

Getting outside of ourselves: Towards an other-oriented model of psychological health

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Abstract: This paper examines key assumptions about the benefits of self-oriented care and other-oriented care that have been guiding considerable amounts of research and applications in psychology. More specifically, the paper questions the importance of what can be referred to as the ‘Oxygen Mask Assumption,’ the belief that it is often best to take care of oneself to better take care of others. Based on mounting evidence of the benefits of prosocial behaviour, both for the giver and the receiver, this paper proposes an explicitly other-oriented model of wellbeing. The paper first outlines the Oxygen Mask Assumption and research demonstrating the importance of self-oriented care and the implicit model guiding much of this research. This is followed by examining recent research on the benefits of prosocial behaviour, and the introduction of an other-oriented model of wellbeing. Predictions based on both models are evaluated in light of current research. Theoretical and practical implications of adopting an other-oriented model are discussed.

Keywords: psychological health; altruism; prosocial behavior; other-focus; altruistic motivation

1. Introduction

In their seminal article introducing the field of positive psychology, Seligman and Csikszentmihalyi (2000) call for a better understanding of the factors that allow “individuals, communities, and societies to flourish.” Despite considerable strides made over the past twenty years, one of the recurring criticisms of the field has been a disproportionate focus on individual wellbeing with relatively less attention paid to communities and societies (e.g., Brown, Lomas, & Eiroa-Orosa, 2018; Wissing, 2022).

This has prompted several recent initiatives within the field, including recognizing the emergence of a third wave, where the focus of inquiry moves beyond the individual, embracing greater complexity in terms of incorporating more varied methods, cultures, and interdisciplinary work (Lomas et al. 2021), and a more systems-informed positive psychology, incorporating principles from the systems sciences (Kern et al. 2019). Increasing calls for a move from ‘me’ to ‘we’ have also been the focus of recent international conferences (European Congress on Positive Psychology, 2022) and books (e.g., Grenville-Cleave et al., 2021; Layard, 2021). It is worth noting that for many in the field, a push for more work on social change and public policy is a not new one and has been the topic of several books (e.g., Biswas-Diener, 2011; Diener et al., 2009; Gable & Haidt, 2005; Harré, 2018).

To some extent, the focus on the individual is understandable insofar as the main level of analysis in psychology, as a discipline, is on the individual. That is, psychology as a science

focuses on “the study of mind and behaviour” of individuals (Passer & Smith, 2004); this is the case even when viewed through the lens of social psychology, for example, where the focus is still on the individual and how s/he may be influenced by the social environment. This may be compounded, however, by a critical, yet largely overlooked, assumption that has guided much of the work in the field. This is what we will refer to as the *Oxygen Mask Assumption*¹, the idea that it is important to prioritize taking care of oneself to then better take care of others. This notion is well-documented in different types of publications and among several populations including educators (e.g., Kaka & Tygret, 2021; Stanley, 2017; Tapia, 2021; Taylor, 2014; Yanek et al., 2022; Zavala, 2022), medical and mental health professionals (e.g., Atallah et al., 2016; Pais, 2002; Posluns & Gall, 2020; Wei et al., 2020), as well as families (e.g., Coyne et al., 2020; Karlstad et al., 2021; Lindemann, 2014).

In tandem with the idea of prioritizing self-oriented care is the idea of taking care of oneself *through* taking care of others. This other-oriented approach is not novel in and of itself; striking a balance between independence and co-dependence generates what has been referred to as positive interdependence (Shankland & André, 2022). Positive interdependence implies that the success of an individual is dependent on the success of the group (Laal, 2013), and that individuals are motivated to collaborate because the processes and outcome are more constructive and lead to greater flourishing and success (Shankland & André, 2022). This concept has been mainly elaborated within the context of education (Johnson & Johnson, 1992) and business management (e.g., Thompson, 1967), and has demonstrated the benefits of finding a balance between focusing on one’s own and others’ wellbeing (Johnson & Johnson, 2005). Indeed, an overly self-centered and individualistic approach to living has a plethora of detrimental outcomes including increased narcissism (Twenge et al., 2014) and fluctuating wellbeing (Dambrun & Ricard, 2011; Hanley et al., 2017; Ogihara & Uchida, 2014). Research has also shown that individualism comes with social disadvantages such as smaller social groups and less fulfilling social support (Ogihara & Uchida, 2014; Scott et al., 2004). Singer’s work on compassion (e.g., Singer & Klimecki, 2014) further supports the idea of our innate social tendencies and how they contribute to wellbeing and happiness. More specifically, compassion training seems to play a role in building resilience and attenuating empathic distress (Klimecki et al., 2014), further supporting the idea of an other-oriented model while maintaining the importance of taking care of oneself.

The goal of this paper is therefore to question the predominance of the Oxygen Mask Assumption, without disqualifying it or opposing it, and to highlight the benefits of adopting a more deliberately other-oriented approach to wellbeing. Equally important, this paper will argue that we need to make this approach more operational by integrating it into an explicit model. Formalizing a model - however simple it may be - is important because, despite the wealth of research showing the benefits of prosocial behaviour and an other-oriented approach to wellbeing, these findings could be more central in guiding the design of interventions and research. Despite important work arguing that our prosocial tendencies are important enough to be a fundamental psychological need (Martela & Ryan, 2015, 2019), the benefits found in caring for others often appears more as an after-thought than as a window into a key part of human nature. Introducing explicit models for both self-oriented and other-oriented approaches to wellbeing will allow for further exploration of how they interact, and when each may be most effective.

¹ This part of the standard pre-flight safety instructions, where one is instructed, in the case of an emergency, to put one’s own mask on before assisting others, has been widely adopted as a metaphor to apply to many other situations, particularly in the personal development literature.

This paper first examines the Oxygen Mask Assumption, and the research demonstrating the importance of self-care. Simplified versions of two models are presented with an examination of the different predictions each makes and how they coincide with current research. This is followed by looking at some of the research examining the benefits of focusing on others. Finally, we conclude with a discussion of the implications for the field.

2. The oxygen mask assumption & the importance of self-care

2.1 *Self-care and individual wellbeing*

Within both popular culture and academic psychology, there is a widespread belief in the importance of self-care. In mainstream culture, the belief that a focus on oneself is beneficial for mental health is seen in both maxims like a broad *You have to love yourself to be able to love others*, and as a more immediate and self-focused way to boost one's mood ('Having a bad day? Treat yourself to a massage') (Nelson et al., 2016). As Nelson and colleagues (2016) note: "When it comes to the pursuit of happiness, popular culture encourages a focus on oneself and one's needs" (p. 850).

This belief permeates the academic sphere as well, in terms of both research focus and applications. The goal, after all, of many of the most popular positive psychology interventions is to increase one's subjective wellbeing in various ways, whether it is using one's signature strengths, savoring, or practicing mindfulness and gratitude (Parks & Titova, 2016; Schueller & Parks, 2014). Increasing one's subjective wellbeing, of course, may be a worthy goal in itself. It should be noted, however, that this is a particularly Western approach, where happiness is viewed as a personal project, and often achieved through accomplishing self-serving goals (Krys et al., 2019; Lu & Gilmour, 2004).

2.2 *Self-care in the context of collective wellbeing*

It is important to note, too, that practices such as those just mentioned, and a focus on self-care more broadly, are not inherently selfish, for at least two reasons. First, many of these practices, even if done with the goal of increasing one's individual wellbeing, are inherently social. For instance, many character strengths, like kindness, fairness, and humour are exhibited in social contexts. Likewise, practicing mindfulness and gratitude help to highlight our interdependence, and take the spotlight off oneself (e.g., Donald et al., 2019; Ma et al., 2017).

Second, these practices are not intended to be practiced in isolation. There is, rather, the understanding that an effective way to increase collective wellbeing is through increasing individual wellbeing. Indeed, there is now a wealth of research indicating that experiencing positive emotions is related to increased prosocial behaviour (e.g., Shankland, 2012). This has been found in both correlational research, where people who are happier volunteer more, as well as in experimental work, where people put in a good mood tend to be more generous (for a recent review, see Aknin et al., 2018).

Further evidence of this can be found in self-compassion theory which includes three distinct yet interactive components: self-kindness vs self-judgment, common humanity vs isolation, and mindfulness vs over-identification (Neff, 2003). The second component (common humanity vs isolation) is a testament to the universality and importance of interdependence and connection with others wherein one's experiences are seen as a part of the common human experience (Neff, 2003), underscoring one's connection to all other human beings and to specific individuals (Kirkpatrick, 2005). According to Neff (2008, p. 1), "Self-compassion can be thought of as a type of openheartedness in which the boundaries between self and other are softened (...). In this way,

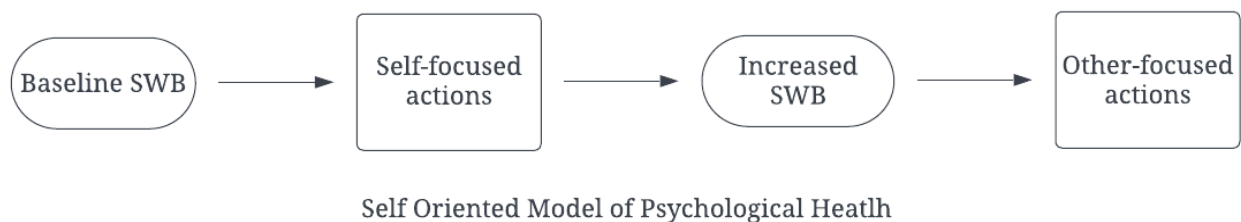
self-compassion represents a quiet ego, because one's experience is not strongly filtered through the lens of a separate self." Research has demonstrated the relationship between common humanity and interdependence whereby common humanity positively predicted relational interdependent self-construal (Akin & Eroğlu, 2013). Furthermore, in relation to wellbeing, self-compassion has been found to provide similar mental health benefits as self-esteem but with more emotional resilience and stability, and less self-evaluation, ego-defensiveness, and self-enhancement (Neff, 2011). It has likewise been studied as a suggested aspect of self-care (Coaston, 2017; Jill et al., 2018). Other research has even highlighted the role self-compassion plays in predicting self-care among clinical social workers (Jay Miller et al., 2019).

3. An explicit other-oriented model of wellbeing

In sum, the argument here is that a focus on self-care and individual wellbeing is both justifiable, and indirectly social, as individual and collective wellbeing are mutually beneficial on many levels. It is, however, important to explicitly outline this approach, and recognize how it guides the design of research and applications. Recent work has highlighted how a lack of explicit models may be an impediment to effectively progressing as a discipline (van Rooij, 2022).

If one were to represent the idea that that it is important to prioritize taking care of oneself to then better take care of others graphically, it might look like the following.

Figure 1. The Self-Oriented Model of Psychological Health



Based on an overview of some of the most common interventions (Bolier et al. 2013; Parks & Titova, 2016), and much of the research focus, it is not unreasonable to suggest that this approximates the dominant working model of wellbeing in positive psychology (as well as its developmental and clinical cousins). Importantly, however, for many, this is likely an *implicit* working model insofar as people are using it to make predictions and guide their research without necessarily explicitly formalizing it as such.

It can, nonetheless, be considered a psychological model insofar as it is a theoretical entity used to understand and explain phenomena of interest; a type of representation containing the four elements of object, medium, meaning, and user as described by van Rooij (2022). The object, or target system to be explained, is psychological health. The medium is the graphic representation above. The meaning or content, is what it says about the target system, specifically how a focus on oneself increases psychological health to then increase caring for others. Finally, the user is the psychologist using the model, or the reader of the present article. The argument here is that an over-reliance on such a model, however implicit, may be hindering the field, for both theoretical and practical reasons, as described later.

In line with van Rooij's (2022) call for more explicit models, this can be compared to an other-oriented model, whereby taking care of others, or the world, allows one to better take care of oneself.

Figure 2. The Other-Oriented Model of Psychological Health (or OOMPH)

Other Oriented Model of Psychological Health

This simple switch, from a focus on self-care to caring for others as a key component in mental health, can lead to some novel insights. For instance, in the case of bereavement, when a loved one dies, how much do we grieve because we have lost receiving their love for us and how much do we grieve because we have lost a recipient for ours? In the case of romantic relationships, we think of heartbreak as stemming from losing someone's love for us, but it may be due to our losing someone to give love to as well.

Indeed, it is in looking at the literature on relationships where, perhaps paradoxically, the prevalence of the self-oriented model can be seen. Scores of studies have now examined how fundamental positive relationships are to our wellbeing (for reviews, see for example Cacioppo & Patrick, 2009; Lieberman, 2015; Murthy, 2020), and relationships are a key element in several prevalent theories of wellbeing. Relationships are one of PERMA's five pillars, (Seligman, 2011), one of the six factors of Psychological Wellbeing Theory (Ryff, 1989), and one of the three basic psychological needs in Self-Determination Theory (Deci & Ryan, 2000; Ryan & Deci, 2017). It is also telling that the late Christopher Peterson claimed to summarize the entire field of positive psychology with the simple sentence: 'Other People Matter' (Park, Oates, & Schwarz, 2013).

3.1 The bilateral nature of relationships

There is little doubt that other people matter, and matter a lot. What is less clear, however, is *how* they matter. There are at least two ways relationships with others may be important. They are quite different and mirror the distinction of the self-oriented and other-oriented models nicely. First, relationships with others may be important to our wellbeing insofar as other people provide us with love and support. Second, relationships with others may be important to our wellbeing insofar as they allow us to give love and support to others. These two explanations are not mutually exclusive, but they are quite different in terms of the predictions each makes in guiding research and applications.

Furthermore, because of the reciprocal nature of most relationships, it is not always easy to tease out which mechanism is responsible for any given behaviour. For instance, in a healthy romantic relationship, an individual may be thriving because they are receiving love and support, but they also may be thriving because they have someone to whom they can direct their own love and support. Other examples abound: when a child feels comfort from being with a pet or a stuffed animal, the comfort found is often seen as stemming from the child's perception of receiving love from their dog or stuffed animal. And yet, the same behaviour (comfort coming from the interaction between child and pet) could also be explained by the child having an object for their love and care.

Indeed, this bi-lateral nature of relationships, coupled with the norm of self-interest (Miller, 1999; Ratner & Miller, 2001) so prevalent in WEIRD (Western, Educated, Individualistic, Rich, Democratic) populations may be part of the reason the benefit of giving care to others has not

been explicitly formulated as a model of psychological health and wellbeing. There is, of course, research providing evidence for both interpretations for the importance of relationships. And, consistent with the prevalence of the Oxygen Mask Assumption, the bulk of the research has focused on the benefits of receiving support. Being loved and having someone to rely on has been found to be a key factor in development (Côté & Clément, 2022; Granqvist, 2021) and mental health (Kahana et al., 2021; Oravec et al., 2020; Wriessnegger, 2022).

On the other hand, although less frequent, there is now increasing evidence for the benefits of *giving* support, notably the benefits of prosocial behaviour, on psychological wellbeing, as described below. Much of this work is particularly interesting insofar as it often compares the effects of receiving support from others to providing support to others. This provides a good illustration of the importance of outlining an other-oriented model of psychological health.

4. The benefits of giving and receiving support

There are theoretical reasons and empirical evidence to suggest that prosocial behaviour can beneficially impact both eudaimonic and hedonic wellbeing (Dakin et al., 2022). Amidst the increasing evidence of prosocial behaviour on wellbeing, two of the most frequently researched examples are performing acts of kindness and spending money on others (prosocial spending).

4.1 Acts of kindness and wellbeing

Performing acts of kindness has been shown to increase happiness in a wide range of studies (Layouset al., 2013; Lyubomirsky et al., 2005; Nelson et al., 2014; Nelson et al., 2016; Otake et al., 2006; Pressman et al., 2014). Indeed, performing acts of kindness now figures as one of the most common positive psychology interventions (see Curry et al., 2018 for a recent meta-analysis on acts of kindness as a positive psychology intervention).

Importantly, more recent work has specifically compared the effects of performing acts of kindness towards oneself and performing acts of kindness towards others. The results of many of these studies suggest that prosocial, or other-oriented, acts may have a more powerful effect on happiness than self-oriented acts. For instance, a large online study examined the effects of engaging in acts of kindness in three conditions: engaging in kind acts for oneself, for others, or for the greater good. Only the participants assigned to the two prosocial conditions (kindness towards others and to the greater good), but not the self-oriented condition, reported increases in positive emotions and psychological flourishing compared to the control group (Nelson et al., 2016).

This is consistent with a more recent study by Regan et al. (2023) who examined several potential elements that make prosocial behaviour beneficial, in part by comparing engaging in kind acts for others and doing kind acts for oneself. Results indicated that people doing kind acts for others reported more competence, self-confidence and meaning compared to those doing kind acts for oneself. To add to this, in a series of studies designed explicitly to examine an other-oriented focus compared to a self-oriented focus, Titova and Sheldon (2021) compared conditions where people were told to make themselves happier, make others happier or socialize. The conditions where people were instructed to make others happier resulted in increases in wellbeing compared to the other conditions.

4.2 Prosocial spending and wellbeing

Similar to acts of kindness, prosocial spending has offered insight into the differential benefits of giving and receiving. More specifically, research suggests spending on others generates more

increases in wellbeing than spending on oneself (Dunn et al., 2014), despite our intuitions to the contrary (Dunn et al., 2008). For instance, in studies comparing the effects of spending money on others to spending money on oneself, results consistently show that it is the prosocial spending that yields the greatest increases in wellbeing, across a wide range of situations (Aknin et al., 2013a; Aknin et al., 2013b; Aknin, et al., 2011; Dunn et al., 2008).

Indeed, this has been found to extend to other forms of reward, like candy, snacks and goody bags. People report greater increases in happiness when given the opportunity to give than receive (Aknin et al., 2013a; Aknin et al., 2015; Akninet al., 2020). This is consistent with research with young children who exhibit facial expressions with more positive emotions when giving treats to others than when receiving them themselves (Aknin et al., 2012; Aknin, et al., 2015; Aknin et al., 2018).

4.3 Other-oriented behaviour and motivation

Other-oriented behaviour may not only be more rewarding than self-oriented behaviour, but it may also be more motivating as well. Adam Grant and colleagues have carried out several studies comparing the effects of prosocial motivation to self-interest motivation (Grant & Berg, 2011). For instance, people working in a fundraising call centre were more effective in raising donations when the impact of their work on others was made salient compared to when the personal benefits of their work on themselves were (Grant, 2008). Other research has shown that health-care personnel will engage in personal hygiene significantly more frequently when prompted to think about patient safety than when prompted to think about their own (Grant & Hofmann, 2011). More specifically, people were found to wash their hands more frequently when a sign reminded how it can prevent infections in patients than when one reminded how it can prevent infections in themselves.

Likewise, adopting an other-oriented lens can be a potentially important factor in sustaining motivation to exercise. In a study examining rates of physical activity of nearly 100 overweight couples trying to increase their activity levels found that providing support to one's partner was a key factor in doing so, over and above how much support was received (Berli et al., 2021). This was found on several measures including increased positive affect and decreased negative affect. The authors state that "shifting the focus away from the recipient to examine beneficial effects of social support in providers is highly relevant." Berli et al., 2021, p. 1). Similarly, the increased motivation coming from helping others has been found in young people as well, when comparing the effects of receiving helpful advice or providing it to someone else. Students who gave advice to younger students spent more time working on their academic goals than students who received advice from their teacher (Eskreis et al., 2018).

4.4 Other-orientedness and physical health

The mounting evidence of the beneficial effects of other-orientedness has prompted work looking into the neurophysiological mechanisms linking prosocial behaviour to physical health (e.g., Brown & Brown, 2015; Inagaki, 2018). Research has long shown that volunteering is associated with a range of health benefits, including decreased mortality risk (e.g., Konrath et al., 2012). This correlation could be due to many reasons. Interestingly for this paper, a comparison of self- and other-oriented motivation in volunteering suggests that an other-oriented focus packs the biggest physiological punch. When volunteers' motivations were examined along the lines of other-oriented vs self-oriented motivation, the health benefits, including decreased mortality, hold only for those volunteering for other-oriented reasons (Konrath, Fuhrel-Forbis, Lou & Brown, 2012a).

Consistent with this research, Brown and colleagues (2003) found that it is the level of support provided to others that influences mortality rates in healthy adults, and interestingly not the level of support received. Other work compared the effects of giving and receiving support impacts on mortality rates of patients with end-stage renal disease. After controlling for other factors, it was the amount of support *provided to others* that had the biggest effect on mortality rates. The level of support received, however, did not impact mortality risk (McClellan et al., 1993).

One possible mediator here could be stress. Inagaki and colleagues (Inagaki et al., 2016) examined the neural activity associated with giving and receiving support in an fMRI study. It revealed that giving other people support resulted in reduced stress-related neural activity, whereas receiving support did not. The paper concludes by saying that “examining the psychological and physical health benefits of giving support to others deserves greater empirical attention...” (Inagaki et al., 2016, p. 450). Intriguingly, the effect seems to be powerful enough that simply *witnessing* acts of kindness has been found to act as a buffer against stress and stress-related illness (Fryburg, 2021).

Adding to the above-mentioned physiological benefits of adopting an other-oriented view, a focus on others has even been found to reduce the perception of pain. One study looked at self-reports of pain when people were giving blood. People reported less pain when giving blood if it is given for other-oriented reasons (to support earthquake victims) than for personal benefit (their own medical tests) (Wang et al., 2019).

In sum, these results converge that there are many physiological and psychological benefits that come from taking care of others. This research comes from multiple disciplines and much of it has existed for over a decade. Given the strength of this research, the benefits of caring for others deserve to be emphasized more, for both practical and theoretical reasons.

5. Self-oriented care vs. other-oriented in the context of different populations

5.1 Consequences of an over-focus on self-oriented care

From a theoretical standpoint, an over-focus on self-care is detrimental, or irresponsible, because we are *not applying the science*. It is scientifically irresponsible to study only one half of any phenomenon. And the current self-oriented model, however implicit, seems to be minimizing converging evidence that points to the benefits of caring for others.

From a practical standpoint, an over-focus on self-care may mean we are losing out on effective wellbeing interventions. This is true not only for people reporting average levels of mental health, but also, perhaps especially, for people who are below the mean for various reasons. An over-reliance on the self-oriented model of psychological health and the *Oxygen Mask Assumption* may deprive large numbers of people of the benefits of engaging in other-oriented behaviour based on the erroneous assumption that are not motivated or ‘strong’ enough to take care of others and should prioritize taking care of themselves first.

Indeed, looking at people who find themselves in particularly vulnerable situations sheds light on distinguishing the two models insofar as each makes different predictions. Given that the self-oriented model of psychological health is based on the idea that a focus on self-care is best to then allow a focus on other care, the implication is that it is more difficult, or less motivating, to care for others. The prediction then follows that when people are struggling, it is especially important for them to focus on themselves. In other words, when we are at our most down-and-out, it is too much to ask to focus on helping someone else. Intuitively, this makes sense, and many of us have no doubt had thoughts along the lines of “Oh, no, she’s having a rough time, I don’t want to impose...”

The other-oriented model, with its emphasis on the benefits that come from helping others, makes the opposite prediction. It suggests that focusing on others may be easier and more motivating; therefore, it is when we are at our most down and out that we may get the most benefit from taking care of others. This is consistent with anecdotal evidence of people overcoming significant loss. Parents experiencing the stillbirth of a child report helping other parents as the thing that saved them (Cacciatore et al., 2018).

5.2 Other-orientedness among 'vulnerable' populations

What then does the research show when we look at studies examining caring for others in populations who are often at the receiving end of the helping equation? Several studies show that caring for others is beneficial, *especially* for people who find themselves in situations of increased vulnerability. These include people with moderate and low levels of wellbeing, people who struggle with social anxiety, people prone to aggression, people who have been in trouble with the law, people struggling with addiction and substance abuse, and people who have lost a spouse.

Nelson-Coffey and colleagues (2021) recently compared the effects of other-focused kindness and self-focused kindness on measures of mental wellbeing and psychological distress in a sample of almost 300 people who were experiencing low or moderate levels of wellbeing. Consistent with the research presented above comparing the benefits of acts of kindness towards others and oneself (Nelson et al., 2016; Regan et al., 2023), they found that in this population, other-oriented acts of kindness consistently yielded benefits whereas self-oriented acts did not. This is the opposite prediction that would be made by self-oriented models of psychological health. Indeed, the authors write that: "Western cultures often emphasize taking care of oneself first, before helping others," but that this research suggests that we may be approaching this from the wrong direction and that: "it might be more worthwhile for people's mental wellbeing to help others and build positive relationships" (Nelson-Coffey et al., 2021, pp. 2-3).

The benefits of an other-oriented focus in interventions may be strong enough that they work even for people who have high social anxiety, where one could imagine a focus on others could be a source of stress. This is a particularly interesting population to study because the myriad benefits of social connection may be less accessible to these people. And yet if, as the research by Adam Grant and colleagues mentioned above suggests, it is easier to be motivated to help someone than to help oneself, this is a potentially interesting intervention idea. In support of this idea, Alden and Trew (2013) examined the effects of prosocial behaviour on individuals with social anxiety. Individuals with high levels of social anxiety were randomly assigned to perform acts of kindness for others, or to engage in behavioural experiments to decrease negative affect in themselves, and activity monitoring. People in the acts of kindness condition showed greater positive affect, compared to the other conditions. Other work has found that acts of kindness may be particularly effective in increasing social connection for individuals with anxiety of depressive disorders. In comparing classic CBT techniques such as cognitive reappraisal with acts of kindness or social activities, Cregg and Cheavens (2022) found that acts of kindness was the most effective at improving social connection, and more effective than cognitive reappraisal for improving depression and anxiety symptoms. Research has also found that other-oriented acts of kindness may be effective in reducing social avoidance in individuals high on social anxiety (Alden & Trew, 2013; Trew & Alden, 2015). These results are again, consistent with an other-oriented model of psychological health, but inconsistent with a self-oriented model.

Likewise, Mongrain et al. (2018) examined the effects of an other-oriented focus on almost 650 individuals scoring low on the personality dimension of agreeableness (characterized by

increased hostility, antagonism, and aggression). Participants in two other-oriented conditions, namely loving kindness meditation and acts of kindness, showed decreased measures of depression when compared to a journaling control group.

Along similar lines, a sample of 500 ex-offenders were asked to recall a time they engaged in prosocial spending (spending ~\$20 for someone else's benefit) or personal spending (spending ~\$20 for their own benefit). Participants reported greater positive affect when recalling times they engaged in other-focused spending (Hanniball et al., 2019). Similarly, a sample of 64 delinquent youth who were given the opportunity to give a goody bag to a sick child in a local hospital reported greater positive affect than those given a goody bag to enjoy themselves. This may be particularly notable because the participants in both these studies rated significantly higher than baseline measures on anti-social measures such as criminal activity and antisocial and psychopathic personality features (Hanniballet al., 2019), suggesting that the benefits of helping others may be more of a human universal than may be assumed.

Further research demonstrating the potential of an other-oriented model comes from work looking at people struggling with alcoholism and other forms of addiction. For instance, McGovern and colleagues (2021) examined the benefits of sponsorship in drug and alcohol self-help groups and found that the benefits of sponsorship extended beyond the person sponsored. More specifically, the researchers found that the sponsor, the person *giving* the support, experienced significant benefits as well as helping others allowed the sponsors to experience increased psychological wellbeing and social connection.

Other work has examined the benefits of helping in addiction in more detail. Pagano and colleagues examined 12 step programs and found that opportunities to help others are a particularly effective technique, for both adults and young people. For instance, Pagano and colleagues examined what factors made a difference for abstinence and success over 200 former alcoholics after 10 years of treatment. They concluded that helping others played a key role (Pagano et al., 2014). In line with the idea that the further down we are, the more we need to help others, Pagano and colleagues found that, in young people with alcoholism and SAD, helping was particularly beneficial. Young people with social anxiety disorder who were given the opportunity to help others showed the most improvements (Pagano et al., 2015).

Examining young people with addiction and incarceration issues, Pagano and colleagues (2015) found that peer helping was a particularly effective technique. In a population of almost 200 juvenile offenders who were court-referred for addiction treatment, they measured how giving help to others and receiving help impacted the risk of relapse, incarceration and violent crime a year after treatment. Only giving help helped; receiving did not.

Finally, Brown and colleagues (2008) for instance, found that among people experiencing high loss-related grief following the death of a spouse, it was the degree to which the bereaved was able to *provide support to others* that predicted a decline in depressive symptoms. This was independent of support received and other factors, such as health and demographics (Brown et al., 2008). Indeed, recent work has promoted prosocial behaviour as a mechanism to mitigate against depression in times of separation and loss (Ramkissoon, 2022).

In summary, an other-oriented model of psychological wellbeing makes two predictions that are different from a self-oriented model. First, it predicts that we may see more benefits from giving than from receiving. This seems consistent with the research presented earlier in the section Giving and Receiving Support. Second, the other-oriented model predicts that providing support to others may be easier for people who are down and out, not harder. There are many people who may not *want* to help themselves, who do not think they deserve self-care, and thus who will have a harder time helping themselves than helping others (e.g., Daniali et al., 2019). In

terms of positive psychology interventions, there are many people for whom it may not be easy, or appealing, to list one's strengths, practice gratitude, or imagine one's best self, not to mention get a massage or take a day off. The research presented above seems consistent with this.

6. Conclusion and future directions

There is no doubt that taking care of oneself is important and, as illustrated in the research mentioned above, the type of self-care (for example mindfulness meditation compared to treating oneself to ice cream) does indeed matter. Living in line with one's values (e.g., Neiterman & Ladha, 2022), fostering healthy relationships and being social in general (e.g., Sandstrom & Dunn, 2014), and practicing self-compassion (Zessin et al., 2015) have all been shown to be beneficial to psychological wellbeing. And there are times when putting on one's oxygen mask first, either to assist others or as a form of self-protection, is indeed the optimal strategy, for example for people at risk of burnout (e.g., Mikolajczak & Roskam, 2020). This does not mean, however, that an other-oriented focus is not also important. There are now a host of studies that demonstrate this. Furthermore, and importantly, an other-oriented focus may be at times easier and more beneficial than taking care of oneself. As described above, there is now a wealth of research suggesting that helping others could be an appropriate intervention for those who are the most in need.

A helpful base for the other-oriented model presented here can be found in the Eudaimonic Activity Model (Martela & Sheldon, 2019; Sheldon, 2016; Sheldon, Corcoran, & Prentice, 2018) which highlights the importance of clarifying the difference between *actions* (eudaimonic activities) and *outcomes* ('well-being'). Echoing this model, here we are saying pursuing eudaimonic, or 'virtuous' activities such as helping others, can lead to increases in well-being. Interestingly, however, it may be more intuitive for individuals to engage in self-focused activities, in line with the Self Oriented Model of Psychological Health. This is a good example, again, of the importance of making an other-oriented model more explicit, to counter-act our intuitions. Indeed, self-focused activities may prove less effective than intuition leads us to believe: recent work in different approaches to increasing subjective well-being has found that attempts to increase hedonic well-being may backfire whereas approaches to increase eudaimonic wellbeing may be more effective (Sheldon, Corcoran, & Prentice, 2019).

Both a self-oriented, and other-oriented, model of psychological health can co-exist; the proposal of an other-oriented model here is intended to complement, not replace, a self-oriented model. It is important, however, that both models are made explicit, not only to better understand existing research but also to better design future research.

In terms of better understanding existing research, several recent meta-analyses point to the importance of theory-driven research. For instance, White and colleagues (2019) found that, when taking into account small sample sizes, the effect of positive psychology interventions on psychological and subjective wellbeing was smaller than has been previously reported (Bolier et al., 2013; Sin & Lyubomirsky, 2009). Most common positive psychology interventions combine both self-oriented (e.g., imagining one's best-self) and other-oriented interventions (e.g., acts of kindness), as well as those that could be arguably both (e.g., gratitude practices). Given the arguments in the current paper, it could be interesting to see if an analysis explicitly examining other-oriented interventions and self-oriented interventions would reveal any important findings in terms of effect sizes.

This paper has presented an initial, very simple, model to compare the two approaches. This is intended, of course, to highlight the distinction between these two approaches. More complex models are of course needed to better understand more precisely under what conditions prosocial behaviour may have the most benefit. A recent meta-analysis of kindness interventions,

which included 27 studies, with over 4000 participants found that the interventions yielded small to medium effect sizes and recommended that ‘future research test more specific theories of kindness.’ ... (Curry et al., 2018, p. 1). This echoes a meta-analysis by Hui and colleagues (2020) on the link between wellbeing and prosocial behaviour more generally, examining 126 articles and close to 200,000 participants, which revealed that key factors to differentiate include what kind of prosocial behaviour, who it is directed to, and how it is measured. These demonstrate that it is important to be clear about what we are examining, and models are an effective way to do so.

In sum, there is now a lot of research suggesting that there are specific benefits to an other-oriented focus. This has, of course, been a dominant theme in literature, religion, and philosophy for millennia. There are, however, several cultural forces (such as individualism, capitalism, and consumerism to name a few) that pervade both public discourse and academic research in the 21st century. These forces may have helped eclipse the value of other-orientedness, leading individuals into thinking that self-oriented care is more important or more urgent, thereby paradoxically undermining both individual and collective wellbeing. A more explicitly other-oriented model of psychological health is worth exploring further to encourage more research and much-needed interventions.

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