



## On the Nature and Value of Compassion

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### Summary

There are many research groups investigating the nature of compassion and how cultivating compassion changes the way our bodies, brains and relationships work [1,2]. Although our society seems keen on enticing us to be competitive, self-focused, to socially compare ourselves with others and to want more and more, such striving is associated with stress problems. In contrast taking a compassionate interest in ourselves and others is a path to physical and mental well-being. This paper will explore some of the recent work on compassion.

### Defining Compassion

Most definitions see compassion as a motivation [1,2]. It is evolved from basic caring that many mammals show for their offspring and at times each other. Unlike other animals though, when we are motivated to care for ourselves and each other, we can utilise our human, insightful intelligence [3]. So, we can conceptualise the future and reflect on the past and have a sense of self-other differentiation. We can also knowingly empathise enabling us to think carefully about the reasons why people are suffering and bring insight and wisdom to how to help, soften or alleviate and prevent it. When we bring our human abilities for knowing awareness and intelligence to caring we call it compassion. So, compassion is more than just caring; it's a knowingly aware intention to be helpful when people are suffering [3].

Although definitions can vary slightly, as a basic motivation, a common definition of compassion is: sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it. In addition, when it comes to the creation of a compassionate self we add: the wish to be a self that does not carelessly or purposely cause suffering; that is to be a person who is helpful rather than hurtful or harmful. This is a core motivational orientation for life [3]. This stands in contrast to self-focused, competitive motivation and is obviously very different from callousness where (sometimes as a result for self-focused competitive motivation) we are avoidant, indifferent or quite happy to cause suffering if it benefits ourselves [3, 4]. Indeed, be in business or in politics this form of competitiveness and callousness is unfortunately common [4,5].

### Competencies of Compassion

Compassion, like all motivations, requires competencies and abilities. Also, as for any motivation, there are stimuli that activate the motivation and emotions and then set in train a range of behaviours and response to secure the motivation. For example, the motivation to eat requires us being sensitive to what is food and what is poison, and second knowing where and how to find food. For sexual behaviour there are stimuli that activate the desire, and then successful copulation depends upon specific behaviours that facilitate it. So, some of our competencies relate to what we call the first psychology of compassion which enable us to notice and engage with suffering rather than not notice, disengage, deny dissociate or even cause it. The second set of competencies is knowing what to do and having the competencies to do it. So, for example, as professionals we may learn how to pay attention to suffering in new ways; noticing signs and symptoms that perhaps otherwise we wouldn't be aware of. We have to be able to tolerate the emotions that arise when we engage with suffering. We can be empathic and can understand the reasons and nature of somebody's suffering. But just empathic engagement and understanding of somebody suffering is not enough. We also need the second psychology which is the psychology for wise action which requires insight into what it is they need from us to help them. Hence, we can purposely acquire a range of skills (for example via professional training) specifically to address suffering. If we are able to use wisdom rather than impulsive action, no matter how well intended, we are more likely to be successful. For example, seeing somebody fall into a river and jumping in to save them may

appear to be compassionate but not if one can't swim and needs to be rescued oneself! Having a well-intentioned and empathic and kindly nurse or physiotherapist but who hasn't really bothered to train that hard to understand what to do is not that helpful. Doctors with a good bedside manner may be liked but that does not ensure clinical competence. So, compassion is not just intention and desire. Genuine compassion is also the commitment to work out wise action; hence our commitment to train as much as we can in our profession. So, competencies like how to pay attention, how to tolerate distress, empathic insight into the nature causes of suffering with acquired wise action, are all part of compassion.

In the contemplative traditions the wisdom that is sought is not so much specific skills but understanding the nature one's own mind in order to be helpful to others. This basic desire to become enlightened in order to enlighten others is called bodhicitta [3]. The idea is that without insight into oneself it's difficult to help others have insight into their minds and free themselves from some of the cravings, traps and illusions of mind that cause suffering. Hence the contemplative traditions invite people to become mindful observers of their own minds in order to better understand how they work and thereby be more likely to enact wise compassionate action rather than harmful action.

## Compassion and Emotion

Compassion is not a particular emotion. For example, somebody (like a fire-fighter) rescuing a family from a burning house wouldn't be in a calm state of mind but anxious and focused. Somebody fighting injustice could be in an angry state of mind and inspired to take action because of anger. Sitting with a person who is dying one might feel sad. Seeing somebody benefit from the help you give them may create joy. So, the emotions of, and feelings that accompany, compassion depend very much on the context in which this motive (to be helpful) is expressed and experienced [3]. What links all of these emotions of 'firefighter anxiety' or 'injustice anger' or 'sadness consoling' is the motivation to be helpful, to address and try to alleviate suffering or prevent it.

This also makes compassion different to kindness because kindness doesn't require a focus on suffering. For example, if I remember your birthday we might call that kind rather than compassionate. If on the other hand I donate a kidney we would see that as compassion rather than kind because compassion involves addressing suffering. Our ongoing research has demonstrated this. In fact, the centre of compassion is courage rather than kindness [3]. Kindness is a way being compassionate, but it is courage that enables us to actually engage with suffering. Working with infectious disease like Ebola is an obvious example where medical professionals show enormous courage. In fact, without courage and a preparedness to engage what is difficult and painful it is unlikely that compassion would get very far.

Compassion is also sometimes confused with love. However, the strongest compassion is for those we don't love. As a professional we can be very compassionate to people and clients that we don't particularly like, don't want to see again and certainly wouldn't want as friends or feel we love them in the traditional Western sense. For compassion we simply address their suffering in as wise and dedicated ways as we can, regardless of whether we like them or not. So, keeping clarity about the nature of compassion in our professions is important.

## Fears, Blocks and Resistances and the Flow of Compassion

Compassion can flow to others, from others and to ourselves. People can be competent and motivated to operate in all these flows of compassion but sometimes there are blocks, fears and resistances to some of the flows [3]. Fears relate to wanting to give and receive compassion to self and others but one is frightened of doing that. For example, some people can be very anxious of receiving compassion. Sometimes this is because they don't trust it, or the motives of those offering it, or because they have intense self-reliance issues, or because they feel they don't deserve it or if people really knew about them they wouldn't be compassionate. They have a belief that 'if you knew what went on in my mind you wouldn't think I deserve compassion'. For some people from traumatic backgrounds feelings of being cared for can reactivate grief and trauma memories [3]. Sometimes shame stops us from reaching out for and being open to compassion [4,6]. For some people self-compassion can feel like an indulgence or even a weakness. Sometimes we may hold back from offering compassion if we are not sure if our help and compassion will be accepted or if we are not sure how to help. Sometimes people going through grief or a major illness like cancer notice that their friends can almost avoid them or avoid talking about these crucial issues because they feel awkward and don't know how to address the problem. Friends and colleagues may hold back on compassion openness because they may struggle to know how to deal with the emotional fallout from these life experiences.

Blocks are when people are not fearful or resistant and would like to be compassionate, but they don't know how or opportunities are constrained by their environments. Sometimes people feel compassion for problems in the world but don't know how to help or feel helpless or overwhelmed and disengage. There are many complaints from those working in the health service that they would like to spend more time with their clients (offer more compassion) but bureaucracy and time constraints limit them. Anger, burn out and stress at working in a system that one feels frustrates rather than facilitates one's compassionate intent should never be confused with compassion fatigue which it sometimes is [3]. Sometimes people can feel they do run out of compassion if they are overwhelmed or exhausted, as (say) in people caring for

dementing relatives. They are not fearful of being compassionate nor resistant but are simply exhausted and possibly at times resentful at the impact on their lives of the caring role.

Resistances are when we are not frightened of compassion nor are we blocked by ignorance or opportunity, but we simply don't want to be compassionate because perhaps we see it as too costly or maybe not our responsibility. Resistance to being compassionate to others has many sources as the recent immigrant crisis has all too well demonstrated. For example, we may not wish to be compassionate to people we don't like or see as different to us in some way, or if we think it will cost us too much, or if we think they wouldn't appreciate it or will not use our help (why help people who are obese, smoke or have alcohol problems who don't do much to help themselves).

People are becoming increasingly aware of the importance of self-compassion. Given the definition above this simply means that we are prepared to engage with our own suffering and find the wisdom to alleviate and prevent it and not carelessly or purposely cause ourselves harm. Here too there can be fears, blocks and resistances. We can be frightened of compassion when it stimulates a lot of unprocessed emotion in us [3]. We can feel blocked when we don't know how to be self-compassionate. We can be resistant when we think self-compassion is an indulgence or weakness and what is called for is toughness. There are many ways in which we can knowingly be harmful to ourselves but dismiss it. For example, eating or drinking too much, not exercising, not complying with medication or not practising healthy lifestyles. Harsh and hostile forms of self-criticism can be also be quite harmful [3].

It is sometimes said that one can't be compassionate to others unless one is compassionate to oneself. However, there is in fact no evidence for this belief and it's something of a perpetuated myth. The flows of compassion are overlapping but also different processes [3]. I've seen many people in the health professions who are extremely compassionate to their patients, and indeed as people, but are very harsh and critical of themselves; sometimes they are harshly self-critical perfectionists. On the other hand, there are individuals who are very 'compassionate' to themselves but not at all to others. We call them narcissistic.

## Understanding Our Minds

One of the key things in using compassion to help ourselves and our clients is to understand the nature of our mind. The evolutionary approach to compassion begins with an understanding that we are prone to suffer partly because we are evolved, biological beings [2] who come ready-made with two arms and two legs, a digestive system, a brain and mind with capacities for anger, anxiety, joy, lust, love, sex vengeance, and caring. These have all been built for us not by us [3,6]! We were built by our genes none of which we chose. We didn't choose our gender, ethnicity

and many other things such as potential sports or musical talent. In addition, the way our genes (via epigenetics) and bodies are choreographed is very much linked to the environment [1,2,4]. If I had been kidnapped as a three-day-old baby into a violent drug gang and had seen violence and been victim to it this version of Paul Gilbert writing this paper would not exist. A very different, probably violent and callous version of me would exist. Even my genetic expressions, the genes that had been turned on and off in me, and the maturation of my frontal cortex (amongst other things) would differ. And even more amazing is that probably if these two versions could somehow meet they probably wouldn't like each other! The drug baron Paul Gilbert might even be prepared to kill off Prof Paul Gilbert if he got in the way!

So, insight into the need for compassion comes partly when we see the causes of suffering as having their roots in the reality of being short lived, (been born, ageing, decaying and dying) socially choreographed, biological beings. We see that all life is in constant flux; that nothing stays the same or remains the same even moment to moment. We, and all who we love come into existence and go out of existence; there is no permanence anywhere. The body that we enjoyed when we were 20 is slow and may be riddled with arthritis when we are 70 or suffers various ageing conditions and dementias. So, when we step back and think of this reality, of being transient beings acting out old evolved motivations for survival and reproduction (the repeating archetypal dramas of human existence) we realise that so much of what we are, and what goes on in our minds, is absolutely not our fault.

One of the important implications and mind training principles therefore is that we learn not to over identify with the contents of this short-lived biological brain; for that is one of the great illusions that traps us in identities that can be painful or narcissistic. Rather we see ourselves as a consciousness that is experiencing a particular pattern of energies with gene built and socially shaped patterns that are flowing through us [4]. Cultivating our own compassionate mind therefore requires us to understand these realities and our inner patterns as best we can and then take responsibility for their enactments. So, I may not be responsible for how and why my mind has a tendency to hunger, sexual desire, tribal belonging, anxiety, anger or even violence but it is my responsibility to recognise these systems in me and try as best I can not to act them out harmfully. In psychotherapy we use the analogy that it may not be our fault if a hurricane takes off our roof, but it is our responsibility to get it fixed. Many things are not our fault, but they are our responsibility.

So compassionate wisdom invites us to see that we, and all living things around us, have all just found ourselves here and have been given a particular biological form, various vulnerabilities, sensitivities and dispositions because of our genes and particular life experiences. All living things are trying to do the best they can to survive, reproduce and avoid suffering. The problem is that

some of these old motivations, such as for status, power, control, sexuality, and tribal conflict can be very harmful. Hence the need for mindful awareness of the tricks of the mind. Mind compassion provides an opportunity to see into these layers of the mind and begin to choose how to work with them, based on this overriding principle of trying to be helpful not harmful. We can train how to tune our minds into what nourishes us and others rather than what is hurtful or unhelpful.

## Why is Compassion Helpful

Stated briefly the human mind is a melange of multiple motivational systems which can often be in conflict with each other [7]. Central to whether we are compassionate or not is which motivational system is controlling our minds and actions [6]. When caring motivation systems, and their derivatives of compassion, are in control of the mind, they organise the mind, and its physiological infrastructures, in ways that are different from other motives such as competitiveness and power-control [1,2,7].

The evolution of caring evolved hundreds of million years ago [8]. One of the key qualities was caring for offspring. Reptiles such as turtles and fish show no caring behaviour. Once the offspring are hatched from hundreds of eggs they are on their own. Mortality is very high, and most won't make it to adulthood. So, the evolution of caring behaviour was a major evolutionary adaptation that required brains to be changed such that the parent: 1. Would not leave the eggs or offspring but stay close and offer protection 2. would be aware of the needs and distress signals of the infant and respond to them; for example, providing food and comfort.

This basic biological system, of turning towards and being attentive to the distress and needs of another and then taking action, has therefore been evolving in mammals for many millions of years. Allied to care giving, the offspring of mammals evolved capacities for seeking out caring others, staying close to them and being physiologically regulated, soothed and calmed by them. In order for this to happen there has to be brain systems that can detect and be physiologically responsive to caring signals [1,2,3].

Research has now begun to pinpoint the physiological systems underpinning caring and responding to being cared for. For example, one hormone, oxytocin is particularly important for caring behaviour. Oxytocin is also linked to our feelings of well-being, interested in being social and caring [1,2]. The autonomic nervous system has also been adapted for caring behaviour. For example, it has two branches: The sympathetic and parasympathetic nervous system. The sympathetic system is designed for action and activation, increasing heart rate, breathing and activity in various organs including oxygen to the muscles, whereas the parasympathetic system is associated with rest and digest. The parasympathetic system slows heart rate, breathing and slows activity in various

organs. Without a parasympathetic nervous system your heart rate would float up to around 120 bpm but with a well-functioning one it could be between 60 and 90 bpm. Part of the parasympathetic system, known as the vagus or vagal nerve, underwent evolved adaptations to enable mammals to be together (especially parent and infant) and for caring behaviour to have a calming influence on the recipient [9]. For this and many other reasons therefore oxytocin and other neurotransmitters and hormones along with the balancing of the autonomic nervous system play important roles in caring behaviour and responding to being cared for [1,2]. Hence, demonstrating the complexity of how this motivational system organises a range of physiological systems [1,2,9,10].

To summarise then we are evolved beings that have different motivations. In addition, unlike other animals we have a kind of intelligence that allows us to knowingly operate and cultivate these motivations. When we use our intelligence harmfully we end up with tribal conflicts, tortures and many of the horrors humans have committed against each other over thousands of years. Whereas when we harness our intelligence for caring and compassion motivations we can achieve major changes in the world [4]. As we begin to understand how these different motivations work through our bodies and organise the physiological patterns in our brains and styles of thinking and feeling, we can start to think about how we want to harmonise our minds and what motivations do we want to cultivate and live from.

## Harnessing Compassion

The basic premise then is that compassion motivation operates through and organises a range of physiological systems that are conducive to well-being and social responsibility [4]. The exact details of this arrangement is explored elsewhere in a number of chapters [1,2]. The more we understand the complex evolution and physiology of caring and compassion the more we recognise that these motivational systems benefit from contexts that support them and cultivate them. In addition, compassionate mind training is now appearing in a variety of arenas such as for clinicians, schools, businesses and the general public [1,2]. Part of this is linked to the capacity for our new 'thinking and insight' brains, which are different from other animals. It is clear that we have a form of intentionality that other animals don't have. For example, no lion can wake up in the morning and go circuit training to get fitter and faster in order to hunt; no animal can purposely train at anything nor choose to change their diet. Humans obviously can. What has become increasingly clear is that we can also train our minds in such a way that through a process called neuroplasticity we can literally change our minds and neurophysiology [11,12].

One obvious example is the impact of imagery on the mind. For example, if you are hungry and you see a lovely meal this may stimulate an area of your brain called the hypothalamus which makes your stomach acids and saliva start to flow. However, you

might not have any money or it's late at night, so you just lay in bed and imagine this wonderful meal. Just your imagination will stimulate your hypothalamus. Or you see something erotic on the television. This will stimulate your pituitary, a small set of cells in the middle of your brain, and set in motion a cascade of physiological systems to offer you sexual arousal. This is all part and parcel of biologically prepared pathways that your genes built for you. But equally you can lay in bed and fantasise and stimulate those same cells in your pituitary through your own fantasy that you are guiding and generating on purpose.

These principles are also useful for understanding how and why when people fantasise, ruminate and imagine fears and threats in the future, or are self-critical, or have vengeful ruminations they are stimulating particular physiological systems which increased susceptibility to a range of physical and mental health disorders. In contrast, the deliberate practice of compassionate motivation imagery stimulates a completely different set of physiological systems which are conducive to physical and mental health. There is now growing evidence that repeatedly practising compassion imagery and compassionate motivation and behaviour has neurophysiological impacts particularly but not only in the frontal cortex, and processes such as the immune and cardiovascular systems [11, 12]. Alongside this there is a number of studies showing a range of benefits on well-being and prosocial behaviour through compassion training [13,14].

As the physiological mechanisms of compassion have become better understood so have ways of stimulating those mechanisms. For example, there is good evidence that people can use their bodies to support the minds and in particular practice stimulating the physiological infrastructures that support compassion particularly the vagus nerve [10]. One such practice is breathing practices where individuals practice breathing deeper and slower than they would normally, commonly focusing on the out breath [15]. Yoga to has been introduced as a way of stimulating a range of bodily systems that can play a role in compassion processing for helping with recovery from trauma [16]. Compassion training has also been used in rehabilitation for people with acquired brain damage [17]. So, we are beginning to understand that deliberately trying to train and stimulate the physiological infrastructures that evolve to support compassion (and increasingly we are understanding this can be done in different ways such as with mindfulness, yoga, breathing practices, compassion focusing) has a range of effects on general well-being, prosocial behaviour and also physical and mental health. Importantly however, we are also learning that specific practices may well have specific physiological effects [12]. Understanding how to coordinate different aspects of compassionate mind training, for different kinds of problems and for different kinds of individuals, holds great promise for the future.

## Conclusion

This paper has reviewed briefly our insights into the nature and value of compassion as an evolved motivational system. Research is revealing the range of neurological and physiological systems that compassion influences that are conducive to well-being and prosocial behaviour and can play a significant role in recovery from mental and physical health difficulties. In addition, clinicians are also practising compassion for themselves, using compassion training for how better to engage with their clients and guide their clients into these practices too. It is hoped that with the improving scientific understanding of the nature and training in compassion the next years will see increasing efforts to deliver this training to both clinicians, their clients in a range of settings, as well as in schools businesses, leadership style, political movements and for the general public. For more information see [www.compassion-atemind.co.uk](http://www.compassion-atemind.co.uk)

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