The importance of positive emotions has been under scrutiny by scientists, philosophers and religious leaders for at least two decades. Government, legal and law enforcement agencies may intend to ensure social and political stability, but long-term harmony depends to a large extent on how individuals treat and regard others in the community.

Just how much people are prepared to help those in need is determined by their ‘other’-oriented attitudes and behavior. These attitudes can also prompt people to find more equitable solutions to social dilemmas, and protect the rights of the disenfranchised.

Increasing scientific evidence has established the role of positive emotions in physiological, developmental, sociological, psychological and behavioral areas of human activity. Social scientists have demonstrated that children, adolescents and adults who manifest positive emotions such as empathy and sympathy when faced with someone in distress are more likely to help others, whereas subjects who experience personal distress at the plight of others are less likely to help.

Studies validate what many religious and philosophical traditions have been teaching about the benefits of such positive emotions as kindness, wisdom, caring, forgiveness, etc. On the other hand, scientific understanding may be necessary to complement religion in promoting ‘other’-oriented virtues because some studies question religion’s ability to, for instance, promote spontaneous altruistic behavior.

In determining the origins of emotions, scientists take varying points of view. The evolutionary scientists base their views on Darwin’s perspective that emotions originate from other species. On the other hand, biology-based scientists attribute the origins to neuro-physiological factors. In fact, they suggest that the brain has a neural circuitry for rapid processing of facial and gestural information. They found that primates had neurons in the temporal lobe that are activated by subtle signals received from the appearance of other monkeys. There is evidence that the human infant’s reflexive cry in response to another infant’s cry may be mediated by neurons.

Clinical and developmental scientists, on the other hand, trace the origins of positive emotions to the interaction of the mother/infant dyad. While they accept that the brain has a role in the development of emotions, they believe the primary origin of emotions begins with the infant’s experience of the mother and how the infant internalizes that experience. Researchers have established a neuro-physiological relationship between the infant/mother emotional experience and corresponding brain changes and functions.
Though many positive emotions such as empathy, sympathy, forgiveness, etc., have been studied, there are virtually no studies on compassion. Part of the reason is that compassion has been categorized as a part of empathy or sympathy and seen as secondary to other emotions such as forgiveness, love, etc. Furthermore, people mean different things when they talk about compassion. For instance, each religious tradition may define compassion based on its beliefs and practices. Consequently, critical components of compassion such as incorporating the recipient's values and needs as criteria of determining compassion may be absent. An early study showed that people from a particular religious group were empathetic towards a group whom they did not know had AIDS, while they were not as empathetic towards another group who they were told had AIDS. A major part of the reason was because the subjects were influenced by the teachings of their religion, which considered homosexuality sinful.

In reviewing Eastern and Western psychological, philosophical and religious literature, none stands out more than the Tibetan tradition in its elaborate philosophical, psychological and behavioral approach to developing compassion within a spiritual discipline. In fact, the conceptual framework of compassion has striking parallels to psychoanalytical schools of personality development. Not only does the Tibetan Buddhist tradition have an operational definition of compassion, identification of antecedents, attributes and consequences, but also compassion is explained from a developmental perspective.

We consider compassion as an advanced, complex, moral emotion distinct from empathy, sympathy, and love. Compassion is not based primarily on the closeness of the objects to the subject. In fact, the primary reason for compassion is based on the recognition of pain and suffering and not simply on empathy. Religious subjects interviewed in a study indicated that they do not have to feel the feeling of the person in pain in order to feel compassionate towards them. Furthermore, a personal sense of responsibility to help is not necessarily a criterion for empathy, sympathy, love, and forgiveness. Nor is a moral perspective, i.e. recognition of the equality of self and others, a requisite. In the case of compassion, both of these are critical to the definition of the emotion.

The main characteristics of compassion are:
(a) Affective: a heartfelt sympathetic concern for the pain and suffering of the other out of affectionate love
(b) Motivation: altruistic ('other'-oriented without seeking personal gain)
(c) Cognition: recognition of the equality of self and others
(d) Behavior: a personal sense of responsibility to help even at a cost

We have also identified various types of compassion:
(1) Egoistic compassion (to relieve personal distress or for personal gain)
(2) Compassion based on close affiliation (depends on the closeness of the other to the self)
(3) Principled compassion (based on the principles of justice for all)
(4) Universal compassion (beyond the principles of justice for all)

As a part of its initial research, the University of California, Los Angeles (UCLA) Program on the Scientific Study of Compassion is studying the Tibetan approach to compassion. Twenty-one experienced practitioners from an FPMT center, the Land of Medicine Buddha in Santa Cruz, California, will be following the combined practice of compassion under the guidance of Lama Zopa Rinpoche. The subjects will be measured for physiological, psychological and behavioral changes after a session of compassion practice. Five of the subjects will be selected to undergo electroencephalograph (EEG) and magnetic resonance imaging (MRI) tests at UCLA towards the end of the year.

The goal of the study is to show that compassion has a beneficial effect on biology, physiology and behavior. We seek to demonstrate that there will be changes in brain functions such as activation of left frontal lobes, decrease in neuro-hormonal levels, increase in parasympathetic functions, and decrease in sympathetic functions following the session of compassion practice. We also expect an increase in positive and decrease in negative effect as well as an increase in prosocial intentions.

Such results would enable the Program to then explore many issues, including how compassion can be taught to groups such as adolescents with behavioral problems related to lack of concern for others; how compassion can enhance positive social and personal interaction and harmony; how religious practice can produce loving motivations and behavior, and further explore brain activity, neuro-hormonal and autonomic nervous system functions.

We also want to understand the moral rationale of the subjects behind their compassion and determine whether they are compassionate primarily dictated by belief, or also based on psychosocial and moral development. We want to know why Buddhists develop intentions to help but do not necessarily engage in actual helping such as sharing, volunteering etc., as critical to compassion practice. His Holiness the Dalai Lama has repeatedly expressed concerned that while Buddhists induce compassion, they do not always translate it into prosocial behavior.

WATCH THIS SPACE. The findings of Dr Rapgay's study will be published in a later issue of MANDALA.