

Developing your compassion muscle

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A form of professionalism needs to be established which can acknowledge, cultivate and celebrate the relational context of work of ECEC without recourse to gender essentialism: this will draw on a growing field of 'compassion science' (Sappala et al, 2018).

One of the advantages of compassion over the more general term of 'love' is that it has an explicit social and active dimension as well a personal, affective dimension. This is shown in that human activities which would be described as compassionate are usually those which seek to alleviate suffering, vulnerability or inequality in a public sphere whilst also calling upon distinct emotions for their motivation. As Hugman (2005, 51) remarks, 'compassion is the emotion that bridges the public and the private'. Writers as diverse as Nussbaum (2001) have articulated the connection between compassion and socio-political consciousness since compassion is only extended towards those whom we consider *deserve* it, whether they are stressed business leaders or homeless people. Koopmann-Holm and Tsai (2017) bring together a wealth of studies demonstrating the way compassion is shaped by class and culture. For example, in a study of 23 nations, participants from less affluent countries were more likely to help others than those from wealthier ones (Levine, Norenzayan and Philbrick, 2001). It also seems to be the case that, within the same society, poorer people are mostly more compassionate than the richer ones (Piff and Moskowitz, 2017) and that compassionate attitudes are most strongly associated with a liberal and progressive political perspective (Haidt). Compassionate attitudes also seem to vary over time in accordance with dominant political attitudes and, bearing in mind the dominance of Reaganite, neoliberal thinking over the last 30 years, it may not be surprising that measures of compassion in the United States seem to indicate a sustained decline (Zarins and Konrath, 2017).

The socio-political dimension of compassion seems to reflect very well the social justice commitments embedded in many early childhood projects, ranging from the early experiments in

nursery schooling by the radical McMillan sisters in London to the more recent HeadStart/ Sure Start community programmes. To take one English example, Pen Green Children's Centre arose as a community response to the declining steel industry in an east midlands town, offering parenting advice and basic skills tuition as well as childcare: it quickly became a pioneering example of compassionate practice (Whalley). In these programmes, the promotion of play, flourishing and self-expression are integral to the compassionate approach and this reflects the continuing influence of the humanistic Freudian Left (e.g. Brown, 1959; Marcuse, 1965; Fromm, 1959) whose alternatives to bureaucratic capitalism centred around the celebratory notion of 'eros', the play and collaboration which are central to the building of community and solidarity. For the childcare worker, it would seem, compassion may describe both their psychological orientation and their political vision.

From the perspective of moral psychology, compassion can be understood in diverse ways, both as a short-term motivation to help in response to immediate events but also as a longer-term personality trait/disposition which can be identified through self-report measures such as the Multidimensional Compassion Scale (Goldin and Jazaieri, 2018). A widely held definition of compassion is that it is a sense of caring concern that arises when we are confronted with the suffering of another and feel motivated to relieve it (Jinpa, 2016). Gilbert and Mascaro (2017) identify empathic competences which are especially important to compassion and which would be recognizable by most early childhood teachers. These involve seeing the other as more than a means of satisfying one's own needs, having enough 'distress tolerance' to engage with the vulnerability of others, treating them with a closeness similar to family and being able to select an appropriate response to expressed need, such as feeding, soothing or picking up. This kind of sensitivity is also involved in moments of 'moral elevation' (Haidt) when witnessing or hearing about profound acts of kindness and becoming 'moved' and disposed to act with kindness oneself, suggesting that compassion can become self-perpetuating. For example, self-report measures, after induction of moral elevation, consistently find that this emotional state gives people a desire to be a better person, a yearning to help others, a

feeling of optimism about humanity and a love for people (Saturn p125). As(p126) argue, 'moral elevation primes people for compassion'.

As a moral practice/emotion, compassion has some near relatives from which it can be distinguished. For example, it can be distinguished from empathy in that, whilst people can mirror and resonate with all kinds of emotions (e.g. excitement, fear), compassion relates to the capacity to be affected specifically by others' needs (Goetz, Keltner and Simon-Thomas, 2010). Empathy by itself can, in fact, mitigate *against* compassion. Ling et al (2018) give the example of two people who arrive at the scene of a car accident at the same time, a random passer-by and a police officer. The police officer is motivated to relieve suffering and moves quickly into action. By contrast, the bystander is so affected empathetically, imagining the pain the victims are in, that he runs away. Compassion is also different from altruism in that altruistic acts can be carried out (such as a donation to charity) without any compassionate feelings being experienced: one could also note that a person can be compassionately disposed towards another without being able to help them (i.e. practice altruism).

It is becoming clear within the field of evolutionary biology that the 'hard-wiring' of human beings to act in a compassionate way in a general sense has been strongly selected for and refined over tens of thousands of years because of the specific benefits it provides in terms of child-rearing (e.g. Batson, 2011; Porges, 2011; Carter, Bartal and Porges, 2017). It should be pointed out immediately that, in hunter-gatherer groups, the neurobiological skills of patience and responsiveness would be expected from all adults since alloparenting (shared parenting) would be the norm. Being able to anticipate needs of the vulnerable and postpone one's own gratification became essential, bearing in mind that human babies are born more prematurely than any other mammal, requiring a degree of care unparalleled elsewhere in nature if they are to reach maturity. It is these same 'neural circuits' that prompt us to nurture and care which also allows us to suppress self-interest when encountering unmet needs among people more widely. In other words, 'there seems to be a

common neural network for caring, feelings of social connection and altruism' (Klimecki and Singer 2017 111)

This perspective has the effect of widening the scope of compassion beyond *suffering* and its stereotypical association with nurses attending to the diseased and dying. Compassion is at once both more ordinary and fundamental. Whitebrook (2002) argues that the notion of suffering should be replaced by that of 'vulnerability' and, bearing in mind our common vulnerability in early life, sickness and old age, this conception of compassion emphasizes its universal relevance. This argument is clearly significant for ECEC since, by emphasising the role of compassion in addressing *need* or *vulnerability* in general rather than suffering specifically, it is extended to include the work of early childhood practitioners. This extension is not so unnatural if one remembers the etymological roots of 'compassion' itself which, in Semitic languages, are close to that of the word for 'womb' (Armstrong, 2011): the emphasis is on holding and containment of the vulnerable.

Our understanding of the relationship between child-rearing and compassion has been enhanced by advances in the ability to detect and measure oxytocin, a neuropeptide which plays a central role in the capacity for and expression of social traits and emotion (e.g. Simon-Thomas, 2012; Rockliff, 2012). It conditions both parents' bonding with children and is released during activities such as feeding, soft vocalisation and affectionate touch. Research with non-human mammals suggests that oxytocin fosters prosocial, compassionate activities both with partners and with outlier groups, modifying the stress reaction that normally occurs. (Gonzaga et al). Carter et al (2017, 177) argue that it effectively allows one to witness vulnerability in others without being overcome oneself.

Oxytocin is also likely to play a role in moral elevation: breast-feeding mothers who experience this compassionate state express more milk and communicate more affectionately with their babies, suggesting that oxytocin is involved. It would therefore seem as though the *child-rearing* dispositions of parents and alloparents (listening, anticipating, responding, mirroring etc) and the *compassionate* dispositions we express as social adults share the same underlying neurobiological mechanisms,

suggesting that, in child-rearing situations managed by non-kin relations, *compassionate pedagogy* may describe the practice most appropriately (Taggart, 2014).

Admittedly, research should also be acknowledged which reveals the mindset governing compassionate behavior to be fragile and relatively easily overcome by competing motivations (Gilbert and Mascaro, 2017). This research echoes the results of our everyday experience that we are less likely to be compassionate when relating to non-kin, to people we do not want as a friend or to people we do not find attractive. Self-serving strategies to maintain safety and status in the peer group also clearly inhibit compassion. Fortunately, one of the advances demonstrated by the relatively new field of 'compassion science' (Seppala et al, 2017) is that an individual's capacity for compassion is not fixed but, like most dispositions, can be encouraged and expanded through deliberate attention. Through organisations such as the Center for the Greater Good at the University of Berkeley, the Center for Compassion and Altruism Research and Education at Stanford University and the Center for Investigating Healthy Minds at the University of Wisconsin, there is increasing evidence that our capacity for care, empathy and compassion is like a muscle which can grow stronger through practice and 'that we can indeed train the brain to become more compassionate' (Davidson 2012, 118). This muscle may be underdeveloped as a result of our own early experience but it does not mean that it is lost or incapable of growth. In fact, the very belief that it can grow is likely to be a self-fulfilling prophecy. For example, Schumann et al. (2014) found that, if a person holds a 'mindset of empathy', simply believing that one's capacity for empathy can grow, they are more likely to expend greater empathic effort. Understanding of this neurological plasticity underpins the various programmes of compassion training which have emerged over recent years, their empirical benefits measured in many cases through functional magnetic resonance imaging (Klimecki and Singer, 2012). They show that, although altruistic emotions such as compassion can be short-circuited by the fear associated with self-preservation, deliberate cultivation of compassionate attitudes can modulate lower brain stem function, making the compassionate response stronger and more resilient (Carter, Barta and Porges). Common features

of programmes include mindfulness practice, reflective writing, group discussion and provision of an organizing ethical framework (Skwara, King and Saron, 2017). Although a pattern of eight weekly sessions is common (e.g. Condon et al, 2013), Weng (2018) and Klimecki et al (2012) reported that participants showed a willingness to engage in more demanding altruistic behavior in much shorter periods of time. In their review of the literature on compassion training, Skwara, King and Saron (2017) identify several common benefits across a range of interventions such as greater social sensitivity and responsiveness, increased ability to identify feeling states, higher levels of tolerance to distress/vulnerability and reduced personal stress.

Of particular relevance are the programmes which are specifically oriented to those working with children such as teachers and parents since the skills involved are similar to those used by practitioners in ECEC. Welford and Langmead (2015) describe their 'Care to Achieve' programme which focusses on teaching staff as well as pupils. Participants learn to understand their own 'affect regulation system' via a model described by Gilbert (2009). This system describes three different modes of feeling and acting, each controlled by a different chemical messenger. Two of these modes are well-known, the fight and flight mode regulated by cortisol and the excited mode which dopamine maintains, for example when we get a 'like' on social media or pass a test. However, Gilbert points out that the third mode occurs more rarely and this is characterised by the feelings associated with belonging, safety, warmth and intimacy, all associated with the production of oxytocin and a kind, compassionate disposition. Engaged in the kinds of activities listed above, teachers learn to identify the constituent elements of the 'compassionate mind' and reflect upon how it would respond to various teaching scenarios. With kindergarten teachers included in their sample, Lavelle, Flook and Ghahremani (2017) outline their Sustainable Compassion Training (SCT) which draws out the relational dimension of care by helping educators and students recognize that one needs to learn to *receive* care in order to be empowered to extend this same caring attitude towards others. Involving similar activities, there are three stages to the process, receiving care,

deep self-care and extending care, echoing Noddings' key principle of care ethics that the practice of kindness depends and draws upon one's own experience of being cared for and receiving kindness.

Run in 30 schools in the United States, the aim was to help teachers nurture their caring capacities for the benefit of their own health and wellbeing and to help them embody and model these skills in the classroom. Overall, research shows that school-based programs are most successful when implemented across school and focus strongly on the teachers. Compassion training for educators leads to improvements across a range of measures such as reduced stress and improved attention and these are linked with quality of interactions with children (Jennings et al, 2015; Jennings and Greenberg, 2009)

Compassion programmes focused on parenting have developed out of mindfulness trainings () which aim to help parents to reflect upon their automatic, habitual ways of responding to challenging behavior which have the effect of intensifying or prolonging conflict. Parents do not decide at the outset to yell at children or mistreat them but this happens because of an overactive or automated threat system. So parents are invited to understand how their brain functions and how this impacts on relationships. Swain and Ho (2017. 65), for example, apply scientific understandings of compassionate states to the work of parenting, arguing that it necessarily calls upon motivation to meet the needs of vulnerable individuals:

'All infants are desperately vulnerable and to survive, they must rely on parenting behaviours that continually provide what is needed (e.g. nurturance, warmth and safety). Thus, it is evident that the domain of compassion is necessarily connected with the domain of parenting a child, wherein parenting behaviours are preceded by antecedents of perceiving an infants' signals of need or distress – followed by the outcomes of the development and maintenance of the infant's life.'

The authors argue that the sensitivity needed to cultivate an attachment bond and the reflective self-understanding needed to communicate successfully are skills involved in compassionate

parenting. They also speculate that, because 'parenting a child involves regular, heated challenges for the parents' compassion' (Swain and Ho, 2017, 67), the relationship becomes a 'crucible for compassion' for all parties involved. With this in mind, Kirby (2017) has sought to build on existing evidence-based parenting programmes such as Triple P and the Incredible Years to develop a specific programme aimed at cultivating compassionate parenting. Typically, the older programmes are focused on teaching techniques to address behavioral problems, rather than training participants about how a 'compassionate mind' can be cultivated and strengthened. The compassionate parenting programme fosters a range of social competences such as empathy, distress tolerance and awareness of parenting style, framed by Gilbert's model of emotion processing described above. Soothing and pacifying the engrained fear response is key: 'When parents feel threatened and uncertain, they are more likely to engage defensively, potentially responding impulsively' (Kirby, 2017,96). Advocates of this approach are keen to point out that it 'simply does not mean 'being nice' to your children' Kirby (2017) since a genuinely helpful stance often challenges the child (i.e. insisting on completion of homework) rather than indulging them. These challenges induce feelings of self-doubt and guilt in parents, indicating why carers need to direct compassion to themselves as well as to the vulnerable other.

Such programmes demonstrate that, in a psychological sense, compassion is a developmental quality and elsewhere (Taggart, 2015; Taggart, 2019) I have demonstrated the implications of this for the professional development of early childhood teachers. Taken together, the political and psychological dimensions of compassion described above can help us to understand the practices in ECEC of child advocacy and relational pedagogy (Papatheodorou and Moyles, 2008) more fully and deeply. For centuries, much ECEC practice has been based on the inherited assumption that it is women's work because of an innate capacity to nurture, a view which has prevented it from being seen as a profession. Although top-down forms of professionalization aim at increasing status by minimizing the nurture role or reshaping it in instrumental terms (Osgood, 2012), a manifesto for a

compassionate profession may validate love and care whilst also advocating for greater social justice and equality.

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