Mencius famously remarked:

No man is devoid of a heart sensitive to the suffering of others . . . Suppose a man were, all of a sudden, to see a young child on the verge of falling into a well. He would certainly be moved to compassion.1

What Mencius’s translator calls compassion is an instance of what I shall call sympathetic concern or sympathy. It is a feeling or emotion that (a) responds to some apparent threat or obstacle to an individual’s good or well-being, (b) has that individual himself as object, and (c) involves concern for him, and thus for his well-being, for his sake. Seeing the child on the verge of falling, one is concerned for his safety, not just for its (his safety’s) sake, but for his sake. One is concerned for him. Sympathy for the child is a way of caring for (and about) him.

Sympathy differs in this respect from several distinct psychological phenomena usually collected under the term ‘empathy’, which need not involve such concern. Common to these are feelings that, as one psychologist puts it, are “congruent with the other’s emotional state or condition.”2 Here it is the other’s standpoint that is salient, in this case, the child’s as he faces the prospect of falling down the well. Empathy consists in feeling what one imagines he feels, or perhaps should feel (fear, say), or in some imagined copy of these feelings, whether one comes thereby to be concerned for the child or not. Empathy can be consistent with the indifference of pure observation or even the cruelty of sadism. It all depends on why one is interested in the other’s perspective.3 Sympathy, on the other hand, is felt as from the perspective of “one-caring.”4

We now know a good deal about the psychology of empathy and sympathy. Much of this was gleaned by earlier observers like
Hume and Adam Smith, who correctly believed these emotional mechanisms to be central to human thought and practice. But a large amount has come in this century, as experimental psychology has developed and theoretical speculations about empathy and sympathy have been submitted to experimental tests. Indeed, ‘empathy’ only entered English when Edward Titchener coined it in 1909 to translate Theodor Lipps’s ‘Einfühlung’, which he in turn had appropriated for psychology from German aesthetics in 1905 and which derives from a verb meaning “to feel one’s way into.” Both Hume and Smith had used ‘sympathy’ to refer to the distinctive forms of empathy they described.

In what follows, I wish to discuss empathy and sympathy’s relevance to ethics, taking recent findings into account. In particular, I want to consider sympathy’s relation to the idea of a person’s good or well-being. It is obvious and uncontroversial that sympathetic concern for a person involves some concern for her good and some desire to promote it. What I want to suggest is that the concept of a person’s good or well-being is one we have because we are capable of care and sympathetic concern. Well-being is normative for care in the sense that it is intrinsic to the very idea of a person’s good that threats to it are what it makes sense to be concerned about for that person for her sake.

Contrary to popular philosophical opinion, I believe that well-being has no essential relevance to the first-person point of view of a rational agent. It is neither conceptually nor metaphysically necessary either (i) that what it makes sense for a person to desire and seek will contribute to his well-being nor (ii) that whatever will advance his good is something he should rationally seek, even prima facie. Of course, we believe that any human being does have reason to be concerned about his own good. But what stands behind that belief? Why does it make sense for any person to be concerned about his own good?

According to some views of well-being, (ii) is true because (i) is true: all and only what a person has reason to desire counts as part of his well-being. (Think here of informed desire-satisfaction theories of well-being and rational choice.) The problem with these theories, however, is that they make rational self-sacrifice not just normatively inadvisable, but conceptually or metaphysically impossible. And
they make rational egoism conceptually or metaphysically necessary rather than a substantive, indeed controversial, normative claim.

But there are many things I rationally take an interest in, such as the survival of the planet and the flourishing of my children long after I am dead, that will make no contribution to my own well-being or good. In a slogan, a person may have many rational interests (things in which she takes a rational interest) that go well beyond what is for her good or in her interest. Or, as we might also put it, a person’s good – what benefits her or advances her well-being – is different from what is good from her point of view or standpoint. The latter is the perspective of what she herself cares about, whereas her own good is what is desirable from the perspective of someone (perhaps she herself) who cares about her.

I believe we have reason to care about our good because we have reason to care about ourselves. A person’s good is what it makes sense to want for that person’s sake, that is, insofar as one cares about her. Desiring something for someone’s sake just is a form of desire that springs from care. It is a desire that has, in addition to a direct propositional object (that the person have some benefit), an “indirect object” (the person herself). Concern for the person supplies the indirect object.

If this is so, the primary locus of the concept of a person’s well-being or good is not the first-person point of view, but the third-person perspective of one-caring, a perspective we can take on ourselves no less than on others. I have reason to care about others’ goods insofar as I have reason to care about them, and I have reason to care about my own good insofar as have reason to care about myself. And while individuals may have more reason to care about themselves or close relations than they do about strangers, I believe that neither is possible without the capacity to care for self or others that is involved in sympathetic concern.

**EMPATHY**

To work toward some clarification and defense of these claims, we should begin by distinguishing forms of empathy. Sympathy for a person and her plight is felt as from the third-person perspective of one-caring, whereas empathy involves something like a sharing of the other’s mental states, frequently, as from her standpoint. This
is different from caring about her, even imaginatively. After all, the person we are empathizing with may hate herself, feel she is worthless, and want nothing more than the misery she believes she so richly deserves. Imaginatively sharing these concerns of hers (as first-personally) is hardly the same thing as sympathy for her.10

_Emotional Contagion_

The most rudimentary form of empathy is “emotional contagion” or “infection” as when one “catches” a feeling or emotional state from another, not by imaginative projection, but more directly.11 Walking into a room filled with laughter and convivial conversation, we feel differently than when the room is filled with depression (or with tension). This is a form of what Hume called “sympathy,” which he defined as the “propensity we have . . . to receive by communication [the] inclinations and sentiments” of others,12 and when he said, quoting Horace, that “the human countenance . . . borrows smiles or tears from the human countenance.”13

Smiles and frowns (and, we might add, yawns and coughs) beget their like, not because the person beholding the smiling face projects herself into the smiling person’s standpoint and imagines what it would be like to be seeing things in that smiling way, but directly, without any mediating projective imaginative activity. Of course, Humean sympathy must be harnessed to the imagination to play the role Hume believes it does in moral judgment. Judging the merit of a character trait or motive, Hume thinks, we are carried by an association of ideas from thoughts of the trait or motive to thoughts of its usual effects, including of the pleasure or pain it tends to cause. But sympathy has done no work yet. Its job is to take us from ideas of these pleasures or pains to pleasurable or painful feelings and, thereby, to cause or constitute the moral sentiment that moral judgments express. Hume supposes that this happens directly, without any projection into the standpoint of those we imagine to be pleased or pained.14

Hume believed that the way contagion functions in general is through an “idea” of the communicated feeling. On his official theory, “sympathy” takes ideas of passions or feelings as inputs and transmits them into “the very passion[s]” themselves (T.317) by infusing them more or less with our impression of ourselves, the
degree being determined by how close the person whose feelings we are contemplating is to us. According to Hume, therefore, we must first be aware of feelings before sympathy can turn these into felt impressions. But one doesn’t need an idea of a contagious emotion to catch it. Being in the company of the anxious can create anxiety even in those who are unaware of it in others.

How, then, does emotional contagion work? A central mechanism seems to be mimicry. Facial mimicry, which we now know to be present in neonates in their very first days, appears to be especially important. But how can mimicry transfer feeling or emotion?

At least since Darwin (The Expression of the Emotions in Man and Animals, 1872), it has been noted that emotions correlate with specific bodily and facial movements. Emotions whose bodily expressions are virtually universally recognized across cultures have been shown to include anger, disgust, contempt, sadness, grief, and happiness, among others. So far, this just shows that distinctive feelings cause distinctive bodily expressions. Studies by Paul Ekman and his colleagues, however, have shown that when subjects are directed to assume facial positions that are characteristic of an emotion without grasping the experimenter’s ulterior purpose, they actually tend to experience the emotion themselves. Other experiments confirm this result. Subjects who are asked to pronounce phonemes involving muscle activity implicated in characteristic emotional facial expressions tend, when they comply, to feel those very feelings. The facial expression produced by pronouncing the phoneme ‘e’, for example, resembles the smile. And it turns out that pronouncing ‘e’ leads to a happier feeling. There is more to saying “cheese” than we might have imagined.

Why all this should be so is fascinating question. Robert Zajonc hypothesizes that there is an afferent feedback system in which facial expression affects blood temperature in the brain, affecting serotonin levels and changing affect. Whatever the mechanism, there is impressive evidence that facial and other forms of motor mimicry produce feedback and that mimicry can tend not only to modulate, but also to initiate felt emotion.

Another example of an apparently dedicated form of mimicry is the phenomenon of infant reactive crying. Studies have shown that neonates have a significant tendency to cry in reaction to tapes of
crying infants of like age. This kind of “primary circular reaction” forms the first mode of Martin Hoffman’s developmental theory of empathy. At this stage, empathic response in the child obviously involves no sense of the other as the primary locus of distress. Before awareness of others as distinct individuals, children experience “global empathic distress,” and are likely to seek comfort for themselves when other children cry.

The hypothesis that motor mimicry is a major empathic mechanism was already present in Lipps’s and Titchener’s theories in the early 1900’s. Experiments since have shown all manner of behaviors to evoke mimicry, including pain behavior, laughter, smiling, affection, embarrassment, discomfort, disgust,ducking, stuttering, word-finding, reaching, and success and failure at a timed task. Before passing to consider a more sophisticated variety of mimetic empathy, namely, simulation of affective states, we should note some fascinating studies that Janet Bavelas and her colleagues have done on the communicative function of motor mimicry.

These experiments show that when subjects witness apparent expressions of pain, their tendencies to mimic are substantially affected by how likely eye contact is with the pain-expressing person. It is as if the function of empathic mimicry were to mirror the feelings of others. As these psychologists put it, “I show how you feel.” Moreover, mimicry manifests “reflection symmetry.” When two people are facing each other and one ducks to her right, the person facing her is likely to duck to his left. We mimic, that is, not by stepping into others’ shoes so much as by stepping into shoes that will mirror to them their expressive behavior in their shoes. This suggests a more interesting and satisfying mimetic basis for reciprocity (and, thus, reciprocal altruism) than mere copying. When A does something to B, reflection-symmetrical mimicry involves B doing the same thing to A. Reflected mimicry supplies the target as well the behavior copied.

**Projective Empathy and Simulation**

Emotional contagion is only a primitive form of empathy, involving no projection into the other’s standpoint nor even, necessarily, any awareness of the other as a distinct self. When we share another’s feelings through contagion, it is not as from her point of view, responding to her situation as we imagine she sees it.
Early on, however, infants begin to develop the rudiments of perspective taking that underlie more sophisticated forms of empathy. The relevant phenomena are “social referencing” and “joint visual attention.” Young children have been shown experimentally to “reference” their mothers in potentially threatening circumstances, to check her attitude, and to modify their behavior in light of it.25 As early as six months, babies in experiments whose mothers turn and direct their gaze to an object in another part of the room exhibit a tendency to turn also and fairly reliably discriminate the object to which their mothers are attending.26 This is not the same thing as projection into the mother’s perspective, but it certainly seems a movement towards it.

The difference between emotional contagion and “projective” empathy is something like the difference between Hume’s “sympathy” and what Adam Smith calls “sympathy.” Humean sympathy is felt as from an observer’s standpoint, beginning with an idea of the other’s feeling inferred as the cause of witnessed behavior. Smith argued, however, that the ability to form ideas of others’ feelings already involves “sympathy.” “By the imagination we place ourselves in [the other’s] situation,” and imagine “what we ourselves should feel in the like situation.”27 Smith’s sympathy differs from Hume’s in point of view and, consequently, in what it is about the other we have in view. “When we see a stroke aimed and just ready to fall upon the leg or arm of another person,” Smith writes, “we naturally shrink and draw back our own leg or our own arm” (TMS.9). We respond to the other person’s situation as from her standpoint rather than to her reaction or to an imagined version of it. And when the stroke falls, “we are hurt by it as well as the sufferer,” if not in the same way (TMS.9). We feel an imagined surrogate of what the other actually feels.

Several philosophers of mind, including Robert Gordon and Alvin Goldman, have recently argued that empathy of this sort (simulation, as they call it) is centrally involved in attributing mental states to others (much as Smith had claimed).28 As against the familiar idea that we attribute mental states via some common-sense theory, inferring them as the best explanation of behavior, or by some induction over cases, Gordon and Goldman hold that we frequently simply simulate others. We place ourselves in their situation and work out what we
would think, want, and do, if we were they. The idea is not that our thought is explicitly self-conscious: “If I were she, I would feel thus and so, so she probably feels thus and so.” Rather, we unself-consciously project into the other’s standpoint, respond imaginatively from that perspective, and attribute the result to the other.

To illustrate some evidence for simulation, consider the following story, with which subjects in a Kahneman and Tversky experiment were presented:

Mr. Crane and Mr. Tees were scheduled to leave the airport on different flights, at the same time. They traveled from town in the same limousine, were caught in a traffic jam, and arrived at the airport 30 minutes after the scheduled departure time of their flights. Mr. Crane is told that his flight left on time. Mr. Tees is told that his was delayed and just left five minutes ago.29

Which was more upset? If you are like 96% of Kahneman and Tversky’s subjects, you will answer: Mr. Tees. How do we come to this conclusion? It seems quite implausible that we survey generalizations or make inductions about cases, and then attribute similar states by analogy. Rather, we apparently simply imagine ourselves in the respective positions and attribute our imagined feelings to Mr. Crane and Mr. Tees. Better, we work out what to feel from these perspectives, and attribute the results. Thus, as Mr. Crane: “Oh well, I can’t complain. After all, that’s when it was scheduled to go off.” As Mr. Tees: “Oooh, I hate it when that happens.”30

It is important that projective empathy is not simply copying others’ feelings or thought processes as we imagine them. Rather, we place ourselves in the other’s situation and work out what to feel, as though we were they. This puts us into a position to second the other’s feeling or dissent from it. As Smith puts it, we thereby express our sense of the “propriety” of the other’s feeling, whether, that is, we think it warranted or not. If we cannot “enter into” an angry person’s sense of a situation that provokes her anger, we will feel her anger inappropriate (TMS.11). Or if a person laments his misfortunes, but “bringing [his] case home to ourselves” does not affect us similarly, we will not share his grief but think it unwarranted (TMS.16).

There are two points worth emphasizing here. One, which I will stress when we come to sympathy, is that feelings present themselves from the first-person standpoint as warranted by features of the situation to which they apparently respond. Fear involves seeing something as frightening, and so, as warranting fear. Disgust
is as of the disgusting. And so on. From the first-person perspective of a person having an emotion, one’s situation presents itself as providing some warrant for the emotion. This doesn’t mean that one must believe the emotion warranted, not even in any respect, and certainly not all things considered. Rather, things will seem to one as warranting the emotion (in something like the way the lines in the Müller-Lyer illusion seem to be of different length even to those who believe they are not). It will be to one as if one’s situation gave one reason to feel as one does.

The second point is that if one is inclined to believe that another’s feelings are not warranted by her situation, this will make it more difficult to share them through projective empathy. Indeed, one’s relative inability to empathize will itself be an expression of thinking the other’s feelings to be unwarranted (in Smith’s phrase, “improper”). When we do share others’ feelings through projective empathy, consequently, we second their feelings and thereby confirm them.

There are differences of degree here, of course. Sometimes we implicitly assess what more or less anyone would reasonably feel in the other’s circumstances, as we presumably do when we attribute greater frustration to Mr. Tees. On other occasions, we assess another’s feelings in relation to her personal characteristics. This is the kind of projective empathy that is more appropriate to empathy with another, as when we share another’s feeling as a way of caring (sympathetically) for her. “When I console with you for the loss of your only son,” Smith writes, “in order to enter into your grief I do not consider what I, a person of such a character and profession, should suffer, if I had a son, and if that son were unfortunately to die: but I consider what I should suffer if I was really you, and I not only change circumstances with you, but I change persons and characters” (TMS.317). Empathy of this sort is closer to sympathy, since the grief I vicariously experience is “entirely upon your account, and not in the least upon my own” (TMS.317). So long, however, as my grief on your account is only as from your standpoint, and not from my standpoint in appreciation of yours, we have empathy without sympathy.

Even when we project into others’ characters, however, we must still be able to share their feelings as apparently warranted from that
perspective. If we cannot see features of their situation as providing reasons for their emotions, we cannot share them. Here we are likelier to regard the other as, in this respect at least, more aptly the object of “objective” attitudes rather than the “participant reactive attitudes” that Strawson famously claimed are essential to common life.31

Projective empathy is thus no less communicative than Bavelas and her colleagues have found mimicry generally to be. When we projectively mirror others’ feelings, we not only show them how they feel, we also show them that we agree with them about how to feel. We show we understand their feelings and signal our willingness to participate with them in a common emotional life. This makes projective empathy central to the formation of normative communities – like-minded groups who can agree on norms of feeling. (Think here of post-seventies talk taking the form: “I was like . . . , and he was like . . . , and I was like . . . , etc.” Or: “He goes [some act displayed or described] and I go [some feeling displayed or described] . . . ” We might see these attempts to elicit projective empathy in interlocutors as ur-versions of fully articulate normative discussion about how to feel.)32

Proto-Sympathetic Empathy

Projective empathy is a projection into the other’s standpoint. Attention is focused, not on the other, but on her situation as we imagine she sees it, or as we think she should see it. This, again, is a fundamental difference with sympathy. In sympathy, it is the other and the relevance of her situation for her that we focus on. There is, however, a form of empathy that brings these into view.

Consider the difference between the instructions: (a) imagine what someone would feel if he were to lose his only child, and (b) imagine what it would be like for that person to feel that way. Complying with (a) involves simulating someone in the imagined circumstances in order to identify what feelings the situation would apparently warrant when so viewed. It need involve no attention at all to what it would be like for the person to have those feelings or to suffer that loss. To comply with the second request, however, one would have to simulate, not just a person with the relevant feelings, but someone conscious of his feelings, their phenomenological textures, and relevance for his life.
Call empathy of this latter form, *proto-sympathetic empathy*—“proto-sympathetic,” because it brings the other’s relation to his situation into view in way that can engage sympathy on his behalf. A person grieves the loss of his child, and in sharing his grief projectively my focus is on the child who was lost, not the person whose grief I share. When, however, I turn my attention to what it must be like to live with this loss, I focus on the person himself and the ways his grief pervades and affects his life. Before my thought was: What a terrible thing—a precious child is lost. Now my thought is: What a terrible thing for him—he has lost his precious child.

Proto-sympathetic empathy is informed by projective empathy, but goes beyond it in not being felt entirely as from the other’s standpoint (or, at least, not without projected self-consciousness). Someone who has lost a child might be so consumed by the loss that he is unable even to think about what living with it is like for him. So someone simulating his experience would simulate being unable to also. Or perhaps the loss is so devastating that he denies it, thinking and acting as though the child were still alive. Only with the “double vision” provided by some perspective on the person and his feelings as well as by projective empathy with those very feelings can one imagine what life must be like for him.

Projective empathy involves imaginative (or “off-line” versions of the distress one imagines others to feel. Since Ezra Stotland’s first experiments in 1969, however, studies have consistently shown that subjects who projectively empathize report actual emotions and show physical symptoms that parallel the likely reactions of their targets. The imagined distress thus causes some level of real distress in the empathizers.

This distress can be felt as entirely personal. Martin Hoffman calls this “empathic distress,” which he distinguishes from “sympathetic distress.” Empathic distress has oneself as object and gives rise to efforts to comfort or relieve oneself. Sympathetic distress, on the other hand, has another’s distress as object and tends to cause efforts on the other’s behalf. C. Daniel Batson and his colleagues make a similar distinction between “personal distress” and what they call genuine empathy, including within the latter “other-focused . . . feelings of sympathy, compassion, [and] tenderness.”

As we are defining things, what Batson calls “empathy” is a form of sympathy. But we can see how proto-sympathetic empathy, at least, is significantly closer to Batson’s “empathy,” and thus to what we are calling sympathy, than it is to personal distress. Like genuine sympathy, proto-sympathetic empathy has the other person and his plight as object. When we imagine what another person’s grief is like for him, we are focused on the other person and his grief. And this means that the distress we feel vicariously by projective identification can find a new target, namely his distress, thereby giving rise to sympathy. This new distress at his distress may be supported, moreover, by association with similar experiences we recall from our own lives. Recollecting one’s own grief at losing a parent, say, may solidify one’s sense of the other’s loss and support a concern for the other by association with sympathy for oneself.

The point is not that proto-sympathetic empathy necessarily gives rise to sympathy. Someone in the grip of resentment, envy, or the desire for revenge may take delight in the vivid appreciation of another’s plight he gets from imagining what another’s situation must be like for her. However, when sympathy is blocked in such situations, it may be because empathic engagement is framed within some larger concern or narrative in which the other and her situation plays only a derivative role. If I see the other’s plight as deserved, or as evidence of my own power, or as the plight of an enemy or competitor, then I am less likely to sympathize. But then I am not really attending undividedly to her or her plight. I am interested in her point of view insofar as it enters into my own.

**SYMPATHY**

Over the past fifteen years, C. D. Batson and his colleagues have been finding experimental support for what they call the “Empathy-Altruism Hypothesis.” Because of the difference between Batson’s definitions and ours, this research bears only indirectly on the relationship between empathy and sympathy as we are defining them. But the indirect light is pretty bright nonetheless.

Batson’s experiments work by testing differences in the behavior of subjects who are given an opportunity to help someone they experience as being in need. The subjects are partitioned in two
cross-cutting ways. One is a partitioning between “low empathy” and “high empathy” subjects. For example, some subjects might be told (as in Stotland’s experiments) to imagine how the person they are observing feels (high empathy condition) with the rest being told to attend carefully to the information they learn from observing the person (low empathy). The other variable is “ease of escape,” how easily subjects can avoid helping without retaining vicarious distress. In a wide range of experimental conditions, designed to rule out a wide variety of alternative hypotheses, high empathy subjects show a remarkable disposition to help even when they can easily escape doing so without vicarious personal distress.

Despite differences in definition, I take this as evidence of a psychological connection between empathy and sympathy in our terms. So far as I can see, all that is directly manipulated in Batson’s experiments are forms of projective and proto-sympathetic empathy. Thus, when subjects are told to imagine what another person is feeling, they are being instructed to empathize, not to feel sympathy. What Batson’s subjects directly exhibit is helping behavior rather than sympathy. But Batson claims his experiments show that what explains this helping is a motivational state whose “ultimate goal” is “increasing the other’s welfare.” I conjecture that, in many cases at least, this motivational state is sympathy.

Sympathy, again, is a feeling or emotion that responds to some apparent threat or obstacle to an individual’s good and involves concern for him, and thus for his well-being, for his sake. Introductory psychology students in one of Batson’s early experiments hear an audio tape they believe to be of a fellow student, Carol, who has had to miss a month of class while hospitalized as the result of an auto accident. The subjects are asked if they will help Carol make up missed work. Subjects in the “difficult escape” condition are told that Carol will be back in their discussion section in a week, and those in the “easy escape” condition, that she will be studying at home, conveniently out of view. Subjects whose empathy is heightened by imagining what Carol must be feeling show a remarkable tendency to help, even in the easy escape condition (71%). Why?

Assume that Batson is right that his experiment shows that what moves these students is an other-directed rather than self-directed motive like the desire to remove vicarious personal distress. What
is the nature of this other-directed motive? Of course, it might be that the subjects had some standing desire or principle to aid others in need and that empathy simply makes Carol’s need more evident than it would otherwise have been. Another, and I think more likely, possibility, is that the vicarious distress that high empathy subjects feel comes to have a new object, namely, Carol and her predicament. On this hypothesis, the subjects feel an emotion that is directed toward Carol and her plight. Their empathy gives rise to sympathy. Initially distressed as from Carol’s point of view, they came to be distressed at Carol’s plight and on her behalf. They came to feel concern for her and, consequently, to desire relief from her plight for her sake.

Sympathy’s Object

Sympathy is an individual-regarding emotion. We feel sympathy for someone, just as we can have fears or hopes for someone or on someone’s behalf. All these emotions are forms of concern for a person for his own sake. The “for its sake” construction is revealing here. Something is desire, felt, or done for something’s “sake” when the desire, feeling, or action is out of regard to (or for), that is, quite literally, with a view towards, that thing. It is with attention to or in consideration of the thing itself that we desire, feel, or act, when we do so for its sake.

According to philosophical orthodoxy, the standard object of desire, action, and feeling is some proposition or possible state of affairs. If I want an ice cream, the real object of my desire is that I eat an ice cream. Or if I fear a tiger, then perhaps I fear that I might be eaten by a tiger. Moreover, it sometimes seems implicit in ethical writing that what it is to care about another person is simply or primarily to have a desire with a specific propositional content, namely, that the person fare well.

Even if desires and feelings have propositional objects, however, some also have “indirect objects” that are non-propositional. In particular, the form of desire involved in sympathetic concern does. Seeing the child on the verge of falling into the well, we don’t simply desire that the disaster be averted. We desire this for the child’s sake, that is, out of a sympathetic concern for him.

Notice the difference here between a desire that the child be safe and a desire for this for the child’s sake. Virtually anything can strike
our fancy. So we might imagine someone whimsically forming an intrinsic desire that the child be safe. But a desire for this *for the child’s sake* cannot be so formed, by its very nature. Any desire for something for someone’s sake is a form of concern for that person and so not a matter of whimsy. Here we have a difference in desire that cannot be captured propositionally. Both desires have the same propositional object, but only the latter is a desire for that object for the child’s sake. Either desire motivates action for the goal or end of the child’s safety, but only the latter moves us to seek this goal *for the child* or on the child’s behalf.

**Sympathy and Value**

Sympathy involves concern for another in light of apparent threats to her well-being or good. We desire her good, not just intrinsically (for *its* sake), but also for *her* sake. Moreover, we do so in a way that connects us, as I shall argue in conclusion, to values of two different kinds – value *for a person* and person-neutral value.

On the one hand, sympathy presents itself as warranted by threats to a person’s good. Welfare is normative for sympathy. If there is no threat to the person’s well-being, then there is nothing to be concerned about on her behalf. Sympathy is not called for.

On the other hand, sympathetic concern presents itself as of, not just some harm or disvalue *to* another person, but also the *neutral disvalue* of this personal harm owing to the value of the person himself. In feeling sympathy for the child, we perceive the impending disaster as not just terrible for him, but as neutrally bad in a way that gives anyone a reason to prevent it. We experience the child’s plight as mattering categorically because we experience the child as mattering. The point is not that sympathy makes these claims true, or even that it counts as evidence for them. Rather, sympathy’s emotional presentation is *as of* the neutral disvalue of another’s woe, and hence, as of a categorical justification for preventing it. To the person sympathizing, it is as if there is a reason to relieve the other’s suffering consisting simply in the fact that the person herself, and so her good, matters.

It is useful here again to compare sympathy with a whimsical (or an habitual) desire for someone’s welfare. The latter desires might be intrinsic, the other’s good being desired for its own sake.
However, in that case the desiring person will not see himself as having a categorical reason for furthering the other’s welfare, one that is unconditional on his desiring it. If I whimsically desire do to something simply for its own sake, I won’t see myself as having a reason to do so even in the hypothetical case in which I am not struck by that desire. But this is precisely what is involved in sympathy. We experience the threat to the child as a categorical reason for anyone to act on its behalf, a reason that is unconditional on our now wanting this. If others deny the reason, that will conflict with the way it seems to us from our perspective in feeling sympathy.

Sympathetic concern thus involves an experience (less commit-tally, an appearance) of people, and hence, their welfare as mattering in a way that is not just person-relative. If we can credit these appearances, we can conclude that our welfare matters, not just to us, but categorically, because, as it seems to us when we are the objects of our own sympathetic concern, we matter categorically.\(^3^9\)

In addition to sympathy’s involving the appearance of another person’s good as mattering categorically, I believe that the very idea of a person’s good or welfare is tied to concern for that person for his sake.\(^4^0\) I have already claimed that concern for another for her sake cannot be reduced to a desire for that person’s good. Generally, it is because we care about someone that we desire her good, not vice versa. I have also claimed that there is a distinctive form of this desire, namely the desire for someone’s good for her sake, that is conceptually tied to concern. Desire for something for someone’s sake just is a form of desire that springs from concern. In addition, I believe, there is a deeper link between a person’s good and concern for that person. What is good for a person is what it makes sense to want for that person for her sake. Start, that is, with the idea of caring about someone for her own sake, an idea with which we are familiar from the phenomenon of sympathetic concern. Then, what it is for something to be good for that person will be for there to be reason to want it for her (on her behalf, that is, insofar as one cares about her).

In other words, what makes a desire other- or self-regarding is not that it is directed towards the relevant person’s good. Rather, a desire is self- or other-regarding if it springs from and expresses self- or other-regard, that is, a regard or concern for that person. And what
makes something good for someone (self or other), is that it is the object of a rational self- or other-regarding desire. What is primitive is concern for the person. Something is good for that person by virtue of being something it makes sense for anyone caring about her (perhaps she herself) to want for her sake.

As against desire-satisfaction theories of well-being, then, not all of a person’s desire, not even all her rational desire, are relevant to her good. Rather, what is good for a person is what we or she would rationally desire for her, that is, for her sake. A version of this thought can be found, of all places, in Sidgwick’s Methods of Ethics, usually regarded as the locus classicus of the informed-desire theory of well-being.

Sidgwick is famous for the formulation that a person’s good “is what [that person] should actually desire and seek if all the consequences of seeking it could be foreknown and adequately realised by [him] in imagination at the time of making [his] choice.” It is little noted, however, that Sidgwick intends this only as a first approximation and that he revises it in two important ways. First, Sidgwick holds that any reductionist account of a person’s good, like the informed-desire view, which supposes the idea to be “entirely interpretable in terms of fact, actual or hypothetical,” leaves out its normative aspect. Since, by Sidgwick’s lights, a person’s good is normative for desire, this makes any such account unacceptable. A more satisfactory, nonreductive rendition, he says, would be this: what is “ultimately good on the whole for me,” is “what I should practically desire if my desires were in harmony with reason, assuming my own existence alone to be considered.” This includes, in addition, to an explicit normative element (“in harmony with reason”), a second restriction to what one would desire for one’s own life. If I rationally desire something to be part of your life, and I desire this even for the hypothetical situation in which I am not alive, then the satisfaction of this desire makes to addition to my good.

It is easy to understand what motivates a restriction of this sort on rational desire theories of a person’s good. In Derek Parfit’s example, if, after an affecting conversation with a stranger whom you will never hear of again, you form an abiding desire for her welfare, the satisfaction of that desire years later and unbeknownst to you does not add to your welfare. But a restriction to the boundaries
of a person’s own existence won’t properly fix the scope of rational desire for purposes of identifying his welfare or good. For one thing, there may be things that are intrinsic to personal welfare, such as flourishing personal relationships, that logically require the existence of others. For another, it is arguably that there are things one may rationally desire whose objects essentially include oneself, such as that one keep a promise, that are not obviously intrinsically relevant to a one’s good.

Sidgwick has, however, another way of stating this second restriction that is more promising. Before he presents the first, informed-desire version of his rational desire account of a person’s good, he remarks that he will observe the following constraints: “we will consider only what a man desires for itself – not as a means to an ulterior result – and for himself – not benevolently for others.”44 Most likely, Sidgwick understands desiring something for oneself to be equivalent to desiring it for one’s own existence. As we have seen, though, these are not equivalent. A desire for something for oneself that would however provide the appropriate contrast with benevolence would be a desire for that thing for one’s own sake. It would be, that is, a form of desire that springs from or expresses self-regard – a concern for oneself.

If we interpret Sidgwick’s rational desire theory of a person’s good with this understanding of desiring something for someone, what we get is this: something is part of someone’s good if it is something the person would rationally desire, in itself for her, that is, for her own sake as an expression of self-concern. But if it makes sense for someone caring about herself to want something for herself, then it must also make sense for anyone caring about her to want that thing for her also. This yields that what it is for a thing to be good for someone is for it to be something someone caring about her has reason to want for her for her sake.

If some view along these lines is correct, then the concern we experience for people in sympathy is central, not just to seeing individuals and their well-being as having categorical importance, but also to the very concept of well-being or personal good. A person’s good has intrinsic normative force, not for desire in general, not even for those of the person herself. Rather personal welfare is normative for desires for that person’s sake, and thus for concern for
that person. It is because we can take up the standpoint of one-caring towards ourselves and others and ask what it makes sense to want from that point of view that we have a need for the concept.45

NOTES

3 This point is emphasized in Michael Stocker and Elizabeth Hegeman, Valuing Feelings (Cambridge: Cambridge University Press, 1996), pp. 214–217.
7 Here and elsewhere I follow Allan Gibbard in using “makes sense” as a synonym for “rational.”
8 I am indebted to David Velleman for this terminology and for discussion of this point. I also owe a lot to Elizabeth Anderson, who first pointed out to me the important difference between benevolence, conceived (as philosophers usually conceive it) as a desire that someone fare well, and concern for that person. See her Value in Ethics and Economics (Cambridge, MA: Harvard University Press, 1993), see esp., p. 26.
10 Carl Rogers distinguishes between the “internal frame of reference” of empathy and the “external frame of reference” of sympathy. See his Client-centered Therapy: Its Current Practice, Implications and Theory (Boston: Houghton
Of course, although empathy and concern differ in this way, one way of showing concern (sympathy) for someone can be to empathize with them.  


14 This statement must be modified to take account of the problem of the general point of view, which Hume claims in the *Treatise* we solve by projecting into the perspective of those who interact with the person whose merit we are trying to judge (T.581–583). However, the problem to which this solution responds is itself created by a variety of sympathy, i.e., contagion, that involves no projection. Hume calls the distinctive, moral-sentiment-involving species of sympathy, “extensive sympathy” (T.586). For a discussion of this difference see Kate Abramson, *Hume’s Peculiar Sentiments*, Ph. D. Diss., University of Chicago, 1997.


30 Striking evidence for simulation comes also from developmental studies and, most impressively, from studies of autistic children. In an experiment by Baron-Cohen and colleagues, which Goldman cites, children witnessed a scene in which a doll protagonist sees a marble placed in a particular location. Then, when the doll is off scene, the marble’s location is switched. When the doll returns, the children were asked where the doll believes the marble is. 85 percent of non-autistic children answered correctly, while only 20 percent of autistic children did. The other 80 percent of the autistic children could not distinguish between where they believed the marble was and where the doll did. Moreover, this deficient cannot be explained as lacking some aspect of general intelligence, since 86 percent of a pool of Down’s syndrome children answered correctly. Goldman argues that the explaining factor probably has to do with the extreme poverty of pretend play associated with autism. Because they are worse at simulating the doll by imaginative pretense, they are worse at attributing beliefs to it. (For the experiment, see S. Baron-Cohen, A. Leslie, and U. Frith, “Does the Autistic Child Have a ‘Theory of Mind’?,” *Cognition* 21 (1985): 37–46.)


36 This research is most fully described in C. Daniel Batson, The Altruism Question.

37 Ibid., pp. 5–6.

38 Again, I am indebted here to Elizabeth Anderson’s work and to David Velleman.

39 While we can’t simply take these appearances at face value, I believe we can nonetheless vindicate their justificatory force within a general theory of practical reasons. For an attempt, see my Impartial Reason, especially, Part III.

40 I argue for this in “Self-Interest and Self-Concern.”


44 Methods of Ethics, p. 109.

45 A version of this paper was delivered as part of a symposium on altruism with Philip Kitcher at the 1997 Pacific Division Meetings of the American Philosophical Association in Berkeley, California. I am indebted to Philip Kitcher and members of the audience for their comments. I am also indebted to Arthur Kuflik, David Velleman, Jessica Spector, David Sobel, Peter Railton, Elizabeth Anderson, and Allan Gibbard for discussion of ideas in this paper.

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