Compassion in the Landscape of Suffering

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Abstract

In this paper we investigate compassion and its place within mindfulness-based approaches. 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. We outline how learning to meet pain with compassion is part of how people come to live with chronic conditions like recurrent depression. While most mindfulness-based approaches do not explicitly teach compassion, we describe how the structure of the programme and teachers' embodiment enable participants to cultivate compassion in the landscape of suffering. We describe a case example of how this process unfolded for someone through mindfulness-based cognitive therapy.

Dawn had suffered many episodes of depression in her life. Each new episode seemed to have a life of its own and she used the analogy; "It's like I am being dragged towards and over Niagara Falls." For her this captured the sense of inevitability, helplessness and horror of each recurrence of depression.

Dawn described a turning point in her recovery.

There was a gradual realization that when I added a layer of judgment to how I was feeling, I suffered more. Instead of answering, 'Why can't I get out of bed?' with 'Because I am a failure,' I came to see that this, my lethargy and negative thinking, were all part and parcel of a depression that would take time to lift. This provided a glimmer of hope that I could begin to cultivate. It was almost okay to be depressed and begin to nourish myself in small ways. Instead of fighting the depression, I started to be gentler with myself. Looking back, these were the first steps out of depression.

Dawn, aged 48.

What is compassion?

In the classical teachings of the Buddhist tradition compassion is defined as the heart that trembles in the face of suffering. At times, compassion is translated as the heart that can tremble in the face of suffering. It is aspired to as the noblest quality of the human heart, the motivation underlying all meditative paths of healing and liberation.

Compassion is a response to suffering, the inevitable adversity all human beings will meet in their lives, whether it is the pain embedded in the fabric of ageing, sickness and death or the psychological and emotional afflictions that debilitate the mind. 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. The Dalai Lama once said, "If you want to know what compassion is, look into the eyes of a mother or father as they cradle their sick and fevered child."

While Buddhist conceptions of compassion have a lineage extending more than 2500 years, psychologists have only more recently started to consider compassion and its role in suffering and resilience. Paul Gilbert sees compassion as an evolved psychological capacity that is part of human beings' care-giving system. Compassion increases our ability to care for our young and is in this sense "hard-wired" (Gilbert, 2009). He defines compassion broadly, and includes dimensions of care, soothing, sympathy, empathy, and non-judgment. Implicit to his understanding is a theory that integrates the biological underpinnings of human

behaviour, evolution and human attachment. A recent overview article makes a similar argument that compassion evolved to help social groups protect their weak and those who suffer (Goetz, Keltner, & Simon-Thomas, 2010). Interestingly, Gilbert's work on compassion grew in part as a response to his earlier work on depression, and the integral role, as he saw it, of self-criticism, shame and powerlessness in depression (Gilbert, 1984; Gilbert, 2000).

An alternative definition has been offered by Kirstin Neff in which she articulates three components of self-compassion: self-kindness, common humanity, and mindfulness (Neff, 2003a). Her work was motivated by trying to describe a healthy attitude toward the self that moves away from simplistic notions of self-esteem. She describes self kindness as "being kind and understanding to oneself in instances of pain or failure," common humanity as "perceiving one's experience as part of the larger human experience" and mindfulness as "holding painful thoughts and feelings in balanced awareness" (Neff, 2003; p.85). She argues that these qualities are intrinsic to a healthy sense of self that taken together enable someone to manage their emotions in the face of difficulties.

We offer the following definition of compassion. 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.

How central is compassion in the healing process?

Compassion allows healing. As human beings we understandably dislike and fear pain. Instinctively we tend to recoil, avoid and become anxious in the face of physical and emotional distress. It is only a small step from these habitual patterns of avoidance into equally habitual patterns of blame, aversion, judgment and agitation. It is the second layer of suffering that is superimposed upon the first. The effect of this layer of reaction is to magnify the actuality of pain and distress but more crucially to trigger further emotional distress in the forms of despair, depression and helplessness. This closed circle of reactivity becomes a self-maintaining loop that locks out any possibility of embracing suffering with courage and compassion.

Our own experience of sorrow and pain as well as current psychological research tells us that compassion is as important to our emotional/psychological well being as nutrition is to our bodies (Gilbert & Procter, 2006; Hutcherson, Seppala, & Gross, 2008; Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008; Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008). In times of greatest distress in our own lives we are touched above all by compassion. Compassion offers a vital alternative to aversion and fear. It is what allows us to turn towards distress and pain rather than fleeing from it. It allows us to surround suffering with kindness and curiosity rather than shame or blame.

Fear and aversion fractures our relationship with all things. Compassion is the beginning of a befriending of what has previously been rejected. Rather than being lost in the extremes of endeavouring to overcome distress or being overcome by it, compassion begins with the discovery of the capacity to 'be with', to be steady and balanced in the face of adversity. It is a relationship of kindness, warmth and connectedness. Healing does not necessarily imply that pain is fixed or disappears, healing is often the softening and dissolving of the resistance and aversion that keeps us stuck in fear and estrangement. Healing has been described by Jon Kabat-Zinn as "coming to terms with things as they are" (Kabat-Zinn, 2005). That is to say, relating to suffering with equinamity and compassion are part of the healing process.

Most emotional disorders are marked by patterns of thinking and behaving that, while at some level are understandable, at another level exacerbate and maintain the disorder. For

example, in depression, negative thinking can be an attempt to make sense of experience and withdrawal an attempt to protect from further aversive experiences (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Kuyken, Watkins, & Beck, 2005). In the lead up to her last episode of depression, Dawn was so fearful she pretended to herself it was not happening, working harder in her job to offset the criticism she feared from her colleagues. The feeling of the impending Niagara Falls was met with denial; "*If I just paddle harder, maybe I can get myself out of this fix*" (See Figure 1). In no time at all the opportunity and space for a compassionate response or skilful action was diminished.

INSERT FIGURE 1 ABOUT HERE

Now that Dawn is depressed and off work she has the pervasive thoughts, "*I am no good at my job"* and "*my colleagues dislike me*." She does not return to work to avoid what she feels is an unmanageable situation. There is no space for Dawn to ask herself if these thoughts are based in reality or whether her reaction is likely to exacerbate her depression or be part of the healing process. In anxiety, fear is strongly associated with thoughts or images of an impending threat. These thoughts and images begin to arise in a whole range of situations creating crippling anxiety that the person tries to manage with a range of behaviours intended to keep them safe. Paradoxically, again these safety behaviours can exacerbate and maintain the anxiety. Dawn's avoidance of social contact is intended to protect her from the feared possibility of criticism and rejection. Instead, it precludes both opportunities for these fears to be disconfirmed and the nourishment of social contact.

Bringing attention and compassion to these feelings, thoughts and behaviours is a first step towards stepping out of reactivity and allowing the possibility of responding more skilfully. When we meet people with a history of depression who have been referred to our mindfulness-based cognitive therapy (MBCT) service, we explain what is involved in the groups using the metaphor of Niagara Falls (Figure 1). Most people with recurrent depression can identify with the helplessness and horror of another episode of depression (being dragged towards Niagara Falls). We explain that learning mindfulness enables people to notice the reactivity of the mind and step out of habitual patterns that inadvertently create more suffering. They can attend to the sound of the distant falls, the churning water, the movement in the air, then anchor in the present moment and choose to respond differently. In small but profound ways stepping out of reactivity allows the person to chart a course towards the river bank or a tributary. In time, they can even see the whole pattern of reactivity as a fabrication of the mind.

Again, psychological theory and research into compassion in the healing process is at a very early stage. But, while by no means conclusive, every study examining the relationship between compassion and psychological constructs suggests that compassion is positively associated with well-being and negatively associated with distress (Neff, 2003b; Neff, 2003a; Gilbert & Irons, 2004a; Lutz et al., 2008; Kelly, Zuroff, & Shapira, 2009; Goetz et al., 2010; Fredrickson & Losada, 2005; Fredrickson et al., 2008). It is too early to say whether it is involved in the healing *process,* but we set out a model below of how compassion is part of healing.

Can compassion be cultivated?

Most people have encountered moments of unhesitating and natural compassion when the heart softens in the face of suffering, pain and helplessness. Images of children suffering in famine, people exposed to terrible injustice, the elderly person struggling to cross a busy road, the toddler that trips in the playground, the woman exhausted by caring for an elderly parent. These can all be moments that evoke a natural wish to reach out to another in the midst of their pain. They are precious moments when the divide between self and other

softens, the story of blame and resentment fades and we inhabit, perhaps for a few fleeting moments, a world infused with kindness and compassion. Too often those treasured moments are swept away by the busyness of our minds and we find ourselves once more in the territory of agitation, blame or distraction. The meditative traditions of our world encourage us to cultivate a way of seeing in which these glimpses of compassion are not left to chance.

Many spiritual traditions emphasise that moments of compassion do not have to be fortunate accidents or mysteries. We cannot make ourselves feel compassion yet all the great spiritual traditions confidently assert that we can learn to incline the mind/heart toward compassion. Compassion in these traditions is likened to an art like any other art that is developed though sustained and dedicated practice. It is a re-educating of the heart, learning what it means to be kind and present in the midst of suffering. Researchers examining those who have cultivated self-compassion through meditative traditions have found that there is a forging of new neural pathways that is associated with sustained mindfulness practice (Lutz et al., 2008). It is an undoing of the habits of aversion through returning again and again to the actuality of pain in this moment with kindness. We cannot choose whether or not we will encounter pain and sorrow in our lives, we cannot choose whether or not to participate in the life of our body and mind – we can only choose how we meet those encounters and the way of our participation.

Mindfulness-based approaches to chronic physical health problems and depression cultivate this orientation of mind and heart (Segal, Williams, & Teasdale, 2002; Kabat-Zinn, 1990). In the early stages of the course using the body as the focus for attention, participants learn to develop sustained attention and work with the inevitable attachment and aversion that arises. When they encounter pain, they are encouraged through the mindfulness instructions and enquiry to meet that pain with kindness, empathy, equanimity, acceptance, and patience, to put out the "welcome mat" for it, so to speak, as best one can. As MBSR and MBCT are group-based, participants see others experiencing similar kinds of pain, judgment and struggle. Realizing that what one thought was unique and personal is also experienced by others can cultivate a strong sense of the universality of pain and that one is not alone in one's suffering. Dawn encountered jaw and neck pain through the body scan, and noted the understandable immediate cycle of aversion and judgment this triggered ("This is making it worse, this pain is intolerable"). Through the first few weeks, Dawn could see that this second layer of suffering led to greater contraction in her body, and that in particular the tensing in her jaw could quickly spread throughout the head and trigger the onset of migraine. It took courage and patience, but in time bringing compassion to the first sensations of pain in the jaw created the conditions for a softening and opening that broke the cycle that led to the second layer of suffering. Later in the course she was able to apply this same attention and compassion to thoughts of self-judgment and feelings of shame and the associated bodily sensations.

Even though the cultivation of self-compassion in mindfulness-based approaches is sometimes not direct – that is, there is no explicit emphasis on loving kindness or compassion via specific meditations that cultivate these qualities, interestingly, the training and orientation of an eight-week mindfulness programme cultivates compassion nonetheless. There is now research showing not only that mindfulness-based interventions cultivate self-compassion, even in the absence of explicit compassion meditations, but that they are effective in alleviating suffering in part *because* they cultivate compassion (Kuyken et al., 2010).

Several other psychological therapies also target the cultivation of compassion either explicitly or implicitly. As already stated, Gilbert has shown that depression is characterized by self-criticism and shame. Preliminary results from a programme in which therapists work with their clients to cultivate self-kindness, self-soothing and acceptance have shown that this

approach is both acceptable and effective with at least some clients (Gilbert & Irons, 2004b; Gilbert & Procter, 2006).

The landscape of suffering

In Buddhist psychology the landscape of suffering, be it the experience of physical or psychological distress, is sometimes described using the simile of the two darts. In this simile it describes the experience of a person being hit by a dart, causing an initial painful experience. It is a pain that would be experienced by anyone in a similar situation. The story goes on to describe the person's *reaction* to the pain, how an "uninformed, unaware" (i.e., not mindful) person" would bewail his or her fate, refusing the removal of the dart until it was clear where it came from, who had shot it, what is was made of, and why it had been fired in the first place. As a consequence, the person falls into despair and anguish, resisting the experience altogether, blaming him or herself and everybody else, and ultimately languishing in the pain. Such a reaction to the first dart adds a whole other layer of pain that only compounds the initial experience of suffering. The important point is that this additional layer of pain is optional. The simile is pointing to the fact that in such a reactive mode the person is experiencing two levels of suffering - the initial pain of the first dart, and the emotional suffering of the reaction (the second dart).

Dawn poignantly describes this compounded suffering. Her difficulty getting out of bed, the lethargy brought about by her depression (the first dart) was habitually met by self-judgment and blame (the second dart) which then exacerbated and maintained the depression. She described vividly the fear and aversion that arose in her, both habitual and totally understandable human responses to pain. The reaction ranged from dislike, to resistance, numbness, aggression, judgment and blame. In her depression, the recurrent thought patterns of personal failure, inadequacy and uselessness simply reinforced the aversion. This invariably not only compounded the initial pain, deepening her depression and feelings of failure, but more significantly, paralysed Dawn's capacity to respond with any degree of kindness and creativity to the painful feelings of sadness and bleakness. Then, at some point in the practice something shifted. Dawn found herself actually befriending the depression, instead of reinforcing its power over her through 'beating it down' with shame and judgment. The glimmer of hope she was beginning to experience was also a first taste of acceptance of her situation with awarenesss and self-compassion.

There is an ancient Greek belief that the only people who deserve compassion are those who do not deserve their suffering. Lack of self worth combines with habit patterns of aversion and blame to convince many people that suffering is their own fault and a sign of personal failure or inadequacy. Self-judgment and shame inhibit the emergence of compassion and often ensure the continuity and solidifying of psychological and emotional distress. For Dawn, having taken time off work, she was left with a vacuum that her mind filled with self-blame ("*I have failed again, this proves I am no good at my job and I have let down my colleagues*"). These thoughts kept Dawn from answering her phone or getting out of the house, creating fertile ground for rumination, a pattern of poring over her feelings in an endless non-productive attempt at resolution. "*If only I could figure out what went wrong*." This reified and solidified her experience, closing down the possibility of meeting suffering with compassion. In her Niagara Falls analogy she would hunker down and simply await the inevitable drop into the downward cascade of the Falls (Figure 1).

The cultivation of self-compassion includes a re-examination and investigation of one's core beliefs of unworthiness, unloveability and imperfection that fuel perpetual cycles of inner rejection and condemnation. Self-compassion involves learning to attend to, approach, investigate and unpack negative core belief systems that have been absorbed from

others or built upon the foundations of personal experience of failure or rejection. The habit of judging the self harshly only serves to continually reinforce feelings of inadequacy, helplessness and anxiety, undermining the natural capacity for acceptance, generosity and compassion.

Self-compassion is concerned with reframing the personal narrative. Instead of anxiety, depression or obsession being seen as personal failures and inadequacies they are seen simply as suffering, warranting the same compassion that we would extend to anybody else who was suffering. Gradually, we discover that emotional affliction can be embraced with kindness and generosity, forgiveness and acceptance. This profound shift in the relationship with one's own suffering begins in turn to alter the view of inadequacy and failure that underlies the seemingly endless stream of aversive thoughts that constitute depressive rumination. Compassion is not simply a pleasant emotion. It is a radical transformation of our view of suffering and of our view of "self."

Dawn speaks of the emotional shift she began to make from blame to acceptance: "It was almost OK to be depressed and I began to nourish myself in small ways." The depression, instead of being regarded as an enemy became the landscape in which she could begin to cultivate ways of nurturing her well being. It was a shift from the hopelessness and despair that are part and parcel of depression to a more engaged and confident sense of the possibility of a range of more nourishing responses. The first dart could be explored and investigated. Dawn could see her negative thinking as born of a depressive emotional state. Instead of depression being a personal description of failure, met with blame and aversion, it became an experience that could be met with kindness and curiosity. With mindfulness, she could begin to see thoughts as thoughts, breaking the toxic loop that occurs when depressive thinking is invested with an authority that only reinforces and deepens the depression. The thoughts no longer dictated her actions and reactions.

Gwyneth Lewis wrote of this radical shift in her experience of depression in her autobiographical account of depression, *Sunbathing in the Rain* (Lewis, 2002). When she finally stopped trying to escape negative thoughts and feelings (the rain), she was able to appreciate the possibility of being fully present in her experience, whether it was raining or not. This allowed the possibility of turning towards her negative thoughts and feelings with interest, care and curiosity. This apparently subtle shift turned out to be anything but small, enabling her to learn from her depression and make necessary changes in her life.

In the face of suffering, the shift from aversion to welcoming, befriending and accepting is the most radical emotional and psychological shift a person can make. It is a shift, catalyzed by mindfulness, from being a helpless victim or sufferer at the mercy of the depression into being a participant in the healing process. Those first steps into understanding the landscape of suffering are also the first steps into the landscape of compassion. Gwyneth Lewis writes of making changes in her life that included not returning to the same job that had been depleting and pursuing work and interests that were rewarding and nourishing. Reading Gwyneth Lewis' book was helpful to Dawn in seeing that depression could be befriended. Dawn was fortunate to have a supportive boss. She made a gradual return to work, and was able to see for the first time that many of the negative and unkind thoughts she harboured about herself and her colleagues were artefacts of the depression, rather than accurate assessments of reality. Over time, Dawn realised that rather like Niagara Falls, turbulence in her thoughts and feelings needs wise attention. Ignoring times of low mood or negative thoughts and simply "paddling harder" did little to avoid the apparent inevitability of being dragged towards Niagara Falls. Instead, learning to attend to the sounds of a distant falls, the whirl pools in the water and the mist on her skin enabled Dawn to attend to the situation and respond. "*At those times I need to take care of myself, make sure I continue to o*

exercise and rest - perhaps talk to my boss. I just need to take a few paddle strokes towards a tributary that will take me down a different river, away from what used to seem the inevitable pull towards Niagara Falls."

The cultivation of compassion

The building blocks of compassion are woven into mindfulness-based interventions. Intentional attention is cultivated in the first three sessions using a range of core mindfulness practices, the body scan, mindful movement (stretching and walking) and mindfulness of the breath. As well as developing the "attentional muscle," it highlights the impulsive and habitual patterns of thinking that are present, and the associated aversion to negative mind states and judgments. With mindfulness, there is a growing ability to withdraw authority from all the self-judgments and blame, which only serves a fuel for depressive thinking, and see what happens when we intentionally step out of habitual patterns of thinking. Clients develop the capacity to be mindful of their breathing and body, cultivating a present moment attentiveness and greater sensory awareness. The pleasant events calendar that patients fill out in the second week reveals a perhaps hidden or unrecognized capacity for appreciation and connectedness with a world not coloured by the bleakness of depression. The continual emphasis upon curiousity, kindness and befriending develops a skill and attitudinal base that can be brought to unpleasant events when they arise, either inwardly or outwardly.

In the second half of the course, mindfulness and compassion are brought to bear on the person's unique signature for depressive relapse so that they can generate skilful responses to the early warning signs of future depressive relapses. Finally, the group enquiry sessions built into mindfulness-based interventions reveal to every participant that depression is not a personal failure, but an affliction that besets many human beings.

In Buddhist psychology it is asserted that "the mind is the forerunner of all things." When the mind is shaped by depression, depression becomes the forerunner of all things, including one's self image, perceptions and behaviors. All of the steps in an 8 week MBCT prgramme are designed to bring about cognitive shifts, a change in self view and understanding which in turn alters thought processes, habits and behavior (Segal et al., 2002). Equally in Buddhist psychology it is asserted that the mind exists in a state of potentiality, being shaped and moulded by mental states, intentions, habits, thoughts and by whatever is identified with in the moment (Feldman, 1998).

In MBCT programmes clients undertake several steps; learning to be mindful of their mind and its patterns, to instill kindness and an attitude of befriending in the place of judgment and resistance and realize the innate freedom of the mind from the hold of habitual patterns that perpetuate suffering. This gives form to suffering, opens a dialogue with it and offers an alternative way to respond to pain and heal suffering.

Compassion has but one direction which is to heal suffering. Compassion tends to be alien territory to many people with a history of depression. It is a skill that can be learned, and is accompanied by an attitude that can be cultivated at the same time. There are three important cognitive changes that occur as one develops the skills of mindfulness that enable a person to shift from aversion to compassion.

The first change is the cultivation of mindfulness, learning to hold depressive thinking and attitudes with kindness rather than blame, and practicing doing so over and over again. It is being able to ask 'what does this need' rather than 'how do I get rid of it.' It is the beginning of an understanding that depression is an affliction as deserving of compassion as a chronic physical condition or illness. As Dawn discovered on her journey out of depression, what we nourish in our minds and lives is a choice. It is a choice that can only be made when we are mindful within our minds and lives.

The second is the developed capacity to see a thought as a thought, an emotion as an emotion, a habit as a habit and begin to take the 'I' out of the process. Learning that affliction can be tolerated and befriended rather than feared is the root of inner confidence, a quality noticeably absent in depressive thinking. It is a profound shift to be able to see sadness, fear, loneliness, and doubt as impersonal "events that are simply unfolding in this moment within the field of awareness" rather than as personal statements and making it all about "me," as in 'I am sad, lonely and afraid.'

Third, the easing of self preoccupation and identification through mindfulness inevitably nurtures a growing awareness of the universality of human affliction and suffering. During the group conversations in class, people listen to and hear the pain of others, and get to see and feel themselves reflected in the eyes and lives and hearts of the other participants. At the same time, as part of both the meditation practice and the conversations in class, they are inquiring deeply into the nature of their own experience and that of others. Learning how to listen to another without blame, but with tenderness and care is a skill that informs the ways we listen to ourselves. People going through mindfulness classes have commented how this group process was a key aspect of what helped them change (Allen, Bromley, Kuyken, & Sonnenberg, 2009).

In mindfulness practices a range of ways to develop compassion are outlined, rooted in the basic skills of attentive, receptive listening, non identification, empathy and distress tolerance. Compassion equally rests in acknowledging that our wish to be free from pain and affliction is a longing shared by all living beings. Compassion holds no hierarchies, the afflictions of the mind are as worthy as the afflictions of the body, the losses and sorrows part of every human life. All are worthy of compassion.

The role of the mindfulness teacher is instrumental in enabling participants to attend to their suffering and cultivate compassion. The teacher needs first and foremost to have through their own mindfulness practice and cultivated compassion in relation to his/her life and experience. This experiential learning is a pre-requisite to teaching others and is experienced by participants as an embodied teacher who "walks the walk." This embodiment permeates how mindfulness practices are taught, individual and group enquiry is handled and universality of experience permeates the group (Crane, 2009; Crane, Kuyken, Hastings, Rothwell, & Williams, 2010).

Conclusion

In this paper we have defined compassion as the capacity to meet pain with kindness, empathy, equanimity and patience. Depression is a landscape that is characterised by aversion, negative views and judgment, freezing out compassion. When compassion is cultivated there is thawing that allows healing, responsiveness and an array of nourishing and skilful behaviours that can break up the pattern of depression recurrences and build a person's resilience.

At the end of the mindfulness classes Dawn wrote on her feedback form:

It was as if my mind created an abyss of suffering, rehearsing all the bad things that have happened, worrying about what might happen, not being right in my skin. It as if my heart provided a way of crossing the abyss.

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Figure 1

The analogy of Niagara falls with depressive relapse