

CULTIVATING HEALTHY MINDS AND OPEN HEARTS:
A MIXED-METHOD CONTROLLED STUDY ON THE PSYCHOLOGICAL
AND RELATIONAL EFFECTS OF COMPASSION CULTIVATION TRAINING IN CHILE

by

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Abstract

Cultivating Healthy Minds and Open Hearts:

A Mixed-Method Controlled Study on the Psychological and Relational Effects of Compassion Cultivation Training in Chile

by

Gonzalo Brito Pons

Although research on contemplative practices has increased in the last few decades, empirical research assessing compassion-based interventions is still in its infancy, and none of this research has been carried out in South America. Using a mixed-method approach, this study investigated the effects of the first implementation in Spanish of the Compassion Cultivation Training (CCT) with a community sample in Santiago de Chile. CCT is a 9-week contemplative group education protocol based on traditional Tibetan Buddhist teachings and contemporary psychology, developed by the Center for Compassion and Altruism in Research and Education at Stanford University. Compassion cultivation training (26 participants) was compared to a randomized waitlist control group (24 participants) and an active matched control group trained in an 8-week Mindfulness-Based Stress Reduction program (MBSR; 32 participants). The groups were assessed using measures of Psychological Wellbeing (depression, anxiety, stress, life satisfaction, and happiness), Contemplative Skills (mindfulness and self-compassion), and Altruistic Orientation (empathic concern, empathic distress, cognitive empathy, compassion for others, and identification with all humanity) at baseline, postintervention, and 2-month follow-up. Semi-structured interviews were carried out with 12 CCT participants. To offset self-report bias, friendly observer reports (questionnaires for friends and family members of participants) of CCT and MBSR participants were contrasted with participant data. Whereas the waitlist group did not

show statistically significant pre-post changes in any outcome measure, CCT participants showed significant improvements in all three areas: Psychological Wellbeing (decreased depression and stress [$ps < .001$], increases in life satisfaction and happiness [$ps < .05$], and a trend toward significance for decreased anxiety [$p < .07$]); Contemplative Skills (increased mindfulness and self-compassion; $ps < .001$), and Altruistic Orientation (increased cognitive empathy, empathic concern, compassion for others, and identification with all humanity; and decreased empathic distress; all $ps < .005$). The MBSR comparison group also presented significant enhancements in psychological well-being and contemplative skills after the training; however, this group did not significantly change in empathic concern, compassion for others, and identification with all humanity. Friendly observer reports confirmed that cultivating compassion not only enhances personal well-being but also positively impacts relationships with others.

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PREVIEW

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PREVIEW

Chapter 1: Introduction

One of the most active places of cross-cultural dialogue between Eastern philosophies and Western psychology over the last 30 years has been the field of meditation and mindfulness-based interventions and research. Meditation, as researched in the last 30 years, has been shown to promote both physical and mental well-being and to contribute to the development of positive emotional traits (Brown & Ryan, 2003). Mindfulness, a construct coming from Buddhist psychology and practice, has often been defined as a particular manner of purposefully paying attention to present-moment experience in a nonjudgmental and accepting way (Kabat-Zinn, 1990), involving three main aspects: intention, attention, and attitude (Shapiro, Carlson, Astin, & Freedman, 2006). *Intention* refers to the purposefulness involved; *attention*, to the act of directing awareness to whatever arises in present-moment experience; and *attitude*, to an open and nonjudgmental stance toward the object of attention. In a recent review, Hofmann, Sawyer, Witt, and Oh (2010) identified 39 studies totaling 1,140 participants receiving mindfulness-based interventions (MBI) for a range of conditions, such as depression, anxiety, chronic pain, and cancer, finding robust effect sizes in symptom relief not related to publication year or number of sessions involved in the studies. Along with these clinical trials, basic science research and development of increasingly sophisticated measures has helped establish the benefits of mindfulness practice within mainstream psychology.

More recently, a different type of contemplative practice known as *generative practices*, in particular, compassion meditation, has begun to receive attention among scientific and clinical communities (Davidson & Harrington, 2002; Gilbert, 2005, 2009; Goetz, Keltner, & Simon-Thomas, 2010; Halifax, 2010, 2012; Hofmann, Grossman, & Hinton, 2011; Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008; Lutz, Greischar, Perlman, & Davidson, 2009). The term

generative suggests that such practices focus on developing the ability to evoke positive mental and emotional qualities, such as loving-kindness and compassion (Duerr, 2002). Generative practices within traditional Buddhist contexts are seen as major aspects of the spiritual path (Chödrön, 1995; Dalai Lama & Vreeland, 2001; Salzberg, 1995) constituting an important complement to *focused attention* meditation and *open monitoring* meditation. To date, however, they have not received equally deep consideration in Western contexts (Hofmann et al., 2011; Lutz, Slagter, Dunne, & Davidson, 2008).

In traditional Buddhism, effective engagement in generative practices requires a certain proficiency in focused attention practices (*shamatha*) and open monitoring practices (*vipashyana*), and this is also true for the secular adaptations of generative practices presented in this paper. Focused-attention meditation (also called *concentrative meditation* or *meditative quiescence*) gradually increases the capacity to sustain unwavering attention on a particular object (e.g., a subset of physical sensations of breathing) and to reduce the random mental activity in which the mind regularly engages, resulting in varying degrees of concentrative absorption (Snyder & Rasmussen, 2009; Wallace, 2006). The Tibetan term for concentration is *zhi-nay*, where *zhi* means calm/peace and *nay* means to dwell/to stay. Hence, practicing concentration implies dwelling in peace (Rabten, 1977). This training involves the iterative three-step process of directing and sustaining attention on a particular object, detecting when the mind wanders, and bringing the attention back to the selected object (Lutz et al., 2008), gradually developing focused attention, metacognitive awareness, and mental pliancy.

Complementarily, *open monitoring meditation*, popularized in the West in the form of Burmese mindfulness (Gunaratana, 2002) and modern mindfulness-based approaches (Cullen, 2011; Kabat-Zinn, 2003), implies cultivating a panoramic awareness of present-moment

experience without a judgmental attitude, without focusing on any particular object, and with a nonreactive stance toward cognitive and emotional interpretations of sensory, perceptual and endogenous stimuli (Lutz et al., 2008). Open monitoring meditation is related to traditional *vipashyana* meditation, which allows special insight into the nature of mind and reality.

Whereas in earlier Theravada Buddhism this special insight refers to a direct apprehension of the three marks of existence—*anicca* (impermanence), *dukkha* (unsatisfactoriness), and *anatta* (no-self)—in later Mahayana Buddhism this insight refers to realizing *shunyata*, the nonduality of emptiness and form, and the experiential recognition that all phenomena are empty of inherent existence and co-arise interdependently. Conventionally, concentrative practices build the necessary mental strength and pliancy to engage in special insight practices that eventually lead the practitioner to the goal of the path, Nirvana in earlier Buddhism, and Buddhahood in Mahayana Buddhism. In the words of 14th century Tibetan lama Je Tsongkapa, “nowhere does it say anything else but this: If you hope to develop Insight, the training of wisdom well, you must find quietude, that of concentration” (Tsongkapa, Lobsang, & Roach, 1995, p. 66).

In generative practices, the main focus is not concentration on a particular object nor keeping a nonjudgmental awareness of present-moment experience, but on the cultivation of specific positive emotional states and traits, most prominently loving-kindness and compassion. Loving-kindness meditation (LKM) consists of developing a state of unconditional kindness to all beings, and compassion meditation (CM) involves practices that foster a deep, genuine, and embodied empathic concern in the face of suffering, together with a committed intention to ease this suffering (Hofmann et al., 2011). The cultivation of loving-kindness and compassion takes place in formal sitting meditation and also in informal practices “off the cushion” (i.e., cultivating compassion in everyday life outside the meditation setting), and has been praised over

centuries as an essential aspect of spiritual practice (Śāntideva, 1997; Thub-bstan-chos-kyi-grags-pa & Köppl, 2004).

In Buddhism, *karuna* (compassion) and *metta* (loving-kindness) form part of the four *brahmaviharas* (divine abodes), along with *mudita* (empathetic joy) and *upeksha* (equanimity or nonreactivity). The spiritual practitioner develops these emotions and attitudes as part of his training, evoking these states by using them as the meditation object, through active imagery (e.g., imagining himself as the caring mother of all beings), and also through behavioral modification in everyday life. Compassion is also understood as the affective tone and attitude that need to be present in mindfulness meditation, and even as a direct path to full spiritual awakening.

Somewhat surprisingly, in Western psychology, compassion, loving-kindness, and other pro-social dispositions have only recently started to receive attention. Incipient research in secular loving-kindness and compassion meditation trainings has suggested that these practices facilitate the development of positive affect and decrease negative affect, such as anxiety and mood symptoms (Hutcherson, Seppala, & Gross, 2008), and that compassion meditation may reduce subjective and physiological responses to psychosocial stress (Pace et al., 2009, 2010). Furthermore, neuroimaging studies have pointed out that both LKM and CM enhance activation of brain areas involved in emotional processing and empathy, such as the insula and the anterior cingulate cortex (Lutz, Brefczynski-Lewis, et al., 2008; Lutz et al., 2009; Lutz, Slagter, et al., 2008), and brain areas related to positive emotions, care, love, and affiliation (Klimecki, Leiberg, Lamm, & Singer, 2012). Compassion- and self-compassion-based treatments have also begun to be researched in clinical settings, showing positive preliminary results with people with high

self-criticism and shame-related problems (Gilbert & Procter, 2006), schizophrenia (Mayhew & Gilbert, 2008), and social anxiety disorder (Werner et al., 2011).

Secular compassion cultivation training programs have emerged over the last 5 years in a joint effort between Buddhist contemplatives and Western psychologists, including the Compassion Cultivation Training at Stanford's Center for Compassion and Altruism in Research and Education (CCARE; Jazaieri et al., 2012); the Cognitive-Based Compassion Training from the Emory-Tibet Partnership (Pace et al., 2009, 2010); the Mindful Self-Compassion training designed by Kristin Neff and Christopher Germer (Neff & Germer, 2013); and the Compassionate Mind Training designed by Paul Gilbert in the United Kingdom (Gilbert, 2010; Gilbert & Procter, 2006). In general, these programs involve an experiential approach to develop compassion and self-compassion in participants gradually through a combination of meditative practices, compassionate imagery, relational exercises, reflection on different aspects of compassion, and informal practices.

This research project focused specifically on the Compassion Cultivation Training Program (CCT), developed by a team at CCARE at Stanford University headed by Geshe Thupten Jinpa, Ph.D., a Tibetan scholar and long-term translator of the 14th Dalai Lama. In CCARE's CCT the sequence of exercises progressively cultivate: (a) mental stability through present-focused attention and basic mindfulness skills, (b) opening the heart through developing loving-kindness and compassion for friends and family, (c) loving-kindness and compassion towards oneself, and (d) compassion for strangers and for disliked people. This 9-week training where practitioners develop compassionate qualities for increasingly challenging situations employs a combination of meditative practices (concentrative, open awareness, compassion meditation, loving-kindness meditation); guided imagery (e.g., developing an ideal image of a

compassionate being); relational exercises in dyads, triads, and whole group (e.g., mindful conversation, empathic listening, nonreactivity); reflection on the theme of the class; and informal practices (e.g., in everyday life identifying the suffering underlying negative attitudes of others). This training is designed for delivery in a secular language and setting that does not assume religious or philosophical adherence, which makes it suitable for a varied range of populations (Jinpa, 2010). Preliminary outcomes from CCARE's CCT research include a significant reduction of emotion suppression in participants and anxiety produced by being with others; and enhanced cognitive reappraisal of emotion (e.g., ability to reframe emotionally triggering events in a less anxiety-provoking manner) and emotion regulation (Emory University, 2010). The first randomized trial of the CCT (Jazaieri et al., 2012, 2013) showed that participants significantly enhanced their capacity to receive compassion and to offer compassion to others, while also enhancing their capacity for emotional self-regulation.

Considering that CCT has mainly been offered to English-speaking populations located in the Bay Area, the present research project is aimed at translating the training protocol and offering the CCT program to a geographically and culturally distant population to assess the program's adaptability to diverse cultural and linguistic settings. The main research question to which this study aims to respond is: Would a Spanish adaptation of Stanford's compassion training enhance psychological well-being, self-compassion, and compassion in a Chilean population, especially compared to a mindfulness-based stress reduction program (MBSR)? The characteristics of the compassion training program, which is explicitly more relational and heart-centered compared to an MBSR program, may be a more natural cultural match for introducing contemplative practices to South American populations, in particular Chileans.

South American populations, in general, place a greater value on social bonds and relationships, looking out for others, and achieving group harmony. American culture, in contrast, focuses more on the individual, valuing independence, achievement, and personal fulfillment (Hofstede, Hofstede, & Minkov, 2010; Kakuk Smith, 2009). In creating MBSR, Kabat-Zinn had “the ability to extract the essence of Buddhist meditation and to translate it into a format that is accessible and clearly very effective in helping the average U.S. Citizen” (Segal et al., 2002, p. 44). Conceived as a stress-reduction program, MBSR places more emphasis on developing mental faculties in the individual, such as focused attention, dis-identification with thoughts and emotions, and equanimity (related to the *wisdom* aspect of the Buddha Dharma). Alternatively, CCT was conceived as a compassion cultivation program, placing an emphasis in developing qualities of the heart that manifest relationally, such as loving-kindness, altruism, and empathetic joy (the *compassion* aspect of the Buddha Dharma). An underlying hypothesis of this research question is that MBSR and CCT will have overlapping but also differential effects in Chileans, and that the more relational focus of CCT will offer greater benefits in terms of relational well-being, a dimension that is highly valued by this culture.

Meditative practices have only recently gained acceptance and increasing interest in Chile as well as in other South American countries, which has been partially catalyzed by the first adaptations of Kabat-Zinn’s Mindfulness Based Stress Reduction Program (MBSR; Kabat-Zinn, 1990). Although the first peer-reviewed article of a clinical application of MBSR in Chile was only published 4 years ago (Brito, 2011), a growing number of higher education and health care institutions in the country are now beginning to offer mindfulness-based programs with a positive response from the public (e.g., Medeiros & Pulido, 2011). The introduction of the CCT in Chile through the present research project and the comparison between CCT and MBSR have

the potential to open a new dimension in the integration and study of contemplative practices in secular settings in Chile.

In terms of potential benefits, despite the notable macroeconomic improvements Chile has experienced over the last 30 years, there is a prevalent psychosocial malaise that can be broadly framed as a crisis in empathy and compassion. Despite the country's economic growth, according to the Organisation for Economic Co-operation and Development (OECD, 2012), a considerable gap exists between the richest and poorest: The top 20% of the population earn 12 times as much as the bottom 20%. Seventy-five percent of children (UNICEF, 2008) and 50% of women (Casas, Riveros, & Vargas, 2011) report having been psychologically, physically, or sexually abused. Fifty-nine percent of Chileans feel that their dignity and rights are not respected, and 70% feel that they will not be taken care of by the health care system in the event of a serious disease (PNUD, 2012). One of every three Chileans experience a mental health disorder in the course of their lives, and Santiago has the largest population with depressive and anxious disorders of any world capital, which has led to an explosive growth in antidepressant intake (Jiménez & Radiszcz, 2012). Among the countries of the OECD, Chile is second only to South Korea in the highest increase in suicidality, especially in women (Varas & Erwin, 2010). In this context, novel interventions that promote mental health, empathy, and compassion at the individual, relational, and social levels, seem highly relevant and timely.

Chapter 2: Literature Review

A growing interest in the scientific study of contemplative practices can be observed over the last few years (e.g., Garland & Gaylord, 2010; Kristeller & Johnson, 2005; Lutz, Dunne, & Davidson, 2007; Wallace, 2007). In the context of the 2012 Inaugural International Symposia for Contemplative Studies organized by the Mind & Life Institute in Denver, more than 200 presentations of empirical and theoretical research exemplified growing scientific interest in the mechanisms and applications of contemplative practices among such disciplines as neuroscience, education, medicine, social psychology, clinical psychology, philosophy, religious studies, humanities, and the arts, including interdisciplinary approaches.

Since Jon Kabat-Zinn began offering the first secularized MBSR programs in 1979, most scientific publications on the effects of contemplative practices have involved some variant of mindfulness meditation, and many of these studies have involved the effects of meditation on stress reduction, symptom relief for physical and mental health conditions, and attention and affect regulation (Baer, 2003; Brown, Ryan, & Creswell, 2007; Carlson, Speca, Faris, & Patel, 2007; Grossman, Niemann, Schmidt, & Walach, 2004). More than 2,500 articles published over the last 30 years contain the term *mindfulness* in the abstract and keywords (Black, 2014). During the last decade, the influence of mindfulness research in mainstream psychology and health care, and an incipient shift in emphasis in psychology from curing psychopathology to the cultivation of flourishing and psychological well-being (Fosha, 2009; Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Kok & Fredrickson, 2010) have opened space for contemplative practices that, although incorporating mindfulness, are fundamentally geared towards the generation of positive mental and emotional states and traits, such as loving-kindness and compassion (Hofmann et al., 2011; Hutcherson et al., 2008).

In the inaugural Science of Compassion Conference on July 2012, more than 40 research teams from North American and European universities presented interdisciplinary research on themes such as conceptual models of compassion; compassion interventions; strategies for measuring compassion; neurotransmitters, neuropeptides, genes, and compassion; neural indices of compassion. Additionally, over 100 poster presentations highlighted preliminary research results related to compassion in contemplative studies, neuroeconomics, basic and applied psychology, education, medicine, business, culture, and technology. Additionally, brain imaging technologies that allow researchers to map real-time neural correlates of emotional states and the increasing interest in positive emotions in mainstream psychology and behavioral medicine create opportunities for a new generation of scientists—some of whom are contemplative practitioners themselves—to study the nature of contemplative practices, particularly compassion training, and their relation to human flourishing.

Literature on compassion is vast and, at times, contradictory. Compassion has been variously described as an emotion, or as an attitude or an interrelated set of attitudes. Some spiritual leaders, such as the 14th Dalai Lama (2001), and philosophers, such as Arthur Schopenhauer (1840/1915), have defended the idea that compassion is a foundation for all morality, whereas other thinkers, such as Immanuel Kant and Friedrich Nietzsche, have presented a critical view of compassion, seeing it as a sign of weakness and an unreliable source of moral judgment (Nussbaum, 1996; Ruiz & Mínguez, 2001). Beyond these apparent contradictions, the prolific literature on compassion in Eastern and Western traditions testifies to its relevance to human life.

Before presenting the contemporary psychological understandings of compassion, core elements of the Buddhist, Christian, and Western philosophical perspectives on compassion will

be introduced since these traditions inform and contextualize this study. Buddhism is the tradition from which CCT derives its core elements, Christianity informs the religious background of the population for this study, and Western philosophy provides the naturalized view of pro-social emotions and morality that serves as a platform for current scientific study of compassion, which this study aims to expand.

Compassion in Buddhism

“In the field of equanimity,
With loving kindness as moisture,
The seed of compassion
Grows into a tree of true altruism.”
—Buddhist proverb.

Compassion has often been defined as the emotion of feeling concern for another’s suffering, accompanied by the sincere intention to help relieve this suffering and enhance that person’s well-being (Batson, 1991; Goetz et al., 2010; Lazarus, 1991). In contrast, in the Tibetan culture, compassion is not described as an emotion, partly because Tibetans do not have a specific term for emotions and, therefore, do not draw the distinctions between thoughts and emotions as in Western psychology (Davidson & Harrington, 2002). Many Tibetan teachers speak about compassion as a state of mind, in which mind does not exist in dualistic opposition with the body or “the heart” (understood as the somatic center for emotions) but as a holistic construct that involves subjectivity as a whole. Interestingly, neuroscience research on emotions has shown that every region of the brain that has been linked to emotions has also been identified with aspects of cognition, supporting the Buddhist perspective (Ekman, Davidson, Ricard, & Wallace, 2005). From the Buddhist perspective, healthy emotions like compassion are grounded in valid reasoning about self and others; therefore, wisdom and compassion support the emergence and development of each other. Keeping these nuances in mind, compassion has also

been defined in contemporary Buddhist writing as “a state of mind that is peaceful or calm but also energetic, in which one feels a sense of confidence and also feels closeness with or affection for others and wishes that they be free from suffering” (Ladner, 2004, p. 15). This definition involves an emotional as well as a motivational state characterized by a warm, loving, and empathic stance towards another perceived as experiencing difficulty, together with the deep desire to enhance this being’s welfare.

Tibetan scholar Thupten Jinpa (2010), drawing from the Abidharma literature, a compendium of Buddhist psychology that dates from the 3rd century BCE, defines compassion as a mental state endowed with a sense of concern that focuses on another and wishes for that being to be relieved of suffering. This definition can be broken down to three components: affective, consisting of the feeling of concern; cognitive, which involves being able to perceive other’s suffering; and motivational, the actual wish that the suffering is relieved. From this vantage point, compassion is not an emotion but rather a multidimensional process that has as its core a basic sense of caring, which Tibetans know as *tsewa* (caring and compassion), which includes both self and others. “Compassion is more than simply feeling for another—empathy—but a concerned, heartfelt caring, wanting to do something to relieve the person’s suffering. And that holds whether the being involved is oneself, someone else, or an animal” (Goleman, 2003, p. 61).

This basic sense of caring at the core of compassion defies the conventional Western distinction between subject and object as it is directed toward the self and at the same time toward others, seen in the ultimate sense as part of the same field of awareness. This sense of caring takes the form of loving-kindness when it is focused on wishing joy and well-being to self and others, and of compassion when it is focused on wishing relief from suffering (Jinpa, 2010).