13 Imitation and Moral Development

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13.1 Introduction

Imitation is often investigated by those who want to understand how manual skills are learned, as in the case of mastery of tools. An imitator observes the behavior of another individual and then attempts to replicate that behavior. Manual skills are just the tip of the imitative iceberg. We certainly acquire forms of behavior by copying others, but imitation can also help us acquire forms of thinking. Aping others' reactions can be a valuable resource in acquiring cognitive as well as manual skills. In this chapter, I investigate a cognitive skill that is central to human interaction: moral comprehension. Our understanding of the moral domain is not exhausted by factual knowledge. It involves a range of emotional capacities. Acquiring these, I will argue, ordinarily depends on imitative learning. I first try to establish that ordinary moral competence has an affective dimension, and I then show how imitation comes in.

13.2 Psychopaths and Moral Concepts

Philosophers have a long-standing debate about the role of emotions in moral competence. Some authors argue that moral concepts necessarily involve emotional dispositions; otherwise they would not motivate us to act. In some versions of this view, distinguishing right from wrong would be impossible without emotional dispositions. Moral rationalists deny this, and claim that right and wrong can be distinguished by the power of reason. Moral reasoning can give us just grounds for action, even if we lack moral sentiments. Philosophers present this as a conceptual debate, but I want to recast it in empirical terms. Does our grasp of moral concepts ordinarily involve an emotional response? If moral emotions are not operative, can we nevertheless develop an understanding of the difference between

right and wrong? Are there individuals who understand morality but have no emotional distaste for the bad and no inclination to do good? Philosophers call such individual amoralists.

The search for real-world amoralists leads immediately to the clinical condition of psychopathy. Psychopaths have been made infamous through fiction and film. They are portrayed as cunning, remorseless, and deviant personalities, who engage in atrocious acts of violence. They are bloodthirsty, predatory monsters. Hannibal Lector from the *Silence of the Lambs* is a paradigm example. Psychopathy is not a Hollywood creation, however. It is a real clinical syndrome, which is not uncommonly diagnosed. In reality, psychopaths are often less exotic. Psychopaths tend to be criminally versatile, running the full range from petty crimes to violent offenses. Rather than being driven by a desire for violence, their violent acts are more characteristically casual, dispassionate, and impulsive, often for some anticipated gain. Psychopaths seem to fit the description of amoralism because they have IQ levels within the normal range and seem to comprehend the difference between right and wrong. They can articulate the moral precepts embraced by the societies in which they live. A violent psychopath might acknowledge that his criminal actions were morally wrong without feeling bad about them.

Psychopathy does not appear as a main entry in the *Diagnostic and Statistical Manual for Mental Disorders, IV* (DSM IV, American Psychiatric Association, 1994), but it is listed as an alternative name for the antisocial personality disorder. The diagnostic criteria for this condition include impulsivity, restlessness, and a pattern of cunning, manipulativeness, cruelty, or other behaviors that could lead to arrest. As a rule, the DSM criteria are behavioral, not psychological. Robert Hare (1993) has argued that this leaves out the most essential features of psychopathy and fails to distinguish psychopaths from other individuals who engage in antisocial conduct. He has devised an alternative "psychopathy checklist," which is now a standard diagnostic tool (Hare, 1991). According to Hare (1991, 1998), psychopaths show a lack of guilt, remorse, and empathy, and tend to have shallow affective states quite generally. If moral concepts were emotion laden, this deficiency would have a profound impact on psychopaths' moral aptitude. But in fact psychopaths seem to grasp morality. Their problem lies not in moral comprehension, but in moral care.

This assessment should not be accepted too hastily. Psychopaths may not fully grasp moral concepts. Their lack of moral emotions may testify to a lack of moral comprehension. To support this claim, one would need to show that their understanding of moral concepts differs from our own. R. J. R. Blair (1995) set out to do just that. He adopted a measure borrowed from Turiel (1983) and other defenders of "domain theory" in moral development. Turiel argues that moral maturity involves an ability to distinguish merely conventional transgressions from moral transgressions. He operationalizes this distinction by an appeal to revocability or dependence on authority. Suppose a school administrator announced that the school would no longer require its students to follow a dress code. Intuitively, it would no longer be wrong to dress casually for school. But now suppose the school administrator says that the school will allow students to hit each other. Hitting remains wrong. Imagine a culture where beating a spouse is encouraged. We may say that members of that culture judge spouse beating to be acceptable, but there is a deep sense in which it remains fundamentally wrong. Willful cruelty differs from violations of dress codes and table manners. Cruelty is wrong in a moral sense, whereas such things as dress and table manners are only wrong relative to the conventions operative in a social group. There are borderline cases between moral and conventional wrongs, but many cases fall clearly on one side of the divide. Recognition of this distinction comes easy to most people, and it is a basic part of our moral competence.

Blair (1995) had the excellent idea of testing whether psychopaths could draw the moral and conventional distinction. He presented a group of incarcerated criminal psychopaths with a series of scenarios involving misconduct in a school setting. In each case, the psychopaths were asked whether the conduct would continue to be wrong if the teacher said it was okay. Some of cases involved conventional transgressions (e.g., boys wearing skirts or talking in class), others were moral (e.g., hitting or hair pulling). Members of a nonpsychopathic incarcerated control group had no trouble distinguishing the two kinds of cases. They judged that talking in class would be okay if the teacher allowed it, but hair pulling would not be okay. Psychopaths were insensitive to the distinction. Blair interprets his findings as showing that psychopaths treat all wrongs as conventional. Their morality is borrowed. They recognize that members of their community regard things as wrong, and they try to convince others that they share this conviction, but their inability to distinguish moral and conventional wrongs suggests a serious deficiency. Psychopaths do not understand moral concepts the way that we do. They are blind to the idea that an action may be wrong even if there is no authority or social custom in place to discourage it.

Blair (1995) tries to explain the moral blindness of psychopaths by appeal to a deficit in what he terms the violence inhibition mechanism, or

VIM. The idea of a VIM is inspired by work in ethology. When one animal is aggressive toward another member of its species, the attacker will often stop when the victim makes a submission display. For example, Blair discusses a species-typical mechanism that causes one dog to stop aggressing when the victim dog offers its throat. The mechanism causes the aggressor to a have an aversive response to the distress of its victim. Blair thinks humans have VIMs as well. He suspects that the VIM is what causes us to experience distress when we encounter the suffering of others. Blair speculates that the VIM is deficient in psychopaths. As a result, psychopaths are not disturbed by the suffering of others. This prevents them from developing an empathetic capacity and moral emotions, such as guilt and shame.

Blair supports his hypothesis by showing that individuals with psychopathic tendencies are comparatively unperturbed by the sight of others in distress (Blair et al., 1997, Blair, 1999b; House & Milligan, 1976), but this is only weak support. There is no solid evidence showing that a VIM exists in humans. Even if it did, it would be very surprising if a VIM deficit were the *primary* cause of moral blindness in psychopaths. For one thing, psychopaths are not always violent. When they engage in antisocial behavior, it tends to take a variety of forms. One of the diagnostic criteria for psychopathy is criminal versatility. To explain nonviolent antisocial behavior in psychopaths, Blair relies on a developmental story. He believes that VIM dysfunction can lead to general deficits in moral emotions. Without developing a tendency to respond to the distress of others, a juvenile psychopath will not develop a healthy capacity for such emotions as shame and guilt. The diminished emotional capacity will then lead to a global deficiency in moral sensitivity.

Blair's developmental story does not explain enough. In addition to their deficit in moral emotions, psychopaths show a deficit in nonmoral emotions. Their emotions tend to be quite flat in general. There is no reason why a VIM deficit would cause a general reduction in, say, fear and sadness, because these arise in nonmoral contexts. Nonviolent criminal offenses by psychopaths may be due to a deficit in moral emotions, but this deficit seems to be symptomatic of a general emotional disorder, not a reduced inhibition of violence.

Blair's proposal also fails to explain other core symptoms of psychopathy. Most significantly, it sheds no light on the fact that psychopaths perform abnormally on some cognitive tasks. For example, they tend to make more errors than normal subjects when asked to complete mazes of increasing difficulty (Schalling & Rosen, 1968; Sutker et al., 1972). Psychopaths are tempted to go down blind alleys rather then eyeing the best route

before beginning a maze. In addition, psychopaths have also been found to make perseverative errors in the Wisconsin card sorting task (e.g., Gorenstein, 1982). When an experimenter changes a sorting rule in the middle of the task, psychopaths find it harder than nonpsychopaths to discontinue following the initial rule that they were given.

Errors on mazes and card sorting perseveration can both be understood as involving impulsivity. In working through a maze, certain paths will seem promising at first glance, but one can quickly discover that they lead to dead ends by looking ahead. Psychopaths get stuck in the first glance. They act on the slightest hint of reward. In card sorting, an initially established rule will serve as a default. Once the rule is learned, it is easier to continue following it than to adopt a new form of behavior. Psychopaths get stuck on defaults. It is hard for them to change plans based on new information because they must inhibit an initial temptation to follow the default plan. This tendency can be compared to the behavior of a child who cannot help but take a cookie from the cookie jar despite admonitions not to. Once the temptation is experienced, psychopaths find it hard to resist. This is what it means to be impulsive. Impulsivity is a core symptom of psychopathy and a standard diagnostic criterion.

Neither mazes nor card sorting involve moral emotions, much less inhibition of violence. This suggests that a VIM deficit, even if it is found in psychopaths, could not be the root cause of the disorder. Fisher and Blair (1998) explain cognitive deficits in psychopaths by speculating that the VIM may be located in brain regions adjacent to those that are implicated in various cognitive tasks. They speculate that psychopathy may involve a brain abnormality that compromises several areas. This explanation is inelegant. If a more integrated explanation can explain the core symptoms of psychopathy, it should be preferred.

A more integrated explanation is available. The account I favor extends a proposal put forward by D. Fowles (1980). He argues that psychopathy derives from a deficit in a very rudimentary behavioral inhibition system (BIS) that underlies many aspects of emotion, motivation, and temperament. The BIS was first proposed by Jeffrey Gray (see Gray, 1987, for a review) in an influential theory of anxiety. In healthy individuals, the BIS allows us to stop and adjust our plans when we encounter a threat. In anxious individuals, the BIS is hyperactive, causing chronic inhibition under conditions that are perfectly safe. According to Gray (1993), BIS also plays a role in forms of inhibition that are unrelated to anxiety and fear. For example, it may allow us to stop a plan we are pursuing when another, better plan presents itself. An impairment in the BIS would make it more

difficult to change plans. In a word, it would promote impulsivity. A person with a weak BIS would find it difficult to resist pursuing plans that ostensibly seem attractive, but that would be less attractive on further reflection. Such a person might even recognize that a given plan might lead to trouble, but would be incapable of using this knowledge to inhibit acting on the plan. A weak BIS explains impulsivity, and impulsivity explains cognitive deficits.

A weak BIS could also be used to explain some of the emotional abnormalities in psychopaths. Fowles emphasizes the fact that a weak BIS would result in a reduction of fear. This would explain why psychopaths show less galvanic response to scary pictures and show a lack of startle potentiation (Patrick et al., 1993). A weak BIS might explain other emotional abnormalities as well. It is the basic mechanism behind all inhibitory emotions in Gray's view, and one of the fundamental systems guiding our affective life. A BIS deficit could leave someone with a limited capacity for any emotion that involves inhibition. Sadness, for example, may involve just as much inhibition as fear. Sad people tend to withdraw and resist active pursuit of goals. A BIS deficit could lead to a sadness deficit.

Other emotions, such as happiness, may not involve BIS centrally, so we might expect to see a healthy capacity for happiness in psychopaths. But this will not always be the case. Someone profoundly deficient in fear and sadness may be unable to form many of the social ties that play a central role in human well-being. In addition, a weak BIS could lead to abnormal functioning in other rudimentary emotional systems. Gray postulates a counterpoint to the BIS, called the behavioral activation system, or BAS. This is the system that underlies arousal in positive emotional states. The BAS often functions in concert with the BIS. It is plausible that the two serve collectively to promote homeostasis. The BAS may tend to kick in when inhibition is lifted through nonpunishment. A BIS deficiency could lead, developmentally, to a BAS that responds less often and less vigorously than it would in healthy individuals. Ironically, a general deficiency in negative emotions could lead to a flattening of positive affect as well.

What is the source of moral blindness in this account? One possibility is that the fear deficit emphasized by Fowles prevents normal moral development. Fear of punishment is often induced by caregivers during moral training, and Rothbart et al. (1994) found that fear is correlated with dispositional empathy in infants. But fear is neither the only nor the best method of developing moral sensitivity. Fear can be negatively correlated with prosocial behavior (Caprara et al., 2001), and it gets mixed reviews from those who study moral development. Caregivers who try to promote

good conduct by threatening punishment often find that the method is not completely effective. They can improve conduct in children more effectively by conveying disappointment or drawing a child's attention to the harm she has caused (see Hoffman, 2000 and later discussion). How might a BIS deficit explain these facts?

To see the answer, recall that other negative emotions are affected by a weak BIS. As remarked earlier, a weak BIS may reduce one's capacity for sadness. Sadness makes two crucial contributions to morality. First, moral sensitivity often involves recognition and response to the sadness of others, including the victims of transgressions and members of one's social group. Rothbart et al. (1994) found that sadness and empathy were correlated. It is interesting that Blair (1997) found that children with psychopathic tendencies tended to make more attributions of sadness than control subjects when they were presented with stories about people experiencing losses. The inflated response may reflect a compensatory strategy. Psychopathic children may infer that the events in the narrative are *supposed* to evoke sadness. This interpretation is plausible in light of other evidence, which suggests that psychopaths are deficient in sadness. Blair and collaborators have shown that children and adolescents with psychopathic tendencies have difficulty recognizing sad faces (Blair et al., 2001; Blair & Coles, 2000) and sad vocal tones (D. Stevens et al., 2001). Poor recognition of emotion is often associated with a deficiency in experiencing emotion. This would also make sense of the aforementioned fact that psychopaths show abnormally low electrodermal responses when viewing images of sad faces. Psychopaths show little vicarious sadness because it is difficult for them to experience sadness in the first place.

Second, sadness may be an ingredient in the primary moral emotions of guilt and shame. Many emotion researchers believe that some emotions are more basic than others. Basic emotions typically have a biological basis, analogues in other species, and characteristic facial expressions, and they appear early in development. Nonbasic emotions can be generated by blending basic emotions or by what I call "calibration" (J. Prinz, 2004). In calibration, an emotion that initially had one set of eliciting conditions is returned to a new set of eliciting conditions that is more specific than the initial set. For example, pride is joy calibrated to one's own accomplishments. I think that guilt and shame have sadness as an ingredient. Guilt is just sadness that has been calibrated to situations in which one has caused harm to someone that one cares about. Guilt leads to reparative behavior because reparation is seen as a way to make up for such harm and overcome the feeling of loss. Shame is a blend of sadness and aversive

self-consciousness. (Aversive self-consciousness is a basic emotion that arises when one receives unwanted attention from others. It is also the root of embarrassment.) Shame is calibrated to situations in which one's reputation has been threatened by engaging in conduct that is discouraged by the members of one's community. If sadness does figure in these two emotions, then a deficiency in sadness will have moral consequences.

The claim that sadness figures in guilt and shame has not been systematically tested, but there is some suggestive evidence. Reparative behavior and sadness are highly correlated in childhood (Cole et al., 1992). There is also a direct correlation between sadness and emotions of guilt and shame (Zahn-Waxler & Robinson, 1995). Children who are often sad also experience these emotions frequently. In pilot studies, I have found that guilt is associated with the frowning expression that we associate with sadness. Such findings certainly do not prove that sadness is a constituent of guilt and shame, but they are suggestive. At this point, intuition provides the strongest evidence for a constituency relation. Intuitively, guilt and shame make us feel downtrodden, pained, and worthless. They weigh on us in much the same way that sadness does.

In summary, I am proposing that psychopathy derives from a general deficit in inhibition, and that this deficit results in impulsive behavior, owing to a lack of inhibition, and moral retardation, owing to a lack of inhibitory emotions, especially sadness. This proposal makes sense of the link between emotions and moral competence. But what, more exactly, does moral competence consist in? And why do psychopaths fail to comprehend the moral versus conventional distinction?

To answer these questions, I need to say something about moral development. I discuss several milestones in moral sensitivity that are characteristically seen in normally developing children. Each of these milestones, it turns out, ordinarily owes a debt to imitation.

13.3 Sentimental Education

The first milestone that I discuss is already exhibited in the first hours of life. Newborns try to mimic facial gestures that they see (Meltzoff & Moore, 1983a), including emotional expressions (Field et al., 1982). This tendency may be underwritten by mirror neurons (see Gallese, 2001). It requires an unlearned capacity to translate a visual experience into an action program. I believe that facial mimicry makes a contribution to moral development. For one thing, it can increase social interaction and attachment by capturing the attention of caregivers. This can promote bonding and instruction

from caregivers. In addition, facial mimicry can lead to emotional contagion through facial feedback. When a person makes a characteristic emotional facial expression, the corresponding emotion may be experienced as a result (Zajonc et al., 1989). As infants and toddlers mimic perceived emotional expressions, they may "catch" the corresponding emotion. Some researchers have suggested that this process plays a role in developing the capacity to attribute mental states to others (Gordon, 1995a; Harris, 1992). More important for this context, it may help foster the development of concern. If an infant recognizes someone's distress by "catching" it, the infant will in effect be distressed by that person's distress. This vicarious distress eventually becomes metacognitive. At some point in development, we recognize that we are distressed *because* someone else is distressed, as when we instinctively feel tears well up in our eyes while watching the tears of an actor in a movie. But vicarious distress precedes mind-reading abilities. Before infants can attribute distress to others, they catch others' distress. This can be regarded as first-order concern. It is feeling bad because others feel bad, as opposed to feeling bad about others' feeling bad (second-order concern).

An early vicarious distress response is not always mediated by facial feedback. As Sagi and Hoffman (1976) have emphasized, one of the first indications of sensitivity to others is infantile crying contagion. Newborn infants cry when they hear the cries of other infants. The mechanisms behind crying contagion are not known. Unlike facial mimicry, there is little reason to think infants deliberately cry when they hear others crying; it is a spontaneous response. It may also be a phylogenetically ancient response. Rats, for example, become distressed when they experience the distress of other rats (G. Rice & Gainer, 1962).

Crying contagion diminishes in older infants, but other forms of emotional contagion remain. Older infants will show less vocal signs of sadness when they hear others cry, and very young children become sad when they see pictures of others crying. Even autistic children show this pattern of response, despite likely deficiencies in their understanding of other minds (Blair, 1999a). It is interesting that autistics also seem to understand the moral versus conventional distinction (Blair, 1996). This supports the idea that there may be a link between intact emotional response and moral development (contrast Kennett, 2002, who proposes that autists may deploy moral concepts of a more dispassionate variety).

Emotional contagion can be regarded as imitative in nature. As I use the term, imitation is a process by which one organism comes to exhibit a state or behavior exhibited by another organism through perceiving the other

organism exhibit that state or behavior. Roughly speaking, imitation is mentally mediated replication. This broad definition offers considerable flexibility. One can imitate mere movements or more complex instrumental behaviors. One can also imitate internal states such as goals, attitudes, or affective states. In facial feedback and crying contagion, infants imitate both expressive behaviors and the underlying emotions. When young children become saddened by looking at photos of people expressing distress, they may imitate emotions without imitating expressions. As just remarked, this kind of imitation is intact in autistic children, despite some deficits in their ability to replicate manual skills (see S. Rogers, 1999).

Some researchers define imitation more narrowly. Tomasello (1999) restricts the term to cases in which the imitator duplicates both the means and the end of an instrumental behavior. He uses the term "emulation" for cases where an end state is replicated by means that differ from those of the model. This terminological fiat is permissible, of course, but I prefer the broader definition of imitation because it highlights a common thread running through ostensibly disparate methods of transmission. It may be useful to distinguish these methods for some purposes, but we should not obscure the similarities. We often learn by repeating what we have observed in others.

Even if one grants that emotional contagion is imitative, one might question whether it qualifies as a stage in *moral* development. First-order concern is quite selfish. Someone who feels bad as a result of others' distress may simply work to avoid others in distress rather than offering help or assistance. Ordinarily, however, this is not what happens. First-order concern takes on a more active and decidedly prosocial role in the second year of life. Toddlers engage in consolation. They come to the aid of those in distress. They initiate tender touches and other forms of soothing physical contact (Radke-Yarrow & Zahn-Waxler, 1984). They may offer a distressed person an object to provide comfort or distraction. Some of these behaviors may have a biological basis, but others may be copied from experience. A toddler who has found comfort in particular consolatory behaviors may attempt the same when confronted with another individual in distress (Hoffman, 2000).

Early consolation qualifies as imitative in two senses. First, the toddler is replicating the kind of consolatory behaviors that have brought relief to her in the past. Second, consolation is tied to emotional contagion. Seeing another individual in distress seems to trigger a consolatory routine in young children. Consolation is a way of coping with vicarious distress. This connection between perceiving the states of others and acting fits in with the emphasis on perception-action schemes found in the work of Wolfgang Prinz (1997a) and Preston and de Waal (2002). Seeing distress affords the offering of consolation.

At this second milestone of moral development, there is a shift from passive first-order concern to active first-order concern, but comprehension of the moral, as such, remains undeveloped. Children in the second year have moral responsiveness without moral competence. In early childhood, imitation begins to rely on mechanisms that are more reflective than reflexive. Children come to appreciate that behavior is governed by normative rules. Imitation may contribute here as well. Consider the methods by which moral rules are conveyed. When a child misbehaves, a caregiver can respond in several ways (Hoffman, 2000). One option is to assert power by displaying anger or threatening punishment. This can be effective with some children under some conditions, but other responses can be even more effective. A second option is withdrawal of love. One can refuse to show affection to a misbehaving child or display disappointment. Both anger and disappointment can threaten an attachment relation. A child who recognizes that her conduct has caused these responses in a caregiver may become concerned that her conduct will lead to a breach in that all-important relationship. That can lead to sadness about the action that led to the breach, and such sadness qualifies as regret—feeling bad about one's own actions. The capacity for regret owes something to imitation when love withdrawal is involved. Initially, a child feels bad because her caregivers have indicated that they feel bad. The bad feeling occurs because it is observed in others.

A third response to misconduct, known as induction, can also be regarded as imitative in the broad sense. A caregiver can draw a child's attention to the fact that her conduct has harmed someone else. After recognizing the harm, the child may come to feel bad and thereby recognize that her action was wrong. That bad feeling may stem, at least initially, from emotional contagion. If a child sees that her action has made another child sad, she may catch the sadness from her victim. A child with no capacity to catch emotions from others would find it difficult to learn through love withdrawal and induction. Such a child might recognize that her actions caused sadness in a caregiver or victim without becoming sad herself.

When love withdrawal is used, the potential threat to attachment can induce sadness in a child without the aid of emotional contagion, but even in this case, there is an imitative dimension. Attachment itself requires a relationship between caregiver and child that is reciprocal in nature. Both

parties must be responsive to each other. As noted earlier, facial imitation can contribute to the development of attachment relations, but other forms of imitation may contribute as well. A child who responds to tender physical attention with similar behavior is likely to forge a more solid bond than a child who responds by withdrawing or becoming aggressive. A bad imitator is likely to form unstable attachments. If amenability to training through love withdrawal requires healthy attachment relations, it may work best with healthy imitators.

So far, I have mentioned three stages in moral development. In the first, infants simply experience the emotions of those around them. This stage allows for first-order concern and can contribute to the emergence of empathy. Concern and empathy can be understood as emotional responses to others' hedonic states. In the second stage, these feelings are put to work. Toddlers begin to engage in prosocial behavior. The third stage introduces sensitivity to moral rules. Moral rules tell us how to behave and when to praise and blame the behavior of others. The appreciation of moral rules depends on the earlier stages of emotional contagion and behavioral coping. By becoming aware of the emotions of caregivers and victims, young children can come to appreciate that certain forms of conduct should be avoided. This is achieved through sadness conditioning. Children come to recognize that actions can lead to sadness, and that sadness constitutes a simple form of regret. These actions associated with regret are subsequently avoided, and this avoidance constitutes an early appreciation of moral rules.

Sensitivity to moral rules has behavioral consequences. Children at this stage in development begin to engage in reparative behaviors when they transgress, and they may begin to condemn the transgressions of others. Both of these classes of behavior are likely to depend on skills acquired through imitation. While reparation may be a universal phenomenon, particular methods of reparation, such as verbal apologies, vary from culture to culture; likewise for condemnation. Children may learn these culturally specific behaviors by observing others. Imitation will also play a role in determining which forms of conduct a child will condemn. To condemn an action, a child must first come to dislike it, and this will often depend on picking up the attitudes of caregivers. For example, parents who frequently engage in acts of aggression may have children whose attitudes toward bullying are much more positive than those of children who come from less violent homes.

Children who are sensitive to moral rules do not necessarily recognize moral rules as such. They may not possess the concepts of moral right and wrong. To understand these concepts, one must pass through a further stage in moral development. This is where the moral versus conventional distinction comes in. Transgressions of conventional rules can have strong emotional consequences. A child who violates the prevailing rules of etiquette may incur anger and disappointment from caregivers. But by the time a child is 4 or 5 years old, she is likely to appreciate that transgressions of etiquette differ from transgressions of rules involving harm, fairness, religious values, and so on. As Turiel (1983) has shown, children at this age typically treat some transgressions as contingent on authorities and others as intrinsically and inalterably wrong. How do children arrive at this stage?

Much of the literature on the moral versus conventional distinction has focused on a difference in justificatory strategies. Conventional norms are said to depend on authorities, while moral norms depend more on ideals of welfare and justice that are independent of authority. How do children come to recognize that different rules lie on different sides of this explanatory divide? Both Blair and Turiel recognize that affect plays a role here. Moral and conventional norms have different emotional consequences. Five-year-olds recognize this fact. They have been found to associate moral transgression with strong bad feelings, while regarding conventional transgressions as affectively neutral (Arsenio & Ford, 1985). The real difference may be a bit more subtle. If one violates a purely conventional norm, such as the norm against wearing pajamas in public, one may feel embarrassment. And if someone else violates that norm, one might feel amused or smugly annoyed. If one violates a moral norm, in contrast, one is likely to feel guilt or shame. And if someone else violates that moral norm, one might feel anger, contempt, or disgust. These moral emotions can arise in the case of conventional transgressions, but only when one is focusing on an aspect of the transgression that is not contingent on social customs. If a child feels that wearing pajamas in public will disrespect those she cares about or lead those people to make negative judgments about her character, she will feel ashamed. This emotional response has nothing to do with the pajamas as such, but with the implications of the act. A conventional wrong (wearing pajamas in public) can also entail a moral wrong (disrespecting others). Emotions indicate which dimension of an action is under consideration. A person who is experiencing shame after a pajama episode is probably moralizing it.

These emotional differences arise in development because different kinds of transgressions have different kinds of effects. Those effects include reactions in caregivers and in those who are directly affected by our actions. When a child hits someone and sees that her victim has been hurt, it

causes the child to feel bad by emotional contagion. This gives hurting a negative value that does not seem to depend on cultural conventions. In other cases, strong negative emotions are instilled by caregivers. Polluting the environment may be given moral standing by drawing a child's attention to the harm to future generations, and in older children, victimless transgressions such as masturbation may be moralized by convincing children that it will lead to disease, deviance, or divine censure (see Haidt et al., 1993). Contrast these cases with the that of wearing pajamas in public. If I wear pajamas in public, others may laugh at me. That makes me feel bad too, but there are two differences from the harm case. First, being laughed at may cause embarrassment rather than vicarious distress. Second, if the taboo against wearing pajamas in public is lifted, the emotional cost disappears because people would not laugh. This latter difference ultimately contributes to the development of distinct justificatory strategies, but the former difference is already sufficient for drawing a moral versus conventional distinction.

The acquisition of moral emotions may benefit from imitative learning. I suggested earlier that guilt and shame are simply forms of sadness that have been calibrated to special eliciting conditions—self-caused harm and a reduction in reputation, respectively. Roughly speaking, guilt is harm-sadness and shame is reproach-sadness (plus aversive self-consciousness). Notice that guilt and shame differ from vicarious distress and regret. The latter emotions constitute what I called first-order concern. They are negative emotions occasioned by the negative emotions of others, but not directed at the negative emotions of others. In their mature form, guilt and shame introduce a second-order component. Guilt draws our attention to the mental states of our victims. Shame draws our attention to the mental states of those who might judge us. But I believe that guilt and shame can also occur as first-order responses, which do not require metacognitive abilities. Suppose Sally hits Roger and Roger cries. If she catches Roger's sadness on that occasion, she may experience a negative feeling when she contemplates hitting someone on a future occasion. This would qualify as an early form of guilt about hitting. It can be explained by direct associative learning, with no need for anticipation or attribution of sadness to her victims. As Sally matures, she may attain the ability to attribute sadness to others, and when she does so, she will also experience sadness through emotional contagion. That metacognitive ability will cause her to feel guilty when contemplating potentially harmful actions that she has never performed in the past. In both mature and immature forms, the negative

feelings of guilt depend on a tendency to catch the negative feelings of others. This is a form of imitation in my broad definition.

This is the last stage that I will consider in the developmental story. Moral responsiveness begins with emotional contagion in newborns. Then consolation behaviors emerge in toddlers. Soon after, children become sensitive to normative rules, and they start to engage in reparative behavior and in moral prescription and condemnation. Finally, different classes of norms are distinguished through the attainment of moral emotions, and these permit the development of various justificatory skills. Imitation makes contributions at each of these stages. It also contributes to moral development in other ways. For example, we often shape our moral attitudes and behaviors by following role models. These can be caregivers, peers, community leaders, or increasingly, celebrities and characters on film and television. The use of role models is an extension of the processes that I have been describing. It involves the attainment of attitudes and behaviors that conform to those that have been observed in others. If moral attitudes and conduct are acquired and shaped with the help of imitation, we should be somewhat concerned about the use of role models. If the media are providing children with role models that engage in antisocial behavior, there is a potential risk of destructive mimicry in action and attitudes (see Huesmann et al., 1997). We should also be concerned about antisocial parental and peer role models.

Bad role models are not the only source of bad conduct. If this developmental story is approximately right, healthy moral development depends on certain emotional capacities. Emotions figure in the picture from the very first stage. An emotionally impaired infant will have difficulty with emotional contagion. An emotionally impaired toddler may fail to develop tight links between perception of emotion and prosocial behavior. An emotionally impaired child may fail to understand the full consequences of transgressing norms. Without a normal emotional capacity, the distinction between moral and conventional rules can be missed. That difference begins with a subtle division in emotional responses. Violations of moral rules generate different emotions than violations of conventional rules. Violations of moral rules are also those where the emotional costs remain even if the rule is no longer enforced by authorities. Emotional deficiencies can engender insensitivity to these facts. Without healthy emotions, one has to identify norms by statistical regularities and social sanctions. An emotionally deficient individual learns that something is wrong because people discourage it and refrain from doing it. This does not

distinguish moral from conventional rules. Thus, emotional deficits impede competence in the moral domain, which is precisely what we see in psychopaths. Psychopaths can imitate the behaviors of others to a reasonable degree, but they cannot imitate the emotional states of others, and this has serious implications for competence and conduct.

13.4 Conclusion

Psychopaths teach us that emotional deficiencies can impair moral competence. Psychopaths fail to distinguish moral and conventional transgressions because they never learn the appropriate emotional reactions to their conduct. For healthy moral development, sadness must be tuned to the impact that certain actions have on victims and caregivers. Imitation ordinarily plays a pivotal role in this tuning process.

Is imitation essential for moral development? Perhaps. "Good" and "bad" cannot be defined simply by pointing to examples. Caregivers tell children that some things are good and other things are bad, but they cannot point to goodness or badness. Moral concepts extend beyond the observable properties of situations and events. They involve our *reactions* to situations and events. A caregiver can draw a child's attention to some feature of an event with the hope that the child will have the appropriate reaction, but the reaction depends on the emotional dispositions of the child. Caregivers can cultivate emotional dispositions in children, but they cannot instill those dispositions by explicit instruction. Emotional dispositions are more readily established by imitation. If a child sees that her actions have upset others, she will become upset too through emotional contagion. Without this rudimentary imitative process, it would be very difficult to see the bad in things.[1]

1. See comments on this chapter by Huesmann (vol. 2, ch. 19.6, p. 386) and a relevant discussion by Sugden (vol. 2, ch. 15, p. 301). ED.