Social Motivation: Costs and Benefits of Selfishness and Otherishness

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Abstract

We examine recent evidence on the consequences of selfishness and otherishness for psychological well-being, physical health, and relationships. In the first sections, we consider recent evidence regarding the costs and benefits of giving time, money, and support to others and the costs and benefits of taking or receiving those things from others. Then, because the behaviors of giving and taking can be motivated either by selfish or otherish concerns, we next consider the costs and benefits of the motivation underlying giving and taking. We also examine why and for whom selfishness and otherishness have consequences for psychological well-being, physical health, and relationships. We focus on mechanisms identified in research, including intrapsychic mechanisms such as positive and negative affect, self-esteem and self-efficacy, a sense of meaning and purpose in life, and a sense of connectedness to or isolation from others, as well as interpersonal processes such as reciprocation of support and responsiveness.

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INTRODUCTION

Are people basically selfish, or do they genuinely care about others? This question is at the heart of what it means to be human, and has captured the attention of philosophers, theologians, and social scientists. Nearly four centuries ago, Thomas Hobbes proposed that self-interest is the most fundamental human motivation (Hobbes 1950/1651). Today, most people in Western societies accept the view that people are motivated to pursue their narrow economic and material self-interests, assume that people support policies consistent with their vested interests, and regard behavior that is not self-interested with suspicion (Miller 1999). The assumption of self-interest pervades the social sciences, particularly economics and psychology. In social psychology, which is the subfield of psychology most directly concerned with social relations, many topics of study, theoretical perspectives, and programs of research reflect the assumption of self-interest. For example, research and theory in evolutionary psychology (e.g., Neel et al. 2015), the self (e.g., Alicke & Sedikides 2011), helping behavior (e.g., Cialdini et al. 1987), and close relationships (e.g., Murray et al. 2006) often begin with the explicit or implicit assumption that people are fundamentally or primarily self-centered, self-serving, and self-interested.

Empirical research suggests that this assumption is wrong or at least overstated. Self-interest is at best a weak predictor of attitudes and behavior (Sears & Funk 1990). Although some people are self-interested most of the time (Brunell et al. 2013), and some situations tend to elicit self-interested behavior and motivations in many people (Li et al. 2013), people are also capable of acts of kindness, generosity, and compassion (for reviews, see Mikulincer & Shaver 2010). Humans, like other mammals, have an evolved caregiving system that promotes and motivates caring for their young, who are incapable of surviving on their own. In humans, this capacity to care about others extends beyond caring for one's offspring and kin to caring about and wanting to promote

the well-being of friends, acquaintances, and even strangers (e.g., Preston 2013, Sprecher & Fehr 2005). Researchers increasingly study phenomena such as empathy, compassion, and sacrifice that are related to this capacity to care for the well-being of others (see Mikulincer & Shaver 2010). This research suggests that concern for others, or otherishness (Grant 2013), is as much a part of human nature as selfishness (Shaver et al. 2010).

The assumption that selfishness is the fundamental human motivation rests on the view that selfishness is beneficial, whereas otherishness is costly; people are selfish because they benefit from selfishness. In some ways, this is obviously true; people who give their money or time to others have less money or time for themselves, and people who selfishly hoard their money or protect their time tend to have more money or time for themselves. Money, time, and other tangible things tend to be finite resources and therefore often work in zero-sum ways—the more one gives to others, the less one has for oneself.

But many social goods that people give to and take from others are not so clearly finite resources that can be exhausted if spent or accumulated if saved. Emotional support and acts of kindness, for example, may cost no money and needn't take much time. More important, selfishness and otherishness have consequences that extend beyond their impact on how much of these limited resources people have. Psychological well-being, physical health, and interpersonal relationships are all affected by selfishness and otherishness. Furthermore, when shared resources are limited, selfishly taking shared resources hurts everyone in the long run, including the selfish person (Dawes 1980). When these broader consequences are considered, selfishness may have costs, and otherishness may have benefits. Thus, even "costly" giving may ultimately benefit the self, and selfishness may ultimately harm the self.

In the sections that follow, we examine recent evidence on the consequences of selfishness and otherishness for psychological well-being, physical health, and relationships. In the first sections, we consider recent evidence regarding the costs and benefits of giving time, money, and support to others and the costs and benefits of taking or receiving those things from others. Then, because the behaviors of giving and taking can be motivated either by selfish or otherish concerns, we next consider the costs and benefits of the motivation underlying giving and taking.

We also examine why and for whom selfishness and otherishness have consequences for psychological well-being, physical health, and relationships. We focus on mechanisms identified in research, including intrapsychic mechanisms such as positive and negative affect, self-esteem and self-efficacy, a sense of meaning and purpose in life, and a sense of connectedness to or isolation from others, and interpersonal processes such as reciprocation of support and responsiveness.

COSTS AND BENEFITS OF GIVING

Giving is an extremely common social behavior, even in individualistic cultures where the norm of self-interest reigns. In the United States, individuals donated approximately $258 billion to charitable causes in 2015 (Giving Inst. 2015). People are also generous with their time; nearly 63 million people in the United States (about 25% of the total population) spend time volunteering at least once per year (**https://www.volunteeringinamerica.gov/**). Giving does not require a personal connection; people have donated billions of dollars to strangers and outgroup members around the world in response to natural and man-made disasters (Oppenheimer & Olivola 2011). Much giving occurs close to home, in relationships with family members. Although informal caregivers are not paid for their time, the economic value of their contributions was approximately $450 billion in the United States in 2009 (Feinberg et al. 2011).

Otherishness: wanting or striving to benefit others because one cares about their well-being; examples of otherish motivations include empathic concern, compassionate love, compassionate goals, and altruistic motivations for caregiving in close relationships

Selfishness: wanting or striving to benefit the self without regard for the well-being of others; examples of selfish motivations include narcissistic personality characteristics such as entitlement and exploitativeness, dispositional greed, materialism, self-image goals, unmitigated communion, and egoistic reasons for caregiving in close relationships

Giving Can Be Beneficial

Giving to others can be good for psychological health. Research shows that giving one's money or time boosts happiness and psychological well-being. For example, experimental evidence shows that people randomly assigned to spend money on others experience greater happiness than those assigned to spend money on themselves (Dunn et al. 2008a). This phenomenon is not unique to the laboratory; spending more of one's income on others predicts increased happiness over time (Dunn et al. 2008a). Similarly, giving time also promotes happiness and well-being (Mogilner 2010).

The benefits of giving for psychological health extend across the life span. For example, college students who provided social support to their roommates reported decreased symptoms of depression and anxiety across 10 weeks (Crocker et al. 2010). High school students who offered to help strangers reported more positive mood compared to students in a no-help control condition (Yinon & Landau 1987). Even the very young appear to benefit from giving to others—greater happiness was observed in toddlers who gave treats to others compared with those who received treats themselves (Aknin et al. 2012).

Many studies suggest that, especially for the elderly, giving in the form of volunteering has numerous psychological benefits. In elderly samples, volunteering is consistently associated with more positive affect and cheerfulness and less loneliness (e.g., Sarid et al. 2010). Elderly volunteers also report increased happiness, life satisfaction, self-esteem, and mastery over time (Musick & Wilson 2003, Thoits & Hewitt 2001). Volunteering buffers the tendency for increased depression in the elderly (Thoits & Hewitt 2001), even following the death of a spouse (Brown et al. 2008).

Giving can also have benefits for both subjective and objective indicators of physical health and mortality (for a review, see Post 2005). Because younger populations are typically in relatively good health, it is difficult to detect the effects of giving on health in younger samples. In contrast, older people typically suffer from deteriorating health, and thus the effects of giving on health are more easily detected in elderly or chronically ill samples. In comparison with nonvolunteers, elderly volunteers self-report better health over time (Hong & Morrow-Howell 2010). Giving to others is also related to objective measures of health status, including lower systolic and diastolic blood pressure and arterial pressure (Piferi & Lawler 2006). In patients with cardiovascular disease, helping predicts lower risk of subsequent cardiovascular disease events (Heisler et al. 2013). Furthermore, both volunteering and providing support to spouses, relatives, friends, and neighbors predict lower mortality risk (Brown et al. 2003, Heisler et al. 2013).

Giving also promotes relationship development and maintenance. Simple gift giving for holidays and personal events fosters social connection (Aknin & Human 2015). Giving social support predicts increased love, trust, tolerance, commitment, and relationship satisfaction, all of which contribute to the success of close relationships (Cutrona 1996). Giving support is particularly helpful in coping with stressful events—for example, social support provided to partners during a discussion about a personal stressor predicted relationship satisfaction and distress two years later (Pasch & Bradbury 1998).

A recent experiment comparing the effects of acts of kindness toward others with acts of kindness toward the self demonstrates the benefits of giving (Nelson et al. 2016). Participants assigned to perform acts of kindness toward others or toward the world experienced improved emotional, psychological, and social well-being six weeks later, whereas participants assigned to perform acts of kindness toward themselves, or those in a neutral control condition, did not.

These findings suggest that in daily life, giving is often beneficial for givers. It is associated with positive psychological heath, good physical health and decreased mortality, and improved relationships.

Giving Can Be Costly

Alongside research documenting the benefits of giving, a large body of research suggests that giving can have negative effects on psychological, physical, and relationship well-being. Caregiving, or providing care for a close other who has a chronic debilitating illness or condition, is associated with poor psychological health (Pinquart & Sörensen 2003b). For example, meta-analyses of 228 studies suggest that caregiving-related stressors predict more symptoms of depression (Pinquart & Sörensen 2003a). Other meta-analyses demonstrate that, compared to matched noncaregiver controls, caregivers experience greater stress and lower subjective well-being (Pinquart & Sörensen 2003b).

Caregiving is commonly linked to poor physical health. For example, a meta-analysis of 176 studies suggests that caregiver burden is related to lower subjective and objective indicators of physical health (Pinquart & Sörensen 2007). The negative consequences of caregiving for physical health also appear to get under the skin: A meta-analysis of 23 studies demonstrates that caregivers have higher stress hormones and lower antibody response than matched noncaregiver controls (Vitaliano et al. 2003). The negative consequences of this type of giving appear to be long-lasting: Even several years after the death of care recipients, the proinflammatory cytokine (IL-6) profiles of former caregivers did not differ from those of current caregivers (Kiecolt-Glaser et al. 2003). Caregiver stress predicts slower wound healing (Kiecolt-Glaser et al. 1995) and decreased length of telomeres, the protective caps of DNA that are linked to premature aging and greater cancer risk (Damjanovic et al. 2007). These findings have implications for longevity: Older caregivers who felt burdened by their responsibilities had a 63% greater risk of mortality compared to noncaregiving controls (Schulz & Beach 1999).

Caregiving also has costs for relationships. Caregivers of dementia patients report declines in intimacy, communication, and relationship quality (for a review, see Ablitt et al. 2009). A separate review corroborated these findings: Compared to noncaregiver controls, caregivers of spouses with dementia reported less reciprocity with care recipients and fewer shared pleasurable activities (Quinn et al. 2009).

Together, findings from the caregiving literature suggest that being the primary caregiver for an ill or disabled loved one takes a substantial toll on the mental and physical health of the caregiver and may damage the relationship between caregiver and recipient. This type of caregiving occurs under difficult circumstances, and caregivers endure multiple stressors, including the strain of a loved one's functional disabilities (i.e., physical and cognitive disabilities); the demands of caregiving (e.g., providing care and monitoring and attending to recipient's needs; Pinquart & Sörensen 2003a); exposure to a loved one's significant suffering (Monin & Schulz 2009); exposure to a loved one's behavior problems (Pinquart & Sörensen 2003a); and costs to personal and social life, employment, and finances (Brown & Brown 2014). Not surprisingly, those who provide care to chronically ill or debilitated loved ones often feel burdened, with higher levels of caregiving leading to greater burden (Pinquart & Sörensen 2011).

Moderators and Mechanisms

Why do some forms of giving lead to poor outcomes, whereas other forms of giving lead to positive outcomes? A number of mechanisms may explain the benefits of giving. Giving to others may distract people from their own problems, enhance meaning in life, increase self-efficacy and feelings of competence, improve mood (Nelson et al. 2016), and promote a physically active lifestyle (Midlarsky 1991). Most important, giving increases social integration and connection, which bolsters the sense that one is valued by and valuable to others. For example, volunteering

is related to lower depression in part because it promotes social integration (Musick & Wilson 2003). Spending money on others leads to happiness because of its positive impact on others (Aknin et al. 2013). Giving time promotes happiness and well-being through strengthened interpersonal connections (Mogilner 2010). Furthermore, giving support increases people's sense that they have value to and can make a difference for others (Krause 2007), leading to a sense of belonging and connectedness (Stillman & Lambert 2013). Giving to others in times of stress contributes to relationship quality and longevity in at least four ways: Giving protects relationships by preventing people from withdrawing from others and isolating themselves; it decreases depressive symptoms that can damage relationships; it prevents conflict from becoming worse; and it promotes closeness, intimacy, and bonding with others (Cutrona 1996).

The negative effects of caregiving may be due to several factors. First, caregiving is often confounded with a range of negative circumstances that endure over time, making it difficult to determine whether the costs associated with caregiving are due to giving per se or to the negative circumstances under which caregiving often takes place. When some of these confounding variables are controlled, the negative effects of caregiving are attenuated, and caregiving is associated with positive outcomes. For example, when controlling for patients' illness status, impairment, and time "on call" for providing care, caregiving is related to greater positive affect (Poulin et al. 2010). In another sample, providing care predicts decreased mortality for elderly caregivers after controlling for a number of factors, including behavioral and cognitive limitations of the recipient, caregiver physical and mental health, and demographic variables such as age, gender, race, education, and income (Brown et al. 2009).

Second, some people perceive caregiving to be a burden, whereas others do not. Independent of the objective circumstances of caregiving noted previously, perceived burden may account for some of the negative consequences of caregiving. Feeling overwhelmed by the demands of caregiving is related to poor mental health (Schwartz et al. 2003). When caregivers perceive less burden, they experience positive aspects of caregiving and better well-being (Hilgeman et al. 2007).

Third, intrinsic versus extrinsic motivation of givers may affect the costs and benefits of giving. Voluntary or freely chosen caregiving may have beneficial effects on the giver, whereas extrinsically motivated, obligatory caregiving may have negative effects. For example, caregivers of dementia patients with more extrinsic motivation feel more burdened, less competent, and more trapped in their caregiving role than do caregivers with less extrinsic motivation (Quinn et al. 2012). Many of the benefits of giving have been demonstrated in situations where the demands of giving are minimal (e.g., spending a small financial windfall on others versus oneself) and freely chosen (e.g., volunteering one's time). Many of the costs of giving have been demonstrated in situations where the demands of giving are heavy and the giving feels obligatory (e.g., caring for an elderly chronically ill or disabled spouse or parent).

Fourth, when caregivers give much more than they receive over the long term, their own psychological and physical needs may go unmet (Quinn et al. 2015). Caregivers who do not have available support, do not seek support, do not practice self-care, or for whom loved ones' needs supersede their own may suffer because their own needs are neglected. When caregivers receive adequate social support, they experience more positive aspects of caregiving (Chen & Greenberg 2004). In particular, caregiving that disrupts social connections may lead to poor psychological, physical, and relational well-being. Caregiving may isolate caregivers from important relationships, resulting in loneliness, which is linked to poor psychological well-being and physical health (Hawkley & Cacioppo 2010). This effect may be exacerbated when the care recipient has physical or emotional limitations that interfere with mutual responsiveness or the recipient's ability to experience or convey gratitude or appreciation to caregivers. Thus, the costs of caregiving may outweigh the benefits when the circumstances of giving prevent givers from feeling that

their contributions have value to others and therefore undermine their sense of connection and belonging.

COSTS AND BENEFITS OF RECEIVING

If giving is an extremely common social behavior, then taking should be approximately as common, assuming that what is given must be received. Taking encompasses many distinct behaviors ranging from passive to active, which may have different consequences for psychological, physical, and relational well-being. The most passive form of taking involves being the recipient of something offered by but not requested from others, such as passively receiving gifts or support from others. A more active form of taking involves making requests of others, such as asking for a gift or asking for help or support. An even more active form involves taking without first making a request, such as taking food from someone else's plate or taking found money or objects without prior permission. Most research on the consequences of taking focuses on the more passive forms, particularly receiving gifts, help, or support, and seeking gifts or donations, help, or support.

The majority of studies on receiving have examined effects of receiving social support. Here, researchers have distinguished different types of support. Invisible support involves support of which recipients are unaware (e.g., when one spouse takes care of tasks or problems without informing the other), whereas visible support refers to support that recipients know they have received. Invisible support can be more beneficial to recipients than visible support, but most research has examined visible support (Bolger et al. 2000). Another distinction has been made between received support and perceived available support (Sarason et al. 1990). Perceiving that support is available if needed is clearly related to psychological well-being, physical health, and relational well-being (for a review, see Uchino 2004). Although perceiving that support or other resources are available without actually receiving them can have benefits (Haber et al. 2007), they do not involve actually receiving or taking from others, and therefore we do not include studies of consequences of perceived available support in our review.

What are the costs and benefits of receiving and taking from others? Economists, psychologists, and sociologists have amassed a sizeable literature that describes the circumstances of taking, exploring the roles of communication, group size, reciprocity, altruism, trust, reputation, competition, and cooperation on behavior while playing economic games or encountering hypothetical social dilemmas (e.g., Falk et al. 2007). Surprisingly, this research has largely ignored the consequences of taking for psychological and physical well-being and relationships. However, research on support seeking, which is more active, and on receiving support—such as gifts, benefits, help, or care—from others, which is more passive, has examined the consequences of receiving. Research on these topics suggests that receiving has both costs and benefits (Fisher et al. 1982).

Receiving Can Be Beneficial

Receiving support and responsive care is related to numerous indicators of psychological well-being, including greater positive affect, life satisfaction, and coping, and lower depression and anxiety (for reviews, see Clark & Lemay 2010, Reis et al. 2000). Social support may have its strongest effects when recipients are stressed (Uchino 2004). Receiving social support is related to better quality of life and lower stress (Schwarzer & Knoll 2007) and increased positive mood (Collins & Feeney 2000). Meta-analyses suggest that receiving support protects against depression (Santini et al. 2015).

Receiving is also related to better physical health and delayed mortality (Tay et al. 2013, Uchino 2004), in part because receiving social support is related to more positive health behaviors.

Received social support predicts increased adherence to medical treatment, more fruit and vegetable intake, more exercise, and positive behavior changes related to the management of chronic illness (e.g., smoking cessation in head and neck cancer patients and self-care behaviors related to diabetes; for a review, see Tay et al. 2013). Receiving social support is also related to better cardiovascular, endocrine, and immune function (for a review, see Uchino et al. 1996). Together, these findings may explain associations between received support and overall health and mortality. For example, receiving social support predicted improved physical health six months later in an elderly sample (Cutrona et al. 1986). It also predicts lower incidence and progression of cardiovascular disease and lower incidence of mortality in breast cancer patients (for a review, see Tay et al. 2013).

Receiving support improves relationships; it builds closeness, relationship satisfaction, commitment, trust, and intimacy (for a review, see Clark & Lemay 2010). For example, support received from friends predicts better relationship quality (Deci et al. 2006), and being the recipient of romantic partners' responsiveness plays a key role in the development of intimacy, trust, and love (Laurenceau et al. 2005). Importantly, when people receive support, responsiveness, or other social goods, they tend to reciprocate, either out of adherence to social norms or because they care. This reciprocation creates upward spirals of positive interactions that strengthen relationships (Canevello & Crocker 2010). Receiving may also inspire people to "pay it forward" to others (Gray et al. 2014). Thus, receiving support sparks behaviors that promote both relationship development with the giver and additional giving to third parties.

Although a great deal of research has documented benefits of receiving support, responsiveness, and other social goods, this research must be interpreted with caution because receiving tends to be strongly associated with giving. For example, when people perceive that others are responsive to them, they become more responsive in turn, increasing their self-esteem (Canevello & Crocker 2011). Likewise, when people receive social support, they respond by giving support in return, which predicts decreased symptoms of anxiety and depression (Crocker et al. 2010). This strong tendency to reciprocate the support, help, and responsiveness that one receives from others means that the effects of receiving are often confounded with the effects of giving (Crocker et al. 2010). When recipients reciprocate or pay it forward by giving to others, recipients will experience the benefits of giving. Much of the social support literature assumes that receiving support is the active ingredient that promotes psychological, physical, and relational health. However, because this research often does not measure support given, reciprocated, or paid forward, it cannot ascertain the unique effects of receiving support.

Receiving Can Be Costly

Despite evidence that receiving care, support, and responsiveness from others has a range of benefits, other research suggests that receiving can have costs. People have mixed feelings about seeking and receiving help (Barbee et al. 1998). People in a position to give help often offer it nonspecifically, suggesting that people just ask when they need help. Asking is a powerful yet underappreciated means of obtaining help. People do not like to turn down direct requests for help, yet help seekers underestimate the likelihood that others will comply with their direct requests for help (Flynn & Lake 2008). However, those who suggest that people just ask when they need help underestimate the discomfort that help seekers feel, partly because they fear being turned down (Bohns & Flynn 2010). Indeed, potential help givers often do not like to be asked for help and will avoid situations in which they expect to be asked for help if they can. For example, people sometimes go in a different entrance to a store to avoid a request to donate to the Salvation Army, or leave home when they are forewarned that someone will stop by to request a donation

(Andreoni et al. 2011). In sum, many people dislike both asking and being asked for help, support, or donations.

When people do seek support overtly and directly, they tend to receive appropriate support and benefit from it (Collins & Feeney 2000). However, when people fear that others will not support them and seek support through indirect means, they think that their partners do not understand their problems, are disappointed in them, or make negative or insensitive remarks toward them, and they report lower relationship satisfaction (Don et al. 2013). Furthermore, when people doubt the authenticity or sincerity of the support they receive, they may continue to seek support or reassurance from others, causing others to become annoyed and reject the support seeker, which results in increased depression and relationship difficulties (Joiner et al. 1999).

In sum, interactions that involve help seeking can create discomfort in both the help seeker and the potential helper. Although directly and clearly asking for help is the most effective way to obtain the help one needs, people's fears of being rejected or damaging their relationship make them reluctant to ask directly. For their part, support givers often avoid being asked directly and fail to appreciate how uncomfortable people feel about asking for support, so they offer help vaguely and rely on support seekers to express their needs clearly. As a result, support seekers often fail to receive the support they need, with negative effects on the relationship. The longer-term consequences of asking for help on psychological and physical well-being remain largely unexplored.

Apart from these issues with asking for support, receiving can be costly for psychological well-being. For example, people who focus on receiving gifts during the holiday season experience lower life satisfaction and positive affect and higher negative affect and stress (Kasser & Sheldon 2002). Receiving social support in close relationships is linked to decreased self-esteem, self-competence, and positive mood, and increased negative affect, distress, anxiety, depression, anger, guilt, and feelings of dependence (McClure et al. 2014, Nadler et al. 2010, Shrout et al. 2006). The negative effects of receiving may be particularly detrimental when people perceive that their needs are burdensome to others—recipients who believe that they have become a burden are at heightened risk for suicide and suicidal thoughts (Brown et al. 2009).

Receiving has also been linked to poor physical health. Receiving support is associated with increased mortality (Krause 2007). Furthermore, receiving instrumental support (as compared to other forms of support, such as emotional or informational) contributes to increased risk of death (e.g., Penninx et al. 1997). However, it is worth noting that the larger literatures investigating health outcomes related to receiving suggest that receiving is beneficial for health and mortality (Uchino 2004, Uchino et al. 1996).

Receiving can also have costs for relationships. For example, when people receive support, they report lower relationship equity (McClure et al. 2014) and decreased closeness (Gleason et al. 2008). Furthermore, when people are unhappy with what they have received, for example, an unwanted gift, they see themselves as less similar to the giver and are more pessimistic about the relationship (Dunn et al. 2008b). When support comes with contingencies or threatens self-esteem, recipients are more likely to avoid receiving aid, and when they do receive aid, they quickly repay it (Fisher et al. 1982). Support received under these circumstances can also lead recipients to resent and derogate both the help and the helper (Fisher et al. 1982).

Moderators and Mechanisms

Why is receiving sometimes beneficial and sometimes costly? The consequences of receiving support, help, or aid may depend on the meaning they have for recipients. Receiving can be construed as a signal of indebtedness, dependence, incompetence, weakness, inferiority, or relationship

inequality (Bolger et al. 2000, McClure et al. 2014, Nadler et al. 2010). Thus, receiving support may imply something negative about the recipient—dependence, incompetence, or inferiority—and lead recipients to feel distant, isolated, disconnected, or devalued by others. Feelings of incompetence, inferiority, devaluation, and disconnection may in turn prompt recipients to further distance themselves from others, compounding feelings of isolation and loneliness and contributing to poor psychological well-being, physical health, and relationships.

On the other hand, when receiving is interpreted as a signal that others care for, understand, and value the recipient (Gable & Reis 2006), recipients may feel close, connected to, and valued by givers, leading to improved psychological well-being, physical health, and relationships. Thus, receiving support, help, or care can lead recipients to feel valued and connected or inferior and disconnected, accounting for both the positive and negative effects of receiving.

COSTS AND BENEFITS OF OTHERISH MOTIVATION

Our review of research on the consequences of giving and receiving demonstrates that they have mixed effects. Giving can have important benefits for psychological well-being, physical health, and relationships. At times, however, giving feels like a burden, leading to stress, burnout, poor health, and anger and resentment in relationships. Although people sometimes give freely and happily, they often go out of their way to avoid being asked for help or donations, suggesting that giving can be aversive (Cain et al. 2014).

The motivations that energize giving may account for at least some of these mixed findings. A wide range of motivations may prompt giving and taking. For example, people may give for approach or avoidance reasons (Impett et al. 2013) or for intrinsic or extrinsic reasons (Cain et al. 2014). Indeed, research suggests that people often agree to requests for donations or other types of help not because they enjoy giving, but rather because they feel pressure to give (Cain et al. 2014) or feel compelled by social norms to give even when they do not want to (Dunning et al. 2016).

We define otherish motivation as wanting or striving to benefit others because one cares about their well-being. This definition avoids a pitfall that emerged in altruism research, which sometimes defines altruism as aid given to others in distress that is prompted by genuine concern for the well-being of others rather than to gain any benefit or reduce any cost for the self (for a discussion, see Batson 2010). As noted previously, helping or giving to others can boost positive emotions and reduce personal distress. Like reputational boosts or material rewards, these emotional benefits may serve as ulterior motives for giving to others. In addition, people who help others may show self–other overlap, mentally representing the recipient in their self-concepts (Cialdini et al. 1997), suggesting that their motive may be to help themselves rather than others. These and other findings have led some researchers to question whether helping is ever truly altruistic (Cialdini et al. 1987). With our definitions, the costs and benefits of selfish and otherish motivation remain an empirical question rather than part of the definition of the motivation: Both selfish and otherish motivation could have both costs and benefits to the self. People with otherish motivation may sometimes unintentionally hurt others, and people with selfishness motivation may sometimes unintentionally benefit others.

Unlike altruism researchers, laypeople do not seem to discount the good deeds of others as selfishly motivated when those good deeds are prompted by personal distress at the suffering of others or result in positive affect after helping others (Barasch et al. 2014). In a series of studies, Barasch et al. (2014) showed that observers tend to assume that people who help because they expect to feel good after doing so and people who help in order to reduce their own distress about others' suffering genuinely care about the well-being of those they help. Thus, helping in order to

obtain or helping that results in emotional benefits signals otherish rather than selfish motivations to perceivers. People who are motivated to give because they expect to feel good about it are judged as having more moral character and more authentic motivation to help than people who are motivated by other types of rewards, such as material or reputational rewards (Barasch et al. 2014, study 6).

These findings may help to better identify otherish motivations. We suspect that people who feel good or expect to feel good about giving to others, as well as those who expect giving to reduce their own distress, genuinely care about the well-being of others; their positive emotions indicate otherish rather than selfish motivations. If so, emotions may help scientists as well as laypeople infer the motivations underlying giving to others.

Consistent with this view, several programs of research suggest that otherish motivation involves a caring emotional response to others. For example, empathic concern is an emotional response, involving feelings such as sympathy, compassion, and tenderness, that motivates helping others in need (Batson 2010). Compassionate love, defined as a kind of love that involves giving of oneself for the good of another, is an emotional state that motivates prosocial behavior (Fehr 2010). Compassionate goals involve the intention to support others "not to obtain something for the self, but out of consideration for the well-being of others" (Crocker & Canevello 2008, p. 557). Research shows that when people have compassionate goals they feel positive other-directed emotions such as love, connection, and empathy (Canevello & Crocker 2015, Crocker & Canevello 2008). Altruistic motivations for caregiving in romantic relationships involve feeling love, concern, and distress when the partner is hurting (Feeney & Collins 2003). Because altruism clearly involves caring about the well-being of others and provides an impetus for prosocial behavior, research that uses measures of these constructs provides the clearest evidence regarding the costs and benefits of otherish motivation.

A number of other measures and constructs also capture otherish motivation, although less precisely. For example, people high in communal orientation feel responsible for others' welfare and both desire and feel obligated to help others when they have a need (Clark et al. 1987). Communally oriented people endorse the norm that people should be helpful and respond noncontingently to others' needs, but their motivations may be either otherish or selfish (Clark & Aragón 2013). Giving that is obligatory or motivated by social norms that one should give to others even if one doesn't want to would not reflect otherish motivation by our definition (Dunning et al. 2016). Communal strength refers to the strength of communal orientation in a particular relationship. A measure of communal strength (Mills et al. 2004) includes items about the costs people would be willing to incur to help a relationship partner, but it does not distinguish selfish, otherish, or normative reasons. Intrinsic life goals, such as aspirations for affiliation and community feeling, refer to what people want for themselves (Grouzet et al. 2005) and likewise may involve selfish or otherish motivation, or both. We suspect that all of these constructs involve otherish motivation, but they may reflect selfish or normative reasons as well.

Benefits of Otherish Motivation

Research on the consequences of otherish motivation suggests that it has many benefits for psychological well-being. Daily diary studies show that people higher in empathic concern for others experience higher well-being (Morelli et al. 2015). Daily diary studies also show that people higher in communal orientation experience higher self-esteem and more positive affect (Le et al. 2013). Furthermore, in the Le et al. (2013) study, the association between communal orientation and well-being was obtained for the otherish aspect of communal orientation (the desire to respond to others' needs), not its selfish aspect (the desire for others to respond to one's own needs).

Compassionate love is linked to positive mood, high self-esteem, and a sense of connectedness to others (Sprecher & Fehr 2006).

Many of these studies are correlational, making it difficult to determine whether otherish motivation predicts increased psychological well-being or psychological well-being predicts increased otherish motivation. Some studies, however, show that otherish motivation predicts improved psychological well-being over time, consistent with (but not conclusively demonstrating) a causal effect of otherish motivation on well-being. For example, compassionate goals to be supportive and constructive and not harmful to others predict decreased symptoms of anxiety and depression (Crocker et al. 2010); less loneliness (Crocker & Canevello 2008); increased self-esteem (Canevello & Crocker 2011); and feeling more peaceful, connected, and clear and less isolated, afraid, and confused (Canevello & Crocker 2015) over time. Giving that focuses on demonstrating caring and belonging is related to fewer depressive symptoms, whereas giving that focuses on providing assistance is associated with more depressive symptoms (Strazdins & Broom 2007). Correlational and longitudinal studies also link intrinsic aspirations (e.g., community, affiliation) with higher well-being and lower distress (Kasser & Ryan 1996, 2001), although as noted, these constructs may have both selfish and otherish components.

Otherish motivations are also associated with better physical health, including reduced mortality. For example, Konrath and colleagues (2012) found that volunteering results in lower mortality, but only when the motive for volunteering is other oriented; people who volunteer for selfish reasons do not live longer than nonvolunteers. Compassionate love in older female spouses is associated with better health outcomes (Rauer et al. 2014).

Perhaps the most pronounced benefits of otherish motivation arise in the domain of interpersonal relationships. For example, compassionate love for one's partner predicts higher marital satisfaction among newlyweds (Reis et al. 2014) as well as higher relationship quality and greater relationship stability overall (Fehr et al. 2014). Additionally, when relationship partners make sacrifices with the goal to make their partner happy, they experience greater personal authenticity, ultimately resulting in better relationship well-being (Impett et al. 2013).

Research by Collins, Feeney, and colleagues demonstrates the positive effects of otherish motivation within relationships. Relationship partners who endorse relatively altruistic motives for providing support within the relationship (e.g., loving the spouse, enjoying helping, wanting to make both the spouse and the self feel good) tend to be more responsive and effective in providing support to their partners (Feeney & Collins 2003). People with relatively altruistic caregiving motives tend to provide more responsive, secure base support for the partner; in other words, people with these otherish motivations are more responsive and supportive of their partner's personal growth, exploration of the environment, and goal striving (Feeney et al. 2013). Over time, the relationship functioning of people with relatively altruistic caregiving motives tends to increase (Feeney & Collins 2003); thus, this otherish motivation predicts benefits for the relationship as a whole as well as for the relationship partner specifically.

Similarly, research on compassionate goals also suggests that otherish motivation has relationship benefits, both for others and for the self. When people have compassionate goals, feelings of closeness, support, and trust within their relationships increase (Crocker & Canevello 2008, Hadden et al. 2014). Furthermore, people with compassionate goals become more secure (less anxious and avoidant) in their relationships over time (Canevello et al. 2013). Compassionate goals predict increased responsiveness to relationship partners, which in turn predicts increased relationship quality for both people (Canevello & Crocker 2010). Compassionate goals also predict increases in perceived social support from family, friends, and relationship partners over the first semester of college, as well as increased social support given to and received from roommates (Crocker & Canevello 2008). In fact, compassionate goals seem to be contagious, such that when

people have compassionate goals, their relationship partners develop more compassionate goals over time, which benefits the relationship and each partner specifically (Crocker & Canevello 2012).

Costs of Otherish Motivation

In contrast to the abundant evidence that otherish motivation has benefits for psychological well-being, physical health, and relationships, we were unable to find any evidence that otherish motivation has costs for these outcomes. Perhaps the biggest cost of otherish motivation comes in the form of missed opportunities for personal gain. Otherish people are unlikely to exploit others or take advantage of them. In addition, many people fear that one cost of otherish motivation involves increased vulnerability to exploitation (Gilbert et al. 2011). However, social norms strongly militate against exploitation (Dunning et al. 2016). When people give increased support to their college roommate, the roommate gives increased support in return (Crocker & Canevello 2008). Relationship partners typically reciprocate when people become more responsive to them (Canevello & Crocker 2010). In communal relationships, people do not necessarily reciprocate directly, but rather give support and help in response to others' needs. However, people in communal relationships both expect and find that mutual responsiveness to needs will be reciprocated by relationship partners (Clark & Aragón 2013).

Even in one-time interactions with strangers whom they do not expect to meet, most people do not take advantage of others. For example, in the trust game, often used in behavioral economics, participants are given a sum of money, which they can give to a complete stranger who will invest it for them. In this situation, people generally trust (i.e., give money to the other to invest), even if they are skeptical of the other person's trustworthiness. More remarkably, the investor, who could choose to keep all of the money for him or herself, typically returns at least the amount invested (Johnson & Mislin 2011). Thus, even when people fear being exploited, they often act as if they trust others, and their fears of exploitation are usually unfounded.

Beyond the possibility that one will miss opportunities for personal gain or that one's generosity or trust will be taken advantage of, we did not identify any research showing that otherish motivation has costs for psychological well-being, physical health, or relationships. It is difficult to know whether these costs simply do not exist, or whether they exist in circumstances usually not studied, or if investigators have been more interested in exploring the benefits than the costs of otherish motivation. One possible cost that has not yet been investigated is feelings of sadness when otherish people experience a relationship loss due to death, divorce, or other causes. Research on the relationship benefits of otherish motivation indicates that relationships get closer over time when people have otherish motivation. This increased closeness may predict increased feelings of distress and social pain when relationships are lost (Slotter et al. 2010).

Moderators and Mechanisms

What accounts for the beneficial effects of otherish motivation on psychological well-being, physical health, and relationships? Otherish motivation is associated with positive affect, purpose in life, and satisfaction of psychological needs (e.g., autonomy, competence, and relatedness); prosocial behaviors; and reduced physiological responses to stressful situations; each may account for effects of otherish motivation on these outcomes.

Otherish motivation may provide a strong sense of purpose (Crocker & Canevello 2008), which predicts health behaviors, such as sleep and the use of preventive health care services, as well as health outcomes, such as stroke, myocardial infarction, and even mortality (e.g., Hill & Turiano

2014, Kim et al. 2013). Personal life goals, such as aspirations to have good relationships and contribute to one's community, predict well-being through satisfaction of psychological needs, such as autonomy, relatedness, and competence (Sheldon & Elliot 1999).

Compassionate goals in particular appear to foster a variety of psychological states that predict increased psychological, physical, and relational well-being. For example, people who typically have compassionate goals tend to experience more peaceful, clear, and connected feelings in general. Compassionate goals one day predict increased peaceful, clear, and connected feelings the following day, and when people are higher than their typical level in compassionate goals, they also experience more peaceful, clear, and connected feelings (Canevello & Crocker 2015, Crocker & Canevello 2008). An experimental study showed that people induced to have compassionate goals showed lower adrenocorticotropic hormone and plasma cortisol levels (both of which are linked to physical and mental health problems when persistently elevated) in response to the Trier Social Stress Test compared to three comparison groups who did not have compassionate goals (Abelson et al. 2014).

Otherish motivations also predict improved relationship quality through several mechanisms. When people have compassionate goals, they are more supportive and responsive to their relationship partners, and their partners are more responsive and supportive in return, which predicts increased relationship quality (Canevello & Crocker 2010, Crocker & Canevello 2008). Positive emotions in people with compassionate goals may signal their otherish motivation to relationship partners. In addition, when people have compassionate goals they feel more cooperative with relationship partners and view their relationships in more non-zero-sum ways (Crocker & Canevello 2008), which may predict improved relationship quality, particularly following relationship conflicts. Importantly, otherish motivations predict increased relationship quality in relationship partners as well (Canevello & Crocker 2010, Hadden et al. 2014).

In sum, several mechanisms may account for the benefits to psychological well-being, physical health, and relationships associated with otherish motivation. A unifying thread appears to be the feeling that one is valuable to and valued by others. Furthermore, relationship dynamics such as reciprocation may create upward spirals in relationships when one partner has otherish motivations.

COSTS AND BENEFITS OF SELFISH MOTIVATION

Although people sometimes are motivated by genuine caring about others' well-being, they are also capable of being selfish. Selfish motivations for giving and taking may account for some of their effects on psychological well-being, physical health, and relationships.

We define selfish motivation as the inverse of otherish motivation: wanting or striving to benefit the self without regard for the well-being of others. Selfish motivation occurs in social contexts where behaviors have direct or indirect consequences for others' well-being. Selfish motivation doesn't necessarily mean that people intend to harm others. Selfish people sometimes simply intend to benefit themselves without considering the implications of their actions for the well-being of others or adjusting their actions to take others' well-being into account. At other times, selfish people may intentionally benefit the self at the expense of others.

Perhaps because of the strong assumption by social scientists and laypeople that humans are motivated by self-interest (Miller 1999), the intense debate in the prosocial motivation literature about whether people are ever truly altruistic has not been matched, to our knowledge, by a parallel debate about whether people are ever truly selfish, or a parallel exploration of otherish motivations for giving to and taking from others. If others benefit (e.g., if others receive emotional benefits from giving), is it truly selfish to receive? Can asking for help, support, or donations be motivated

by otherishness as well as selfishness? Research plumbing selfish motivations is far scarcer than research plumbing motivations for giving.

Just as emotions can signal to perceivers that prosocial acts are motivated by genuine caring about others' well-being (Barasch et al. 2014), the absence of certain emotions or the presence of others may signal selfish motivations (DeSteno et al. 2010). In particular, we expect that selfish motivation is characterized by the absence of empathic concern or personal distress in response to others' needs and low levels of positive other-focused emotions such as compassion, gratitude, and feelings of love and caring. For example, narcissists, who are self-preoccupied, entitled, and exploitative, tend to be low in empathic concern and rate themselves as low in communal characteristics (Campbell et al. 2006, Jonason & Krause 2013). In contrast, the presence of discomfort or anxiety in social interactions may signal selfish motivations. For example, people motivated to manage the impressions others have of them tend to be anxious, confused, and conflicted (Crocker & Canevello 2008, Leary et al. 2001).

Several constructs in the psychological literature appear to capture selfish motivation. For example, narcissistic personality characteristics, particularly entitlement (Campbell et al. 2004) and exploitativeness (Brunell et al. 2013), reflect selfish motivation. Dispositional greed (Seuntjens et al. 2015), materialism (Kasser et al. 2014), and aspiring for fame and fortune (Kasser & Ryan 1996) generally reflect selfish tendencies, although people can aspire to be wealthy or famous, or loved and community-oriented, for either selfish or otherish reasons (Carver & Baird 1998). In social interactions, impression management and self-image goals (Crocker & Canevello 2008) involve attempts to manage how others view oneself to obtain desired outcomes or avoid undesired outcomes, reflecting selfish inclinations. Unmitigated communion refers to a focus on others to the detriment of the self; people high in unmitigated communion feel compelled to care for others to demonstrate their worth to others and obtain others' care, which reflects selfish motivations (Fritz & Helgeson 1998). Egoistic reasons for caregiving involve providing care and support to relationship partners to obtain benefits for the self, such as looking good to others or feeling in control (Feeney & Collins 2003). Avoidance reasons for sacrificing in relationships appear to involve selfish motivations (e.g., "I do not want my partner to think negatively of me," "I have to sacrifice or my partner will not love me"), although they originally were not conceptualized as selfish (Impett et al. 2013). Finally, both anxious and avoidant attachment insecurities involve selfish motivations along with other qualities (Feeney & Collins 2003). In sum, several constructs involve selfish motivations, although many of the constructs mentioned have other components as well.

Costs of Selfish Motivation

Selfish motivation is clearly related to poor psychological well-being, physical health, and relationships. For example, materialism is associated with lower psychological well-being both cross-sectionally and over time (Kasser et al. 2014). A recent meta-analysis examining data from more than 250 independent samples confirms the robustness of this finding (Dittmar et al. 2014). One of the largest effects in this meta-analysis is the association between materialism and negative self-appraisals (e.g., self-doubt, self-discrepancy, and self-ambivalence). Dispositional greed is associated with lower life satisfaction and higher envy (Krekels & Pandelaere 2015). Self-image goals predict increased symptoms of anxiety and depression over time (Crocker et al. 2010), less emotional clarity and greater emotional confusion (Canevello & Crocker 2015), and greater loneliness (Crocker & Canevello 2008). Similarly, impression management goals are associated with social anxiety, self-handicapping, and even psychotic symptoms (Leary & Kowalski 1990). Unmitigated communion, which reflects selfish motivations for giving to others, is associated with

psychological distress (Fritz & Helgeson 1998). Thus, empirical evidence links selfish motivations with poor psychological well-being.

Selfish motivations are linked with poor physical health outcomes as well. A meta-analysis reveals a strong association between materialism and risky health behaviors, including smoking and drinking alcohol (Dittmar et al. 2014). Many studies have also confirmed the association between self-presentational concerns and risky health behavior. For example, college freshmen higher in trait self-presentational concern are more likely to engage in behaviors such as smoking, drinking, reckless driving, and dangerous stunt attempts (Martin & Leary 2001). Self-presentational concerns are also associated with health-damaging behaviors such as failure to wear protective sports equipment, failure to seek medical treatment, and substance abuse (Leary et al. 1994, Martin et al. 2000). Narcissists, who tend to be selfishly motivated, also engage in risky health behaviors (Brunell & Buelow 2015).

Selfish motivations are linked to poor relationship outcomes. For example, people with more egoistic (versus altruistic) caregiving motivations tend to provide low levels of support to their partner, with negative consequences for the partner and for the relationship as a whole. Notably, when people with egoistic caregiving motivations do provide more support, they typically do so in ineffective ways that do not actually address the partner's needs (Feeney & Collins 2003). Similarly, self-image goals are associated with less responsiveness (Canevello & Crocker 2010) and less support provision (Crocker & Canevello 2008) to relationship partners, as well as more interpersonal conflict (Crocker & Canevello 2008). Self-image goals also predict decreased relationship stability via increased relationship avoidance and anxiety (Canevello et al. 2013).

Although some research on selfish motivations and well-being is correlational, making it difficult to distinguish cause from effect, other studies examine predictors of change over time in longitudinal designs, increasing the plausibility of causal associations (Canevello & Crocker 2010, Crocker & Canevello 2008).

Grandiose narcissists provide a puzzling exception to the costs of selfish motivation. People high in trait narcissism report high life satisfaction, well-being, and self-esteem (Rose 2002). Narcissists also seem relatively satisfied with their social relationships. Indeed, trait narcissists typically pursue romantic partners who will increase their own social status and esteem (Campbell 1999) and engage in game playing with their partners to retain greater power and autonomy within their romantic relationships (Rohmann et al. 2012). Although trait narcissists do not report lower relationship satisfaction, they do have difficulty maintaining healthy relationships over time and have a tendency to become aggressive when their self-esteem is threatened (Bushman & Baumeister 1998). The relationship partners of narcissists become dissatisfied over time, perhaps because narcissists have negative views of others, including their relationship partners, and tend to act in arrogant and aggressive ways (Brunell & Campbell 2011). Narcissism has not been linked with long-term physical health problems (for a review, see Konrath & Bonadonna 2014), but it is linked with worse cardiovascular profiles and heightened cortisol and alpha-amylase in response to negative affect (e.g., Cheng et al. 2013).

These findings suggest that narcissists may be unwilling to acknowledge poor psychological well-being, physical health, or relationships because they strive to maintain positive self-views and self-presentations. Thus, narcissists might be doing less well in these domains than they are willing to report. Alternatively, narcissists may simply not care about the quality of their relationships with others (Campbell et al. 2006) and as a result not suffer the negative consequences of selfishness that other people experience. In fact, narcissists acknowledge that narcissism has high social costs, yet they view it as a desirable trait that results in much personal gain (Carlson 2013). Further research is needed to determine why narcissists seem immune to the costs of selfish motivation.

Benefits of Selfish Motivation

Much as being otherish has some seemingly obvious costs, being selfish seemingly has some obvious benefits. Selfish people presumably obtain more resources for themselves at the expense of others. For example, people high in psychological entitlement, interpersonal exploitativeness, and/or dispositional greed make more competitive and fewer cooperative choices in resource allocation tasks, such as the commons dilemma and the dictator game. These competitive choices result in greater gain for the selfish person in the short term, to the detriment of others (Brunell et al. 2013, Seuntjens et al. 2015).

However, in terms of psychological well-being, physical health, and relationships, we have been unable to locate empirical evidence of the benefits of selfish motivation. Thus, although people expect selfish motivation to pay off, this motivation does not actually lead to improved well-being. This is the paradox of self-interested behavior.

Moderators and Mechanisms

What accounts for the negative effects of selfish motivations on psychological well-being, physical health, and relationships? Research suggests several candidate processes. People who are selfishly motivated experience higher negative affect (Canevello & Crocker 2015). Over time, chronic negative affect may undermine psychological well-being and physical health. Selfish motivations may also lead to less meaning and purpose in life, which as noted previously has known associations with psychological and physical health. Selfishness may undermine satisfaction of psychological needs for autonomy, competence, and relatedness (Dittmar et al. 2014). Selfishness may increase feelings of loneliness and disconnection from relationship partners (Canevello & Crocker 2015). Indeed, feeling lonely and isolated may be the unifying theme linking negative affect, decreased meaning and purpose, and unmet psychological needs. As noted previously, social isolation and loneliness have well-established consequences for psychological well-being and physical health. Even people who care for others but are motivated by selfishness may experience decreased connectedness and belongingness.

CONCLUSIONS

Are people basically selfish? People give and take in social relationships; they have the capacity to be both selfish and otherish. Indeed, people are hardwired for both self-interest and other-interest; in the face of threats to existence, the survival of the individual sometimes depends on the human capacity for self-interest. A fight-or-flight motivational system that promotes looking out for oneself can save lives in some circumstances. Yet, the survival of the species depends on the evolved human capacity to care for others. Humans have evolved to live cooperatively in social groups in which people take care of each other. Accordingly, it makes sense that people are psychologically constructed in such a way that giving to others can be rewarding despite its obvious material costs, and selfishness can be costly despite its immediate material benefits. In other words, humans should be psychologically disposed to find benefits in giving that counterbalance the costs, and they should be psychologically disposed to find costs in taking that counterbalance the benefits of selfishness.

Consistent with this hypothesis, research shows that in most circumstances of everyday giving, giving has a range of benefits for psychological well-being, physical health, and relationships. Giving can create a warm glow of happiness, boost self-esteem, increase self-efficacy, and reduce symptoms of depression. It predicts improvements in physical health and even predicts how long

people live. It can strengthen social relationships, creating and strengthening social bonds and fostering the sense that one can make a valuable contribution to others. But giving is not universally good for health, well-being, and relationships. When the circumstances of caregiving are excessively burdensome, undermining satisfaction of caregivers' needs, the health, well-being, and relationships of caregivers can suffer.

Taking and receiving, on the other hand, can have negative effects for psychological well-being, physical health, and relationships. Taking and receiving can signal inferiority, dependence, and lack of competence, and they can suggest that one is a burden to others. These processes can create feelings of isolation, social disconnection, and loneliness, which in turn have negative effects on psychological well-being, physical health, and relationships. But taking and receiving are not universally bad. Under some circumstances, asking for and accepting help and receiving support can signal that one has value to others and that one is cared for, creating a sense of belonging and social connection that fosters health, well-being, and relationships.

The mixed consequences of giving and taking may depend on whether they are motivated by selfishness or otherishness. Our review of research on selfish and otherish motivations provides stark evidence consistent with the hypothesis that otherish motivation has benefits, and selfish motivation has costs. Indeed, we located no recent studies demonstrating that otherish motivation has costs or selfish motivation has benefits for psychological well-being, physical health, or relationships. This lack of evidence does not imply that selfishness never has benefits and otherishness never has costs; it may simply reflect a lack of research interest. The widespread assumption that people are fundamentally self-interested may reduce the interest value of research on the benefits of selfishness and the costs of otherishness, perhaps because researchers assume that those benefits and costs are well established.

Apparently, the only people who don't seem to suffer the costs of selfishness are those who truly don't care about the well-being of others or their relationships with others, such as narcissists. Such people are relatively rare, although their numbers may be increasing as cultural beliefs and practices create a "generation me" (Twenge 2006). Indeed, an increase in the prevalence of selfishness in the United States and other countries might lead to increased loneliness and feelings of social disconnection, accounting for parallel increases in depression and anxiety over time (Twenge 2000).

Why is otherishness associated with these benefits, and why is selfishness associated with these costs? Our review points to several candidate mechanisms or processes, including positive affect, increased self-esteem and self-efficacy, a sense of meaning and purpose, and a sense of connection with other people. We suspect that feeling meaningfully connected to others—valuable to them and valued by them—underlies all of these mechanisms. Human social life is interdependent, and human thriving depends critically on creating, maintaining, and strengthening social bonds. Selfish motivation can break mutually supportive connections with others, whereas otherish motivation builds mutually supportive connections with others.

Thus, giving guided by otherish motivation is good for the self in most circumstances. In most social relationships, in most contexts, otherish giving pays, not necessarily in time or money but in good health, psychological well-being, and mutually supportive relationships. Although less studied, taking and receiving guided by otherish motivation may also benefit the self. When people feel gratitude when receiving support, aid, and help, they feel more connected to their benefactors, which may boost well-being and promote good relationships.

In contrast, selfishness does not appear to foster psychological well-being, physical health, or healthy relationships. That is not to say that selfishness is never good for the self. In hostile social environments, or when satisfaction of fundamental needs is endangered, taking and selfish

motivation may be necessary. Although selfishness may be essential to survival when other people do not or will not care for one's well-being, it likely does not lead to thriving or optimal well-being.

Research on the costs and benefits of selfishness and otherishness would benefit from careful attention to the measurement of these constructs. As noted, several constructs related to otherishness (e.g., empathic concern, communal orientation) and several constructs related to selfishness (e.g., narcissism, greed) have been studied. Yet, each of these constructs includes additional facets not directly related to otherishness or selfishness. Consequently, it is difficult to determine whether findings regarding these constructs can be ascribed directly to selfishness or otherishness. Understanding of the consequences of these motivations would be speeded by development of more precise measures of selfishness and otherishness.

Our review also points to several gaps in the literature, where sufficient research has not addressed important questions. Most important, research on the costs and benefits of selfishness has not received the same attention or scrutiny as the costs and benefits of otherishness. Perhaps because belief in the norm of self-interest is so pervasive, the benefits of selfishness seem obvious and the costs nonexistent. Research has focused on the more counterintuitive benefits of otherishness. Second, although we now know a great deal about the costs and benefits of giving and taking, and quite a bit about the costs and benefits of selfish and otherish motivation, we know much less about whether selfishness and otherishness are best thought of as personality traits, psychological states, or both. We know little about why people become selfish or otherish and what triggers shifts in the states of selfishness and otherishness. Understanding the triggers of selfishness and otherishness could help improve physical and psychological health and the quality of people's close relationships.

Relatedly, we know relatively little about cultural influences on selfishness and otherishness. People in collectivist cultures may be less selfish because cultural norms dictate giving priority to the goals of the collective over personal goals (Bresnahan et al. 2004, Calderón-Tena et al. 2011). However, cultural differences in otherishness may depend on who the "other" is. People in collectivist cultures may be more otherish toward ingroup members but less otherish toward outgroup members (Yamagishi et al. 2014). We also know little about cultural differences in the costs and benefits of selfishness and otherishness. Selfishness may have greater costs and otherishness may have greater benefits in collectivist cultures because of the strong social norms against selfishness (Kinias et al. 2014).

We also know little about the psychological and interpersonal dynamics of selfishness and otherishness. Behavioral economists have greatly advanced our understanding of giving and taking in financial transactions, but they rarely explore the consequences of these transactions for mood, self-efficacy, self-esteem, or a sense of purpose, meaning, and belonging. We know even less about how selfishness and otherishness in financial transactions affect the development of closeness in interpersonal relationships and their long-term consequences for health and well-being. Social and personality psychologists have begun to explore otherish behavior and motivation in close relationships, but the predictors and consequences of selfishness have received relatively little research attention.

The norm of self-interest shapes psychological research and theory, limiting our understanding of basic psychological phenomena. How would theories and research in evolutionary psychology, the self, helping behavior, and close relationships be altered if they did not begin with the explicit or implicit assumption that people are fundamentally or primarily self-centered, self-serving, and self-interested? By questioning the idea that the default social motivation is selfishness and that otherishness is the exception to the rule, researchers could better understand the costs and benefits of both self-interest and other-interest as well as their interpersonal and societal consequences.

If otherish motivation is as much a part of human nature as selfishness, such a rethinking of the norm of self-interest could lead to a better understanding of what it means to be human and what enables people to thrive.

SUMMARY POINTS

1. People are psychologically constructed in such a way that giving to others can be rewarding despite its obvious material costs, and selfishness can be costly despite its immediate material benefits.

2. Giving has a range of benefits for psychological well-being, physical health, and relationships, but giving is not universally good for health, well-being, and relationships. When the circumstances of caregiving are excessively burdensome, undermining satisfaction of caregivers' needs, the health, well-being, and relationships of caregivers can suffer.

3. Taking, on the other hand, can have negative effects for psychological well-being, physical health, and relationships. Taking can signal inferiority, dependence, and lack of competence, and it can suggest that one is a burden to others. These processes can create feelings of isolation, social disconnection, and loneliness, which in turn have negative effects on psychological well-being, physical health, and relationships.

4. The mixed consequences of giving and taking may depend on whether they are motivated by selfishness or otherishness.

5. Our review of research on selfish and otherish motivations provides stark evidence of the benefits of otherish motivation and the costs of selfish motivation. Indeed, we located no recent studies demonstrating that otherish motivation has costs or selfish motivation has benefits for psychological well-being, physical health, or relationships.

6. Human social life is interdependent, and human thriving depends critically on creating, maintaining, and strengthening social bonds. Selfish motivation can break mutually supportive connections with others, whereas otherish motivation builds mutually supportive connections with others.

FUTURE ISSUES

1. Research on the costs and benefits of selfishness and otherishness would benefit from careful attention to measurement of these constructs.

2. Research on the costs and benefits of selfishness has not received the same attention or scrutiny as the costs and benefits of otherishness.

3. Although we now know a great deal about the costs and benefits of giving and taking, and quite a bit about the costs and benefits of selfish and otherish motivation, we know much less about whether selfishness and otherishness are best thought of as personality traits, psychological states, or both.

4. We know little about why people become selfish or otherish and what triggers shifts in the states of selfishness and otherishness. Understanding the triggers of selfishness and otherishness could help improve physical and psychological health and the quality of people's close relationships.

5. We know relatively little about cultural influences on selfishness and otherishness.

6. We know little about the psychological and interpersonal dynamics of selfishness and otherishness.

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LITERATURE CITED

Abelson JL, Erickson TM, Mayer SE, Crocker J, Briggs H, et al. 2014. Brief cognitive intervention can modulate neuroendocrine stress responses to the Trier Social Stress Test: buffering effects of a compassionate goal orientation. *Psychoneuroendocrinology* 44:60–70

Ablitt A, Jones GV, Muers J. 2009. Living with dementia: a systematic review of the influence of relationship factors. *Aging Ment. Health* 13:497–511

Aknin L, Dunn E, Whillans A, Grant A, Norton M. 2013. Making a difference matters: Impact unlocks the emotional benefits of prosocial spending. *J. Econ. Behav. Organ.* 88:90–95

Aknin L, Hamlin JK, Dunn E. 2012. Giving leads to happiness in young children. *PLOS ONE* 7:e39211

Aknin L, Human L. 2015. Give a piece of you: Gifts that reflect givers promote closeness. *J. Exp. Soc. Psychol.* 60:8–16

Alicke MD, Sedikides C. 2011. *Handbook of Self-Enhancement and Self-Protection*. New York: Guilford

Andreoni J, Rao J, Trachtman H. 2011. *Avoiding the Ask: A Field Experiment on Altruism, Empathy, and Charitable Giving*. Cambridge, MA: Natl. Bureau Econ. Res.

Barasch A, Levine EE, Berman JZ, Small DA. 2014. Selfish or selfless? On the signal value of emotion in altruistic behavior. *J. Personal. Soc. Psychol.* 107:393–413

Barbee A, Rowatt T, Cunningham M. 1998. When a friend is in need: feelings about seeking, giving, and receiving social support. In *Handbook of Communication and Emotion: Research, Theory, Applications, and Contexts*, ed. P Andersen, L Guerrero, pp. 281–301. San Diego, CA: Academic

Batson CD. 2010. Empathy-induced altruistic motivation. See Mikulincer & Shaver 2010, pp. 15–34

Bohns VK, Flynn FJ. 2010. "Why didn't you just ask?" Underestimating the discomfort of help-seeking. *J. Exp. Soc. Psychol.* 46:402–9

Bolger N, Zuckerman A, Kessler RC. 2000. Invisible support and adjustment to stress. *J. Personal. Soc. Psychol.* 79:953–61

Bresnahan MJ, Chiu HC, Levine TR. 2004. Self-construal as a predictor of communal and exchange orientation in Taiwan and the USA. *Asian J. Soc. Psychol.* 7:187–203

Brown RM, Brown SL. 2014. Informal caregiving: a reappraisal of effects on caregivers. *Soc. Issues Policy Rev.* 8:74–102

Brown SL, Brown RM, House JS, Smith DM. 2008. Coping with spousal loss: potential buffering effects of self-reported helping behavior. *Personal. Soc. Psychol. Bull.* 34:849–61

Brown SL, Nesse RM, Vinokur AD, Smith DM. 2003. Providing social support may be more beneficial than receiving it: results from a prospective study of mortality. *Psychol. Sci.* 14:320–27

Brown SL, Smith DM, Schulz R, Kabeto MU, Ubel PA, et al. 2009. Caregiving behavior is associated with decreased mortality risk. *Psychol. Sci.* 20:488–94

Brunell AB, Buelow MT. 2015. Narcissism and performance on behavioral decision-making tasks. *J. Behav. Decis. Making.* doi: 10.1002/bdm.1900

Brunell AB, Campbell WK. 2011. Narcissism and romantic relationships: understanding the paradox. In *The Handbook of Narcissism and Narcissistic Personality Disorder: Theoretical Approaches, Empirical Findings, and Treatments*, ed. WK Campbell, JD Miller, pp. 344–50. Hoboken, NJ: Wiley

Brunell AB, Davis MS, Schley DR, Eng AL, van Dulmen MHM, et al. 2013. A new measure of interpersonal exploitativeness. *Front. Psychol.* 4:299

Bushman BJ, Baumeister RF. 1998. Threatened egotism, narcissism, self-esteem, and direct and displaced aggression: Does self-love or self-hate lead to violence? *J. Personal. Soc. Psychol.* 75:219–29

Cain DM, Dana J, Newman GE. 2014. Giving versus giving in. *Acad. Manag. Ann.* 8:505–33

Calderón-Tena CO, Knight GP, Carlo G. 2011. The socialization of prosocial behavioral tendencies among Mexican American adolescents: the role of familism values. *Cultur. Divers. Ethnic Minor. Psychol.* 17:98–106

Campbell WK. 1999. Narcissism and romantic attraction. *J. Personal. Soc. Psychol.* 77:1254–70

Campbell WK, Bonacci AM, Shelton J, Exline JJ, Bushman BJ. 2004. Psychological entitlement: interpersonal consequences and validation of a self-report measure. *J. Personal. Assess.* 83:29–45

Campbell WK, Brunell AB, Finkel EJ. 2006. Narcissism, interpersonal self-regulation, and romantic relationships: an agency model approach. In *Self and Relationships: Connecting Intrapersonal and Interpersonal Processes*, ed. KD Vohs, EJ Finkel, pp. 57–83. New York: Guilford

Canevello A, Crocker J. 2010. Creating good relationships: responsiveness, relationship quality, and interpersonal goals. *J. Personal. Soc. Psychol.* 99:78–106

Canevello A, Crocker J. 2011. Interpersonal goals, others' regard for the self, and self-esteem: the paradoxical consequences of self-image and compassionate goals. *Eur. J. Soc. Psychol.* 41:422–34

Canevello A, Crocker J. 2015. How self-image and compassionate goals shape intrapsychic experiences. *Personal. Soc. Psychol. Compass* 9:620–29

Canevello A, Granillo MT, Crocker J. 2013. Predicting change in relationship insecurity: the roles of compassionate and self-image goals. *Pers. Relatsh.* 20:587–618

Carlson EN. 2013. Honestly arrogant or simply misunderstood? Narcissists' awareness of their narcissism. *Self Identity* 12:259–77

Carver CS, Baird E. 1998. The American dream revisited: Is it what you want or why you want it that matters? *Psychol. Sci.* 9:289–92

Chen F, Greenberg J. 2004. A positive aspect of caregiving: the influence of social support on caregiving gains for family members of relatives with schizophrenia. *Community Ment. Health J.* 40:423–35

Cheng JT, Tracy JL, Miller GE. 2013. Are narcissists hardy or vulnerable? The role of narcissism in the production of stress-related biomarkers in response to emotional distress. *Emotion* 13:1004–11

Cialdini RB, Brown SL, Lewis BP, Luce C, Neuberg SL. 1997. Reinterpreting the empathy-altruism relationship: when one into one equals oneness. *J. Personal. Soc. Psychol.* 73:481–94

Cialdini RB, Schaller M, Houlihan D, Arps K, Fultz J, Beaman AL. 1987. Empathy-based helping: Is it selflessly or selfishly motivated? *J. Personal. Soc. Psychol.* 52:749–58

Clark MS, Aragón OR. 2013. Communal (and other) relationships: history, theory development, recent findings, and future directions. In *The Oxford Handbook of Close Relationships*, ed. JA Simpson, L Campbell, pp. 255–80. New York: Oxford Univ. Press

Clark MS, Lemay EP Jr. 2010. Close relationships. In *Handbook of Social Psychology*, Vol. 2, ed. ST Fiske, DT Gilbert, G Lindzey, pp. 898–940. Hoboken, NJ: Wiley. 5th ed.

Clark MS, Oullette R, Powell MC, Milberg S. 1987. Recipient's mood, relationship type, and helping. *J. Personal. Soc. Psychol.* 53:94–103

Collins NL, Feeney BC. 2000. A safe haven: an attachment theory perspective on support seeking and care giving in close relationships. *J. Personal. Soc. Psychol.* 78:1053–73

Crocker J, Canevello A. 2008. Creating and undermining social support in communal relationships: the role of compassionate and self-image goals. *J. Personal. Soc. Psychol.* 95:555–75

Crocker J, Canevello A. 2012. Consequences of self-image and compassionate goals. In *Advances in Experimental Social Psychology*, Vol. 45, ed. P Devine, A Plant, pp. 229–77. San Diego, CA: Academic

Crocker J, Canevello A, Breines JG, Flynn H. 2010. Interpersonal goals and change in anxiety and dysphoria in first-semester college students. *J. Personal. Soc. Psychol.* 98:1009–24

Cutrona C. 1996. *Social Support in Marriage*. Thousand Oaks, CA: Sage

Cutrona C, Russell D, Rose J. 1986. Social support and adaptation to stress by the elderly. *Psychol. Aging* 1:47–54

Damjanovic AK, Yang Y, Glaser R, Kiecolt-Glaser JK, Nguyen H, et al. 2007. Accelerated telomere erosion is associated with a declining immune function of caregivers of Alzheimer's disease patients. *J. Immunol.* 179:4249–54

Dawes R. 1980. Social dilemmas. *Annu. Rev. Psychol.* 31:169–93

Deci EL, La Guardia JG, Moller AC, Scheiner MJ, Ryan RM. 2006. On the benefits of giving as well as receiving autonomy support: mutuality in close friendships. *Personal. Soc. Psychol. Bull.* 32:313–27

DeSteno D, Bartlett MY, Baumann J, Williams LA, Dickens L. 2010. Gratitude as moral sentiment: emotion-guided cooperation in economic exchange. *Emotion* 10:289–93

Dittmar H, Bond R, Hurst M, Kasser T. 2014. The relationship between materialism and personal well-being: a meta-analysis. *J. Personal. Soc. Psychol.* 107:879–924

Don B, Mickelson K, Barbee A. 2013. Indirect support seeking and perceptions of spousal support: an examination of a reciprocal relationship. *Pers. Relatsh.* 20:655–68

Dunn EW, Aknin LB, Norton MI. 2008a. Spending money on others promotes happiness. *Science* 319:1687–88

Dunn EW, Huntsinger J, Lun J, Sinclair S. 2008b. The gift of similarity: how good and bad gifts influence relationships. *Soc. Cogn.* 26:469–81

Dunning D, Fetchenhauer D, Schlösser T. 2016. The psychology of respect: a case study of how behavioral norms regulate human action. *Adv. Motiv. Sci.* 3:1–34

Falk A, Fehr E, Fischbacher U. 2007. On the nature of fair behavior. *Econ. Inq.* 41:20–26

Feeney BC, Collins NL. 2003. Motivations for caregiving in adult intimate relationships: influences on caregiving behavior and relationship functioning. *Personal. Soc. Psychol. Bull.* 29:950–68

Feeney BC, Collins NL, van Vleet M, Tomlinson JM. 2013. Motivations for providing a secure base: links with attachment orientation and secure base support behavior. *Attachment Hum. Dev.* 15:261–80

Fehr B. 2010. Compassionate love as a prosocial emotion. See Mikulincer & Shaver 2010, pp. 245–65

Fehr B, Harasymchuk C, Sprecher S. 2014. Compassionate love in romantic relationships: a review and some new findings. *J. Soc. Pers. Relatsh.* 31:575–600

Feinberg L, Reinhard SC, Houser A, Choula R. 2011. *Valuing the Invaluable: 2011 Update. The Growing Contributions and Costs of Family Caregiving.* Washington, DC: AARP Policy Inst.

Fisher J, Nadler A, Whitcher-Alagna S. 1982. Recipient reactions to aid. *Psychol. Bull.* 91:27–54

Flynn FJ, Lake VKB. 2008. If you need help, just ask: underestimating compliance with direct requests for help. *J. Personal. Soc. Psychol.* 95:128–43

Fritz HL, Helgeson VS. 1998. Distinctions of unmitigated communion from communion: self-neglect and overinvolvement with others. *J. Personal. Soc. Psychol.* 75:121–40

Gable SL, Reis HT. 2006. Intimacy and the self: an iterative model of the self and close relationships. In *Close Relationships: Functions, Forms and Processes*, ed. P Noller, JA Feeney, pp. 211–25. Hove, UK: Psychol. Press/ Taylor & Francis

Gilbert P, McEwan K, Matos M, Rivis A. 2011. Fears of compassion: development of three self-report measures. *Psychol. Psychother.* 84:239–55

Giving Inst. 2015. *Giving USA Annual Report.* Chicago: Giving Inst. **http://www.givinginstitute.org/ ?page=GUSAAnnualReport**

Gleason MEJ, Iida M, Shrout PE, Bolger N. 2008. Receiving support as a mixed blessing: evidence for dual effects of support on psychological outcomes. *J. Personal. Soc. Psychol.* 94:824–38

Grant AM. 2013. *Give and Take: Why Helping Others Drives Our Success.* New York: Penguin

Gray K, Ward AF, Norton MI. 2014. Paying it forward: generalized reciprocity and the limits of generosity. *J. Exp. Psychol.: Gen.* 143:247–54

Grouzet FME, Kasser T, Ahuvia A, Dols JMF, Kim Y, et al. 2005. The structure of goal contents across 15 cultures. *J. Personal. Soc. Psychol.* 89:800–16

Haber MG, Cohen JL, Lucas T, Baltes BB. 2007. The relationship between self-reported received and perceived social support: a meta-analytic review. *Am. J. Community Psychol.* 39:133–44

Hadden BW, Smith CV, Knee CR. 2014. The way I make you feel: how relatedness and compassionate goals promote partner's relationship satisfaction. *J. Posit. Psychol.* 9:155–62

Hawkley LC, Cacioppo JT. 2010. Loneliness matters: a theoretical and empirical review of consequences and mechanisms. *Ann. Behav. Med.* 40:218–27

Heisler M, Choi H, Piette J, Rosland A, Langa K, Brown S. 2013. Adults with cardiovascular disease who help others: a prospective study of health outcomes. *J. Behav. Med.* 36:199–211

Hilgeman M, Allen R, DeCoster J, Burgio L. 2007. Positive aspects of caregiving as a moderator of treatment outcome over 12 months. *Psychol. Aging* 22:361–71

Hill PL, Turiano NA. 2014. Purpose in life as a predictor of mortality across adulthood. *Psychol. Sci.* 25:1482–86

Hobbes T. 1950/1651. *Leviathan*. New York: Dutton

Hong S, Morrow-Howell N. 2010. Health outcomes of Experience Corps®: a high-commitment volunteer program. *Soc. Sci. Med.* 71:414–20

Impett EA, Javam L, Le BM, Asyabi-Eshghi B, Kogan A. 2013. The joys of genuine giving: approach and avoidance sacrifice motivation and authenticity. *Pers. Relatsh.* 20:740–54

Johnson ND, Mislin AA. 2011. Trust games: a meta-analysis. *J. Econ. Psychol.* 32:865–89

Joiner T, Metalsky G, Katz J, Beach S. 1999. Depression and excessive reassurance-seeking. *Psychol. Inq.* 10:269–78

Jonason PK, Krause L. 2013. The emotional deficits associated with the Dark Triad traits: cognitive empathy, affective empathy, and alexithymia. *Personal. Individ. Differ.* 55:532–37

Kasser T, Rosenblum KL, Sameroff AJ, Deci EL, Niemiec CP, et al. 2014. Changes in materialism, changes in psychological well-being: evidence from three longitudinal studies and an intervention experiment. *Motiv. Emot.* 38:1–22

Kasser T, Ryan RM. 1996. Further examining the American dream: differential correlates of intrinsic and extrinsic goals. *Personal. Soc. Psychol. Bull.* 22:280–87

Kasser T, Ryan RM. 2001. Be careful what you wish for: optimal functioning and the relative attainment of intrinsic and extrinsic goals. In *Life Goals and Well-Being: Towards a Positive Psychology of Human Striving*, ed. P Schmuck, KM Sheldon, pp. 116–31. Ashland, OH: Hogrefe & Huber

Kasser T, Sheldon K. 2002. What makes for a merry Christmas? *J. Happiness Stud.* 3:313–29

Kiecolt-Glaser JK, Marucha PT, Mercado AM, Malarkey WB, Glaser R. 1995. Slowing of wound healing by psychological stress. *Lancet* 346:1194–96

Kiecolt-Glaser JK, Preacher KJ, MacCallum RC, Atkinson A, Malarkey WB, Glaser R. 2003. Chronic stress and age-related increases in the proinflammatory cytokine IL-6. *PNAS* 100:9090–95

Kim ES, Sun JK, Park N, Kubzansky LD, Peterson C. 2013. Purpose in life and reduced risk of myocardial infarction among older U.S. adults with coronary heart disease: a two-year follow-up. *J. Behav. Med.* 36:124–33

Kinias Z, Kim HS, Hafenbrack AC, Lee JJ. 2014. Standing out as a signal to selfishness: culture and devaluation of non-normative characteristics. *Organ. Behav. Hum. Decis. Process.* 124:190–203

Konrath S, Bonadonna JP. 2014. Physiological and health-related correlates of the narcissistic personality. In *Handbook of the Psychology of Narcissism: Diverse Perspectives*, ed. A Besser, pp. 175–213. Hauppauge, NY: Nova Sci.

Konrath S, Fuhrel-Forbis A, Lou A, Brown S. 2012. Motives for volunteering are associated with mortality risk in older adults. *Health Psychol.* 31:87–96

Krause N. 2007. Longitudinal study of social support and meaning in life. *Psychol. Aging* 22:456–69

Krekels G, Pandelaere M. 2015. Dispositional greed. *Personal. Individ. Differ.* 74:225–30

Laurenceau J-P, Barrett LF, Rovine MJ. 2005. The interpersonal process model of intimacy in marriage: a daily-diary and multilevel modeling approach. *J. Fam. Psychol.* 19:314–23

Le BM, Impett EA, Kogan A, Webster GD, Cheng C. 2013. The personal and interpersonal rewards of communal orientation. *J. Soc. Pers. Relatsh.* 30:694–710

Leary MR, Hofmann SG, DiBartolo PM. 2001. Social anxiety as an early warning system: a refinement and extension of the self-presentation theory of social anxiety. In *From Social Anxiety to Social Phobia: Multiple Perspectives*, ed. SG Hofmann, PM DiBartolo, pp. 321–34. Needham Heights, MA: Allyn & Bacon

Leary MR, Kowalski RM. 1990. Impression management: a literature review and two-component model. *Psychol. Bull.* 107:34–47

Leary MR, Tchividijian LR, Kraxberger BE. 1994. Self-presentation can be hazardous to your health: impression management and health risk. *Health Psychol.* 13:461–70

Li Y, Li H, Decety J, Lee K. 2013. Experiencing a natural disaster alters children's altruistic giving. *Psychol. Sci.* 24:1686–95

Martin KA, Leary MR. 2001. Self-presentational determinants of health risk behavior among college freshmen. *Psychol. Health* 16:17–27

Martin KA, Leary MR, Rejeski WJ. 2000. Self-presentational concerns in older adults: implications for health and well-being. *Basic Appl. Soc. Psychol.* 22:169–79

McClure M, Xu J, Craw J, Lane S, Bolger N, Shrout P. 2014. Understanding the costs of support transactions in daily life. *J. Personal.* 82:563–74

Midlarsky E. 1991. Helping as coping. In *Prosocial Behavior*, ed. M Clark, pp. 238–64. Thousand Oaks, CA: Sage

Mikulincer M, Shaver PRR, eds. 2010. *Prosocial Motives, Emotions, and Behavior: The Better Angels of Our Nature*. Washington, DC: Am. Psychol. Assoc.

Miller DT. 1999. The norm of self-interest. *Am. Psychol.* 54:1053–60

Mills J, Clark MS, Ford TE, Johnson M. 2004. Measurement of communal strength. *Pers. Relatsh.* 11:213–30

Mogilner C. 2010. The pursuit of happiness: time, money, and social connection. *Psychol. Sci.* 21:1348–54

Monin J, Schulz R. 2009. Interpersonal effects of suffering in older adult caregiving relationships. *Psychol. Aging* 24:681–95

Morelli SA, Lee IA, Arnn ME, Zaki J. 2015. Emotional and instrumental support provision interact to predict well-being. *Emotion* 15:484–93

Murray SL, Holmes JG, Collins NL. 2006. Optimizing assurance: the risk regulation system in relationships. *Psychol. Bull.* 132:641–66

Musick M, Wilson J. 2003. Volunteering and depression: the role of psychological and social resources in different age groups. *Soc. Sci. Med.* 56:259–69

Nadler A, Halabi S, Harapz-Gorodeisky G, Ben-David Y. 2010. Helping relations as status relations. See Mikulincer & Shaver 2010, pp. 181–200

Neel R, Kenrick DT, White AE, Neuberg SL. 2016. Individual differences in fundamental social motives. *J. Personal. Soc. Psychol.* 110:887–907

Nelson SK, Layous K, Cole SW, Lyubomirky S. 2016. Do unto others or treat yourself? The effects of prosocial and self-focused behavior on psychological flourishing. *Emotion*. 16:850–61

Oppenheimer DM, Olivola CY. 2011. *The Science of Giving: Experimental Approaches to the Study of Charity*. New York: Psychol. Press

Pasch L, Bradbury T. 1998. Social support, conflict, and the development of marital dysfunction. *J. Consult. Clin. Psychol.* 66:219–30

Penninx BW, van Tilburg T, Kriegsman DM, Deeg DJ, Boeke AJ, van Eijk JT. 1997. Effects of social support and personal coping resources on mortality in older age: the Longitudinal Aging Study of Amsterdam. *Am. J. Epidemiol.* 46:510–19

Piferi R, Lawler K. 2006. Social support and ambulatory blood pressure: an examination of both receiving and giving. *Int. J. Psychophysiol.* 62:328–36

Pinquart M, Sörensen S. 2003a. Associations of stressors and uplifts of caregiving with caregiver burden and depressive mood: a meta-analysis. *J. Gerontol. B Psychol. Sci. Soc. Sci.* 58:P112–28

Pinquart M, Sörensen S. 2003b. Differences between caregivers and noncaregivers in psychological health and physical health: a meta-analysis. *Psychol. Aging* 18:250–67

Pinquart M, Sörensen S. 2007. Correlates of physical health of informal caregivers: a meta-analysis. *J. Gerontol. B Psychol. Sci. Soc. Sci.* 62:P126–37

Pinquart M, Sörensen S. 2011. Spouses, adult children, and children-in-law as caregivers of older adults: a meta-analytic comparison. *Psychol. Aging* 26:1–14

Post SG. 2005. Altruism, happiness, and health: It's good to be good. *Int. J. Behav. Med.* 12:66–77

Poulin M, Brown S, Ubel P, Smith D, Jankovic A, Langa K. 2010. Does a helping hand mean a heavy heart? Helping behavior and well-being among spouse caregivers. *Psychol. Aging* 25:108–17

Preston SD. 2013. The origins of altruism in offspring care. *Psychol. Bull.* 139:1305–41

Quinn C, Clare L, McGuinness T, Woods RT. 2012. The impact of relationships, motivations, and meanings on dementia caregiving outcomes. *Int. Psychogeriatr.* 24:1816–26

Quinn C, Clare L, Woods B. 2009. The impact of the quality of relationship on the experiences and wellbeing of caregivers of people with dementia: a systematic review. *Aging Ment. Health* 13:143–54

Quinn C, Clare L, Woods RT. 2015. Balancing needs: the role of motivations, meanings and relationship dynamics in the experience of informal caregivers of people with dementia. *Dementia* (*Lond.*) 14:220–37

Rauer AJ, Sabey A, Jensen JF. 2014. Growing old together: compassionate love and health in older adulthood. *J. Soc. Pers. Relatsh.* 31:677–96

Reis HT, Collins WA, Berscheid E. 2000. The relationship context of human behavior and development. *Psychol. Bull.* 126:844–72

Reis HT, Maniaci MR, Rogge RD. 2014. The expression of compassionate love in everyday compassionate acts. *J. Soc. Pers. Relatsh.* 31:651–76

Rohmann E, Neumann E, Herner MJ, Bierhoff H-W. 2012. Grandiose and vulnerable narcissism: self-construal, attachment, and love in romantic relationships. *Eur. Psychol.* 17:279–90

Rose P. 2002. The happy and unhappy faces of narcissism. *Personal. Individ. Differ.* 33:379–92

Santini ZI, Koyanagi A, Tyrovolas S, Mason C, Haro JM. 2015. The association between social relationships and depression: a systematic review. *J. Affect. Disord.* 175:53–65

Sarason IG, Pierce GR, Sarason BR. 1990. Social support and interactional processes: a triadic hypothesis. *J. Soc. Pers. Relatsh.* 7:495–506

Sarid O, Melzer I, Kurz I, Shahar D, Ruch W. 2010. The effect of helping behavior and physical activity on mood states and depressive symptoms of elderly people. *Clin. Gerontol.* 33:270–82

Schulz R, Beach S. 1999. Caregiving as a risk factor for mortality: the Caregiver Health Effects Study. *JAMA* 281:2215–19

Schwartz C, Meisenhelder JB, Ma Y, Reed G. 2003. Altruistic social interest behaviors are associated with better mental health. *Psychosom. Med.* 65:778–85

Schwarzer R, Knoll N. 2007. Functional roles of social support within the stress and coping process: a theoretical and empirical overview. *Int. J. Psychol.* 42:243–52

Sears DO, Funk CL. 1990. Self-interest in Americans' political opinions. In *Beyond Self-Interest*, ed. JJ Mansbridge, pp. 147–70. Chicago: Univ. Chicago Press

Seuntjens TG, Zeelenberg M, van de Ven N, Breugelmans SM. 2015. Dispositional greed. *J. Personal. Soc. Psychol.* 108:917–33

Shaver PR, Mikulincer M, Shemesh-Iron M. 2010. A behavioral-systems perspective on prosocial behavior. See Mikulincer & Shaver 2010, pp. 73–91

Sheldon KM, Elliot AJ. 1999. Goal striving, need satisfaction, and longitudinal well-being: the self-concordance model. *J. Personal. Soc. Psychol.* 76:482–97

Shrout PE, Herman CM, Bolger N. 2006. The costs and benefits of practical and emotional support on adjustment: a daily diary study of couples experiencing acute stress. *Pers. Relatsh.* 13:115–34

Slotter EB, Gardner WL, Finkel EJ. 2010. Who am I without you? The influence of romantic breakup on the self-concept. *Personal. Soc. Psychol. Bull.* 36:147–60

Sprecher S, Fehr B. 2005. Compassionate love for close others and humanity. *J. Soc. Pers. Relatsh.* 22:629–51

Sprecher S, Fehr B. 2006. Enhancement of mood and self-esteem as a result of giving and receiving compassionate love. *Curr. Res. Soc. Psychol.* 11:227–42

Stillman TF, Lambert NM. 2013. The bidirectional relationship of meaning and belonging. In *The Experience of Meaning in Life: Classical Perspectives, Emerging Themes, and Controversies*, ed. JA Hicks, C Routledge, pp. 305–15. New York: Springer Sci.

Strazdins L, Broom D. 2007. The mental health costs and benefits of giving social support. *Int. J. Stress Manag.* 14:370–85

Tay L, Tan K, Diener E, Gonzalez E. 2013. Social relations, health behaviors, and health outcomes: a survey and synthesis. *Appl. Psychol. Health Well-Being* 5:28–78

Thoits PA, Hewitt LN. 2001. Volunteer work and well-being. *J. Health Soc. Behav.* 42:115–31

Twenge JM. 2000. The age of anxiety? The birth cohort change in anxiety and neuroticism, 1952–1993. *J. Personal. Soc. Psychol.* 79:1007–21

Twenge JM. 2006. *Generation Me: Why Today's Young Americans Are More Confident, Assertive, Entitled—and More Miserable Than Ever Before*. New York: Free Press

Uchino BN. 2004. *Social Support and Physical Health: Understanding the Health Consequences of Our Relationships*. New Haven, CT: Yale Univ. Press

Uchino BN, Cacioppo JT, Kiecolt-Glaser JK. 1996. The relationship between social support and physiological processes: a review with emphasis on underlying mechanisms and implications for health. *Psychol. Bull.* 119:488–531

Vitaliano P, Zhang J, Scanlan J. 2003. Is caregiving hazardous to one's physical health? A meta-analysis. *Psychol. Bull.* 129:946–72

Yamagishi T, Li Y, Takagishi H, Matsumoto Y, Kiyonari T. 2014. In search of *Homo economicus*. *Psychol. Sci.* 25:1699–711

Yinon Y, Landau M. 1987. On the reinforcing value of helping behavior in a positive mood. *Motiv. Emot.* 11:83–93