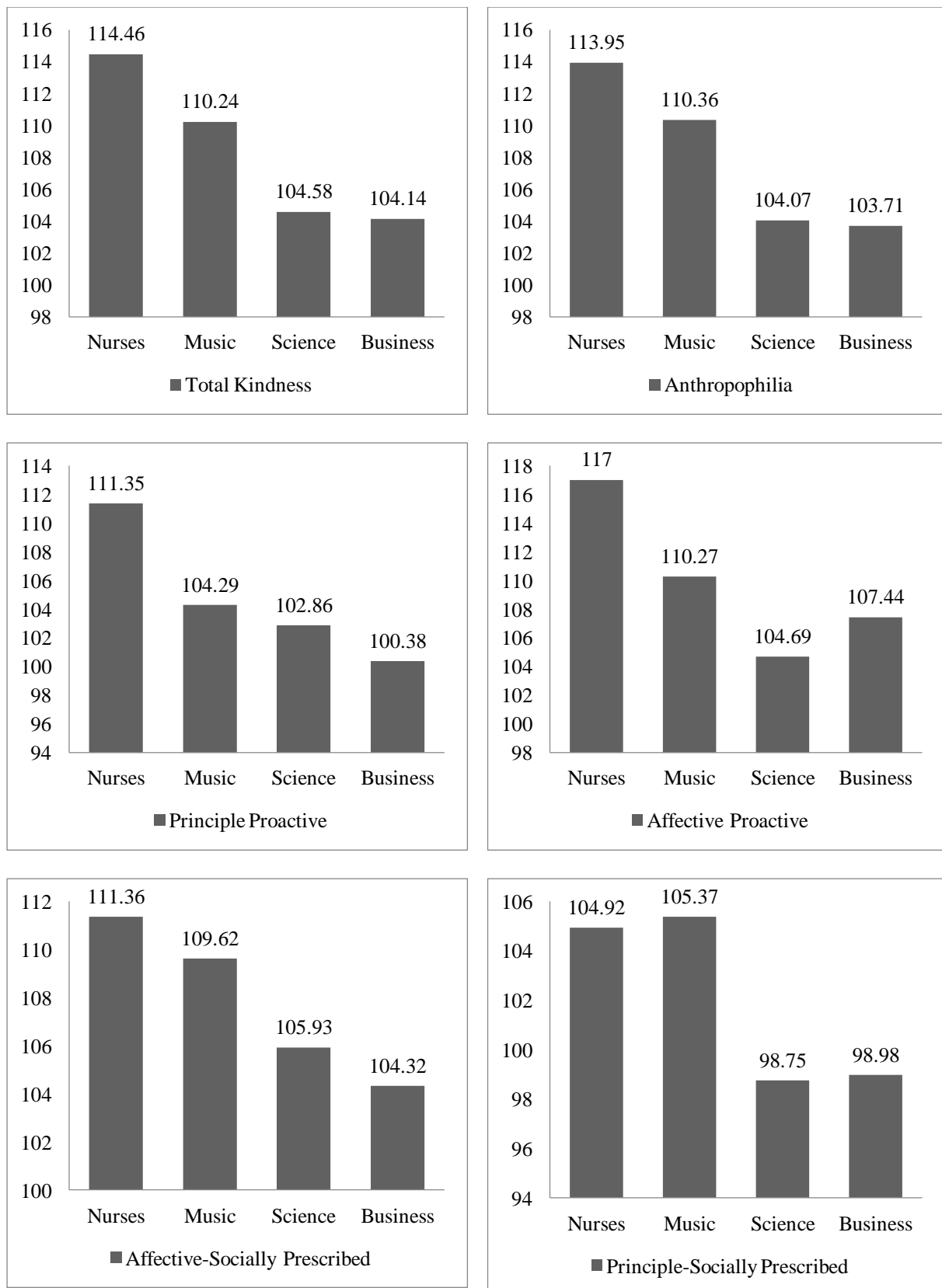


Figure 10-3. Occupation group comparisons

10.4. Discussion

The kindness measure was used in order to test its ability to distinguish between groups of individuals, specifically from an occupation perspective. The current findings indicated significant differences in the expected direction, confirming all three of the hypotheses. The findings not only corresponded with previous research but also provided further insight into the types and level of kindness present in different occupations and types of jobs e.g. professional/non-professional and person- and task-focused jobs. These results lend external validity to the kindness measure.

A popular trend within the kindness literature states that the more individuals engage in acts of kindness the kinder they become (Otake et al., 2006; Luybomirski et al., 2005) which is immediately evident in occupations where helping is part of the job (Bryan, 2009; Davey & Eggebeen, 1998). The current study supported these findings and built upon them by indicating that person-focused jobs, such as nursing, demonstrated higher levels of kindness on all of the six kindness measures. In contrast, task-focused employees, where the job is associated with finalising a product or a task, rather than helping someone, tend to have lower kindness scores. This was further supported by the significantly lower scores of business and science students.

A further more detailed exploration into the job frequencies in groups of people with high and low scores, revealed that individuals with high kindness scores are dominated by person-focused jobs, such as health care workers, education professionals, administrators, and customer service/retail employees. On the other hand, individuals with low kindness scores tend to have task-focused occupations, such as industrial and domestic workers, IT specialists, and design professionals, such as engineers and architects. Similar results were achieved in previous research (e.g. Tepe & Vanhuysse, 2017) which revealed that individuals

involved with business or law scored significantly lower for prosociality than individuals whose jobs involved assisting others in some kind of way (such as public administrators).

Although, the findings indicated in this study supported previous research, a word of caution regarding its limitations must be voiced. First, various economic and logistical reasons led to restriction of some of the samples used in this study which in turn produced less conclusive results, specifically for music and science students. Therefore, future research may wish to obtain larger and more diverse samples of both students and graduate professionals. Second, the results indicated important distinctions between occupation groups, however, it is unclear whether high or low levels of kindness are the reason or the product of an occupation. Future studies, undertaking longitudinal or narrative approaches, may wish to focus on examining these aspects.

Research in the field is rather limited, such that only a few studies have explored prosocial behaviour in relation to occupation. The current study contributed to the psychological literature by providing further insight into how various employees could be distinguished in terms of kindness. It also raised questions such as whether certain occupations may be the reason for low levels of kindness, and therefore decreased subjective happiness and wellbeing; or whether certain type of employee would be a better match for a specific job in terms of degree of kindness. For instance, a person-focused employee with greater desire to help others would be a far better match for a position in health care than a task-focused employee whose approach would be more beneficial in a business driven environment. Finally, the results of this study corroborated with the findings in previous research, further contributing to the validity of the kindness measure.

Chapter 11

A Partial Order Scalogram Analysis of Kindness Profiles

11.1. Introduction

Most acts of kindness are studied as the activity of individuals that benefits others (Luybomirski et al., 2005; Otake, et al., 2006; Exline et al., 2012). Indeed, all acts of kindness and, as hereby identified, types of kindness are only possible if there is someone willing to help another or as commonly recognised in the literature a ‘benefactor’. The question therefore arises as to how these benefactors differ from each other in terms of aspects of kindness and is there a way of classifying them. The answers to such questions will further our understanding of what makes some individuals kinder and others less kind and also offer the possibility of mental health care improving individual wellbeing in what Luybomirski et al. (2005) call subjective happiness.

A popular view running through the literature is that people become kinder the more they carry out acts of kindness (Otake et al., 2006). However, this notion is rather vague in the sense that it is unclear what types of acts contribute to an increase of kindness and what types of acts have an opposite effect. There is the further possibility that different types of acts require a different individual profile with the hypothesis that kindness profiles may be predicted from knowledge of the individuals’ preferred acts of kindness. For example, it may be hypothesised that acts of kindness that are carried out proactively and without a present request for help would require a different set of individual kindness profiles than acts that are carried out due to an extended request for help on behalf of the person in need.

The little research there has been on kindness specifically, certainly indicates that groups of individuals are not necessarily similar to each other (Shorr & Shorr, 1995; Baskerville et al., 2000; Linley et al., 2007). They differ by the level and type of kindness, which may range from individuals least engaged in acts of kindness to individuals highly involved in helping others as indicated by the findings in the previous chapters. However, very little is known about the fundamental ways in which kindness profiles vary from one group of people to another and how these variations may relate to the forms of kindness they typically endorse.

The underlying variation that can be drawn from the literature is level of kindness, from groups of individuals low on kindness to those that display high frequency of kindness. This quantitative variation from low to high level of kindness can be reflected in a number of different aspects of the types of kindness developed in Chapter 5. It is of empirical and theoretical value then to find out how these aspects relate to each other in various groups.

11.1.1. Derivation of kindness features from the definitional framework

Four indices of kindness, which in turn are highly productive to consider in order to establish the variations in the ways in which people differ in terms of kindness, could be drawn from the mapping sentence illustrated in Chapter 5. In summary these indices are as follows:

1. *Affective* acts of kindness triggered by the individual's ability to be empathetic towards others' suffering
2. *Principled* acts of kindness manifested through the individual's own judgement of what is right.

3. *Proactive* acts of kindness based on the individual's own intention to help without any extended requests.

4. *Socially prescribed* acts of kindness based on the individual's intention to help in accord with what is socially accepted.

According to the author, the level and type of these features present in a profile is an important indicator of how kind the group with this profile is, as well as providing useful insights into what its strengths and deficits may be. A profile that has high values on all of these components could be regarded as matching a group of people that are very kind. One that contains only low values could be seen as less kind. Further, a number of various combinations of the different indices may exist such that would give rise to qualitative differences between the kindness profiles of each group.

Perhaps the most widely researched aspect of kindness, as well as its most recognised feature, is empathy (Aronfreed, 1970; Batson & Coke, 1981; Feshbach, 1978; Hoffman, 1981; Staub, 1978; Eisenberg et al., 2014; de Waal, 2008). Empathy is the second element of the first content facet of the definitional framework for kindness, namely 'psychological source'. This affective element when combined with the elements of the second content facet, 'form of expression', forms the two kindness scales known as Affective Proactive and Affective Socially Prescribed kindness. As already mentioned earlier in this thesis the ability to empathise promotes successful social functioning (Baron-Cohen & Wheelwright, 2004; Davis, Luce, & Kraus, 1994) as empathy is an essential prerequisite for prosocial behaviour, social interactions, and engaging in altruistic behaviour (de Waal, 2008; Eisenberg & Fabes, 1990). Interpersonally, people with greater empathic ability are less aggressive, donate more to charity, volunteer more, and help others more often (Ottoni-Wilhelm & Bekkers, 2010). Khanjani et al. (2015) also pointed to clear difference between people with low and high empathy and that these differences were related to aging and appropriate response to other's

emotions. Davis (1980) also supported the notion that there are clear differences between individuals high and low on empathy in terms of gender (also in Rueckert & Naybar, 2008).

Principled acts of kindness move beyond the empathy-kindness association to posit that helping is also a consequence of an internalised moral value that one should help those in need, most clearly illustrated by Eisenberg (1982; 1986) and Ottoni-Wilhelm and Bekkers (2010). This cognitive aspect was classified along with empathy as one of the psychological sources for kindness. The occurrence of principles alongside the two elements of the second content facet ('form of expression') gives rise to the scales Principle Proactive and Principle Socially Prescribed kindness. Unlike the empathy-kindness association, however, principle-based kindness is a rather recent concept, most thoroughly studied in this thesis. The findings in previous chapters revealed its ability to distinguish between groups of individuals, in particular men and women and young and old individuals. Principle-based differences could also be identified in various groups of occupations, as shown in Chapter 10. In addition, only one other study (to the knowledge of the author) reports group differences in terms of principled helping. According to Bekkers and Wilhelm (2016), group differences can also be observed between different nationalities. For instance, charitable giving was higher in Dutch citizens than in Americans.

An enduring theme in the analysis of kindness is the proactive nature of some of these behaviours e.g. assisting someone when help is unsolicited. This psychologically active form of expression is the first element of the second content facet of the mapping sentence. It can be derived from either principles or empathy, creating, respectively, Principle Proactive and Affective Proactive kindness. Proactive helping is distinguishable in individuals as early as 22 months of age when they are able to identify the goals of the person in need and act accordingly (Warneken, 2013). Whilst researchers mostly indicate that proactive helping is somewhat less frequent than reactive helping (Warneke, 2013; Aime et al., 2017), the

kindness measure allowed for the identification of differences between groups of individuals, confirming that certain individuals are more proactive than others with respect to age, gender and occupation.

The last aspect of kindness, social prescription, is the second element of the second content facet ‘form of expression’. It, also, can be observed in relation to both psychological sources, giving rise to Affective Socially Prescribed kindness and Principle Socially Prescribed kindness. It is mostly explored in terms of social norms that people adopt in situations when help is needed (Exline et al., 2012). For instance, these norms can include helping family more than others (Cialdini et al., 1997; Burnstein et al., 1994), helping someone as part of a job (Bryan, 2009), or in result of social exchange (Clark & Mills, 1979) or principles of reciprocity (Uehara, 1995). Normative kindness, as the concept is known in the literature, predicts distinctions between groups of individuals in terms of charitable giving and positive emotionality (Exline et al., 2012). Further group differences in socially prescribed kindness in terms of gender, age, and occupation were identified in Chapters 8, 9, and 10.

11.1.2. A partial order for kindness

The four features described above provide a detailed evaluation of the multiple components a kindness profile may be consisting of. Each feature provides an indication of a level of kindness. In particular or as commonly referred to within the Facet approach, these measures have a ‘common order’ from very low frequency to highly frequent acts of kindness. It is possible to look for increases in the level of kindness, such that particular profiles deemed to represent more kindness are always preceded in a series by profiles characterised by less kindness.

A potentially important issue therefore presents itself as to whether or not these four features intersect in a way that produces kindness profiles that are low on all of these features and others that are high on them. If so, some indication of what gives rise to these variations would be of value, in particular whether it relates in any way to the nature of kind behaviour. It is further suggested that there would be qualitative differences between the profiles that reflect different types of kindness. According to Shye (1978), a common order identified within a number of measures that produce an overall quantified index, together with the possibility of qualitative variations between these measures gives rise to what is known in the Facet approach as a ‘partially ordered scale’. This in turn is a form of scaling that allows differentiation alongside two dimensions, type and level, and the most straightforward way to achieve this is through a scaling procedure known as Partial Order Scalogram Analysis with Base Coordinates (POSAC). This procedure was successfully used for the examination of data that is not strictly ordered, such as variations in the offending styles of arsonists (Fritzon, 1998) and variations in the structures of criminal networks (Canter, 2004). Therefore, the primary aim of this study is to determine the empirical nature of this partially ordered scale derived from the four simple measures across a random sample of the British general population.

11.2. Method

11.2.1. Sample

A sample of 99 individuals of the British general population was extracted, on a random principle, from the large dataset (1 039 participants) used in previous chapters. The sample consisted of 42% male and 58% female participants drawn from an age range of 18 to 79 years old with a mean age of 49 (SD=17.73).

11.2.2. Procedure

First, calculations were performed in order to develop the four simple aspects of kindness – affective, principle, proactive, and socially prescribed activities. For the purpose, kindness items measuring the same aspect of kindness were added together forming a new index. For instance, the scores on the items with empathy as their psychological source (as indicated in the definitional framework) were added together in order to form a new index known as ‘affective’ kindness. Similarly, the scores on all of the items that were based on proactivity as their form of expression were combined in order to create the index ‘proactive’ kindness. It is of note that each item is typically based on one element of each of the two facets in the definitional framework, giving a total of two elements per questionnaire item. Therefore, each participant’s individual item score provides one value for two accounts e.g. one element of the psychological source facet and one element of the form of expression facet. In other words, an individual item score of 4 on the item ‘I help strangers pick up things they have dropped’ of the Affective-Socially Prescribed scale means that the value of 4 applies equally to the affective and socially prescribed elements. This in turn caused the use of each item in more than one index. For instance, the item ‘I help strangers pick up things they have dropped’ was present in both the affective and socially prescribed simple kindness indices. However, this is not unusual as it is in the nature of the mapping sentence that all of the content facets are mapped into only one value of the range facet (Shye et al., 1994).

Second, in order to prepare the data for use in POSAC some further coding was required. Individual total scores on the new simple aspects were coded in terms of low and high kindness scores, thus indicating low scores with a value of 1 and high scores with a value of 2, further dividing the sample into two groups of individuals. The first 50 individuals for each index were individuals low on kindness and the second 49 were those high on

kindness. Of course, slight variations of these frequencies were observed depending on the cut score in each index.

11.2.2.1. Partial Order Scalogram Analysis

The low and high kindness scores indicated by values of 1 and 2, respectively, were created in order to establish the quantitative and qualitative variation between different individuals. This means that each individual could be described across the four simple indices by assigning one of the two values in relation to whether or not they were located in the low or high kindness group for a particular index. This, in turn, allowed for the identification of profiles for each participant consisting of 1's and 2's. In particular, the least kind profile would be one consisting of just 1's, such that 1111 indicates low levels on all of the indicators of kindness. On the other hand, the profile 2222 would be an indication of the strongest profile with the highest levels on all four indices. In addition, various profiles including combinations of 1's and 2's exist between these two extreme profiles. It is in the nature of POSAC that some of them will be distinctly greater or less than each other across all the features e.g. 2221 is greater on each feature than 1221, thus allowing the profiles to be ordered from lowest to highest. Other profiles may be qualitatively different, such as 2211 has the same score of 6 as 1221, but in some cases the features are stronger and weaker in others. Overall, it appears that there are profiles which are quantitatively similar but qualitatively different at the same time. According to Shye et al. (1994) that kind of system can only be partially ordered. It is, therefore, precisely the empirical nature of this partial order that will provide some insight into the different types of kindness profiles.

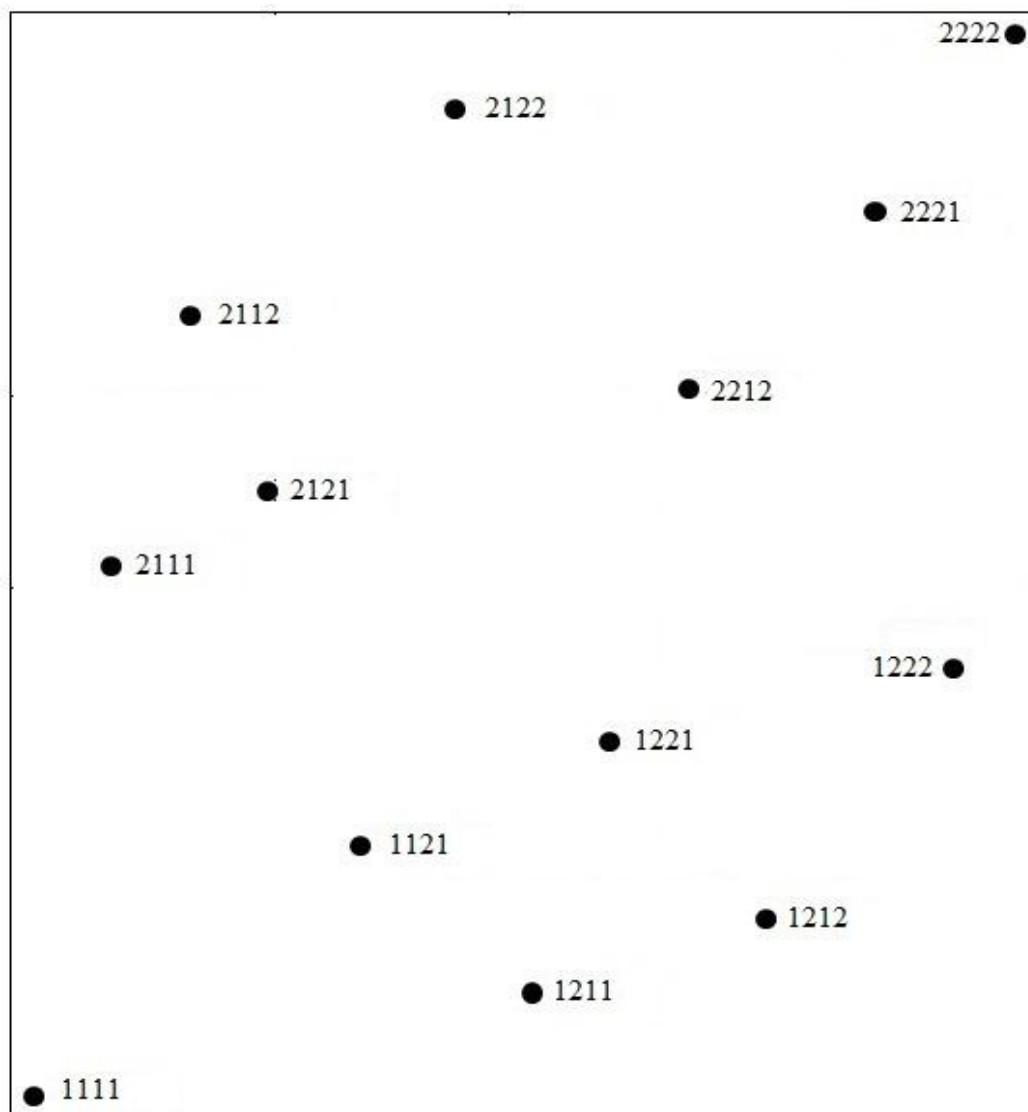


Figure 11-1. A partial order scalogram analysis with base coordinates (POSAC) of 13 profiles derived from 99 individuals showing structuples for each profile group.

The POSAC configuration illustrates the profiles as points in a geometric space where the locations of the points reflect the partial order among the profiles (Canter, 1985). Figure 11-1 presents the POSAC profiles of the 99 individuals across the four indices. It reveals a geometric space where increasing kindness scores e.g. level of kindness, run from the lower left (i.e. 1111) to the upper right (i.e. 2222) corner of the plot. According to Shye et al (1994), this dominant quantitative axis is known as the ‘joint axis’ because it is determined by the sum of all four simple features. Further, identical profiles are illustrated by a single point on

the plot since the analysis is carried out with the profiles and not with the raw data (Shye et al., 1994). In the present case there were 13 unique profiles across a total of 99 individuals.

POSAC produces an item diagram of each of the features allowing us to explore how these features contribute to the overall configuration. Profiles can, therefore, be examined for each of the simple indices to determine if that index contributes toward a clear partitioning of the space. Further, if such division is identified it can be then used to create a framework for categorising individuals in terms of types of kindness.

11.3. Results

Figure 11-1 illustrates the two-dimensional solution derived from the POSAC. It has a coefficient of correct representation of 0.99, which in Borg & Shye's (1995) terms indicates that 99% of profile pairs, estimated by their observed frequencies, are correctly represented. A quick examination of Figure 11-1 further reveals that the profiles are evenly distributed in the space, indicating a substantial amount of qualitative and quantitative variation in kindness profiles. This notion of an underlying system can only be interpreted upon determining how each of the four features or variables partitions the overall POSAC space.

This could be achieved by examining the partitioning loading coefficient for each variable which is provided under each figure in this section. Shye (1985) stated that these coefficients are calculated for all possible ways in which the space can be logically divided. In particular, if the partitioning of a variable plot is not immediately clear then POSAC produces correlation coefficients between each variable and six ideal factors (J, L, X, Y, P, and Q) which, in turn, provide guidance as to how a particular plot should be partitioned. For instance, if the variable 'affective' has a correlation coefficient of .85 on the X factor, but a coefficient of 1.00 on the Y factor then the partitioning of this particular plot should follow a Y-partitioning procedure e.g. the highest value suggests the most appropriate division.

11.3.1. The X-axis: Principle/ The Y-axis: Affective

The X- and Y-axes are two fundamental coordinates around which the POSAC algorithm operates and two aspects which contribute to the establishment of the underlying structure of the partial order (Borg & Shye, 1995). In the plot, shown in Figure 11-2, the X-axis can be seen to be created by principled activities and Figure 11-3 shows that the Y-axis is formed by affective activities. The partitioning of these two variables by the X- and Y-axes is undisputed as shown by their loading coefficients of 1.00, indicating the highest possible association.

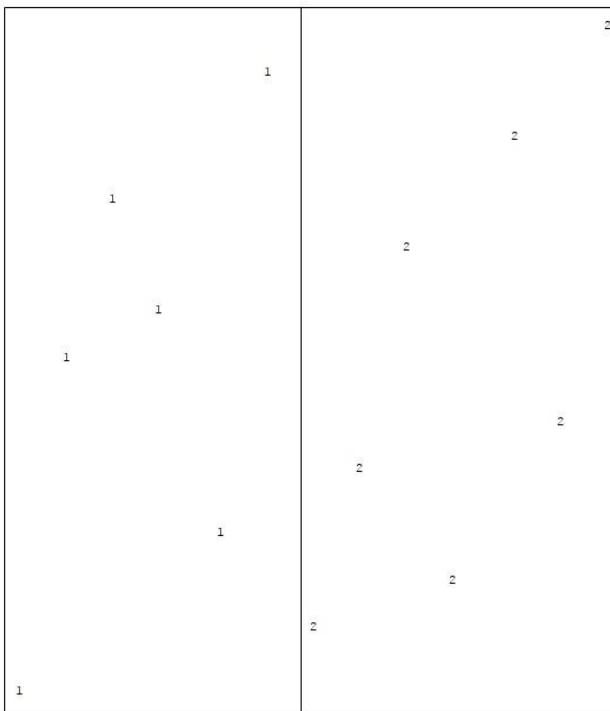


Figure 11-2. Partitioned item diagram for variable **Principle:** Polar X role. *Note:* X partitioning loading coefficient = 1.00.

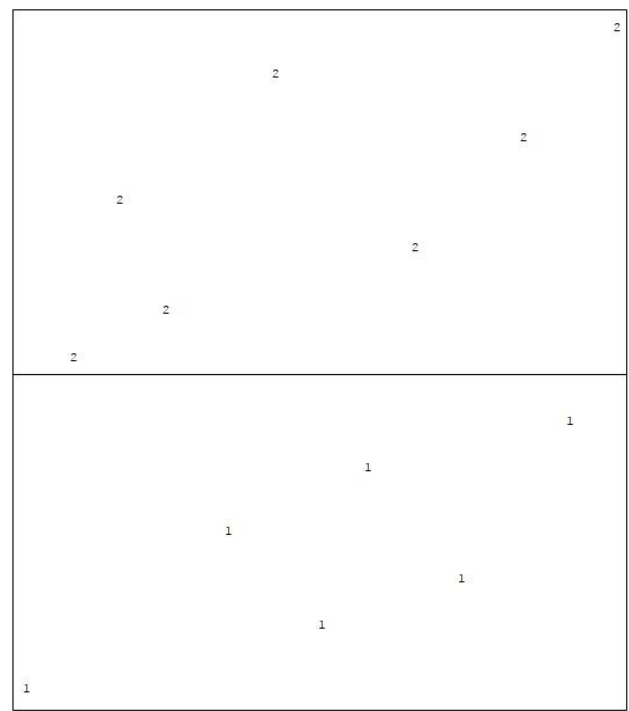


Figure 11-3. Partitioned item diagram for variable **Affective:** Polar Y role. *Note:* Y partitioning loading coefficient = 1.00.

As mentioned earlier, these were recognised as the important psychological sources from which acts of kindness are drawn. In the present case, they contribute directly to the two main ways in which kindness profiles vary, thus types of profiles should be developed on the basis of low/high principle and low/high empathy.

11.3.2. P partitioning: Socially Prescribed/ Q partitioning: Proactive

Proactive kindness appears to share a high association with what is known as Q partition that reflects an accentuating role (Borg & Shye, 1995), as illustrated in Figure 11-4. Therefore, it could be concluded that the variable is responsible for a more extreme differentiations on either the X or the Y axes.

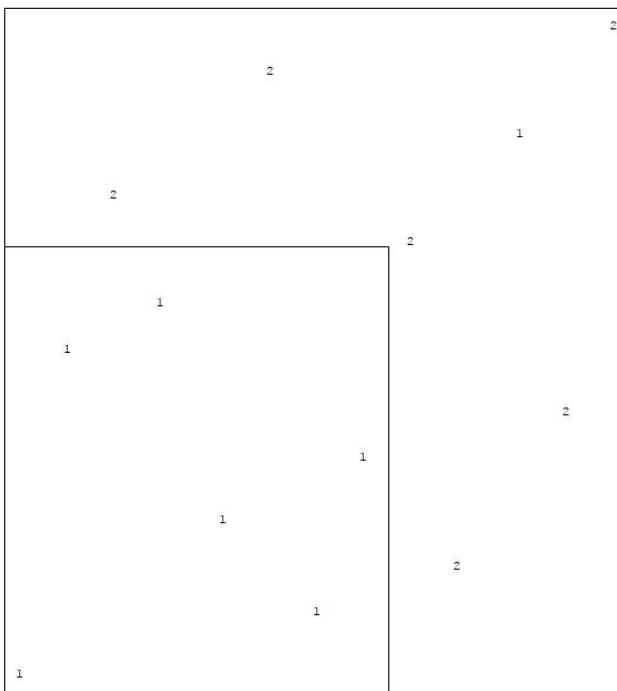


Figure 11-4. Partitioned item diagram for variable **Proactive**: Accentuating Q role. *Note:* Q partitioning loading coefficient = 1.00.

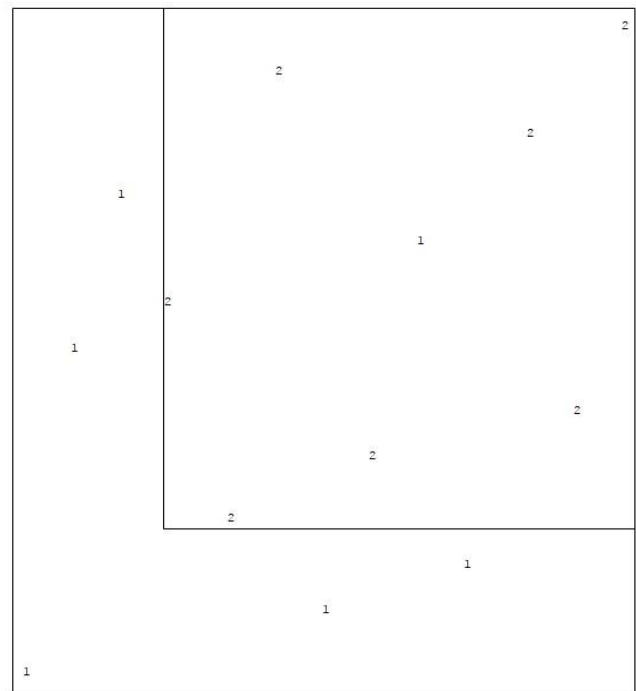


Figure 11-5. Partitioned item diagram for variable **Socially Prescribed**: Attenuating P role. *Note:* P partitioning loading coefficient = 0.99.

However, in the present case there are equal number of profiles at the extremes of both axes, therefore, it is reasonable to consider that proactivity is an extreme to both factors. In other words, the profiles that have both high affective and high principled kindness aspects may also at a more extreme level of differentiation give rise to proactive kindness.

On the other hand, Figure 11-5 reveals a strong association between socially prescribed kindness and the P factor which according to Borg and Shye (1995) has an

attenuating role. Similarly to the proactivity variable, this also means that the variable contributes to more extreme differentiations on both the X and the Y axes. Thus, the profiles that have both low affective and low principled kindness aspects may also at a more extreme level of differentiation include socially prescribed kindness. Altogether, these findings suggest that whilst proactivity increases the level of kindness in groups of profiles, socially prescribed behaviour decreases it.

11.3.3. Overall variations in level of kindness and type of kindness

The profiles in the bottom left corner of the POSAC configuration, shown most clearly on Figure 11-6 below, are those with the lowest kindness scores on all of the four simple features, thus could be said to have the lowest endorsement of kindness. Individuals with these profiles have very little affective- or principle-based kindness and tend to carry out less proactive or socially prescribed acts of kindness. By contrast, those individual profiles at the top right corner of the POSAC plot score highly on all of the four kindness features that have been explored. They show affective-based as well as principle-based kindness and often are proactive and follow social norms in their attempt to help others.

These two extremes allow for the identification of groups of profiles located between them. This is easily achieved by superposing the four variable plots in order to create a more detailed division between the kindness profiles as illustrated in Figure 11-6. This gave rise to four broad groups of kindness profiles, most clearly illustrated in Figure 11-7 below.

When considering proactive and socially prescribed tendencies it is apparent that they exist throughout all four types or regions. However, if the main distinction is taken across the

partitioning provided by the X- and Y-axes, regarding those with affective-based kindness and those with principle-based kindness then some suggestive patterns can be distinguished.

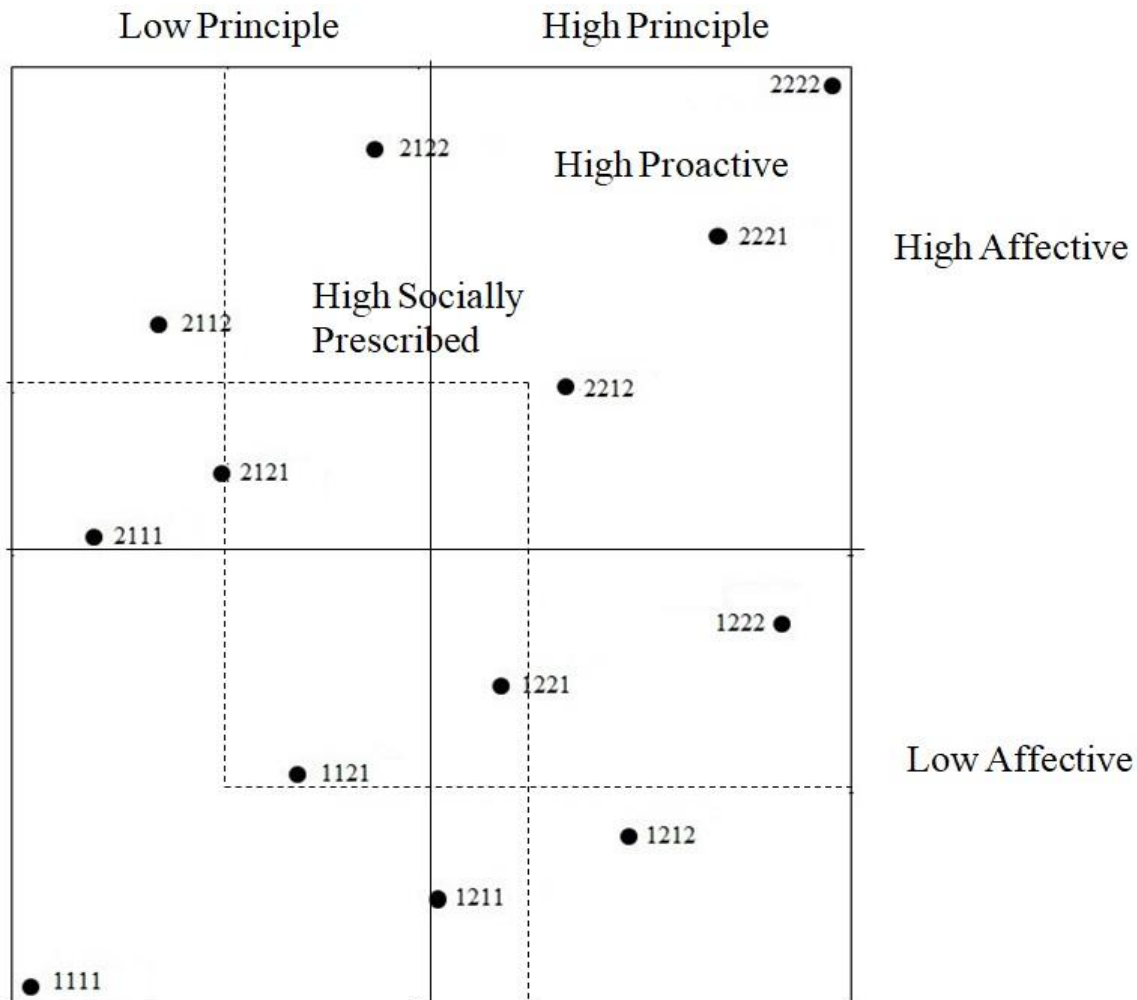


Figure 11-6. POSAC of 13 profiles derived from 99 individual cases with superposition of the four partition lines. *Note:* The solid lines relate to X and Y partitions. The dotted lines relate to the accentuating and attenuating partitions.

As illustrated in Figure 11-7, of all 13 profiles, four are in the low principle/high affective region (type A); three are in the region with the highest endorsement of all four kindness features e.g. high principle/high affective (type B); two are in the region with the lowest scores e.g. low principle/low affective (type C); and the remaining four are in the bottom right region that contains all profiles with low affective/high principle scores (type

D). This pattern fits the idea that people tend to be kinder rather than the opposite, illustrated by the fewer profiles in the weakest kindness region, region C.

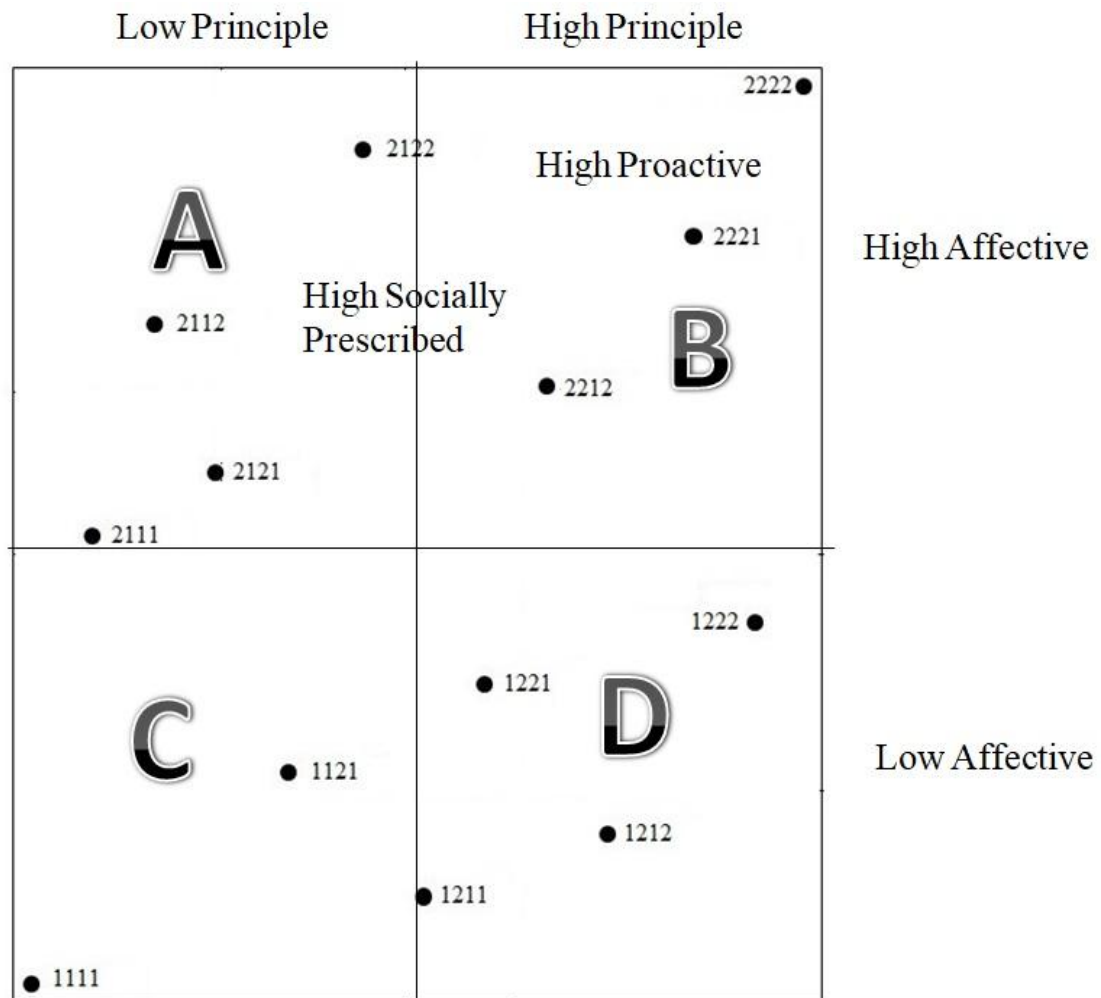


Figure 11-7. POSAC of 13 profiles with an indication of four main types of kindness profiles.

Two of the profiles in type A (2122 and 2112) had a higher tendency towards proactive kind behaviour, whilst the other two did not (2121 and 2111). In contrast, two of them (2122 and 2121) were willing to follow more social norms than the other two (2112 and 2111). Similar results were produced in the examination of region D. Two of the profiles were more proactive (1222 and 1212) than the other two (1221 and 1211) and, in contrast, two had more socially prescribed kindness (1222 and 1221) than the rest (1212 and 1211). Therefore, it is reasonable to believe that these two types include both high/low proactivity and high/low

socially prescribed kindness. Moreover, this may be partly a function of low principle and high affect for type A and high principle and low affect for type D.

The weakest kindness type, Type C, appears more straightforward with just one profile being slightly more pronounced on socially prescribed kindness. The location of this profile (1121) in the high social prescription partition, however, is closer to the boundary with its lower value. Therefore, it is possible to consider that the total scores of the individuals with this profile are very close to the lower values of socially prescribed behaviour. In contrast, all of the profiles in Type B, which is the type with the majority of high profile values, appeared to be comfortably located in the highest partitions of all four variables.

11.4. Summary: Four types of kind personalities

A Partial Order Scalogram Analysis of measures derived from the definitional framework of kindness, outlined in Chapter 5, was applied to data derived from the British general population. This led to the identification of two key ways in which individuals can vary in terms of kindness. One relates to increasing affective-based kindness and with that the emergence of individuals whose main psychological source for kindness is empathy. Groups of individuals who have this component also have the tendency to understand and share the feeling of someone in need and act in a proactive or socially prescribed way in an effort to help, based on their particular kindness type. The second dimension relates to whether or not given individuals endorse principle-based kindness. This starts with obtaining a high value on all of the principle-based items in the kindness measure and moves to the indication of principles as the main psychological source for kindness. Individuals who endorse this component more strongly are often concerned with doing what is right as opposed to what

affects them emotionally. This could also manifest in the form of kind behaviour that is either proactive or socially prescribed.

These two dimensions assisted in the identification of four broad types of kindness profiles. The most definitive aspects of kindness appeared to be the level of proactivity and social prescription in groups of individuals. The least kind profiles demonstrated little proactivity in their attempt to help others (Type C), while those with kinder profiles could be high on both proactivity and social prescription (Type A, Type B, and Type D).

Type A profiles that are low on the principle dimension but high on the affective had a standard score range of, respectively 73-96 and 97-157. It is of note that this type of individuals scores below the average for principle-based kindness and above the average for affective-based kindness¹. The POSAC diagram further revealed that these individuals could score equally highly on proactive and socially prescribed kindness. Their scores could be found in the standard score range of 97-158 for social prescription and 98-158 for proactivity. However, there is a possibility that due to the dominant source being empathy, proactive and socially prescribed acts that emerge out of principles may not be endorsed as strongly. Within social interaction terms, Type A tends to help more when the suffering of another affects them emotionally, independently from whether or not it is the right thing to do. From the perspective of empathy-based socially accepted behaviour, for instance, they can try to cheer up unhappy people, or provide help when it is needed (such as opening doors or doing favours for others) as opposed to doing the right thing in situations when it is most needed, such as forgiving someone who has wronged them. An important motivator for type A kindness, therefore, may be the belief that not all people are good and not all of them deserve help. Following this line of thoughts, in terms of proactivity, Type A tends to help friends with tasks which are difficult to achieve that may also constitute a challenge for the helper.

However, when it comes to helping distant others, such as beggars, charities or strangers in general, although proactive this behaviour seems less desirable.

Type B includes individual profiles that are high on both dimensions e.g. their acts of kindness tend to emerge from empathy as well as principles. Individuals of this type typically have a high standard score between 97 and 157 for empathy and 99 and 157 for principles. Further, both types of expressions of kindness can be observed at the highest level that was indicated by a score range of 97-158 for socially prescribed kindness and 98-158 for proactive kindness. These individuals are willing to help not only those closest to them, such as doing favours for friends and trying to cheer them up when they experience difficulties, but also extend their kindness to the ones that need it more, such as giving money to beggars, volunteering to help the sick and the vulnerable, and even protecting nature by trying to recycle. Further, individuals in Type B forgive easily and most of all are always willing to go through a form of personal suffering in order to help someone, such as carrying out proactive kindnesses i.e. help someone who has wronged them, spend a portion of their time working on a task for a friend even if it is more than they can afford.

Type C includes the profiles with the lowest values on all of the simple features. In particular, acts of kindness may be present but with significantly lower frequency than in the rest of the types, indicating an overall low level of kindness. Specifically, Type C is characterised by low empathy and low principles which leads to fewer proactive or socially prescribed acts of kindness. Individuals of this type typically score within the standard range of 82-95 for affective kindness and 73-96 for principle-based kindness, evidently below the average of the population. Proactivity and socially prescribed kindness are also below the average standard scores, respectively, 80-94 and 78-96, with a slight possibility of socially prescribed kind behaviour. For instance, individuals with Type C may be generally not very kind or willing to help neither close nor distant others, but can be helpful in some situations

when helping is required by social norms, such as opening doors, giving their seat on a train, or help when asked. In terms of proactivity, Type C tends to be less willing to sacrifice much personal time in order to help others, as well as effort or money that may otherwise contribute to someone else's wellbeing (homeless, vulnerable, or poor people).

Finally, Type D includes everyone whose kindness is highly principled but low in empathy. Individuals typically obtain standard scores of the range 98-158 for principles (above the average) and 82-95 for affective kindness (below the average). Type D could be observed to score equally highly on both proactive and socially prescribed kindness however it is of note that these forms of expressions could be less pronounced when their source is considered to be empathy. It is immediately apparent that individuals with Type D have a tendency to help more when helping is the right thing to do, rather than helping just because 'they feel bad' for the person in need. Some of the proactive behaviours in that matter could be considered to contribute to the greater good, by donating to charity, giving blood, giving money to beggars, or volunteering to help the sick, thus helping as many people as possible. In other words, this could be understood as fulfilling some kind of civic duty. In terms, of socially prescribed kindness in Type D individuals, behaviours such as understanding someone's needs (letting people in a rush ahead) as opposed to experiencing their problem emotionally (listening to a friend's problems) can be observed more often. Behaviour resembling that of a 'concerned citizen' is also typically evident, such as recycling when possible, rather than the affectively charged fair treatment of everyone whether they deserve it or not.

11.5. Discussion

The results established here contribute in two different ways. From the perspective of social psychology, they reveal why some people appear kinder than others. Secondly, they

offer application of a methodology that is of general relevance to the study of kindness. From a positive psychological perspective they assist in the development of the structure of kindness in different groups of individuals with the intention of effectively improving and contributing to their overall wellbeing.

The primary focus is that the examination of features derived from the definitional framework for kindness establishes some intriguing variations in groups of kindness profiles. These differences, in turn, carry the possibility of being associated to the psychological source for kindness upon which groups of individuals are classified (principles or empathy) and the nature of the kind behaviour that dominates each of these groups (social prescription or proactivity). However, a number of correlates of kindness could be important and are, thus, open for investigation. The personality, age, gender and occupation of the main profiles in a type could also be significant, with some profiles being more dominant than others, shaping the type around their own characteristics. Issues, such as ethnicity and nationality would also be expected to play a part in social interactions revealing a possibility for various cultural differences in the types identified in this study.

From the perspective of mental health psychology the findings offer a few implications. The fact that individuals become kinder by carrying out more proactive acts of kindness, which in turn increases wellbeing, for example, suggests that it will be beneficial for mental health professionals to identify the type of the patient and build upon that type's deficits in kindness. In particular, if the individual has a Type C, then it would be apparent that one way to address this is for future work to focus on strengthening that individual's ability to help others proactively. Therefore, POSAC shows that for any individual an attempt should be made to determine a kindness profile and use this profile in order to assist future treatment techniques.

In addition, various ‘cognitive distortions’, most clearly identified by Burns (1989), could be associated with less intention to help others (Sears & Kraus, 2009), possibly leading to deficits in the psychological source for kindness. Supporting results could be traced in previous studies of more extreme cases where cognitive distortions and helping behaviour were negatively correlated whilst observing female offenders (van Langen, Stams, Van Vugt, Wissink, & Asscher, 2014), juvenile and young adult offenders (James, Asscher, Stams, & van der Laam, 2015), and even patients with psychopathologies (Shonin, Van Gordon, Compare, Zangeneh, & Griffiths, 2015). The implications of these inferences are such that future research to tests each type of profiles for cognitive distortions would be very worthwhile.

This exploration of a diversity of 99 individuals has demonstrated a number of useful applications of POSAC to measures derived from the definitional framework for kindness. Further, it has demonstrated that information collected through self-report is appropriate for use in such analyses and that, although their apparent intricate nature, valuable results of potential significance can be derived. Applying this approach to other groups of individuals than general population and with further information about those individuals could, therefore, be of great value in furthering our understanding of kindness.

Notes

¹Standard scale scores were calculated for each of the simple features used in order to create the four types, using the linear equation developed in Chapter 6. The mean and standard deviation were again taken to be, respectively 100 and 15 in order to allow more accurate division of low and high scores as well as meaningful comparisons between types.

Chapter 12

General Discussion

12.1. Contributions to knowledge

The approach taken in this study brings together a number of different perspectives on kindness and helps to resolve some of the apparent deficits in previous attempts to investigate this human quality. These deficits, in turn, could be classified in terms of the way in which kindness has been researched.

In terms of individual differences, first, a vast majority of sources tend to use a single act of kindness (such as giving directions, or picking up items people have dropped) to distinguish between groups of individuals or, in other words, who is kinder than whom, rather than exploring a wider range of this behaviour in order to allow for more accurate inferences. Second, a certain self-serving role has been attached to the study of kindness such that reveals the individual benefits of being kind to others, that is increased subjective happiness and overall wellbeing on the part of the benefactor, rather than focusing on how kind one should be in order to achieve these life goals. Third, recipients of kindness appear to be the most investigated group along with their overall reaction to acts of kindness, with little attention being paid to the source. Fourth, a majority of research on helping and proactive behaviour seems to focus on children as young as 20-month old and the elderly, rather than including individuals from all age groups, thus obtaining a more complete understanding of human kindness. Similarly, fifth, yet another tendency for studying kindness could be found strictly within an organisational context (e.g. leader-employee relationship, relationship between employees, duty towards the organisation), rather than exploring employees' kindness in general.

In terms of its structure, sixth, kindness is understood from a rather unidimensional perspective that is either the idea that empathy leads to kindness or kindness is based mostly on principles as indicated by the principle of care, rather than considering the possibility for multidimensionality. Seventh, a long tradition of research, starting with Bowlby's attachment theory typically refers to kind or caring behaviour in terms of empathy and compassion often using these as synonyms, rather than acknowledging the psychologically different structure of these concepts. Even though, scholars have long established that kindness is the most prevalent trait, eighth, it is constantly viewed as a structural component of larger concepts, such as self-compassion, mindfulness, and happiness, or ninth, examined alongside other virtues, such as social intelligence, love, teamwork, and humour, rather than observed in its own right. Ultimately, tenth, this tremendous interest in the study of kindness, as indicated by this multitude of investigative approaches is lacking one important detail that is a formal measure for evaluating kindness in terms of its independent status as a human quality.

The present study, therefore, poses an unprecedented case of systematic theoretical and empirical evaluation of the popular human attribute *kindness*. The numerous findings reported on here could best be discussed in terms of three main contributions that advance our understanding of human kindness that is relevant to a number of psychological fields, amongst which are positive and personality psychology. Firstly, the study proposes a formal framework for kindness that integrates a number of relevant aspects. Second, it provides a statistically valid and reliable measure for evaluating kindness in a large variety of individuals. Finally, third, it contributes to an improved understanding of other pertinent psychological concepts, such as personality and psychopathy, as well as the advancement of potentially related fields, such as various occupations. These would be discussed in the following sections.

12.1.1. A framework for kindness

It has been shown that kindness can be seen as a multidimensional human trait that is a product of the individual's genuine concern for others' wellbeing, need for relatedness, strive for happiness and positive emotions, and desire for effective social interactions. Within this orientation different emphases are revealed through a careful consideration of various acts of kindness, most specifically the frequency with which they occur. A central moment of these emphases reveals that they are all contingent upon a more specific form of kindness, namely the core trait Anthropophilia. This framework encompasses a wide range of kind behaviours that seem to have been dealt with either partially in previous research or not recognised as distinct at all, causing the concept to seem rather vague.

The framework proposed here addresses all of these gaps by considering the possibility for multidimensionality and thus identifying a domain for kindness. A thorough exploration into the structure of kindness revealed that it contains a psychological source e.g. either empathy or principle and a form of expression e.g. proactivity or socially prescribed behaviour. This, therefore, gave rise to a number of fundamental psychologically different types of kindness upon which individuals were predicted to vary.

12.1.1.1. Principle Socially Prescribed kindness

In general, Principle Socially Prescribed kindness could be best seen as a passive tendency for prosocial thinking in terms of what is morally right and socially approved. It is unrelated to empathetic response or any form of outward giving or expression towards others. Perhaps, the most prominent aspects of this mode are the ability to forgive easily and the thought that most people are good. These behaviours are clearly drawn from principles, rather than empathy which allowed for a rather broad category of recipients. The recipient could be

virtually anyone from waiters and waitresses to strangers in a hurry to almost everyone who can be considered good regardless of whether they need help or not. Helping behaviour in line with this type of kindness can be extended in order to serve a higher purpose, such as protecting nature by accepting an individual responsibility to recycle for instance. The overall emotionality of the type is calm and positive and has little in common with what is known as negative empathy (see Andreychik & Lewis, 2017) or the understanding and/or sharing of others' negative emotional states. Instead, this kindness type promotes an honourable and optimistic behaviour aiming at improving the quality of both one's and others' lives.

Individuals endorsing Principle Socially Prescribed kindness are more likely to be able to take the perspective or point of view of another and act accordingly and less likely to act out of empathic concern. Of course, it is not the case that these individuals do not sympathise with others' problems but it is likely that they would act upon the moral decision of what is the right thing to do, thus supporting everyone and not just the ones close to them, such as family and friends. It is, therefore, apparent that this kindness type could be traced to what is known in the literature as the 'principle of care' (Ottoni-Wilhelm & Bekkers, 2010) which stands for providing help to or assisting those in need regardless of their social or psychological distance or genetic relatedness. However, it is worth repeating that this type is more about supporting others psychologically and less about providing physical help to someone in need. Therefore, Principle Socially Prescribed kindness provides just one way for interpreting principle-based kindness.

In comparison to the rest of the kindness types, individuals endorsing Principle Socially Prescribed kindness are the ones most prone to new experiences (openness to experience), illustrating an open mind and a generalised acceptance of everyone and everything (John & Srivastava, 1999). This is further captured within the two main

behaviours that are most characteristic of this type e.g. the ability to forgive and the ability to see the good in everyone.

It is not surprising, then, that these behaviours are most frequently observed in older individuals starting around the age of 50 and gradually increasing over the next few decades. This is in line with various cultural beliefs that wisdom, in terms of recognising multiple perspectives and the importance of compromise, increases with age (Grossmann, Karasawa, Izumi, Na, Varnum, Kitayama, & Nisbett, 2012; Orwoll & Perlmutter, 1990). Of interest is, though, that Principle Socially Prescribed kindness is the only kindness type that could be observed in both women as well as men regardless of the fact that women are generally kinder. It is therefore suggested that this equality may have direct parallels with the notion that men's kindness is mostly driven by social norms (Eagly & Crowley, 1986; Johnson et al., 1989) around which this mode is based.

12.1.1.2. Principle Proactive kindness

Similarly to Principle Socially Prescribed kindness, Principle Proactive kindness also promotes moral actions, however, in contrast to the former, the latter goes beyond a simple supporting role in order to help others proactively. It could be said that this mode emphasises behaviours that contribute to the 'greater good of humanity' in general, rather than being concerned with particular needy persons. In particular, individuals with this mode are likely to donate blood when they can, volunteer to help people in need, give money to beggars, and donate to charity. It could be, therefore, suggested that this kindness mode promotes that help should be extended to as many people in need as possible. The recipients, thus, can be identified as strangers unbeknown to the helper who cannot support themselves, such as sick or homeless people or those who are in a desperate need for help, such as incident victims in

a need for blood transfusion or people in third world countries who need anything from financial support to everyday essentials.

The overall emotionality of the type is positive but is associated with certain physical, financial, and/or time/effort inconvenience, thus it is difficult to say whether or not these individuals experience any kind of negative emotions whilst fulfilling what they see as their social duty. On the other hand, Principle Proactive kindness does not appear to display any positive associations with any of the negatively charged traits, such as Machiavellianism or psychopathy. A possibility exists that individuals with this mode may choose to help others selflessly without necessarily focusing on the negative experience. Therefore, much of this behaviour could be said to share direct parallels with the notion of altruism and the belief that the wellbeing of others is, equally if not more important than the wellbeing of the self.

This mode could be traced in individuals from all ages, however when gender is concerned women demonstrated higher engagement. Findings of women scoring higher than men on similar behavioural variables were reported in studies of caring for, nurturing of, and helping others (Burleson & Kunkel, 2006), charity donations (Eagly & Crowley, 1986), and even organ donation (Becker & Eagly, 2004; Simmons et al., 1977).

The two-principle-based modes point towards a curious pattern between gender groups that is potentially useful to gender research. In particular, whilst both groups endorse principle-based kindness, men appear to be more inclined towards behaviour that provides moral support, rather than selfless behaviour that involves certain physical or financial discomfort. In other words, women more than men, engage in proactive helping, whilst men equally to women, endorse moral action in order to support others.

12.1.1.3. Affective Proactive kindness

In contrast, Affective Proactive kindness, is best seen as an emotionally driven decision to help someone rather than helping because it is the morally right thing to do. These acts of kindness are carried out despite social norms and through the ability to think about someone's feelings as a human being and what could be done in order to improve those feelings. Perhaps the behaviour that best describes this type is to do something upsetting which in turn would benefit others, such as spend more time/effort than one can afford or cancel one's plans in order to help a friend. It is immediately apparent then, that these activities require a level of patience, sacrifice, and a form of personal suffering on the part of the benefactor further captured within behaviours, such as becoming unpopular in order to help someone. It is worth noting, though, that much like Principle Proactive kindness, Affective Proactive kindness also seems to illustrate a rather altruistic behaviour that is selfless in nature. Given the relationship between Principle Proactive and Affective proactive kindness and altruism, a question, therefore, arises as to the relationship between kindness and altruism in general and whether the latter could be a subsection of the former.

Unlike principle-based kindness, the recipients appear to be close others, such as friends or people in the individuals' immediate circle, rather than distant others, such as strangers. In particular, the two principle-based modes provide help to large number of people, whilst Affective Proactive kindness tends to be extended towards one needy person at a time, typically a friend.

Scholars have previously referred to this type in terms of kindness that is considered normative (Exline et al., 2012) or the tendency to be kinder towards people who are socially and/or genetically closer (family and friends) and/or with the expectation to receive from others based on principles of reciprocity or social exchange. Although the latter is not immediately apparent from an investigation such as this, future research may choose to

examine whether or not this kindness type could also be a product of expectations for reciprocity. More questions are further raised when the positive association (although non-significant) between Affective Proactive kindness and psychopathy is considered. For instance, are highly psychopathic individuals also capable of endorsing aspects of Affective Proactive kindness? Or in other words, is it through adopting the behaviours of this kindness type that psychopaths manage to survive in society without being identified as such. It could be further possible that this type is associated with certain psychopathic tendencies, such as the expectation for some kind of reward in return, as indicated in the work of Paal and Bereczkei (2007). Moreover, within a prosocial context a psychopathic individual may weight the benefits of helping as opposed to not helping and decide whether the sacrifice required by these acts of kindness could be worth it. However, this could not be claimed with certainty in an investigation such as this one, thus further research is needed.

Individuals who typically endorse this mode are women more than men and young (under 40s) more than old individuals. It appears that men and individuals over 40 years old are less likely to help when helping means sacrificing time and effort, cancelling social events or losing popularity. In contrast, women and under 40 years old demonstrate greater devotion in order to help their friends. In terms of gender, this is not surprising as previous research also indicates that women, more than men, tend to report more friendly, unselfish, and expressive acts (Moskowitz et al., 1994). In terms of age, however, these findings seem to disagree with previous research which, in turn, indicates that older individuals tend to help, nurture and guide others more than the young (Hoppmann et al., 2007). However, this may not be the case when a potential confounding variable, such as personal sacrifice, is included. In either case, further research is needed in order to clarify this.

Perhaps, what seems to be the most curious finding is that both Affective and Principle Proactive kindness could be seen as altruistic. In particular, it is suggested that

altruism could be viewed as a subset of kind behaviour that is both empathetic and principled and extended to both distant and close others. It is, therefore, of imperative nature that future research using the kindness measure focuses on investigating the hypothesised relationship.

12.1.1.4. Affective Socially Prescribed kindness

Similarly to Affective Proactive, Affective Socially Prescribed kindness is also an emotionally driven behaviour, however, unlike Affective Proactive it is reactive and in line with social norms. It is most accurately described by behaviours, such as the tendency to respond to people's request for help, or help strangers when they drop something. It could be, therefore, argued that the receivers of these kindnesses could be divided into two groups of recipients. On one hand are those who are considered friends (e.g. the tendency to tolerate friends' annoying habits or simply listen to their problems) and on the other - those who receive a simple everyday consideration along socially prescribed lines, such as the habit of opening doors for others or the initiative to give one's seat on a train or a bus to someone who may need it more. Ultimately, this type of kindness is perhaps the most frequently observed in individuals as it contains the simplest most effortless kindnesses that occur on a day-to-day basis. It is expected that when asked to describe kindness, most people would use the behaviours included in this mode.

The general tone of the mode is positive, including little to almost no inconvenience on the part of the benefactor, thus these behaviours can be readily observed in a larger majority of people. Individuals with this type could be said to operate out of empathic concern or on the basis of sensing other people's feelings and readily responding to requests for help. Moreover, individuals endorsing Affective Socially Prescribed kindness are expected to be more agreeable than individuals who endorse other kindness modes more.

Perhaps the personality trait that is most strongly associated with this mode is extroversion. This is not surprising as the general theme that runs through this type fosters two important characteristics of extroverts, namely, sociability and positive emotionality (John & Srivastava, 1999). First, in order for Affective Socially Prescribed behaviour to emerge, one needs to be aware of one's social surroundings as well as direct one's attention to people other than oneself e.g. engage with other people or be sociable. For instance, one would not engage in Affective Socially Prescribed behaviour if one is unaware of another's struggle to open a door or that there is an elderly individual on the train that may need one's seat more. Second, Affective Socially Prescribed behaviour may occur more in situations when the individual experiences less negative and more positive emotions as in the study of Cameron and Fredrickson (2015) where positive emotions predicted helping behaviour, such as listening to someone who needs to talk, or helping someone on request.

Affective Socially Prescribed kind behaviour is more characteristic of women rather than men and could be observed throughout all ages. Perhaps it was expected that this form of kindness would occur in both age groups since these behaviours are somewhat more popular than the socially prescribed behaviours in the principle-based component and are less demanding than the behaviours in the Affective Proactive type. In other words, whilst Principle Socially Prescribed kindness and Affective Proactive kindness may be more pronounced in different ages, Affective Socially Prescribed kindness could be observed on a larger scale and is predicted to occur with high frequency throughout the life span.

With regards to gender, it is possible that men's deficit stems from the empathetic element of this kindness mode. Further, it could be a case of selective kindness due to various aspects that are in line with agentic characteristics more typical for men. For instance, this mode of kindness may occur through acts of chivalry or through assisting or protecting women who are in need (Eagly & Crowley, 1986). In addition, perhaps men's poorer

performance of this popular kindness could be attributed to the absence of onlookers, thus reducing their desire to provide help.

12.1.1.5. Anthropophilia

It is suggested that the core form, Anthropophilia, identified here, may not be a product of social learning as can be hypothesised for the four modes. In this line of thought then, it was theorised that the four kindness types are predicted upon this fundamental human trait. In particular, generally high levels of Anthropophilia predict high levels of overall kindness. For instance, individuals who score above the average (over 100) for Anthropophilia would be expected to demonstrate a strong, above the average endorsement of overall kindness. The higher end of Anthropophilia scores would, in turn, predict high endorsement of all of the elements of the content facets, thus individuals would be characterised by empathy-based and principle-based kindness, as well as proactive and socially prescribed kind behaviour. For instance, it is possible that these individuals show kindness because they feel sorry for the person in need and because helping is the right thing to do. In addition, their helping could be a result of both reaction to social norms and unsolicited help.

In contrast, the lower end of Anthropophilia scores not only points toward a low overall kindness but could also be associated with a certain level of selectivity of kind behaviour. For instance, individuals may endorse particular types of kindness, such as helping out of concern for a close one (Affective Proactive and Affective Socially Prescribed) but not when the person in need is a random individual or society in general (Principle Proactive and Principle Socially Prescribed). Thus, the preferred kindness mode would reveal a higher score as opposed to the less endorsed kindness modes, thereby reducing the influence of the core on the overall kindness performance. Ultimately, it is reasonable to

believe that sufficient levels of Anthropophilia are necessary in order for kindness to emerge. This is further supported by the slightly more pronounced intercorrelations of the modes with Anthropophilia (all in the range of .60 and .79), suggesting that high levels of Anthropophilia are indeed necessary in order to observe any of the behaviours in the four modes. It is also of note that some kindness modes require even higher levels of Anthropophilia, such as Affective Socially Prescribed and Principle Socially Prescribed kindness as indicated by the intercorrelational analysis in Chapter 5. Of course, this requirement is of no surprise as socially prescribed kind behaviour tends to reduce overall kindness levels as most clearly illustrated by the POSAC analysis (Chapter 11).

It is likely that Anthropophilia is the aspect of kindness that drives the basic human need for relatedness as well as the overall tendency to help those in need more as opposed to intentionally leave them suffer. It is possible to consider Anthropophilia as a constant that occurs in all human beings, however, each individual would possess different levels of it in terms of other genetic, psychological, or environmental factors that may influence it. It is in those terms that the polar relationship between psychopathy and Anthropophilia was suggested. In particular, much like psychopathy is the main source for high levels of antisocial behaviour, Anthropophilia is the core that predicts high levels of prosocial behaviour. Ultimately, it is suggested that when Anthropophilia levels increase, psychopathy levels would decrease. Of course, the association between psychopathy and Anthropophilia is different to the one between empathy and psychopathy in the sense that the former represents an alteration of one's behaviour and the latter involves an internalised state of emotions or the lack of them.

The polar relationship between Anthropophilia and psychopathy is further evident through a comparison of the aspects that are most definitive of the two concepts. For instance, Anthropophilia is a tender, rather than the psychopathic tough heartedness most

clearly expressed through the behaviours ‘Things happen in the world that really touch me’ or ‘People think I have a soft heart’ as opposed to ‘I let others worry about higher values; my main concern is with the bottom line’ (LSRP; Levenson et al., 1995). Anthropophilia could be said to be a generalised, genuine empathic response, rather than the psychopathic superficial charm most clearly defined by behaviours such as ‘I share other people’s happiness’ as opposed to ‘I enjoy manipulating other people’s feelings’ (LSRP; Levenson et al., 1995). Finally, Anthropophilia includes certain protectiveness of others, rather than the psychopathic exploitation or manipulation best seen in the behaviours ‘I feel protective towards people who are being taken advantage of’ as opposed to ‘I tell other people what they want to hear so that they will do what I want them to do’ (LSRP; Levenson et al., 1995).

Women are most likely to display a variety of aspects related to Anthropophilia as indicated in a number of other studies. In psychological terms this means that most women endorse all four modes of behaviour as classified by the elements of the content facets. This bode well with the general communal theme of female social interaction, indicating that women are more likely to respond empathetically, in a friendly manner (Newport, 2001; Spence & Buckner, 2000), to close (Cancian & Oliner, 2000) and distant (Roter et al., 2002) others as well as to act upon what is morally right and in accord with social norms and expectations as indicated in earlier chapters of this thesis. Much like prosocial behaviour (Wood & Eagly, 2002), Anthropophilia too can be seen to be stronger in women than in men. Essentially, these findings are compatible with various theories of gender differences, such as the nurturing hypothesis (Eagly & Wood, 2013) and attachment theory (Bowlby, 1973; 1980; 1982).

12.1.2. The kindness measure

Moving from the theory of kindness, perhaps the other important moment of this study is the development of a self-report questionnaire in order to assist in the evaluation of kindness in individuals. The new measure could be said to have excellent psychometric credentials and can be trusted to give statistically meaningful and consistent results as illustrated in this study.

First, it demonstrates excellent psychometric properties even when different measures of covariation are implemented. In particular, both Factor analysis and Smallest Space Analysis produced equal number of factors and regions, respectively, that differentiated between similar constructs which, in turn, were given comprehensible names that capture their essence e.g. Anthropophilia, Affective- and Principle-Socially Prescribed kindness, and Affective and Principle Proactive kindness. In addition, the internal reliability of these scales was quite acceptable, with alphas varying from .73 to .95 with one falling just below the conventional minimum of .70 (Principle Proactive, .68) possibly due to the lower number of items included in this scale. The new instrument, therefore, appears quite well-suited for use as a research tool in studying human kindness and demonstrates excellent construct validity.

Second, further evidence of its validity was achieved by correlating the measure with other well-established concepts, such as empathy, psychopathy, Machiavellianism, and personality traits. The correlations appeared to be of moderate size and as predicted, suggesting that the scales indeed measure independent dimensions and are not yet another measure of empathy or agreeableness. These associations not only add to the convergent and discriminant validity of the questionnaire but also help define kindness more precisely.

Third, the pattern of gender, age and occupation differences found for the five scales is consistent with the general pattern found in the related literature, further adding to the

external validity of the measure. Moreover, using standard scale scores as opposed to raw scale scores allowed for meaningful comparisons between groups to be made that could then be applied to the population at large.

12.1.3. Beyond a measure of kindness

Although this study attempted to present the analyses as validation mechanism for the kindness measure, the pattern of results revealed a further level of contribution that has direct implications for other psychological concepts, as well as various professions. This section would, therefore, discuss the utility of kindness in understanding related concepts and its role in professions.

12.1.3.1. Personality

The present study demonstrates that kindness could contribute to the developed understanding of personality, specifically the prosocial personality. According to various authors (e.g. Haidt & Kesebir, 2010) the concept of prosocial personality is rather vague and controversial and it is challenging to identify from social psychology and personality textbooks. However, it is certain that if there is a prosocial personality, it will involve general processes that generate differences in prosocial behaviour (Habashi, Graziano, & Hoover, 2016). The present study, therefore, paves the path to the prosocial personality by offering an integrated framework for classifying kind behaviour rather than undertaking traditional techniques of correlating Big Five dimensions with other-oriented concepts, such as empathy (e.g. Habashi et al., 2016; Graziano et al., 2007). In particular, it is possible that the prosocial personality goes beyond the five-factor model by endorsing traits that are not necessarily included in the Big Five. Of course, it is also possible that there are traits that need to be

integrated into the Big Five in order to present a more comprehensive understanding of personality, in particular the prosocial personality. A possibility exists that kindness (as examined here) may be one such trait.

12.1.3.1.1. Agreeableness

A long tradition of research has attempted to explain helping behaviour through correlating the five-factor structure, in particular agreeableness, with various prosocial aspects. Indeed, agreeableness includes both affective/cognitive and behavioural aspects of prosocial tendencies, such as helpful, generous, sympathetic, and forgiving (Graziano, Jensen-Campbell, Steele, & Hair, 1998; Goldberg, 1992); however, it is more closely tied to prosocial thoughts and feelings, rather than actual outward helping (Penner et al., 1995). This is immediately evident through the higher association between agreeableness and the two socially prescribed modes, Principle Socially Prescribed and Affective Socially Prescribed kindness, indicating a more pronounced tendency to support others, rather than help them proactively.

In particular, individuals high on agreeableness could be best characterised with (1) a higher tendency to support others through prosocial thinking as illustrated by Principle Socially Prescribed kindness, and (2) a more pronounced simple everyday reactive behaviour in line with the behaviours in the Affective Socially Prescribed kindness mode. Further, it could be said that agreeableness may be more strongly associated with following social norms or behaviour that is accepted as kind by society, rather than helping others through selfless acts, as most clearly articulated by the Affective Proactive and Principle Proactive modes. In fact, behaviours that are considered highly altruistic, such as giving to charity, donating blood, and volunteering (e.g. Principle Proactive kindness) are the least characteristic of the agreeableness domain. This, in turn, casts doubt on whether or not

agreeableness is purely other-oriented. Similar suggestions were made by Batson, Bolen, Cross, and Neuringer-Benefiel (1986) who concluded that it is debateable whether the motivating force behind agreeableness is altruistic or egoistic.

12.1.3.1.2. Extroversion

Moving from the most similar to kindness trait, extroversion only marginally relates to the kindness modes. For instance, kindness appears to be similar to extroversion, as both concepts address the social experience of the individual but an examination of key features of each construct reveals conceptual differences. Extroverts tap primarily into sociability and agency in their motivation to form interpersonal bonds. In addition, alongside their warm and affectionate relationships, extroverts also seek excitement and attention. In contrast, kindness reflects a more communal theme that is an evaluation of the degree of closeness between the self and other people, the community and society at large. This is rather different than the extroverts' motivations and agentic behaviours. Ultimately, the concept of kindness developend in this study undermines the intuitive similarity with extroversion and paves the path towards a new understanding of extroverts.

It is suggested that highly extroverted individuals may appear kind in some situations but not in others. In particular, an extrovert may be more than willing to hold the door for someone, help a stranger pick up things, or even share things with others (e.g. Affective Socially Prescribed kindness), but they may not be as willing in situations where a more selfless kind of help is needed, such as becoming unpopular in the process (Affective Proactive), volunteering (Principle Proactive), or even forgiving (Principle Socially Prescribed kindness). In other words, extroverts are likely to exhibit some levels of Anthropophilia, however, this is limited to reactive helping than proactive, and typically in line with social expectations. It is, therefore, suggested that while highly extroverted

individuals could be considered marginally kind, not all kind people could be characterised by extroversion.

12.1.3.1.3. Neuroticism

Intuitively, neuroticism and kindness appear conceptually different in nature, suggesting that one may increase whilst the other decreases. In particular, neuroticism encompasses emotional instability, negativity, and maladjustment that could be related to a generalised negative perspective of other individuals and society. In contrast, kindness includes positive characteristics, such as emotional intelligence, positivity, and has an overall adaptive role (Otake et al., 2006).

However, this rather popular personality trait appears mostly unrelated to kindness as also indicated in previous research. The Prosocial Personality Model developed by Habishi et al. (2016) states that agreeableness but not neuroticism affects one's decisions to offer help. It could be, therefore, suggested that neuroticism does not affect the individual's capacity to help and lower kindness levels do not necessarily mean that the individual is highly neurotic.

Previous research has found that neuroticism plays a role in determining reactions to victims in need of help (Habashi et al., 2016). However, this is mostly limited to self-focused negative responses, such as personal distress, in helping situations. Consistent with past research, this study revealed that these reactions are likely to be unrelated to decisions to offer help. It would be of value, therefore, to discuss the behaviours most characteristic of highly neurotic individuals. The framework of kindness proposed in this study allows for such a detailed examination.

Perhaps the kind behaviour that is most likely to prevail in neurotic individuals is the simplest kindness mode, Affective Socially Prescribed, which may be due to the popularity of these behaviours. According to Guo, Sun, and Li (2018) when the social interaction (i.e.

helping) is less anxiety provoking, the negative effects of neuroticism on helping may disappear. For instance, opening the door for someone, giving away one's seat on the bus/train, and even doing favours for friends may not be considered as overwhelming as to ignore cues for help.

By contrast, it is unlikely that highly neurotic individuals would be willing to engage in proactive kindness, such as the behaviours in the two most altruistic kindness modes – Principle Proactive (blood donation, volunteering) and Affective Proactive (doing something that upsets one in order to help another). It is more likely that they will not be able to accurately recognise the emotional state of the needy person, control their own emotions in the process of helping, and, therefore, behave in a way that helps that person (Alessandri, Caprara, Eisenberg, & Steca, 2009). Their incapability to control emotions may further prevent them from establishing smooth communications and social interactions (Lopes, Brackett, Nezlek, Schutz, Sellin, & Salovey, 2004). This generalised sense of prosocial helplessness is perhaps most distinctive in the Affective Proactive mode where the behaviours require a level of resilience and personal sacrifice.

12.1.3.1.4. Openness to experience

People who are highly open to experience tend to be liberal and tolerant of diversity (McCrae, 1996). It is not surprising then that the emerging kindness mode for these individuals is considered Principled Socially Prescribed kindness. For instance, individuals who are opened to experience may be honourable and righteous in their attempt to help others. In fact, helping could be seen more as a contribution to the greater good and society, rather than particular others. For instance, a waitress may receive a good tip not because she needs it but because good work should be rewarded. There is a possibility that these individuals help with the purpose of making the world a better place. The acceptance and

open-mindedness that run through the trait could be further explained by the general view that most people are inherently good and deserve to be forgiven. It is not unexpected, then, that individuals opened to experience are characterised by happiness, positive emotions, and high quality of life (Steel, Schmidt, & Shultz, 2008). Further, it is reasonable to believe that the introspective nature of this trait (e.g. attentiveness to inner feelings, intellectual curiosity) provides a strong foundation for the emergence of Principled Socially Prescribed kindness.

Further, openness to experience could be best characterised by acts of kindness that are socially prescribed, rather than proactive. In fact, the weakest associations between the trait and the kindness modes were with the two proactive modes, namely Affective Proactive and Principle Proactive kindness. It is therefore, suggested that even though openness to experience could be characterised by an open mind and acceptance, it is unlikely that these individuals would go beyond social norms in order to help others. In other words, it is possible that they would help but not when help comes at a price. For instance, it would be much more characteristic to listen to a friend's problems as long as they need than to spend ages to find something that may cheer them up.

12.1.3.1.5. Conscientiousness

A vast majority of theoretical and empirical evidence suggests that all of the Big Five personality traits can be associated with kind behaviour. Nevertheless, conscientiousness is one dimension that has received the most attention. Much of this research, however, has been carried out considering a single act of kindness, such as blood donation (Ferguson, 2004) or keeping a promise (Swickert, Abushanab, Bise, & Szer, 2014), or a specific context, such as work environment (Ladd & Henry, 2000; Organ & Ryan, 1995; van Emmerick & Euwema,

2007). Therefore, the framework presented in this study not only builds on previous research but reveals a more nuanced association between kindness and conscientiousness.

In particular, it is accepted that highly conscientious people often feel a sense of responsibility and moral obligation to their community, and as such, they may be more willing to provide assistance to others (Moon, Livne, & Marinova, 2013). It is, therefore, of value to discuss the form of assistance that highly conscientious people typically adopt. In contrast to previous research (e.g. Ferguson, 2004), conscientious individuals may be less likely to endorse proactive kindness (such as blood donation) and more likely to focus on helping people in a socially prescribed manner. It is further suggested in various theoretical writings, that socially prescribed impulse control is what energises conscientious characteristics in individuals (John & Srivastava, 1999). It is reasonable to believe, then, that individuals high on conscientiousness would help in line with social norms, rather than engage in proactive kindness. For instance, these individuals would be more likely to help when being asked, rather than willingly spend time on a task for a friend or give more than they can afford in order to help. This behaviour is in line with the general themes that run through this trait, such as efficient, planning and organised as opposed to easy-going and disorganised. Perhaps, highly conscientious individuals are less likely to offer help when helping means leaving one's goals aside in order to spend time on another person's tasks.

It is of note that, contrary to common beliefs, highly conscientious people's kindness is not entirely driven by principles. In particular, these individuals may engage in both affective- and principle-based kindness as long as it obeys social norms and rules. For instance, considering the framework for kindness, it may be equally possible to take time to do favours for friends (Affective Socially Prescribed kindness) and simply support them in a moral/passive manner (Principle Socially Prescribed kindness).

Conclusion. Although, the present study is useful in furthering our knowledge of most, if not all, dimensions of the five-factor model, it also reveals that there may be other aspects of personality that may not be necessarily included in the Big Five. The interpersonal trait of kindness could be one of them. In particular, although kindness seems to overlap with aspects of agreeableness, it is not necessarily the case that agreeableness encompasses all of the characteristics of kindness, such as proactive helping, or yet, genuine desire to help others. The rest of the traits are only marginally related to kindness which may suggest that kindness possibly falls beyond the five-factor model. In particular, it is reasonable to believe that kindness may be an independent dimension that is not yet considered as part of the personality model. In addition, it is possible that the challenge in identifying the prosocial personality lies within the limited nature of the Big Five (in particular agreeableness) in terms of genuine response to other people's needs.

12.1.3.2. Psychopathy

There has been much theoretically driven speculation, as well as considerable volume of research concerning the possibility that psychopathy derives from a particular deficit of concern for other people. The present study builds on previous findings by clarifying the fundamental nature of these deficits by referring to the types of kindness established here.

In particular, primary psychopaths could be strongly associated with low to no frequency of the behaviours comprising Anthropophilia. It is suggested that when Anthropophilia decreases the core takes on a darker form that could be regarded as its polar opposite, namely psychopathy. It is reasonable to believe, then, that highly psychopathic individuals are less likely to endorse any of the behaviours from Anthropophilia and display their antisocial counterparts instead. However, it is possible that less psychopathic individuals

may endorse some of the anthropophilic disposition. These distinctions contribute to the understanding of psychopathy in a number of important ways.

First, it could be suggested that psychopathy and Anthropophilia could be viewed as two sides of a continuum along which individuals vary. A possibility exists, such that individuals could be divided into four broad categories - two extreme groups and two hybrid groups.

Perhaps the most popular and well researched group is made of those individuals with highly psychopathic dispositions or those known in the literature as primary psychopaths. These individuals, then, would be associated with the well-known aspects of the psychopath, such as lack of empathy, callousness, manipulation of others etc.

The polar opposite of this group is the group made of those with highly anthropophilic dispositions or those individuals who endorse very high levels of Anthropophilia. Individuals on this end would be said to display all of the aspects of Anthropophilia, such as empathy, concern for others, protectiveness of others, soft-heart etc.

A third group of individuals would be one displaying more psychopathic aspects, as well as some anthropophilic aspects. For instance, potential members of this group, as outlined in the literature, could be considered less psychopathic individuals who demonstrate some level of ability to recognise affect (e.g. Glass & Newman, 2006; Pham & Philippot, 2010), demonstrate superior cognitive empathy (e.g. Dolan & Fullam, 2004; Hansen, Johnsen, Hart, Waage, & Thayer, 2008), or even helping behaviour (e.g. Mahmut et al., 2016; Kirkman, 2005).

Finally, a fourth group is made of those individuals with more anthropophilic aspects, as well as some psychopathic aspects. In particular, these individuals may not be lacking empathy however they could be associated with certain psychopathic characteristics that are

typically observed in successful individuals, such as exaggerated self-esteem, cunning, manipulation, and superficial charm.

Second, this carries multiple implications for a large variety of psychological debates. For instance, one would be that, much as psychopathy is argued to be present in many highly successful business people, there may be further distinct subgroups who owe their remarkable success to particularly high levels of Anthropophilia. Another, perhaps, carries an explanation of the long-standing question why most highly psychopathic individuals are offenders but not all offenders are psychopaths. Perhaps some offenders could be characterised by some levels of Anthropophilia. Further, the popular concept that even corrupt criminals can possess some form of honour, justice and moral code (e.g. crime families) may also find its origin in somewhat high levels of Anthropophilia.

Third, exploring psychopathy in terms of Anthropophilia paves the path to the identification of potential causes. From the perspective of social learning it may be the case that all human beings are initially anthropophiliacs, however, due to a number of factors psychopathy is learned instead. On the contrary, evolutionary psychologists may be interested in the fact that, much as psychopathy is argued to have a genetic origin, there may be a further possibility that Anthropophilia, too, is not the result of social learning. Further, Anthropophilia carries implications for various clinical explanations of psychopathy. In particular, it helps identify the strengths that some psychopaths may possess, rather than focusing on the deficits – an approach that has been largely utilised by scholars in the field of positive psychology.

In terms of the four kindness modes it is clear that highly psychopathic individuals would restrain from highly frequent kind behaviour. However, the pattern of associations between psychopathy and the modes could carry important clues as to the form of kind behaviour that is likely to be the most preferred by psychopaths. It is reasonable to believe

that primary psychopaths would be mostly drawn to the behaviours in the Affective Proactive mode. As previously stated, this mode encompasses helping a particular person with a task, possibly a friend or someone close, by sacrificing effort, time and/or even popularity. There are two possible explanations for this that bode well with previous research. First, it is possible that some psychopathic individuals could establish relationships with others and extend help only to those particular others in order to benefit from them in the long run. This could be best explained by the parasitic lifestyle that psychopaths usually adopt. For instance, men high in psychopathy choose friends who provide them with opportunities for sexual partners and personal protection, rather than focusing on characteristics that build a genuine relationship (Jonason & Schmitt, 2012).

Second, it is likely that psychopaths may endorse some form of the Affective Proactive behaviour in order to obtain the intended person's affection. In fact, the individuals who wound up on the receiving end of this type of helping may be seen as ill-equipped to either resist the psychopath's predations or perceive them as a form of threat at all. Of course, helping in this case is not seen as a way of alleviating someone's suffering but as a mean to obtain some kind of reward, popularity, or affection. This behaviour is in line with various claims in the criminal psychology literature that serial offenders tend to know their victims prior to the offence. In particular, helping their victims with a complicated task may be one way of achieving that.

12.1.3.3. Kindness in professions

Yet another important area that the concept of kindness contributes to is occupation. It is reasonable to believe that different occupations may be the reason for individuals' varying degrees of kindness and vice versa. It is possible that kindness may be responsible for individuals' career orientation.

In particular, individuals with non-professional jobs reveal a poorer frequency of kind behaviour, than professionals, amongst a sample of British participants. These are typically jobs that do not require an educational degree or any qualification, thus are possibly less profitable. It is, therefore, reasonable to believe that dissatisfaction with life or poorer quality of life may be the reason for non-professionals' inferior kindness. Alternatively, it may be the case that generally low kindness could be the reason why these individuals choose not to qualify and, thus, develop their potential. In fact, level and type of kindness may be responsible for the varying degrees of career achievements and professional growth in individuals. On the other hand, it is worth noting, that being less concerned with other people may have a negative effect on improving one's quality of life. In particular, attending to other people's problems may have direct impact on one's motivation to constantly seek improvement in each area of one's life.

In contrast, professionals seem to be kinder and more aware of other people's problems. On one hand, this generalised acceptance of others could be due to their overall better life quality and more profitable jobs. In particular, not having to worry about one's status in society may predispose one to acknowledge others more, specifically when they need helping. On the other hand, it is possible that they owe their professional success on the trait of kindness which may further relate to aspects of determination, hard work, and achievement.

Further, jobs that require spending more time on finalising a project or accomplishing a task in order to stay in employment (e.g. task-focused jobs) appear to be dominated by individuals low on kindness. One possible explanation for this could be the lack of human contact prescribed by the job. Of course, it may not be the case that these individuals avoid human interaction on purpose however the nature of their job is such that limits one's opportunities to act kindly. For instance, a hospital nurse may have more opportunities to

help others, than an automotive engineer who is required to present his designs by a certain deadline. Another possibility is that people may tend to choose task-focused jobs precisely because they are unwilling to help other people, at least not frequently. For instance, if one does not typically engage in helping others or feel insecure about it, then one would choose a career path that requires a minimum work with others. This is in line with the conception that working with elderly people and/or people with disabilities could be overwhelming and, thus, is perceived as a less feasible career choice.

By contrast, jobs that require a more frequent interaction with people (e.g. person-focused jobs) reveal a higher degree of kindness. These jobs could be anything from customer service, to education and, of course, health care. It is, therefore, reasonable to believe, that people become kinder through human contact, specifically if that means helping in the process. For instance, a nurse would have much more opportunities to help people in a hospital, than a business executive whose primary responsibility is paperwork. Of course, it is not necessarily the case that all employees become kinder through working with others. For instance, a psychotherapist would display a far greater degree of kindness than a corporate lawyer, whose counselling may not necessarily be as supportive and of kind nature. Therefore, there may be jobs that require working with people however the main objective may be something else, such as staying in business, hitting targets or profiting.

Another, possibility exists, that people already high on kindness would be more prone to professions where helping is part of the job. In particular, if one enjoys and/or desires to help others then one will seek out opportunities to do so in the best possible way. For instance, a kind individual who faints at the sight of blood may choose to pursue a career in a school (than hospital) in order to assist students in their personal and intellectual development instead of patients.

12.2. Implications

12.2.1. Theoretical implications

Altogether, the theoretical contributions of this thesis to the literature on kindness and positive and personality psychology, is fourfold. This research contributes (1) to the understanding of the structure of kindness and its components, (2) to the emergence of kindness as an independent human trait, (3) to the scientific knowledge with regard to the role of different groups of individuals in terms of kindness, and (4) to the identification of types of people each bearing unique characteristics of kindness.

First, this research provides empirical evidence of the existence of different dimensions in the overall domain of kindness. To date, the literature lacks with regard to studies that investigate all of these components simultaneously – especially the cognitive dimension of the concept has suffered from insufficient consideration. In addition, extant studies have often neglected interrelations between the different forms of kindness. Therefore, the studies presented in this thesis contribute to the closure of this research gap. In more detail, empirical evidence suggests that both empathy and principles can give rise to kind behaviour that can be best described as either proactive or socially prescribed, thus shaping an integrated system of kind behaviour. This, in turn, gave rise to four different modes of kindness known as Affective Socially Prescribed, Affective Proactive, Principle Socially Prescribed and Principle Proactive kindness. In addition, considering all four elements, that form these modes, a central element of kindness is also introduced here termed Anthropophilia that is unique to each individual. These findings add to those of other kindness scholars who have philosophised over the nature of kindness over time (e.g. Otake et al., 2006; Exline et al., 2012). Yet, to the best of the author's knowledge, the studies

presented here are the first to show how the structure of kindness can be explained through a simple interaction between a psychological source and a form of expression.

Second, the studies presented offer empirical evidence of a neglected interpersonal trait. As already mentioned, there are reasons to believe that kindness is more than an attitude, such that (1) a number of groups of individuals vary in terms of levels of kindness, (2) kindness correlates to a modest degree with similar concepts, thus revealing independence from them, and (3) there is a unique structure to the concept. Further, a number of scholars have already shown that various human virtues and personality traits significantly influence one's capacity to be kind. However, this thesis adds to the arguments of these researchers as the author considers the possibility for a human trait of kindness.

Third, with regard to the variation of groups of people along the kindness measures, this thesis provides further scientific insight as to who is kinder than whom and how this can contribute to the development of society. Often scholars have distinguished between groups of people in terms of kindness however as mentioned earlier this had a number of limitations. Therefore, this thesis adds to the findings of these scholars by investigating the fine-tuned differences as captured by the four kindness modes, instead of using a single act of kindness as a distinguishing point. While extant studies also tend to often restrict their analysis to the decision of receivers of kindness as to who can be considered kind (e.g. Exline et al., 2012), the approach taken here allows for a more nuanced picture of kindness e.g. one that comes directly from the source or benefactor.

Finally, fourth, the present study of kindness adds a new idea to the extant literature, namely the identification of the four POSAC types. Therefore, according to the author, this provides a stable scientific basis for the classification of individuals, which could in turn assist various researchers as well as practitioners.

Overall, the quantitative study presented here helped to unravel many of the issues surrounding kindness, however, it raised even more research questions that can be best be answered through further utilisation of the kindness measure.

12.2.2. Methodological implications

In terms of the design of the study, this is the first investigation of kindness to include a large sample of participants and a self-report method. The advantages of this over other designs based, for instance, on interview or experimental procedures are primarily in relation to representativeness and objectivity of the information provided. In particular, this method ensures that a larger number and variety of individuals partake in the study as opposed to the limited number of participants available for interviews or experiments, thus aiding to the development of a reliable tool.

In terms of the actual information that is obtained through a self-report method of kindness, it is reasonable to believe that this is objectively accurate given the large variety of sampling criteria available to researchers, most of which were implemented throughout this thesis. Alternative methods which rely on information obtained through unstandardised assessment procedure (e.g. interview), however, do not meet the same standards of objectivity, thus leading to poor test-retest reliability. For instance, interviews provide almost no base line against which to compare participants' performance as well as perhaps the most dangerous weakness that different interviewers may come to radically different conclusions about the same individual.

On the other hand, interviews of very kind and least kind individuals are able to include sources of information, such as detailed personal history that may be relevant to 'why' people choose to be kind or not, that the present study did not have access to. Although

this type of information could have been used to add to the theory of kindness it does not provide answers to the main research question that is ‘how’ kind people are.

The Facet approach used in this study is unique in terms of previous research on kindness, although it has been widely applied in the investigation of other concepts, such as attitudes (Guttman, 1959), intelligence (Guttman & Levy, 1991), judgements of social justice (Sabbagh, Dar & Resh, 1994), and even the actions of serial killers (Canter et al., 2004) and contract killers (Yaneva, Ioannou, Hammond, & Synnott, 2018). In fact, it would have been almost impossible to obtain many of the findings using other methods entirely. For instance, the use of just traditional psychometric techniques would have not allowed for the development of a definitional framework for constructing kindness items or the identification of Anthropophilia as central to the four kindness types, or the emergence of the four POSAC types. Moreover, a traditional factor analysis would have forced each of the four emphases and the core into different clusters or factors, thus eliminating the possibility for a central component of kindness.

12.2.3. Practical implications

12.2.3.1. Improving person-job fit

There is evidence to suggest that selection placement decisions that produce a good fit between levels of kindness, or even better, type of kindness profile, and the prescriptions of a job will improve the competencies necessary for effective performance. Such an approach would require that both person and job are assessed accordingly, a process in which the kindness measure could play a part. For example, it is suggested that caring jobs, such as nursing, social work and education which require genuine concern about others might be performed most effectively by people who have kindness types that match this requirement.

For instance, ideally, an employer, in order to reach high customer satisfaction, would prefer to employ nurses whose kindness profile is the strongest, such as the one described by Type B. In particular, these nurses would be willing to not only comply with their job descriptions but go above and beyond their call of duty in order to assist a patient. For instance, a nurse with an overall kindness score of 100 could be considered kind on average and one that could guarantee to follow job requirements, however, that nurse would be less likely to proactively help patients in the sense of exceeding those requirements than a nurse with an overall score of a 150. In addition, a nurse that falls under the average kindness score, 80 for instance, may be willing to comply with social prescriptions that are characteristic of the profession, however, that nurse may appear less patient-focused and less attentive to their needs, than a nurse with an average score.

In addition, education professionals may be more effective if their kindness profiles include more principles, rather than affect, thus increasing their desire to academically develop all of the students in a class, rather than focus on 'the best'. This is most clearly illustrated by Type D according to which individuals reveal more principle-based kindness than affective-based kindness and could be characterised by both socially prescribed behaviour and proactive behaviour, both valuable characteristics in a classroom. In particular, a high school teacher who endorses a highly affective kindness (e.g. helping particular others) may appear to be more concerned with the academic development of a small portion of the class than a teacher who is more principled, and thus, focused on the class as a whole. For instance, a teacher with a principles score of 150 and an affective score of 100 may be a far better match, than a teacher with scores of 90 and 150, respectively.

On the other hand, a primary school maybe looking to employ a teacher whose approach to helping students is more personalised and empathetic, than the more principled approach required for high school students. In this case it may be more beneficial to choose a

person with a Type A kindness whose primary helping would be affectively charged or one that allows for the establishment of stronger interpersonal relationships. For instance, a teacher with an affective score of 145 and a principled score of 80 may have a better acceptance rate among students, than a teacher with scores of 85 and 150, respectively.

12.2.3.2 Improving interpersonal relationships

Considering kindness types in various interaction examples, such as married couples, parent-children relationship, or even team dynamics, may be useful in order to increase awareness of possible communication difficulties, and help these individuals recognise the value of being kind to each other.

For instance, a couples' counsellor may wish to take the kindness levels of each member of the couple and build on their strengths and deficits in order to improve their relationship. In particular, a less kind partner with an overall kindness score of 85 (below average) may appear less engaged in the relationship, rather than a partner with a score of 130. In terms of types, a spouse who is high on the more passive forms of kindness, such as a score of 135 on the Principle Socially Prescribed kindness, may choose to morally support their female partner without extending any outward actions or reactions to that partner's problems. This, in turn, may be interpreted as a form of distant and disengaged behaviour by the female partner (with a higher score on the Affective Proactive, 165) who may be more attentive, helpful, and willing to sacrifice her time and/or effort when the roles are reversed.

Similarly a problematic youth may learn to comply if both the youth and the parents obtain an understanding of the level and type of kindness required in order to do that. In particular, highly passively kind parents that are higher on principled (score on Type D – 150), than on affective helping (score of 85) may appear more authoritarian, and thus, distant from their child. In addition, a child with a more affective requirements for kindness (score

on Type A – 145) may need more attention and active helping, rather than a simple moral support in line with social norms.

Further, a team awareness of the possible impact of kindness on interpersonal relationships might strengthen their communication and improved mutual understanding which, in turn, could have a positive impact on team performance. In particular, a team member who appears less proactive in their attempt to aid the team may be the result of lower levels of kindness, a score of 80 for instance. According to Type C, this team member may choose to act in line with social prescriptions and simply do their job rather than go above and beyond in order to assist their team. For instance, a member with a score of 80 on proactive kindness may not be as considerate and helpful as a member with a score of 150.

12.2.3.3. Psychotherapy: Improving mental health and psychological wellbeing

According to the World Health Organisation (2008), depression is projected to be the number one cause of disability, ahead of cardiovascular disease, traffic accidents, and AIDS. With these considerations in mind Kazdin (2014) stresses that the need for effective ways of addressing mental health is more salient than ever. In this line of thought, it was suggested that kindness (as discussed in this thesis) could be a potentially fruitful direction towards effective interventions.

Therapists and other mental health professionals could utilise the kindness framework in terms of identifying mental health symptoms and developing patient-specific treatment procedures. To clarify, exploring kindness in individuals reflects psychological aspects of their experiences that may be relevant to their problem. For instance, someone who lacks sufficient levels of affective kindness e.g. helping specific others, may display difficulties in establishing close and/or intimate relationships with others. In fact, a number of psychological disorders can be associated with this particular symptom, such as borderline

personality disorder (Flynn, Ehrenreich, Beron & Underwood, 2015), attention-deficit hyperactive disorder (ADHD; Bagwell, Molina, Kashdan, Pelham, & Hoza, 2006; Hoza, 2007), major depressive disorder (Katz, Conway, Hammen, Brennan, & Najman, 2011), and conduct disorder (Eisenbarth, Kovshoff, Rose, Fanti, & Hadwin, 2017) all of which are related to experiencing social relationships problems as a result of low prosociality. A deficit of affective kindness could, therefore, be proposed as a diagnostic symptom in order to assist mental health professionals in more accurate diagnosing.

Perhaps, the most problematic area in the utilisation of kindness interventions as a way of improving mental states is the reliability of the methods. Previous research has already establish that the more acts of kindness one performs on a daily basis, the happier and more satisfied one becomes (Luybomirski et al., 2005; Otake et al., 2006; Buchanan & Bardi, 2010). In addition, individuals with high prosociality are more liked by others, feel more appreciated (Peterson & Seligman, 2004; Otake et al., 2006) and have successful interpersonal relationships with their peers (Flynn et al., 2014) in comparison to individuals with low prosociality. This tradition of improving mental health through enacting acts of kindness is well accepted amongst researchers (Otake et al., 2006; Buchanan & Bardi, 2010), however, it suffers a few major disadvantages. Until now there was no definition of what kindness is or how we can measure it, therefore, the definition of what acts can be considered kind rested upon individuals' decision. In other words, individuals would perform acts of kindness that they considered kind without any point of reference, such as the kindness framework proposed in this thesis. In addition some approaches used a single act of kindness in order to judge a person's overall tendency to be kind without considering the wider spectre of the behaviour (Baskerville et al., 2000).

However, the kindness framework proposed in this study, allows practitioners and researchers to utilise the whole spectre of kind behaviour, rather than draw conclusions on

somewhat unreliable estimates of kindness. In addition, the kindness measure allows for the identification of kindness personality profiles that take into consideration individuals' type and level of kindness. The profiles, in turn, provide a full description of the weaknesses and strengths of individuals that carry implications for therapy.

Practitioners may be particularly interested in the identification of weaknesses in clients' kindness profiles and focus on improving them during therapeutic interventions. Particularly this could be achieved by utilising the four kindness personality types, identified in chapter 11. Considering the example above, a client with the inability to establish and maintain close relationships could be subsumed under Type D kind personality. This type is known as the 'pragmatic' helper who understands the suffering of close others (principles) but rarely does anything to alleviate them (empathy). In fact, in some more extreme cases Type D's low prosociality towards peers may be associated with rejection from others as in the case of individuals with ADHD (Ragnarsdottir, Hannesdottir, Halldorsson, & Njardvik, 2018). In addition, the inability to establish close relationships may lead to feelings of abandonment, desperation and anger, all of which can be observed in individuals with borderline personality disorder (Flynn et al., 2014). The intervention can, therefore, undertake a direction towards enacting the behaviours listed under affective kindness by helping close others more proactively and more frequently.

The kindness measure can, then, assist in the development of structured instructions to clients in terms of what aspects to improve and how. Each individual is assigned to one of the four kindness personality types (Types A, B, C, and D) which would in turn highlight the weaknesses and strengths of their kindness profile. In other words, the kindness profile points out weak areas (ASP, AP, PSP, and PP) that, if improved, could contribute to an overall increase of kindness and subsequently aspects of mental health (Otake et al., 2006; Luybomirski et al., 2005; Buchanan & Bardi, 2010). Then, the individual is provided with

tailored instructions of what behaviours to include in their weekly routine, or exercises, as typically referred to in the psychotherapy literature. For instance, a Type D client with low empathy and high principles would be provided with activities that stimulate empathy-based kindness, such as helping particular others in social situations (Affective Socially Prescribed) or assisting family and friends with complicated tasks (Affective Proactive).

A potentially fruitful intervention structure separates the four kindness modes (ASP, AP, PSP, and AP) and the core form Anthropophilia into individual sessions where the client is familiarised with them in detail. The client, then, is invited to recognise and discuss each mode in relation to his/her experience. After each session, the client is given homework to engage in particular subset of kind behaviour (i.e. Affective Proactive kindness) until the next therapeutic session takes place. The client is also encouraged to keep a journal and record each kindness and how it made them feel which is, then, discussed in weekly sessions.

The treatment can be spread out over a number of months with regular interventions every week depending on the needs of the patient. Progress can be monitored by administering the kindness measure along with other standardised clinical measures (i.e. happiness) throughout the treatment. The expectation is that test scores would reveal individual progress on each indicators of interest. In addition, clients can use these sessions in order to make reflective commentary and share their experience with therapists.

In its essence, kindness can be understood as a positive human quality that could be enhanced through rigorous interventions. The kindness measure, therefore, could be seen as the first step of a session-by-session detailed treatment procedure that aims to stimulate kind behaviour and, thus, positive emotionality. Although, therapies that attend explicitly to the positives of clients are few and far between (Seligman, Rashid, & Parks, 2006; Rashid & Seligman, 2018), they prove successful in understanding and treating different forms of psychopathology. In particular, positive psychotherapy, has been known to effectively

resolve (in contrast to traditional and medication treatment) everything from romantic break-up, conflict with significant others, career-related issues, to the negative symptoms associated with depression (Seligman et al., 2006).

In this line of thought, it is expected that interventions that target a specific positive human aspect, such as kindness, would reveal similar, yet more straightforward, results. Specifically, a kindness therapeutic intervention focuses on a specific subset of behavioural characteristics that are known to improve subjective wellbeing. It encourages clients to engage in kindness induction exercises that are specifically tailored for the needs of each client. In contrast, other similar interventions rely on a more general approach that is concerned with improving the overall strengths profile (e.g. positive psychotherapy; Seligman et al., 2006) of a client without providing enough session time to focus on the specific behaviours associated with each strength individually. Thus, the client is presented with a multitude of human strengths to focus on (e.g. forgiveness, kindness, gratitude, hope etc.) within the narrow timeframe of a few sessions. In contrast, the simplistic nature of addressing one important human aspect (e.g. human kindness) at a time allows for the development of a detailed session-by-session manual for practitioners that is more exhaustive of the various behaviours a client is expected to engage with and how. This, in turn, would provide more session time devoted to the understanding and embracing of the behaviour by clients. In addition, a kindness intervention may take significantly less time and resources for both clients and practitioners due to the far less demanding nature of the sessions.

Although, positive psychotherapy provides a fully developed session-by-session manual (Rashid & Seligman, 2018) that is supported by more than a decade of fruitful research, the theoretical and empirical evaluations of kindness provided in this thesis assist in the development of a more straightforward and concise treatment technique that has the potential of producing similar outcomes. However, in order to move beyond this hypothesis, future

research must engage in further development and elaboration of a formal therapeutic technique to be tested on both clinical and non-clinical samples.

12.2.3.4. Offender Rehabilitation: Towards a positive offender treatment

Although, empathy induction is known to promote altruistic sharing in offenders (Engel, 2011; Mayer, Jusyte, Klimecki-Lenz, & Schonenberg, 2018), there is a considerable debate amongst treatment providers about whether empathy work could (or should) be removed from treatment programmes (Hanson & Morton-Bourgon, 2004; 2005) due to a weak evidence base and lack of coherent theoretical models of change (Mann & Barnett, 2012). In fact, a number of studies report that enhancing empathy does not reveal significant improvement in offenders' tendency to recidivate (e.g. Pithers, 1994; Landenberger & Lipsey, 2005; Hanson & Morton-Bourgon, 2004; 2005).

Although, some of these studies are largely criticised (see Mann & Barnett, 2012), they do reveal an interesting paradox. In particular, enhancing empathy in offenders seems rather inconclusive as to whether or not it can reduce recidivism. However, on the other hand, enhanced empathy seems to contribute towards development of prosociality in offenders (Mayer et al., 2018). In addition, some recent findings suggest that developing strong attachments to conventional others in offenders, leads to lower rates of recidivism (Piquero, 2003; Rocque, Bierie, Posick, Mackenzie, 2013; Collica-Cox, 2016). Therefore, it is suggested that a number of aspects must be developed at the same time, such as empathy, prosociality and healthy interpersonal relationships in order to reduce the risk of reoffending.

The concept of kindness, discussed in this thesis, provides a common ground for the development and enhancement of these three aspects at the same time. First, individuals tend to become kinder the more they engage in kind behaviour (Otake et al., 2006), thus increasing

the frequency of their social interactions (prosociality). Second, the proposed framework for kindness is flexible in the sense that as the individual's empathy and principles increase, kind behaviour can also be observed more frequently. In addition, frequent kind behaviour can lead to an induced empathy and principles. Third, kinder individuals are generally liked by others, feel appreciated and have healthier relationships than less kind individuals. Ultimately, performing acts of kindness seems to be a common denominator in all three cases.

It is noteworthy though that approaching offender rehabilitation from the perspective of kindness is a rather different to the widely implemented empathy induction approach. The latter forces offenders to experience an emotional understanding of the victims' experience typically delivered through a number of role playing games and media (Hilton, 1993; Mann, Daniels, & Marshall, 2002; Webster, Bowers, Mann, & Marshall, 2005). This is, however, often judged as inadvertently punitive, rather than rehabilitative (Pithers, 1997). In contrast, the former engages offenders in behaviours that directly benefit others, thus implementing a more positive approach. To summarise, it is suggested that the theoretical framework for kindness and the kindness measure developed here could provide a foundation for effective rehabilitation through enhancing various aspects of human kindness in offenders.

Studies have found that individuals are likely to commit crime when their bonds to conventional society are deficient or damaged (Hirschi, 1969). According to Collica-Cox (2016) because offenders enter the criminal justice system with weak, dysfunctional and non-existent bonds, it is imperative for prisons to foster conventional interpersonal attachment if the cycle of recidivism will be broken. In fact, if social bonds are cultivated before release, there is a greater chance of maintaining a crime-free lifestyle (Collica-Cox, 2016; Hepburn & Griffin, 2004; Uggen, 2000). Perhaps, the most straightforward and potentially fruitful way of developing the necessary skills to form social bonds is through kindness interventions. In

addition, some studies have shown (e.g. Collica-Cox, 2016) that dedicated civilian staff can provide adequate support to offenders to achieve both rehabilitative and reintegrative goals. A suggestion of a kindness intervention follows.

The intervention can be divided into a number of stages starting with the deployment of the kindness measure. This will assist in the establishment of an average score for the treatment group which indicates whether the group is above or below the average of the population. Kindness personality profiles are, then, assigned to all participating offenders that highlight potential strengths, as well as weaknesses, in the offenders' social functioning. The following stages of the intervention introduce to and engage offenders in different forms of kindness, as well as Anthorophilia. Each stage includes a different type of kindness (e.g. ASP, AP etc.) that is delivered in details by the programme administrators in terms of recipients, particular behaviours, impact of these behaviours on recipients and benefits to the self. The kindness measure could be deployed throughout the intervention alongside other measures of interest (e.g. empathy) in order to record progress and allow for modification of the treatment if necessary. Progress should be noted only if the group/individual displays significant levels of improvement.

Programme administrators are encouraged to utilise not only media and/or written materials to promote kindness but to engage offenders in actual behavioural exercises that entail helping others (e.g. fellow inmates, prison staff, and/or civilian staff) in order to facilitate interactions. Specific role-playing games could be developed that place offenders on both the delivering and receiving end of kindness. Facilities that choose to adopt an individual approach towards treatment can tailor exercises according to the needs of a particular offender. In addition, programme administrators are allowed to work with individual scores on the kindness measure, rather than with an average group score. For instance, Type D offenders who are characterised by higher principles, than empathy, should

focus on exercises that require them to engage in behaviours that help particular others (e.g. Affective Socially Prescribed) and assist them in accomplishing complicated tasks (e.g. Affective Proactive) in order to develop empathic tendencies. Of course, a Type C offender who is low in both empathy and principles should be treated on all of the components in the kindness framework.

Of course, in order to move beyond a suggestion stage, a kindness intervention must be developed and structured through rigorous research. Ideally, the procedure must be carried out with a sample of offenders in order to ensure its validity and reliability.

12.3. Future research

The development of a measure of kindness along with the identification of the four kindness modes and Anthropophilia has a number of other implications for future studies. It would certainly be useful to try and replicate the results with another sample of British participants. Because this sample was drawn from an online investigation it may be worth testing the measure with a paper-and-pencil sample. In addition, a broader investigation utilising the kindness measure in different countries may reveal qualitative differences in the structure of kindness that, in turn, may provide further insight into the ethnopsychology of nations. This can further provide some indication of why some nations are happier than others.

Of course, of a particular interest would be to investigate populations of different offenders preferably both incarcerated individuals as well as those released from prison in order to determine whether there is any truth to the popular concept of ‘honour among thieves’ or in other words can criminals truly possess some form of moral code. A slightly different direction of study points at a growing body of literature that becomes more concerned with finding the strengths in offenders, rather than focusing on their dark qualities,

such as psychopathy or Machiavellianism. Utilising the kindness measure could shed further light on these curious questions.

As mentioned earlier in this thesis, comparing groups of occupations in terms of aspects of kindness may hold implications for both employers and employees. Therefore, it would be of value to utilise the kindness measure in a wider variety of occupations in order to further our understanding of this newly developed concept. Indeed, this new concept opens up the door to an infinite number of possible investigations concerning many different groups of individuals from various areas of life.

The kindness measure could be further utilised in combination with other investigative techniques, such as interviews. One promising interview technique is the Life as a Film elicitation procedure (Youngs, Canter, & Carthy, 2014) that has the power to generate meaningful and psychologically rich material on the details of the narratives that run through people's lives. This, therefore, may prove useful in the identification of the types of narratives that are the kindest and those that are not. This is valuable in terms of identifying the factors that lead to the development of positive and negative life narratives. One pertinent issue, concerning the narrative literature is the generally negative undertone of offenders' narratives (Youngs et al., 2014). A question, therefore, arises as to whether or not offenders owe their negative life stories to particularly low levels of kindness. In addition, a study of kind and less kind narratives may prove useful in understanding why some young individuals become delinquent and others not. This, in turn, could set the foundation for kindness interventions amongst problematic youths with the aim to avoid risk of future criminal engagement. Further, it may be useful to relate each of the kind narratives to a corresponding POSAC type in order to gain more insight into the type of people that shape it.

Thus, it can be seen that the kindness measure could be used in a variety of research scenarios, even those as complex as criminality. However, this potential can only be achieved through an extensive future work.

12.4. Final Remarks

It is worth noting that throughout history concepts, such as kindness have been rarely identified possibly because of their complex nature. Unlike personality traits, such as Eysenck's extroversion, Piaget's developmental stages such as formal operations, and Heider's social processes such as causal attribution, kindness is not readily construed as a single, structured concept located 'within' the individual. It is rather more like Bowlby's construct of attachment and McAdams and Aubin's generativity that require us to take into consideration the particular fit between the person and the environment. In other words, like attachment and generativity, the concept of kindness links the person and the social world, providing balance to an otherwise negative reality.

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