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## The cultural shaping of compassion

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# The Cultural Shaping of Compassion

Birgit Koopmann-Holm and Jeanne L. Tsai

## Abstract

In this chapter, we first review the existing literature on cross-cultural studies on compassion. While cultural similarities exist, we demonstrate cultural differences in the conception, experience, and expression of compassion. Then we present our own work on the cultural shaping of compassion by introducing Affect Valuation Theory (e.g., Tsai, Knutson, & Fung, 2006), our theoretical framework. We show how the desire to avoid feeling negative partly explains cultural differences in conceptualizations and expressions of compassion. Specifically, the more people want to avoid feeling negative, the more they focus on the positive (e.g., comforting memories) than the negative (e.g., the pain of someone's death) when responding to others' suffering, and the more they regard responses as helpful that focus on the positive (vs. negative). Finally, we discuss implications of our work for counseling, health care, and public service settings, as well as for interventions that aim to promote compassion.

**Key Words:** culture, compassion, sympathy, affect valuation theory, emotion, American, German

In *The Descent of Man, and Selection in Relation to Sex*, Charles Darwin described the feeling of concern about another person's suffering (i.e., compassion), as a basic human instinct that composed the "noblest part of our nature" (Darwin, 1871, p. 162). While increasing research suggests that experiences of compassion are associated with greater psychological well-being and prosocial behavior (e.g., Allred, Mallozzi, Matsui, & Raia, 1997; Condon & DeSteno, 2011; Hofmann, Grossman, & Hinton, 2011; Neff, Hsieh, & Dejitterat, 2005; Neff, Kirkpatrick, & Rude, 2007; Pace et al., 2009), most of this research has focused on Western samples. As a result, we still know relatively little about the role that culture plays in the conception, experience, and expression of compassion, which has implications for which aspects of compassion are "basic" and "instinctual" (Wuthnow, 2012, p. 306). In line with the other chapters in this Handbook, we define "compassion" as sensitivity to the pain or suffering of another person, coupled with a deep desire to alleviate that suffering (Goetz, Keltner, &

Simon-Thomas, 2010). However, because previous researchers have used other terms (e.g., "sympathy," "empathy," "altruism") to refer to states and behaviors that overlap with and are related to compassion, we refer to studies that focus on these states as well. In this chapter, we review the existing cross-cultural research on compassion and then describe our own work in the area. But first, we describe what we mean by "culture."

## What Is Culture?

By "culture," we refer to socially transmitted and historically derived ideas that are instantiated in shared practices, products, and institutions (Kroeber & Kluckhohn, 1952). Cultural ideas provide individuals with a framework for how to be a good person (Shweder, 1991), and by engaging in this framework, individuals recreate this framework for others (Markus & Kitayama, 2010). This process is called "the mutual constitution of cultures and selves" (Markus & Kitayama, 2010) or the "culture cycle" (Markus & Conner, 2013). For example,

women’s magazines contain advertisements with models that reflect the beauty ideals of the advertisers. Readers of these magazines may at least to some degree consciously or unconsciously internalize these beauty ideals. Consequently, they may try to emulate these ideals by purchasing clothes and other products that reflect the ideals. Furthermore, readers may consciously or unconsciously use these ideals when judging the beauty of others.

Culture not only shapes ideals of beauty, but also ideals of emotion (Markus & Kitayama, 2010). The “cultural construction” approach to emotion (Boiger & Mesquita, 2012) argues that people’s cultural contexts shape their emotions by providing a framework for interpreting each emotional episode. For example, in a cultural context like the United States, in which people are encouraged to influence others, excitement, enthusiasm, and other high-arousal positive states are viewed as desirable, in part because being excited helps individuals change their environments to be consistent with their desires, beliefs, and preferences (Tsai, Knutson, & Fung, 2006; Tsai, Miao, Seppala, Fung, & Yeung, 2007). Thus, in many U.S. contexts, people are encouraged to show and express their excitement and enthusiasm, and people who show these states are rated more positively (Sims & Tsai, 2015). In contrast, in East Asian contexts, in which people are encouraged to adjust to others, calm, peacefulness, and other low-arousal positive states are viewed as desirable in part because being calm helps individuals attend to their environments and ultimately change their own desires, beliefs, and preferences to be consistent with those of others. Thus, in many East Asian contexts, people are encouraged to show and express their calm and peacefulness, and people who show these states are rated more positively (Tsai, Blevins,

Bencharit, Chim, Yeung, & Fung, under review). Consequently, experiences and expressions of excitement may mean something different in East Asian vs. U.S. contexts.

In this chapter, we argue that cultures shape different aspects of compassion (for a discussion of different factors that might bring about cultural differences in compassion, see Chiao, Chapter 12 this volume). More specifically, we propose that culture may shape how people *conceptualize* compassion (i.e., which feelings, thoughts, and behaviors people view as being compassionate/helpful), *experience* compassion (i.e., how people feel when they see others suffering), and *express* compassion (i.e., what people do when they see others suffering), as illustrated in Figure 21.1. Here we focus on the specific case in which cultural differences in views of negative affect shape how individuals conceptualize and express compassion. At the end of the chapter, we discuss the implications of these cultural differences for cross-cultural counseling, health care, and public service.

### What Do We Know About Compassion Across Cultures?

First we will review existing cross-cultural studies of the conception, experience, and expression of compassion and related states, which demonstrate cultural similarities and differences.

#### Conception

Across different cultures, people conceive of compassion and other related states (e.g., sympathy, empathy) as emotional (e.g., Shaver, Murdaya, & Fraley, 2001). At the same time, cultures also appear to differ in what is construed as being compassionate. For instance, most Western concepts of

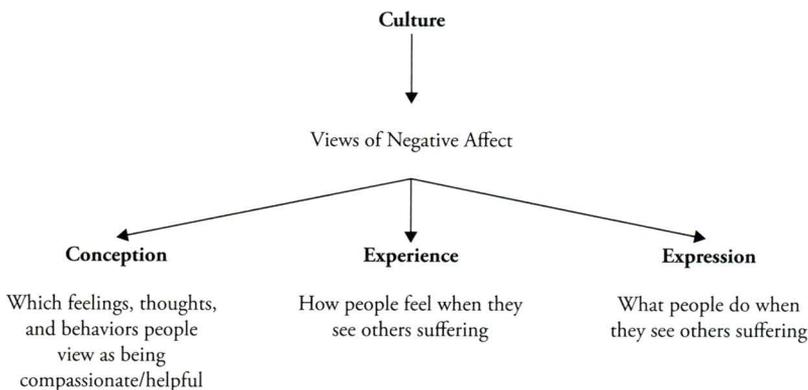


Figure 21.1 The cultural shaping of compassion through views of negative affect.

compassion assume that people should feel the most compassion for people whom they can identify with (Batson, O'Quin, Fultz, Vanderplas, & Isen, 1983), whose perspectives they can share (Toi & Batson, 1982), and whom they feel similar to (Batson, Duncan, Ackerman, Buckley, & Birch, 1981; Batson, Fultz, & Schoenrade, 1987). In contrast, Buddhist conceptions of compassion assume that everyone and everything is interconnected (Dalai Lama, 1997), and therefore, people should be able to feel compassion towards all beings, including adversaries and transgressors.

Differences in the conceptualization of compassion and related states have been demonstrated between independent and interdependent cultural contexts. For instance, Kitayama and Markus (2000) found that feelings of social engagement like sympathy (being concerned and feeling sorry about someone's suffering) are more strongly associated with feeling good in Japanese than in American samples. In another set of studies (Davis, 1980; Siu & Shek, 2005), participants completed a commonly used measure to assess trait empathy (i.e., the ability to identify, share, and understand another's emotions) (Interpersonal Reactivity Index [IRI]; Davis, 1980). For English speakers, four aspects of empathy emerged (fantasy [the tendency to imagine the feelings of fictitious characters], perspective-taking [the tendency to adopt another's point of view], empathic concern [the tendency to experience feelings of concern and sympathy for others], and personal distress [the tendency to feel anxiety when others are suffering]; Davis, 1980). While fantasy and personal distress also emerged for Chinese speakers, perspective-taking and empathic concern comprised one factor, suggesting less of a distinction between cognitive and emotional aspects of empathy for Chinese speakers (Siu & Shek, 2005). Similarly, another study examined the factor structure of the IRI in a Chilean sample (Fernández, Dufey, & Kramp, 2011) and found no correlation between perspective-taking and personal distress for male participants. Together, these data suggest that the distinction between cognitive and emotional aspects of empathy may vary within cultures.

Cultures also vary in what they regard as "altruistic" (i.e., as an act of helping someone for his/her sake while disregarding one's own needs). For instance, while helping others is generally regarded as a moral act in the United States and India, for Americans, a *spontaneous* act of helping is associated with more altruistic motivation than a *reciprocal* act of helping. For Hindu Indians, however, altruistic

motivation is associated with both types of helping behavior to similar degrees (Miller & Bersoff, 1994). Together, these studies suggest that culture may shape people's conceptions of compassion and other related states.

### *Experience*

Several studies suggest that the elicitors of sympathy are similar across cultures: people feel sympathy for others who suffer for reasons that are beyond their control (e.g., Zhang, Xia, & Li, 2007). In German, Israeli, Indonesian, and Malaysian contexts, children expressed sympathy (e.g., they lifted their inner eyebrows and spoke in a soft voice) for targets who are sad because they have lost a treasured toy (Trommsdorff, Friedlmeier, & Mayer, 2007). Moreover, feeling sympathy seems to have similar consequences across cultures. For instance, in North American and Brazilian children, feeling sympathy led to greater reports of helping behavior (e.g., giving money to a stranger in need) (Eisenberg, Zhou, & Koller, 2001).

Empathy for another person's pain has been linked to specific patterns of brain activity across different cultures (e.g., similar patterns of brain activation in the left inferior frontal cortex and the left insula; de Greck et al., 2012; C. Jiang, Varnum, Hou, & Han, 2014). Differences, however, have also been observed (e.g., de Greck et al., 2012; C. Jiang et al., 2014) (for a description of cultural neuroscience, see Chiao, Chapter 12 this volume). For example, whereas Chinese participants showed a pattern of brain activity suggesting that they were regulating their emotions when empathizing with a familiar angry target, German participants showed a pattern of brain activity suggesting that they were assuming the perspective of the angry target (de Greck et al., 2012). Furthermore, compared to European American participants, Korean participants, who value social hierarchy more than European Americans, showed a greater empathic neural response in the left temporoparietal junction for in-group compared to out-group members experiencing emotional pain (Cheon et al., 2011; see also Chiao, Chapter 12 this volume).

The experiential consequences of empathy also appear to differ across cultures. For instance, J. Park, Haslam, Kashima, and Norasakkunkit (2015) found that while empathy reduces the focus on oneself in Japan, it does not in Australia. More specifically, they examined the self-humanizing bias, which is the bias to see oneself as more human than other people on average. After recalling having

empathized with someone else, Japanese were less likely than Australians to show the self-humanizing bias. In other words, experiencing empathy resulted in the Japanese focusing less on themselves and seeing human attributes in others more than it did for the Australians (J. Park et al., 2015).

Findings from another set of studies (Atkins, Uskul, & Cooper, 2016) revealed that British participants showed more empathic concern than East Asian participants, whereas East Asian participants showed more empathic accuracy (the skill to correctly identify other people's feelings and thoughts) than British participants when witnessing others' social pain. One possible explanation for the findings regarding empathic accuracy is that more empathic concern among British participants might have interfered with empathic accuracy, as emotions can interfere with cognitive tasks (Atkins et al., 2016). Alternatively, it could be that empathy is more other-focused among East Asians, so they are first just trying to understand how the other person is feeling before showing empathic concern. The findings regarding empathic concern are consistent with other findings that Western adolescents and young adults reported more empathic concern when confronted with someone's suffering than did East Asian adolescents and young adults (Cassels, Chan, Chung, & Birch, 2010; Trommsdorff, 1995).

Finally, because cultural ideas can be instantiated in practices (Kroeber & Kluckhohn, 1952), other studies examined culture in terms of cultural or religious practices like meditation. These studies demonstrated increased empathy (Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008; Shapiro, Schwartz, & Bonner, 1998), social connectedness (Hutcherson, Seppala, & Gross, 2008), as well as hope and optimism for another (Koopmann-Holm, Sze, & Tsai, in preparation) for individuals who meditate. Together, these studies suggest that while the elicitors of compassion and related states may be similar, various aspects of the experience of compassion may differ across cultures.

### **Expression**

Relatively less research has focused on the expression of compassion and related states. One study found that sympathetic touches can be distinguished from other emotional touches. Hertenstein and colleagues (Hertenstein, Keltner, App, Bulleit, & Jaskolka, 2006) asked participants in the United States and Spain to touch other participants' arms in ways that communicated specific emotions, without seeing or talking to each other. Using a forced-choice

response format, participants in the U.S. and Spain were able to differentiate sympathetic touches (patting followed by stroking) from angry, afraid, disgusted, surprised, loving, and grateful ones.

Other studies suggest that certain cultural ideas and practices increase the likelihood that people will express compassion. For example, engaging in meditation appears to increase expressions of compassion (e.g., Condon, Desbordes, Miller, & DeSteno, 2013; Kemeny et al., 2012; Leiberg, Klimecki, & Singer, 2011; Weng et al., 2013). Condon and colleagues (2013) found that participants who were randomly assigned to an eight-week meditation course (versus a no-intervention control group) were more likely to offer their chair to a person on crutches.

In perhaps one of the largest cross-national studies of expressions of compassion, Levine, Norenzayan, and Philbrick (2001) examined how people in 23 nations around the world responded to situations in which strangers needed help (e.g., a person who has dropped a pen, a person with a hurt leg, a blind person who is trying to cross the street). People from nations with a tradition of *simpatia* (the tendency of being concerned about other's well-being and of fostering harmony in relationships, which is highly valued in Latino culture), such as Brazil and Costa Rica, were more likely to help others in these situations than people from nations without a tradition of *simpatia* such as Singapore and Malaysia (Levine et al., 2001).

In that study, people from poorer nations (e.g., Malawi and India) were also more likely to help others than those from wealthier nations such as the Netherlands and the United States. These findings are consistent with work by Stellar, Manzo, Kraus, and Keltner (2012) demonstrating that within the United States, individuals of lower socioeconomic status reported feeling more compassionate towards a peer undergoing a stressful job interview than did those of higher socioeconomic status. These social class differences and differences between poorer and wealthier nations are likely also due to culture: Compared to higher socioeconomic contexts, lower socioeconomic contexts endorse more "interdependent" models of self, which encourage individuals to be more sensitive and responsive to the needs of others (Snibbe & Markus, 2005).

One main limitation of the study by Levine et al. (2001), however, is that it assumes that the expressions of compassion are similar across cultures. For instance, Levine et al. (2001) assumed that helping a blind person cross the street is a

compassionate act. Again, this might depend on how individualistic or collectivistic the culture is. In cultures that promote independence (individualistic cultures), helping a blind person across the street may undermine that person's sense of autonomy and control. Thus, in these cultures, the compassionate act might be to first assess whether the blind person needs and wants help. In the next section, we describe our own work, which examines how cultural differences in views of negative emotion influence what constitutes an expression of compassion.

### ***Affect Valuation Theory: Cultural Differences in Avoided Negative Affect***

Verweinen lasst die Nächte mich,  
Solang ich weinen mag.  
[Let me pass the nights in tears,  
As long as I want to cry.]

*(Johann Wolfgang von Goethe, 1749–1832;  
Goethe, 1827, p. 316)*

Be still, sad heart! And cease repining;  
Behind the clouds is the sun still shining.

*(Henry Wadsworth Longfellow, 1807–1882;  
Longfellow, 1842, p. 112)*

Most people want to feel more positive than negative states, and want to feel more positive and less negative than they actually feel. And yet, people vary in the specific positive states that they want to feel (e.g., Tsai et al., 2006), as well as in their desire to avoid negative emotions (Koopmann-Holm & Tsai, 2014). Affect valuation theory (AVT) incorporates this variation into models of affect and emotion. Although most of our research has focused on cultural and individual variation in the affective states that people ideally want to feel (their “ideal affect”) (e.g., D. Jiang, Fung, Sims, Tsai, & Zhang, 2015; Koopmann-Holm, Sze, Ochs, & Tsai, 2013; B. Park, Tsai, Chim, Blevins, & Knutson, 2016; Sims & Tsai, 2015; Tsai, 2007; Tsai et al., 2016; Tsai et al., 2006; Tsai, Louie, Chen, & Uchida, 2007; Tsai, Miao, & Seppala, 2007; Tsai, Miao, Seppala, et al., 2007), our recent research demonstrates that the premises of AVT also extend to the affective states that people want to avoid feeling (“avoided affect”) (Koopmann-Holm & Tsai, 2014). In this chapter, we will primarily focus on this new research, but we will discuss how compassion might be influenced by ideal affect at the end of this chapter.

The first premise of AVT postulates that how people actually feel (their “actual affect”) often differs from how they ideally want to feel (their “ideal

affect”) and how they want to avoid feeling (their “avoided affect”). As mentioned above, most people want to avoid feeling negative states. Of course, there may be specific situations in which avoided affect includes positive states. For example, people might try to avoid being too excited about a possible opportunity in order to minimize their disappointment if that opportunity does not arise. However, in Western contexts like the United States and Germany, people want to avoid negative more than positive affective states (Koopmann-Holm & Tsai, 2014). While there may be times when people cannot avoid feeling these negative states, people are often successful at not feeling the states they want to avoid states (Koopmann-Holm & Tsai, 2014). Moreover, structural equation modeling demonstrates that actual, ideal, and avoided negative affect are distinct constructs in the U.S. and Germany (Koopmann-Holm & Tsai, 2014). In other words, actually feeling negative states, ideally wanting to feel negative states, and wanting to avoid feeling negative states are separate aspects of our emotional lives.

The second premise of AVT predicts that culture shapes ideal and avoided affect more than it does actual affect, whereas temperament shapes actual affect more than it does ideal and avoided affect. Rozin (2003) and Shweder (2003) argue that cultural factors shape what people view as desirable—good, moral, and virtuous; and by extension, what they view as undesirable—bad, immoral, and sinful. Similarly, AVT predicts that cultural factors should shape what affective states people view as desirable and undesirable. Although cultural factors also shape what affective states people actually feel (Kitayama, Markus, & Kurokawa, 2000; Mesquita & Markus, 2004), decades of empirical research suggest that, across cultures, actual affect is primarily shaped by people's temperament (Costa & McCrae, 1980; David, Green, Martin, & Suls, 1997; Diener & Lucas, 1999; Gross, Sutton, & Ketelaar, 1998; Lykken & Tellegen, 1996; McCrae, Costa, & Yik, 1996; Rusting & Larsen, 1997; Schimmack, Radhakrishnan, Oishi, Dzokoto, & Ahadi, 2002; Tsai et al., 2006), as well as their regulatory abilities and immediate circumstances (e.g., Gross, 1998). In support of this prediction, across three studies, we observed that, on average, European Americans wanted to avoid feeling negative states more than Germans did. Thus, although most people want to avoid negative states, there are cultural differences in the degree to which people want to avoid feeling negative. In contrast, cultural differences in actual

negative affect were not as strong or reliable across studies (Koopmann-Holm & Tsai, 2014).

### ***American–German Differences in Avoided Negative Affect***

These observed differences in avoided negative affect are supported by historical accounts and personal anecdotes. For instance, in *American Cool*, historian Peter Stearns states that, in American society, “fear and anger had no positive function . . . ; rather than being directed, they were to be avoided as fully as possible” (Stearns, 1994, p. 96). In *Against Happiness*, Wilson describes the first American settlers as extremely optimistic people who avoided sadness by moving to the “Promised Land”: “They thought that they would on the American shore discover true happiness and put most sadness to rout” (Wilson, 2008, p. 11). Similarly, McAdams describes the key feature of contemporary American identity as “the transformation of personal suffering into positive-affective life scenes that serve to redeem and justify one’s life” (McAdams, 2004, p. 96), as reflected in American storytelling, which characteristically has positive endings. Indeed, in *Bright-Sided*, Ehrenreich (2009) describes how she was scolded, reprimanded, and told to seek professional help by other breast cancer patients when she expressed her anger and anxiety about her diagnosis. As suggested by Ehrenreich’s experiences, Held and Bohart describe how American culture views “negativity, complaining, pessimism” as sinful (Held & Bohart, 2002, p. 961).

In contrast, in his book *Ein Jahr Hölle* [One Year of Hell], Michael Lesch, a German actor, describes his battle with cancer as “horrible,” and full of anxiety, horror, and shock (Lesch, 2008). Indeed, German culture is often described as being melancholic and pessimistic, as the terms *Weltschmerz* and *Angst* suggest (Clair, 2005; Gelfert, 2005). This is reflected by the *Sturm und Drang* (“storm and drive”) movement in German literature and music in the eighteenth century, which was characterized by the free expression of extreme positive and negative emotions. In this movement, negative emotions were not only accepted, but also glorified.

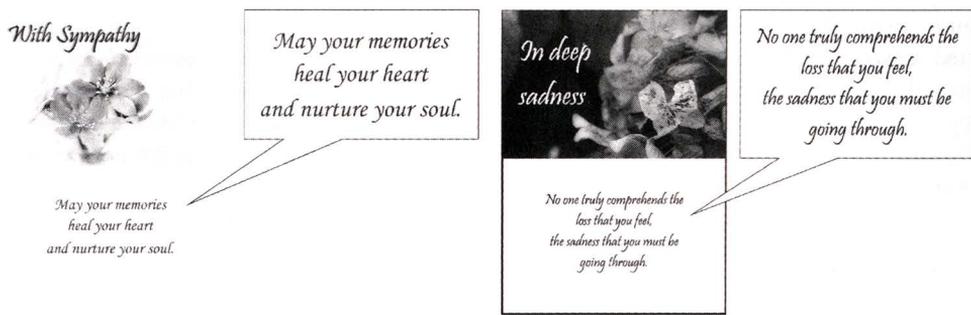
Previous empirical work supports these historical, ethnographic, and personal accounts of American-German differences as well. For instance, German scholar Hedderich (1999) conducted semi-structured interviews with American and German employees, who had spent at least six months in the other country. He asked them about differences between the cultures and concluded that, compared

to Germans, Americans resist talking about their failures, indirectly referring to them as “items for improvement” (Hedderich, 1999, p. 161), and instead praise each other for their achievements. In line with this, Friday (1989) compared German and American discussion styles among colleagues within one corporation, and found that Germans were more likely to be forceful compared to Americans. Similarly, Koopmann-Holm and Matsumoto (2011) found differences in emotional display rules, with German display rules allowing the expression of anger and sadness more than American display rules. Together, these findings support our findings that people in American contexts want to avoid negative states more than do people in German contexts.

Where might these cultural differences stem from? American culture endorses a “frontier spirit” (i.e., achieving one’s goals, influencing one’s circumstances, overcoming nature) more than German culture does (Koopmann-Holm & Tsai, 2014). Early American settlers went to the New World to escape their negative circumstances and improve their lives, and as a result, they may have created a culture in which individuals want to avoid the negative. In contrast, the ancestors of today’s Europeans stayed in their homeland and had to adjust to their negative life circumstances. These individuals may have created a culture that endorses greater acceptance of the negative. Indeed, we observed that because American culture endorses frontier spirit values (i.e., valuing achievement over nature) more than German culture does, Americans want to avoid negative emotions more than their German counterparts do (Koopmann-Holm & Tsai, 2014, Study 3).

### ***Implications for Compassion***

The third premise of AVT is that people’s desire to avoid negative states drives their behavior. In their control-theory of behavior, Carver and Scheier (1998) argue that most behaviors are directed towards goals or away from anti-goals, and are regulated by discrepancy-reducing or discrepancy-enlarging feedback systems, respectively. Whereas discrepancy-reducing systems bring organisms closer to their goals, discrepancy-enlarging processes move organisms farther from their “anti-goals.” We propose that avoided negative affect acts like an “anti-goal”; therefore, people act in ways that actively distance them from the negative states they want to avoid. For instance, the more someone wants to avoid negative affect, the more likely that person



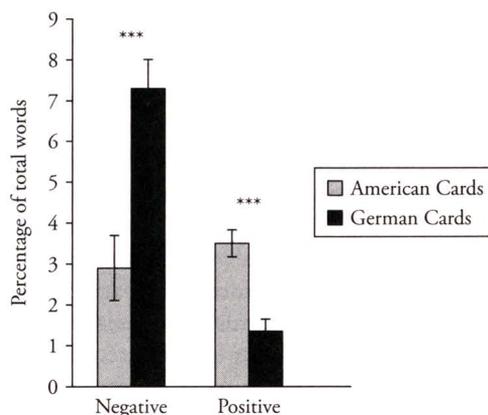
**Figure 21.2** Depiction of a prototypical American (left) and German (right) sympathy card.

may be to avert the gaze from someone who is suffering (e.g., a homeless person asking for money) for fear that the person who is suffering may make them feel bad. Some preliminary data support this prediction: when presented with one image that could either be perceived as a suffering face, a laughing face, or both, the more participants wanted to avoid feeling negative affect, the more likely they were to report seeing only the laughing face (Koopmann-Holm, Bartel, Bin Meshar, & Yang, in preparation). These findings suggest that cultural differences in avoided negative affect may have consequences for the experience of compassion. For instance, because people must perceive another's suffering before they can experience compassion, it is possible that the more individuals want to avoid negative affect, the less likely they may be to put themselves in situations in which they might observe the suffering of another person. The less likely people are to see other people's suffering, the fewer opportunities they have to experience compassion.

Furthermore, avoided negative affect may play a role in how people *express* their sympathy or compassion for another. In cultures that encourage people to avoid negative states *more*, people may find responses that focus more on the positive and less on the negative as more helpful and compassionate. However, in cultures that encourage people to avoid negative states *less*, people may find responses that acknowledge the negative more and focus on the positive less to be more helpful and compassionate. To test this hypothesis, we compared the emotional content of a representative sample of American and German sympathy cards sold in American and German card stores. We examined these cultural products because they are specifically designed as a way of responding to others' suffering. In both the United States and Germany, people send sympathy cards to show their concern and compassion to others. Supporting our hypothesis, we found that

American cards contained more positive words, more living images, fewer negative words, and fewer dying images than did German cards (see Figures 21.2 and 21.3):

To further test our hypotheses regarding culture, compassion, and avoided negative affect, we asked European American and German participants to imagine that the father of one of their acquaintances had just died, and that their acquaintance was very sad. We then presented them with three pairs of sympathy cards. Each pair contained one card that focused more on the negative (e.g., "A severe loss . . . take time to grieve") and one card that focused more on the positive (e.g., "Remembering . . . let time heal your soul"). As predicted, Americans felt less comfortable sending sympathy cards that contained primarily negative content than Germans did, and these differences were mediated by cultural differences in avoided negative affect. Whereas 72% of Germans chose at least one negative card from the three pairs presented, only 37% of European Americans did (Koopmann-Holm & Tsai, 2014).



**Figure 21.3** Frequency of negative words and positive words (percentage of total words that are negative or positive) in American and German sympathy cards.

### ***Implications for Counseling, Health Care, Public Service, and Intervention***

Our work suggests that behaviors that are regarded as compassionate in one culture may not be in another. Focusing on the positive may seem superficial in a German context, whereas focusing on the negative may seem discouraging and even morbid in an American context. Furthermore, our findings suggest that American dominant models of compassion and empathy might not apply in German contexts and other contexts in which people want to avoid negative affect less. Indeed, the two most famous models explaining compassionate responding, the empathy-altruism hypothesis by Batson and colleagues (1981, 1983; 1991) and the negative state relief model by Cialdini and colleagues (1973), assume that people do not want to feel negative emotions. The empathy-altruism hypothesis suggests that the more distress people feel when seeing someone suffer, the *less* they help, because people do not want to feel that distress. Because Americans want to avoid feeling negative more than Germans, actually feeling negative/distressed might interfere with helping more for Americans than Germans. The negative state relief model suggests that when someone is distressed because another person is suffering, this distress leads to *more* helping behavior, because people want to improve their own mood (i.e., reduce their distress) by helping someone else. While Americans might help others to reduce their own distress, Germans might be less inclined to reduce their own distress, because they are more accepting of negative emotion. Thus, the motivation to reduce one's own distress might be less relevant in German contexts for compassionate responses to occur.

Our findings provide just one example of how culture might shape the expression of compassion. Understanding cultural differences in compassion is important for several reasons. First, understanding cultural differences in compassion may be critical to developing effective cross-cultural counseling (Chung & Bemak, 2002). For instance, grief and trauma counseling is often organized and provided internationally, but it is often ineffective because it does not take into account the culture of the people being counseled (Watters, 2010). Even among Western clinical therapies, some may be more effective than others, depending on how much individuals want to avoid negative emotion. For instance, Sigmund Freud, the father of psychoanalysis, was Austrian and thus influenced by German culture. Therefore, the assumption that suppressing and

Because these data were correlational, we conducted another study in which we used an experimental design to examine whether the tendency to want to avoid negative affect more caused greater choice of positive versus negative cards (Koopmann-Holm & Tsai, 2014, Study 4). American and German participants were randomly assigned to either “avoid negative affect” or “approach negative affect” conditions. In the “avoid negative affect” condition, participants were told to push a joystick away from themselves when they saw a negative (vs. neutral) image on a computer screen. In the “approach negative affect” condition, participants were told to pull a joystick towards themselves when they saw a negative (vs. neutral) image on a computer screen. Afterwards, they were presented with the scenario in which they had to choose a card to send to someone who had just lost a loved one. Overall, participants in the “avoid negative affect” condition preferred sympathy cards with positive content more (and cards with negative content less) than those in the “approach negative affect” condition. These findings suggest that differences in avoided negative affect at least partially drive different responses to suffering.

Do the same differences emerge when people are suffering themselves? To answer this question, we asked participants to “Please imagine that one of your loved ones just died. . . . Imagine that you just received a sympathy card from one of your acquaintances.” We then presented participants with two pairs of different sympathy cards. As described above, there was one negative and one positive card for each pair. We then asked participants to report how comforting and helpful they found each card. As predicted, Americans rated the negative cards as less comforting and helpful than did Germans. When asked which type of card they would rather receive, only 16% of European Americans chose at least one out of two negative cards, whereas 38% of Germans chose at least one out of two negative cards. Again, these cultural differences were partly due to differences in the desire to avoid negative states: the more individuals wanted to avoid negative states, the less comforting and helpful they found the negative cards (Koopmann-Holm, Bruchmann, Pearson, Oduye, Mann, & Fuchs, in preparation).

Together, these findings suggest that people express compassion differently across cultures, and people differ in which compassionate responses they view as helpful.

avoiding negative emotions impairs functioning, and that one needs to release, accept, and talk about one's negative emotions as a "cure," might reflect the German acceptance of negative emotion. In contrast, Aaron Beck, the father of cognitive therapy, was American. The assumption in cognitive therapy that one needs to repair one's negative mood (i.e., make it positive) might reflect the American desire to avoid negative emotion. Indeed, contrary to psychoanalytic thought, repressive coping (i.e., ignoring or suppressing negative thoughts and feelings) leads to *better* mental and physical health after the loss of a loved one in an American sample (Coifman, Bonanno, Ray, & Gross, 2007), perhaps because it is consistent with the American value placed on avoiding negative emotion. Thus, understanding cultural and individual differences in avoided negative affect might inform therapists and other health providers how best to respond to another's suffering. While some might prefer to "pass the nights in tears, as long as [they] want to cry" as described by Goethe (1827, p. 316), others might prefer their heart to "cease repining [because] behind the clouds is the sun still shining" as described by Longfellow (1842, p. 112).

Knowing about cultural differences in compassion may be important not just for counseling settings, but also for health care and public service, where compassion can lead to better outcomes (Amador, Flynn, & Betancourt, 2015). For example, in our increasingly multicultural world, it is important for clinicians to know how to compassionately convey the diagnosis of a terminal illness to patients and their families. Furthermore, an awareness of cultural differences in compassion in educational settings is important for advising students from various cultural backgrounds and might be an important aspect of "ethnocultural empathy" (Wang et al., 2003), or understanding the perspective of an ethnically different person.

Understanding cultural and individual differences in expressions of compassion is also critical to interventions that aim to promote compassion, empathy, sympathy, and altruism in different cultures. For instance, previous studies have demonstrated that meditation increases compassion (e.g., Condon et al., 2013; Kemeny et al., 2012; Leiberger et al., 2011; Weng et al., 2013); however, none of the studies have examined whether the findings hold across different ethnic and cultural groups. Indeed, Layous, Lee, Choi, and Lyubomirsky (2013) demonstrated that specific happiness interventions do not seem to be similarly effective in North

American and South Korean contexts. In addition to studying the effectiveness of interventions in different cultural contexts, researchers should include measures of compassion that reflect cultural differences in the conception, experience, and expression of compassion.

### ***Limitations and Future Research***

Our studies have some limitations that should be addressed in future research. First, we examined how avoided negative affect shapes hypothetical responses to the suffering of an acquaintance; future studies should examine whether these findings generalize to actual negative events. For example, we are currently investigating what types of cards are considered most helpful by recently bereaved individuals, as well as how people respond to posts of actual suffering on Twitter. Future studies should also examine responses to other individuals (e.g., the suffering of a family member or friend) and responses to different types of suffering (e.g., having AIDS or cancer, occupational or marital difficulties).

Second, we have only begun to examine cultural differences in compassion and related states using American (mainly European American) and German samples. Interestingly, these are two cultures that are often lumped together as "individualistic and Western." Future studies should examine expressions of sympathy and compassion in other cultural contexts as well (e.g., Gaines & Farmer, 1986; Grossmann & Kross, 2010).

Third, it would be important to examine how these cultural differences in compassion affect compassion fatigue. Are people more susceptible to fatigue when they want to avoid negative affect? Our data suggest that the desire to want to avoid feeling negative may lead to feeling even more negative when exposed to negative stimuli (see Koopmann-Holm & Tsai, 2014, p. 1109). Therefore, it is possible that people who want to avoid feeling negative more might show earlier and/or greater signs of compassion fatigue than people who want to avoid feeling negative less. Future research should test this prediction.

Furthermore, future studies should also examine how ideal affect (the affective states people ideally want to feel; Tsai et al., 2006) might shape compassion. As mentioned above, we have found that American culture values excitement states more and calm states less than many East Asian contexts do (Tsai et al., 2006). To the degree that compassionate responses involve positive emotion, people from cultures that value excitement states more might

find excited responses to be more compassionate, whereas people from cultures that value calm states more might find calm responses to be more compassionate.

Another important point that future research should address is how compassion should be measured across but also within cultural contexts. Should we focus our efforts on examining how people respond to someone they relate and feel similar to as suggested by Western concepts of compassion (Batson et al., 1981; Batson et al., 1987)? Or should we include a Buddhist perspective on compassion (Dalai Lama, 1997), which emphasizes the interconnectedness of all beings and therefore encourages compassion towards everyone, including transgressors and adversaries? We argue for the importance of alternative measures of compassion in order to understand this construct from a cross-cultural perspective (Koopmann-Holm, Sze, et al., in preparation). In addition to including the dimension of extensivity (the quality of including everyone, not just in-group members, but also transgressors and adversaries) to compassion, it will also be important to examine compassion from a more collectivist viewpoint as well. For example, group solidarity includes compassionate acts not necessarily stemming from an individual's emotion and appraisals, but rather from a collective social identity (M. Gaborit, personal communication, February 19, 2016). Stavrova and Schlösser (2015) define *solidarity* as "behaviors that are driven by a sense of shared identity with the disadvantaged and are directed at improving their conditions" (Stavrova & Schlösser, 2015, p. 2), which is very much in line with the definition of compassion in this Handbook.

Finally, our work has focused on the cultural shaping of the conceptualizations and expressions of compassion. More research is needed to examine how these differences shape the experience of compassion. Our findings suggest that compassion is expressed differently, depending on the degree to which people want to avoid feeling negative emotions. Because compassion is expressed differently, based on the "cultural construction" view of emotion (Boiger & Mesquita, 2012), it is possible that compassion is also experienced differently. Previous studies suggest that cultural differences exist in how people experience empathy and altruistic motivation (de Greck et al., 2012; Miller & Bersoff, 1994; Siu & Shek, 2005). Our research suggests that people who want to avoid feeling negative may actually feel more negative when exposed to negative images (see Koopmann-Holm & Tsai, 2014, p. 1109).

However, people who want to avoid feeling negative focus more on the positive when responding to someone's suffering. This might make them actually feel more positively when seeing someone suffer compared to people who don't want to avoid feeling negative. For example, when people who want to avoid feeling negative see someone else's suffering, they focus on the positive more and thus construe the situation differently than people who want to avoid the negative less. They might focus on the good times a grieving person had with a deceased loved one, which might lead to an experience of a "warm glow" when feeling compassionate. For individuals wanting to avoid feeling negative less, they might focus on the pain the person feels as a result of having lost a loved one, which might lead to feeling this pain when feeling compassion. Future research needs to test this prediction and should also examine whether feeling more negative while feeling compassionate erases the positive feelings of compassion (e.g., the "warm glow"), or whether the positive and negative feelings coexist.

Importantly, previous research has documented clear cultural similarities in compassion. In fact, the core tendency to relate to others and respond to others' suffering might very well be universal, as Darwin suggests (Darwin, 1871). Even though we find cultural differences in how people respond to someone's suffering in European American and German contexts and in what they regard as helpful, sympathy cards are readily available in both cultures. This suggests that sending a sympathy card to express one's compassion occurs frequently enough for these cultural products to exist, suggesting cultural similarities in compassion. However, our work demonstrates that the motivations that follow this initial emotional tendency to be compassionate and to want to help (i.e., whether people focus on the positive or negative) are shaped by culture.

In conclusion, although Darwin might have been correct in proposing that the tendency to feel compassion is basic and instinctual, it is clear that there are differences across cultures in the conception, experience, and expression of compassion. Here we demonstrate that cultural differences in the degree to which people want to avoid negative emotions predicts how people respond to others' suffering as well as people's preferences for how they would like others to respond to their own suffering (i.e., what they regard as most helpful and compassionate). The more people want to avoid negative affect, the more they focus on the positive (vs. negative) when responding to others' suffering, and the more

they want others to focus on the positive (vs. negative) when expressing compassion toward their own suffering. Our hope is that in the future, increasing research will reveal the other ways in which culture shapes the conception, experience, and expression of compassion.

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