

Psychodynamic Aspects of Prosocial Behavior

by César A. Alfonso, M.D.
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“The traveler who hesitates raises dust on the road.”

Buddha

“What do I think of Western civilization? I think it would be a very good idea.”

M. Ghandi

In this column I will review the contributions of social scientists, anthropologists, evolutionary theorists, psychoanalysts, and neuroscientists, to our understanding of prosocial behavior.

Altruism is a word coined by the French philosopher Auguste Comte (1798-1857). Comte is considered to be the founder of the discipline of Sociology and wrote extensively on positivism. What you may not know is that he also attended medical school. He enrolled at the Université Montpellier, one of the oldest European medical schools, in existence since 1137. Rabelais also graduated from the Faculty of Medicine of the Université Montpellier. **Altruism** as defined by Comte, is the unselfish regard for the welfare of others, or the motivation to increase another person's welfare. It is a traditional virtue in many religions and as an ethical doctrine it implies that individuals have a moral obligation to help, serve, or benefit others, if necessary at the sacrifice of self-interest. **Prosocial behaviors**, the preferred contemporary term used by social scientists, is more encompassing and includes sharing, helping, comforting and cooperating as the basis for social structure and social decency.

The psychoanalytic literature on kindness, unconditional love, altruism and prosocial behavior is scanty at best. I believe that altruism requires empathy coupled with action and its underpinnings may lie on transgenerational earned attachments. Altruism serves the purpose of building self-esteem, and in children, altruistic behavior is facilitated by positive responses from caretakers during moral development. The early psychoanalytic literature on altruism was unduly suspicious of altruistic behavior as genuine or nonconflictual. Psychoanalysts in the early twentieth century emphasized masochistic components of altruism in those perceived to be neurotically driven to help others. The recent contributions of Erikson (Eagle, M, 1997, Contributions of Erik Erikson, *Psychoanalytic Review* 84 (3): 337-47) are more concordant with social scientists' reformulations of prosocial behaviors.

Freud's earlier psychodynamic formulations on altruism may have been influenced by Lamarckian and Darwinian evolutionary constructs, where competition (aggression) was deemed necessary for survival of the fittest. Pyotr Kropotkin was a Russian zoologist and evolutionary theorist who postulated that the main factor in facilitating evolution is cooperation between individuals in societies and groups, renouncing central control and authority. Kropotkin's seminal book, *Mutual aid, a factor*

of evolution was published in 1902 and drew from his scientific observations during zoological expeditions to Siberia, coincidentally, during the same years that Freud began to formulate his metapsychological hypotheses.

What have we learned from research in the social sciences that could help us understand determinants of prosocial behavior? Social scientists speak of dispositional and situational factors that are causally related with prosocial behaviors. Dispositional factors include deference, intelligence, nurturance, spirituality, low level of Machiavellianism, robust self-esteem, succorance, proclivity to feel empathy for those in need, sensitivity to normative pressure from social groups, and adherence to the ethical principle of social justice. Situational factors include severity of need, similarities with those in need, and cost of helping. Early researchers (1970s and 1980s) in the social sciences concluded that situational variables are better predictors of prosocial behavior than dispositional variables (Huston, T.

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Prosocial Behavior (continued from page 3)

L., & Korte, C., 1976, The responsive bystander: Why he helps. In T. Lickona (Ed.), *Moral development and behavior: Theory, research, and social issues* (pp. 269–283). New York: Holt, Rinehart, & Winston).

In the 1980s and 1990s, social scientists demonstrated that dispositional factors become predictive of prosocial behavior when situational pressure is weak (Bandura, A., 1991, Social cognitive theory of moral thought and action. In W. M. Kurtines & W. M. Gewirtz (Eds.), *Handbook of moral behavior and development: Vol. 1. Theory* (pp. 45–103) Hillsdale, NJ: Erlbaum). Recent research corroborated what would fall under the biopsychosocial medical paradigm of George Engel, that is, that biological and cultural predictors combine to produce dispositional states, which combine with situational factors producing cognitive and emotional reactions. The cognitive, and most importantly, the affective reactions then become the strongest predictors of prosocial behaviors (Fiske, A. P., 1992, The four elementary forms of sociality: Framework for a unified theory of social relations, *Psychological Review*, 99, 689–723). Reviewing the social sciences literature on altruism can be utterly confusing. The variables are so extensive and situations are so unique, that predicting determinants of prosocial behavior becomes idiographic (pertaining to or involving the explication of individual events) rather than nomothetic (pertaining to the formulation of general or universal laws) (Allport, G. W., 1961, *Pattern and growth in personality*. New York: Holt, Rinehart, and Winston).

Psychological theorists and neuroscientists have investigated the prosocial temperament. Interesting findings of relevance to our work as clinicians include that ability to regulate anxiety and sadness correlates with prosocial engagement. Persons with conduct and disruptive behavior disorders experience little empathy and lack capacity for remorse. Empathic responses to these individuals, especially at younger ages, may inhibit acts of aggression (de Wied M, van Boxtel A, Zaalberg R, Goudena PP, Matthys M, 2006, Facial EMG responses to dynamic emotional facial expressions in boys with disruptive behavior disorders. *J Psychiatr Res* 40: 112–121; Eisenberg N, Eggum ND, 2009, Empathic responding: sympathy and personal distress; in Decety J, Ickes W (eds): *The Social Neuroscience of Empathy*. Cambridge, MIT Press, pp 71–83). Dispositional empathy could be modulated by self-perception that one is competent, docility (receptivity to social influence), and agreeableness. Emotional closeness and ability to form secure attachments can partially mediate willingness to help. Offering help and cooperation usually opens a cycle of reciprocity, provides higher social status and greater desirability, which may reinforce the evolutionary success of altruistic actions (Schroeder DA, Penner LA, Dovidio JF, Piliavin JA., 1995, *The Psychology of Helping and Altruism*. New York: McGraw-Hill).

Neurodevelopmental studies show that infants as young as 12 months can comfort victims of distress, and 14 to 18 month old children display spontaneous, unrewarded helping behaviors (Warneken F, Tomasello M, 2009, The roots of human altruism, *Br J Psychol*, 100: 455–471). The affective components of empathy develop earlier than the cognitive components, before the development of language, by reading faces (Leppanen JM, Nelson CA, 2009, Tuning the developing brain to social signals of emotions, *Nat Rev Neurosci* 10: 37–47). Affective respon-

siveness relies on mimicry and somatosensorimotor resonance between the self and other. This has been observed as early as 10 weeks of age (Haviland JM, Lewica M, 1987, The induced affect response: ten-week-old infants' responses to three emotion expressions, *Dev Psychol* 23: 97–104). The mirror neuron system seems to be fully functioning in infants by 6 months of age (Nyström P, 2008, The infant mirror neuron system studied with high density EEG, *Soc Neurosci* 3: 334–347).

Biological Psychiatry has recently placed great emphasis on investigating the properties of nanopeptides in the central nervous system. While we have known for some time that vasopressin is involved in osmoregulation and oxytocin in lactation and uterine contractions during labor, sexologists, after measuring nanopeptide levels during the human sexual response cycle, found that vasopressin levels are increased during arousal and oxytocin levels during orgasm. Oxytocin levels in animals mediate sexual receptivity and vasopressin courtship behaviors (Jacek Debiec, 2007, From Affiliative Behaviors to Romantic Feelings: A Role for Nanopeptides, *FEBS Letters* 581, 2580–2586). In 2005, an article appeared in *Nature* entitled “Oxytocin increases trust in humans.” Since then, a flurry of researchers have been recruiting volunteers placing them in experimental situations to observe behavior changes after intranasal administration of nanopeptides, concluding that these molecules are instrumental in mediating trust, romantic attachment, parental bonding, generosity, and even altruism (Kosfeld, M, 2005, Oxytocin increases trust in humans, *Nature* 435: 673–676; Ditzen, B. et al, 2008, Intranasal Oxytocin Increases Positive Communication and Reduces Cortisol Levels During Couple Conflict. *Biol. Psychiatry*. DOI: 10.1016/j.biopsych.2008.10.011; Zak, P.J., A.A. Stanton & S. Ahmadi, 2007, Oxytocin Increases Generosity in Humans. *PLoS ONE* 2: e1128; Gordon, I, 2008, Oxytocin and Cortisol in Romantically Unattached Young Adults: Associations with Bonding and Psychological Distress, *Psychophysiology*. 45: 349–352; Ebstein R.P., Israel, S., Lerer, E., Uzefovsky, F., Shalev, I., Gritsenko, I., Riebold, M., Salomon, S., Yirmiya, N., 2009, Arginine Vasopressin and Oxytocin Modulate Human Social Behavior, Article first published online: 24 JUN 2009 *New York Academy of Sciences* DOI: 10.1111/j.1749-6632.2009.04541.x).

Although I find this research exciting and welcome further developments, I am hesitant to think that complex human behavior could be reduced to modulation by such tiny molecules. It could be, for example, as Debiec, a researcher from New York University Center for Neural Science, postulates, that intranasal administration of nanopeptides could cause feelings of elation and disinhibition, decreasing social fear and social anxiety, and through this indirect action in the amygdala, trust and cooperation are facilitated. There is no doubt that trust and cooperation serve as substrates for prosocial behaviors, but other psychosocial and cultural factors need to coexist for complex altruistic behaviors to endure.

Returning to the psychodynamics of prosocial behaviors, let us consider cooperation. Trust is essential for cooperation to exist with and within groups. Cooperation also requires high levels of compromise formation and renunciation of competition. When others, through cooperation, are perceived as similar to self, cooperation leads to forgiveness (Insko CA, Schopler J, Gaertner L, Wildschut T, Kozar R, 2001, Interindividual intergroup discontinuity reduction through the anticipation

of future interaction, *J. Personal. Soc. Psychol.* 80:95–111) and dismissing of negative introjects. Just as evolutionary biologists have learned to value cooperation over aggression, mutual interdependence can have both positive personal and collective outcomes (Penner LA, Dovidio JF, Piliavin JA, Schroeder DA, 2005, *Prosocial Behavior: Multilevel Perspectives, Annu. Rev. Psychol.* 56: 365-392).

Benefits of prosocial behaviors include enhanced social integration, placing one's distress in a more encompassing perspective, enhanced meaningfulness, and movement away from isolated passivity towards healthier activity (Midlarsky, E., 1991, *Helping as coping: Prosocial Behavior, Review of Personality and Social Psychology*, 12, 238–264). The bioethicist Stephen Post's meta-analysis of the literature on altruism (2005) asserts that there is a strong association between kindly emotions, helping behavior, well-being, decreased morbidity, and increased longevity. He states: "Setting aside preoccupation with purity and perfectly selfless motives, it may be that people who live generous lives soon become aware that in the giving of self

lies the unsought discovery of self as the old selfish pursuit of happiness is subjectively revealed as futile and shortsighted."

Surrendering one's needs as an act of compassion and sacrifice to benefit society at large or the kin group operationalizes Erikson's concept of generativity, which refers to the behaviors that benefit society and succeeding generations by establishing priorities of needs that are heavily influenced by social justice. Over-pathologizing altruism as conflict-laden and self-serving usually misses the point that altruistic and prosocial behaviors reward the greater social need in ways much greater than any possible and marginal individual gains.

Caritas and *ἀγάπη* (*agape*) form the bases of self-actualization that results from the resolution of generativity vs. self-absorption conflicts in interpersonal relations. Adults who were unfortunate not to have earned secure attachments could, as Erikson, suggested, emulate and identify with prosocial role models to attain fortitude and greater happiness. Carefully attending to the needs of generations may improve our collective mental health.

Psychodynamic Psychiatry

by Richard C. Friedman, M.D.



Psychodynamic psychiatry is a rapidly changing field and one whose characteristics are not firmly delineated. The term used to mean "psychoanalytic psychology applied to psychiatry." Psychoanalysts explained depth psychology to psychiatrists in order to illuminate the motivation of their patients. The communication vector was one way, from

psychoanalysts to psychiatrists. This is no longer the case. To understand how and why this meaning changed, a look at recent history in our field helps us.

Military psychiatry during WWII provides a good point of departure. Here the usefulness of applied psychoanalytic psychology was dramatically demonstrated. The psychoanalytically informed psychiatrists who were citizen-soldiers in the 1940s had models of the mind and of trauma that led to effective and practical psychiatric interventions. At that time so called "organic" psychiatrists had relatively little to offer.

Following the war, the psychoanalyst-psychiatrists returned to civilian life. Organized psychoanalysis following the war years went through a stage of insularity, rigid hierarchical structure and tight organizational control of clinical practices and professional attitudes. The formation of The American Academy of Psychoanalysis in 1956 was a reaction against this trend.

Meanwhile, American Psychiatry acknowledged the usefulness of a model of health/illness and psychological development that George Engel, an internist/psychoanalyst termed "biopsychosocial." This was an open systems paradigm based on the deceptively simple idea that biological, psychological and social forces interact to influence behavior. Although Engel formally proposed this idea in an article published in the 1970s, he had

outlined its major concepts in a book on psychological development earlier. Engel was concerned that American medicine was adopting a reductionistic and dehumanizing perspective and that a more complex way of conceptualizing pathophysiology and behavior was needed.

Psychiatry continued to use a psychodynamic framework for conceptualizing psychopathology until the adoption of the Third Edition of the Diagnostic and Statistical Manual in 1980. The major reason for the shift to a Kraepelinian a-theoretical nosological system was that the psychodynamic framework based on underlying motivation did not result in diagnoses that could be replicated by different observers at different centers. In the research sense, psychodynamic diagnoses were not "reliable."

The Kraepelinian system has remained in place and this has had advantages and disadvantages. A difficulty that soon emerged is that many psychiatrists concluded that only behavior that met DSM criteria for psychopathology should be considered clinically relevant. All else was considered outside the "appropriate realm" of organized psychiatry. Although never formally endorsed, this dictum led to a widely practiced symptom-checklist strategy to clinical work. Such a reductionistic approach deemphasized the physician/patient relationship which was also strained by economic pressures as had occurred throughout medicine. In addition, the explosion of knowledge in pharmacology, genetics and neurobiology soon led psychiatrists to refer to entirely different behavioral paradigms than they used to. The psychodynamically informed history was seen by many to be, not only unwieldy and time consuming, but outdated.

Psychoanalysis and Psychiatry

As time passed organized psychoanalysis in the USA elected to devote its major intellectual resources to the *psychoanalytic treatment method*. Thus, the term "psychoanalysis" came to signify to the general public and psychiatrists as well, the long-term intensive treatment of not-very-ill outpatients seen in