

Edited by Paul Gilbert

Compassion

Concepts, Research and Applications



ROUTLEDGE



Compassion

Paul Gilbert brings together an international line-up of leading scholars and researchers in the field to provide a state-of-the-art exploration of key areas in compassion research and applications. Compassion can be seen as a core element of prosocial behaviour, and explorations of the concepts and value of compassion have been extended into different aspects of life including physical and psychological therapies, schools, leadership and business.

While many animals share abilities to be distress sensitive and caring of others, it is our newly evolved, socially intelligent abilities that make us capable of *knowingly and deliberately* helping others and purposely developing skills and wisdom to do so. This book generates many research questions whilst exploring the similarities and differences of human compassion to non-human caring and looks at how compassion changes the brain and body, affects genetic expression, manifests at a young age and is then cultivated (or not) by the social environment.

Compassion: Concepts, Research and Applications will be essential reading for professionals, researchers and scholars interested in compassion and its applications in psychology and psychotherapy.

Paul Gilbert, OBE, is Professor of Clinical Psychology, University of Derby, and has been actively involved in research and treating people with shame-based and mood disorders for over 30 years. He is a past President of the British Association for Cognitive and Behavioural Psychotherapy and a fellow of the British Psychological Society. He was awarded the OBE for contributions to mental health in 2011.

‘This exciting collection of chapters will bring readers up-to-date with the latest developments in compassion research. Compassion has become an essential psychological concept with developmental, biological, and social roots as well as a wide variety of applications.’

Chris R. Brewin, Professor of Clinical Psychology,
University College London.

‘Given the explosion of interest in compassion in many disciplines and professions, this overview of compassion is extremely timely. Paul Gilbert has assembled a stellar lineup of international experts, and the resulting book is essential for all who are interested in better understanding or fostering compassion. The book is remarkably comprehensive, addressing fundamental definitional and conceptual issues, the psychobiology of compassion, its origin in and impact on relationships, and its potential transformative role in leadership, health care, and psychotherapy. The book brilliantly summarizes the current state of compassion research and application and will serve as a catalyst for future explorations and developments.’

David C. Zuroff, Professor of Clinical Psychology,
McGill University, Montreal.

‘This remarkable and powerful book links the practice of mindful compassion to basic science and theory effortlessly. Paul Gilbert has assembled and organized a truly excellent anthology of the essential elements regarding Compassion Focused Therapy and the applied research on compassion. Practitioners of evidence-based psychotherapy who wish to remain at the cutting edge of their science need this book. I give this my highest recommendation.’

Denis Tirsch, Founding Director,
The Center for Compassion Focused Therapy, USA.

Compassion

Concepts, Research and Applications

Edited by Paul Gilbert

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Preface

The last 20 years have seen some outstanding developments in research on prosocial behaviour, ranging over altruism, morality, caring and compassion. Studies have proliferated on how the brain and body respond to both receiving compassion and expressing compassion to self and others. These advances, along with evolutionary understanding, have helped us recognise how fundamentally so much of what we are as humans, even our genetic expressions, is influenced by the quality of care, affiliation and general friendliness there is in our social relationships. From the day we are born to the day we die the helpfulness, kindness and compassion of others will have a huge impact on the quality of our lives.

As with all vibrant areas of research, compassion research is not without its controversies. On the positive side controversies on definition, nature and function show that compassion is a fascinating area that is vigorous, vibrant and open to debate. On the negative side there can be a tendency to try to contain, restrain and limit definitions by adopting certain ones prematurely. In this edited book I have advised authors of my particular view about compassion but have not insisted that they adopt it. So you will find different definitions of compassion in different chapters. Often these reflect the particular focus or research interest of the author(s), which tend to vary.

For me though it has been a privilege to bring together some of the top thinkers and researchers in the field of prosocial behaviour and compassion to explore the array of different areas compassion research is now reaching. From understanding genetic expression, the choreography and architecture of our brains, through to our social relationships and psychotherapy, compassion is beginning to texture how we think about all of these topics. The book is divided into four parts exploring these different and exciting areas.

Part I considers the evolution and the nature of compassion with my opening piece on definitional issues and controversies. Chapter 2 by Penny Spikins offers fascinating reviews of the archaeological evidence for the gradual development of compassion in early human groups. She makes the point that prosocial, not anti-social, behaviour has been a driver of social intelligence. In (a rather extended) Chapter 3 I spell out a social mentalities approach to compassion. The argument here is that compassion can be understood as caring motivation textured by

recently-evolved social intelligent competencies. One of these social intelligent competencies is self-awareness and capacities for intentional mindfulness which is explored in Chapter 4. Here Chris Germer and Thorsten Barnhorfer offer their extensive experience to explore the interactions between mindfulness and compassion.

Part II on the physiologies of compassion begins with Chapter 5 offering an overview of the field from Jennifer Mascaro and Charles Raison, highlighting the importance of many interacting sub-systems in compassion. Chapter 6 by Valentina Colonnello, Nicola Petrocchi and Markus Heinrichs illuminates particular neurophysiological systems, particularly the role of oxytocin, in compassion and prosocial behaviour in general. Chapter 7 by Jennifer Stellar and Dacher Keltner looks at a different aspect of the parasympathetic system and the vagus nerve associated with compassion. Chapter 8 by Pascal Vrtička, Pauline Favre and Tania Singer moves us into the brain with a review of how compassion and empathy are represented in the brain. This part is rounded off with Chapter 9 by Christopher Conway and George Slavich looking at the fast-developing field of epigenetics and prosocial compassionate behaviour, and in particular the importance of understanding socially guided methylation.

Part III takes us into the arena of social contexts. In Chapter 10 Darcia Narvaez highlights the importance of social context and early background for the development of a range of prosocial compassionate and moral behaviours. Chapter 11 by Mario Mikulincer and Philip Shaver provides a detailed overview of how early background experiences, particularly of attachment, impact subsequent compassionate and altruistic orientations. Chapter 12 by Barbara Fredrickson and Daniel Siegel provides a unique conversational chapter exploring the interactions between their different backgrounds in micro-moment and micro-interactional patterns with interpersonal neurobiology.

Part IV explores the importance and difficulties of applying compassion in the real world. Chapter 13 by Daniel Martin and Yotam Heineberg covers a wide-ranging literature on the conflict between prosocial and more antisocial types of leadership, and the challenges for compassion and leadership in organisations. Chapter 14 by Michael West and Rachna Chowla considers the importance of compassionate leadership in healthcare settings like the NHS. They explore some of the management styles that can facilitate or block compassion. Finally, Chapter 15 by James Kirby and myself explores the application of compassion focused approaches to mental health problems and psychotherapy. Our main theme is that as we learn more about the evolved role of affiliative emotions and motives on a range of physiological, psychological social processes, it makes sense that they should become centre ground to therapy.

I hope you find things in this book which will be useful to you and maybe even inspire you. The idea of developing a science for creating a more compassionate prosocial world is exciting and it's also exciting to see so many individuals making this the centre of their research.

Part I

Evolution and the nature of compassion



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Compassion

Definitions and controversies

Paul Gilbert

Compassion is clearly linked to the evolution of caring behaviour (Gilbert, 1989/2016, 2009, 2015a, 2015b; Keltner, Kogan, Piff & Saturn, 2014; Mayseless, 2016), altruism (Preston, 2013; Goetz, Keltner & Simon-Thomas, 2010; Ricard, 2015) and prosocial behaviour in general (Bierhoff, 2005; Brown & Brown, 2015; Penner, Dovidio, Piliavin & Schroeder, 2005). The last 20 years have seen increasing research into the nature and benefits of all these. For compassion, these include a range of effects on psychological processes (Jazaieri et al., 2013; Keltner et al., 2014; Singer & Bolz, 2012), social relationships (Cozolino, 2006; Crocker & Canevello, 2012; Penner et al., 2005) and physiological processes (Klimecki, Leiberg, Ricard & Singer, 2014; Kogan et al., 2014; Simon-Thomas et al., 2011; Weng et al., 2013) that extend to genetic expression (Slavich & Cole, 2013; Slavich & Conway, Chapter 9, this volume). Hoge et al. (2013) found that women with experience of loving-kindness meditation had longer relative telomere length than controls (see also Fredrickson et al., 2013). Compassionate motives benefit social relationships and well-being, whereas ego self-focused motives do not (Crocker & Canevello, 2012). Compassion has become the focus for psychotherapeutic interventions with increasing evidence for its effectiveness (Gilbert, 2000, 2010, 2015c; Hofmann, Grossman & Hinton, 2011; Kirby & Gilbert, Chapter 15, this volume; Leaviss & Uttley, 2015; Neff & Germer, 2013). In addition, all the chapters of this book address these themes too. However, despite this progress there remains controversy and discussion around the actual nature of compassion, its definition and constituents. This chapter explores some of these controversies.

Issues of definition: what's in a word?

We can only understand phenomena by agreeing a set of properties by which phenomena will be known. So, for example, we can distinguish between a chair, an elephant, a tiger and a cat by agreeing a set of qualities and properties that belong to each and those that are specific. Hence, they share qualities as four-legged things, but not of being living organisms. We can then distinguish between an elephant, a tiger and a cat and then finally between a tiger and a cat, and even different breeds of cat. Each subdivision has more and more overlapping features,

but also more fine-grained distinctions. This is important in areas like compassion too which are easily fused with concepts such as altruism, benevolence, heartedness, prosociality, kindness and love. Sometimes it's the fine-grained distinctions that are important. Second, as the late Prof Kendell (1975) used to drum into us clinical trainees in Edinburgh in the 1970s, there is no such 'thing' as depression, anxiety or paranoia as rarefied states. Rather there are a set of phenomena (signs and symptoms) that we agree may cluster/fit together and we will give labels to, so that we can agree what we are discussing when we use the label. So too, the definition of compassion will depend upon the shared properties we give to this concept and its differentiation from similar concepts. Third, definition problems can plague psychological research because of the insufficient attention it gives to functions. For example, shame and guilt, envy and jealousy, are frequently used interchangeably when they are in fact very different, with very different evolutionary histories, competencies, functions and focus (Gilbert, 1989, 1998, 2005, 2009). So, as will be discussed, although there are many general ideas around what compassion is, currently there is no clear agreement about what the specific attributes of compassion are. Let's take a look at the range.

Defining compassion

One origin of the word compassion is from the Latin *compati*, meaning 'to suffer with'. However, words change their meanings with use over time and across cultures and this is certainly the case for the word compassion. For example, to 'suffer with' need not imply a compassionate motivation to do anything about it. Today 'to suffer with or on behalf of' might be more closely related to what we now call sympathy (Eisenberg, VanSchyndel & Hofer, 2015) or empathy (Batson, 2009). Aristotle argued that we only had compassion if we thought the suffering of another was nontrivial; to use one of his examples, 'we would not have compassion for the upset of an emperor who'd lost a shipment of Larks tongues he'd ordered for his party!' (Nassbaum, 2003). Aristotle also thought that a sense of deserve influenced compassion, and third that we would have to have some sense of that suffering; that we could imagine ourselves in their situation (Nassbaum, 2003). So the seriousness of suffering, sense of deserve and empathy texture compassion for Aristotle. Buddhist scholars would not see these qualities as central.

In regard to dictionary definitions there are quite a variety. The Oxford Dictionary (2016) suggests that compassion is 'Sympathetic pity and concern for the sufferings or misfortunes of others'. Teaching in France, Germany and Italy, colleagues inform me that 'compassion' is a difficult word to translate and can indeed be linked to pity. This is obviously a problem because pity is a very different process altogether and involves a sense of looking down on others (Nassbaum, 2003). This is a good example where misunderstanding about the use of a word can lead to heated debates and serious confusions. Schopenhauer (1788–1860), who was deeply influenced by Buddhist thought, and one of the first Western thinkers to introduce compassion into philosophy, argued that compassion was

one of the highest and most important qualities of humanity. Neither self-interest, nor duty, social conformity nor fear of punishment could, in his view, be a source of genuine morality (Cartwright, 1988). However, Nietzsche wrote a number of significant critiques of Schopenhauer arguing that compassion is a poor source for moral development. The problem is, as Cartwright (1988) observed, these two philosophers were talking at cross purposes because of poor word definition:

[B]ecause Schopenhauer and Nietzsche refer to two different emotions by the German noun ‘Mitleid’; that it is best to understand Schopenhauer’s conception of ‘Mitleid’ as ‘compassion’ and Nietzsche’s as ‘pity’. I shall argue that compassion is significantly (and morally) different from pity in ways that make Schopenhauer’s Mitleids-Moral immune to this element of Nietzsche’s critique.

(p. 1)

This confusion of concepts remains, especially in translations, and may help explain why, at times, compassion is regarded as unhelpful (Who wants to be pitied?), or even as a weakness. In contrast, the Cambridge University Dictionary (2016) suggests compassion is ‘a strong feeling of sympathy and sadness for the suffering or bad luck of others and a wish to help them’. Here, ‘pity’ is absent and is replaced with ‘sympathy’ and ‘feelings of sadness’, and the ‘wish to be helpful’ is also added. The concept of sympathy or ‘natural sympathy’, as David Hume called it, as underpinning human benevolence, is prevalent in many early philosophical texts. This definition also has the idea of a specific ‘feeling’ in compassion that stimulates motivated helping behaviour. In Goetz et al.’s (2010) major review of some of the evolutionary and historical origins of compassion they also place feeling centre stage:

We define compassion as the *feeling that arises* in witnessing another’s suffering and that motivates a subsequent desire to help. This definition conceptualizes compassion as an *affective state* defined by a specific subjective feeling, and it differs from treatments of compassion as an attitude . . . This definition also clearly differentiates compassion from empathy, which refers to the vicarious experience of another’s emotions.

(p. 351; italics added)

They also distinguish compassion from distress, sadness and love. As helpful and as detailed as this review is, there is a difference in defining compassion as a *feeling state* rather than a motivational state, and it is important not to confuse motives with emotions (Deckers, 2014; Gilbert, 2015a, Weiner, 1992). Indeed, Ekman (2016) surveyed researchers who study emotion. While 91% saw anger and 90% saw anxiety as basic emotions, compassion was rated one of the lowest with only 20% agreeing that compassion is an emotion. Without an evolved caring motivation system there would be no emotions arising to signals of suffering/distress.

It is the motivation system that necessitates emotions in contexts, and those emotions may well then stimulate motivated actions (Gilbert, Chapter 3, this volume).

It is also unclear what the feeling state of compassion is. For example, what is the emotion when rushing into a burning house to save a child, consoling a recently bereaved or dying friend or fighting for human justice? It is likely that in the first case the feeling states/emotions are of urgency and anxiety, in the second sadness and sorrow, and in the third case a degree of anger at injustice. It's not the emotions that unite them, but the motivation to pay attention (on suffering and needs) and the motivation and intention to do something about it. That intention can be present even when people are not thinking about it or are not activated. Note too that compassion can represent blends of emotions. For example, a doctor is struck by the suffering of the Ebola virus and dedicates his/her life, working long hours, to finding a cure. Emotions here may be a *blend* of anger that such viruses exist in the world, sadness for the suffering caused and the way people die from it, and anxiety that if it gets out into the world it could even reach his/her own family. In addition, whereas emotions wax and wane, a motivation can guide behaviour for the whole of one's life.

The facial expressions of compassion can also differ according to context. The facial expressions we may have when consoling somebody in physical pain may be different to being with their grief or anger. The facial expression of a therapist meeting a patient for the first time and wishing to present themselves as compassionate, trustworthy and a safe listener will be different from compassionate expressions as different aspects of the story unfold. Whereas compassionate, kind and trustworthy faces are usually perceived as friendly, affiliative, happy and positive, such facial expressions may be less positively experienced when the viewer is in pain (Gerdes, Wieser, Alpers, Strack & Pauli, 2012; Godinho, Frot, Perchet, Magnin & Garcia-Larrea, 2008). When asked to pose compassion faces people automatically create soft expressions with gentle smiles of softness, friendliness and signals on being 'safe', kindness and gentleness (McEwan et al., 2014). Furthermore, it is now recognised that although compassion is seen as a positive act, it actually engages aversive emotions which arise when we are in touch with suffering (Condon & Barrett, 2013). So context is crucial.

The Free Dictionary definition (2016) suggests compassion is a 'Deep awareness of the suffering of another accompanied by the wish to relieve it'. In this definition there is no pity, sympathy or 'specific feeling' aspect like sadness or sorrow, but a focus on 'deep awareness' with (again) a motivation (the wish) to do something about it. This definition gets closer to the traditional philosophical and contemplative traditions of compassion, as we will see.

The contemplative traditions and the multifaceted approach: Many approaches to compassion see it as multifaceted, although they do not always agree on what those facets are. Buddhist scholar Geshe Thupten Jinpa (translator to the Dalai Lama) and colleagues, who developed the Stanford compassion cultivation training, define compassion as:

[A] multidimensional process comprised of four key components: (1) an awareness of suffering (cognitive/empathic awareness), (2) sympathetic concern related to being emotionally moved by suffering (affective component), (3) a wish to see the relief of that suffering (intention), and (4) a responsiveness or readiness to help relieve that suffering (motivational).

(Jazaieri et al., 2013)

Mindfulness and compassion thinkers Christina Feldman and Willem Kuyken (2011) also highlight the multifaceted textures of compassion. They suggest that:

Compassion is the acknowledgment that not all pain can be ‘fixed’ or ‘solved’ but all suffering is made more approachable in a landscape of compassion. Compassion is a multi-textured response to pain, sorrow and anguish. It includes kindness, empathy, generosity and acceptance. The strands of courage, tolerance, equanimity are equally woven into the cloth of compassion. Above all, compassion is the capacity to open to the reality of suffering and to aspire to its healing.

(p. 143)

They go on to add:

Compassion is an orientation of mind that recognises pain and the universality of pain in human experience and the capacity to meet that pain with kindness, empathy, equanimity and patience. While self-compassion orients to our own experience, compassion extends this orientation to others’ experience.

(p. 145)

Kuyken and his colleagues offer a more specific listing from their major, more recent literature review (Strauss et al., 2016).

[W]e propose a new definition of compassion as a cognitive, affective, and behavioural process consisting of the following five elements that refer to both self – and other – compassion: (1) Recognizing suffering; (2) Understanding the universality of suffering in human experience; (3) Feeling empathy for the person suffering and connecting with the distress (emotional resonance); (4) Tolerating uncomfortable feelings aroused in response to the suffering person (e.g. distress, anger, fear) so remaining open to and accepting of the person suffering; and (5) Motivation to act/acting to alleviate suffering.

(p. 19)

Dutton, Workman and Hardin (2014), who have done considerable work on compassion in organisations, relate compassion to four core aspects that also touch on cognitive, affective and behavioural processes: (1) noticing/attending to another’s

suffering, (2) sensemaking or meaning making related to suffering; (3) feelings that resemble empathic concern, and (4) actions aimed at easing the suffering.

Emotions researcher Paul Ekman (2014), who worked with the Dalai Lama, suggests four dimensions of compassion: (1) empathic compassion (being in touch with the feelings of suffering of others); (2) action compassion (taking action to alleviate suffering); (3) concerned compassion (based on a motivation for helping); and (4) aspirational compassion (linked to a more cognitive desire to develop compassion).

Into the mix of what compassion is, Neff (2003) focused on *self*-compassion and defines it as follows:

Self-compassion . . . involves being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness. Self-compassion also involves offering nonjudgmental understanding to one's pain, inadequacies and failures, so that one's experience is seen as part of the larger human experience.

(p. 87)

She also went on to suggest there are three bipolar dimensions that underpin self-compassion: self-kindness (in contrast to self-judgment and self-criticism); shared common humanity (in contrast to feeling isolated and alone and the only one); and mindfulness (in contrast to self-absorption and rumination). These constructs and resulting measures have not been without controversy (López et al., 2015; Muris & Petrocchi, 2016) as Neff herself recognises (Neff, Whittakar & Karl, in press). They are different to, say, a competencies focus (see Gilbert, Chapter 3, this volume). As Neff (2003, 2011) makes clear, what sits behind her approach is to consider a 'self-compassionate frame of mind' as a way to help people cope with difficult life circumstances and especially with self-criticism (see Germer & Barnhofer, Chapter 4, this volume).

Different again is Armstrong's (2011) focus on the roots of compassion in the golden rule of Confucius: 'Do unto others as you would be done to', or more negatively 'don't do things to other people you would not like them to do to yourself'. This has inspired the Charter for Compassion – designed to spread compassion values and behaviour through communities – which is now a major world movement (see <http://www.charterforcompassion.org>).

Motivation approaches

Listing potential characteristics of compassion, a kind of diagnostic approach can be supported with a functional approach that focuses on motivation. Motivation is then not 'one of' the characteristics. 'It underpins signs or symptoms' of compassion; it is the main show that generates the core characteristics. Motivation

underpins not just action but also being prepared to pay attention to suffering. Buddhist scholar Mathieu Ricard (2015) suggests that compassion is a form of altruism, made up of a range of sub-attributes, abilities and skills including sympathy, empathy and commitment. But at its heart, compassion is a *deeply felt wish* for others to be free of suffering, the causes of suffering, and to flourish and to find happiness (personal communication, 2012). This focus highlights motivation as ‘the wish’ (motive) for the alleviation of suffering.

Interestingly, compassion (motivation) hasn’t been that clearly distinguished from altruism. For example, Preston (2013) suggests altruism as an almost identical process:

Altruistic responding is defined as any form of helping that applies when the giver is motivated to assist a specific target *after perceiving their distress or need* . . . Altruistic responding further narrows these classifications to only include cases where the motivation to respond is fomented by direct or indirect perception of the other’s distress or need . . . This excludes cases that emerged later in time or include diverse processes, such as cooperation or helping influenced by strategic goals, social norms, display rules, or mate signaling.
(p. 1307; italics added)

Here, there has to be a cost of helping to the self that might not be the case for compassion. This also is a different take on altruism than say Ricard (2015). The Dalai Lama (2001) also links compassion to motivation (a wish):

What is compassion? Compassion *is the wish that others be free of suffering*. It is by means of compassion that we aspire to attain enlightenment. It is compassion that inspires us to engage in the virtuous practices that lead to Buddhahood. We must therefore devote ourselves to developing compassion.
(p. 91; italics added)

He also distinguishes between these wishes:

Just as compassion is the wish that all sentient beings be free of suffering, loving-kindness is the wish that all may enjoy happiness.
(p. 96)

So compassion also acts as an ‘inspiration’. There is a clear distinction between loving-kindness (happiness focused) and compassion cultivation, as is captured in the concept of Bodhichitta (Gilbert & Choden, 2013; Tsering, 2005). Here again definitions are tricky because actually ‘*metta*’ means friendliness or open-heartedness, not ‘love’ as understood in Western psychology. These kinds of mistranslations and merging of concepts have caused difficulties for compassion, which can sometimes be confused with love (Gilbert & Choden, 2013; Goetz et al., 2010). In the West, love implies *liking trust and affection*, but in reality

deep-courageous compassion is for those we may not know, may not like, trust or feel affection for. Indeed, the Dalai Lama (1995) suggests that if we just have compassion for people we love this is not real compassion! ‘Your love and compassion towards your friends is in many cases actually attachment. This feeling is not based on the realization that all beings have an equal right to be happy and overcome suffering’ (p. 63). When it comes to compassion for those whom we do not like, or who may threaten or harm us, then understanding courageous and assertive compassion, and its distinction from submissiveness and compliance, is crucial (Catarino, Gilbert, McEwan & Baião, 2014).

An insight that drives compassion in the Tibetan Buddhist traditions is insight into the fact that suffering naturally arises from the life process itself, including the impermanence of all things and our graspings and aversions (Dalai Lama, 1995; Tsering, 2005). Mindful compassion helps us to have insight into the illusory nature of the self, and our cravings and attachments that give rise to dukkha (suffering). The Dalai Lama (2001) suggests that if, via compassion, we cultivate ‘our insight into the miserable nature of life we overcome that attachment’ (p. 85). Schopenhauer also thought that life is pretty horrendous (miserable) which should inspire us to compassion. Many of the Gothic horror classics, including for example Mary Shelley’s *Frankenstein*, were reflections on the horrors of life; being born without our consent, into bodies designed to age, decay and disease, in a world where our minds are set up for tribal and self-interest conflicts; yearning for love and acceptance, which, even if one gets them, are impermanent, with often painful death waiting in the wings for us and those we love. Death is the only escape. No wonder the Dalai Lama calls it ‘a miserable life’.

Insight into this reality can lead either to dissonance, hopelessness, despair and anger, commonly dissociation (just keep these things out of mind and make the next dollar, plan the next holiday, buy better wine) or compassion, which is the bodhisattva insight and dedication. On leaving his Golden Palace, it was these insights (into decay, disease and death) which set Siddhartha on the path to enlightenment. So here, compassion arises for a deeper focus into the nature of our reality, and further, that all beings are struggling with this reality, not wanting to suffer (in a life inherently full of suffering) but be happy (Dalai Lama, 1995). In many ways some Buddhist concepts are major attacks on our natural tendencies to dissociate from the harsh realities of the suffering all around us in the very nature of biological life. In contrast, Western philosophers focus more on the search for meaning and morality, and medical solutions, rather than happiness and the illusions of the self (Sensky, 2010).

Compassion also implies the prevention of suffering (where we can), which means addressing needs. So, for example, if we don’t feed our babies, or look after them they will die and hence suffer. So *compassion must involve* evaluating and providing for needs that prevent suffering; indeed we have a range of newly evolved, socially intelligent competencies that turn a caring motivation into a compassionate social mentality (see Gilbert, Chapter 3, this volume). To address needs requires empathic insight into, and taking an interest in, the needs of others. Now, of course,

animals can address the needs of their offspring without having deep empathic insight, but empathic insight along with other socially intelligence competencies clearly aid our capacity to understand the needs of others and how to address them. For a bodhisattva ‘a key need’ is to provide conditions for enlightenment.

The point then is that compassion has many textures and definitions which emerge as partly guided by the functions to which they will be put. We can think of it as a particular feeling that arises, a motivation to be helpful, a listing of various attributes (of various types), and linked to personality traits. My own approach has been to focus on understanding these kinds of dispositions in a functional, evolutionary model and in particular the way evolved strategies (survival and reproduction) give rise to motives (see Gilbert, Chapter 3, this volume). In addition I have had an opportunity to work and meditate with colleagues at Samye Ling Monastery, including Lama Yeshee and the Buddhist Monk Choden with whom I wrote *Mindful Compassion* in 2013. Working within motivational theory (Gilbert 1989/2016) and the Mahayana tradition we have settled on a definition of compassion as ‘*a sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it*’.

We added ‘self’ as well as ‘others’, and importantly the concept of ‘prevention’ which is implicit in most models. This actually has two types of psychology to it. The first is the motivation to attend and engage with suffering as opposed to avoiding it in various ways. How and why we turn towards or away from suffering is central to many psychological therapies and even political movements. Thus the aspect of motivation to engage is itself a complex area. Second, we may be motivated to engage but not have much idea of what to do. So compassion also requires us to think about how we are motivated to learn how to take action. This can involve courage and also dedication to understand the causes, prevention and alleviation of suffering so that we take wise (rather than impulsive or ignorant uninformed) actions. This is why the model outlined in Chapter 3 tries to identify specific competencies linked to specific motivation aspects of caring motivation.

In Mahayana tradition this motive underpins Bodhichitta and is supported by various paramitas – such as generosity, morality, wisdom, patience, energy and meditation. In the approach outlined in Chapter 3, the motivational approach to compassion gives a narrative of how it textures our minds. Compassion is rooted in a motivational care-focused system textured by recently evolved socially intelligent competencies and it is these competencies that elevate caring into compassion (see Gilbert, Chapter 3, this volume).

Conclusion

So where does this leave us? First we see the extraordinary, few thousand year history that sits behind the concepts of compassion, yet also the way we are reliant on language and cultural contexts to convey meaning. Consequently, different languages and cultures do not always have exactly the same meaning for the words they use, and heated debates can arise because people are actually talking

at cross purposes. Hence, striving for precision and clarity are important, but we also recognise different definitions for different functions. To date, however, this precision remains elusive for compassion. There are different definitions, different listings of its qualities, with different implications for its study and training. As mentioned in the Preface we can see this as representing a vibrant, fascinating area of discussion and scientific enquiry with an agreement that all of us are a little bit like blind folk touching the elephant. It would therefore be unwise to prematurely settle on certain definitions without a better understanding of the processes that underpin compassion, the functions it serves, and allowing better and more comprehensive definitions to evolve. For example, the way a clinician may think about compassion might be different to how a lawyer thinks about compassion. This is not unusual. The way a medical, biologically orientated psychiatrist, wanting specific drugs for specific symptoms, thinks about depression and defines it is very different to how a psychodynamic therapist thinks about depression and defines it. Trying to categorise mental states in simple terms and lists is notoriously difficult. Anyone familiar with the controversies around psychiatric diagnosis of what 'is' depression, anxiety and paranoia will be very aware of these issues. What this chapter has tried to do is bring these issues to the fore.

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Prehistoric origins

The compassion of far distant strangers

Penny Spikins

Introduction

Our compassion has a long history. Archaeological evidence suggests that sustained care for those in need was part of daily life from the emergence of the very first early humans, over one and half million years ago. Though barely on the path to ‘humanity’ in biological terms, and physically and cognitively unlike us, such groups were nonetheless capable of something which feels quintessentially *human* on an emotional level – sustained care for those in need. In later species such as Neanderthals vulnerable individuals could be looked after for almost their whole lifetimes, apparently irrespective of circumstances. A whole range of injuries, from physical conditions leaving people unable to walk to brain injuries which will have affected cognitive abilities were accommodated. Moreover, wherever we find sizeable groups of individuals we also find some amongst them who must have been supported by the others. This extent of care challenges our preconceptions about survival in the distant past, seeming *costly* in functional terms. However, far from being a weakness, emotional commitments to others seem to have been the basis for the in-depth collaboration which was the basis for evolutionary success as well as being the starting point for those changes, such as brain expansion, that made us human. A human dependence on emotional commitments was not without its own costs – felt in terms of vulnerability to social emotions such as shame, anxieties over one’s social value, and vigilance over social threats. However, these in turn drove motivations to help and alleviate emotional as well as physical suffering.

Ignoring the uncomfortable?

Evidence for care is found *earlier* in our evolutionary past than evidence for interpersonal violence and is *more widespread*. However, such evidence receives remarkably little acknowledgement or attention (Hublin, 2009; Spikins, 2015a; Spikins, Rutherford & Needham, 2010; Tilley, 2015). Clear signs of extended care for illness or vulnerability is even more or less ignored, at best a short sentence in any lengthy paper (Tilley, 2015). Why this should be so is difficult to

understand – we might think we should be proud of a willingness to help others. The only explanation seems to be that care and compassion feel like a *weakness*. In our modern cultures the deep-seated concept that success, and by implication evolutionary success, lies with selfish competition makes both the vulnerability of our ancestors, and their willingness to care for others, a strangely disturbing concept, one which is challenging to who we think we are. It is only over the last few years that we have begun to even recognise the compassion of these distant strangers and believe that it matters, and yet it does (see Mikulincer & Shaver, Chapter 11, this volume; Narvaez, Chapter 10, this volume).

This narrative of our distant past can influence who we feel we are and what we believe in subtle ways. Past cruelty instils a certain fear, and makes us somewhat more lacking in trust about others' intentions, whilst acts of kindness in the far distant past have a certain power to inspire, especially if they took place in conditions in which compassion might be hard to find. Moreover, the supposed behaviours of our distant ancestors have a surprising influence on modern behaviours and beliefs through what is described as 'natural'. Descriptions of a heartless past, in which humanity was forged through violent competition, fed into justifications for the elimination of the disabled, epileptic or mentally ill that was the start of the Holocaust, for example. Even now many believe that care for the vulnerable is something new to modern societies and that natural selection would, and moreover should, favour the independent, hard-hearted and tough. Evidence for compassion, and the range of complex human social emotions in the past challenged perceptions of our ancestors as hard-hearted and even callous.

Archaeological evidence can also provide important clues to understanding the challenges and constraints of our own emotional minds (Gilbert, Chapter 3, this volume). We share a remarkable evolved capacity for compassion, however this same capacity to care can also be lacking in resilience – influenced by attachment (Mikulincer & Shaver, this volume; Narvaez, this volume), and frequently lost when faced with out-groups or compassion fatigue (Vrtička, Favre & Singer, Chapter 8, this volume). Equally our emotions, the product of many different evolutionary processes, each often in conflict, bind us to each other, and are a source of great comfort, yet also cause us much distress. Evidence for the evolution of past behaviours and the motivations which underlie them can help make sense of the minds we are left with.

The prehistory of compassion

Early transformations

The archaeological record from as far back as one and half million years ago demonstrates emotional bonds and motivations to relieve suffering which were already different in nature from those seen in our nearest relatives, chimpanzees and bonobos, and which formed part of the key transformations which made us human.

Two exceptionally early examples of care are particularly significant. The first is a homo ergaster female (KNM ER 1808), one of the most complete skeletons

of the time period found at Kobi Fora in Kenya, and dating to around 1.6 million years ago. Indications on her long bones are consistent with a severe and fatal case of hypervitaminosis A, identified through an abnormal outer layer on the bones which will have taken weeks or even months to form (Figure 2.1). She will have been in extreme and immobilising pain, often losing consciousness, for this time, leading to the conclusion that even at this date those around her must have fed her, given her water and protected her from predators whilst she was ill (Tilley, 2015, p.15; Walker & Shipman, 1997; Walker, Zimmerman & Leakey, 1982;). The second is even earlier, at 1.8 million years ago and from Dmanisi in Georgia. Here an individual had lost all but one of their teeth (Figure 2.2), and survived for probably months in this condition as the surrounding bone had reabsorbed (Lordkipanidze et al., 2005). It has been argued that they too must have been looked after by others (Lordkipanidze et al., 2005; Tilley, 2015).

What is distinctive in these early populations is not compassion per se, as compassion and a capacity to nurture are not unique to humans. Chimpanzees and bonobos, sharing a common ancestor with humans around 6–8 million years ago, are capable of a certain compassion. Chimpanzees console each other after a fight, for example, and sometimes provide fleeting, momentary care or assistance (de Waal, 2008). However, altruism in primates is limited (Silk & House, 2011). Their willingness to engage in extended care is limited to infants, and support for their closest allies is limited to moments of help and consolation structured by



Figure 2.1 KNM-ER 1808 showing abnormal layer of bone on the femur.

Source: Author's own drawing.



Figure 2.2 The 'toothless' Dmanisi hominin.

Source: Author's own drawing.

a reciprocal return of favours, albeit remembered over many months (Schino & Aureli, 2010). What is remarkable about examples of evidence for care in early humans is that care is *provided to adults*, and *for extended periods*.

These earliest cases of extended care coincide with other evidence for different and perhaps closer emotional bonds than we see in other species. Evidence for attention to individuals at death is also emerging by this time, for example. Pettitt has argued that the collection of 13 australopithecines at Hadar site AL-333 may be a case of deliberate deposition in a certain ritual location (Pettitt, 2013, p. 44). Moreover, the remains of potential contemporaneous individuals of *Homo Naledi* appear to represent some kind of mortuary location (Berger et al., 2015). Chimpanzees appear to grieve for the death of infants, with cases of mothers carrying around corpses for several weeks, but reactions to dead adults are fleeting, without the sense of a shared ritual we begin to see in human ancestors. Shared mortuary practice suggests the extent of grief felt at the passing of a loved one and perhaps even more significantly shared ritual practice implies shared feeling, and a shared drive to appease emotional suffering.