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Compassion: the essential orientation for the 21st century

Tim Anstiss, Jonathan Passmore & Paul Gilbert

Compassion

Humans engage in a wide range of behaviours driven by a wide range of different motives. Unfortunately, many aspects of modern society are tapping into, stimulating and encouraging our threat sensitive, competitive, self-focused and tribal motives (Gilbert, 2018). One doesn't have to look very far to see this - just look at recent political campaigns in the UK and the US. Compassionate motivation on the other hand - endorsed by most world religions for centuries - can help to counter the destructive effects of our competitive and tribal motives and help redress many of the world's current problems (Ricard, 2015). But for humanity to fully unlock and tap into the power of compassion we must first gain clarity about its nature, where it comes from, and the evidence around its deliberate cultivation. Tim Anstiss, Jonathan Passmore and Paul Gilbert explore.

What is compassion?

There are several definitions of compassion arising from different models and approaches. One scientific model views compassion as having evolved from the mammalian care giving system which enabled parents to be sensitive to the distress and needs of their infant and work out how to best meet those needs and alleviate distress – for instance by protecting, feeding, comforting or rescuing. This new behavioural repertoire is underpinned and enabled by a range of neurophysiological and physiological adaptations, meaning that we are wired for advanced caring. Human compassion differs from mammalian caring in important ways because about two million years ago our ancestors started to evolve new cognitive competencies including new types of self-awareness, ways to use language and reason, ways to think systemically and think in time (working out the impact of our behaviour on self and others years ahead) and a form of conscious awareness facilitating processes such as mindfulness (Gilbert, 2019b; Marsh, 2019). These competencies radically changed the way motives can be enacted and elaborated. For instance, our competitive motivation manifests itself in international sport, the fashion industry and aspects of our capitalist economic system with its incentives to accumulate sometimes vast wealth, power and status – resulting in the massive inequalities in wealth we see around us. Meanwhile our caring motivation has morphed us into 'super-carers' – e.g. highly trained healthcare professionals, fire and rescue teams and international relief agencies. We campaign for social justice and for the improved wellbeing - not just those close to us but also of strangers, people on the other side of the planet, generations yet to be born and other species. We deliberately care for gardens, parks, oceans, rivers and rainforests. But whilst we may be super-carers, we are also super-cruel and callous, as these same evolved competencies massively increase our capacity for harm, cruelty and viciousness. Just witness the Roman games, crucifixion as a punishment, the Holocaust, ethnic cleansing and slavery, ancient and modern. We are indeed a species of extremes (Marsh, 2018).

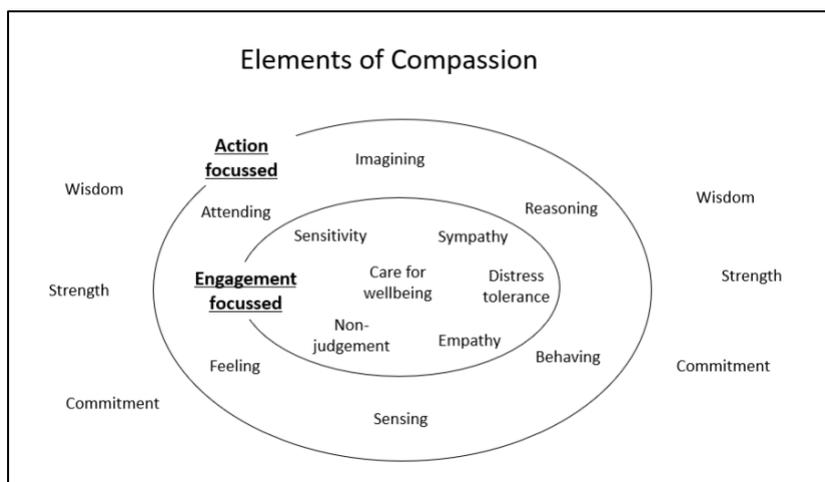
It is our contention that a better understanding of the contextual and personal conditions that bring out the best and worst in us is crucial for our future (Sapolsky, 2017).

Our motives - be they for avoiding harm, acquiring resources, securing status, developing friendships, joining groups, finding sexual partners, caring for children - are all underpinned by stimulus-response algorithms of the type: *if A occurs, is felt or noticed ... then do B*. For example: *if threat ... then activate sympathetic nervous system and run or hide; if sexual opportunity ... then activate sexual arousal, approach and engage; if hungry ... then go search*

for food. Once we understand compassion is an evolved motivational system growing from mammalian caring we can infer that the neurologically supported stimulus-response algorithm which enables it is something like: *if* signal of distress ... *then* engage and act to alleviate (the basic mammalian mother-infant caring algorithm). This has informed the widespread, evolutionary based definition of compassion as: *'a sensitivity to suffering of self and others, with a commitment to try to alleviate and prevent it'* (Gilbert, 2017). The inclusion of prevention in the definition emphasises the importance of compassion for our future (Gilbert and Choden, 2013).

Gilbert (2009) has outlined six trainable competencies for the engagement aspects of compassion and six for the action focussed aspects and these are depicted in Fig 1 below.

Figure 1 The motivation and competencies of compassion



Adapted by P. Gilbert From P, Gilbert (2009) *The Compassionate Mind*. With kind permission Little Brown

Engagement focussed competencies of compassion include: being sensitive to signals of distress, being moved by them (sympathy), being able to tolerate our personal distress when engaging with suffering, having empathic understanding of the nature and causes of that distress, and being non-judgemental. Whilst these engagement related competencies are necessary for compassion, they are not sufficient - indeed, it has even been suggested that engagement with distress alone may lead to burn-out (Ricard, 2015). So the six action focussed competencies are just as necessary: paying attention to how to best be helpful, imagining helpful scenarios, reasoning about causes and solutions and problem-solving, behaving helpfully and sometimes courageously, and being sensitive to emotions and body states in oneself and others. (Even small changes in the behaviour of the compassionate actor can make a big difference. For instance, Fogarty et al (1999) randomised cancer patients to an 'enhanced compassion' intervention in which oncologists added a few words to the start and end of the consultation resulting in significantly reduced anxiety, and Egbert et al (1963, 1964) showed that an additional pre-operative chat with a surgical patient by an anaesthetist designed to build the doctor-patient relationship resulted in less need for pre-operative sedation and even a 50% reduction in the need for post-op opiate pain medication).

This 'motivational / competency' perspective helps us see that compassion is not a simple emotion but rather something that can be associated with a wide range of different emotions depending on the context in which the compassion unfolds. For instance, a firefighter arriving at a burning building might experience fear, manifest courage, feel a strong empathic connection to her team and experience strong positive feelings of achievement and satisfaction after the incident is over, whilst an undercover journalist working to expose corporate wrongdoing may

experience anger at the injustice of the wrongdoing alongside anxiety and paranoia about being discovered. Meanwhile a relief worker witnessing human tragedy may experience immense sadness whilst a cancer researcher observing unexpected positive data from a possible treatment may feel intense curiosity and excitement.

This evolved motivational / competency model also helps us see through the misconception that compassion is soft or weak - like pity or just some kind of tenderness. This particular belief can act as a barrier in clinical or coaching practice to clients engaging in compassionate mind training or self-compassion exercises, and so we might engage in the following Socratic dialogue: *'Think for a moment about the bravery of our rescue services, the medical and support staff that went to address the Ebola crisis, or historical figures you associate with compassion – perhaps Nelson Mandela or Emmeline Pankhurst...get a picture of them in your mind. What do you think about such people? ...Tell me a little about their characteristics ... Do you consider such people weak?'* Compassion is also sometimes confused with kindness in people's minds, but kind acts – such as remembering someone's birthday or doing someone a favour - are often associated with happiness and tend not require courage or engagement with suffering whilst compassion always does (Gilbert, Basran, MacArthur, & Kirby, 2019).

Viewing compassion as a motivation can also help explain the findings of the Good Samaritan study (Darley and Batson, 1973) in which a group of seminary students were told to go to another building to continue the task of preparing a talk on the story of the good Samaritan. The researchers manipulated the sense of urgency experienced by telling some students that they were late. On their way to the other building each student encountered a man slumped in an alleyway, who moaned and coughed twice as they walked by. The amount of induced "hurriness" had a major effect on helping behaviour. In low hurry situations 63% of students helped and in high hurry situations only 10% helped, with some literally stepping over the victim on their way to the next building – demonstrating that a competing motive (desire for achievement or threat of task failure) may reduce compassionate responding.

What good is compassion?

Compassion aims to alleviate and prevent suffering in others, but there is now considerable evidence that the giving and receiving of compassion has major beneficial impacts on human physiology, including on the immune and cardiovascular systems, neurophysiological pathways and even epigenetic profiles (for reviews see Seppälä, Simon-Thomas, Brown, Worline, Cameron, & Doty, 2017). Acting in a compassionate way also brings forth positive emotions in the person acting compassionately. (For instance, two of us recently developed and tested a small compassionate mind training experience inside virtual reality for people with cancer. The positive feedback from patients testing the prototype system was one of the highlights of one of our professional careers). And then there is self-compassion. Similar to some emotions, compassion flows – and in three directions. Just as we can be angry at others, experience anger from others, and be angry with ourselves, so too we can be compassionate toward others, receive compassion from others and be compassionate towards ourselves – self-compassion. Research shows that individuals experiencing higher levels of self-compassion tend to experience better psychological health, reduced anxiety, rumination and perfectionism, lower levels fear of failure and depression, less struggle with unwanted thoughts and a greater willingness to accept negative emotions. They may also be better able to cope with adversity including academic failure, divorce, childhood maltreatment and chronic pain, and be more likely to look after themselves by making dietary changes, reducing smoking, becoming more active and seeking appropriate medical care. And there's more. People scoring high in self-compassion may have lower cortisol levels, increased heart-rate variability, and perhaps also

experience more wellbeing, optimism, wisdom, curiosity, exploration, personal initiative, emotional intelligence, good relationship functioning and lower levels of self-harm and suicidal thoughts (see Seppälä, et al 2017 and Cleare et al 2018 for reviews).

Too much compassion?

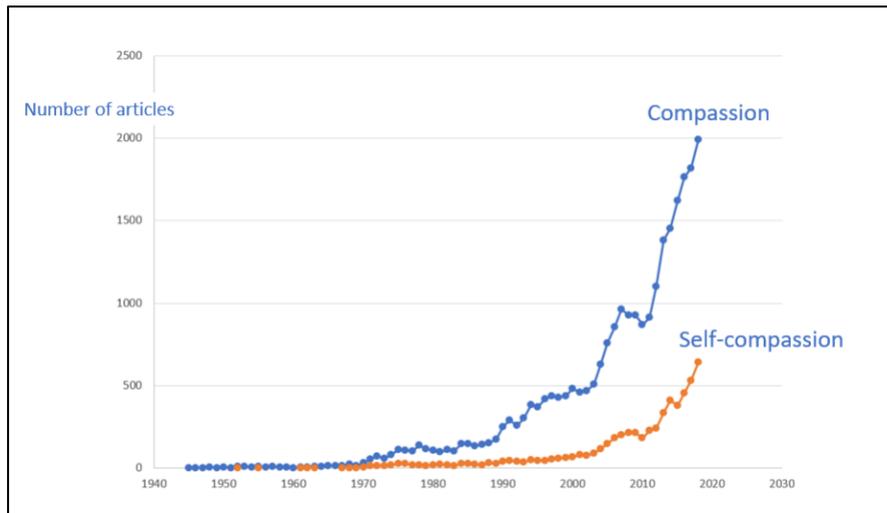
Can an individual suffer from being too compassionate? Perhaps, and in more than one way. Acting to alleviate suffering in others can expose the compassionate person to risk of harm - for instance, attempting to rescue someone from a burning car, or stepping in to protect someone from racial harassment. And whilst some people may experience 'compassion fatigue' – a significant reduction in feelings of empathy and care for others – whether or not this syndrome is distinct from that of burnout is contested (Sinclair et al, 2017) and may be the result of similar causes – e.g. excessive work pressure, combined with unsupportive environments and reduced self-care behaviour – and not excessive compassion per se. Indeed, some studies suggest that increasing self-compassion may be helpful in cases of burnout and compassion fatigue, including amongst psychologists (Eriksson, 2018).

Can compassion be increased?

Something which separates humans from other animals is our ability to intentionally choose to improve our skills and functioning. Millions of people try to enhance their strength and fitness by going to a gym, but you don't see many lions doing interval training. And just as we can choose to get in better physical shape, so too we can choose to deliberately improve our psychological skills via mental training. Until recently compassion training was mainly derived from such contemplative traditions as Jainism and Buddhism but last 20 years has seen rapid growth in the scientific study of compassion focussed interventions and practices and their impact on wellbeing, prosocial behaviour and neurophysiological systems (Goleman & Davidson, 2017). Whilst mainly offered within therapy settings, evidence-based approaches to the cultivation of compassion are also being adopted by coaching practitioners to help clients thrive and flourish (Passmore 2019; Passmore & Oades, 2015; Anstiss and Gilbert, 2014). Figure 2 indicates the exponential growth of studies on compassion.

Evidence from multiple teams shows that guided, intentional practice of compassion focussed activities and exercises have significant impact on a range of psychological and physiological systems including the frontal cortex, amygdala sensitivity, heart rate variability and immune functioning. Studies also show that compassionate brain training alters activity levels in neural structures enabling and underpinning compassionate responding. But does compassionate mind training actually increase prosocial behaviour - behaviour intended to benefit another? Several studies using a range of assessment measures (self-report, economic games and real-world experiments) show that it can.

Figure 2. Increase in research into compassion and self-compassion



Leiberg et al (2011), using a pro-social game allowing repeated ecologically valid assessments of prosocial behaviour, found that helping behaviour increased in participants who received short term compassion training compared to the active control group, with individual differences in practice duration correlating to changes in the amount of help offered to strangers. Weng et al (2013) found compassion training increased altruistic redistribution of funds to a victim encountered outside the training context, and that post-training prosocial behaviour was associated with altered activation in brain regions implicated in social cognition and emotional regulation. Bockler et al (2018) investigated three distinct mental trainings in a large scale 9-month intervention study and found that only training in care and compassion boosted altruistically motivated behaviour. They concluded that human pro-sociality, altruistic motivation and behaviour are malleable and can be altered through simple, short and non-costly daily mental practices that can be easily implemented in everyday life.

In education settings, Durlak et al (2011) performed a meta-analysis of 213 school based social and emotional learning programmes involving over 250,000 kindergarten through to high school students and found an 11% improvement in social emotion skills, attitudes and behaviours compared to controls, whilst Goldberg et al (2018) in a meta-analysis of 45 studies involving close to 500,000 students demonstrated small but significant improvements in social, emotional and behavioural adjustment including positive social behaviour.

In a must read for health professionals: 'Compassionomics. The revolutionary scientific evidence that care makes a difference', Trzeciak and Mazzealli reviewed hundreds of studies and show that compassion delivers huge benefits for patients experiencing a wide range of conditions, that clinicians can be trained to manifest increased compassion in their work, and that such increases can lead to improved patient and healthcare system outcomes.

So what?

Niko Tinbergen (1963) outlined four questions which must be answered to fully understand a product of evolution - including a psychological trait. What is its function? what is its physical mechanism? what is its history over generations? And how does it unfold over the lifetime of an individual?

Over the last 20 years we have made great progress in answering each of these questions for the evolved motivation of compassion, as well as answering the questions: can it be developed in individuals via training and therapy? (yes), does its cultivation result in improved wellbeing? (yes), and can its cultivation increase pro-social responding? (yes).

Attempts are underway to cultivate compassion in schools (Maratos, et al 2019, <https://www.compassionschools.org/>) and workplaces, where organisations are beginning to explore the concept of the compassionate organisation which pursues the desire to be helpful, not harmful, both in their activities in the world and their treatment of employees (Anstiss 2017; Dutton and Worline, 2017). Compassionate approaches are also being extended to cities (Ruez and Parekh, 2019) and political life (<https://www.compassioninpolitics.com/>) where the focus is on creating helpful not harmful political and economic systems.

But one question remains unanswered - can the human race cultivate compassion at sufficient scale and pace – at both individual and collective levels - to counteract the threat posed by growing levels of global inequality, insecurity and tribalism?

Conclusion

The last 4000 years of human history has shown how often our dark side emerges, sometimes the result of being deliberately cultivated (Gilbert 2018; Sapolsky, 2017). Fortunately, psychologists and neuroscientists are shedding light on how we can recruit, cultivate and strengthen those innate 'super-caring' systems that are highly beneficial to ourselves and those around us (Ricard, 2015). But we still have some way to go before we fully understand how we can best stimulate compassionate motivational systems at group, community and national/international levels.

We are embedded in a fast-changing world full of uncertainty and threat, technology advance, environmental challenge, political tribalism and extremism. Discovering how we best create the conditions for compassion to emerge at pace and scale is surely one of our species greatest challenges and one the most urgent tasks of psychological science.

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