

Science Looks at Spirituality

CULTIVATING LOVING KINDNESS: A TWO-STAGE MODEL OF THE EFFECTS OF MEDITATION ON EMPATHY, COMPASSION, AND ALTRUISM

by Jean L. Kristeller and Thomas Johnson

Abstract. We explore the role of meditative practice in cultivating experiences of compassion, empathy, and altruism and address an apparent paradox: Meditation often is associated with solitary retreat, if not preoccupation with one's own concerns. How, then, does such a practice promote compassion for others? We propose a two-stage model. The first stage involves disengagement from usual preoccupation with self-reinforcing, self-defeating, or self-indulgent behaviors and reactions; the second involves a focused engagement with a universal human capacity for altruistic experience, love, and compassion. Reference is made to the limited research literature and to clinical applications of loving kindness (*metta*) meditation in cultivating these processes.

Keywords: altruism; Buddhist psychology; compassion; empathy; loving kindness; mindfulness meditation.

“On our inbreath, we should concentrate on receiving life from God. That inbreath is life sustaining. On our outbreath we should give everything we have back to the universe. Our outbreath may be the last we ever take, and, at the end of our life, we want to make sure we have given everything we have back to the world. “

—Jewish meditation (Verman and Shapiro 1996, 107)

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Meditation, or contemplative practice, whether within Judeo-Christian or Eastern traditions, is strongly associated with spiritual growth. In this essay we explore the role of meditative practice in cultivating experiences of compassion and loving kindness (a concept widely used in contemporary Theravada Buddhism) and address an apparent paradox: Meditation is often associated with solitary retreat, if not preoccupation with one's own concerns. How, then, does meditation promote compassion for others?

We propose a two-stage model. The first stage involves awareness of habitual reactions and disengagement from the usual preoccupation with self-reinforcing, self-defeating, or self-indulgent behaviors and reactions. However, compassion also requires engagement or connection with others. Therefore, a second step in developing compassion or altruism via meditation involves a focused engagement with a universal human capacity for empathy and love. As C. D. Batson (2002) proposes for the empathy-altruism hypothesis, this model assumes that capacity for self-protection and capacity for compassion are separable human functions. As the self is transcended, the mind may be opened more to the possibility of full engagement with others. A key question is the extent to which engagement with others happens automatically once the preoccupation with the self is loosened or whether it requires encouragement or explicit cultivation.

We address several related questions as well: What is the relationship between cultivation of compassion and cultivation of other types of meditation effects such as relaxation or behavior change? Are meditative techniques universal tools for developing the capacity for compassion? What are the underlying mechanisms involved in creating this engagement? How does the cultivation of self associated with contemplative practice transform into the cultivation of relationships with others? Can meditation practice be used as a research tool for exploring the process of cultivation of compassionate being and action?

Before addressing these questions we consider the definitions of compassion, empathy, and altruism as well as the Buddhist concept of *metta*, or loving kindness. We consider the underlying processes of meditation and then explore the role it may play in cultivating these experiences of compassion and altruistic behavior.

COMPASSION, EMPATHY, AND ALTRUISM

The terms *compassion*, *empathy*, *altruism*, and other similar terms (*connectedness*, *compassionate love*, *agape*) have sometimes been used interchangeably, but the terms refer to somewhat different but possibly overlapping phenomena (Monroe 2002). In Buddhism, loving kindness (*metta* in Pali; *maitri* in Sanskrit) is distinguished from compassion (*karuna* in both Pali and Sanskrit) (Fischer-Schreiber, Ehrhard, and Diener 1991; Brazier 1995).

Altruism has been defined as a "motivation to benefit others" (Batson

2002, 90) and as an action where the goal is to benefit others (Monroe 2002). In practice, studies of altruism, whether in the laboratory (Batson 2002) or in first-person narratives of those who have risked their lives to help others (Oliner and Oliner 1988), typically use some specific act of helping as an operational definition of altruism. Regardless of the exact definition used, altruism implies helping another without any expectation of reward or benefit in return (Monroe 2002; Oliner 2002).

L. Underwood (2002) prefers the term *compassionate love* to the term altruism. She claims that compassionate love implies a deeper “investment of self” and that such an investment requires self-knowledge and a free choice to set aside our own personal agenda for the sake of the good of another person. Similarly, S. G. Post and colleagues note that for altruism to exist, “the view that the self is all that exists or can be known is transcended” (2002, 3). Thus, self-transcendence is a necessary precursor to altruism. Empathy is also mentioned as a potential contributor to altruism, and some claim it is the primary source of altruistic behavior (Batson 2002; Feshbach 1997). Empathy frequently is defined as “having an emotional response similar to the response the other person is having” (Bohart and Greenberg 1997, 23). N. D. Feshbach (1997) emphasizes that empathy includes not only the cognitive ability to take the perspective of another but also the ability to experience emotions. This definition thus includes such responses as a sense of compassion for the suffering of another, feelings of connectedness or oneness with others, and *agape*, or selfless love.

The Buddhist concept of loving kindness is similar to these definitions in that one transcends preoccupation with one’s own concerns and engages an experience of universal love and caring toward others. The Buddhist sense of compassion (*karuna*) is distinguished by a focus on those who are suffering by suspending sense of self; furthermore, it encompasses wise action to relieve such suffering, similar to altruism (Davidson and Harrington 2001). Apparent from this brief overview is the universality of these concepts, and common to them all is the importance placed on the replacing of self-concern with concern for others. It is this commonality among these concepts, rather than the differences, with which we concern ourselves here.

One of the problems with some of these definitions is that there is a confabulation of the quality of the experience with the “quantity” or degree of feeling or action—that only profoundly substantial shifts in relation to self and to others qualify to be labeled as empathic, compassionate, loving, or altruistic. In fact, laboratory research (Batson 2002, for example) and research on empathic responding between individuals (Bohart and Greenberg 1997; Greenberg and Elliot 1997) focus on more mundane expressions of these experiences, presuming a continuity with more dramatic self-sacrificing actions.

For the purposes of this essay, we propose that it is the quality of the experience rather than a particular degree of experience that is more useful to consider. Altruism involves helping another without regard for personal gain. Altruistic behavior occurs when one transcends attending to needs of the self and experiences empathy, loving kindness, and connectedness to others. On some occasions, the process of empathic involvement may require suspending relatively modest self-needs (such as simply being willing to inconvenience oneself to meet the needs of others); on other occasions, a willingness to undergo profound risk to one's well-being may be involved. Yet all involve some degree of suspension of self-engagement, which we argue is necessary but not sufficient.

THE PROCESS OF MEDITATION

Meditation as an Attentional Process. Across the meditative traditions, there are common elements. These include a particular way of focusing attention, generally the use of repetition, and a nonjudgmental rather than analytic thought process. D. H. Shapiro defines meditation as "a family of techniques which have in common a conscious attempt to focus attention in a nonanalytical way and an attempt not to dwell on discursive, ruminating thought" (1982, 268). Two types of meditation practice are generally identified (Goleman 1988): concentrative meditation, such as mantra meditations (note: *mantra* can be interpreted as "a thought/word that frees the mind" in Sanskrit), and insight, or mindfulness meditation.

In the concentrative traditions, the focus of attention is on a particular object—frequently a word, mantra, phrase, prayer, or simply the breath. The goal is maintaining focus as much as possible on the particular object of attention. When attention wanders, as it naturally does, one is instructed to return focus to the breath or to the original object of attention.

In the mindfulness traditions, attention is purposefully kept open, attending to whatever enters the field of awareness but with a purposeful suspension of the usual analytic engagement with or "thinking about" the object of awareness. The object of attention may be an emotion, a physical feeling, an image, an external object, or again simply the breath, but mindfulness meditation allows for more flexibility in the object of awareness. As long as analytic or self-judgmental thought is not engaged, attention is allowed to rest on or stay with whatever enters awareness. Vipassana practice, a variant of mindfulness meditation, often uses the breath as a way to reengage the attention should it become caught up with such analytic thinking, but the primary instruction is to be fully attentive, without judgment, of whatever arises in the field of attention.

A third type of meditation is focused or directed meditations, in which the content carries significance and is intended to engage a particular aspect of self, but in a mindful rather than analytic or judgmental way. In traditional meditation practices, this may be a particular chant, the sym-

bolic mandala of Tibetan tantric practices, a Zen koan, or physical sensations experienced in Yogic postures. In contemporary practice, focusing on pain, on other physical sensations such as hunger or stress, or on interpersonal connectedness might be used, with the specific goal of first increasing awareness and then modifying the nature of cognitive or emotional response to these experiences. Although concentrative techniques are sometimes considered a necessary foundation for use of mindfulness techniques, and possibly directed meditations, contemporary practice is more flexible. Learning simple concentrative techniques may facilitate mindfulness or directed techniques, and the basic elements of all three approaches can be easily learned by most people within a few weeks or even days of practice. However, integrating them into daily life and being able to draw on them to create more enduring or substantial effects usually requires substantial experience and months if not years of practice.

Meditation traditions generally use primarily one type of practice (concentrative, mindfulness, or directed), but most contain elements of all three. Transcendental meditation (TM) is usually considered a mantra meditation, in which a word is repeated continuously and silently in the mind, but it deemphasizes the sustained effortful focus that accompanies some other concentrative traditions. In Judaism, repetitive prayer and movement remains a central aspect of Hasidism. The Jesus prayer of the Hesychastic Christian Catholic tradition, a repetitive contemplative prayer, is undergoing a revival under the direction of Father T. Keating of the Benedictine Order (Keating 2002). This Christian centering prayer can be considered a type of mantra meditation. In Christian traditions, the seclusion of Jesus in the wilderness for forty days and his period of seclusion at Gethsemane when he knew he would be arrested each provide a model for the value of reflection, of simply listening for the voice of guidance. The Buddha, trained in the Yogic traditions of extended and isolated meditation, had his awakening while seated under the Bodhi tree after sitting for a single night. In the Buddhist traditions, one variant of Vipassana or insight meditation is “loving kindness” meditation (Kornfield 1993; Hanh 1998)—focused meditations directed toward cultivating experiences of compassion, joy, equanimity, and a sense of love and connectedness with others. Tibetan Buddhism also has highly developed meditative practices directed toward cultivation of compassion and love (Goleman 2003).

In contrast to concentrative techniques, mindfulness meditation can be combined somewhat more readily with directed meditation, as the object of awareness can be flexibly assigned or chosen. However, even concentrative meditations can be practiced within differing contexts and thereby establish different expectations and lead to distinct effects (for example, TM practiced as a relaxation tool versus as a path to spiritual development).

The Neuropsychology of Meditation. Regardless of whether the meditative process involves concentrative techniques or mindfulness techniques,

a fundamental goal is to train the mind to disengage from usual modes of thinking, attention, and reaction to the objects of consciousness (Austin 1999). With increased knowledge of basic operations of attention, experience, and neurological processes comes a better understanding of higher levels of neuropsychological functioning (Gazzaniga 2000). For example, our brain is designed to constantly scan our environment, both external and internal. Meaning is constructed largely on the basis of past experience. Our minds are designed to respond first to experiences construed either as threats or danger or as sources of gratification and reward. These associations are highly conditionable. Responses, whether physiological, emotional, or behavioral, occur within milliseconds. Much of our response to our environment includes applying meaning well before experience reaches consciousness. While much of the brain functions at a preconscious or unconscious level, once experience enters consciousness, further cascades of response, interpretation, and reaction occur. Much of this process we share with lower organisms in order to meet basic survival needs. Responding at this level is necessary to both learning and daily functioning; it is also inherently “self”-centered and self-protective.

We share other processes with some lower organisms that appear less immediate to survival needs and more characteristic of general adaptation, including empathy, affiliation, and social processing. There is evidence that empathy may be hardwired into virtually all mammals as a process necessary for caring for the young (Preston and de Waal 2002; Lewis, Amini, and Lannon 2000). However, in contrast to lower mammals, we have much higher developed levels of symbolic knowledge, as expressed in language and complex learning and planning capacities, represented by tremendously complex levels of cortical development. We draw on these capacities for adaptive functioning, development of intellectual knowledge, and our capacity for self-judgment. We also have innate qualities that are even more uniquely human: the capacities for creativity, spiritual experience, altruistic behavior, and whatever it is we refer to as “wisdom.” These capacities may involve—or even require—a suspension of the engagement of the mind in the lower-level processes, both at the survival level (meeting immediate self-protective or self-gratifying needs) and at the adaptive level (analysis, symbolic representation, everyday social discourse).

UNDERSTANDING MEDITATION EFFECTS

Since the 1960s hundreds of empirical studies have investigated a range of effects of meditation (see Murphy, Donovan, and Taylor 1999; Shapiro 1982; Shapiro and Walsh 1984). Although the methodological quality of some of the earlier studies has been called into question, including claims for the unique impact of meditation as an intervention, meditation is gaining recognition as a tool to attain a variety of goals, including physical relax-

ation (Benson, 1975), reduction in anxiety (Kabat-Zinn et al. 1992; Shapiro, Schwartz, and Bonner 1998), amelioration of depression (Teasdale et al., 2000; 2002; Ma and Teasdale 2004), and improvement in behavioral self-regulation (Kristeller and Hallett 1999; Marlatt and Kristeller 1999; Linehan 1993). Ironically, very few studies have examined the impact of meditative practice on the traditional goals of practice: cultivation of spiritual well-being, love, and compassion. Some very early work (Brosse 1954) on experimental investigations of altruism in Yogic practices has been virtually ignored. One of the challenging questions in understanding meditation is why such a relatively simple attentional process should have the wide range of effects that have been identified in both the traditional literature and in the contemporary psychological literature.

Common to a number of these effects is the process of first increasing awareness of conditioned responses and then learning to disengage from the conditioned reactions. Awareness has been posited as the key to promoting both psychological and physiological self-regulation (Schwartz 1975). Meditation practice involves engaging the mind in a distinctly different way in relation to material that enters conscious awareness. Whether by use of a mantra or by “watching,” rather than reacting to, the content of consciousness, a number of shifts occur. As depicted in Figure 1, even a limited amount of basic meditation practice may heighten awareness of habitual patterns of experiencing and facilitate the disengagement from habitual patterns across a wide range of functioning, whether in regard to physical domains, emotional experience, behavior, or sense of self. Often there is a feeling of relaxation, because the conscious mind is no longer responding with conditioned patterns of fear or unmet desires. Furthermore, as anxiety-driven cognitions or physiological reactions are suspended, one may experience an increased sense of well-being. Behavioral regulation may occur as drives to either avoid or to indulge are weakened. Finally, both a sense of centering within the self and a loosening of attachment to self may evolve. Superficial levels of identity may drop away, and a fuller sense of integration may emerge. In J. H. Austin’s words, as a function of

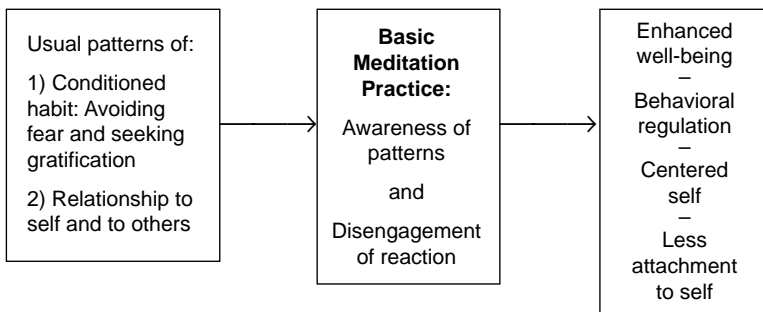


Fig. 1. Effects of basic meditation practice.

meditative practice “Nerve cells have been liberated from much of their usual irrelevant synaptic clutter” (1999, 658).

After this “liberation” or self-transcendence occurs, what follows? How can meditation be used to cultivate particular types of self-growth or regulation? While certain effects, such as relaxation or treatment of anxiety, may occur spontaneously with basic meditation practice, other effects either require or are greatly facilitated by directing attention toward particular aspects of functioning. In groundbreaking work carried out by J. D. Teasdale and his colleagues (2000; 2002; Ma and Teasdale 2004) with individuals with a history of major depression, the standard mindfulness-based stress reduction (MBSR) program developed by Jon Kabat-Zinn (1990) was augmented with components specific to depression. Individuals were directed to recognize depressive-type thinking, to become mindful of when such thoughts came into the mind, and to mindfully disengage habitual reactions to these self-defeating thoughts. Significant decreases in the recurrence of subsequent depressive episodes followed. In our work with individuals with compulsive eating problems (Kristeller and Hallett 1999), we also have adapted the MBSR program and added guided meditations that form a substantial part of the experience. Much of the meditation practice is focused on becoming more mindful of the experience of taste, hunger, feelings of fullness, and food choices. Even individuals previously trained in general meditation practice reported that it is this specific focus that helped them shift their relationship to food and eating.

Self-Centered or Centered Self? Before considering the effect of meditation on the development of empathy, compassion, and altruism, let us consider the counterpoint to these goals. How is it that a practice that appears inherently self-focused can cultivate the opposite? Is the self that is accessed during meditation practice a centered self, or merely self-centered? Although meditative practice can be viewed as a tool for cultivating compassion, in fact it often is associated with solitary retreat, if not preoccupation with one’s own concerns (as in the pejorative term “navel gazing”). Early psychoanalytic interpretations of meditation effects focused on the solipsistic elements of meditation practice—the meditator as hermit, as deviant, or as a self-absorbed ascetic who engaged community only to meet the barest personal needs. Meditation was linked to promoting regression, allowing the person to return to the figurative womb. Offered as examples were those individuals who did appear to be escaping social responsibility or for whom meditative practice, far from freeing the mind from suffering, appeared to plunge it into chaos (which infrequently occurs when meditation releases memories of past trauma).

A clear counterpoint to interpretation of meditative effects as pathologically self-absorbed was the conceptualization of meditation as a potent path toward self-growth and self-actualization stimulated by C. G. Jung ([1937] 1992) and by A. H. Maslow’s work (1994). A review of the litera-

ture on TM and self-actualization (Alexander, Rainforth, and Gelderloos 1991) asserted the value of meditative practice for development of self-actualization (although some of these studies suffered from methodological limitations, including selection bias and failure to guard against expectation effects). Within models of self-actualization, a shift from self-preoccupation to concern for others is considered a natural progression along stages of self-development. Yet the questions still remain: How does self-actualization come about? How does it stimulate the development of empathy? Is it spontaneous or a function of length of time of practice or a function of maturation (at least in some individuals)? Alternatively, is this shift a function of the cultivation of particular aspects of motivation or goals? All meditative spiritual traditions emphasize that the extended goal of contemplative practice is an opening of the heart, a heightening of compassion, a preparation for loving and caring more deeply for others. But how does this occur?

Research Background. As already noted, there has been surprisingly little systematic investigation of the impact of meditative practice on experiences of empathy or compassion. In 1970, T. V. Lesh explored the effect of four weeks of Zazen training on sixteen master's-level student therapists. They were compared to a waiting-list comparison group and a group of students who expressed no interest in the meditation. Empathy was measured by the accuracy of responses to assessing emotions expressed by a videotaped client. Empathic ability at baseline was related to level of self-actualization (as measured by Shostram's Personal Orientation Inventory [Shostram 1966]) and to openness to experience, which also increased significantly in the Zazen group. Only the Zazen group showed increases in empathy at follow-up, and the changes were greater in those with less capacity for empathy at baseline.

A recent study (Carson et al. 2004) explores the effect of mindfulness meditation in combination with guided meditation on relationship enhancement in married couples. James Carson, a clinical psychologist, has a background of extensive work in various meditative traditions. Forty-four couples were randomly assigned to either a waiting-list control or to an intervention program based on mindfulness meditation practice. The couples were in generally well-adjusted relationships and had been married on average for eleven years. The program consisted of eight two-hour sessions and one full-day retreat. In addition to components modeled on the MBSR program established by Kabat-Zinn (1990), a number of elements related to enhancing the relationship were added, including loving kindness meditations (Kornfield 1993), partner yoga exercises, focused application of mindfulness to relationship issues, and group discussions of these experiences. In contrast to the waiting-list group, who showed no meaningful change, the program significantly improved the quality of connectedness, including relatedness to and acceptance of the partner for

couples in the intervention condition. Spirituality, as measured by the INSPIRT (Kass et al. 1991), also improved significantly. Controlled MBSR studies (Astin 1997; Shapiro, Schwartz, and Bonner 1998) also showed improvements with this measure. Shapiro and colleagues also reported increased scores on an empathy scale, without explicitly targeting that as a therapeutic goal. Furthermore, the level of improvement was correlated with the amount of practice of meditation that the individuals reported.

A qualitative study of Japanese Zen monks (cited in Austin 1999) found that they had characteristics similar to the characteristics of a group of Americans chosen on the basis of having been identified as highly altruistic individuals. The Zen monks were described as being capable of swift action, showing lack of fear, simplicity, stability, selfless compassion, and a high capacity for change. The altruistic Americans showed "an unhesitating will to act, a disavowal of fear and doubt, and a simplicity of moral response, . . . great capacity for change and growth" (Colby and Damon 1992, 694), and, of course, exemplary altruism. Research by R. J. Davidson and his group is currently underway using highly sophisticated neuroimaging with both novice meditators (Davidson et al. 2003) and highly experienced Tibetan monks (as described in Goleman 2003) to document the effects on neurological processing of positive emotions in relation to training in these areas.

These research studies employ very different methods, but each of them illustrates an association between meditation practice and cultivation of empathy, compassion, and altruism. The studies by Lesh and by Carson are important because they show changes that occur relatively quickly in novice meditators; however, in both studies, the value placed on cultivating empathy was made explicit as part of the goals of participation in the meditation process. For Zen monks, the cultivation of compassion is a fundamental aspect of Buddhism. It is also a fundamental aspect of Tibetan and Vipassana practice. However, these studies cannot definitively address the question as to whether changes in empathy or compassion would have appeared spontaneously as simply part of the process of the practice of meditation; neither is demonstrating an increase in positive emotion identical to cultivation of compassion.

A Two-Stage Model. Figure 2 illustrates a two-stage model of meditation effects that explains how meditation practice may augment empathy, compassion, and altruism. The initial stage involves awareness of habitual patterns and responses, followed by deconditioning or disengagement from usual daily preoccupation with self-reinforcing, self-defeating, or self-indulgent behaviors and reactions. The nature of the goals toward self is shifted from self-protective and self-centered. This is done by practicing a shift in how the self is experienced and is consistent with Post's (2003) conceptualization of altruism as involving transcendence of the self. This loosening of attachment to self may facilitate an ability to experience

needs of others. However, compassion and altruism also require engagement or connection with the other. Therefore, a second step in developing these qualities via meditation requires a focused engagement with one's own capacity for empathy, compassion, and altruistic behavior. All components are necessary for an enduring and consistent engagement of compassionate experience and behavior as a function of meditative practice. Otherwise, there is a risk that engagement with self is simply enhanced, as captured in the cliché of "navel-gazing" or in a holier-than-thou attitude.

Basic meditative practices for cultivation of compassionate love (*metta* in Pali) have a long tradition in Buddhism (Walsh 1999; Harrington 2001), with increasing recognition of comparable practices in Christianity (Keating 1994; Jones 2003). A widely used Buddhist meditation form is "loving kindness" practice (Kornfield 1993; Levine 1979; Monaghan and Derrick 1999; Bodian 1999) that makes this engagement with others explicit. The meditation starts with engaging compassion toward the self, with the repetition of short phrases while in a meditative state:

May I be free from suffering.
 May I find my joy.
 May I be filled with love.
 May I be at peace.

These phrases are then repeated, but with the focus shifted to others—first to a benefactor, then a good friend, then a neutral person, then someone with whom we experience interpersonal difficulties, or even an enemy, and finally to all beings in the world. Beginning with extending compassion

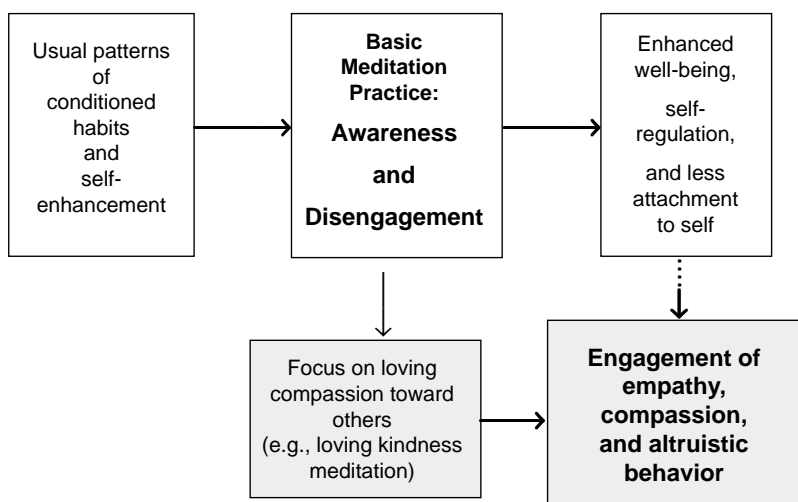


Fig. 2. Effects of basic meditation practice combined with loving kindness meditation.

toward the self is essential for two reasons: first, it engages a sense of inner awareness of those feelings or experiences most likely to block expression of compassion, especially anger; second, it cultivates awareness of inner resources to deal with such feelings. The first is important because otherwise the self may spring back too quickly into a protective mode; the second is important because cultivating the experience of compassion toward the self provides a foundation for extending that sense of love out to others. It is said that “God is love,” and therefore connecting with the sense of love in ourselves may be the essence of connecting to what is spiritual within the self. Carson’s work (2004) incorporates this meditative practice into a range of relationship-oriented experiences with couples, producing sustained improvement in a sense of compassionate engagement.

In our work with individuals with eating disorders (Kristeller and Hallett 1999), we include a forgiveness meditation late in the eight-week treatment. At this point, most individuals report dramatic shifts in their relationship to food—they are able to discriminate between physical hunger and emotional hunger and find that they can savor even favorite foods without losing control. The forgiveness meditation begins with asking them to forgive themselves for not taking care of their body, for the harsh judgments they have made of themselves, and for using food to comfort themselves. This is a very powerful emotional meditative experience. For many participants, the focus of forgiveness shifts spontaneously, without our direction, from forgiveness of themselves to forgiveness of others. For one woman, the meditation experience facilitated forgiveness toward an abusive father and husband. When she came in the week following the introduction of the forgiveness meditation, she said that she had finally let go of thirty years of anger—and of the need to cover that anger with eating uncontrollably in the middle of the night.

Meditative practice is neither necessary nor sufficient to create a sense of compassion toward self or toward others, but it may be that meditation, by systematically providing a tool to suspend engagement in usual thought processes and hence suspension of self-judgment, carries unique value in promoting empathy and compassion. The traditional literature associating meditative practice with spiritual growth suggests that meditation can be a particularly powerful means to actively cultivate universal capacities for love and connectedness. Contemplative prayer practices in Christian and other traditions that deeply engage this side of experience are likely to produce similar effects. Individual differences in capacity to experience compassion may also play a role in the need for guided cultivation of compassion, in contrast to the spontaneous arising of such tendencies.

Future Directions Understanding the dynamics between sense of self, selfishness, selflessness, and compassion may be furthered by research on meditation. The coupling of meditative or contemplative experience

with social psychology laboratory research methods could easily provide answers to whether the disengagement from everyday preoccupations in itself promotes reengagement with others or whether explicit cultivation of altruistic motivation is necessary. For example, meditative exercises could be combined with the experimental paradigms suggested by Batson (2002) that have been productive in exploring empathy and altruism. Batson establishes an experimental situation that allows the participant to help a person in distress. He then systematically manipulates empathy toward the person in distress, typically by instructions to “imagine how the person feels,” and assesses the subsequent effect on helping behavior. His results have consistently demonstrated that empathy is a precursor to helping behavior and that the motive for helping is the good of the other rather than the good of the self. It would be relatively easy to set up a situation in which empathy is “manipulated” via meditation experiences rather than by instructions given to the participant. Such a design could contribute to validating Batson’s contention that empathy is a precursor to altruistic behavior and that helping is motivated by a true desire to meet the needs of the other rather than merely a self-serving way to reduce the guilt one might feel after choosing not to help.

Although pure altruism involves focusing on the needs of the other rather than the needs of the self, and meditation is focused on transcendence of the self, L. Underwood (2002) has proposed that other-directed, compassionate love also produces beneficial cognitive, emotional, and/or physical changes in those who experience it. Thus, perhaps paradoxically, one can benefit oneself by giving up concern for one’s own needs. Self-transcendence may pay back in fruits of the spirit. There is considerable evidence that older adults who volunteer their time to help others experience greater health and satisfaction with life than those not involved in helping activities (Field et al. 1998; Hunter and Linn 1981; Musick, Herzog, and House 1999; Wheeler, Gorey, and Greenblatt 1998).

Helping others is part of twelve-step “self-help” programs, which might be more accurately termed “mutual-help” programs (AA World Services 1953). Various authors have noted that part of the twelve-step process is diminishing the ego (Brown 1985; Tiebout 1961). O. J. Morgan (1999) suggested that increased connectedness with others may be a long-term outcome of spiritual growth in recovery. In the model presented here, the early steps of Alcoholics Anonymous (including admission of powerlessness over alcohol, turning one’s will over to a higher power, taking a “moral inventory,” and admitting one’s wrongs) can be conceptualized as a formula for self-transcendence. Later steps, such as making amends to others one has harmed, carrying the message to others, and the AA practice of sponsorship, can be construed as expressing compassion for others. In a sample of two hundred recovering alcoholics, S. E. Zemore and L. A. Kaskutas (2003) found that the number of AA steps completed predicted

frequency of helping in one's community and that involvement in community helping was positively related to sobriety. Thus, while mindfulness meditation interventions have been used to aid self-regulation in alcoholics (Kadden et al. 1994), loving-kindness meditations might also have an impact on recovery in either twelve-step or cognitive-behavioral treatment programs.

SUMMARY

That meditation practice within the religious and spiritual traditions of the world is associated with cultivation of spiritual growth is well recognized. We have attempted to tease apart the elements of that association, particularly in regard to development of compassion and altruistic behavior, which are universal goals of spiritual traditions. Rather than construing meditation as only an esoteric religious practice or a relaxation technique, we see it as a powerful means of engaging a universal psychological process—that of shifting one's preoccupation with self to a sense of connectedness with others. We propose, however, that this does not necessarily occur directly as a function of meditative practice.

In considering a two-part model of meditation effects, it becomes possible to understand how for some practitioners meditation may indeed cultivate only an iconoclastic type of personal growth, whereas for others the heart is opened and a sense of loving connectedness emerges. If the focus in meditation practice is simply to attain physical relaxation, disengage cravings, or seek altered or mystical states, the practitioner may experience personal value and even disengagement from self but without cultivating this sense of connectedness or loving kindness. When meditation is framed in the context of opening the heart and being attuned to the needs of others, feelings and acts of compassion may emerge more readily or more strongly.

Different religious traditions approach this challenge in different ways. Buddhist meditative practices, such as the loving kindness meditation outlined here, explicitly call on cultivating this experience. Judeo-Christian traditions also include explicit means by which compassion and altruistic behavior are cultivated. The resurgent interest in contemplative prayer within Roman Catholicism acknowledges the unique value of meditation. Examining meditative practice as a means by which empathy, compassion, and altruism can be fostered may help us to better understand the psychological processes underlying these universal experiences.

NOTE

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