

CHAPTER 1

Wisdom and Compassion

Two Wings of a Bird

Ronald D. Siegel
Christopher K. Germer

Ultimately, the reason why love and compassion bring the greatest happiness is simply that our nature cherishes them above all else. The need for love lies at the very foundation of human existence. It results from the profound interdependence we all share with one another.
—TENZIN GYATSO, the 14th Dalai Lama (2011)

Carmen had suffered from anxiety since she was 9. She panicked in school during a science presentation and soon after felt nauseous at the mere thought of standing up in front of people. When Carmen came to therapy at age 27, she and her well-informed parents (who both also suffered from anxiety) had tried every medication and psychotherapy imaginable. She was virtually housebound due to fear of vomiting, and quite depressed as she watched her friends move forward in their professional and personal lives while she couldn't even go to the hairdresser.

In psychotherapy with a mindfulness-oriented therapist, Carmen discovered that fighting her feelings of nausea simply increased the likelihood that she would vomit in public. In the office, she learned to anchor her attention in the soles of her feet when anticipating a social encounter and to surf the waves of anxiety that coursed through her body. Nothing worked in real-life social situations, however; every sensation of nausea left Carmen overwhelmed and exhausted. Anxious genes and a lifetime of conditioning couldn't be overcome. Carmen and her therapist agreed that her situation was hopeless . . . almost.

Carmen began to speak candidly about her struggle with social phobia and panic disorder: “I’m broken—I’m pathetic!” She and her therapist wondered aloud, might telling someone about her fear of vomiting reverse the shame she felt about her condition? In desperation, Carmen took a chance and told her hairdresser. She was amazed at how quickly her fear melted away. A month later, however, the fear and nausea returned in full force because Carmen was too embarrassed to tell her hairdresser that she *still* suffered from panic. Depressed, Carmen stopped therapy for several months.

When Carmen returned to treatment, she presented a handwritten note describing what she wanted to do in therapy. It contained a three-pronged approach that included: (1) exposure, (2) mindfulness and acceptance, and (3) self-compassion. Taking day trips away from home would decondition her fears; anchoring her attention in present-moment sensory experiences, such as the soles of her feet contacting the ground, would help her tolerate the sensation of nausea, letting it come and go; and telling people about her difficulties would help dissolve her shame. She called the whole plan “internal acceptance”—learning to accept her experience and herself wherever she went. Her therapist felt gratified that some part of Carmen had been listening during the previous year of apparently zero progress.

The following week, Carmen proudly returned to therapy having completed more *in vivo* exposure (shopping, visiting friends, jogging) than ever before. During the next 2 years, she gradually overcame her many fears. It was a rocky road, but when Carmen couldn’t accomplish what she planned, she reminded herself that she was “not to blame.” When she started feeling nauseous, she pulled out an airline bag and waited for the sensation to pass. Eventually she volunteered at her church’s soup kitchen, the first of many steps to building a new life.

What happened here? This case illustrates the power of compassion and wisdom in psychotherapy. Carmen couldn’t stop fighting her fear of vomiting, which only made it worse, until she felt the fullness of despair about her situation and responded to her misery with warmth and encouragement rather than with self-criticism, shame, and withdrawal. For Carmen, like many other patients who feel fragile or defective, first she had to begin to accept *herself* in her brokenness before she could face what she feared—in this case, panic and vomiting in social settings. Compassion was the missing link. In the midst of her frustration and despair, Carmen felt the compassionate attitude of her therapist. This gave her courage to tell her hairdresser about her panic, who also responded sympathetically. Finally, Carmen was able to give kindness and understanding to *herself*.

Wisdom also played a key role. Wisdom allowed her therapist to feel Carmen’s despair without considering himself a bad therapist, to resonate

with Carmen's pain while maintaining perspective and hope, to work neither too much nor too little, and to let Carmen be the expert on her own life. He helped create an atmosphere of curiosity, ease with uncertainty, and mutual regard. Carmen's own wisdom unfolded in multiple ways: She began to look at her problem from a new, broader perspective; recognize the catastrophic, unrealistic meanings that vomiting had acquired; take her frightened, self-critical thoughts less seriously; tolerate discomfort as "not me"; see setbacks and failure as part of life; and commit herself to meaningful activity with others.

But what exactly are *wisdom* and *compassion*? Why are they important in psychotherapy? In this chapter we attempt to define these elusive concepts; to briefly outline the conceptual, scientific, and historical context of the terms in Western and Buddhist traditions; and to discuss how compassion and wisdom are inextricably related to one another. We also begin to examine the relevance of these qualities for clinical work, which is the topic of the rest of the book.

MINDFULNESS: A FOUNDATION FOR WISDOM AND COMPASSION

Interest in incorporating mindfulness into the practice of psychotherapy has grown steadily over the past 25 years. Mindfulness- and acceptance-based treatment is considered the "third wave" of behavior therapy (Baer, 2006; Hayes, Follette, & Linehan, 2004; Hayes, Villatte, Levin, & Hildebrandt, 2011; Hoffman & Asmundson, 2008), following behavioral and cognitive approaches, and mindfulness is influencing a wide range of other treatment models, including psychodynamic (Epstein, 1995; Hick & Bien, 2008; Safran, 2003), humanistic (Johanson, 2009; Khong & Mruk, 2009), and family therapy approaches (Carson, Carson, Gil, & Baucom, 2004; Gambrel & Keeling, 2010; Gehart & McCollum, 2007). In mindfulness-oriented therapy, we're less interested in changing the *content* of our personal experience than in changing our moment-to-moment *relationship* to our sensations, thoughts, emotions, and behavior. This new relationship is characterized by *mindfulness*: "(1) awareness, (2) of the present moment, (3) with acceptance" (Germer, 2005b, p. 7) or "the awareness that emerges through paying attention on purpose, and nonjudgmentally, to the unfolding of experience moment to moment" (Kabat-Zinn, 2003, p. 145). It particularly emphasizes *acceptance*: "active nonjudgmental embracing of experience in the here and now" (Hayes, 2004, p. 21). The opposite of mindfulness and acceptance is resistance or experiential avoidance—warding off unpleasant experience by tensing our bodies, getting stuck in our thoughts, avoiding distressing situations,

or blocking out our feelings with psychological defenses. Although such reactions may reduce emotional discomfort in the short run, they tend to amplify distress in the long run (Fledderus, Bohlmeijer, & Pieterse, 2010; Kingston, Clarke, & Remington, 2010).

Research on mindfulness is growing exponentially. As of December 2011, there are over 1,760 peer-reviewed articles in PsycINFO using the word *mindfulness*, whereas in 2005 there were only 364 citations, in 2000 there were 125, and in 1985 there were 24. The most researched mindfulness training program is mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1990; Stahl & Goldstein, 2010). Other empirically supported, widely adopted programs include the MBSR-derived mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002; Williams, Teasdale, Segal, & Kabat-Zinn, 2007), dialectical behavior therapy (DBT; Linehan, 1993a, 1993b; see also Chapter 15), and acceptance and commitment therapy (ACT; Harris, 2009; Hayes, Strosahl, & Wilson, 1999). While increasing empirical evidence for the efficacy of mindfulness- and acceptance-based treatments is contributing to their popularity, mindfulness is also now recognized as a transtheoretical and transdiagnostic change process—a mechanism of action underlying diverse forms of treatment for a wide range of conditions (Baer, 2010a; Hölzel, Lazar, et al., 2011). Mindfulness has the potential not only to link different schools of therapy, but also to bridge clinical research and practice and to integrate the personal and professional lives of therapists (Germer, Siegel, & Fulton, 2005).

Cultivating a kinder, more compassionate relationship toward oneself and others is included, explicitly or implicitly, in the mindfulness training programs mentioned above, and research has demonstrated that mindfulness training increases self-compassion (Birnie, Speca, & Carlson, 2010; Krüger, 2010; Shapiro, Astin, Bishop, & Cordova, 2005; Shapiro, Brown, & Biegel, 2007). Although the influence of mindfulness practice on the development of wisdom has not yet been studied experimentally, its primary purpose within the Buddhist tradition has been to develop penetrating insight into the nature of the mind and, by extension, life itself (see Chapter 9). In fact, what Western psychotherapists call “mindfulness meditation” is also known in Buddhist traditions as “insight meditation,” designed explicitly to cultivate those insights that lead to wisdom and thereby free ourselves and others from suffering. The Greek philosopher Heraclitus wrote, “Applicants for wisdom do what I have done: inquire within” (Hillman, 2003, p. xiii). The Buddha said, “Come and see for yourself” (*ehipassiko* in ancient Pali). For this wisdom to dawn, we need an attitude of deep acceptance toward our moment-to-moment experience and compassion toward ourselves as suffering individuals. When we use mindfulness practices to look inside in this way, we develop qualities of

mind and heart—wisdom and compassion—that allow us to see clearly, to engage whatever we’re feeling with tenderness and ease, and to respond effectively to emerging life circumstances.

Three Mindfulness Skills

Although mindfulness, wisdom, and compassion are *experientially* related and are cultivated by overlapping methods, they have distinct conceptual features and engage somewhat different psychological processes or skills.

The three core skills taught by most mindfulness training programs are (1) concentration (single-focus awareness), (2) mindfulness per se (open-field awareness), and (3) loving-kindness and compassion (Salzberg, 2011). Until recently, the first two psychological processes have been emphasized in mindfulness- and acceptance-based psychotherapy. Those skills are also the primary vehicles for cultivating wisdom, understood in Buddhist psychology as penetrating insight into the nature of our minds and the “self.” The third skill—loving-kindness and compassion—helps to cultivate a caring attitude toward ourselves and others, especially in the midst of suffering, which, in turn, allows us to hold our moment-to-moment experience with greater mindfulness and less resistance.

Regulating Attention and Emotion

William James (1890/2007) wrote: “The faculty of voluntarily bringing back a wandering attention, over and over again, is the very root of judgment, character, and will” (p. 424). In meditation, single-focus practices such as returning attention to the breath or the soles of the feet when we’re distressed serve the function of calming the mind (R. D. Siegel, 2010). Open-field awareness techniques—noticing whatever arises in our field of perception—train the mind to receive the vicissitudes of life with equanimity and insight. Taken together, learning to regulate our attention with these practices helps us regulate our emotions.

However, there are other meditation techniques, such as loving-kindness meditation (*metta*) and giving and taking meditation (*tonglen*), that have been developed over thousands of years specifically to manage difficult emotions (see Chapters 4 and 7).

The Dalai Lama notes:

Buddhism has long argued for the tremendous potential for transformation that exists naturally in the human mind. To this end, the tradition has developed a wide range of contemplative techniques, or meditation

practices, aimed specifically at two principal objectives—the cultivation of a compassionate heart and the cultivation of deep insights into the nature of reality, which are referred to as the union of compassion and wisdom. At the heart of these meditation practices lie two key techniques, the refinement of attention and its sustained application on the one hand, and the regulation and transformation of emotions on the other. (Society for Neuroscience, November 12, 2005)

This book explores how the theory and practice of mindfulness and compassion can blossom into wisdom and compassion in psychotherapy and beyond. We begin by examining compassion, which is a bit more familiar to clinicians and has been investigated more extensively by researchers than the more elusive and enigmatic concept of wisdom.

WHAT IS COMPASSION?

The English word *compassion* derives from the Latin and Greek roots *pati* and *pathein* (“to suffer”) and the Latin root *com* (“with”), so compassion means to “suffer with” another person. The *Oxford English Dictionary* defines compassion as “sympathetic pity and concern for the sufferings and misfortunes of others” (p. 291). In 2009, thousands of religious leaders from around the world composed the Charter for Compassion in which they defined compassion as a call to “treat all others as we wish to be treated ourselves” (Armstrong, 2010, p. 6). In the hands of psychologist scholars and scientists, the quest to understand compassion becomes especially interesting and nuanced.

A shorthand, operational definition of compassion might be *the experience of suffering with the wish to alleviate it*. Similar definitions include the following:

- “Basic kindness, with deep awareness of the suffering of oneself and other living beings, coupled with the wish and effort to alleviate it” (Gilbert, 2009c, p. xiii)
- “The feeling that arises in witnessing another’s suffering and that motivates a subsequent desire to help” (Goetz, Keltner, & Simon-Thomas, 2010, p. 351)
- “The wish that all sentient beings may be free from suffering” (Dalai Lama, 2003, p. 67)
- A three-part process: (1) “I feel for you” (affective), (2) “I understand you” (cognitive), and (3) “I want to help you” (motivational) (Hangartner, 2011)

Until the last decade, compassion as a distinct emotion or attitude had been relatively neglected by experimental psychologists (Davidson & Harrington, 2001; Goetz et al., 2010; Goleman, 2003; Pommier, 2010) and by psychotherapists (Gilbert, 2005, 2009a; Glaser, 2005; Ladner, 2004; Lewin, 1996). This neglect may be due, in part, to the overlap of compassion with similar constructs such as *empathy* (Batson, 1991; Hoffman, 1981), *sympathy* (Shaver, Schwartz, Kirson, & O'Connor, 1987; Trivers, 1971), *love* (Fehr, Sprecher, & Underwood, 2009; Post, 2002), *pity* (Ben Ze'ev, 2000; Fiske, Cuddy, Glick, & Xu, 2002), and *altruism* (Monroe, 2002; Oliner, 2002). How does compassion relate to these terms? A precise understanding of compassion is useful not only for developing theory, assessment tools, and applications to therapy, but also for recognizing and cultivating compassion within ourselves. (For further analysis, see Eisenberg & Miller, 1987; Goetz et al., 2010.)

Empathy

Carl Rogers (1961) defined *empathy* as an “accurate understanding of the [client’s] world as seen from the inside. To sense the [client’s] world as if it were your own” (p. 284). It is “having an emotional response similar to the response another person is having” (Bohart & Greenberg, 1997, p. 23). Empathy goes beyond cognitive appraisal to include a felt sense of what another person is experiencing (Feshbach, 1997; Lazarus, 1991). It is considered a common factor in psychotherapy that “accounts for as much and probably more outcome variance than does specific intervention” (Bohart, Elliott, Greenberg, & Watson, 2002, p. 96).

We can be empathic with just about any human emotion—joy, grief, excitement, boredom. Compassion, however, is a special form of empathy insofar as it is *empathy with suffering* (along with the wish to alleviate it). Suffering is a prerequisite for compassion. Since the purpose of therapy is to alleviate emotional suffering, it seems that compassion has probably been hidden under the umbrella of empathy throughout the history of psychotherapy. Systematic efforts to cultivate empathy are still relatively rare in the clinical field (Shapiro & Izett, 2007), but that may change as ancient Buddhist compassion practices are integrated into modern psychotherapy.

Sympathy

Sympathy is “an emotional reaction that is based on the apprehension of another’s emotional state or condition and that involves feelings of concern and sorrow for the other person” (Eisenberg et al., 1994, p. 776).

Sympathy includes a reactive element, based on prior experience, whereas empathy is a *mirror* of another person's mental state. There appears to be more mindful awareness in empathy than in sympathy.

Love

Therapists tend to avoid the term *love*, especially with their patients, because it has multiple meanings—parental love, universal love, romantic love—that are likely to create misunderstanding. But the word *love* still retains some juiciness that helps to illuminate the meaning of compassion. Lynne Underwood (2009) prefers the term *compassionate love* to simply *compassion* because it implies more emotional engagement.

Compassion within the Buddhist context may appear to an outside observer to be detached rather than juicy (Goetz, 2010). This perception is due to the quality of *equanimity*—the ability to hold the highs and lows of our emotional lives in openhearted awareness. For example, a teenage daughter may need to temporarily reject her mother in order to develop independence before she goes out into the world. Deeply understanding this process will enable a mother to feel her own pain, fear, or anger without overreacting. Equanimity does not prevent us from jumping for joy or dissolving into tears, but it does give us the freedom to express emotion in effective ways in different situations while staying emotionally connected to others.

Loving-kindness is a “state of mind which aspires that all sentient beings may enjoy happiness,” and compassion is “the wish that all sentient beings may be free from suffering” (Dalai Lama, 2003, p. 67). In the Buddhist tradition, loving-kindness practices are usually taught *before* compassion practices because compassion is more challenging. It can be rather difficult to keep our hearts open in the face of suffering—not blaming the victim or wishing that he or she would go away so that we can feel better again.

Pity

Pity is concern for the plight of others comingled with a slight sense of superiority (Fiske et al., 2002), whereas compassion is an emotion among equals. Since we all suffer, suffering is a common thread that ties us together. When we're open to suffering in a compassionate way, we feel less alone. When we block out suffering, we may feel a slight remove from others who are struggling—that is, pity. Pity can be considered a precursor to compassion—an initial opening—but it can also get in the way of the fully connected experience of compassion if it isn't recognized.

Altruism

Compassion is not just feeling with someone, but seeking to change the situation. Frequently people think compassion and love are merely sentimental. No! They are very demanding. If you are going to be compassionate, be prepared for action!

—DESMOND TUTU (Barasch, 2005)

Altruism is a quality of compassion that distinguishes it from both empathy and sympathy. Altruism can be considered either a motivation (Batson, 2002) or an action (Monroe, 2002) that “involves helping another without regard for personal gain” (Kristeller & Johnson, 2005, p. 394). Empathy and sympathy may *lead* to altruism, but they don’t necessarily do so. Compassion always includes altruism.

Self-Compassion

Although compassion is generally considered an emotion or attitude toward *others*, the Buddhist definition of compassion includes all beings, *including oneself* (see Chapters 6 and 7). The Dalai Lama (2000) said:

... for someone to develop genuine compassion towards others, first he or she must have a basis upon which to cultivate compassion, and that basis is the ability to connect to one’s own feelings and to care for one’s own welfare. . . . Caring for others requires caring for oneself.

Many people find it easier to be compassionate toward a few special beings—pets, children, loved ones—than toward themselves, so current research does not show a clear, linear relationship between self-compassion and compassion for others (Neff, Yarnell, & Pommier, 2011). It makes sense, however, that in order to be compassionate toward *all* people, we need to be accepting of the many different parts of ourselves, including our less desirable qualities (see Chapter 13). Otherwise we will have a tendency to reject in others what we don’t like in ourselves.

Compassion is an inside job. Compassion can turn to *anger* if we think that the suffering individual is undeserving of help; it can turn into *distress* if we don’t have the resources to help; into *schadenfreude* (pleasure at the suffering of another) if the sufferer is seen as an obstacle to one’s own happiness; and sometimes even into *anger* or *shame* when the suffering individual is oneself (Goetz et al., 2010). Therefore, we need balanced (mindful) awareness of our internal world, and an attitude of self-kindness, to sustain compassion toward others.

A BRIEF HISTORY OF COMPASSION

Compassion is at the core of the world's religions. For example, Confucius was the first major teacher to put forth the Golden Rule: "Never do to others what you would not like them to do to you" (Armstrong, 2010, p. 9). The Hindu avatar Krishna said, "Out of mere compassion for them, I, abiding in their self, destroy the darkness born of ignorance" (Shankaracharya, 2004, p. 264). Jesus taught, "You shall love your neighbor as yourself" (Mark 12:31). Muhammad said, "No one is a believer unless his neighbor feels safe from harm on his account" (Taymiyyah, 1999, p. 262). In Judaism, "The kindness of the Lord is not ended, His mercies are not spent. They are renewed every morning" (Lamentations 3:22-23; see also Berlin, Brettler, & Fishbane, 2004, p. 1596). Our religious traditions all deal with the problem of human suffering. In the Buddha's teaching, suffering is the "first noble truth," and he taught compassion as a means to relieve personal pain and promote peaceful cooperation.

In the Western philosophical tradition, Aristotle was the first to consider compassion in detail (as "pity") (Cassell, 2005). Subsequent philosophers were wary of emotion, such as Kant and Nietzsche, who warned that feelings like compassion are a threat to reason and should be suppressed (Nussbaum, 1996, 2001). Other Western thinkers, however, such as Hobbes (1651/1962), Hume (1888/1978), and Schopenhauer (1844/1966), saw the value of identifying with others or imagining ourselves in their position (see Pommier, 2010).

Perhaps the close association of compassion with religion discouraged the fledgling science of psychology from exploring it more thoroughly. Nonetheless, compassion can be found embedded in familiar therapeutic concepts of empathy, the therapeutic alliance, unconditional positive regard, and acceptance.

In their historical overview of "acceptance" in psychology, John Williams and Steven Lynn (2010) identify the historical Buddha (563-483 BCE) as the first to carefully elaborate the concept. The Buddha believed that most human suffering arose from the desire for moment-to-moment experience to be other than it is (i.e., nonacceptance). To counteract this tendency, he suggested that individuals cultivate nongreed, nonhatred, mindfulness, compassion, wisdom, and a host of other mental factors to alleviate suffering (see Chapters 4 and 9).

Interest in acceptance, especially acceptance of "self" and "other," has existed in the field of psychotherapy for over a century. William James, Sigmund Freud, and B. F. Skinner all considered acceptance to be psychologically beneficial. Carl Rogers (1951) and fellow humanistic and existential therapists elevated acceptance to the status of a core change

process. Interestingly, both Freud (1913/1957) and Rogers considered *self-acceptance* to be a precursor to acceptance of others, and this perspective became a focus of empirical investigation well into the 1980s. In the 1990s, research shifted focus to acceptance of *moment-to-moment experience* with the introduction of Buddhist-inspired mindfulness and acceptance-based treatments (Kabat-Zinn, 1990; Linehan, 1993a; Segal et al., 2002).

Exploring compassion, along with wisdom, appears to be the next step in the convergence of Buddhist psychology and modern psychotherapy. Familiar topics are being reexamined and new frontiers opened:

- Self-compassion is emerging as a new form of self-acceptance.
- Compassion is being explored as a type of empathy that emphasizes regulating suffering with good will.
- Compassion fatigue is being understood as what happens when we have empathy without self-compassion and equanimity.
- Compassion-oriented therapy is being developed as a focused attempt to cultivate the skill of compassion to manage emotional pain.
- Brain studies are showing that compassionate mind states include enhanced visceral sensitivity to the pain of others.

These topics and a host of others are discussed in this book.

IS COMPASSION INNATE?

It may be said that we are hardwired not only for fight and flight, but also for compassion. Our primitive, self-preservative instincts occur very quickly and automatically, but we are also naturally cooperative and altruistic (Keltner, 2009; Sussman & Cloninger, 2011). And like all mental habits, our instinct for compassion can be strengthened through practice. Evidence for innate compassion can be found in evolutionary and neurobiological arenas.

Evolution

Contrary to popular belief, Charles Darwin considered sympathy to be the strongest of our instincts, noting that “those communities, which included the greatest number of the most sympathetic members would flourish best, and rear the greatest number of offspring” (1871/2010, p. 82; Ekman, 2010). Parents need compassion to raise children to the age of reproduction, and evidence even shows that kindness is the main

criterion (over financial prospects and appearance) for mate selection by both men and women (Keltner, 2009). We appear to have been naturally selected to cooperate with others even though we may never see a particular other person again (Delton, Krasnow, Cosmides, & Tody, in press).

Neurobiology

Neuroanatomically, social emotions like compassion engage regions in the brain well below the cortex, including the hypothalamus and the brain stem, that are associated with basic metabolic processes and evolutionarily old emotions such as fear (Immordino-Yang, McColl, Damasio, & Damasio, 2009; see also Chapter 8). Compassionate brain states also appear to activate the mesolimbic neural system, which may explain why compassion is intrinsically rewarding (Kim et al., 2011).

The fight-freeze-flight and competition-reward subsystems in the brain are balanced by a “safety” subsystem (Depue & Morrone-Strupinsky, 2005; Gilbert, 2009b; see Chapter 18). The safety system is associated with compassion—caregiving and soothing—and appears to be related to the neurotransmitters oxytocin and vasopressin. Compassionate mind states are typically calming and are characterized by decelerated heart rate (Eisenberg et al., 1988), lower skin conductance (Eisenberg, Fabes, Schaller, Carlo, & Miller, 1991), and vagus nerve activation (Oveis, Horberg, & Keltner, 2009; Porges, 1995, 2001)—the opposite of what occurs in sadness and distress (Goetz et al., 2010).

We also have mirror neurons that continually register what others are thinking and feeling (Rizzolatti & Craighero, 2004; Rizzolatti & Sinigaglia, 2010; Siegel, 2007), prompting us to relieve the suffering of others to make ourselves feel better. Finally, it appears that many individuals, especially women, have a “tend and befriend” response to stress, rather than fight and flight (Taylor et al., 2000). In sum, numerous elements in our nervous system predispose us to feel compassion.

CULTIVATION

Over the past few millennia, the efforts of countless practitioners of meditation and prayer suggest that it's possible to make compassion a habit. Long-term effects of compassion meditation on the brain are currently being explored using brain imaging and other methods (see Chapter 8). Evidence shows that we can gradually learn to use our neocortex to move from automatic fear activation of the amygdala and the “self-preservative system” to compassionate mind states and the “species-preservative system” (Wang, 2005). Only 8 weeks of mindfulness meditation, averaging

27 minutes per day, can cause changes in the structure of the brain associated with self-awareness, compassion, and introspection (Hölzel, Carmody, et al., 2011).

Mind training occurs not only on purpose with closed eyes in meditation, but also in our interactions with others from birth onward (Siegel, 2007). Childhood attachment styles can impact the capacity for compassion in adulthood (Gillath, Shaver, & Mukilincer, 2005), but even those with anxious or avoidant attachment styles can increase their compassion levels after being primed with words, memories, or stories of secure attachment (Carnelley & Rowe, 2007, 2010). Training programs designed specifically for cultivating compassion (Miller, 2009) and self-compassion (see Chapters 6 and 18) are currently under development.

COMPASSION AND WELL-BEING

Within the Buddhist tradition, love, compassion, joy, and equanimity are considered the “four immeasurable attitudes,” or the abodes of the gods (see Chapter 4). The implication is that when we embody these qualities, suffering disappears.

The scientific community is beginning to explore the mental and physical health benefits of compassion (Hofmann, Grossman, & Hinton, 2011; Wachholz & Pearce, 2007). For example, individuals high in compassion are more likely to accept compassion from others and are therefore less reactive to stress (Cosley, McCoy, Saslow, & Epel, 2010). Practicing compassion can also lead to lasting improvements in happiness and self-esteem (Mongrain, Chin, & Shapira, 2011). Most of the compassion research has been conducted on correlates of compassion such as altruism, empathy, forgiveness, and other positive emotions, as well as challenges to compassion such as anger, stress, loneliness, and compassion fatigue. For example, altruism may benefit physical and emotional health by reducing stress and improving the immune response (Sternberg, 2011), and it seems to promote longevity (Brown, Nesse, Vinokur, & Smith, 2003).

The research on *self*-compassion demonstrates clear correlations to psychological well-being (see Chapter 6). At the time of this writing, there still don't appear to be any published, randomized, controlled studies on the impact of self-compassion training on mental health, but preliminary evidence indicates multiple beneficial effects (Adams & Leary, 2007; Gilbert & Irons, 2005a; Kuyken et al., 2010; Raque-Bogdan, Ericson, Jackson, Martin, & Bryan, 2011; Schanche, Stiles, McCollough, Swartberg, & Nielsen, in press; Shapira & Mongrain, 2010; Thompson & Waltz, 2008; Van Dam, Sheppard, Forsyth, & Earleywine, 2011). For

example, individuals high in self-compassion who were also depressed showed significantly less depression 5 months later than those with low self-compassion, suggesting that self-compassion provides a natural buffer against emotional problems (Raes, 2011).

The question inevitably arises, “Can a mental state that embraces suffering really be good for mental health?” In practice, our focus of attention does not remain very long with suffering. We need suffering for compassion to arise, but we only need to contact it for a brief period before switching to loving feelings for the sufferer and the wish to help. Positive emotions predominate over suffering in the experience of compassion. This is the reason that compassion fatigue may actually be “empathy fatigue” (Ricard, 2010; see also Chapters 7 and 19). There is tenderness, hope, and good will in the mind of a compassionate individual—all factors that support mental and physical health.

WHAT IS WISDOM?

Almost every language has a word for “wisdom.” It has been described as the highest human virtue across diverse cultures, and it figures prominently in written and oral traditions since ancient times. It’s also certainly a trait most of us would like to see in a psychotherapist. And yet, until recently, modern psychologists (and even philosophers) had hardly touched the subject. In fact, they’ve had a very difficult time even agreeing what it is. Much like U.S. Supreme Court Justice Potter Stewart’s (1964) observation that “hard core pornography is hard to define [but] I know it when I see it,” a consensual definition of wisdom has been elusive, even though we recognize it when it emerges and miss it when it’s absent.

The English word *wisdom* comes from the Indo-European word *wede*, meaning “to see” or “to know” (Holliday & Chandler, 1986). In English-language dictionaries, wisdom is defined variously as the “capacity of judging rightly in matters relating to life and conduct; soundness of judgment in the choice of means and ends; . . . enlightenment, learning, erudition (*Oxford English Dictionary*, 2010) or “knowledge . . . the intelligent application of learning; ability to discern inner qualities and essential relationships; insight, sagacity; . . . judgment, prudence . . . sanity” (Merriam-Webster, 2011). These overlapping definitions are multidimensional, raising the question of whether we’d be better served by seeing wisdom as a cluster of diverse human capacities rather than a single virtue. Nonetheless, the fact that people have valued “wisdom” highly across time and cultures suggests that there is something meaningful about the construct. The diverse capacities that wisdom comprises are probably interrelated, creating a whole that is greater than the sum of its component parts. As

we'll see throughout this book, none of us acts very wisely when using only some components of wisdom while neglecting others.

Because the construct is so multidimensional, it may not be possible to arrive at a shorthand, operational definition of wisdom. Instead, we may need to settle for a definition that captures its essence, even if it doesn't readily lend itself to experimental design. So in the context of psychotherapy, we might think of wisdom as simply *knowing deeply how to live*. What this actually entails, however, is not so simple to describe.

One mark of a particularly hard-to-define construct is the existence of competing methods of arriving at its definition (Staudinger & Glück, 2011). Some psychologists have gone around the world asking ordinary folks to describe "wise" people, looking for patterns in their responses to identify *implicit models* of wisdom (e.g., Bluck & Glück, 2005). Other researchers have searched the world's philosophical and religious writings looking for recurring themes (e.g., Birren & Svensson, 2005; Osbeck & Robinson, 2005). Still others have tried reflecting deeply about the matter themselves, yielding a wide variety of *explicit theories*—"constructions of (supposedly) expert theorists and researchers" (Sternberg, 1998, p. 349). No consensus has emerged. The two primary psychological texts on wisdom, edited by Robert Sternberg (Sternberg, 1990a; Sternberg & Jordan, 2005), have as many definitions of wisdom as they have chapters. Luckily, however, the struggle to define wisdom is actually beginning to illuminate its nature. By elucidating its many component parts, we get hints as to how we might cultivate wisdom and use it in psychotherapy. But as you'll soon see, clinical attention has been focused even less on wisdom than on compassion.

A Top-Down Process

Modern neuroscientists differentiate between bottom-up and top-down processes. The former describe how the brain takes in basic sensory information, organizes it into perceptions, and constructs experiences of reality from these basic building blocks—as, for example, when enjoying the smell of a rose. Top-down processes involve interpreting and responding to the data continuously streaming into our brain from our sensory systems, using higher cortical faculties such as reason, judgment, and conceptual frameworks born of past experience. Thinking before acting and making balanced decisions, as we might do when choosing how to speak about a sensitive subject with a patient, are top-down processes. Wisdom, therefore, may perhaps be the highest possible top-down process. It has many components, all of which involve deliberation, emotional regulation, and perspective taking. Like many other top-down processes, it is integrative—involving communication among the body, head, and heart.

Although theorists disagree about its particulars, almost all agree that wisdom is the opposite of acting impulsively out of instinct, habit, or unmodulated passion (Sternberg, 2005a; see also Chapter 11).

One reason that wisdom has received so little attention until recently from either academic or clinical psychology is that it is such a complex top-down process. Since its beginnings in the late 1800s, academic psychology has focused on more elemental psychological processes—phenomena that could readily be defined operationally and experimented upon, such as perception or behavioral conditioning (Birren & Svensson, 2005). Psychotherapists have also shied away from examining wisdom, perhaps seeing it as more rightly the province of philosophy or religion. Even modern philosophers have ignored it, noting its historical interest but not wanting to spend much time with a construct that is so multidimensional (Smith, 1998). Yet this was not always the case among the world's deepest thinkers.

A BRIEF HISTORY OF WISDOM, WEST AND EAST

Some of the earliest existing wisdom writings are found on fragments of clay tablets in Mesopotamia dating back 5,000 years. Here we find such sage advice as, “If we are doomed to die—let us spend”; and “He who possesses much silver, may be happy; he who possesses much barley, may be happy; but he who has nothing at all, can sleep” (Hooker & Hooker, 2004), along with admonitions for “good” and “effective” behavior (Baltés, 2004, p. 45). Ancient Egyptian wisdom writings from 2000 BCE foreshadow many later conceptions of wisdom, including the inadvisability of thinking of oneself as wise: “Be not puffed up with thy knowledge, and be not proud because thou are wise” (Readers Digest Association, 1973).

Yet it was the ancient Greek philosophers, “lovers of wisdom,” who established the intellectual framework for this quality that dominated Western thinking in subsequent centuries. From Socrates (470–399 BCE) to Plato (428–322 BCE) to Aristotle (384–322 BCE), the idea of wisdom or *sophia* evolved and was eventually distinguished from knowledge, craftsmanship, and other capacities. Socrates described “the narrow intelligence flashing from the keen eye of a clever rogue” as distinct from wisdom, and repeatedly underscored the importance of knowing one's limitations (Osbeck & Robinson, 2005, p. 65). His pupil, Plato, emphasized that the cultivation of wisdom is a “daily discipline” that we should undertake “with all earnestness” by developing “reason” to control our spirit and appetites. Aristotle entertained the notion of the “Golden Mean”—finding balance in the degree to which we express various aspects of our character

(Center for Ethical Deliberation, 2011). All of these ancient themes have made their way into modern definitions of wisdom.

In later Hebrew and Christian texts, wisdom became revelation of truth from God (Birren & Svensson, 2005). Adherence to faith was the path to wisdom, and, as can be seen in Job's Old Testament struggle, wisdom included knowing our place in the world, accepting that much is beyond our capacity to understand, and remaining faithful to God (Rad, 1972). Later, in the teachings of St. Augustine (354–430 CE), wisdom became moral perfection without sin (Birren & Svensson, 2005). Not surprisingly, these more theological notions have not been widely adopted by modern psychologists studying wisdom.

Great thinkers in the West have typically emphasized some combination of the importance of reason (Frances Bacon, 1561–1626 CE; Descartes, 1596–1650; Plato), knowing God (Locke, 1632–1704), and just action (Kant, 1724–1804; Montaigne, 1533–1592) in describing wisdom (Birren & Svensson, 2005). It was generally seen as a set of cognitive capacities involving both the acquisition of knowledge and the development of the skill to utilize it effectively in the world.

Asian wisdom traditions typically have a different flavor. They emphasize the *transformative* power of wisdom in positively affecting our cognitive, intuitive, affective, and interpersonal experience (Takahashi & Overton, 2005). Our earliest written records of Asian wisdom teachings are the *Upanishads*, recorded between 800 and 500 BCE (Durant, 1935). Here the collected stories of saints and sages describe wisdom that was not only distinct from factual knowledge, but included transcendent spiritual experiences beyond those of our familiar sensory world. Around 600 BCE the diverse collection of teachings we call Taoism emerged in China. In this tradition, intuition, compassion, and, above all, living a balanced life in harmony with natural laws are seen as the essence of wisdom. Logical thought, reason, and customs are seen as suspect—too easily influenced by narrow self-interest and alienating us from the totality of nature (Birren & Svensson, 2005). Soon after, also in China, Confucius (551–479 BCE) taught that living a moral life and maintaining the social order were hallmarks of wisdom (Baltes, 2004; Birren & Svensson, 2005).

Influential as these wisdom traditions have been in shaping Asian culture, it is the teachings of the Buddha (563–483 BCE) that are currently having the most direct impact on Western psychological thought and practice—primarily through the adoption of mindfulness-based treatments. As we'll see shortly, in Buddhist teachings wisdom is seen as insight into both the patterns of the natural world and the ways in which our conventional mental habits create suffering. As in the Taoist tradition, reason and accumulated knowledge are seen as less important than

intuitive insight, and insight is seen as radically transforming of both our experience and behavior.

WISDOM IN WESTERN PSYCHOLOGY

Given the importance of wisdom in Western thought, the foundational theorists of both academic psychology and psychotherapy traditions have had surprisingly little to say about it. This absence is particularly striking considering that “wise” people were the mental health professionals of old—people routinely sought their counsel when upset by life’s difficulties.

Traditional compendia of psychological knowledge, such as the *Handbook of General Psychology* (Wolman, 1973) or *An Intellectual History of Psychology* (Robinson, 1995), make no mention of the topic. Despite being philosophically oriented, William James didn’t discuss wisdom in *The Principles of Psychology* (1890/2007) nor even in *The Varieties of Religious Experience* (1902/2010), in which he quotes numerous religious texts that use the word, but never explores the construct himself. Sigmund Freud, despite being counted by many as a wise master, hardly mentions the word throughout his voluminous writings.¹ Carl Jung, also appreciated for his wisdom, describes transcendent experiences and discusses dream and mythical images of the “wise old man” and “wise old woman,” but doesn’t describe wisdom per se nor how to develop it.

Among foundational theorists, Erik Erikson (1950) was the first to address wisdom in any detail. He described it as the outcome of successfully negotiating the eighth and final stage of human development: “ego integrity vs. despair.” In later writings, he provided a bit more detail, describing wisdom as “an informed and detached concern with life itself” or “truly involved disinvolvement” (Erikson & Erikson, 1982/1998, p. 61). Related to Erikson’s idea that wisdom involves successfully navigating developmental challenges, George Vaillant, who conducted the Harvard Study of Adult Development, came to the conclusion that “maturity of defenses,” reflected in people’s behavior rather than in their words, is the best measure of wisdom (2003, p. 255). Mature defenses, such as humor, sublimation, and altruism, tend to bring well-being to oneself and others, while less mature defenses such as projection, hypochondriasis, and passive-aggressive behavior tend to cause grief.

Of major psychological theorists, Abraham Maslow has probably contributed most to our understanding of wisdom, though he, too, didn’t discuss the term in great detail. The “self-actualizing” individuals he studied

¹Based on an online search of Freud’s writings using the keyword *wisdom*.

to develop his hierarchy of needs embrace reality and facts rather than denying truth, are spontaneous, focus on problems outside themselves, can accept their own human nature with all its shortcomings, are accepting of others, and lack prejudice (Maslow & Lowry, 1973). As we'll see, these are all widely recognized as important components of wisdom.

Despite historical neglect by Western psychology, a more recent growing interest in lifespan development and, subsequently, in positive psychology (the study of happiness) has inspired a small but dedicated group of theorists and researchers to study wisdom explicitly (Hall, 2007; Sternberg, 1990a; Sternberg & Jordan, 2005).

Empirical Research

Empirical research in this area began with a doctoral dissertation in 1976 by Vivian Clayton, who set out to investigate what wisdom might be and whether it's affected by age (Hall, 2007). Studying ancient Western texts in an effort to define it, she came to the conclusion that wisdom generally involved acquiring knowledge, applying it to human social situations, reflecting upon it, and using judgment to make decisions influenced by compassion. She then tried to measure wisdom using existing psychological tests and came to the conclusion that, unlike many other cognitive abilities, wisdom resisted erosion over time and could actually increase with age (Hall, 2007).

In the early 1980s, Paul B. Baltes, a pioneer in lifespan developmental psychology, founded the Berlin Wisdom Project, which became the largest program to date studying wisdom in the laboratory. He and his colleagues defined wisdom as "highly valued and outstanding expertise in dealing with fundamental . . . problems related to the meaning and conduct of life" (Kunzmann & Baltes, 2005, p. 117). They studied wisdom by presenting subjects with open-ended, hypothetical situations and inviting them to "think aloud" about how they might respond. They found that, compared to others, those whose responses demonstrated aspects of wisdom such as rich factual and procedural knowledge, perspective, tolerance, and acceptance of uncertainty, tended to be less "self-centric" and have less interest in pursuing a pleasurable and comfortable life. These "wise" individuals focused instead on personal growth and insight, and other-oriented values related to "environmental protection, societal engagement, and the well-being of friends" (Kunzmann & Baltes, 2005, p. 126). Wise people also prefer cooperative approaches to conflict management, rather than those that reflect either a one-sided concern with one's own interests (dominance) or others' interests (submission), or no concern at all (Kunzmann & Baltes, 2005, p. 126). The Berlin group found that wisdom is rare and doesn't necessarily increase with age (findings repeatedly

replicated by many researchers; e.g., Baltes & Staudinger, 2000; Jordan, 2005; Staudinger, 1999), though training and practice in trying to understand oneself and others seem to help (Kunzmann & Baltes, 2005). Interestingly, they also came to see wisdom as a socially interactive product (Staudinger & Baltes, 1996) that can't really be located in individuals but rather is shared by communities.

Although the Berlin project has produced the largest body of empirical research on wisdom, it has its critics. The most often cited concerns are that this research (1) measures how people think, rather than how they act, and (2) neglects emotion. Beginning in 1997, Monika Ardelt, a sociologist, recruited senior citizens to help develop a “three-dimensional” wisdom scale that measures *cognitive*, *reflective*, and *emotional* domains. In her framework the emotional sphere involves feeling compassion toward others and being able to deal constructively with adversity. Ardelt argues that including compassion reveals what really constitutes a wise person—not just one who can demonstrate intellectual skills. Quoting the philosopher John Kekes, she notes that “a fool can learn to say all the things a wise man says, and to say them on the same occasions” (Ardelt, 2004, p. 262), but this isn't real wisdom. In support of her model, she points out that Jesus, Buddha, Muhammad, Gandhi, Christian saints, and Zen masters all perceive a deeper truth that eludes others, are able to transcend their subjectivity and projections and look at events objectively from multiple perspectives, and have compassion for others (Ardelt, 2004, p. 279).

Another major contributor to empirical wisdom studies is Robert Sternberg (see Chapter 11). In his model, a wise person works toward a common good “through *balance* among a) intrapersonal, (b) interpersonal, and (c) extrapersonal interests to achieve a balance among (a) adaptation to existing environments, (b) shaping of existing environments, and (c) selection of new environments, over the long term as well as the short term” (Sternberg & Lubart, 2001, p. 507; Chapter 11). Foolishness is what erupts when we're out of balance—relying only on some of our faculties, considering only some interests, or focusing exclusively on either short- or long-term consequences (Sternberg, 2005a; Chapter 11).

Seeking Consensus

So how might we sift through these many perspectives to arrive at an understanding of wisdom that is useful to psychotherapists? Several writers have tried to identify common themes in historical accounts and modern models. Neurobiologists Thomas Meeks and Dilip Jeste (2009; Chapter 14) identified six key components of wisdom: (1) prosocial attitudes/behavior, (2) social decision making/pragmatic knowledge of life, (3) emotional homeostasis, (4) reflection/self-understanding, (5) value

relativism/tolerance, and (6) acknowledgment of and dealing effectively with uncertainty/ambiguity. Judith Glück (2008; of the Berlin Project) and Susan Bluck also surveyed existing definitions and identified four components of wisdom, summarized by the acronym *MORE*: mastery, openness to experience, a reflective attitude, and emotion regulation skills. Although we still don't have a consensus definition, at a 2010 meeting of philosophers and psychologists exploring the topic, the simplified MORE framework gained some support as a way to encompass diverse perspectives (Tiberius, 2010).

Neurobiology

Not surprisingly, given our difficulty even defining wisdom, our understanding of its neurobiology is currently limited. Meeks and Jeste (2009) have tried to describe what may be happening in different brain regions when various components of wisdom are active, though they caution that the map is speculative because we don't have a consensus definition of wisdom, and because brain imaging research has not focused specifically on the neurobiology of wisdom. Despite these and other limitations, we can get a clearer idea of the dynamics of wisdom by exploring what sorts of brain activity are associated with each of its subcomponents (see Chapter 14).

Clinical Explorations

The psychological construct of wisdom has been largely ignored in the clinical field. Many books and articles discuss "clinical wisdom," the "wisdom of the body," and the "wisdom of the unconscious," but relatively few have grappled with what wisdom might be and how it might inform psychotherapy.²

The most in-depth clinical explorations of wisdom in the context of psychotherapy are found in the realm of transpersonal psychology. This discipline, which initially grew out of research with psychedelic drugs in the 1960s and subsequent countercultural interest in Asian meditation and yoga practices, is "concerned with the study of humanity's highest potential, and with the recognition, understanding, and realization of intuitive, spiritual, and transcendent states of consciousness" (Lajoie & Shapiro, 1992, p. 91). Its goal is to "integrate timeless wisdom with modern Western psychology and translate spiritual principles into scientifically grounded, contemporary language" (Caplan, 2009, p. 231). In addition to Maslow's work on "self-actualizing" individuals, Stanislav Grof's

²Based on a search of PsycINFO in February 2011 using the keyword *wisdom*.

(1975, 1998) studies of the consciousness-expanding effects of LSD helped to launch the field. Probably because the field grew out of a countercultural milieu, borrows liberally from esoteric spiritual traditions, and is particularly interested in mystical experiences, it has not received a lot of attention from mainstream clinicians.

As far as we can determine, there has only been one systematic attempt to apply the findings of academic wisdom research in the clinical arena. Michael Linden, a German psychiatrist practicing in Berlin, has developed a treatment he calls “wisdom therapy.” It uses a modification of the Berlin Wisdom Project’s research protocol to cultivate wisdom in clients. These individuals are asked to consider difficult life situations from multiple perspectives, with the aim of developing several components of wisdom, including flexibility of view, empathy, acceptance of emotions, value relativism, acceptance of uncertainty, and a long-range perspective (Linden, 2008).

When we began planning this book, we thought of wisdom simply as having a deep understanding of how to live. While this definition still captures its essence, we’ve since learned that wisdom is a high-level, multidimensional human capacity that manifests differently under different circumstances. It involves balance among, and integration of, many faculties, and has taken varying forms across cultural and historical contexts. Developing targeted interventions or clinical training models to cultivate such a multidimensional virtue therefore will be a challenge indeed.

WISDOM FOR THE PSYCHOTHERAPIST

We conducted an informal survey of experienced clinicians, asking them what constitutes a “wise” therapist (see Chapter 10). Based on their responses, combined with the historical and modern models just discussed, we identified the following attributes of wisdom that may be useful to consider—both to work more wisely as therapists and to cultivate wisdom in our patients:

- Factual knowledge relevant to the problem at hand
- Reasoning and problem-solving ability
- Capacity for common sense as well as expert judgment
- Ability to hold multiple perspectives and competing values simultaneously
- Awareness of the limits of our knowledge
- Comfort making decisions amidst ambiguity and uncertainty
- Awareness that all thoughts are constructed

- Intuitive grasp of the interdependent, ever-changing nature of all phenomena and how the mind constructs a conventional “reality” of separate, stable objects
- Ability to appreciate absolute (transcendent, transpersonal, interdependent) reality along with conventional reality
- Ability to observe, reflect on, and understand our own cultural, familial, and personal conditioning and psychological dynamics
- Interest in personal growth and learning from experience
- Openness to experience
- Concern for the effects of actions on the near and wider world in the long and short term
- Ability to tolerate and reflect upon affects and urges without necessarily acting on them
- An understanding of human nature as it changes through physical, psychological, and spiritual developmental stages
- Understanding the causes of human suffering and its alleviation
- Social or emotional intelligence—the ability to understand and communicate with others
- Compassion for self and others

It's a long list that may seem like a tall order. But these capacities tend to be interrelated, and by developing one we tend to strengthen others.

CULTIVATING WISDOM

Although numerous investigations have come to the conclusion that wisdom is a rare development and doesn't necessarily increase with age, occasionally it does (Baltes & Staudinger, 2000; Jordan, 2005; Staudinger, 1999; Vaillant, 2003). But can we deliberately cultivate it? A study by the Berlin school indicates that clinical psychologists demonstrate more wisdom than the population at large, at least when describing solutions to complex human problems (Smith, Staudinger, & Baltes, 1994; Staudinger, Smith, & Baltes, 1992). This finding suggests that training can help, although therapists may be a self-selected sample. It's nonetheless likely that holding the intention to understand others and develop other aspects of wisdom over the course of a lifetime is one factor supporting its development (Jordan, 2005). Traditional conceptions of wisdom are in line with this view. Plato suggested that developing wisdom requires a “daily discipline,” and in early Buddhist traditions, wisdom is developed by following the eightfold path requiring, among other things, persistent “right effort.”

The Role of Mindfulness

Most wisdom traditions suggest that deliberately engaging in meditative or contemplative practices can help us become wiser. In the Buddhist tradition, mindful awareness practices were developed explicitly as a means of cultivating wisdom—“seeing things as they are, rather than as we’d like them to be” (Surya Das, 2011, p. 1). How might this work? Let’s look at some of the components of mindfulness practices, and how each may in turn develop various components of wisdom.

Stepping Out of the Thought Stream

By returning our attention repeatedly to moment-to-moment sensory experience (e.g., the sensations of the breath), rather than remaining embroiled in thoughts, we begin to gain perspective on our thought processes. This practice allows us to see how thoughts are conditioned by family and culture, and how they change with moods and circumstances (R. D. Siegel, 2010). We also get to see our intellectual defenses at work—the resistance that arises in response to unsettling thoughts, and our urges to maintain comforting ideas or interpretations. Seeing these mental processes in action helps us develop a central feature of wisdom found across many definitions: the ability to entertain multiple perspectives. In the Buddhist tradition, this “perspective taking” goes even further, to gain firsthand insight into how the mind constructs a seemingly stable reality out of the ever-changing flux of experience (see Chapter 9).

Being with Discomfort

By turning our attention toward, and opening to, uncomfortable emotions and physical sensations, mindfulness practice helps us tolerate and accept physical and emotional discomfort (Germer et al., 2005; R. D. Siegel, 2010). Many definitions of wisdom point to the capacity to step back, resist the urge for immediate personal comfort, and act in the interest of the greater good. This is possible only if we can get beyond our instinctual habit of seeking personal comfort and avoiding pain. Much as our muscles become stronger by lifting weights at the gym, we become better able to endure pain by practicing mindfulness. This endurance is cultivated both by observing that our pain, like all things, changes on its own, and by not identifying with the discomfort as being about “me” (more on this shortly).

Disengaging from Automatic Responses

When we're not mindful, many of our reactions are impulsive. They're either instinctual or conditioned through reward and punishment, modeling, and/or classical conditioning. Mindfulness practice teaches us to observe stimulus–response processes in microscopic detail, so that we can experience the arising of a sensation, thought, or feeling, followed by the urge to act in response to it, finally followed by overt behavior. Instead of automatically enacting the sequence, with practice we can develop the ability to pause, take a breath, and evaluate whether or not the action would actually lead to desirable results. In this way mindfulness practice can help us develop the capacity for emotional regulation—restraint from acting automatically on affects or urges—which figures prominently in most definitions of wisdom.

Transpersonal Insight

A key purpose of mindfulness within the ancient Buddhist mind-training tradition is to yield direct insight into *anatta* (see Chapters 9 and 13)—the lack of a separate, enduring self or identity. This insight is closely related to insight into what later Buddhist traditions refer to as *shunyata*, or *emptiness*: the observation that all perceived phenomena arise interdependently with all other phenomena, and their apparent separate nature is an invention of our conceptual minds. Mindfulness practices help us see this interdependence by revealing that all experience is in constant flux, with our minds relentlessly generating words to organize this flux into what we take as conventional reality. We notice that we are, as neuroscientist Wolf Singer (2005) puts it, “an orchestra without a conductor.” This awareness not only helps develop wisdom in the Buddhist sense—insight into the way things really are—but also dissolves the barrier between “me” and “mine” and “you” and “yours,” leading to compassion, another cornerstone of wisdom.

Moment-to-Moment Observation of the Mind's Antics

While mindfulness practice can lead to a radical reappraisal of who we think we are, along the way it usually illuminates what psychodynamic traditions call *defenses*. Noticing what the mind is doing in each moment, we see how we often project onto others and have difficulty seeing them clearly as they are. We notice our minds stereotyping, judging, jealously competing, idealizing, denigrating, and doing all the other not-so-noble things that are part of human nature. Seeing this mental busyness enables

us to reflect on our reactions to things, increasing the possibility that we'll develop the introspective attitude and self-understanding that is another important component of wisdom.

Seeing How the Mind Creates Suffering

Mindfulness practices were also developed to help practitioners see how the mind creates suffering for itself, and how this suffering can be alleviated (R. D. Siegel, 2010). Like Goldilocks and the Three Bears, the mind is forever making comparisons and judgments, struggling to get things “just right” and then keep them from changing. Our attempts to cling to pleasant moments and avoid or push away unpleasant ones inevitably fail, causing endless distress. One moment we're winning, but the next moment we're losing. Insight into these processes, which arises spontaneously during mindfulness practice, gives us a rich understanding of human nature—a dimension of wisdom particularly relevant to psychotherapy practice.

Embracing Opposites

When we step out of the thought stream and observe the moment-to-moment activity of the mind, we see that our dearly held views of reality—“I'm smart,” “I'm stupid,” “I'm kind,” “I'm mean”—are merely mental constructions. That understanding helps us tolerate the views of others and find cooperative solutions to conflicts—both of which are frequently mentioned dimensions of wisdom.

Mindfulness can also help us embrace different levels of reality simultaneously. We can be aware of what Buddhist psychology describes as *absolute reality*: emptiness and *anatta* (the interdependence of all phenomena and lack of any separate, enduring “self”), *anicca* or impermanence (the fact that all phenomena are in constant flux), and *dukkha* or suffering (how the mind creates suffering by clinging to pleasant and rejecting unpleasant experience). At the same time, we can be aware of conventional or *relative reality*: the fact that we naturally want to protect ourselves and our loved ones; we want to be healthy, safe, secure, and loved; we fear the unknown; we have natural sexual and aggressive urges; as well as all the other tendencies that make us human. As we'll see throughout this volume, being able to embrace both of these levels is particularly important to acting wisely as a therapist, since sometimes our patients need us just to understand their ordinary emotional experience, whereas other times they need us to see the bigger picture and understand how the mind creates suffering by not perceiving absolute reality.

Developing Compassion

Several definitions of wisdom include compassion toward others (Ardelt, 2004; Clayton, 1982; Meeks & Jeste, 2009). Conversely, effective compassionate action must include wisdom, lest we inadvertently harm those we're trying to help. As we discussed earlier, mindfulness practice can be a great support for cultivating compassion, in part by showing how interconnected we all are. When we have the ability to abide peaceably in the midst of our own suffering, we see that everyone else also suffers, and we spontaneously feel like helping others, much as the right hand assists the left hand when it's injured. Experiencing interdependence and feeling compassion are fundamentally inseparable. As the 10th-century Indian sage Atisha put it: "The supreme goal of the teachings is the emptiness whose nature is compassion" (Harderwijk, 2011).

Other Paths to Wisdom

One aspect of wisdom does not naturally arise from mindfulness practice: acquiring the knowledge and experience needed to solve concrete worldly problems. We're unlikely to learn to fix an automobile, speak a foreign language, or perform surgery wisely by just sitting on a meditation cushion. These aspects of wisdom are probably best learned through conventional methods, such as self-study, schooling, and apprenticeships.

Many practices designed to cultivate wisdom are associated with theological frameworks that require belief in a divinity and/or otherwise require faith. Mindfulness practices, in contrast, have been refined in Buddhist traditions with an attitude expressed by the Pali word *ehiṇasiko*—meaning, come and see for yourself—which fits nicely with modern psychological attitudes that value observed experience over doctrine. This is not to suggest, however, that other means of cultivating wisdom, including those drawn from Western and other Eastern religious traditions, might not also be important to psychotherapy (see Chapter 22). It's easy to imagine how many different forms of contemplative practice, as well as many different types of therapy, could support the development of the attitudes and capacities that we've been discussing.

Wisdom is also contagious. Throughout history people have sought contact with great teachers and sages for precisely this reason. And many wise figures point to the tutelage of their mentors as important developmental influences. In fact, one reason why having a wise therapist is important is that wisdom will be transmitted in the therapy process. This seems particularly likely in light of studies showing that clients' values tend, over time, to become increasingly like those of their therapists (Williams & Levitt, 2007).

To some extent, wisdom can also be acquired through books. But it appears that most aspects of wisdom—seeing how the mind constructs reality, learning to tolerate personal discomfort, developing emotional regulation, experiencing care and compassion, seeing the interdependence of things, developing self-understanding, and deeply appreciating human nature—all require personal, introspective discipline.

TWO WINGS OF A BIRD

In Tibetan Buddhism, wisdom and compassion are considered to be “two wings of a bird” (Dalai Lama, 2003, p. 56; see also Chapter 4). The bird cannot fly with only one wing, nor when one wing is significantly weaker than the other. In psychotherapy, if we feel compassionately toward a patient but have no wisdom, we are liable to lose our compassion, become overwhelmed with emotion, lose the path through suffering, and conclude that the treatment is hopeless. Conversely, if we can wisely comprehend the multidetermined nature of a patient’s problem but are out of touch with the patient’s despair, our supposedly wise therapeutic suggestions will fall on deaf ears. Our patients need both; they need to “feel felt” (Siegel, 2009), and they need a realistic path through their suffering.

At an absolute level, wisdom and compassion are inseparable. Shortly before his death, Thomas Merton (2008) said, “The whole idea of compassion . . . is based on a keen awareness of the interdependence of all these living beings, which are all part of one another, and all involved in one another” (p. 30). A Buddhist friend echoed this vision: “Wisdom is concerned with penetrating and abiding in the ultimate truth, while compassion is the movement of the heart from this deep understanding to relate to the ups and downs and struggles of life as it unfolds” (Chodon, personal communication).

We hope that this introduction to wisdom and compassion in psychotherapy has kindled your interest and tempted you to read on. It’s usually easiest to learn or refine a skill when we have some understanding of its component parts and the methods others have used to develop it before us. In the pages ahead, you’ll find diverse perspectives on compassion and wisdom, varied ways to cultivate them, and concrete applications we can use as therapists and offer to our patients. By looking together at the many facets of these highest of human potentials, may we all find ways to live more wisely and compassionately, so that we, our patients, and everyone else can live happier, healthier, more meaningful lives.