



Loving-kindness and compassion meditation in psychotherapy

Edo Shonin, William Van Gordon,
and **Mark D Griffiths** focus on the
psychotherapeutic applications of loving-
kindness and compassion meditation

In a previous issue of *Thresholds*¹ we discussed how recent decades have witnessed a marked increase of research into the psychotherapeutic applications of mindfulness meditation. Although Buddhist-derived mindfulness techniques continue to represent the most empirically researched modality of meditation², in the last few years there has been growing interest in the psychotherapeutic utility of other Buddhist derivatives of meditation – particularly those of loving-kindness meditation (LKM) and compassion meditation (CM). Following on from

our previous *Thresholds*' article on mindfulness-based therapies, here we provide a brief overview of LKM and CM techniques according to traditional Buddhist constructs; an examination of LKM and CM techniques as used in Western psychotherapeutic contexts (including an exemplar guided meditation that can be used by therapists to introduce clients to the practices of LKM and CM); and a synthesis of current directions in the research of LKM and CM techniques including an assessment of the mechanisms that underlie therapeutic change.

Buddhist construal of loving-kindness and compassion meditation

The embodiment of loving-kindness and compassion is integral to effective spiritual development at an individual level, and to the peace and wellbeing of humanity more generally. Within Buddhism there exists an extensive body of practice literature that is specifically concerned with mobilising the principles of loving-kindness and compassion as meditative techniques. According to the Buddhist teachings, loving-kindness

An introductory meditation on loving-kindness and compassion

- 1 Breathing in, I am fully aware I breathe in; breathing out, I am fully aware I breathe out.
- 2 Breathing in, I am aware whether my breath is deep or shallow, short or long; breathing out, I allow my breath to follow its natural course.
- 3 Breathing in, I am fully aware of my body; breathing out, I allow my body to calm and relax.
- 4 Breathing in, I am here; breathing out, I am now.
- 5 Breathing in, there is nowhere else I need to be; breathing out, I am already home.
- 6 Breathing in, I enjoy breathing in; breathing out, I smile to myself.
- 7 Breathing in, I am aware of the suffering that is present inside of me; breathing out, I allow any difficult feelings to calm and relax.
- 8 Breathing in, I cultivate feelings of joy and happiness; breathing out, I bathe in those feelings of joy and happiness.
- 9 Breathing in, I am aware that other people also suffer; breathing out, I radiate feelings of joy and happiness to others.
- 10 Breathing in, I return to simply following my breathing; breathing out, I enjoy the experience of simply being.

(Sanskrit: *maitri*) is defined as the wish for all sentient beings to have happiness and its causes³. Compassion (Sanskrit: *karuna*) is defined as the wish for all sentient beings to be free from suffering and its causes³. Loving-kindness and compassion are traditionally practised as two of the 'Four Immeasurable Attitudes' (Sanskrit: *brahmaviharas*) – the other two attitudes being joy and equanimity. 'Joy' emphasises the Buddhist view that authentic loving-kindness and compassion can only manifest from a mind that is imbued with meditative realisation and bliss, and that has transmuted all afflictive mental states and their underlying causes⁴. 'Equanimity' stresses the need for unconditionality in the engendering of loving-kindness and compassion that are extended in equal and unlimited measure to all sentient beings, irrespective of whether they be friend or foe.

The practices of compassion and loving-kindness assume a central role in all Buddhist traditions but particularly so in those belonging to the Mahayana Buddhist vehicle. Mahayana Buddhism stresses the importance of '*bodhichitta*' – a practice that represents the quintessence of a number of seminal Buddhist works on compassion by Indian philosophers such as Shantideva (8th century) and Atisha (11th century). *Bodhichitta* is a Sanskrit word that means the 'mind of awakening' and refers to the attitude by which spiritual practice is undertaken for the primary purpose of benefiting others. Buddhist practitioners who adopt and act upon such an attitude are known as *bodhisattvas* (or aspirants thereof). *Bodhisattvas* essentially dedicate their lives to alleviating the suffering of other sentient beings. From the Buddhist perspective, this represents a 'win-win' situation because it not only aids other beings both materially and spiritually, but also causes the practitioner to adopt a humble demeanour that helps to uncouple attachment to the 'self'. Within Buddhism, attachment to an inherently existing 'self' is considered to be the root cause of all suffering including the entire spectrum of distressing emotions and psychopathological states⁵.

A particularly important aspect of the Buddhist interpretation of loving-kindness and compassion is that the first

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recipient of these qualities should be the very same individual that is cultivating them during meditation. According to the Buddhist viewpoint, when a person has unconditional love for their own being then all of their thoughts, words and actions become an expression of that love⁴. In fact, Buddhist teachings assert that until a person resolves the hatred and conflict within themselves, they are not in a strong position to try to resolve the conflict and problems in other people's lives or in the world around them⁴.

The most common Buddhist meditative LKM/CM technique to be carried over to Western psychotherapy settings derives from the Tibetan '*lojong*' (meaning 'mind training') Buddhist teachings that are practised within each of the four primary Tibetan Buddhist traditions (ie the *Nyingma*, *Gelug*, *Kagyū*, and *Sakya*). The *lojong* teachings include instructions on a meditation technique known as *tonglen* or 'giving and taking'. *Tonglen* involves 'straddling' the visualisation practices of 'taking' others' suffering and 'giving' one's own happiness astride the in-breath and out-breath respectively. Therefore, according to the Buddhist perspective, the everyday process of breathing in and out becomes highly 'spiritually productive' and serves as a 'meditative anchor' that helps to focus and maintain compassionate awareness throughout the day⁴.

Loving-kindness and compassion meditation in psychotherapeutic contexts

The psychology literature defines CM as the meditative development of affective empathy as part of the visceral sharing of others' suffering⁶. LKM is described as the meditative cultivation of a feeling of love for all beings⁷. In the case of both LKM and CM, the therapeutic technique extends beyond the initial cultivation of

loving-kindness or compassion and involves what is termed 'meditative pointing'. Meditative pointing refers to the process by which the meditating individual intentionally directs (or points) compassionate and/or altruistic feelings towards a specific individual, group of individuals, and/or situation, and has conviction that they are tangibly improving the levels of wellbeing of the person or persons concerned.

There are obviously variations in the specific structure of LKM and CM therapeutic approaches. However, a typical therapeutic course lasts for about eight weeks and comprises weekly individual or group sessions of approximately 90 minutes' duration. These weekly sessions ordinarily encompass a guided meditation, psycho-educational presentation, and 'question and answer' and/or discussion component. A CD of guided meditations is normally provided to facilitate daily self-practice. After teaching clients to use the meditative anchor of breath-awareness to centre their minds in the present moment (see our previous *Thresholds* article for a fuller explanation of meditative anchors), clients are then guided during subsequent weekly sessions to practise 'meditative pointing' by directing feelings of loving-kindness and/or compassion firstly towards themselves, then towards a neutral person (eg the postman), then towards a person who has been a source of difficulty (eg a disrespectful former boss), and finally towards all living beings.

A very important consideration when guiding clients in the practices of LKM and CM is to be aware of the risk of 'compassion fatigue' (ie due to clients 'taking upon themselves' others' suffering at a premature stage). Indeed, within Buddhism and as already indicated above, prior to embracing others' suffering (and acting unconditionally

to alleviate that suffering), practitioners typically train for prolonged periods of time in order to cultivate meditative and emotional stability within themselves⁵. Thus, a progressive approach is recommended – as is therapeutic discernment – in terms of the client's suitability to engage in increasingly more advanced LKM and CM techniques. The introductory meditation shown on the facing page is based on a meditation technique used in an eight-week meditation intervention known as Meditation Awareness Training (MAT) and outlines an exemplar short duration (10-15 minutes) guided meditation comprising 10 successive exercises that can be used to gently introduce clients to the practices of LKM and CM.

Current research directions

Recent studies have demonstrated a broad range of health benefits and salutary therapeutic outcomes for LKM and CM techniques. In addition to being effective treatments for conditions such as schizophrenia, depression, and anxiety, LKM and CM approaches have also been shown to significantly facilitate improvements in positive and negative affect, anger regulation, the accuracy and encoding of social-relevant stimuli, affective processing, positive thinking, interpersonal relations, and empathic accuracy⁸⁻¹⁵.

Proposed mechanisms of action for LKM and CM techniques include: (i) increased implicit and explicit affection towards known and unknown others that leads to improvements in positive affect as well as improved social connectedness and pro-social behaviour, (ii) increased self-acceptance and self-appreciation that help to eliminate shameful and self-disparaging schemas, (iii) increased self-compassion that leads to greater satisfaction with life and improved psychosocial functioning, (iv) increased



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positive thinking that exerts a protective influence over life-stressors, life-adversity, and trauma events, (v) enhanced empathic accuracy and unconditional positive regard that lead to improvements in self-acceptance, tolerance, cooperation, and adaptive interpersonal skills, (vi) destabilisation of self-obsessed maladaptive cognitive structures, triggering reductions in self-preoccupation, anxiety, and negative affect, and (vii) increased spirituality that buffers the onset of feelings of loneliness, isolation, and low sense of purpose⁸⁻¹⁵.

In terms of the maintenance of therapeutic outcomes, research findings indicate that the adjunctive practice of LKM and/or CM with mindfulness meditation outperforms standalone LKM/CM practice¹⁶. As discussed in our previous *Thresholds* article¹, this finding is consistent with the Buddhist depiction of LKM and CM that are traditionally practised as part of a comprehensive and multifaceted approach to meditation. According to Buddhist teachings, the more 'passive' and open-aspect attentional set engaged during mindfulness practice helps to build concentrative capacity and meditative stability^{5,17}. This meditative stability can then be used as a platform for the subsequent cultivation of a more 'active' or person-focused attentional set that is employed as part of the LKM or CM 'meditative pointing' process. Similarly, Buddhism asserts that effective mindfulness practice is reliant upon LKM and CM proficiency because the meditator cannot expect to establish full mindfulness of their thoughts, words, and deeds without a profound and compassionate awareness of how such actions will influence the 'spiritual happiness' (Sanskrit: *sukha*) or suffering (Sanskrit: *duhkha*) of others¹.

Based on emerging research insights, it is concluded that LKM and CM techniques

may have important applications within psychotherapy contexts. The strongest therapeutic outcomes are generally derived when CM and/or LKM techniques are used in conjunction with training in mindfulness meditation. Strong meditative foundations and a progressive therapeutic approach help to significantly reduce the risk of compassion fatigue that can manifest when individuals meditatively identify themselves with others' suffering prematurely.

Biography

Ven Edo Shonin is a research psychologist based at Nottingham Trent University and has been a Buddhist Monk for almost 30 years. He sits on the International Advisory Board for the academic journal *Mindfulness* and has authored numerous articles relating to Buddhist meditation.



Ven William Van Gordon is a research psychologist based at Nottingham Trent University and has been a Buddhist Monk for 10 years. He has authored numerous publications relating to Buddhist meditation.

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