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Impartial Beneficence Predicts Greater and More Uniform Concern for Others Across Social Relationships

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Abstract

The principle of impartial beneficence (IB) holds that we should strive to maximize others' well-being regardless of their relationship to us. But does endorsement of IB in principle translate to more uniform concern for others irrespective of relationship type? Three pre-registered studies in online samples of U.S. participants (total *N*=1,716) found IB endorsement predicts greater and more uniform concern for others across social relationships varying in social distance: in care prescriptions (Study 1), as well as blame judgments (Study 2) and guilt expressions (Study 3) when care norms are violated or care is not provided. Heightened concern for others in socially distant relationships was not "offset" by less concern for those in close ones. IB was not associated with a motive to be generally admired, but was linked to a motive to form communal relationships. Across different types of moral judgments, a commitment to IB thus entails caring much more than average about the well-being of socially distant others, while maintaining a high level of concern for socially close ones.

Keywords

impartial beneficence, relational morality, partiality, social closeness, utilitarianism

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Introduction

The utilitarian principle of impartial beneficence (IB) holds that the ultimate end of moral action is the impartial maximization of well-being. According to Bentham (as attributed by Mill, 1863), in assigning moral weight to others' interests, each is to "count for one" and "nobody for more than one"—including romantic partners, friends, family, even oneself. At the level of moral theory, then, IB holds that it is wrong to give any intrinsic[1] priority to the interests of those with whom one shares the most intimate communal bonds over those of perfect strangers.

This implication of IB strikes many as counterintuitive. It seems only natural to care more about the well-being of socially close than distant others (Bloom, 2011; Clark & Mills, 1979; Crimston et al., 2016; Curry et al., 2019; Fiske, 1992; Fiske & Haslam, 2004; Lee & Holyoak, 2020; Fowler et al., 2021; Gallus et al., 2021). Even in the United States, a relatively individualistic society, people have markedly different expectations about the extent to which various relationships should be governed by a norm of care (Earp et al., 2021). For close others, both adults and children (Mammen et al., 2021; but see Marshall et al., 2020, 2022 for information on developmental and cross-cultural variations) typically endorse a communal norm calling for non-contingent, mutual support or responsiveness to needs, whereas for distant others, it is more common to adhere, for example, to an exchange-based or "transactional" norm rooted in tit-for-tat reciprocity (Clark & Mills, 1993, 2012; McGraw & Tetlock, 2005; Earp, 2021; Earp et al., 2025; see Supplementary Box S1 for details).

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However, people vary in the specific patterns (i.e., strength) of moral concern they deem appropriate for different types of relationships. In other words, they vary in the level of beneficence they see as ideal within each relationship (Mills et al., 2004) and, hence, in the degree to which they are liable to find it blameworthy or warranting of guilt to fail to show care in each context (Earp et al., 2021; Simpson et al., 2016; Simpson & Laham, 2015). They also vary in the extent to which they endorse the idea that it is morally right to be impartially beneficent (Kahane et al., 2018; also see Enke et al., 2022). Here, we investigate the relationship between these two sources of individual variance. We ask, "Does stronger endorsement of IB predict more uniform beliefs about the appropriate level of moral concern one should have across relationship types and social distance? And if so, what are the implications of this for blame judgments or self-reported guilt in response to care violations across the same parameters?"

Previous studies have used the IB subscale of the Oxford Utilitarianism Scale (OUS) (Kahane et al., 2018) to explore broadly similar questions. Having first been vetted at the item-by-item level by a panel of professional philosophers to ensure conceptual accuracy, the OUS is a psychometrically validated tool for assessing distinctive beliefs and attitudes predictive of utilitarian moral judgments (cf. Mihailov, 2023). In their paper introducing the scale, Kahane et al. (2018) showed that stronger endorsement of IB predicted greater: identification with all of humanity, concern for environmental protection, hypothetical willingness to donate money to help the global poor, and concern for future generations. These findings suggest that greater endorsement of IB is associated generally with *moral expansiveness*: that is, inclusion of a wider range of beings within one's circle of moral concern (Crimston et al., 2016). However, these findings do not show how IB endorsement relates to care ideals for socially close as compared with distant relationships (e.g., in terms of potential trade-offs), nor how these ideals *vary* across specific, qualitatively different relationship types (see Supplementary Box S1 for details).

More relevant data come from studies that have varied social distance or relationship type, but which have done so to answer somewhat different questions. For example, looking at judgments about empathy rather than moral concern *per se*, Fowler and colleagues (2021) reported that stronger IB endorsement is associated with a more positive moral attitude toward feeling *equal* empathy for a stranger and a selected close other, rather than with *more* empathy for one or the other. Using a different paradigm (based on Hill et al., 2017), Tuen and colleagues (2023) found that IB, along with identification with all of humanity (but not moral expansiveness), predicted a weakening of the "social discounting" effect: that is, the tendency of participants to be less generous toward people they perceive as being more socially distant to them in a hypothetical resource allocation task (Jones & Rachlin, 2006).

Meanwhile, studies on "extraordinary altruists" (i.e., those who have donated a kidney to a stranger) reveal that they endorse IB much more strongly than do demographically matched controls (Amormino et al., 2022). As Rhoads and colleagues (2023) report, they also show a "dramatically" reduced social discounting effect, similar to Tuen et al. (2023). In other words, they show a more *uniform* level of generosity in their allocation decisions across degrees of perceived social distance. Moreover, this behavioral finding correlates with similarly uniform patterns of brain activity during a social discounting task, specifically in regions thought to encode subjective valuations of others' well-being (Rhoads et al., 2023).

As intriguing as these results may be, they do not speak directly to our research question. First, they involve decisions about hypothetical resource allocation or judgments about empathy, rather than explicit attitudes about moral concern. Second, any variance in social distance or relationship type in these studies was limited to a small number of cases (e.g., friend, family member, or fellow citizen versus someone living in a distant country; Fowler et al., 2021; see also Gilead et al., 2018; Law et al., 2022). Alternatively, such variance was participant-specific, that is, based on participants' own intuitive sense of social closeness versus distance to particular individuals in their lives (relationship type unspecified), rather than relying on a validated construct of social distance as applied to different types of social relationship (e.g., Rhoads et al., 2023; Tuen et al., 2023). Finally, instead of focusing on altruistic kidney donors or other extraordinary altruists, we are interested in understanding the correlates of IB within the general population.

In the present work, we therefore: (a) systematically manipulated a wide range of qualitatively different relationship types captured by lay language categories, while also using (b) a validated measure of social closeness versus distance (see Supplementary Box S2) to investigate (c) associations between IB and explicit beliefs about moral concern (Study 1), along with associated blame judgments (Study 2) or guilt responses (Study 3) to care violations in (d) the general U.S. population. We also explored whether IB-associated increases in moral concern for socially distant others come at the *expense* of concern for socially close ones. We explain these choices in the following sections.

Potential Trade-Offs in Moral Concern

The principle of IB implies that we *should* attribute equal moral weight to the well-being of all individuals, regardless of relationship type or social distance. People who strongly endorse this principle should—unlike most people—evince a belief that it is just as appropriate (or even morally required) to adopt a "communal" or care-based orientation toward strangers as it is toward close friends and family. And yet, it is an open question whether those who accept IB as a principle do in fact endorse an equally strong care norm for different relationship types without regard to social

distance. We aimed to address this question in Study 1, described below. However, unless they are entirely hypocritical, those who accept IB should, at the very least, endorse *stronger* care norms for characteristically socially distant relationships, compared to people who do not accept IB as a guide to moral action.

If this is true, what would endorsement of IB imply for socially *close* relationships? Would it involve a kind of trade-off, that is, endorsing stronger care norms for strangers *at the expense* of doing so for friends and family? Conceivably, those who embrace IB could believe that upholding "overly" strong care norms for close relationships could interfere with their (heightened) sense of responsibility toward greater numbers of people in more distant relationships. Alternatively, support for IB could be associated with stronger endorsement of communal care across the board: that is, with upholding a generally high level of concern for socially close others while also increasing the level of concern for more distant ones.

Support for the "trade-off" hypothesis comes from anecdotal and empirical sources. History and literature are replete with individuals or characters fighting for the well-being of disadvantaged strangers while falling short of those moral standards in their personal lives. For example, in *Bleak House*, Charles Dickens describes the character of Mrs. Jellyby, a "telescopic philanthropist," who spends most of her time setting up a charity for a far-off tribal community while ignoring the needs of her own family (Dickens, 1853). In real life, Jean-Jacques Rousseau was described as "A lover of his kind, but a hater of his kindred" (Burke, 1901, quoted in Mitchell, 1990); Rousseau devoted the bulk of his life and work to the improvement of society, yet he sent his own five children to an orphanage. Some have criticized Gandhi for spending more time "Fathering a Nation" than fathering his four sons (Au, 2001).

In addition to these specific cases, researchers have uncovered evidence of trade-offs in people's decisions around resource allocation between socially close versus distant target groups (Waytz et al., 2019), and in how much moral worth they attribute to various entities (Neldner et al., 2018, 2023). For instance, even though liberals and conservatives give to different charities, they donate similar proportions of their respective incomes (Farmer et al., 2020), so that increased donations to one cause implies decreased donations to others. Similarly, even though some people assign more moral worth to nature than to human outgroups, and vice versa for others, both sets of people express similar levels of overall moral concern (Rottman et al., 2021). This suggests a tradeoff, not just at the level of donation preferences or resource allocation, but at the level of basic moral concern (here, concern for the natural world versus outgroup members). If endorsement of care norms across social distance turns out to be similarly zero-sum, this could mean that placing more value on the well-being of distant others comes at the expense of the value placed on that of socially close ones.

According to this view, those most forcefully drawn to help the "greatest number" may also tend to be disposed, for one reason or another, to put correspondingly *less* weight on close relationships. Consistent with this possibility, U.S. participants judged impartially beneficent agents to be relatively ill-suited for close interpersonal relationships, like friend or spouse, relative to agents who prioritized helping family over needier strangers (Everett et al., 2018; but see Bostyn et al., 2023, for qualifications). Extending this effect to those who endorse impartial intergenerational beneficence (IIB), Law and colleagues (2024) find that "altruists who prioritize future welfare over generational closeness are perceived as less moral and face social repercussions in both attitudes and behavior" (p. 2).[2] A reasonable hypothesis is that participants in these studies inferred that a commitment to IB or IIB comes at a price: helping the many to the detriment of the few.

On the other hand, it is possible that our above examples—that is, of people who neglect close others while helping socially distant ones—are striking in part because they are unusual. They may not be representative of the more general population of people who endorse IB. According to this possibility, people who are more versus less committed to the principle of IB might show an increase in moral concern for socially distant others while maintaining a high level of concern for socially close ones.

Support for this second possibility comes from a recent study revealing a significant positive correlation between IB and the strength of judgments regarding a moral obligation to help (i.e., to behave beneficently toward) strangers (McManus et al., 2021) while simultaneously failing to find an offsetting negative correlation with judgments about an obligation to help genetic relatives. Instead, the authors found a "weak" and "inconsistent" positive correlation with such judgments. Perhaps, the authors reasoned, beliefs about

> familial obligations may belong to a special class of [beliefs about] obligations that are relatively immune to individual differences in expansiveness of moral concern . . . people who believe that they (and others) have obligations to humanity in general [i.e., those scoring high in IB] may believe that they (and others) have even stronger obligations to their family members. (p. 15)

Present Studies

To test these ideas, we conducted three studies to investigate the relationship between IB and strength of moral concern across different relationship types as well as social distance. Our main, pre-registered prediction was that stronger endorsement of IB would be associated with more uniform moral concern across diverse social relationships, including

prescriptive expectations for unconditional care (hereafter, "care ideals"; Study 1), as well as blame judgments (Study 2), and guilt ratings (Study 3) in response to care violations. We also examined whether increased concern for more distant relationships, if any, comes at the *expense* of concern for socially close ones. Finally, we examined the relationship between IB and self-reported desire for general approbation (i.e., widespread acclaim) versus communal striving (a motive to foster close relationships).

Study 1: Care Ideals Across Relationships

Do people who accept IB as a principle endorse an equally strong care norm for different relationship types without regard to social distance (see Supplementary Box S2 for details)? We assessed participants' endorsement of IB with previously validated items (Kahane et al., 2018), such as: "From a moral perspective, people should care about the well-being of all human beings on the planet equally; they should not favor the well-being of people who are especially close to them either physically or emotionally."

"Care" was defined as a cooperative function of relationships in which support is given or received based on need, non-contingently (Clark et al., 2020; Clark & Mills, 2012). This concept, drawn from the relationship science literature, is in keeping with the philosophical concept of beneficence: roughly, concern for others' welfare—or a motive to promote their well-being—for its own sake, without expecting anything specific in return (Buchanan, 1982; Miller, 2004).

We assessed participants' care ideals across a large set of relationships used in previous research (Earp et al., 2021, 2025). We predicted that higher IB scores would be associated with greater uniformity (i.e., less variance) in ratings for how much each of 20 relationships should ideally be governed by a norm of care.

Method

Open Science. All studies were reviewed and approved by the Yale University Institutional review board (protocol #2000022385); informed consent was obtained from all participants. All study materials, pre-registrations, data, and analysis code are on the Open Science Framework at https://osf.io/d8yfv/. Design, measures, sampling plan, predictions, and exclusion criteria for Study 1 were pre-registered at AsPredicted.org (#99711; https://aspredicted.org/5ym4-qzbw.pdf; see also, for the supplementary study measuring social closeness norms, #53912; https://aspredicted.org/Y73_ZRZ). Analysis packages for all studies are described in Supplementary Section 6.

Participants. We performed a power calculation for a smallest effect size of interest of $r = .2$ for the main confirmatory analysis, assuming $\alpha = 0.05$ with a desired power of $1 - \beta = 0.95$, resulting in 319 as the necessary sample size. To ensure sample representativeness, we also used an online polling software (https://www.surveysystem.com/sscalce.htm) to determine that at least 385 participants would be needed to obtain U.S. population estimates of relationship-relative care ideals (nationally representative for age, racial and ethnic identity, and gender) with a 5% margin of error and 95% confidence level. Based on the larger of the two estimates (i.e., 385 versus 319), and anticipating exclusions, we aimed to recruit 450 U.S. participants via Prolific; 451 people ultimately completed the survey. Following pre-registered criteria, data from 56 participants were excluded due to those participants incorrectly answering attention or comprehension checks. Visualization of the remaining data revealed clear outliers (i.e., giving scores, for three or more relationships, that were below 3 times the median absolute deviation of scores for those relationships), resulting in data from a further 51 participants being excluded prior to data analysis (see Supplementary Table S1). Excluding these participants does not substantially alter our main results (see Supplementary Analysis 1). Following exclusions, we had a final sample of 344 (183 women, 152 men, 6 other/nonbinary, 3 did not respond) ranging in age from 18 to 78 ($M_{age} = 45.71$, $SD_{age} = 15.89$). Participants' self-reported racial and ethnic identity in this sample was 72% White, 12% Black/African American, 6% Asian, 5% Multiracial, 4% Hispanic/Latinx, 0.8% Other, 0.6% American Indian/Alaska Native, 0.3% did not specify (see Supplementary Table S2 for details).

Procedure. Participants were given descriptions and definitions of four cooperative functions: care, hierarchy, mating, and transaction (see Earp et al., 2025). Only the data for care were used for this study, based on its theoretical relationship to the philosophical concept of beneficence. Care was defined as a function of relationships "to make sure that a person's basic well-being is secure, without any strings attached to the giving or receiving of support (like expecting compensation or favors in return, or feeling a debt)." To ensure that participants were thinking of the functions as we intended, they were unable to advance to the main part of the study before passing multiple comprehension checks.

We then presented participants with 20 different relationship dyads in random order: long-term romantic partner, mother/father and under-18 child, mother/father and over-18 child, sibling, stranger, close friend, boss-employee, acquaintance, extended family member, roommates/housemate, teacher-student, work colleague/classmate, political party member, friend-with-benefits, doctor-patient, teammate, neighbor, and customer-seller. For each dyad, we asked participants how much a good relationship[3] of that kind would serve the care function (Supplementary Table S4). For instance, if the dyad was siblings, participants would be asked: "To what extent would a *good* relationship between adult siblings typically serve the function *of giving or receiving support based on need, without creating a debt*? (Care

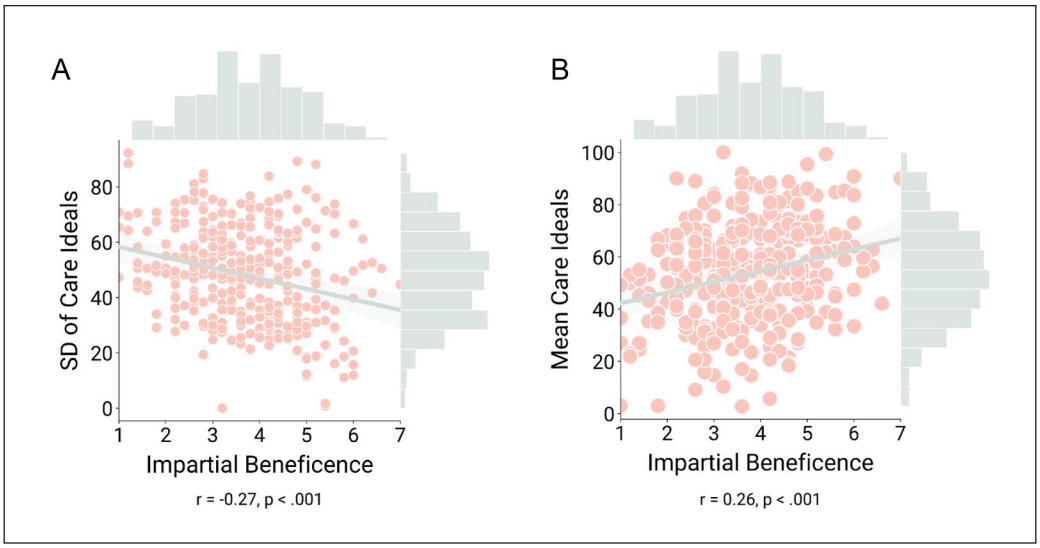

Figure 1. (A) Correlation Between IB and the Standard Deviation of Participants' Care Ideals. (B) Correlation Between IB and Mean Care Ideals.

Note. The x-axis reflects participants' mean IB scores, as measured by the Oxford Utilitarianism Scale (Kahane et al., 2018). The y-axis reflects the SD of ideals for care across the relationships.

function.)" Responses were recorded on a sliding scale ranging from "Definitely WOULD NOT" (–100) through "Neutral" (0) to "Definitely WOULD" (+100).

IB scores were measured using the OUS (Kahane et al., 2018). To distinguish potential effects driven by IB (the central, positive core of utilitarianism) from potential effects driven by IH (i.e., Instrumental Harm: a secondary, "negative" entailment of the theory), we included both subscales in Study 1 and Study 2 (Supplementary Table S5). For exploratory purposes, and to be able to control for individual differences, we also included measures of anxious and avoidant attachment, and a range of standard demographic questions (e.g., age, gender, religiosity).

To test whether IB scores were correlated with care ideals, we computed a Pearson's correlation between IB scores and the variance (i.e., standard deviation) of participants' ideal levels of care across relationships.

Results

Consistent with our pre-registered prediction and analysis plan, we found a negative correlation between IB scores and variance in care ideals across the 20 relationships ($r = –.27$, $p < .001$). Thus, individuals who scored higher in IB expressed more uniform care ideals across relationships (Figure 1A). To assess the robustness of this finding, we conducted a linear regression, controlling for all demographic information as well as IH subscale scores. IB remained predictive of decreased variance in care ideals, even controlling for all the other factors, $b = –4.12$, $p < .001$, 95% CIs = [–5.90, –2.34], semi-partial $R^2 = 0.06$ (Table 1). Notably, IH was not predictive, $b = 0.46$, $p = .59$, 95% CIs = [–1.20, 2.11], showing that this relationship is specific to IB, not "utilitarian" psychology in general.

We next computed the correlation between IB and *mean* ideals for care. This was to see whether the increased uniformity (or impartiality) of moral concern associated with IB was linked to higher levels of concern on average, that is, regardless of any potential trade-offs involving decreased concern for close others (i.e., to accommodate the hypothesized increased concern for more distant others, who are greater in number; see "Potential trade-offs in moral concern" in the Introduction). IB was associated with *more* moral concern overall—that is, higher levels of ideal care on average across all relationships, $r = 0.26$, $p < .001$ (Figure 1B).

To summarize, IB was correlated with lower variance in care ideals across 20 relationships, and this remained robust when controlling for demographic measures and IH. IB was also correlated with higher *mean* ideals for care: that is, more reported concern for others' well-being overall. However, we cannot say for sure whether there was a "trade-off" in terms of lowered care ideals for close relationships. This is because, theoretically, it is possible that our results are due to IB-associated increases in care ideals for socially distant relationships, as predicted, but also at least *some* decrease in care ideals for socially close relationships, while still "balancing out" with less variance overall, and a higher mean.

To test this, we explored how social closeness/distance more specifically moderates the observed relationship between IB and care ideals across relationships. We drew on normed ratings for the expected level of social closeness (as defined in Box 2) across the 20 relationships used in this study. These ratings were gathered from a separate U.S. sample ($N = 417$) nationally representative for age, racial and ethnic identity,

Table 1. Results of an OLS Model That Regressed Standard Deviations in Participants' Care Ideals on Impartial Beneficence, Instrumental Harm, and Other Demographic Predictors.

Predictors	*b*	Std. err.	T	*p*	Lower CI	Upper CI	Semi-partial R^2
Intercept	65.60	8.17	8.03	<.001	49.52	81.67	
Gender [Woman]	2.70	1.96	1.38	0.17	–1.16	6.56	
Relationship status	3.54	3.58	0.99	0.32	–3.51	10.58	
Cohabiting	–3.17	3.54	–0.90	0.37	–10.13	3.80	
Impartial beneficence	–4.12	0.9	–4.56	<.001	–5.90	–2.34	0.06
Instrumental harm	0.46	0.84	0.54	0.59	–1.20	2.11	
Mood	–0.88	1.01	–0.88	0.38	–2.87	1.10	
Age	0.05	0.07	0.67	0.50	–0.09	0.19	
Children	–1.19	0.86	–1.38	0.17	–2.88	0.50	
Education	–1.98	0.72	–2.76	0.01	–3.4	–0.57	0.03
Subjective SES	0.58	0.56	1.04	0.30	–0.52	1.68	
Social ideology	0.01	0.06	0.11	0.91	–0.11	0.12	
Economic ideology	0.04	0.06	0.62	0.53	–0.08	0.15	
Religiosity	0.02	0.03	0.58	0.56	–0.04	0.07	
Avoidant attachment	–0.08	0.78	–0.11	0.92	–1.63	1.46	
Anxious attachment	–0.47	0.61	–0.78	0.44	–1.67	0.72	

and gender, and were entered into a hierarchical clustering algorithm to identify three main groupings of relationships representing low, moderate, and high social closeness, respectively (see Supplementary Study 1). Figure 2 shows the relationship between IB and care ideals (from the present study) stratified by social closeness versus distance (based on Supplementary Study 1).

Figure 2 reveals a positive relationship between IB and mean care ideals for the socially distant or "low" social closeness ($r = .28, p < .001$) and "moderate" social closeness relationships ($r = .25$, $p < .001$). However, consistent with McManus et al. (2021), we did not observe a compensatory "trade-off" in terms of significantly lowered care ideals for the "high" social closeness relationships ($r = –.08$, $p = .12$).[4] To compare the slope magnitudes, we applied a Fisher r-to-z transformation to each possible pair of *r*-values (i.e., low-moderate, low-high, moderate-high). The resulting z value for each pair was then used to assess the differences between the slopes. The between-cluster slopes were significantly different from one another for the low-high closeness comparison, $z = 4.80$, $p < .001$ and the moderate-high closeness comparison, $z = 4.36$, $p < .001$, but not for the low-moderate comparison, $z = 0.44$, $p = .66$.

Discussion

Stronger endorsement of IB predicted less variance in care ideals across 20 common relationship types and higher care ideals overall. Stratification of results over social distance clusters showed that IB predicts increased care ideals for socially distant relationships, but not at the expense of having significantly weaker care ideals for close relationships.

These results support our main prediction that IB is associated with lower variance (or greater uniformity) in moral concern across different social relationships, with markedly increased concern for socially distant relationships. Moreover, contrary to the stereotype of the "telescopic philanthropist" discussed in the Introduction, greater concern in this study for the well-being of "the many" did not entail significantly diminished concern for that of "the few" (also consistent with McManus et al., 2021).

Study 2: Blame Judgments, General Approbation, Communal Striving

To assess the replicability of our findings, while taking a different approach to measuring concern for well-being, we conducted a second study investigating blameworthiness judgments for *violating* care across relationships. There is both a theoretical and a practical reason for this. Theoretically, it is possible for someone to believe it is morally desirable to care more about the well-being of socially distant others than is typical, while not necessarily believing it is *blameworthy* to fail to exhibit such exemplary care in practice. For example, they might think it is ideal to show such care—or even a duty—but one it is forgivable not to meet due to understandable human limitations. Practically, it is important to study blame judgments because this is where the "rubber meets the road" in terms of the connection between abstract beliefs and more applied social behavior (e.g., practices of punishment). Finally, by measuring explicitly moral judgments, we can better tease apart whether the care ideals assessed in Study 1

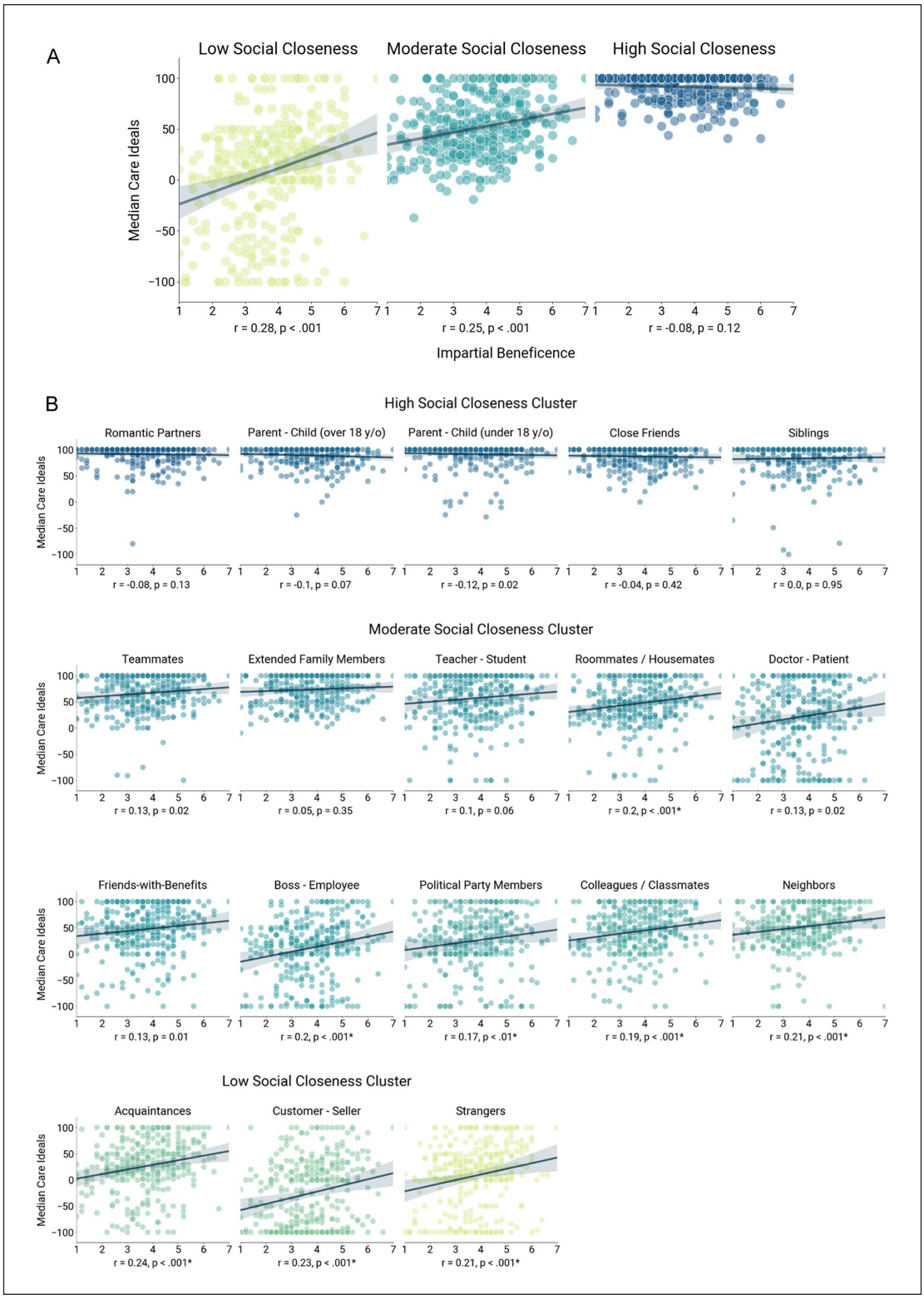

Figure 2. (A) Stratification of Study 1 Median Ratings for Care Ideals (y-Axis) as a Function of IB (x-Axis), Clustered by Pre-Study Ratings for Social Closeness. (B) The Same Data Stratified by Individual Relationships, Ranked in Order of Social Closeness From Most Socially Close (Dark Blue) to Least Socially Close (Light Green).

Note. All r-values are coefficients from Spearman's rank order correlations. The correlation for low and moderate social closeness clusters are significant when using a Bonferroni corrected α of 0.017 (0.05 / 3) (A). Asterisks ("*") denote *p*-values that are significant when using a Bonferroni corrected α of 0.0028 (0.05 / 18) (B).

are truly moral ideals as opposed to merely social preferences (see Supplementary Box S1 for further discussion).

Another issue we wanted to explore in this study is the "cynical" stereotype about impartially beneficent people according to which they are overly preoccupied with trying to help distant others (potentially even to the point of failing to be appropriately concerned about the well-being of those closer to home). According to this stereotype, such a prominent focus on the well-being of "the many" might reflect something unseemly—perhaps a desire to appear especially generous, or to win favor with the masses, even if this means alienating one's kith and kin. If that were correct, we might expect to find that high IB scorers would also score high on a measure of "need for general approbation" (i.e., striving to be liked and admired by many to achieve a sense of belonging) (Hirsch & Clark, 2019).

On the other hand, if those who endorse IB are sincere or non-hypocritical, such that they genuinely are motivated by an impartial concern for others' well-being *for its own sake* (rather than, say, for the sake of their own reputation), we should not expect to find a strong correlation between IB and the need for general approbation.[5] On the contrary, since their intrinsic concern for others' well-being would then include socially close, as well as socially distant others, we might find that IB is ultimately consistent with so-called "communal striving" (i.e., striving to form communal relationships to achieve a sense of belonging; Hirsch & Clark, 2019). To test these competing hypotheses, we therefore included, as exploratory measures, both a "need for general approbation" scale and a "communal striving" scale in Study 2 (Hirsch & Clark, 2019; Reed et al., 2025, submitted).

To summarize, in Study 2, we sought to determine (a) whether the results from Study 1 would replicate with a different operationalization of concern for well-being (i.e., judgments of blameworthiness for care violations) and (b) whether, even though reduced concern for socially close relationships was not associated with IB in Study 1, there might still be evidence, in Study 2, of a drive among relatively high IB scorers for personal aggrandizement through seeking general approbation.

Method

Participants rated the blameworthiness of various actions that, in a previous study (Earp et al., 2025), were rated as characteristically violating or neglecting care. Each participant rated three such actions across ten distinct relational dyads; we measured the between-relationship variance of these judgments. IB, IH, and demographics were measured as in Study 1, alongside the new general approbation and communal striving scales.

Open Science. All study materials, pre-registrations, data, and analysis code are on the Open Science Framework at https://osf.io/d8yfv/. Design, measures, sampling and analysis plan, predictions, and exclusion criteria for Study 2 were pre-registered at AsPredicted.org (#91253; https://aspredicted.org/PPP_SFQ).

Participants. We used the same power calculations as employed in Study 1. Ultimately, 444 participants completed some portion of the survey. Data from 64 participants were excluded prior to data analysis based on the pre-registered exclusion criteria (e.g., failing attention checks, completing the survey too quickly; see Supplementary Table S10 for the full criteria). Data from a further 29 participants were excluded for being outliers as defined in Study 1 (see Supplementary Table S10); exclusion of the outliers does not meaningfully alter the main findings (see Supplementary Analysis for Study 2). The final sample size was 369 (188 women, 173 men, 6 other/nonbinary, 2 did not respond), ranging in age from 18 to 92 (M_{age} = 45.98 SD_{age} = 15.99). Participants' self-reported racial and ethnic identity in this sample was 70% White, 13% Black/African American, 7% Asian, 4% Multiracial, 5% Hispanic/Latinx, 0.5% American Indian/Alaska Native, 1.2% did not specify; see Supplementary Table S11 for complete demographics.

Procedure. Participants were told they would be judging actions within the context of 10 different relationships on a scale ranging from *0 (Not at all blameworthy)* to *50 (Somewhat blameworthy)* to *100 (Very blameworthy)*. We chose 10 rather 20 relationships as in Study 1 because each participant would be making 3, rather than 1, ratings per relationship in a within-subjects design (see Supplementary Section 3.2.1 for our relationship-selection procedure). The 10 relational dyads included: romantic partners, friends with benefits, boss-employee, parent and child (under-18 and over-18); acquaintance, close friends, roommates/housemates, siblings, doctor-patient.

Participants were told they would not be asked about extreme actions (e.g., murder), but rather potential "everyday" actions. We instructed participants to think of 100 on the scale as representing "*Very blameworthy, in terms of everyday actions that might happen in a real-life relationship*." To further orient participants, we showed a list of everyday actions comparable to, but distinct from, the items they would be asked to rate. Participants then saw 10 blocks of questions, one for each relationship, in random order. For each relationship, participants were asked to rate how blameworthy it is for Person A (e.g., a boss) to do X to Person B (e.g., their employee), where X is one of three action items judged in a previous study to characteristically weaken the care function (Earp et al., 2025), as follows: "Person A declines to comfort a grieving Person B even though they could have easily done so," "Person A actively downplays Person B's legitimate needs," and "Person A strongly implies that Person B owes them a favor after helping Person B when Person B was in need" (α = 0.73, 95% CIs = [0.68, 0.77]). Note: for bi-directional dyads (e.g., boss-employee,

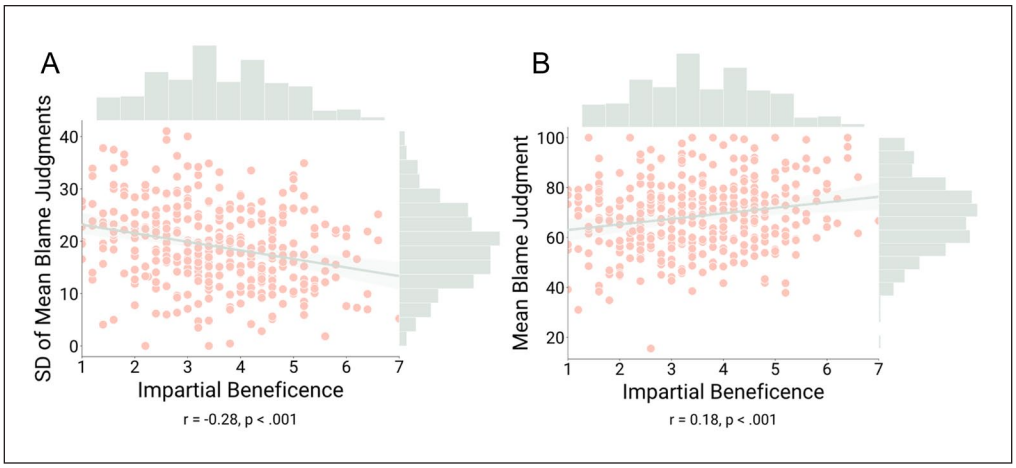

Figure 3. (A) Correlation Between IB and the Standard Deviation in Blameworthiness Judgments for Violating Care. (B) Correlation Between IB and Mean Blame Judgments.

Note. The x-axis reflects participants' mean IB scores, as measured by the Oxford Utilitarianism Scale. The y-axis reflects the SD of blame judgments across the relationships.

doctor-patient), the action was only described in the dominant-to-subordinate direction.

IB and IH were measured as in Study 1. We also added measures of "communal striving" and of "general approbation" as described above. Example items for Communal Striving include: "I work hard to maintain good close relationships," "I often seek out my close others for support," and "I work to understand and validate my close others" ($\alpha = 0.89$, 95% CIs = [0.87, 0.91]). Example items for General Approbation include: "I want to be around other people who make me look good," "I strive to have a good public image," "I always want other people to be impressed with me" ($\alpha = 0.87$, 95% CIs = [0.84, 0.89]). The response scales ranged from 1 = "strongly disagree" through 4 = "neither agree nor disagree" to 7 = "strongly agree." (See Supplementary Table S12 for all items on each striving scale.) The same demographics were collected as before.

Analyses. We tested whether IB predicts more uniform blameworthiness judgments for violating care across relationships. We calculated the mean judgment of the 3 care-weakening items for each relationship. Then, we calculated the standard deviation of those means across the 10 relationships. We then computed Pearson's correlation between that standard deviation and each participant's IB score.

Results

Main Result. As predicted, stronger endorsement of IB predicted less variance (smaller standard deviations) in blameworthiness judgments ($r = –.28$, $p < .001$). As in Study 1, participants with higher IB scores thus showed more uniform concern for well-being (here, operationalized in terms of blame judgments for care violations) across relationships (Figure 3A). To assess robustness, we entered IB and IH scores along with key demographics into a regression model. The main result was maintained (IB predicted less variance, $b = –1.69$, $p < .001$, 95% CIs = [–2.33, –1.05], semi-partial $R^2 = 0.07$) even controlling for those factors (Table 2). As in Study 1, IH was not predictive, $b = –0.31$, $p = .34$, 95% CIs = [–0.96, 0.33], suggesting an IB-specific effect.

Similar to Study 1, we calculated the correlation between IB and participants' *mean* blameworthiness score. Replicating the result from Study 1 with a new dependent measure, we found that stronger endorsement of IB predicted *higher* mean blameworthy judgments for care violations across relationships ($r = .18$, $p < .001$). That is, those who more strongly endorsed IB found care violations more blameworthy across the board (Figure 3B).

We next calculated the correlation between IB and mean blameworthiness judgments stratified by social closeness (again, using the data from Supplementary Study 1). As in Study 1, we found a positive correlation between IB and moral concern (i.e., mean blameworthiness judgments) for both the socially distant or "low" social closeness ($r = .33$, $p < .001$) and "moderate" social closeness relationships ($r = .21$, $p < .001$). Also consistent with Study 1, we do not see evidence of a trade-off in the form of decreased concern within "high" social closeness relationships.

General Approbation. To explore whether those who endorse IB might have a desire for everyone to admire them, we measured the correlation between IB and General Approbation (Figure 5A), finding that it was not statistically significant ($r = .09$, $p = .07$). This remains true when General Approbation is entered, along with Communal Striving (see next

Table 2. Results of an OLS Model That Regressed Standard Deviations in Participants' Moral Blame Judgments on Impartial Beneficence, Instrumental Harm, and Other Demographic Predictors.

Predictors	*b*	Std. err.	*T*	*p*	Lower CI	Upper CI	Semi-partial R^2
Intercept	29.25	3.15	9.28	<.001	23.05	35.44	
Gender [Woman]	0.02	0.81	0.02	0.98	−1.58	1.62	
Relationship status	0.91	1.26	0.72	0.47	−1.57	3.40	
Cohabiting	−1.09	1.27	−0.86	0.39	−3.59	1.40	
Impartial beneficence	−1.69	0.32	−5.19	<.001	−2.33	−1.05	0.07
Instrumental harm	−0.31	0.33	−0.95	0.34	−0.96	0.33	
Mood	0.33	0.44	0.74	0.46	−0.54	1.20	
Age	−0.08	0.03	−2.72	0.01	−0.13	−0.02	0.02
Children	0.19	0.38	0.50	0.62	−0.56	0.94	
Education	−0.01	0.30	−0.02	0.98	−0.6	0.59	
Subjective SES	−0.19	0.22	−0.88	0.38	−0.63	0.24	
Social ideology	0.01	0.02	0.61	0.54	−0.03	0.06	
Economic ideology	−0.01	0.02	−0.32	0.75	−0.05	0.03	
Religiosity	<.001	0.01	0.11	0.91	−0.02	0.02	

section and Table 3), into a regression model predicting IB and controlling for demographic variables.

Communal Striving. Unlike the correlation for General Approbation, the correlation between Communal Striving and IB was clearly positive and statistically significant ($r = 0.19$, $p < .001$). Thus, while those who more strongly endorsed IB in our sample did not seek general acclaim significantly more than average, they did show significantly greater striving for close, communal relationships—contrary to the "cynical" stereotype about high IB individuals cited above (Figure 5B). The positive relationship with IB is also preserved when Communal Striving is entered ($b = 0.24$, $p < .001$, 95% CIs = [0.11, 0.37], semi-partial $R^2 = 0.03$), along with General Approbation ($b = 0.05$, $p = .38$, 95% CIs = [–0.06, 0.15]), into a regression model predicting IB and controlling for the other collected variables. See Table 3.

Discussion

We replicated the pattern of results from Study 1: IB was associated with increased concern for socially distant others, but *not* at the expense of concern for socially close others (Figure 4). Moreover, we did not find a statistically significant correlation between IB and a need for general approbation (roughly, approval of the masses), but we did find a statistically significant *positive* correlation between IB and communal striving, that is, a motive to establish and maintain close, personal relationships.

Study 3: Guilt Ratings for Care Violations

We found that endorsement of IB predicts more uniform *care ideals* (Study 1) and *blameworthiness judgments* for care violations (Study 2). Does it also predict more uniform *moral emotions*? Here we focus on the moral emotion of guilt in response to care violations.

For continuity with Study 2, involving moral judgments, we first tested whether IB predicts more uniform *judgments* about how much guilt a person *should* feel in response to violating care across relationships. But we also elicited first-person, descriptive reports of guilt. This was to see whether IB corresponds, not only to a belief that people *should* feel similarly guilty for violating care across relationships, but also to a belief that one *would*, oneself, feel similarly guilty, as these could potentially come apart.

For example, it could be the case that high IB endorsers believe that, as a matter of moral principle, one *should* feel similarly guilty for violating care regardless of relational context, while at the same time believing that, in practice, they *would* feel more guilty for doing so in close relationships. Study 3 thus consisted of 2 conditions: a third-person prescriptive condition and a first-person descriptive condition. In line with our findings from Study 1 and Study 2, we predicted that higher IB scores would correlate with reduced variance in mean guilt scores for hypothetical care violations across the range of relationships, both in the first-person and third-person conditions. We did not have a specific prediction for whether the magnitude of this effect would differ between conditions.

Method

Participants made guilt assessments in response to hypothetical care violations across a range of relational contexts, and we measured the variance of those assessments. Otherwise, Study 3 involved the same basic paradigm as Study 2, including the same three care-weakening actions and the same 10 relational dyads. As with Studies 1 and 2, IB scores were measured using

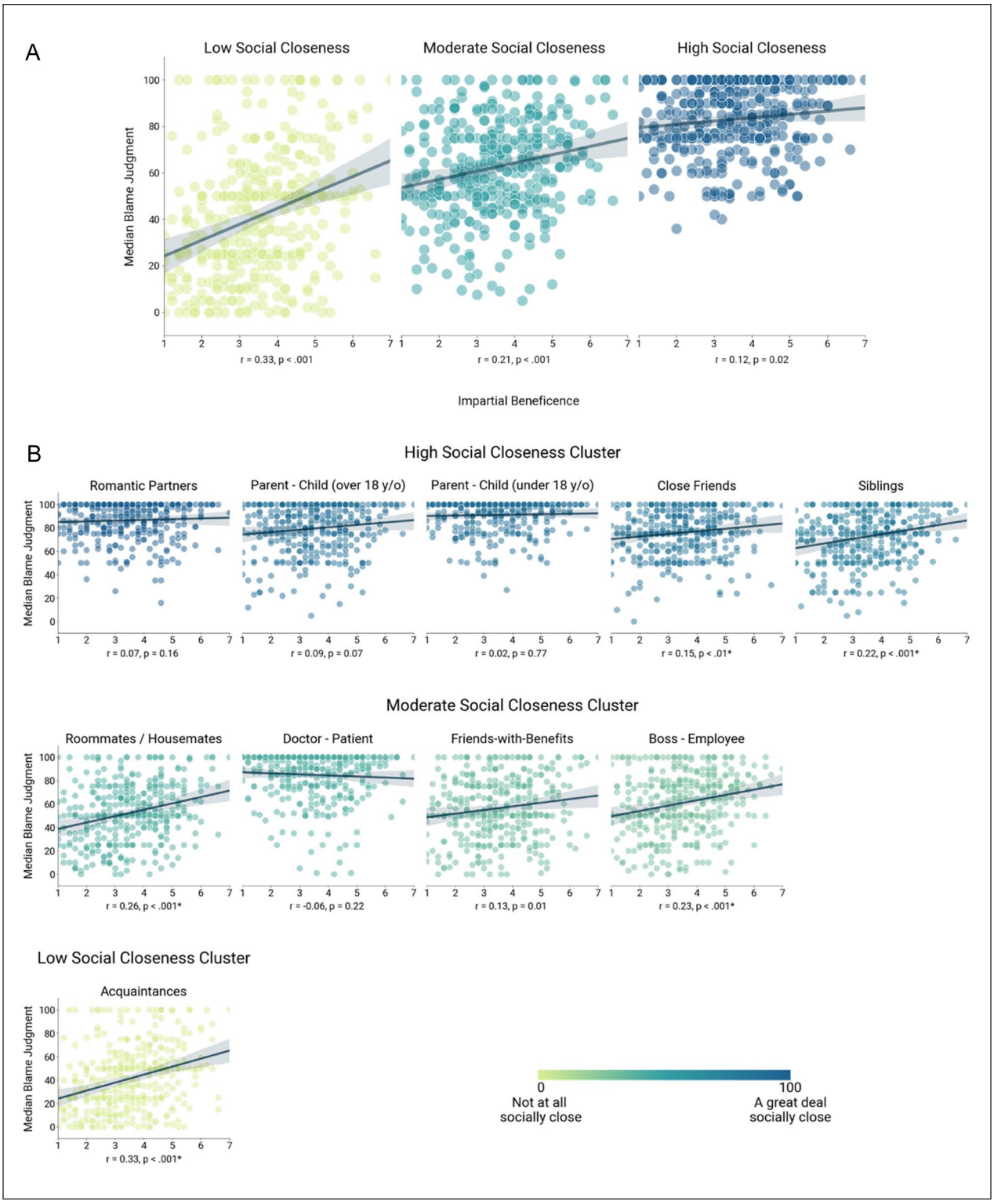

Figure 4. (A) Stratification of Study 2 Mean Ratings for Care Ideals (Y Axis) as a Function of IB (X Axis), Clustered by Pre-Study Ratings for Social Closeness. (B) The Same Data Stratified by Individual Relationships, Ranked in Order of Social Closeness from Most Socially Close (Darker Green Shading) to Least Socially Close (Lighter Green Shadings).

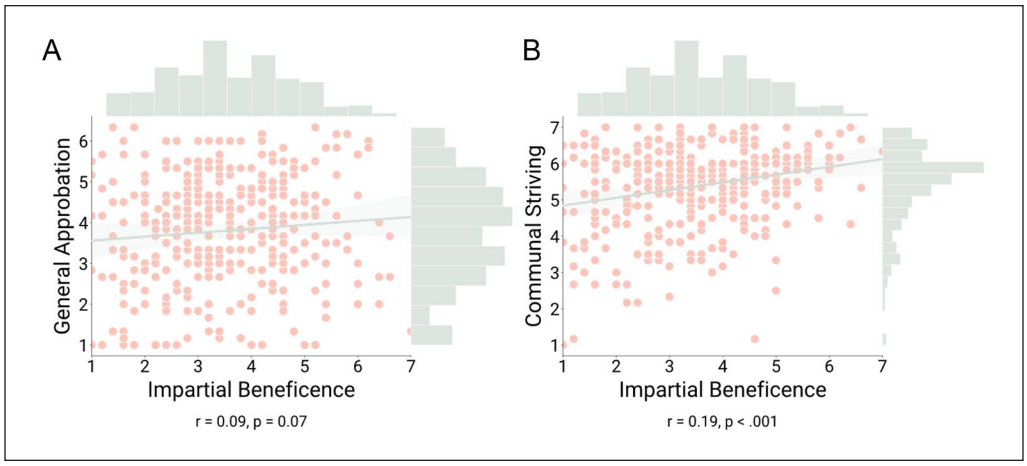

Figure 5. (A) Correlation Between IB and Desire for General Approbation. (B) Correlation Between IB and Motive for Communal Striving.

Note. The x-axis reflects participants' mean IB scores, as measured by the Oxford Utilitarianism Scale. The y-axis reflects the mean general approbation score. The x-axis reflects participants' mean IB scores. The y-axis reflects the communal striving score.

Table 3. Results of an OLS Model That Regressed Participants' Impartial Beneficence on General Approbation, Communal Striving, and Other Demographic Predictors.

Predictors	*B*	Std. err.	*t*	*p*	Lower CI	Upper CI	Semi-partial R^2
Intercept	1.31	0.63	2.09	0.04	0.07	2.54	
Gender [Woman]	–0.06	0.14	–0.45	0.65	–0.33	0.21	
Relationship status	–0.33	0.21	–1.55	0.12	–0.74	0.09	
Cohabiting	0.24	0.21	1.17	0.24	–0.17	0.66	
Instrumental harm	0.07	0.06	1.18	0.24	–0.04	0.17	
Communal Striving	0.24	0.07	3.61	<.001	0.11	0.37	0.03
Gen. Approbation	0.05	0.05	0.88	0.38	–0.06	0.15	
Mood	–0.13	0.08	–1.75	0.08	–0.28	0.02	
Age	<.001	<.001	0.28	0.78	–0.01	0.01	
Children	0.05	0.06	0.73	0.47	–0.08	0.17	
Education	–0.03	0.05	–0.64	0.52	–0.13	0.07	
Subjective SES	<.001	0.04	–0.04	0.96	–0.07	0.07	
Social ideology	0.01	<.001	1.79	0.07	<.001	0.01	
Economic ideology	0.01	<.001	1.63	0.10	<.001	0.01	
Religiosity	0.01	<.001	2.70	0.01	<.001	0.01	0.02

the OUS-IB subscale. This time, however, the OUS-IH subscale was not included. This was to reduce survey length given the null findings for this measure in the previous studies. The same demographics from Study 1 were included.

As explained, in Study 3 we sought to measure both (a) whether high IB endorsers prescribe that *others* should feel more uniform guilt in response to violating care across relationships and (b) whether they themselves *would* feel more uniform guilt levels in relation to the same. The third-person condition builds directly on Study 2 by eliciting third-person prescriptive judgments, in this case about guilt rather than blameworthiness. The first-person condition then expands the paradigm by probing participants' imagined first-person moral emotions (i.e., guilt) in response to the same care violations.

Open Science. All study materials, pre-registrations, data, and analysis code are on the Open Science Framework at https://osf.io/d8yfv/. The design, measures, sampling and analysis plan, predictions, and exclusion criteria were pre-registered at AsPredicted.org (#141807; https://aspredicted.org/47S_HPH).

Participants. A power simulation using pilot data ($N = 89$; see Supplementary Section 5.1.2), revealed that 1,000 participants would be needed to have 80% power to detect the

smallest effect size of interest (i.e., a potential interaction between IB and experimental condition; see below in 5.1.4) with an α of 0.05. Anticipating exclusions, we, aimed to recruit 1,150 participants. Ultimately, 1,141 participants completed the survey. We excluded 138 participants based on the pre-registered exclusion criteria (Supplementary Table S17). The final sample size was 1,003 (505 women, 479 men, 14 other/nonbinary, 5 failed to respond) ranging in age from 19 to 94 (M_{age} = 44.29, SD_{age} = 14.87); see Supplementary Table S18 for complete demographics (note that race and ethnicity data were not collected for this study due to its length and the need to shorten the survey as much as possible).

Procedure. Participants were told that they would be shown a set of actions "that one person might take toward another in the context of different relationships" (third-person condition), or "that you might take toward another person in the context of different relationships" (first-person condition). In the third-person condition, participants rated these actions in terms of "how guilty you think the person who does these actions should feel." In the first-person condition, ratings represented "how guilty taking this action would make you feel." In both conditions, participants were told that they would be shown the actions in the context of 10 different relationships (i.e., the same 10 relationships used in Study 2). We also clarified that the actions were "everyday actions a person might encounter in their day-to-day life." In the first-person condition, we asked participants to do their best to imagine themselves in each of these relationships and answer the questions as if such a relationship existed for them, regardless of whether they had that relationship in real life.

In both conditions, participants were then presented with 10 blocks of questions, one for each relationship, in random order. Each block presented the same three care-weakening action items used in Study 2. In the first-person condition, each participant was instructed to imagine themselves in a particular relational role (e.g., a parent) and asked how guilty they would feel if they did X to Person B (e.g., their child), where X was one of the aforementioned action items, and Person B was one of the ten relational partners. In the third-person condition, each participant was asked how guilty Person A (e.g., a parent) *should* feel if they did X to Person B, with the rest the same. Ratings were on a sliding scale ranging from 0 (not guilty at all) to 100 (extremely guilty).

Analyses. We first assessed the relationship between IB and the standard deviation in participants' guilt judgments irrespective of experimental condition. Mean guilt scores were calculated for the three care-weakening items for each relationship; the standard deviation in this score was then correlated with IB. To assess the robustness of the correlation, a regression model was used similar to Studies 1 and 2.

We then repeated these analyses based on experimental condition (first-person versus third-person). To do this, we constructed two regression models; one that included experimental condition as a predictor of the standard deviations; and another that interacted it with IB. These models allowed us to test the main effect of the experimental condition and its effect when conditioned on IB respectively.

We also tested whether the effect of IB on mean guilt ratings was moderated by the closeness of the relationships. To do this, we stratified guilt scores by social closeness using the social closeness clusters data (see previous studies).

Results

Main Results. As predicted, when combining across conditions, there was a moderate negative correlation between IB and the standard deviations in mean guilt ratings, Spearman's $\rho = -0.32$, $p < .001$ (See Supplementary Section 4.2.1 for details). Thus, participants with higher IB scores had more uniform guilt ratings across relationships.

We confirmed the negative association between IB and the standard deviations using an OLS regression model that estimated the standard deviations as a function of IB scores and several demographic variables (Table 4). Even when controlling for these factors, IB was associated with a significantly lower standard deviation in mean guilt ratings, $b = -2.09$, 95% CIs = [–2.50, –1.68], $p < .001$, semi-partial $R^2 = 0.09$ (see Table 4).

We also tested the association between IB and participants' *mean* guilt ratings, similar to previous studies. The distribution of means was significantly non-normal, W = 9,563,212, $p < .001$, so we calculated Spearman's ρ. There was a small, positive correlation between IB and mean guilt ratings across relationships, $\rho = 0.19$, $p < .001$.

Experimental Condition. To test whether experimental condition (first- or third-person) moderated the effect of IB on the standard deviations of mean guilt ratings, we ran an OLS model that regressed the standard deviations on IB, experimental condition, their interaction, and the demographic control variables (see section 5.2.1 above). The results suggested that the effect of experimental condition was not significant in the absence of IB, $b = -2.07$, 95% CIs = [–4.94, 0.80], $p = .16$, or when interacted with IB, $b = 0.25$, 95% CIs = [–0.54, 1.03], $p = .54$. In sum, variance in participants' guilt ratings did not differ when they were rating how much guilt others should feel versus how much guilt they themselves would feel. We replicated these results using a correlational approach (see Supplementary Section 4.2.3.).

However, the effect of IB on the standard deviations remained when controlling for experimental condition, $b = -2.20$, 95% CIs = [–2.77, –1.63], $p < .001$, semi-partial $R^2 = < .001$, while the interaction between IB and experimental condition was non-significant, $b = 0.25$, 95% CIs = [–0.54, 1.03], $p = .54$ (see Supplementary Section 4.2.2). The results of simple slopes analyses confirmed that the effects of IB on the standard deviations in mean guilt ratings were significant in both the first-person, $b = -1.95$,

Table 4. Results of an OLS Regression Model Estimating Standard Deviations in Mean Guilt Ratings Across Relationships as a Function of Impartial Beneficence and Demographic Variables.

Predictors	*b*	Std. err.	*T*	*p*	Lower CI	Upper CI	Semi-partial R^2
Intercept	27.89	1.48	18.90	<.001	24.99	30.78	
Gender (Woman)	0.52	0.55	0.96	0.34	–0.55	1.60	
Gender (Non-binary)	–1.12	2.23	–0.50	0.61	–5.50	3.23	
Relationship status (Partnered)	0.50	0.56	0.89	0.38	–0.60	1.60	
Impartial beneficence	–2.09	0.21	–10.06	<.001	–2.50	–1.66	0.09
Age	–0.05	0.02	–2.34	0.02	–0.08	–0.01	0.01
Parent (True)	–0.06	0.61	–0.11	0.92	–1.27	1.14	
Age	0.05	0.07	0.67	0.50	–0.09	0.19	
Region (Northeast)	0.21	0.85	0.24	0.81	–1.46	1.88	
Region (South)	–0.78	0.72	–1.08	0.28	–2.21	0.64	
Region (West)	–0.31	0.81	–0.39	0.70	–1.90	1.27	
Education	–0.30	0.20	–1.48	0.14	–0.69	0.10	
Social ideology	–0.01	0.01	–1.38	0.17	–0.03	0.01	
Religiosity	–0.01	0.01	–1.29	0.20	–0.03	0.01	

$SE = 0.29$, $t(962) = –6.83$, $p < .001$, and third-person, $b = –2.20$, $SE = 0.29$, $t(962) = –7.59$, $p < .001$, experimental conditions. However, the effect size did not differ across conditions, $b = –0.25$, $SE = 0.40$, $t(962) = –0.62$, $p = .54$. These results suggest that the experimental condition did not moderate the effect of IB on the standard deviations.

To test whether the experimental condition moderated the effect of IB on *mean* guilt, we re-ran the previous model using *mean* guilt ratings as the outcome. We found that participants in the first-person condition gave higher average guilt ratings than those in the third-person condition, $b = 8.94$, 95% CIs = [2.61, 15.26], $p = .01$, semi-partial $R^2 = 0.007$. Consistent with our correlational finding, higher IB was associated with higher mean guilt ratings, $b = 3.50$, 95% CIs = [2.25, 4.76], $p = < .001$, semi-partial $R^2 = < .001$. However, the results of the interaction suggested that the effect of IB was weaker in the first-person condition than in the third person condition, $b = –2.23$, 95% CIs = [–3.95, –0.50], $p = .01$, semi-partial $R^2 = 0.006$. The results of simple slopes analyses confirmed that higher IB was associated with higher mean guilt in both the first-, $b = 1.28$, $SE = 0.61$, $t(962) = 2.02$, $p = .04$, and third-, $b = 3.50$, $SE = 0.64$, $t(962) = 5.48$, $p < .001$, person conditions but that the effect size was significantly smaller in the first-person condition, b (third-person – first-person) = 2.23, $SE = 0.88$, $t(962) = 2.53$, $p = .01$. In sum, participants who more strongly endorsed IB gave higher guilt ratings on average, regardless of the condition to which they were assigned; and participants in the first-person condition reported that they would feel more guilt than the amount of guilt that those in the third-person condition reported one should feel. In addition, as IB increased, guilt increased less steeply in the first-person condition than in the third-person condition (tabulated model results are reported in Supplementary Section 4.2.2).

Social Closeness. To test whether social closeness/distance moderated the effect of IB on guilt ratings, we used a linear mixed effects model that included social closeness cluster as a predictor of mean guilt, with experimental condition and the demographic factors listed in 5.2.1 as level 1 predictors, random intercepts for participant identifiers, and an interaction term between IB and social closeness cluster.

We found conditional effects of IB, $b = 5.36$, $p < .001$, 95% CIs = [4.37, 6.35], partial $R^2 = 0.10$ and both high, $b = 42.32$, 95% CIs = [39.34, 45.29], $p < .001$, and moderate, $b = 20.98$, 95% CIs = [18.01, 23.95], $p < .001$ social closeness. There was a significant interaction between IB and both high $b = –4.27$, 95% CIs = [–5.08, –3.45], $p < .001$, and moderate, $b = –2.28$, 95% CIs = [–3.10, –1.47], $p < .001$, closeness clusters, suggesting that the effect of IB on mean guilt ratings was greatest in the low social closeness cluster (see Figure 6; see also Supplementary Table S23).

The results of simple slopes analyses showed that the effect of IB on mean guilt ratings was significant in all three clusters: low, $b = 5.36$, $SE = 0.50$, $t(1,544) = 10.64$, $p < .001$; moderate, $b = 3.07$, $SE = 0.50$, $t(1,544) = 6.11$, $p < .001$; and high, $b = 1.09$, $SE = 0.50$, $t(1,544) = 2.17$, $p = .03$ (see Figure 6A). The effect was significantly stronger in the moderate, $b = 2.28$, $SE = 0.42$, $t(1,950) = 5.50$, $p < .001$, and high, $b = 4.27$, $SE = 0.42$, $t(1,950) = 10.27$, $p < .001$ closeness clusters than in the low closeness cluster. It was also stronger in the high closeness cluster than in the moderate cluster $b = 1.98$, $SE = 0.42$, $t(1,950) = 4.78$, $p < .001$ (see Figure 6B; see Supplementary Section 4.2.4. for more information and a complementary analysis).

Taken together, these results indicate that while the effect of IB on mean guilt ratings was significant across all levels of social closeness, its strength diminished as social closeness increased.

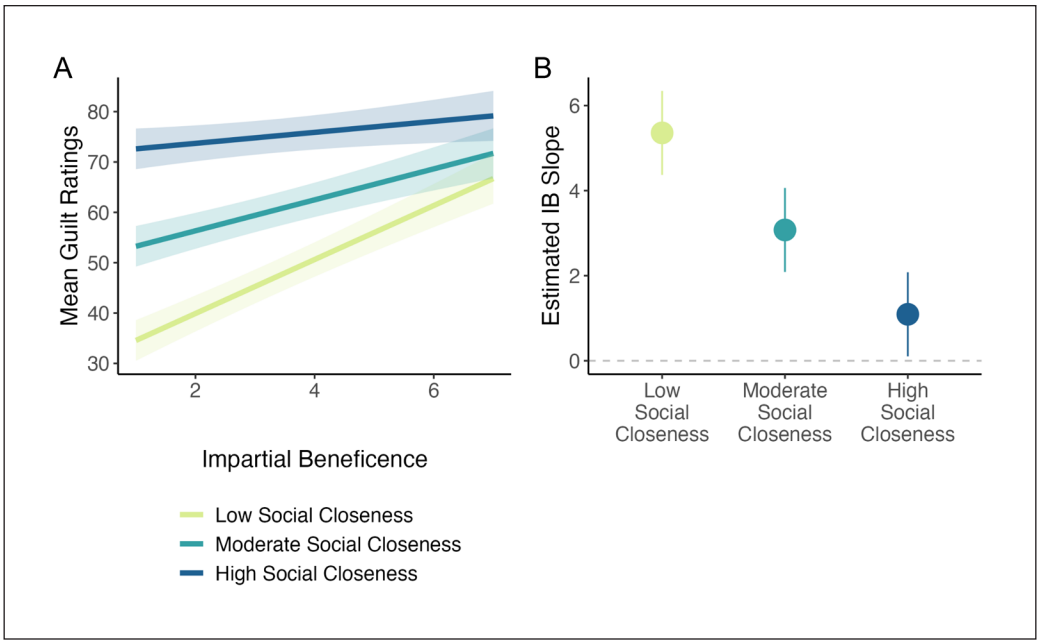

Figure 6. Interaction Plot (A) and Estimated Marginal Slopes (B) for Impartial Beneficence Predicting Mean Guilt Ratings at Each Level of Social Closeness.

Discussion

IB predicted reduced variance in guilt ratings across relationships, both for third-person prescriptive judgments and for first-person descriptive judgments. Consistent with the previous studies, those who more strongly endorsed IB thus reported more uniform moral concern (here evidenced by guilt ratings) in response to care violations across a range of relationships. We also found a positive, significant relationship between IB and mean guilt ratings across all social closeness clusters ($b = 3.17$, $p < .001$), with the greatest effect seen in the low social closeness cluster. This suggests that, although high IB endorsement (compared to weaker IB endorsement) is associated with more guilt for care violations at any social distance, this is especially pronounced for socially distant relationships.

General Discussion

Consistent with the "impartial" aspect of IB, we find that greater endorsement of IB reliably correlates with decreased variance (or increased uniformity) in measures of moral concern across relationships. We find this pattern not only in the extent to which different relationships are ideally expected to be governed by unconditional care (Study 1), but also in terms of the strength of blameworthiness judgments regarding care violations (Study 2). We also find it in both descriptive and prescriptive guilt ratings in response to such violations (Study 3). Moreover, consistent with the "beneficence" aspect of IB, we find that high IB endorsers evinced more moral concern overall across relationship types and social distance. Finally, contrary to a popular "cynical" stereotype about impartially beneficent people, alluded to in the Introduction, we found that IB was not correlated with a desire for general approbation, but was instead positively correlated with communal striving: a motivation to cultivate close relationships.

Taken together, these findings shed new light on some of the ideals, beliefs, and self-reported emotions of people who explicitly endorse the principle of IB, a principle which lies at the theoretical core of utilitarianism, an influential—yet perennially controversial—moral theory (Kahane et al., 2018). According to utilitarianism, the sole appropriate end of moral action is the impartial maximization of well-being. It is thus a radically demanding moral theory that conflicts with many people's intuitions (so-called "commonsense morality," see Kahane et al., 2018, p. 132) in at least two ways. First, it requires that we place equal moral weight on the well-being of distant strangers as we do on that of close friends and family, among others we hold near and dear, including ourselves (the "impartial" part of IB). And second, it requires that we do this while striving to generate the most possible happiness or well-being in the universe to the exclusion of any other moral goal (the "beneficence" part of IB). Accordingly, full-fledged endorsement of IB in the general population is assumed to be rare (Kahane et al., 2018).

Even so, evidence suggests that there are considerable individual differences in the degree to which ordinary people are inclined toward IB (as well as IH or instrumental harm, the other aspect of utilitarian moral thinking among laypeople identified by Kahane et al., 2018), and there is value in

understanding the causes or correlates of this variance as an aspect of human moral psychology (Kahane et al., 2018). The evidence from our studies that endorsement of IB does not come at the expense of valuing the well-being of close relationship partners may thus go some way to defusing a commonly held negative stereotype about impartially beneficent people.

Future Directions

There are some remaining puzzles, however. Recall that, among the U.S. participants in our studies, a utilitarian commitment to IB did not entail reporting caring less about close relationships while seeking general acclaim from the masses. How, then, should we make sense of the "telescopic philanthropist" phenomenon mentioned in the Introduction? Is it just a fanciful product of Dickens's imagination, or does it represent a real human character type?

One possibility is that such characters do exist, but are simply not common among the general population. Another possibility, however, rests on a distinction between *belief* and *action*. Perhaps Mrs. Jellyby—or in real life, Rousseau, Gandhi, or others—*do* believe that the well-being of each individual matters equally, but, when it comes to actually investing time, energy, and so on, in attempting to meet others' needs, a trade-off in practice becomes inevitable. Simply put, there is only so much care—considered as a behavior or resource—to go around (see Earp & Savulescu, 2020, for more on this distinction).

To look into this, a priority for future studies should be to examine the relationship between explicit endorsement of IB and *actions* in responding to others' needs, especially when a choice must be made between helping relatively close versus distant others (similar to the hypothetical scenarios examined in McManus et al., 2020, 2021). To illustrate the sort of approach one could take to such work, in one study, participants were asked to make hypothetical resource allocation decisions. The study, which did not explicitly measure IB, however, found that those who allocated more equally to close versus distant others (described in the study as "universalists") compared to those who allocated more to close others (described as "parochialists") did indeed show certain trade-offs in real-world donation, investment, and social network domains, for example by having fewer friends (Enke et al., 2022).

But quantity and quality may come apart. In a recent paper, Amormino and colleagues (2024) report that altruistic kidney donors (who also score high in IB) divide resources more evenly between close and distant others, resulting in a relative financial cost to the former. However, intriguingly, they found "no statistically significant association between impartial altruism and social relationship *quality*." Instead, "altruists' close others *also* show more impartiality than controls [suggesting] value homophily (shared moral values) among altruists, which may represent a protective factor for close relationships in the context of impartial altruism" (emphasis added).

The *magnitude* of potential trade-offs should also be investigated. After all, a commitment to IB at a theoretical level does not entail that one should *neglect* one's close relationships in favor of distant ones, even if forced to choose. Rather, it is possible to give a degree of *practical* priority to the well-being of those "near and dear" to one (or at least, not *significantly deprioritize* their well-being relative to others) while remaining consistent with the demands of utilitarianism and IB.

This can be seen by drawing a distinction between absolute impartiality at the level of moral theory, where, "from the point of view of the universe" (Sidgwick, 1874), each individual is to "count for one" and "nobody for more than one" (Bentham via Mill, 1863), and impartiality as a *practical decision-rule* for how to engage with others in our day to day lives. On a day-to-day basis, we cannot usually foresee or accurately calculate the overall consequences of our actions on the well-being of all sentient creatures. Instead, we must rely on heuristics that, if generally adhered to, are expected to maximize well-being in the long run. Very often, this will mean behaving in accordance with commonsense morality, including with respect to widely recognized "special obligations" to friends and family over strangers. At least, it may not be necessary to substantially *decrease* care for close others to accommodate an expanded moral circle. As Sidgwick argued in *The Methods of Ethics*,

> [B]eing . . . conscious of the practical imperfection in many cases of the guidance of the Utilitarian calculus, I [have] remained anxious to treat with respect, and make use of, the guidance afforded by Common Sense in these cases, on the ground of the general presumption which evolution afforded that moral sentiments and opinions would point to conduct conducive to general happiness. (p. xxiii)

In short, given the kinds of creatures we are, and the structures and affordances of the societies we have created for ourselves, a strong *practical* preference for promoting the well-being of those closest to us, over that of those who are more distant (when forced to choose) is likely to be justified even on utilitarian grounds.

Even so, it must be acknowledged that in situations where relatively large welfare gains for more socially distant targets do have to be traded off against relatively small welfare gains (or even costs) for socially close targets, it is possible that a firm adherent to IB would feel compelled to make the sacrifice. Future work should be done to investigate such scenarios.

Limitations

Our study has several limitations. Although we manipulated a relatively large number of relationship types compared to

most recent work in moral psychology that takes relational context into account (e.g., Fowler et al., 2021; Law et al., 2022), we did not systematically distinguish between relationships between ingroup members as opposed to outgroup members. For example, although some relationships, such as the siblings or parent-child relationship, would almost certainly be interpreted as "ingroup" relationships (setting aside certain situations of outgroup adoption), others were more ambiguous in relation to group membership, as this was not specified in our materials. The "stranger" role, for instance, might have been interpreted as referring to an outgroup member, but in everyday language, there can be strangers among the ingroup as well.

Thus, although we found consistent correlations between endorsement of IB as an abstract moral principle and the level of concern for others' well-being across different relationship types, we are not able to draw conclusions from our data about the relationship between IB and concern for the well-being of outgroup members versus ingroup members. However, prior work, both theoretical and empirical, strongly suggests that IB should correlate positively with concern for the well-being of outgroup members, since, according to IB, their well-being matters just as much as that of ingroup members (see, e.g., Kahane et al., 2018, on the correlation between IB and identification with "all of humanity").

Another limitation concerns the range of emotions we studied, which was restricted to the moral emotion of guilt. Future studies should be undertaken to further explore how people feel when they fail to help others, close or not. In one study, recalling a failure to show care in a close "communal" relationship caused a decrease in positive affect, while this was not observed in the context of a more distant "exchange" relationship (Williamson et al., 1996). However, when people higher in IB fail to show care in a distant relationship, perhaps they will show analogous drops in moods. Moreover, as mentioned, it will be necessary to study, not only emotional responses, beliefs, and attitudes that are correlated with endorsement of IB, but also *actions* in real-world situations, particularly when trade-offs must be made between helping people in socially close versus distant relationships.

Finally, although we used samples of the U.S. population that were demographically representative for age, racial and ethnic identity, and gender, our results cannot be generalized beyond the U.S. context. Additional studies seeking to replicate and extend these results across cultural contexts would be valuable.

Conclusion

In this work, higher IB scorers reported more uniform concern for the well-being of others across social distance and relationship type than did those who scored lower in this construct. This pattern was seen both in their reporting of explicit attitudes and in anticipated experiences of the moral emotion of guilt in response to care violations. At the same time, we did not find that a stronger commitment to IB came at the cost of concern for the well-being of socially close others. Together, these findings speak against a common "cynical" stereotype of impartially beneficent people: namely, that they are so preoccupied with helping distant strangers that they fail to place much moral weight on the needs of friends and family. And yet, a theoretical commitment to IB did not, in our data, predict merely "Common Sense" (cf. Sidgwick) moral attitudes. Rather, it predicted views that seem to challenge commonsense morality: views according to which concern for the well-being of socially distant others should be significantly elevated toward the level of concern that is typically placed on the well-being of those "near and dear."

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Ethical Considerations

All studies were reviewed and approved by the Yale University Institutional review board (protocol #2000022385), as of 2/28/2018.

Consent to Participate

Written informed consent was obtained from all participants.

Consent for Publication

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The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Data Availability Statement

We have posted all study materials, pre-registrations, data, and analysis code on the Open Science Framework at https://osf.io/d8yfv/?view_only=76064d3b55ba453a89521eed08bf6c44

Supplemental Material

Supplemental material is available online with this article.

Notes

1. Note, however, that on some accounts of utilitarianism, it is permissible (or even mandatory) for individuals to give *instrumental* priority to the well-being of those "near and dear" to them (e.g., as a decisional heuristic given certain psychological limitations) if doing so would expectably maximize overall well-being in the population over time. We return to this in the General Discussion.
2. For a recent summary and discussion of findings on IIB and related phenomena, see Earp et al. (2024).
3. We specified that, by "good relationship," we meant that "it is a relationship that works well for both people, given their respective roles in the relationship."
4. Note: when this analysis is re-run with the 51 extreme outlier participants added back in, the slope becomes slightly negative, but with only about half the magnitude of the slope increases observed for the low and moderate social-closeness clusters. See Supplementary Analysis 1. We also acknowledge that the ratings for the high social closeness relationships in this study are clustered very near to the top of the scale, suggesting a potential ceiling effect. The results for these relationships, therefore, should be interpreted with caution. This also provides further motivation for our second and third studies, which use different operationalizations of moral concern (and which does not show evidence of a ceiling effect in the high social closeness relationships). Thank you to an anonymous reviewer for pressing us on this issue.
5. We would like to thank an anonymous reviewer for pressing us on this point.

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