

UNDERSTANDING INDIVIDUAL COMPASSION IN ORGANIZATIONS: THE ROLE OF APPRAISALS AND PSYCHOLOGICAL FLEXIBILITY

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To enhance compassion in organizations, the processes by which compassion can be enhanced in individuals must be understood. We develop an expanded model of the components of compassionate responding that includes noticing, appraising, feeling, and acting. Using this model, we propose that psychological flexibility (mindfulness combined with values-directed action) contributes to enhancing the perceptual, cognitive, affective, and behavioral aspects of compassion. Specifically, mindfulness processes support the capacity to be compassionate while values processes motivate effort to engage in compassionate action. Training in psychological flexibility should be considered as one element of programs designed to increase organizational compassion.

I saw that my colleague was upset but I just moved away. . . . I knew that he had been made redundant and I thought he might blame me somehow and that he might get really upset. I'm just no good at handling it when people get really upset. I try and avoid it at all costs (manager's explanation for not helping a colleague).

Individuals are not always able to respond compassionately. The manager quoted above is unable to demonstrate compassion to a work colleague and avoids strong emotions "at all costs." He appears overwhelmed and is unable to let go of his self-focus in order to focus on his colleague. Sadly, such instances of a lack of compassion can be common in organizations. For example, Frost (2003) cataloged multiple "toxins" that create pain and suffering in the workplace.

Yet compassion in organizations is recognized as vital. Dutton, Lilius, and Kanov observed that "as human institutions, organizations are sites that inevitably harbor the emotional pain and suffering of their individual members" (2007: 110). These scholars argued that compassion is transformative within organizations: it not only promotes healing but builds the quality of relationships among organizational members, creating relational resources such as trust and strengthening shared values of interconnectedness. Lilius et al. (2008) described how receiving

compassionate support during critical incidents not only increased commitment but was interpreted as indicating organizational support and thus led to further positive organizational outcomes. Caring social networks have also been associated with improved immunity, lower blood pressure, lower mortality (Boyatzis, Smith, & Blaize, 2006), and greater creativity (Zabelina & Robinson, 2010).

One approach to studying compassion in organizations is to focus on how organizational culture and practices build compassion (e.g., Kanov et al., 2004). This approach is critically important. But it is also vital to understand the processes of compassion within individuals. Otherwise, organizations might waste resources putting in place practices when individual staff might be unable, or unready, to experience compassion. Further, evidence on compassion fatigue in the helping professions suggests that encouraging people to become more compassionate, without considering the associated self-regulatory demands, can lead to staff burnout or turnover (Boyatzis et al., 2006; Goetz, Keltner, & Simon-Thomas, 2010; Miller, 2007). Understanding the psychology of individual compassion—our core focus here—is critical for developing effective approaches to enhancing compassion in organizations.

We have two specific aims. First, we extend previous process models of individual compassion in organizations by examining the appraisals associated with compassion. Appraisals have been neglected in prior models of compassion in the workplace. We argue that appraisals that the sufferer deserves help and is relevant to the self will influence whether or not a person feels compassion. Furthermore, a self-efficacy appraisal that the person has the resources to cope influences whether that person experiences empathic concern and acts to alleviate the other's suffering or, instead, experiences personal distress and behaves defensively in the presence of suffering. We show how including appraisals as an element of compassion enables a deeper understanding of potential barriers to compassion in the workplace.

Second, having developed a more comprehensive model of individual compassion, we turn to understanding the psychological determinants of compassion so as to inform how it might be enhanced. We make a case for the importance of psychological flexibility—a way of being that includes both mindfulness and values-directed action (Bond, Hayes, & Barnes-Holmes, 2006). We propose pathways whereby enhanced mindfulness is likely to promote more compassionate noticing, appraising, and feeling and whereby enhanced values-directed action is likely to promote more compassionate action. We also review evidence showing that psychological flexibility can be developed, thereby providing a leverage point for enhancing compassion that has thus far not been considered. We begin by defining what we mean by individual compassion.

DEFINING INDIVIDUAL COMPASSION

Scholars generally agree that compassion involves both feelings and a response, although different researchers have emphasized either the feeling aspect (Davis, 1983; Goetz et al., 2010) or the response aspect (Kanov et al., 2004). As expressed by Lazarus, "The core relational theme for compassion . . . is being moved by another's suffering and wanting to help" (1991: 289). The inclusion of responding, or actually helping the other, as a key element of compassion differentiates it from related concepts like empathy and aligns with contemporary functional views of emotion: "Emotions not only make us feel

something, they make us feel like *doing* something" (Gross & Thompson, 2007: 5). From this perspective, compassion is not a single state, action, or feeling. Rather, it is a process involving both feeling and action.

It is also useful to distinguish between wanting to help in order to alleviate the suffering of another and wanting to help in order to alleviate one's own suffering in the presence of the other's suffering. We use the term *empathic concern* to refer to the "other-oriented emotional response elicited by and congruent with the perceived welfare of a person in need" (Batson & Ahmad, 2009: 6). By "other-oriented" emotional responses, we mean feelings of empathy, sympathy, and tenderness that prompt action to help another. In contrast, *personal distress* is a "self-focused, aversive reaction to the vicarious experience of another's emotion (e.g. as discomfort or anxiety)" (Eisenberg, 2010: 130). A person may notice another's suffering, but if this activates personal distress rather than empathic concern, the individual's attention and responding will be diverted to minimizing his or her own distress rather than compassionately responding to the other.

Kanov et al. (2004) identified three subprocesses that collectively define compassion: noticing, feeling, and responding. Noticing another person's suffering is a critical first step, involving becoming aware of the suffering of the other. Feeling involves "suffering with" the other person or empathizing with his or her hurt, anguish, or worry. Responding compassionately involves taking actions to ease or eliminate the other person's suffering (Frost, Dutton, Worline, & Wilson, 2000). Feeling compassionate does not inevitably lead to compassionate responding because circumstances might sometimes prevent action. It is also possible that individuals will engage in acts that appear compassionate (e.g., helping) but arise from motives other than empathic concern. Importantly, noticing, feeling, and responding are all necessary for an act to be considered compassionate (Kanov et al., 2004).

Next we argue that compassion also includes a characteristic set of appraisals, in addition to the three aspects of compassion identified by Kanov et al. (2004). Additionally, we relabel *compassionate responding* as *compassionate acting* because noticing, appraising, and feeling can also be considered compassionate responses.

IMPORTANCE OF APPRAISAL FOR INDIVIDUAL COMPASSION

We concur that noticing, feeling, and acting are all aspects of compassionate responding. However, we propose that a more complete model of compassion should also include an aspect not mentioned by Kanov et al. (2004)—namely, the person's appraisals of the situation. After noticing that another is suffering, a person might feel empathic concern (necessary for compassion), but he or she might equally feel anger, distress, sadness, coldness, or other emotions that do not lead to compassion. The specific emotions that are evoked by noticing suffering will depend on the appraisals made. To elaborate our arguments, we use the term *observer* to refer to the person potentially extending compassion and the term *sufferer* to refer to the target of that compassion.

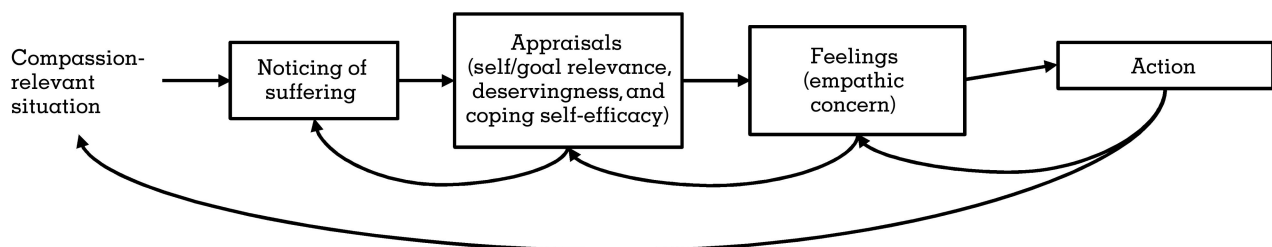
The specific qualities of an emotion are determined by the appraisals an individual applies to events, particularly with regard to their implications for the self (Gross & Thompson, 2007; Lazarus, 1991; Smith & Ellsworth, 1985). In other words, it is not an event per se (noticing another's suffering) that gives rise to emotions but how events are interpreted by the observer (appraisals about the sufferer). More specifically, cognitive appraisal theory (Folkman, Lazarus, Dunkelschetter, DeLongis, & Gruen, 1986; Lazarus, 1991) identifies appraisals of both the situation (primary appraisals) and one's own resources for dealing with the situation (secondary appraisals) as a critical influence on emotional responses. Primary and secondary appraisals combine to affect whether an observer regards the person-environment transaction as threatening or benign, which, in turn, influences the observer's emotions. In a similar vein, affective events theory (Weiss & Cropan-

zano, 1996) describes how an individual's affect in any particular moment depends on appraisals of transient events in that work environment and how different emotions arise from different appraisals.

Drawing on ideas from evolutionary psychology, Goetz et al. (2010) argued that compassionate responding involves making a kind of cost-benefit calculation in which people evaluate whether the benefits of being compassionate outweigh the potential costs. In terms of benefits, individuals make primary appraisals regarding whether the sufferer is self-relevant and deserving, and in terms of costs, individuals make a secondary appraisal regarding their level of resources for responding in a compassionate way. This cost-benefit calculation may not be conscious and does not imply that compassion is merely self-interest but, rather, that any adaptive organism naturally considers its own welfare along with the welfare of the other in the process of responding (Lazarus, 1991). Next we elaborate how and why these particular primary and secondary appraisals are part of an overall compassionate response (see Figure 1). Our intention with Figure 1 is to depict the unfolding of the constituent elements of compassion. Later we propose psychological processes that can enhance these elements of compassion.

Noticing another's suffering leads to feelings of empathic concern when the observer appraises the sufferer as relevant to his or her self and goals. Appraisal theorists recognize that goal relevance determines emotion intensity, with more intense emotions being felt for particularly self-relevant or important events (Scherer, 2001). Thus, the more the other's suffering is incongruent with the observer's broader goals and values, and the more closely the other relates to

FIGURE 1
The Elements of Compassionate Responding



the observer's sense of self, the greater the intensity of compassionate feelings experienced by the observer. For example, people are more likely to extend compassion toward, and hence be willing to help, those to whom they feel more closely related (Cialdini, Brown, Lewis, Luce, & Neuberg, 1997) or to whom they have similar values, preferences, characteristics, or beliefs (Eisenberg & Miller, 1987). However, if the observer makes an appraisal that the sufferer is not self-relevant, then he or she is unlikely to be moved by the suffering of another and thereby will not experience empathic concern (Batson, Eklund, Chermok, Hoyt, & Ortiz, 2007).

A further primary appraisal is whether the sufferer is deemed to be deserving of help. Altruistic behaviors such as compassionate responding produce evolutionary advantages if they are directed toward others who are perceived to be more altruistic, trustworthy, and cooperative. Otherwise, there is the risk of being exploited by those perceived to be competitors (Axelrod & Hamilton, 1981). For example, people who are deemed to be responsible for their own suffering are more likely to elicit anger in an observer than compassionate feelings (Rudolph, Roesch, Greitemeyer, & Weiner, 2004), as are those who are deemed to be cold, uncooperative, or nasty (Batson et al., 2007; Fiske, Cuddy, Glick, & Xu, 2002). Furthermore, in a study of confederates playing an economic game and then receiving pain, the neural responses associated with empathy for the sufferer were modulated (in men at least) by the degree to which the sufferer was appraised as being fair in the game (Singer et al., 2006).

A final critical appraisal is the observer's beliefs that he or she can cope with the situation to bring about desired future outcomes or prevent undesired outcomes (Roseman & Smith, 2001). We refer to this appraisal as coping self-efficacy. Self-efficacy is an important aspect of self-regulation "that influences individual choices, goals, emotional reactions, effort, coping and persistence" (Gist & Mitchell, 1992: 186). Bandura (1988) argued that if individuals lack self-efficacy to deal with disturbing thoughts and feelings, they will experience high levels of anxiety and engage in avoidant behavior. Thus, if the observer makes an appraisal that the sufferer is self-relevant and deserving, but the observer lacks the resources or capabilities to manage his or her own emotions in the face of

the other's suffering, the observer is likely to experience the other's suffering as aversive and anxiety provoking (Lazarus & Folkman, 1984). Faced with such personal distress, the observer is more likely to act defensively rather than compassionately.

Consistent with this idea, children and adults who report being more able to regulate their emotions are more likely to report feeling compassion rather than distress in the presence of another's suffering (Eisenberg et al., 1994). Further, a sense of secure attachment, which is reliably associated with coping self-efficacy (Mikulincer & Shaver, 2003), has been positively related to the extent to which compassion can be induced experimentally (Mikulincer, Shaver, Gillath, & Nitzberg, 2005). Thus, a person who believes he or she has the necessary skills and resources to regulate his or her own emotions in a given context (coping self-efficacy) will be more likely to feel empathy and seek to assist others.

We suggest that each of these three appraisals is required to at least some degree for noticing suffering to lead to empathic feelings. Consider, for example, a manager who finds herself in the situation of having to balance her caring for individual subordinates with the needs of an organization facing significant staff cuts. If she believes that alleviating the suffering of the staff being downsized is not what her role is about (an appraisal of non-self-relevance) or that those to be laid off brought this decision upon themselves through poor performance (an appraisal of undeservingness), she is unlikely to be moved by her staff's suffering. If the manager *does* feel her staff's pain but believes she is unable to cope with the situation, the resulting anxiety and personal distress she feels might prompt defensive reactions that make her feel better yet don't help her staff, such as avoiding subordinates by being busy or trying to minimize the seriousness of the situation through inappropriate and inauthentic reassurance.

There are also likely to be individual differences in the dominance of these appraisals. For example, a person may choose to work in a homeless shelter because he or she values extending compassion to *all* people, irrespective of deservingness. Such a decision would involve all of the aforementioned appraisals, but the threshold for appraisals of deservingness would be lower as a result of the self-goal of uncondi-

tional compassion. In this sense the appraisals may vary in salience for a given individual, but all are needed to at least some degree for a compassionate response. It is also important to recognize that appraisals of self-relevance are not the same as selfish appraisals. An individual with strong prosocial values, for example, might consider all instances of suffering as relevant to him or her, given his or her commitment to others' welfare. Prosocial values are defined as values directed toward preserving and enhancing the welfare of others rather than benefiting the self.

It is useful to consider the ordering of the elements of compassion in Figure 1. We base our argument that appraisals primarily arise between noticing and feeling on evidence and theory regarding self-regulatory capability. Logically, individuals must first notice that another is suffering. Once they notice this, there may be rapid and automatic bodily sensations, but appraisals appear to precede, or at least coevolve with, elaborated emotions, such as empathic concern (Lamm, Batson, & Decety, 2007). According to Gross and Thompson, "There is broad agreement that it is . . . appraisals that give rise to emotional responses" (2007: 5). We therefore identify appraisals as intervening between noticing and empathic feeling in an overall compassionate response. Nevertheless, as depicted by the recursive arrows in Figure 1, we recognize that noticing, appraising, feeling, and acting coevolve and interact dynamically such that each unfolds to some extent alongside the other aspects of compassion. For example, while acting compassionately, people continue to notice the other's reactions and dynamically update their appraisals. Likewise, evidence from studies of self-perception (e.g., Bem, 1967) suggest that when a person notices he or she is acting compassionately, this is likely to influence the person's appraisals and emotions toward the other.

PSYCHOLOGICAL FLEXIBILITY

Having articulated the four elements of compassionate responding, we now explore how these aspects of compassion might be enhanced via psychological flexibility. Our approach to psychological flexibility is based on a functional-contextual (Gifford & Hayes, 1999) account of human language and cognition known as rela-

tional frame theory (Hayes, Barnes-Holmes, & Roche, 2001). This approach has, in turn, led to a well-validated, evidence-based approach to improving human functioning known as acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 1999). We commence with a brief overview of relational frame theory (for a comprehensive introduction see Torneke, 2010) before defining psychological flexibility in terms of a set of psychological subprocesses. We then systematically examine how each of these potentially malleable subprocesses of psychological flexibility contributes to enhancing compassionate responding.

Proponents of relational frame theory view all human cognition as the act of relating events or experiences (Hayes et al., 2001). Language arises through learning and deriving relations between words and events, where events are any experience of the world or of the self. The infinite generativity of human language arises from our capacity to infer relations between anything, even arbitrary symbols, and to make use of many different types of relations, such as evaluative (better/worse), hierarchical (part of/includes), conditional (causal/if . . . then), and temporal (before/after) relations. This unique human ability to relate arbitrary cues allows us to step outside the realm of direct sensory experience, formulate a past and a future, and use those formulations to create meaning and solve problems. However, this ability also creates human suffering because, for example, people remember unpleasant experiences, compare their situations to those who are better off, and fearfully anticipate possible futures.

From the perspective of relational frame theory, an individual's relating can be more or less flexible. Flexibility here refers to the repertoire of different options for response in a given situation. If a particular situation automatically evokes only one response, this would be an example of reduced flexibility of relating. To the extent that a person is able to step back from his or her automatic response and see it in the broader context of his or her aims and values, the individual has more options for action and, thus, more flexibility.

The term *psychological flexibility* refers to being open and curious regarding the present moment and, depending on what the situation affords, acting in accordance with one's chosen values (Bond, Flaxman, & Bunce, 2008; Bond et

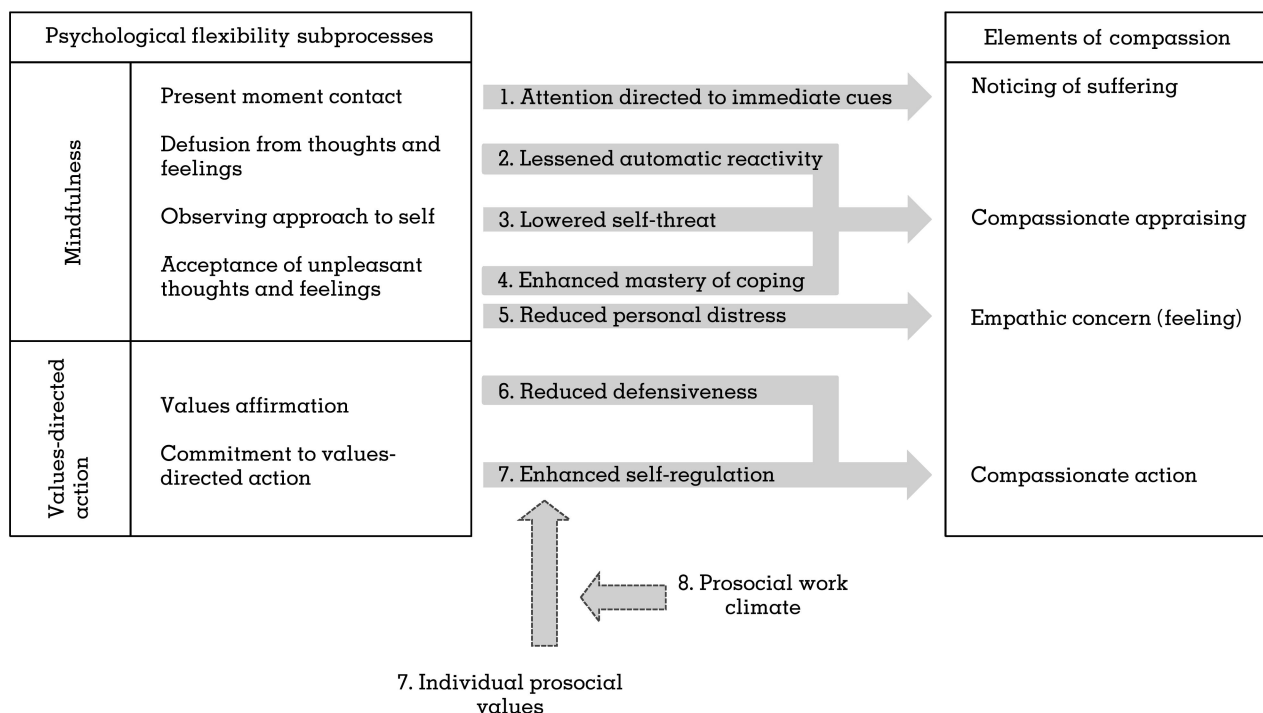
al., 2006). Instead of trying to *control* inner experience, people who are more psychologically flexible are better able to observe their internal experiences as they arise in an open, nonelaborative, noncontrolling, and nonjudgmental manner (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Bond et al. provided evidence that “people with higher levels of psychological flexibility have a greater capacity to notice and respond more effectively to goal-related opportunities at work” (2008: 652). They suggested that this occurred in part because fewer attentional resources were expended in trying to control experience, and because being less emotionally disturbed by events allowed people to more effectively notice the situation and respond accordingly. In other words, individuals who are psychologically flexible are more sensitive to context, which allows for the more effective pursuit of goals (Bond et al., 2008).

Psychological flexibility can be disaggregated into a hierarchy of subprocesses (Figure 2, left-hand side). At a mid level the construct consists of mindfulness and values-directed action. As defined within acceptance and commitment

therapy, mindfulness consists of four interrelated self-regulatory processes (Hayes & Plumb, 2007): (1) attending to present moment experience (herein referred to as “present moment contact”), (2) recognizing thoughts and feelings as passing mental events (“defusion from thoughts and feelings”), (3) acting from a sense of self as a perspective from which experience is observed rather than a particular set of identity labels (“observing approach to self”), and (4) being willing to experience any psychological content, even negative aversive content (“acceptance of unpleasant thoughts and feelings”). These four processes work interactively to undermine the dominance of verbal relating, thereby supporting behavior that is more sensitive and responsive to the environment and allowing a larger set of contingencies to be noticed and a broader behavioral repertoire to be available (Vilardaga, 2009). Changing the way individuals relate to their own verbal relating provides them with the capability to respond more adaptively in a wider range of contexts.

The second midlevel element of psychological flexibility is values-directed action. Values-

FIGURE 2
How the Subprocesses of Psychological Flexibility Contribute to Enhancing the Elements of Compassion



directed action involves two subprocesses: (1) values affirmation, where one's important values are made cognitively accessible (Stapel & van der Linde, 2011), such as through a process of articulating one's important life goals, and (2) commitment to values-consistent action, or the determination to act in line with one's important life goals. We have argued that compassion is more than just a feeling; it is a response that involves action. Psychological flexibility is not only about one's relationship to inner experiences but involves purposeful action motivated by values and goals. In this sense we see mindfulness as primarily about the capability to be compassionate, whereas values-directed action is primarily about the motivation to be compassionate.

Consistent with the above theorizing, studies show that psychological flexibility enables individuals to pursue their valued goals in ways that are constructive and healthy. There is considerable evidence for the positive impacts of psychological flexibility on work-related dependent variables, such as mental health (Flaxman & Bond, 2010a,b; Kashdan & Rottenberg, 2010), performance (Bond & Bunce, 2003), physical well-being (Donaldson-Feilder & Bond, 2004), a propensity to innovate (Bond & Bunce, 2000), social and emotional functioning (McCracken & Yang, 2008), and a capacity to thrive under conditions of greater autonomy (Bond et al., 2008). There is also strong evidence that mindfulness interventions can have positive consequences for individuals, including increased empathy (Block-Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007; Shapiro, Schwartz, & Bonner, 1998), reduced burnout and increased life satisfaction (Mackenzie, Poulin, & Seidman-Carlson, 2006), improved mental health (Williams, 2006), greater attentional performance and cognitive flexibility (Moore & Malinowski, 2009), improved performance (Shao & Skarlicki, 2009), and higher autonomous motivation and vitality (Brown & Ryan, 2003). To date, however, scholars have not considered how psychological flexibility might enhance compassion.

INFLUENCE OF PSYCHOLOGICAL FLEXIBILITY ON COMPASSION

Our primary claim in this section is that psychological flexibility will lead to enhanced individual compassion in organizations. To support

this claim we present evidence organized in terms of the six subprocesses of psychological flexibility. Figure 2 summarizes the relationships between psychological flexibility and compassion for which we believe there is most evidence. On the left are the "input" processes associated with psychological flexibility, and on the right are the "outcome" processes of compassionate responding. The arrows and intervening labels depict possible mediating processes that explain why psychological flexibility increases the likelihood of compassionate responding. We now elaborate the effects of each subprocess of psychological flexibility on each element of compassionate responding. It is important to note that, as we elaborate further in the discussion section, our identification of pathways is necessarily somewhat simplified. In other words, we recognize that the six subprocesses of psychological flexibility interact to reinforce each other in much more dynamic and integrative ways than we have scope to articulate here.

Capability for Compassion: Mindfulness

Mindfulness can be defined in terms of four elements: (1) present moment contact, (2) defusion from thoughts and feelings, (3) observing approach to self, and (4) acceptance of unpleasant thoughts and feelings (Hayes & Plumb, 2007). In this section we explore how each of these aspects of mindfulness contributes to enhancing individual compassion.

Present moment contact. Why might a person fail to notice another's suffering? Consider, for example, a manager who is too preoccupied with an overdue task to notice that an employee is in distress. In this situation the manager fails to notice cues available in the social environment. If the manager is later asked why he failed to notice, he might respond that his attention had been directed toward his own thoughts and goals. We propose that present moment contact, which refers to deliberately attending to the present moment, is important because it enhances the noticing of another's suffering by directing attention to what is actually happening in the situation, rather than attending only to one's own plans, memories, and judgments.

A key element of effective compassion is noticing one's own and others' emotional cues available in the present moment. Recall our ear-

lier example of a manager who has to lay off a staff member to reduce costs. To respond compassionately in a lay-off interview with a staff member, the manager needs to notice not only what the staff member is saying but also how the person is saying it, including emotional tone and bodily gestures that might indicate suffering. She also needs to correctly interpret staff member behaviors, such as withdrawal or aggression. Such noticing requires a deliberate allocation of attentional resources to what is actually happening in the present situation—directing attention to immediate cues, rather than being lost in one's judgments and verbal constructions of the past or future. Active listening, if done well (Jentz, 2007), is an example of deliberately attending to the present moment as the listener strives to pay close attention to what is *actually* said, and the way in which it is said, to accurately understand the meaning and intent of the utterance. It is impossible to take the perspective of another when preoccupied with verbal representations of the past or future, such as task goals or preexisting beliefs about the person, rather than attending to the actuality of what is said or done.

There is a growing body of evidence to indicate that mindfulness training enhances the capacity to attend to cues available in the present moment. For example, McHugh, Simpson, and Reed (2010) showed that a brief mindfulness intervention reduced stimulus overselectivity in elderly adults. Participants in the mindfulness condition were less likely to selectively exclude pertinent information. Moore and Malinowski (2009) showed that mindfulness predicted performance on a concentration and attentional endurance test, which measured the capacity to direct and sustain attention to the details of experience, as well as the Stroop task, which measured the capacity to suppress automatically interfering information. Those who were more mindful were better able to direct their attention and less likely to react automatically to linguistic stimuli. Similarly, Jha, Krompinger, and Baime (2007) showed that meditators were less susceptible to distraction than nonmeditators. Almost all approaches to mindfulness training emphasize attending to stimuli occurring in the present moment (e.g., bodily sensations, sounds, etc.) and noticing what is actually happening, as opposed to getting lost in thoughts or feelings in response to what is hap-

pening. The evidence suggests that deliberately directing attention in this way is likely to increase the degree to which the observer notices emotional, physical, and verbal cues regarding the other's suffering and also the observer's own emotional reactions.

Proposition 1: Present moment contact enhances compassionate noticing by directing attention to immediate social and emotional cues regarding another's suffering and one's own reactions.

Defusion from thoughts and feelings. Earlier we argued that primary appraisals of self-relevance and deservingness influence the degree to which an observer experiences compassion. Additionally, we suggested that the observer must also believe he or she has the resources to manage his or her emotions in the face of the other's suffering; otherwise, the observer is likely to experience personal distress and engage in defensive behaviors. The way people make sense of their experience and of their selves is, in our view, a critically important but somewhat neglected aspect of compassion. From the perspective of relational frame theory, appraising can be understood as the act of evaluatively relating one event to another. Appraisals of deservingness or coping self-efficacy, for example, involve comparisons between perceived events and ideal standards. Here we propose that, to the extent that people are able to "step back from" their thoughts and feelings regarding self and others and see those thoughts and feelings in context (defusion), they will be less automatically reactive to negative evaluative judgments of self and others and therefore will be more likely to respond compassionately. We elaborate this process next.

A key aspect of psychological flexibility is defusion from thoughts and feelings, or the capability to step back from one's own thoughts and feelings and see them in context. Defusion is "the recognition of thoughts, feelings and bodily sensations as passing events without buying into the literal content of the temporal and evaluative language that accompanies these experiences" (Fletcher, Schoendorff, & Hayes, 2010: 43). Subjectively, the experience of defusion feels like "having" thoughts and feelings rather than "being" them. Metaphorically, a gap is created between the thinker and the con-

tents of thinking, and in this gap there is the possibility of more effective noticing and more deliberate choice of response. The opposite of defusion is fusion. "Fusion is the process whereby certain verbal functions of events exert strong stimulus control over responding to the exclusion of other directly and indirectly available psychological functions" (Wilson & Dufréne, 2008: 55). So, for example, recall the situation of a manager who has to lay somebody off. If she is fused with thoughts, evaluations, and feelings regarding herself, the other, and/or the situation, she will struggle to see those thoughts and feelings as just one possible response to the situation and, thus, will be more likely to react automatically to negative evaluations.

To elaborate this process further, in the presence of others, people continually make rapid and automatic evaluations, and these can interfere with noticing and interpreting available cues regarding self and others. However, thoughts are abstractions of reality, not the reality itself. When thoughts, such as appraisals of self and others, control responding, the capacity to question the veracity and usefulness of those thoughts is lost. In contrast, when a person is not identified with his or her thoughts and feelings, that person is less likely to react automatically to them. For example, if managers are able to notice themselves judging another as undeserving of compassion, they may choose not to react immediately to that thought but may instead seek additional information to decide whether the thought is justified. Alternatively, in situations where there is a conflict between a negative appraisal of the other and an intrinsic desire to help, defusion from the negative appraisal will lessen its impact on behavior, increasing the likelihood of responding in line with the intrinsic desire to help.

Consistent with our arguments above, there is evidence to suggest that promoting defusion from thoughts and feelings reduces reactivity to automatic evaluations regarding ourselves and others. Hayes, Bissett, Roget, et al. (2004) showed that, relative to a control group that received multicultural training, a psychological flexibility intervention for a group of alcohol and drug counselors reduced stigmatizing attitudes toward clients and burnout at three-month follow-up. Thus, the intervention appeared to work to assist in both self-care and also caring for others. Masuda et al. (2007) reported similar results

but also showed that the psychological flexibility intervention was most effective in reducing stigmatization for those participants who were experientially avoidant or fused with their judgmental thoughts. Such a process appears to be implicated in the lack of compassion arising from stereotyping. Masuda et al. (2007) suggested that, to the extent that a person is fused with his or her categorizations and evaluations of other human beings, he or she loses contact with the individual, unique, and dynamic qualities of those others available in the present moment and sees them instead in terms of generalizations (Hayes, Nicolls, Masuda, & Rye, 2002: 298). This process appears to be similar to the depersonalization of others described by self-categorization theory (Hogg, 2001).

Proposition 2: Defusion from thoughts and feelings enhances compassionate appraisals by lessening automatic reactivity to negative evaluative judgments regarding self and others.

Observing approach to self. People can also be more or less fused with their thoughts concerning their identity. People often see themselves in terms of relatively rigid roles and categories, some of which will determine whether or not they are likely to extend compassion to another. For example, a person may believe, "I am not the sort of person who is good at handling other people's pain," or "I am an engineer, not a therapist." While such conceptualizations of self provide a stable sense of identity, their rigidity can interfere with flexibly responding to the situation.

An alternative way of relating to self involves seeing oneself as an observer of experience. Whereas defusion involves noticing one's ongoing flow of emotions, thoughts, and sensations (e.g., "I am having the thought that this is going to be hard to listen to"), one might also self-reflexively notice the perspective from which that awareness arises (e.g., "I notice there is a perspective from which I experience all thoughts and feelings"). From the perspective of relational frame theory, this can be understood as constructing a sense of self as an observer, with thinking being just another aspect of the flow of experience. This subprocess of psychological flexibility is what we call, in Figure 2, an "observing approach to self."

We propose that an observing approach to self is likely to enhance compassion by reducing threats to self in the presence of another's suffering. To the extent that a manager identifies with a particular self-categorization, or with achieving a particular goal, any threat to that categorization or goal will be experienced as a threat to self (Petriglieri, 2011). Being in the presence of someone suffering can easily threaten identity. Consider, for example, a manager who strongly identifies with always being a "successful" manager—always able to provide solutions to problems. Faced with another's suffering that he cannot easily alleviate, the manager is brought into contact with his own inability to fix the problem, potentially threatening his conceptualized sense of self as successful. Alternatively, a manager may identify herself and well-being with always being in control of her emotions. Such a manager may find that being in the presence of suffering threatens this sense of being in control and, thus, threatens the coherence of her picture of herself.

Identifying oneself with being an observer of experience rather than the contents of experience reduces perceptions of threat. This phenomenon is widely utilized in therapy to help clients relate more effectively to difficult psychological content, such as memories, images, self-talk, or feelings (Hayes et al., 1999). Whereas it is easy to evaluate the content of experience as good or bad, the self as an observer is beyond such evaluations. It is simply the awareness of experience and, as such, provides a stable sense of self irrespective of the content of experience. Seeing one's experience in context in this way provides individuals with a sense of identity ("I am an observer of my experience") while allowing them to relate to the contents of their experience more flexibly (Torneke, 2010).

Why should contacting a stable sense of self beyond threat enhance compassion? Earlier we argued that a coping self-efficacy appraisal can be seen as a balance of the emotional demands of the situation against the skills and resources the person believes he or she has to manage the situation. An observing approach to self appears to reduce the perceived demands of the situation, thereby enhancing coping self-efficacy. To the extent that a person identifies with a stable sense of self beyond threat, that person is less likely to experience another's suffering as demanding in the sense that it is aversive

and anxiety provoking (Lazarus & Folkman, 1984). Further, if the person has less need to defend a particular self-conceptualization, he or she has more resources available for managing the situation. So, for example, a manager who is able to notice his or her feelings of discomfort in the presence of someone crying, but can simply notice those feelings of discomfort from the perspective of an observing approach to self, is likely to experience the situation as less demanding or threatening than a manager who feels he or she has to resolve or avoid the problem. Thus, an observing approach to self can enhance coping self-efficacy through reducing the demands of the situation and freeing resources from continual efforts to protect identity (Bond et al., 2008).

Proposition 3: An observing approach to self enhances compassionate appraising by reducing the demands of the situation (in the form of threats to identity), thereby enhancing appraisals of coping self-efficacy.

Acceptance of unpleasant thoughts and feelings. Acceptance of unpleasant thoughts and feelings refers to allowing "thoughts and feelings to be as they are without trying to change their content, form or frequency" (Fletcher et al., 2010: 43). Acceptance is at the core of modern behavioral and cognitive therapies, where the emphasis is on helping people change their relationship to their experience rather than the content, form, or frequency of particular thoughts or feelings (Hayes, Villatte, Levin, & Hildebrandt, 2011). It is now increasingly recognized that aversive or unpleasant content is an inevitable aspect of experience, and it is what people do in response to their experience (i.e., the function of psychological events) rather than the content of particular psychological experiences that determines long-term well-being and effectiveness (Hayes et al., 2011). From a relational frame theory perspective, this change in emphasis from changing the *content* of experience to changing the *function* of experience makes good sense. In brief, proponents of relational frame theory argue that changes to verbal networks occur by the addition of new relations to the relational network, *not* through subtraction. Therefore, attempts to control experience by further thinking (e.g., by rumination) simply lead to expanded relational networks that be-

come increasingly difficult to control or avoid and, consequently, to a reduced behavioral repertoire. In contrast, dropping efforts to change the content, form, or frequency of internal experience (acceptance) enables the flexible choice of responses that are more effective in the long run. Importantly, from the perspective of effective action, acceptance of unpleasant thoughts and feelings does not mean resignation. An individual may accept that something is happening in this moment while simultaneously seeking to initiate change so that similar experiences do not occur in the future.

Acceptance is essentially the opposite of experiential avoidance (Fletcher et al., 2010), which is defined as "deliberate efforts to avoid and/or escape from private events such as affects, thoughts, memories and bodily sensations which are experienced as aversive" (Ruiz, 2010: 127). Experiential avoidance is a learned response that has been negatively reinforced by repeated experience of short-term diminishment of discomfort. But, in the long term, there is now a great deal of evidence to suggest that efforts to control, suppress, and avoid unpleasant thoughts and feelings do not work and can even accentuate long-term suffering (for a review see Wegner, 2009).

There is emerging evidence to suggest that, to the extent that a manager is able to accept his or her unpleasant thoughts and feelings, he or she is more able to extend compassion to another. For example, McCracken and Yang (2008), in a study of rehabilitation workers, found that acceptance of unpleasant thoughts and feelings was negatively associated with stress and positively associated with vitality and social and emotional functioning. Additionally, rehabilitation workers with higher levels of acceptance were less likely to avoid situations in which they might encounter the suffering of their clients. Viladarga et al. (in press) similarly found that mindfulness predicted levels of burnout (Maslach, Jackson, & Leiter, 1996) among addiction counselors. When fused with negative appraisals concerning their clients (previous section), and when unable to accept difficult thoughts and feelings (this section), counselors believed they were less able to cope, less sensitive toward their clients, and less able to effectively help their clients (Vilardaga et al., in press).

We propose two pathways by which acceptance of unpleasant thoughts and feelings influences compassion. The first operates via changed appraisals of coping self-efficacy (Proposition 4), whereas the second involves changes in empathic concern (Proposition 5). However, before describing these two pathways in detail, we must first establish why being in the presence of someone who is suffering can be demanding, uncomfortable, and aversive.

Imagine what might happen in a meeting between a manager and a subordinate who is about to be laid off. The subordinate's distress can cause the manager to automatically mirror that distress (Iacoboni, 2009) and, if not inhibited, can create distress-associated autonomic and somatic responses (Preston & de Waal, 2002). The manager might remember similar times when she has been rejected, generating feelings of sadness. The manager might be unsure what to do, generating uncertainty, and she might be fearful of an aggressive reaction by the subordinate. In the absence of a belief that she can cope with all these unpleasant thoughts and feelings, she is less likely to take the subordinate's perspective, feel empathy, or engage in prosocial behavior such as caring and helping (Alessandri, Caprara, Eisenberg, & Steca, 2009; Eisenberg et al., 1994; Eisenberg & Okun, 1996; Okun, Shepard, & Eisenberg, 2000).

We propose that repeated experience of acceptance rather than experiential avoidance in the context of unpleasant thoughts and feelings leads to enhanced coping self-efficacy beliefs. The most potent source of self-efficacy information is enactive self-mastery, which occurs when a person repeatedly experiences success in a given context (Bandura, 1997). Acceptance of unpleasant thoughts and feelings is a demonstrably effective self-regulatory strategy (Hayes, Follette, & Linehan, 2004; Hayes et al., 2006; Ruiz, 2010). Through accepting negative thoughts and feelings and not avoiding the situation or the responses evoked, the individual will accumulate positive experiences of being able to effectively manage his or her own unpleasant thoughts and feelings while not avoiding the other's distress, thereby increasing the individual's longer-term coping self-efficacy. As discussed earlier, coping self-efficacy is a critical appraisal in the process of compassionate responding.

Proposition 4: Accepting unpleasant thoughts and feelings enhances appraisals of coping self-efficacy by enabling the observer to repeatedly self-regulate effectively in the presence of another's distress.

Acceptance of unpleasant thoughts and feelings also appears to be associated with enhanced empathic concern and reduced personal distress. As mentioned earlier, personal distress is a "self-focused, aversive reaction to the vicarious experience of another's emotion (e.g. as discomfort or anxiety)" (Eisenberg, 2010: 130). A person may notice another's suffering, but if this activates personal distress, the person's attention and concern will be diverted toward him/herself rather than the other, and the person will be more focused on minimizing his or her personal distress rather than responding compassionately (Eisenberg, 2010). In contrast, allowing thoughts and feelings to be as they are, without trying to change their content, form, or frequency, is reliably associated with reduced perseverative efforts to regulate negative emotion and control personal distress.

Over many studies, Eisenberg and her colleagues generally found that enhanced self-regulatory capability is associated with enhanced empathic concern for the other and lower levels of personal distress in the presence of another's suffering (Eisenberg, 2010). For example, children and adults who believe they are better able to regulate their emotions are more likely to report feeling other-oriented concern rather than personal distress in the presence of another's suffering (Eisenberg et al., 1994). When individuals accept negative thoughts and feelings, they do not direct energy toward efforts to control or avoid the primary experience of distress, and this then provides more resources and energy to focus on the other and the other's suffering. Returning to a manager who has to lay off employees, acceptance will not diminish the objective difficulty of the situation—which will remain unpleasant—but is likely to reduce the manager's personal distress, enabling a greater willingness to engage with the others and providing more emotional resources for extending empathic concern.

Proposition 5: Accepting unpleasant thoughts and feelings reduces the likelihood of personal distress, thereby

providing resources for compassionate feelings (empathic concern) for another.

Motivation for Compassion: Values-Directed Action

Thus far we have argued that the subprocesses of mindfulness contribute to more compassionate noticing, appraising, and feeling in response to another's suffering (Figure 2). However, compassion also includes acting to ameliorate the suffering of the other (Lazarus, 1991). Thus, while psychological flexibility expands individual *capability* to notice suffering, make more compassionate appraisals, and feel empathic concern, we have not yet addressed what motivates an individual to actually *engage* in compassionate action. Here we argue that the elements of mindfulness help one act in line with one's values. That is, "acceptance, defusion, being present, and so on are not ends in themselves; rather they clear the path for a more vital, values consistent life" (Hayes et al., 2006: 9). For example, above we argued that cultivating defusion from thoughts and feelings appears to lessen automatic reactivity to negative evaluations. Here we argue that defusion and its associated consequences (as well as the other elements of mindfulness and their associated consequences) pave the way for deliberate responding in line with one's values. We define values as "verbally constructed, globally desired life directions" (Wilson, Hayes, Gregg, & Zettle, 2001: 235).

Psychological flexibility includes two important elements with respect to values-directed action: (1) values affirmation and (2) commitment to values-directed action. In this section we argue that values affirmation reduces defensive responses to situations involving suffering and thereby increases the likelihood of compassionate action. We additionally suggest that commitment to values-directed action can result in individuals' effective self-regulation to act in accordance with their values, thereby enhancing their compassionate action. We propose this latter pathway is moderated by an individual's prosocial values (the stronger an individual's prosocial values, the more that commitment to values-directed action will lead to compassionate action) and the work context (for individuals with prosocial values, the effect of goal regulation on compassionate action will be further

strengthened by a prosocial work climate). We elaborate the thinking behind these propositions next.

Values affirmation. Values affirmation (or "contact with values," as it is referred to in the psychological flexibility literature) occurs when one's personally important values are made cognitively accessible (Stapel & van der Linde, 2011), such as through a process of identifying when one feels most vital and alive. Values affirmation is important because theory suggests that values will only influence behavior if they are accessible in the moment of action. For example, Schwartz argued that "values affect behavior only if they are activated and if, at some level of awareness, they are experienced as relevant in the context" (2010: 230). There are many ways in which values affirmation can be brought about. For example, in social psychological studies it is typically achieved by asking individuals to rank values and then write about why their most important value is important. Likewise, psychological flexibility interventions such as acceptance and commitment therapy often encourage individuals to identify and elaborate their core values, making them more readily accessible as a guide to behavior in any given moment.

We propose that values affirmation contributes to compassion because it reduces the tendency to behave defensively in emotionally difficult situations (Crocker, Niiya, & Mischkowski, 2008; Sherman & Cohen, 2006). We see defensive behavior as the outward expression of attempts to control and minimize aversive private experience, defined earlier as experiential avoidance. When individuals behave defensively in the face of another's suffering, they avoid the other's emotional experience and, thus, are unlikely to reach out to help the other. In contrast, when an individual is not feeling threatened and overwhelmed by another's suffering, the individual is less inclined to avoid the situation by, for example, walking away, denying suffering is occurring, or derogating the sufferer and, instead, is more likely to help the sufferer.

There are two key theoretical ways in which values affirmation reduces defensive behavior. One way is through self-affirmation. That is, affirming one's important values enhances one's self-integrity and self-worth, which leads to lower perceived threat and reduced defen-

siveness (Sherman & Cohen, 2006). Values affirmation enhances one's clarity about one's self (knowing who I am), and therefore one is more resilient to information that might otherwise threaten the self (Stapel & van der Linde, 2011). There are many studies that show how values affirmation reduces defensiveness. For example, when heavy alcohol consumers write about important values, they are more receptive to self-threatening information linking alcohol use to negative health outcomes (Harris & Napper, 2005). Likewise, values affirmation has been linked to reduced prejudice toward others (Fein & Spencer, 1997). Because people feel better about themselves as a result of values affirmation, they are less likely to try to boost their self-worth by derogating outgroup members. In the context of compassion, values affirmation means that individuals will better know "who they are" and have a stronger sense of self-worth; hence, they will be less threatened and overwhelmed by another's suffering and thereby less defensive and experientially avoidant.

A second way in which values affirmation reduces defensive behavior is through a process of self-transcendence. Crocker et al. (2008) reasoned that when individuals reflect on and write about important values, this reminds them of what they care about beyond themselves, thereby inducing other-directed feelings and, hence, greater openness to potentially self-threatening information. In two studies Crocker et al. (2008) had participants write for ten minutes about their most important value and why it was important and meaningful for them. They then asked participants to rate their experience of a range of positive or negative emotions. Participants who reflected on important values were far more likely to report positive, loving feelings than those in a control condition who reflected on unimportant values, regardless of the content of the particular value that they chose. The relative enhancement of positive feelings was larger for other-directed than for self-directed positive emotions, suggesting that values affirmation specifically enhances prosocial emotions. Further, the relationship between values affirmation and acceptance of a potentially threatening stimulus was mediated by the intensity of loving feeling, leading Crocker et al. to conclude that "values-affirmation manipulations remind participants of people or things

beyond themselves that they care about and that are more important than temporary feelings of self-threat" (2008: 746). From a compassion perspective, this suggests that values affirmation will remind individuals of aspects beyond themselves and, through this self-transcendence, will reduce experiential avoidance and thereby increase the likelihood a person will engage compassionately with suffering.

Proposition 6: Values affirmation enhances compassionate action through self-affirmation and self-transcendent processes that reduce defensiveness in response to another's suffering.

Commitment to values-directed action. Commitment to values-directed action refers to individuals' commitment to engage in "larger patterns of effective action linked to chosen values" (Hayes et al., 2006: 9). Whereas values affirmation involves knowing what one's values are and having them consciously accessible, commitment to values-directed action involves a strong sense of determination to act in value-consistent ways. The construct has parallels with that of goal commitment, defined as determination to reach a goal (Locke, Latham, & Erez, 1988), but whereas goal commitment refers to a specific and focused goal, commitment to values-directed action is about one's determination to act in ways congruent with broader life principles. In acceptance and commitment therapy a range of behavior change methods are used to enhance commitment to values-directed action, such as goal setting and anticipating strategies to overcome potential barriers to action (Hayes et al., 1999). Drawing on self-regulation theory (Bandura, 1991), we expect that if individuals are committed to values-direction action, they will allocate more effort and will persist and engage in more strategies to enact their values through their day-to-day actions. A great deal of evidence suggests that goal commitment predicts superior performance on goals, especially if those goals are difficult (see, for example, Klein, Wesson, Hollenbeck, & Alge, 1999). In applying this prediction to compassion, however, one needs to also consider the content of an individual's values and the work context in which the individual operates, issues to which we now turn.

Moderating Role of Individual Prosocial Values and Prosocial Work Climate

We propose that the link between commitment to values-direction action and compassionate action is moderated by an individual's strength of prosocial values, which is, in turn, further moderated by aspects of the work climate. Specifically, we suggest that to the extent an individual holds prosocial values, there will be a positive effect of commitment to values-directed action on compassion. Likewise, we argue that work contexts vary in the extent to which they support prosocial behavior and that a prosocial work climate will, in turn, facilitate the enactment of prosocial values, leading to greater compassion.

Prosocial values. Individuals vary in the relative importance of different values. Schwartz (2010) identified ten universal values, applicable to all individuals, of which "universalism" and "benevolence" are two that are particularly directed toward preserving and enhancing the welfare of others. Universalism values (such as understanding, appreciation, tolerance, and protection) are directed toward all people and nature, whereas benevolence values (such as forgiveness) are directed toward benefiting others with whom one is in frequent contact. While Schwartz (2010) called these "self-transcendence values," we have used the term *prosocial values* to emphasize their other-directed nature.

We propose that the link between commitment to values-directed action and compassionate action will be stronger for individuals who identify prosocial values as relatively more important to them than self-enhancement values (Schwartz, 2010). When engaging in self-regulation processes to act in a values-consistent way (e.g., goal setting), individuals with more prosocial values will be inclined to set, and strive to achieve, other-oriented goals. In essence, they will be more motivated to respond in a caring way to another's suffering than individuals who also are trying to act in values-directed ways but whose values are more self-serving. Echoing our earlier discussion of the importance of coping self-efficacy, Caprara and Steca argued that "both personal values and self-efficacy beliefs . . . are needed to enact actions that may carry sacrifices and loss. Assigning priority to others' welfare, as assessed by endorsement of self-transcendence values, set [sic] the goals to be

achieved" (2007: 234). Consistent with this, several studies suggest that individuals with more prosocial values are motivated to pursue more prosocial goals and, indeed, appear to experience positive affect if they are able to fulfill their prosocial values (Schwartz, 2010). Prosocial values correlate positively with empathic concern and perspective taking (Silfver, Helkama, Lonnqvist, & Verkasalo, 2008) and with prosocial responding (Caprara & Steca, 2007).

Our argument is that when engaging in self-regulation processes to act in a values-consistent way (such as via goal setting), individuals with more prosocial values will be inclined to set and strive to achieve other-oriented goals, such as helping colleagues. Goals direct energy and attention, stimulate strategies for goal attainment, enhance self-regulation, and promote persistence in the face of obstacles (Latham & Locke, 1991). For example, when an individual is aiming to achieve other-oriented goals, he or she is more likely to seek out and attend to information in the environment that is relevant to others (Verplanken & Holland, 2002), such as by listening more attentively to the sufferer.

Proposition 7: For individuals with prosocial values, commitment to values-consistent action will enhance compassionate action by driving effective self-regulatory action (e.g., goal setting).

Prosocial work climate. Whether an individual acts in accordance with his or her values is also likely to be a function of the social environment in which the individual operates. People learn to act in ways that are appropriate within their environment (Biglan, 2009; Rokeach, 1973), and work contexts vary in the degree to which their practices and structures support and reinforce prosocial behaviors. Dutton et al. (2007) argued that through interpersonal acts of compassion that generate relational resources, shared values and beliefs, and interpersonal skills, organizations can achieve a capacity for cooperation. For example, organizations develop shared other-focused values through informal acts, such as story telling about compassionate incidents (Dutton et al., 2007), or through formal policies, such as the need for the CEO to be informed immediately in the event of an employee death or serious illness (Kanov et al., 2004). Likewise, Brickson argued that some orga-

nizational structures and practices reinforce "relational" identity orientations, in which "individuals are primarily motivated to procure benefit for the other" (2000: 85). Dense networks that are integrated across levels and functions, dyadic task structures, and rewards for relational work (e.g., work directed toward the welfare of others) are example practices that promote a relational orientation. Work designs can also cultivate prosocial motivation, such as job designs with task significance and feedback from beneficiaries (Grant, 2007). Thus, work contexts vary in the extent to which they actively promote, support, and reinforce other-oriented behaviors between members. This is what we refer to as a prosocial work climate.

There is considerable evidence that individuals in the workplace try to act in ways that are congruent with wider organizational values (Meglino & Ravlin, 1998). We therefore expect that individuals seeking to enact more prosocial values will do so more readily in a climate that is conducive to such action. A prosocial work climate likely will strengthen the link between commitment to values-directed action and goal regulation, as well as the link between effective goal regulation and compassionate action. For example, if a manager has committed to being more other oriented (commitment to values-directed action plus prosocial values), and this manager is also operating in a context that encourages and supports prosocial behaviors, he or she is likely to want to reach out and help an individual who is suffering. If, however, an individual who has committed to acting on prosocial values finds him/herself in a highly competitive and unsupportive work context, he or she is likely to be more cautious about helping someone who is suffering, fearing possible negative sanctions from peers or managers.

Proposition 8: For individuals with prosocial values, the effect of commitment to values-consistent action on compassionate action in the workplace will be enhanced by a prosocial work climate.

DISCUSSION AND FURTHER DIRECTIONS

Compassionate behavior in organizations is associated with increased helping, trust, support, and cooperation. But individuals can be too

preoccupied, or too emotionally unregulated, to even notice the suffering of another, let alone respond effectively to it. In this article we have proposed an elaborated model of the elements of individual compassion, and we have explored how compassion might be increased through interventions to enhance psychological flexibility.

Theoretical Contributions

The inclusion of appraisal as an element of compassion recognizes the importance of cognition in compassion and clearly distinguishes compassion from the unregulated vicarious emotions of personal distress. Our model highlights that compassion is a regulated response involving cognition. Compassionate responses do not automatically follow from noticing another's suffering. Rather, the observer must identify the sufferer as in some way relevant and deserving of help, and the observer must make a judgment that he or she is capable of coping. The inclusion of appraisals in an individual model of compassion builds on well-established theory linking cognition to affect and highlights how individual compassion should be thought of as a process that involves thinking as well as feeling. Furthermore, we have briefly discussed how relational frame theory conceptualizes the thinking involved in appraising as verbal relating.

Recognizing the role of these appraisals also links studies of individual compassion at work to a richer empirical and theoretical base than is currently the case. For example, recognizing the role of appraisals of self-relevance in the compassion process enables one to better understand the effects of social identities (e.g., organizational role, gender; Ashforth & Mael, 1989) on compassion. Also, reducing reactivity to appraisals of deservingness and increasing acceptance may reduce attributional biases, such as when people make more benevolent attributions to themselves than to others (Regan & Totten, 1975). Including deservingness appraisals in compassionate responding highlights the importance of promoting perspective taking in organizations, not only through training but also through work redesign and associated practices (Parker, Atkins, & Axtell, 2008).

Beyond the consideration of appraisals, a second key contribution of our article is that we

have identified the importance of psychological flexibility—the combination of mindfulness and values-directed action—as a facilitator of compassionate responses, with mindfulness serving as a key capability and values-directed action serving to motivate action. We suggested that present moment contact increases the likelihood of noticing another's suffering. Likewise, defusion from thoughts and feelings creates a gap between the experience and one's thoughts and feelings regarding the experience, thereby lessening reactivity to automatic evaluations. Adopting an observing approach to self decreases the likelihood of being lost in self-absorption and seeking to defend the self in ways that may interfere with compassion. Acceptance of unpleasant thoughts and feelings helps to enhance coping self-efficacy appraisals and also reduces personal distress, allowing more empathic concern. In terms of motivation to be compassionate, values affirmation reduces defensive behaviors aimed at avoiding suffering, and commitment to values-directed action enables individuals with prosocial values to step out of immediate reactivity and pursue goals in line with those values. As noted earlier, from the perspective adopted in this article, mindfulness is not an end in itself but, rather, a "a method of increasing values-based action" (Hayes et al., 2006: 8). Overall, psychological flexibility loosens the grip of verbal relating processes that underpin experiential avoidance associated with noncompassionate defensive behaviors, and it supports awareness, learning, and resilience to enable individuals to be more compassionate, even in stressful environments.

In our view, psychological flexibility provides a way of bridging the apparent tension between distancing and connection—distancing so that one does not become absorbed in another's suffering and one can place it in context, and connection so that one cares. In relational frame theory terms, psychological flexibility can be understood as the development of increasingly subtle and complex relations of distinction and similarity between aspects of self and emotional experience. "Detached concern" (Miller, 2007) is not about a sense of self that is independent of others but a sense of self that is both differentiated from and integrated with others (Kegan, 1994). Similarly, Labouvie-Vief described how

mature empathic responses are based on much more complex representations in which individuals are able to inhibit their own personal distress response and instead experience an emotion of compassion that is targeted at the situation and specific needs of the suffering person (2009: 4–5).

Emotional differentiation helps people become less overwhelmed by negative emotions (Leary, Tate, Adams, Batts Allen, & Hancock, 2007). In sum, developing psychological flexibility is a way of achieving more complex differentiation and integration of the self and emotions, ultimately enabling a focus on others that at the same time preserves a distinct sense of self.

Our exposition of psychological flexibility has focused on separate subprocesses because we wish to generate propositions for further research, as well as point to strategies for enhancing individual compassion. But we recognize that the subprocesses of psychological flexibility are deeply interrelated. For example, it is hard to imagine how one can step back and take a perspective on thoughts without also accepting the presence of those thoughts in the sense that one is willing to have them. Conversely, acceptance of a thought cannot occur without awareness that one is having the thought. Ultimately, we see both psychological flexibility and compassion as functions of a whole organism responding in context.

Implications for Further Research

Further research investigating the relationships between each of the elements of psychological flexibility and compassion is clearly warranted. We recommend a triangulation of methodologies. Qualitative accounts of why individuals choose to help someone (or not) could be used to explore the role of appraisals and psychological flexibility in compassion, such as indicated by the quote that we referenced at the beginning of the article. In addition, a survey measure of psychological flexibility exists (Bond et al., 2011; Hayes, Strosahl, Wilson, et al., 2004), an earlier version of which has been shown to predict mental health and behavioral outcomes in longitudinal studies (Bond & Bunce, 2003). More research is required using this and other measures to explore associations between psychological flexibility and compassionate responding as perceived by individuals. However,

self-report summary measures are not ideal for investigating processes that are dynamic, rapid, and often unconscious. We therefore also recommend laboratory-based investigations in which elements of the process are systematically manipulated and experience-sampling approaches that go beyond between-person average differences to explore when and why a particular individual responds with compassion.

While the evidence suggests that psychological flexibility is beneficial in many, perhaps most, contexts, further research is obviously required to delineate the elements of context (such as individual histories and job roles) that may moderate the impact of psychological flexibility on compassionate responding. It is possible that psychological flexibility might not be helpful in some specific situations. For example, Mitmansgruber, Beck, and Schussler (2008) found that, contrary to the usual finding, paramedics appeared to experience better well-being if they were not accepting of their thoughts and feelings and instead made use of control-based strategies to minimize negative emotions. Paramedics operate in an extreme context, with 15 to 22 percent experiencing posttraumatic stress disorder (Lowery & Stokes, 2005). Further research is required to explore whether, under such extreme circumstances, psychological flexibility might interfere with compassionate responding in limited circumstances in the same way that it may interfere with well-being.

Although we have kept the capability and motivational elements of our model discrete in the interests of clarity, there are opportunities for research investigating reciprocal relationships between mindfulness and valuing processes. As people notice their own and other's experiences more deeply through mindfulness, they also notice more clearly what matters to them (values affirmation). Conversely, Verplanken and Holland's (2002) proposal that values affirmation helps individual define and interpret situations, attend to value-relevant information, and differentially weight such information, together with the claim by Crocker et al. that "values affirmation enables people to transcend the self" (2008: 746), suggests that values work may enable people to be more mindful and take a more systemic and long-term perspective. This, in turn, may potentially reduce the incidence of inappropriate actions to alleviate suffering—what Buddhists sometimes call "idiot compassion." For

example, a manager might try to "sugar coat" a subordinate's bad performance review or delay a redundancy that is inevitable, both of which will exacerbate problems in the long run. Again, this is likely to be a defensive reaction born out of an immediate need to avoid suffering, rather than choosing to respond in accordance with one's longer term prosocial values. For example, sometimes acting compassionately may involve withholding help and allowing the person to take responsibility for his or her own responses, or a compassionate response might involve empathic presence rather than jumping in to solve the other's problem. Contacting prosocial values may also guide information processing to create more effective compassionate action.

Finally, our analysis has implications for thinking and research regarding organizational-level responses to enhance compassion. Kanov et al. (2004) highlighted the way in which organizations can be designed to enhance collective noticing, feeling, and responding. Organizational compassion also clearly involves collective appraisal processes. For example, what is supported as goal or identity relevant, who is seen as deserving, and what are the stories that reflect and bolster coping self-efficacy? Weick and Roberts' (1993) notion of "heedful interrelating" bears interesting similarities and differences to the construct of mindfulness as used here. This exploration would, in a sense, answer Weick, Sutcliffe, and Obstfeld's (2005) call to further explore the relations between organizational sensemaking and emotion.

Practical Contributions

Organizations can take various steps to enhance compassion, such as those put forward by Dutton et al. (2007). However, our analysis suggests these efforts might be wasted if one does not consider the capability and motivation of individuals to engage in compassion. For example, recognizing the role of self-relevance appraisals highlights the need to ensure that individuals see caring and helping others as part of their role, which, in turn, might be affected by their work design (Parker, Wall, & Jackson, 1997). Likewise, increasing managers' coping self-efficacy through structured mastery opportunities (Bandura, 1997) will likely promote more regulated feelings of empathic concern, rather than unregulated personal distress in the face of suf-

fering, thereby leading to greater managerial compassion.

In this vein, one of the key advantages of a focus on psychological flexibility over and above other individual-level constructs that are potentially also associated with individual compassion (such as attachment security, self-esteem, or adult development) is that psychological flexibility is malleable and can be developed. In the context of work and performance improvement, acceptance and commitment therapy-based training often begins with exercises to connect with one's values and to identify what matters most, and then moves through a variety of experiential exercises to enhance aspects of mindfulness. For example, to cultivate a capacity to observe thoughts rather than be absorbed by them, people can be trained to regard their thoughts as if they were leaves drifting by on a stream. As another example, the "passengers on the bus" metaphor (Hayes et al., 1999: 157–158) invites participants to imagine they are driving a bus containing scary and undesirable passengers (representing aversive thoughts and feelings). The metaphor is used to illustrate the ways in which attempting to control difficult thoughts can lead to a constricted life, while at the same time illustrating the power of acceptance to facilitate committed action in the direction of values. Although it is beyond the scope of this article to elaborate the specific details of approaches to enhancing psychological flexibility, Flaxman and Bond (2006) provide illustrative protocols for typical group-based workshops in an organizational setting (see also Gardner & Moore, 2007, and Harris, 2009).

Given that such intensive interventions are likely to be costly, they might be targeted to situations in which compassionate responding is most important, such as for those in caregiving roles or for those managing processes like downsizing or other changes likely to cause uncertainty and suffering among staff. Another context where psychological flexibility training could be particularly powerful is in organizations or teams with diverse members where appraisals of self-relevance and deservingness may be less likely. In terms of roles, we have implied throughout this article that displaying compassion is likely to be especially important for managers and leaders. This group is typically responsible for performance management,

identifying and monitoring signs of staff stress and suffering, and modeling compassion through their own actions (Dutton et al., 2007). At the same time, leaders and managers often have high workload pressures, making it challenging for them to contact the present moment and “notice” suffering or to respond appropriately. Since these interventions can have other positive consequences, including promoting better well-being and innovation, their positive implications for managers and leaders will likely transcend enhancing compassion.

CONCLUSION

We have argued that to develop individual compassion, attention should be paid to the way people make sense of their social experiences. Once this is done, recent advances in the understanding of cognition and emotions can be drawn upon to help develop both the capability and the motivation to be compassionate. The capacity to be open and curious about experience enhances the ability to notice what is actually going on for others, as well as provides space for more conscious and less reactive choices regarding the ways sense is made of experience. The ability to willingly experience negative thoughts and feelings allows engagement with another’s suffering rather than acting defensively to protect the self. But motivation is as important as capacity for compassion. If space can be made for people to express and enact their values, one of the most powerful contexts in the modern world, our organizations, might become places for people to learn to be more compassionate and, therefore, more fully human.

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