

# Part I

## Definitions, Theory and Measurement



# Compassionate Love: A Framework for Research

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## Introduction

Compassionate love is that particular kind of love that centers on the good of the other. It's that kind of love that feels so good to be on the receiving end of – good in a lasting way, one that sticks to the ribs and doesn't give indigestion. It is a caring love which has a weight, a nourishing quality. To be loved when it is the choice of the other, and at some emotional or physical cost, can make a special impact. In giving this kind of other-centered love one tries to truly understand and accept the conditions and state of the recipient in order to enable the recipient to become more fully alive. "Altruistic love," "unconditional love," and "agape" are other terms sometimes used to describe this kind of love (Post, Underwood, Schloss, & Hurlbut, 2002; Underwood, 2005). The working definition of compassionate love presented here describes the kind of love that ultimately centers on the good of the other.

This love is *not* identical with the often hormonally driven romantic drive, the natural bonding with offspring, the tit-for-tat of the business world, or financial and emotional support given out of obligation. Nor is it captured by the platitudes of love and forgiveness trotted out by the religious and nonreligious alike.

Both scientific and nonscientific resources can help us to identify this kind of love and to illuminate its trajectory. The scientific research included in this volume is designed to help us further our understanding about the conditions, behaviors, and attitudes associated with compassionate love and to investigate what might get in the way of forming those attitudes and behaviors and what might promote them. The ultimate end is to discover ways to appropriately encourage the expression of this other-centered love in the world. This research supplements what religious thinkers, ethicists, and philosophers contribute to the understanding of these issues (Vacek, 1994).

The main purpose of this chapter is to lay out a working definition of compassionate love and a model to reveal the mechanism of this other-centered love. These are designed to provide a common reference for the chapters included in this volume and a guide for the reader.

## Working Definition and Key Features

The working definition of compassionate love includes both the attitudes and actions related to giving of self for the good of the other. The term as used here is meant to identify a self-giving, caring love that values the other highly and has the intention of giving full life to the other. Compassionate love can be seen in actions, expressions, and words, but at the core of the construct are motivation and discernment, facets of free choice to stretch and to give. The “why” of the action, the reason for the behavior, the motivation behind the action – all are important to categorizing something as compassionately loving in nature. The ultimate focus is the giving of self for the good of the other. Compassionate love can be expressed in the context of other kinds of love and altruistic behaviors, but somehow reaches beyond them. Compassionate love as used in this volume is not necessarily always in response to the suffering of another, but also includes attitudes and actions centered on the flourishing of another at a cost to self. This kind of love is a central feature in many religious traditions, but is not conceived of in this volume as essentially tied to any particular religion.

Compassionate love is not synonymous with empathy, attachment, or bonding, but can relate to these. The word “compassion” alone is not a synonym, as it might imply a focus limited to those who are suffering, and it can imply detachment, whereas compassionate love implies some degree of emotional engagement as appropriate, and also emphasizes the enhancement of human flourishing.

Research on “altruism” also has relevance to this work, but “altruism” is not identical to “compassionate love.” Throughout this volume altruism is discussed in various chapters and definitions vary. For example, sociobiologists and many evolutionary biologists tend to see altruism as ultimately self-serving either for individual survival or for that of the ingroup, or genetically related group. In evolutionary theory, altruism means behavior that reduces the actor’s fitness while enhancing the fitness of others. If the total contribution of the altruist to the fitness of others is greater than the fitness lost by the altruist, altruism will increase the prospects of the group’s surviving in competition with other groups (Barkow, Cosmides, & Tooby, 1992). Economists, on the other hand, frequently write about bounded rationality and how altruism, or “choice

to act for the good of the other rather than for one's own perceived benefit" operates in the context of limited knowledge (Simon, 1993). Some psychological definitions describe "empathic altruism" as something done for the other that is ultimately directed at benefiting the other rather than oneself (Batson, 1991). In a recent volume on altruism in world religions, the conclusion was that although compassionate behavior was important in many religions, the concept of altruism was not a particularly relevant one in the religious context (Neusner & Chilton, 2005).

Rather than quibble over the distinct line between altruism and compassionate love, given the multiple understandings of altruism, it is of more use to describe how compassionate love as here defined stretches beyond altruism as we often think of it. Compassionate love is more rich conceptually than altruism. An altruistic act may be done merely from habit or natural inclination or a sense of duty or to engender obligation. As seen below (the section articulating the definitional features), a true act of compassionate love involves more cognition, more freedom, more explicit *choosing* than "mere" altruism would imply (see also Post et al., 2002).

Romantic love, too, is not synonymous with the construct of compassionate love, though research on romantic love can have relevance to the topic (see Chapters 2 and 10 in this volume). "Falling in love" with someone can reflect hormonal flux and physical attraction that can actually lead to giving of self for the good of the other. But on the other hand, fulfillment of one's own needs or desires through the relationship can dominate feelings of caring for the other. Recent brain-imaging studies have suggested that the circumstances of romance may be particular to that state rather than generalizable beyond it (Bartels & Zeki, 2000). Compassionate love can exist in romantic contexts, as it can in familial affection, and in the midst of basic altruistic action, but these contexts can also lack compassionate love.

Although I start here with a central working definition of compassionate love defined by the qualities outlined below, throughout this volume each group of researchers has operationalized this construct somewhat differently, or has addressed constructs that overlap, but are not identical with, compassionate love. The key unifying principle for this volume is to inform our understanding of this other-centered love, and produce work that can have practical application. If we visualize a series of concentric circles, with scientific research on compassionate love as the bull's-eye, basic research in the outer rings can provide supports for research closer to the bull's-eye even though distant from the exact construct of interest. For example, research on "fairness" using economic theory could be on the outer edges of the concentric circles. Some of the work using animal models to investigate empathy in apes or pair bonding in prairie voles can

give us insight into basic mechanisms, even though the work does not directly address compassionate love (Insel, 1997; Preston & deWaal, 2002).

At the first scientific meeting on this topic, at the Massachusetts Institute of Technology (MIT) in 1999, I was responsible for delivering opening remarks to set the stage for presentations from philosophers, theologians, economists, psychologists, sociologists, and biologists. In remembering a talk by Ian Stewart, the mathematician, on patterns in mathematics and nature, such as animal stripes and gait, I recalled that he once brought a live tiger into the room for a talk. I wanted so much to bring the tiger into the room, and say, "Here it is. Here is compassionate love, that special kind of love we are trying to capture in this meeting." To try to do this I devised the following exercise that I shared then, and suggest that you, the reader, try to do this now before reading on.

Reflect on a time in the past when you personally felt truly loved, loved for who you truly are, beyond the momentary circumstances, beyond what was expected of you. Pick a time that still holds particular importance for you. What was the relationship context and what were the circumstances? Close your eyes and try to relive it.

*This* is the construct that the researchers in this volume are informing us about. Although for each individual the specifics of the event remembered were different, the premise of this volume is that there is something in common at a fundamental level. After doing this exercise at the MIT meeting, Dame Cicely Saunders, the founder of the hospice movement, came up to me and thanked me for that moment of connection to being loved that brought the experience vividly back to her. Some of the scientists present did the same. I have been teaching undergraduates about this topic and we use poetry, film, and visual art to flesh out the construct, in addition to scientific research. However, at the end of the course, many students return to this initial exercise as a key to defining compassionate love.

It was necessary to develop a definition of compassionate love in the context of the original meeting on the topic, so the book, then, proceeded from that meeting, and from the requests for proposals for scientific research funded by various foundations and the National Institutes of Health. To address the depth and complexity of the topic, a number of qualities were articulated as necessary to varying degrees for compassionate love to be present (Underwood, 2002). These were: free choice for the other; some degree of cognitive understanding of the situation, the other, and oneself; valuing the other at a fundamental level; openness and

receptivity; and response of the “heart.” (For more on how these were developed, see Underwood, 2002.)

### *Free Choice for the Other*

Free choice, although constrained by biological, social, environmental, and cultural factors, is a key element for compassionate love to be present. When one reflects on being loved in this way by another, the selfless motive of the other is important, but it is often the fact that he or she made the deliberate choice to “love” rather than to “be indifferent” that touches our heart. For example, much altruistic behavior in parenting results simply from instinctual or ingrained responses to the child’s need. To cuddle a smiling baby may be instinctual; to stay up through the night with a baby with colic takes us beyond the instinctual response, to choose to give of oneself for the ultimate good of the other.

### *Some Degree of Accurate Cognitive Understanding of the Situation, the Other, and Oneself*

This includes understanding one’s self – one’s natural inclinations and constraints. It also includes understanding something of the needs and feelings of the person to be loved, and what might be appropriate to truly enhance the other’s well-being. Again, in a parenting situation, a parent will frequently impose his or her own notion of the child’s good on the child. While this is obviously unavoidable when dealing with infants and small children, an important element of compassionate love in parenting involves allowing increasing space for the child or adolescent to choose his or her own notion of the good. And it is also important for the parent to have an accurate perception of the parent’s understanding of the child, and the parent’s own personality and tendencies.

### *Valuing the Other at a Fundamental Level*

Some degree of respect for the other person is necessary to articulate love rather than pity in situations of suffering, and to enable one to visualize potential for enhancing human flourishing. People do not generally like to be pitied, although help in those circumstances is usually better than no help at all. To be pitied does not elevate us as human beings. But to be respected in the midst of the imperfections of being human, to be known for who we are and still valued, enables us to truly flourish (Vanier, 1998). This attitude also protects the giver from delusions of superiority, which may get in the way of love being ultimately centered on the good of the other.

### *Openness and Receptivity*

Although specifically religious inspiration is not a necessary component of compassionate love as used in this volume, there is an “inspired” quality of this kind of love for many people. So the definition needs to leave room for this kind of divine input or open receptive quality that many feel is a central feature of this kind of love (Neusner & Chilton, 2005; Vacek, 1994). For instance, during interviews with Trappist monks that explored their experience and practice of compassionate love, “openness” was mentioned as a central feature of compassionate love (Underwood, 2005). In a religiously diverse group interviewed in the inner city of Chicago as part of a scale development study, for many it was only “grace” that enabled love to emerge in the midst of difficulties (Underwood, 2006).

### *Response of the “Heart”*

Heart here is used as “coeur,” or the core of one’s being. Some kind of heartfelt, affective quality is usually part of this kind of attitude or action. Not that everyone will feel gushing emotion when giving compassionate love to another, but some sort of emotional engagement and understanding seem to be needed to love fully in an integrated way. The central features of motivation and decision-making rely on both cognitive and affective dimensions. Moral decision-making has been seen in empirical studies to involve affective as well as cognitive areas of the brain and body (Roskies, 2006).

## **Background for the Use of the Term “Compassionate Love”**

As a body of scientific research was being developed we needed to find a word or phrase to provide a common language for communication. The term “compassionate love” first emerged in the context of scientific research at a meeting of the World Health Organization (WHO) when working groups were trying to develop an assessment tool for “quality of life” to be used in diverse cultures (WHOQOL SRPB Group, 2006). The goal of this particular series of meetings was to develop a module to measure spiritual, religious, and personal belief factors involved in “quality of life.” The group was composed of people from all over the world, from multiple religious and nonreligious backgrounds, particularly social scientists and health professionals. One of the “facets” identified for the module was loving-kindness, or love for others (Saxena, O’Connell, & Underwood, 2002). There was considerable discussion of the appropriate wording for this aspect. The Buddhists were not happy with the word



“love” but wanted “compassion” to be used, which for them fit the concept. The Muslims in the group (from Indonesia, India, and Turkey) were adamant that compassion was too “cold” and that “love” needed to be there as it brought in the *feeling* of love, the element of *affect*. As others weighed in from various cultural, religious, and atheist positions, “compassionate love” was the compromise phrase arrived at to portray this aspect of quality of life. “Altruistic love” was a close second. For the members of the WHO group and many others interviewed on this topic, “compassionate love” captures both aspects, addressing human suffering *and* encouraging human flourishing. “*Passio*” can mean suffering but can also express positive feelings, as in “I am passionate about my work,” or “I am passionate about my spouse.” So “*cum-passio*” means to “feel with” (Underwood, 2005). Compassionate love is not the perfect wording, but for most people it pointed in the right direction, and provided a common language with which to move forward.

Scientific research began to focus on this particular construct owing primarily to the intense interest of two philanthropists in this subject. Sir John Templeton believed that “unlimited love” is a central motivating force to be harnessed for the good of humankind, and John Fetzer felt that “unconditional love” is at the center of the universe. Both of these philanthropists were interested in pursuing scientific research as a way of exploring this powerful factor in order to better enable humans to enhance the well-being of humankind. They were willing to provide money through their respective foundations to key scientists to explore this topic with openness and rigor. The construct of “compassionate love” (also called “altruistic love”) and the model described in this chapter fit the topic of interest for both of these philanthropists, and this definition and model have provided an anchor for specific research solicitation and the selection of projects for funding.

As research continues in this area, now supported both by private foundations and federal funding agencies, various new measures and operational definitions are being established and tested, some of which appear in various chapters in this volume. New words are being included and constructs fleshed out. This process will enrich and build on this working definition to enable the sciences to contribute to a greater understanding of compassionate love, and what it means for compassionate love to be fully expressed in various relationships, across situations, and among different individuals.

## Research Model

To enable various researchers’ work on this topic to fit together despite differences in focus and disciplinary starting points, I articulated a working model that appeared in *Altruism and Altruistic Love* (Underwood, 2002).

This model, as shown in Figure 1.1, has usefully provided a structural framework over the years for those from a variety of disciplines. Researchers in the present volume were encouraged to relate their work to this model, to provide a unifying framework for the work presented here. Many of them used the model initially to develop some of their research. Of course any model only provides a starting point for exploring the messiness of human interaction. The model is incomplete and there are interactions between various parts that are not drawn in. For example, feelings and emotional content cannot be entered into the model in a linear sequential manner, but exist throughout the model. The same is true of a possible interaction with the transcendent. But the model still can provide an effective tool to bring together disparate research and translate from one discipline to another, even communicating with humanities disciplines such as philosophy, theology, and the arts.

On the left-hand side of the figure is the individual person nested in the environment. The individual encounters specific situations and relationships. He or she engages in the situation or relationship with motivation and discernment, shown in the center of the diagram. And on the right-hand side is the resulting action, or attitude expressed in words.

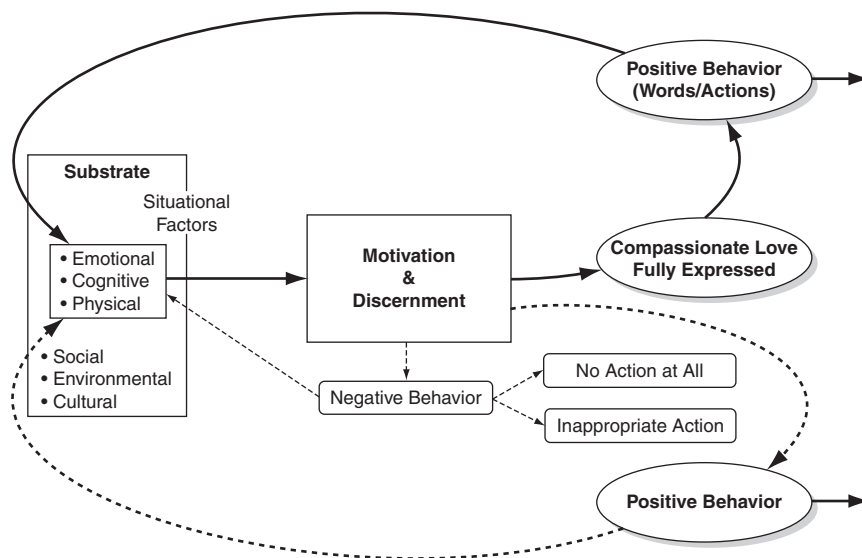


Figure 1.1 Working model of compassionate love.

Note. From *Altruism and altruistic love: Science, philosophy and religion in dialog*, ed. S. G. Post, G. Underwood, L. G. Schloss, and W. B. Hurlbut (New York: Oxford University Press, 2002). By permission of Oxford University Press, Inc.

*The Substrate: Individual, Physical, Cultural, Environmental, Social, Emotional, and Cognitive*

An individual expressing compassionate love begins with a base of individual variations in personality, biology, and developmental patterns. This is nested within and shaped by cultural, historical, family, and social environments. An example of this substrate might be whether the person as a child was provided with a secure and nurturing environment. Being loved well as children may affect our subsequent capacity to love others (see Mikulincer, Shaver, & Gillath, Chapter 8, this volume). The religious and cultural environment also shapes the starting point (see Smith, Chapter 4, and Vaughan, Chapter 14, this volume). Individual inherited dispositions may also play a role. For example, it has been shown that dispositional empathy, but not perspective-taking empathy, may be inherited to some extent (Davis, Luce, & Kraus, 1994). Another example of these dispositional individual differences is that extroverts may find it easier to reach out to a stranger than introverts (Kagan, 2002). Impairment of empathy secondary to neural damage or congenital situations can limit ability to express compassionate love appropriately (Damasio, 2002). Rushton (2004) has made the case, via twin studies, for the heritability of various altruistic tendencies. There are also obvious physical constraints. For example, if one is old or disabled, one is less likely to be able to offer physical assistance to a person in need, even if one desires to do so.

Cross-cultural studies of altruism can help to inform work on compassionate love (Johnson et al., 1989, Vaughan et al., Chapter 14, this volume). The WHO has produced data specifically on loving-kindness and giving love that could help inform the examination of the cultural substrate in which we operate (Saxena, O'Connell, and Underwood, 2002). Cross-cultural work on helping behaviors has used structured social psychology experiments to test the likelihood of helping behaviors in real-life settings throughout the world and has developed theories for why people may be more likely to help strangers in various cultures (Levine, 2003). Certain cultures or religions value helping more than others (Batson & Gray, 1981), and other features, such as lower population density, can contribute to the increased likelihood of helping behaviors in daily life (Levine, 2003).

While none of these factors necessarily determine one way or the other whether a person will be compassionately loving, they can increase or decrease the possibility of such behavior. We do not all start with the same initial conditions. We start from different places. These substrate factors can be thought of as "limitations of freedom." These differences at the individual level lead to unique responses to individual situations or

individual relationships in which love can be expressed. This is one reason why compassionate love cannot be measured purely by behavior.

The left-hand side of Figure 1.1, from a theological perspective, might also include the divine, God, or the transcendent as part of the greater environment and within the person and within relationships. The presence of the transcendent might also be present in each of the other parts of the model, depending on one's theological framework.

It is not obvious from Figure 1.1 itself that the substrate can change over time, but of course this can be the case. An example would be social support. The kind of nurturing a child has affects his or her ability to engage in compassionately loving actions as an adult. But also current support as an adult received from a spouse or a religious or other community can shape the substrate in the present moment of action. Other aspects of the substrate, such as the cognitive, emotional and cultural, can change over time as well, and this needs to be taken into account in research that uses this model as a base.

### *Specific Situation and Particular Relationship*

The expression of compassionate love can also be affected by the specific situation and the relationship to the person being loved. For example, people typically express different attitudes and behaviors to “ingroup” members (e.g. family, friends, similar religious or racial groups) than to “outgroup” members. How each of us defines our “outgroup” varies, but most people do have a distinct sense of the “stranger” that affects how they relate to people (Pfeifer et al., 2007). Whether an action addresses an “ingroup” or “outgroup” member can play a role in the likelihood of helping others in specific circumstances (see Vaughan et al., Chapter 14, this volume). And the way that compassionate love is expressed in marriage is going to be different than in interactions with strangers (see in this volume Fehr & Sprecher, Chapter 2; Brody, Wright, Aron, & McLaughlin-Volpe, Chapter 10; and Neff & Karney, Chapter 7).

Both situational factors and specific relationships can affect how compassionate love is expressed. Nitschke et al. (2004) examined the neural correlates of mothers looking at photos of their newborns and photos of other babies. Functional magnetic resonance imaging of the brain shows responsiveness in the orbital-frontal cortex correlated with positive mood when mothers were viewing photos of their own babies, but not when viewing strange babies. The relationship and the situation affect the degree to which this area of the brain was engaged, and the level of positive affect generated. Nitschke went on to do additional research that showed that when a mother thinks about getting up in the night to attend

to a crying child, the areas implicated in moral decision-making “light up” on the brain scans. Linking the affective and moral decision-making areas may point toward compassionate love being expressed by the mother, especially at times when the cost to the self is higher, for example when she is tired, and the baby is less immediately attractive.

When I was preparing for the 1999 MIT conference, I explained to my daughter Anna, who was 9 years old at the time, that I couldn’t play with her right then, as I was preparing a talk on compassionate love, trying to explain to those at the meeting exactly what it was. She said to me, “Mummy, it’s simple. You just take me up on the stage with you in front of everyone and give me a big hug.” Yes, that would definitely be one way of demonstrating love. But as I further thought about why this wouldn’t be an adequate explanation, I reflected on my teenage daughter, whom I loved just as much. A demonstration of that love as expressed in a particular situation might be a moment of confrontation, firm words, saying no, or a severe expression. This contrast is a good example of why just examining an action is not sufficient to fully describe whether and to what extent compassionate love is being expressed.

Another situational element was identified by Darley and Batson (1973). They found that urgency (i.e., time pressure) was the most predictive of helping behaviors in a structured experiment. The more hurried someone is, the less likely he or she is to help someone perceived to be in need.

How compassionate love might be expressed in a professional situation provides another example of situational and relational variables. In this volume Graber and Mitcham discuss compassionate love as expressed by physicians. In the health-care systems of the United States and many other countries, a fee-for-service or fee-for-time arrangement results primarily in action from duty and obligation. However, there is flexibility even within this operating system that provides opportunity to “go the extra mile for the patient,” or engage in compassionate caring for the sick person (Underwood, 2004).

### *Motivation and Discernment*

Although both the substrate and final actions are important parts of the model, at the center of the model are motivation and discernment. Motivation and discernment are integral parts of the moment of choice. At some point a person internally reflects and makes a choice to move, to act, to express something, centered on the good of the other. In this moment the person balances the various aspects of the situation, for example their own needs, priorities of obligation, fairness assessments, and perceived urgency. They also discern the appropriateness of action,

sometimes explicitly and analytically, and sometimes with more of a “gut” sense, a more implicit process. Thus both motives and discernment are key in this moment of choice. Behaviors flow from that choice. The model also shows the negative results possible for the other person when motives for self outweigh those for others (motive not centered on the good of the other), or there is an inappropriate action given the various factors to be considered (poor discernment). To some extent, motivation and discernment are mixed in decision-making but it is still worth considering them separately in this discussion.

*Motivation.* Motives are always mixed, so in compassionate love as expressed in daily life, there are frequently motives that obstruct orientation toward the good of the other. As revealed in interviews, so many self-centered motives can get in the way, such as the need for reciprocal love and affection, the need to be accepted, guilt, fear, seeing others as an extension of one’s own ego, the control of others through indebtedness, a desire to avoid confrontation, a desire to look well in the eyes of others. When we reflect on our own motives in daily life, these kinds of motives frequently are a part of our actions for others (Underwood, 2002). Our motives are always mixed. This is why the phrase, “centered on the good of the other” is used. That the “ultimate aim” is the good of the other might be another way to phrase this. The central thrust, the dominating force, of motivation is one of the key definitional features of compassionate love.

Given the individual and environmental starting points, as one encounters a specific person in a specific situation, one must make a decision to act (shown centrally in Figure 1.1), and a motive drives that decision. No motive is totally free of self-interest, but in this definitional model the motive needs to be *centered* on the good of the other to count as compassionate love. Motive is particularly hard to research and many researchers have relied on observation of behaviors to indirectly tap into motive (Post et al., 2002). However, there are starting to be some innovative ways to investigate it, such as experimental models from economics, game theory, cognitive science, and social psychology (Batson & Shaw, 1991; Fehr & Gächter, 2002), measurement of implicit attitudes such as the Implicit Association Test (Fazio & Olson, 2003), and observational studies with multiple actions, insightful self-report, and neural imaging (Moll et al., 2006). Techniques to enhance abilities for self-reflection on “what is driving the bus” can help identify how motives can be colored more than one would like by self-serving interests, enabling one to clear out some excessively self-serving motives if so desired. Recent work suggests how these kinds of self-reports in the area of motivation can be refined and selected for (Underwood, 2005).

*Discernment.* Discernment, as well as motivation, is important, and these two features are not clearly differentiated in decision-making. The process of discernment is reflected in weighing things cognitively, implicitly or explicitly, to make the right decision for the other. Compassionate love fully expressed is not just good intentions, but doing what is really good for the other, or at least aiming to do so. One can mean well, be well-intentioned towards the other, but do something that will ultimately harm him in some way.

In the context of focus on this topic and in other health studies, intensive interviews were held over time with a wide variety of people: students, inner-city women of diverse ethnic and religious backgrounds, Trappist monks, and others (Underwood, 2005, 2006). The responses of the Trappist monks were particularly informative in identifying the cognitive processes and subtleties involved in choices. It was found that some people tended to be quite analytical about their choices to give of self for the good of the other, weighing various articulated factors. Others described themselves as “just acting,” without giving much conscious thought to the action for the good of another, somehow having the motive wrapped up in their definition of self or worldview in such a way that action automatically flows – either in an other-centered way or in a self-centered way. Some combined the two approaches.

It is not easy to discern the appropriate behavior in given situations. From the interviews, some of the often competing factors that need to be balanced, that are involved in the more consciously analytic approach, included:

1. *Self interests vs. those of others.* Appropriate self-care in a long-term caring relationship, for example, requires us to balance our own needs with those of the other. Putting the oxygen mask on oneself and then assisting others in an aircraft emergency is important. Protecting oneself first, in this case, is the best choice to maximize the benefit to self and others.

2. *Short term vs. long term considerations.* In health-care settings, it is frequently obvious that short-term distress of the patient may be necessary in order to serve the longer-term interests of a sick person. “Tough love” may be another example of this as discipline in the short term is aimed to truly enhance the flourishing of the individual being cared for in the long run.

3. *Benefits to those we are close to vs. benefits to strangers or more distant others.* An example of this is that we frequently balance the needs of our family members with the never-ending needs of those in various parts of the world in dire circumstances. Often, as we try to act in self-giving

ways, we are faced with conflicting demands that are mutually exclusive, and we have to negotiate the way through them.

4. *Giving vs. receiving.* Usually, in the context of compassionate love we focus on making sure we are giving enough. However, in helping those in need we often need to create space for them to give to us, and not be too comfortable with the power-balance that is often established if giving becomes a one-way street.

5. *Justice vs. mercy.* An example of this is the altruistic punishment research of Fehr and Gächter (2002). One may judge that it is ultimately loving to establish a more just society which promotes more caring behavior overall even when it requires less than compassionate behavior toward an individual. One may even do this at cost to oneself. This is not a simple call, and emphasizes the challenges of discernment.

The less analytic approach is emphasized in the work of Kristen Monroe, a political scientist, studying rescuers in the Holocaust and Carnegie “heroes” (Monroe, 1996), where she found that many people carried out heroic acts just because “it was the only thing I could do.” A similar approach was reported in the monastic interviews, where a few of the monks felt that caring actions flowed primarily from a basic “attitude of love” engendered by their faith and lifestyle, not primarily articulated as conscious decision-making processes (Underwood, 2005).

Most people, however, use a combination of these ways of going about decision-making in the area of compassionate love, which fits with explorations by others of selfless motivational cognitions (Lengbeyer, 2005). It may be that we all combine a mode of analytical choice with a more automatic decision-making process that reflects how we see or define ourselves and an underlying orientation. However discernment occurs, whether more or less intuitively or explicitly, it is a crucial component to ensure loving action.

### *Actions and Attitudes*

The right-hand side of the model shows the resulting actions and attitudes. Positive behavior can result from compassionate love (upper loop) or from non-loving choice (lower-outer loop). Because of this, it is very difficult to judge the compassionately loving quality of an action. Observing altruistic actions such as organ donation, volunteering, helping behaviors, and supporting or caring for others in the social context are important ways to assess compassionate love. But any of these seemingly altruistic results can also be cases of non-loving choices.

An example of the complexity of judging compassionate love by actions is the case of someone who wants to donate money to a university, but



will only do so if it goes toward a specific building, and that building must have the name of the donor on the front. One question is, what is the central motive of the giver – is it love, “centered on the good of the other,” or is it “centered on the good of oneself”? This is not an easy call, but if the money will be given only if the name appears on the building, then that is a tip-off regarding motivation, but one that can not always be tested empirically.

Much has been written in the scientific literature on volunteering, prosocial behavior, and altruism (Post, Johnson, McCullough, & Schloss, 2003). Much of that work relies on external measures of actions and words to categorize the behavior to be studied. Compassionate love cannot always be so clearly seen. One of the outcome measures in Neff and Karney’s Chapter 7 in this volume is whether the marriage lasts. The ups and downs of actions in the midst of daily situations might not be the best gauge of compassionate love, and a particular situation might not reflect the general drift. However, longevity and long-term satisfaction may be better outcomes to measure, and these are the ones they select. As research proceeds on this topic, outcomes can be selected that can more accurately assess the actions of compassionate love.

Attitudes expressed in subtle ways through facial expression, body language, or words can also be included among the “behavioral actions” indicating compassionate love. We can express a loving attitude to someone even without more concrete actions, and this can lead to a positive effect on the person. When we view someone with fundamental respect, it can produce in us words or expressions toward the person which in and of themselves can bring out the best in the person. A caring attitude can in and of itself soothe the suffering of another even before we take any action. The mere willingness to give of oneself for the good of another can produce a positive result in another person even when the actions and expressions are quite subtle, possibly not even consciously perceived by the recipient, and not always obvious to the observer.

### *Feedback Loops*

The model also includes feedback loops in which expressing other-centered love can develop the capacity and desire to continue with such expressions. The expression of compassionate love is a dynamic process. It is a process of action, internal feedback, inner correction, and action. Feedback from compassionately loving others can expand the capacity to love, transforming a person’s self-identity and developing a greater capacity to love others fully (De Wit, 1991). The feedback can be intrinsic (the effect of the choice and action on the agent him- or herself) or extrinsic (feedback from

others regarding one's actions and apparent motivations). The feedback can be from others – other-centered actions can provide kudos from others. The feedback can also be internal – the good feeling on more than a superficial level, or sense of integrity, provided by other-centered actions can encourage one to engage in such actions in the future.

Good actions can also emerge from motives not full of compassionate love, such as the motive to look good in the eyes of others or to feel needed, but ultimately the intrinsic feedback of repeating these kinds of behaviors on the moral development of the agent can be detrimental (Vacek, 1994). The donor who primarily donates the money for the name on the building, the credit, and kudos, could find that kind of behavior reinforced, and continue to do it. On the other hand, honest feedback from self and others could help the donor see his or her motives and reevaluate them, leading to more other-centered behavior in the future.

It is also possible that if the more self-centered, condescending, or less respectful motive is noticed by the person being loved and cared for, the care is not as effective. Work in the area of social support has shown that the perceived motive of the giver can affect the benefit of the action to the person on the receiving end (Ronel, 2006).

## Selfless Caring and Accepting Others: Qualitative and Quantitative Research

Use of two self-report items on selfless caring and accepting others has provided some qualitative and quantitative empirical contributions to better understanding compassionate love. Throughout this volume a variety of measures are used to assess different aspects of the compassionate love model, compassionate love itself, and other variables that are more at the outer circles of the bull's-eye target. (Fehr and Sprecher discuss these at length in Chapter 2, this volume.) As part of this growing set of measures, a number of the chapters in this volume use two items from the Daily Spiritual Experience Scale (DSES) which focus on the motivation involved in expressing compassionate love and some of the attitudes and feelings involved (Underwood, 2006; Underwood & Teresi, 2000). These items were developed in 1996 as part of a 16-item scale of ordinary spiritual experiences. Compassionate love was seen as a vital part of spiritual experiences that might occur in daily life. These two items were designed to tap the experiences and feelings of extending compassionate love toward others (two other items on the scale address the receipt of compassionate love), and in that context it may be useful here

to discuss some of the background to these items. They were not designed to fully address the construct of compassionate love, but do address some elements of its expression.

The two DSES items discussed here address the felt experience of desire to give of self for the good of the other and a valuing and accepting of the person at a fundamental level, not depending on their superficial actions or characteristics. The DSES items have been included in two waves of the General Social Survey and they have been used extensively in health research (e.g., Fowler & Hill, 2004; Holland & Neimeyer, 2005; Koenig, George, Titus, & Meador, 2004; Zemore & Kaskutus, 2004). In studies published here and in other, unpublished work the two love items have been used separately from the instrument as a whole to examine other-centered attitudes and motives.

The items in the DSES were developed using a number of techniques, one being in-depth interviews with a number of populations to ensure that the language was in fact getting at the desired constructs, using a “back translation” technique (Underwood, 2006). The interviews themselves also provided helpful qualitative research on the nature of compassionate love itself, as well as refining two appropriate items to tap the construct. Some of the most valuable results from these items came from the qualitative research used in their development.

The first “compassionate love” item in the DSES is: “I feel a selfless caring for others.” (All items are scored on a six-point frequency scale from “many times a day” to “never or almost never.”) One initial concern in the construction of the item was with the word “selfless,” with the item not designed to measure total self-abnegation, and this word in the abstract might indicate this. However in the interviews it emerged that positive responses to the item did not portray self-abnegation, but rather attitudes centered on the good of the other. The goal of the item was to identify times in daily life when caring was centered on the other, rather than for primarily selfish reasons. The interviewees talked about times when they acted in a caring way to look good, or because they were paid for it, and those didn’t really “count” in the tally of frequency. Examples the interviewees “counted” included doing something for a child when exhausted, or buying groceries for a sick neighbor, or helping someone when you did not initially want the person to succeed. When asking people whether they lost themselves in the act, whether self and other merged, they usually said no. Using the word “selfless” as an adjective for caring enabled the interviewees to describe the kind of caring that was centered on the other. I asked specifically if responding positively to the item meant that you could not think at all about your own welfare. No one stated that they had to be completely selfless to answer positively to the item.

Table 1.1 Distribution of Compassionate Love Items in the General Social Survey, 2005

	Many times a day 1	Every day 2	Most days 3	Some days 4	Once in a while 5	Never/ almost never 6	Total	Mean	s.d.
Selfless caring	50 (3.8)	100 (7.7)	229 (17.6)	338 (26.1)	398 (30.7)	183 (14.1)	1298	4.14	1.30
Accept others	20 (1.5)	123 (9.4)	214 (16.4)	452 (34.6)	360 (27.5)	140 (10.7)	1309	4.09	1.17

Note. Rounded percentages of the frequency count to the total respondents for each item are shown in parentheses. Means are weighted averages (sum of percentage multiplied by the score). From Davis, Smith, & Marsden, 2005.

One of the groups interviewed in the process of developing the DSES was a group of Christian monks. The selfless caring items did seem to sum up the concept well for them. If anything, the monks were perhaps more critical of their motives than some people in the general population sample. "There are times during the day that I don't express this kind of caring but I should," said one of the monks. "If I am not acting with the same amount of respect for each person, it signals to me that I am not being selflessly caring." One mentioned the situation of helping out another monk that he didn't particularly like.

The second item in the DSES directly relating to compassionate love states, "I accept others even when they do things I think are wrong," tapping into the concept of mercy. The underlying attitude addressed by this item is that of dealing with others' faults in the light of one's own: mercy and acceptance. This item addresses the felt sense of mercy, rather than the mere cognitive awareness that mercy may or may not be a good quality. Mercy, as presented in this item, is closely linked to forgiveness, yet is a deeper experience than isolated acts of forgiveness. In the monastic interviews one monk said, "People are foolish and stupid, and it is so important to accept them anyway." "My own awareness of my own failings really helps me have this experience," said another. And, "Self-knowledge helps me not to judge others" (Underwood, 2005). This element of mercy is connected to the insight brought out in Neff and Karney's Chapter 7 in this volume: that accepting another at a fundamental level – knowing the person's flaws but loving anyway – predicts longevity of the healthy marriage.

Those who responded "never or almost never" to the mercy item felt that not accepting others when they did wrong was "right" and justified. "Of course I don't accept others when they do things I think are wrong – they don't deserve it." And on the other hand, those who reported being often merciful thought it was the "right" thing to do. This willingness to answer at both ends of the spectrum helped to demonstrate that the responses are not significantly affected by social desirability bias. In the interviews overall it seemed easy for most people to identify moments when people did things thought to be wrong.

The qualitative results give valuable information, and help to confirm the construct validity of the items; however, the use of the DSES in quantitative studies also has provided a rich body of data, much of which still awaits analysis. Table 1.1 shows the distribution of the two items on the 2005 General Social Survey, a random sample of the US population funded by the National Science Foundation and others (Davis, Smith, & Marsden, 2005; see also Smith, Chapter 4, this volume). The two compassionate love items have been administered in two waves of this data set.

These two items have also been translated into a variety of languages (Hebrew, Spanish, Lithuanian, French, Vietnamese, Korean, and Chinese) and incorporated into a variety of health studies, as they are a part of the 16-item DSES. For example, the Chinese version has been incorporated into a study of burnout in health professionals in Hong Kong, and the entire DSES is part of the Jackson Heart Study, a major longitudinal study of African American health (Loustalot, Wyatt, Boss, May, & McDyess, 2006). Higher levels of these experiences have also shown correlation with better adjustment to distressing circumstances in Muslim Afghan refugees in the United States (Dean, 2006). Because of the wide use of this scale in such a variety of studies, the items have substantial population distribution and correlational data. The two DSES items do not fully operationalize compassionate love, but they do begin to get at the assessment of the internal elements involved in the model. Together with measures of behaviors, other attitudes, substrate, and conditions, they can help us to operationalize compassionate love. More measures over time will add to our capacity to assess this construct fully.

## Conclusion

The solid science presented in this volume represents the results of cutting-edge work exploring the nature of giving of self for the good of the other, other-centered love. The chapters also review the progress of relevant research from the past, and other work currently being undertaken in some related fields. There is much to be learned here about the nature of compassionate love, what hinders it, and what facilitates its expression. As you read through this volume as a researcher, student, or interested professional, I would encourage you to also reflect on the “tiger” itself, the construct of compassionate love, in your own life. Giving love to others and receiving it ourselves can be such a vital part of a full life. This rich, full kind of love is the love that the editors and authors are exploring scientifically in this volume. Given the potential of work in this field to make a difference, exploring this topic scientifically is difficult, but worth it.

## References

- Barkow, J., Cosmides, L., & Tooby, J. (Eds.) (1992). *The adapted mind: Evolutionary psychology and the generation of culture*. New York: Oxford University Press.
- Bartels, A., & Zeki, S. (2000). The neural basis of romantic love. *NeuroReport*, *11*, 3829–3834.

- Batson, C. D., & Gray, R. A. (1981). Religious orientation and helping behavior: Responding to one's own or to the victim's needs? *Journal of Personality and Social Psychology*, 40(3), 511–520.
- Batson, C. D., & Shaw, L. L. (1991). Evidence for altruism: Towards a pluralism of prosocial motives. *Psychological Inquiry*, 2(2), 107–122.
- Damasio, H. (2002). Impairment of interpersonal social behavior caused by acquired brain damage. In S. G. Post, L. G. Underwood, J. P. Schloss, & W. B. Hurlbut (Eds.), *Altruism and altruistic love* (pp. 272–284). New York: Oxford University Press.
- Darley, J. M., & Batson, C. D. (1973). From Jerusalem to Jericho: A study of situational and dispositional variables in helping behavior. *Journal of Personality and Social Psychology*, 27(1), 100–108.
- Davis, J., Smith, T., & Marsden, P. (2005). General Social Surveys, 1972–2004 ICPSR04295-v2. Chicago, IL: National Opinion Research Center [producer]. Storrs, CT: Roper Center for Public Opinion Research, University of Connecticut/Ann Arbor, MI: Inter-university Consortium for Political and Social Research.
- Davis, M. H., Luce, C., & Kraus, S. J. (1994). The heritability of characteristics associated with dispositional empathy. *Journal of Personality*, 62, 369–391.
- Dean, M. (2006). *Islam and psychosocial wellness in an American Afghan community*. Unpublished master's thesis in International Health, Curtin University of Technology, Perth, Australia.
- De Wit, H. F. (1991). *Contemplative psychology*. Pittsburgh, PA: Duquesne University Press.
- Fazio, R. H., & Olson, M. A. (2003). Implicit measures in social cognition research: Their meaning and use. *Annual Review of Psychology*, 54, 297–327.
- Fehr, E., & Gächter, S. (2002). Altruistic punishment in humans. *Nature*, 415, 137–140.
- Fowler, D. N., & Hill, H. M. (2004). Social support and spirituality as culturally relevant factors in coping among African American women survivors of partner abuse. *Violence against Women*, 10, 1267–1282.
- Holland, J. M., & Neimeyer, R. A. (2005). Reducing the risk of burnout in end-of-life care settings: The role of daily spiritual experiences and training. *Palliative & Supportive Care*, 3, 173–181.
- Insel, T. R. (1997). A neurobiological basis of social attachment. *American Journal of Psychiatry*, 154, 726–735.
- Johnson, R. C., Danko, G. P., Davill, T. J., Bochner, S., Bowers, J. K., Huang, Y-H., et al. (1989). Cross-cultural assessment of altruism and its correlates. *Personality and Individual Differences*, 10, 855–868.
- Kagan, J. (2002). Morality, altruism and love. In S. G. Post, L. G. Underwood, J. P. Schloss, & W. B. Hurlbut (Eds.), *Altruism and altruistic love* (pp. 40–50). New York: Oxford University Press.
- Koenig, H. G., George, L. K., Titus, P., & Meador, K. G. (2004). Religion, spirituality, and acute care hospitalization and long-term care use by older patients. *Archives of Internal Medicine*, 164, 1579–1585.
- Lengbeyer, L. A. (2005). Selflessness and cognition. *Ethical Theory and Moral Practice*, 8, 411–435.

- Levine, R. (2003). The kindness of strangers, *American Scientist*, 91, 226–233.
- Loustalot, F. V., Wyatt, S. B., Boss, B., May, W., & McDyess, T. (2006). Psychometric examination of the Daily Spiritual Experiences Scale. *Journal of Cultural Diversity*, 13(3), 162–167.
- Moll, J., Krueger, F., Zahn, R., Pardini, M., de Oliverira-Souza, R., & Grafman, J. (2006). Human fronto-mesolimbic networks guide decisions about charitable donation. *PNAS*, 103, 15623–15628.
- Monroe, K. R. (1996). *The heart of altruism: Perceptions of a common humanity*. Princeton, NJ: Princeton University Press.
- Neusner, J., & Chilton, B. (Eds.). (2005). *Altruism in world religions*. Washington, DC: Georgetown University Press.
- Nitschke, J. B., Nelson, E. E., Rusch, B. D., Fox, A. S., Oakes, T. R., & Davidson, R. J. (2004). Orbitofrontal cortex tracks positive mood in mothers viewing pictures of their newborn infants. *NeuroImage*, 21, 583–592.
- Pfeifer, J. H., Ruble, D. N., Bachman, M. A., Alvarez, J. M., Cameron, J. A., & Fuligni, A. J. (2007). Social identities and intergroup bias in immigrant and nonimmigrant children. *Developmental Psychology*, 43(2), 496–507.
- Post, S., Johnson, B., McCullough, M., & Schloss, J. (Eds.). (2003). *Research on altruism and love: An annotated bibliography of major studies in psychology, sociology, evolutionary biology, and theology*. Radnor, PA: Templeton Foundation Press.
- Post, S. G., Underwood, L. G., Schloss, J. P., & Hurlbut, W. B. (Eds.). (2002) *Altruism and altruistic love: Science, philosophy and religion in dialog*. New York: Oxford University Press.
- Preston, S. D., & de Waal, F. B. M. (2002). Empathy: Its ultimate and proximate bases. *Behavioral and Brain Sciences*, 25(1), 1–20.
- Ronel, N. (2006). When good overcomes bad: The impact of volunteers on those they help. *Human Relations*, 59(8), 1133–1153.
- Roskies, A. (2006). A case study in neuroethics: The nature of moral judgment. In J. Illes (Ed.), *Neuroethics* (pp. 17–32). London: Oxford University Press.
- Rushton, J. P. (2004). Genetic and environmental contributions to pro-social attitudes: A twin study of social responsibility. *Proceedings of the Royal Society*, 271(1557), 2583–2585.
- Saxena, S., O’Connell, K., & Underwood, L. (2002). Cross-cultural quality of life assessment at the end of life: A commentary. *The Gerontologist*, 42 (Special Issue III), 81–85.
- Simon, H. A. (1993). Altruism and economics. *American Economic Review*, 83(2), 156–161.
- Underwood, L. (2004). Compassionate love. In S. G. Post (Ed.), *Encyclopedia of Bioethics* (3rd ed.) (pp. 483–488). New York: Macmillan Reference USA.
- Underwood, L. G. (2002). The human experience of compassionate love: Conceptual mapping and data from selected studies. In S. G. Post, L. G. Underwood, J. P. Schloss, & W. B. Hurlbut (Eds.), *Altruism and altruistic love* (pp. 72–88). New York: Oxford University Press.
- Underwood, L. G. (2005). Interviews with Trappist monks as a contribution to research methodology in the investigation of compassionate love. *Journal for the Theory of Social Behavior*, 35, 285–302.



- Underwood, L. G. (2006). Ordinary spiritual experience: Qualitative research, interpretive guidelines, and population distribution for the Daily Spiritual Experience Scale. *Archive for the Psychology of Religion/Archiv für Religionspsychologie*, 28, 181–218.
- Underwood, L. G., & Teresi, J. (2002). The Daily Spiritual Experience Scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health-related data. *Annals of Behavioral Medicine*, 24, 22–33.
- Vacek, E. (1994). *Love, human and divine: The heart of Christian ethics*. Washington, DC: Georgetown University Press.
- Vanier, J. (1998). *Becoming human*. Mahwah, NJ: Paulist Press.
- WHOQOL SRPB Group (2006). A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life. *Social Science and Medicine*, 62, 1486–1497.
- Zemore, S. E., & Kaskutus, L. A. (2004). Helping, spirituality and Alcoholics Anonymous in recovery. *Journal of Studies on Alcohol*, 65(3), 383–391.

