

# The Spirituality of Compassion

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I was on the bus a little while ago, and sitting opposite me were a mother and her young daughter. I was unaware of what preceded the comment made by the daughter to her mother: 'If you've got nothing nice to say, don't say it.' I smiled at them both, and the little girl said: 'I've been told that a lot of times mum, haven't I?'

I thought about this passing encounter for most of my bus journey, not least what important advice to instil in a child as she is growing up and interacting with the world around her. And it came back into my mind a few days later, when I formulated some of the thoughts below.

I reflected on my own and others' ways of relating to one another. In society today, maybe it is an offshoot of the apparent democracy we live in that it is a seemingly done thing to feel that you can (for example) berate someone in another car to the point of road rage, and sometimes death, at the hands of a more aggressive individual. But this overt aggression and questionable behaviour can be experienced in other public places too, such that any one of us probably has a few stories to tell about the way we have been treated by a previously unknown individual (Leith, 2007).

In interpersonal and family relationships, compassion from one individual to another is a variable feast, where both loving and less loving attitudes can be evidenced daily in relationships that would be described as 'intimate'. Families are places where either kindness can be imparted or heartless suffering imposed in many ways. And places of work, where competition and envy thrive, can also become places where others can experience the worst that potentially lurks in all of us.

But what has any of this to do with compassion? I suppose most of us would like to think we are compassionate people who are basically good, gentle, and understanding' (Nouwen et al. 2008: 3). But, one could say that the routinizing of questionable and sometimes inhumane attitudes to one another is the issue that might shoot straight at the heart of a spirituality of compassion. Further, it evidences the need for healing in many different ways - not just on local/immediate levels but more globally as well.

Nouwen goes on to articulate well the ambiguity at the heart of compassion, questioning:

But, if being human and being compassionate are the same, then why is humanity torn by conflict, war, hatred, and oppression? Why, then, are there so many people in our midst who suffer from hunger, cold, and lack of shelter? Why, then, are millions of human beings suffering from alienation, separation, or loneliness? Why, then, do we hurt, torture, and kill each other? Why, then, is our world in such chaos? (Nouwen et al. 2008: 3).

These authors suggest that we need to take a critical look at our understanding of compassion. The central question is this. Will the cultivation of compassion in our lives and our local and global communities enable us to delimit distressing situations and initiate the healing so needed today? (Armstrong, 2011: 5). Will the nurturing of compassionate behaviour 'begin to relate us to the world as an arena of serious concern' (Fox, 2010).

So, let us take a brief look at 'compassion.' The concept is multi-faceted and evocative of qualities such as: love, kindness, perseverance, fairness, justice, grace, tenderness, mercy, charity, humaneness, fellow feeling, and so on - and a striving in all these things (concepts familiar also to the spiritual life and its strivings). Although the concept presupposes 'sympathy' and 'empathy,' it is important to distinguish it from these notions too. To be sympathetic with another means we can be affected by, and resonate with, their feelings. Empathy involves 'a more complex understanding which embraces another's situation, feelings and motives' (Fox, 2010).

Compassion can be defined as *a feeling of deep sympathy and sorrow for another who is stricken by misfortune, accompanied by a strong desire to alleviate the suffering.* Thus, emotionally and attitudinally, compassion presupposes sympathy/empathy/understanding/pity. Yet, as seen from the example above, it goes beyond these feeling states to imply some kind of action on an individual's/community's part consequent on experiencing distress in another.

Compassion is not just a feeling sorry for another, or an ability to step into another's shoes. It presupposes a movement away from a focus on one's own self and self-interests in order to go out of one's way and help others who are in need. This is the rational and altruistic component in compassion. Basically, we are called to enter into the pain/suffering of other(s), but not to be destroyed by it. It comprises rather 'a resoluteness and an active will to change things, to make a

difference' (Fox, 2010). So, at the heart of the thinking regarding 'compassion' there is a strong ethical/ moral/ social imperative - one human being to another - individually and collectively.

The concept of compassion is linked to living fully human and humane lives. A compassionate attitude means we will not just choose ourselves, but we will choose others in their humanity. We will not close our hearts to others, but we will open them up to others - and in doing so we will open ourselves up to the gift of enhanced relationship and belonging. We will not just choose to live our lives to the fullest potential at any given time - however circumscribed and limited life might be - but we will also choose that same reality for others. The basis for doing so is a shared humanity, such that that we are able to 'regard the good of others as of the same value and importance as [our] own' (Fox, 2010).

As alluded to earlier, it is important to recognise the micro and macro implications of the necessity for compassion today. The Dalai Lama has been quoted as saying that love and compassion are necessities, not luxuries and that without them, humanity cannot survive (HH Dalai Lama & Cutler 1998). John O'Donohue, Irish poet, philosopher and theological scholar, expresses this reality too when he says:

We have a duty to speak out for those who have no voice or are not being listened to. We should at least begin to have some conversations with these members of our human family. It would open our eyes. When our compassion awakens, our responsibility becomes active and creative. When we succumb to indifference, we blaspheme against the gifts that we could never earn, that have been so generously given to us. The duty of privilege is absolute integrity (O'Donohue, 2011: 375).

The strong ethical and moral implications at the heart of compassion embrace the philosophical principles of non-maleficence - do no harm - and benevolence/beneficence – do good whenever it is possible (Fox, 2010). Many writers also focus on compassion in the light of the maxim of The Golden Rule, articulated over centuries by all the major faith and philosophical traditions, namely, to treat others as you would wish to be treated yourself.

Karen Armstrong (2011: 1-6), a former religious sister and one of the world's leading commentators on religious affairs tells us:

All faiths insist that compassion is the test of true spirituality.... [and] that you cannot confine your benevolence to your own group: you must have concern for everybody - even your enemies...the Golden Rule...asks us to

look into our own hearts, discover what gives us pain, and then refuse, under any circumstance whatsoever, to inflict that pain on anybody else. Compassion can be defined, therefore, as an attitude of principled, consistent altruism.

Armstrong further suggests that compassion will also bring us back into the presence of 'the divine.' And why? Because when we feel with another, we remove ourselves from the centre of our world. When we get rid of the 'me-first' mechanism - when we put our ego aside, then we are ready to see the divine - however we may articulate that reality (Armstrong, 2011: 17).

In healthcare, compassion is now the order of the day. Cultivating and evidencing the delivery of compassion - in practitioners, health systems and organisations - has become a renewed focus ever since the publication of the Francis Report (Francis 2013), which 'identified lack of compassion as a major factor' contributing to failures in care in a Mid-Staffs hospital (Gray & Cox, 2015; Sawbridge & Hewison, 2015: 42).

Just do a search on 'compassion in healthcare' and see the vast proliferation of writings occasioned by the unsettling findings of the Report. But I really do wonder whether compassion is what any activity related to illness/sickness and restoration to health and well-being should be about at heart. Or have I, and perhaps many others been missing something? It is less like one of those 'aha' moments and more like the double-bind one so commonly experiences especially in the healthcare setting, where you say to yourself, 'well, didn't people know this was important all along?'

The main question is how can 'compassionate individuals' (who after all are at the heart of systems and organisations as well) be 'produced' so as to assist and increase the development of more humane care (Fox, 2010)? As Fox notes:

Perhaps 'produce' is not the right word, for the idea of compassion as a source of morality is predicated on the assumption that everyone has the capacity to show compassion and, given the right circumstances, to lead a compassionate existence. So what we'd really need to produce are the conditions that maximise this potential, especially in children (Fox, 2010).

In our deliberations, I do hope that we will indeed begin to understand how the seeds of compassion live in every individual first before they live in larger systems.

Amongst various disciplines, it is perhaps psychology that can help us to understand the compassionate instinct a little further. Encouraging neurological research suggests that there is a biological basis to compassion, and that human beings are (effectively) hard-wired to be compassionate - to respond to others' suffering and to feel good when we can alleviate that suffering (Keltner, 2004). These scientific findings are expressed quite simply by Daniel Goleman (2007) who describes:

A new field in brain science...studies the circuitry in two people's brains that activate while they interact... and the new thinking of compassion from this field is that our default wiring is to help...that is, if we attend to the other person we automatically empathise. These newly identified mirror neurons...act like a neuro Wi-Fi - activating in our brains exactly the areas activated in theirs. We feel 'with' automatically, and if that person is in need, we're automatically prepared to help.

But, as Goleman himself queries, if it is the case that we are hard-wired to be compassionate, why does this sometimes go awry? From my reading, many different people, from different walks of life, offer a variety of perspectives. I mention a few below.

In the healthcare setting, it is widely recognised that many enter the profession with 'high ideals, abundant stores of compassion and a strong motivation to treat patients as they themselves would want to be treated' (Cornwell and Goodrich, 2009). What happens in terms of moving away from this position can be down to a variety of factors, including:

- 'The natural human defences we develop in reaction to trauma...[and] continuous exposure to human beings in varying states of pain and distress' (Cornwell and Goodrich, 2009) - that is, compassion fatigue. One article examining community mental health nurses, reported that participants developed feelings of being unskilled and became less compassionate with those patients evidencing complex and multiple needs (Barron et al. 2017: 216).
- Authors also mention the difficulty amongst practitioners of defining compassion, even whilst recognising it now as a 'driving force underpinning provision of care' (Barron et al. 2017: 211-212). Further, compassion is difficult to mandate, as it is impossible to dictate what practitioners will and can feel towards their patients. What can be expected is courtesy, respect and

consideration, and using best knowledge, skills and experience in the patient's interests (Chadwick, 2015).

- Authors widely recognise how an over-emphasis on the production of efficiency in health services can 'undermine compassionate care and foster cynicism in healthcare workers' (Barron et al. 2017: 212), and thus how important it is that organisations take their own responsibility for creating compassionate cultures and for supporting and valuing practitioners' work (Sawbridge & Hewson, 2015).

In terms of moving away from a compassionate position, others in different ways highlight a very human conflict - basically put as the conflict between paying attention to one's own self-interests, or those of others:

- Goleman (2007) refers to a spectrum ranging from 'complete self-absorption to noticing, to empathy and compassion'. Self-preoccupation means that we are not fully cognisant of the other. But he urges us all to try and notice this distinction between paying attention to ourselves or to others, as it is 'our empathy - our tuning in - that separates us from sociopaths.'
- Paul Gilbert (2010a: 3) rightly notes that 'In the Buddhist model true compassion arises from insight into the illusory nature of a separate self and the grasping to maintain its boundaries - from what is called an enlightened or awake mind'.
- Armstrong (2011: 9-10) contends that compassion is actually 'alien to our modern way of life,' and that the 'intensely competitive and individualistic' nature of the capitalist economy encourages us to place ourselves above others.
- Nouwen et al. (2008: 6) suggest (similarly) that competition gets in the way of compassion: 'Compassion is neither our central concern nor our primary stance in life. What we really desire is to make it in life, to get ahead, to be first, to be different....We do not aspire to suffer with others...The less we are confronted with it, the better...To be compassionate then means to be kind and gentle to those who get hurt by competition'.

The ambiguity lying at the heart of much thinking regarding compassion is perhaps realised quintessentially in the words of St. Paul (Romans 7.15), when he says: 'I

cannot understand my own behaviour. I fail to carry out the things I want to do and I find myself doing the very things I hate’.

These issues and more, make it difficult to envisage rolling out compassion in a significant way, but the benefits of nurturing a more compassionate approach, both with ourselves and others, might assist us in this task. I offer a few points for reflection below:

### **The importance of showing compassion to one’s self**

Self-compassion is the mirror of our lives lived in authentic relationship. O’Donohue puts this beautifully when he says: ‘Self-compassion is paramount. When you are compassionate with yourself, you trust in your soul, which you let guide your life. Your soul knows the geography of your destiny better than you do’ (O’Donohue, 2017).

In developing the art and skills of compassion, any route leading to increased self-understanding is a vital precursor to being able to enter into another’s world with understanding and compassion. Perhaps it is a matter of realising, when we give ourselves opportunities for self-discovery, that ‘all the forces for good and for harm playing out in the world are also right here in our own minds. Self-understanding is a vital precursor to understanding others’ (Goldstein, 2004).

It is well-known that many of us who work in caring professions do so (albeit unconsciously) in order to care for ourselves, or because our (very often) early life histories have taught us how to be carers and rescuers. This point is to be understood sensitively, rather than criticised. Examining the nature of our own commitment to caring, and integrating what are the more difficult aspects of our personality/psychology in order to be present to our clients in as authentic and altruistic a way as is possible is always work in progress.

Self-compassion means we will be less hard on ourselves when we do not always quite make those arbitrary targets we set for ourselves, and when we have to deal with internal conflicts regarding whether to be compassionate or not. What we can hope for is to find ways to develop further our compassionate instinct, through ways that will enable us to embrace and develop inner calm and peace, connectedness with self and others.

It is important to note the numerous - both sacred and secular - paths for ‘nourishing the shoots of compassion’ (Armstrong, 2011: 17). For example, through

meditation, contemplation, mindfulness, spiritual exercises, retreats, and not least through the arts. Gilbert (2010b: xiii) notes how the Eastern traditions have exerted a major influence regarding the training of the mind in compassion, via exercises and other mental practices.

However, as De Botton (2012: 145) writes: 'understand[ing] the value of training our minds with a rigour that we are accustomed to applying only to the training of our bodies', has been the stock-in-trade for many of the major faith traditions and philosophical schools for centuries.

### **The benefits to mind, body and spirit of cultivating compassion**

With many of the findings evidenced through research, the list includes:

- Enhanced well-being (Gilbert, 2010a: 3).
- Enhanced psychological/mental and emotional health, as well as enhanced physical health (HH Dalai Lama & Cutler, 1998: 102-103).
- Enhanced state of being overall. Armstrong (2011: 18) suggests that:

[T]hose who have persistently trained themselves in the art of compassion manifest new capacities in the human heart and mind; they discover that when they reach out consistently towards others, they are able to live with the suffering that inevitably comes their way with serenity, kindness and creativity. They find that they have a new clarity, and experience a richly intensified state of being.

### **The benefit to others**

Here, we can think of those times when we have been in the presence of a compassionate individual, or the relief that we can experience when we have received compassionate care and understanding.

Research has shown that:

- Compassion can aid treatment effectiveness. Patients at the receiving end of more compassionate responses from caregivers might be encouraged to share information more freely regarding what ails them and other concerns. This in

turn can be a major aid to diagnosis, treatment and outcome (Cornwell & Goodrich, 2009).

- Compassion can reduce patient anxiety, and 'can have positive effects on patients' rate of recovery and ability to heal' (ibid.).
- Compassion in caregiving can aid the identification of needs unique to the individual, and thus encourage person-centred and recovery-oriented care (Barron et al. 2017: 212)

### **Choosing a compassionate path is not always comfortable**

This is a central tenet of what many religions and seekers of spiritual paths know - that the path is not easy or comfortable - and that it requires commitment over time. Nouwen et al. (2008: 61-62) discuss the concept of 'displacement' in their text and how this is central to compassion:

We want to be ordinary and proper people who live ordinary and proper lives...The call to community...is the call to move away from the ordinary and proper places...Through voluntary displacement, we counteract the tendency to become settled in a false comfort and to forget the fundamentally unsettled position that we share with all people. Voluntary displacement leads us to the existential recognition of our inner brokenness and thus brings us to a deeper solidarity with the brokenness of our fellow human beings.

### **Compassion requires us to accept the reality of our own and other's propensity to experience pain and to suffer**

Many authors talk about the anaesthetising of pain and suffering in which many of us engage. Pain and suffering are unattractive - they leave us helpless and, very often, without hope, and can sometimes evoke feelings of being repelled by the other. As mentioned previously, we do not aspire to suffer with others, but instead we find ways and techniques that enable us to remove ourselves from the reality of pain, and often place at a distance those who unsettle our equanimity (Nouwen et al. 2008:6). Yet if we can embrace the reality of the existence of pain and suffering as part of what it means to be human, it can also help us to understand others in pain, and become a foundation stone for compassion.

## **We can seek ways to embrace the transpersonal/ spiritual gifts that potentially lie in life's more difficult experiences.**

One such gift is Beauty. O'Donohue (2003: 189-191) writes about the notion of beauty being created out of woundedness. He suggests that things in life that almost destroy us can also be the 'very things that want to talk to us' - even years down the line. He acknowledges both dark and bright sides to beauty, and that we can often (although not always) 'find slow, dark beauty' in those times when we are most in pain and despair. And he makes the link with compassion:

Where woundedness can be refined into beauty a wonderful transfiguration takes place...compassion is one of the most beautiful presences a person can bring to the world and most compassion is born from one's own woundedness...The greatest evil and destruction arises when people are unable to feel compassion. The beauty of compassion continues to shelter and save our world (O' Donohue, 2003, 191).

Finally, we can think of wisdom as another transpersonal gift. There is something here about the wisdom that comes from an examined life, from increased self-awareness and insight, and what we can learn from our own life experiences. In the words of the Venerable Khandro Rinpoche (2000):

The human heart is basically very compassionate, but without wisdom, compassion will not work. Wisdom is the openness that lets us see what is essential and most effective.

Wisdom and compassion are bed-fellows - 'intimately linked' and feeding one another (Gilbert, 2010a: 133). Wisdom, borne from experience, is the ability to recognise past mistakes, as well as those things that worked out well, and to stand back objectively from certain situations where it would be foolish to rush in. It is the ability 'to *reflect* on the human condition and human nature' and to work with the complexities of life and the paradoxes it brings (Gilbert, 2010a: 133-4).

## **Concluding Reflections**

In focusing on the qualities of compassion, perhaps we can understand how we are dealing also with essential elements of the life of the spirit. Further, we can see how important it is for us to nurture what appears to be our innate capacity to be

compassionate. Spirituality is always a matter for searching, as is the reality of discovering ways of developing our compassion, and working on those elements keeping us from being compassionate on occasion, that all of us are heir to.

We have touched on the notion of compassion as the 'true test of spirituality.' Spirituality needs to be thought of as not just being individual, but also the fruits of a life lived well in the spirit - one that works itself out in seeking the best for human community as a whole. It is no less the case with compassion. There is always a referent beyond the self and self-interests, linked to a conscious desire and a will to make the world a more humane place.

## **Bibliography**

Armstrong, K. (2011) *Twelve Steps to a Compassionate Life*. London, the Bodley Head.

Barron, K., Deery, R., Sloan, G. (2017) Community mental health nurses' and compassion: An interpretative approach. *Journal of Psychiatric and Mental Health Nursing*, **24**, 211-220.

Chadwick, R. (2015) Compassion: Hard to define, impossible to mandate. *BMJ*, 351: h3991. (Accessed online: <https://doi.org/10.1136/bmj.h3991>)

Cornwell, J. & Goodrich, J. (2009) Exploring how to enable compassionate care in hospital to improve patient experience. *Nursing Times*, 105: 15, early online publication. (Accessed online: <https://www.nursingtimes.net/exploring-how-to-enable-compassionate-care-in-hospital-to-improve-patient-experience/5000526.article>)

De Botton, A. (2012) *Religion for Atheists*. London, Penguin Books.

Fox, M. (2010) Compassion & Peace. (Accessed online: [https://philosophynow.org/issues/80/Compassion\\_and\\_Peace](https://philosophynow.org/issues/80/Compassion_and_Peace))

Francis, R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: The Stationery Office.

Gilbert, P. (2010a) *Compassion Focused Therapy*. East Sussex, Routledge.

Gilbert, P. (2010b) *The Compassionate Mind*. London, Constable.

Goldstein, J. (2004) Mindfulness, and Compassion & Wisdom: Three means to peace. Originally published in *The Shambhala Sun*. March 2004. (Accessed

online: <http://www.pbs.org/thebuddha/blog/2010/may/11/mindfulness-compassion-wisdom-three-means-peace-jo/>)

Gray, A. & Cox, J. (2015) The roots of compassion and empathy: Implementing the Francis report and the search for new models of healthcare. *European Journal for Person Centered Healthcare*. Vol 3, No 1. (Accessed online: <http://ubplj.org/index.php/ejpch/article/view/962/0>)

Goleman, D. (2007) Why aren't we more compassionate? Video online conference, TED conference, March 2007. (Accessed online: [https://www.ted.com/talks/daniel\\_goleman\\_on\\_compassion](https://www.ted.com/talks/daniel_goleman_on_compassion))

HH Dalai Lama & Cutler, H. (1998) *The Art of Happiness: A handbook for living*. London, Hodder & Stoughton.

Keltner, D. (2004) The Compassionate Instinct. *Greater Good Magazine*. March 1, 2004. (Accessed online: [https://greatergood.berkeley.edu/article/item/the\\_compassionate\\_instinct](https://greatergood.berkeley.edu/article/item/the_compassionate_instinct))

Khandro Rinpoche. (2000) Compassion and Wisdom. *Shambhala Sun*, July 2000.

Leith, W. (2007) Impolite society: Who is to blame for Britain's bad manners? *The Independent*, 26 May 2007. (Accessed online: <http://www.independent.co.uk/news/uk/this-britain/impolite-society-who-is-to-blame-for-britains-bad-manners-5333186.html>)

Nouwen, H., McNeill D., Morrison, D. (2008, Revised Edition) *Compassion: A reflection on the Christian life*. London, Darton Longman and Todd Ltd.

O'Donohue, J. (2003) *Divine Beauty: The invisible embrace*. London, Bantam Books.

O'Donohue, J. (2011) *Eternal Echoes: Exploring our hunger to belong*. Kindle Edition. Transworld Digital; New Edition (8 Feb. 2011).

O'Donohue, J. (2017) The Presence of Compassion. An interview with John O'Donohue, by Mary NurrieStearns. (Accessed online on 5 November 2017: [http://www.personaltransformation.com/john\\_odonohue.html](http://www.personaltransformation.com/john_odonohue.html)) [nd]

Sawbridge, Y., & Hewison, A. (2015) 'Compassion costs nothing' - the elephant in the room? *Practice Nursing*, 2015, **26**, 4, 42-45.