

Opinion

## The Link(s) between Compassion and Healing

Kristi Kanel \*

Professor and Chair, Department of Human Services, College of Health and Human Development, California State University, Fullerton, USA; E-Mail: [kkanel@fullerton.edu](mailto:kkanel@fullerton.edu)

\* **Correspondence:** Kristi Kanel; E-Mail: [kkanel@fullerton.edu](mailto:kkanel@fullerton.edu)

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### 1. Introduction

Use of words is powerful and often shape our thoughts and can instill healing or harm in patients in our care. [1]

The terms compassion, sympathy, and empathy are often used interchangeably. However, they mean very different things, and the usage and meaning behind them has changed over time. Presently, compassion is 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”. [2] Compassion may also be defined as “to suffer together”. The description of compassion continues by suggesting it is the feeling that arises when you are confronted with another’s suffering and feel motivated to relieve that suffering, which is not the same as empathy or altruism. Compassion includes the desire to help.

Self-compassion has been researched as well. Neff [3] offers her definitions for self-compassion. She suggests that having compassion for oneself is really no different than having compassion for others. Her model suggests that to have compassion for others you must notice that they are suffering. Then you must have a feeling that moves your heart to respond to their pain. When this occurs, you feel warmth, caring, and the desire to help the suffering person in some way. Having compassion also means that you offer understanding and kindness to others when they fail or make

mistakes, rather than judging them harshly. Finally, when you feel compassion for another (rather than mere pity), it means that you realize that suffering, failure, and imperfection is part of the human experience. Neff states that self-compassion involves acting the same way towards yourself when you are having a difficult time, fail, or notice something you don't like about yourself. Instead of just ignoring your pain with a "stiff upper lip" mentality, you stop to tell yourself "this is really difficult right now," how can I comfort and care for myself in this moment?

Instead of unmercilessly judging and criticizing yourself for various inadequacies or shortcomings, self-compassion means you are kind and understanding when confronted with personal failings – after all, who ever said you were supposed to be perfect? I would argue that when someone engages in self-compassion, they are better equipped to offer others compassion.

Researchers have also proposed that there is a biological basis of compassion, with a deep evolutionary purpose. When we feel compassion, our heart rate slows down, we secrete the "bonding hormone" oxytocin, and regions of the brain linked to empathy, caregiving and feelings of pleasure light up, resulting in wanting to approach and care for other people. [3]

Sympathy, on the other hand, conjures up the idea of pity. It comes from the Greek word "sympatheia", meaning "to suffer with". [1] Its use began with Hippocrates when he was describing how symptoms in regions of the body are effected by pathology within a seemingly separate region of the body. This biophysical meaning was used until the 16th century when sympathy was used to mean the ability of one individual to attune to the feelings of another, which expanded its meaning to the affective realm. This moved it into the idea of compassion. However, the use of the term sympathy in the health care system was eliminated during the 20th century due to its unwelcomed sense of being a "pity-based" response and the construct of empathy that became used in emerging mental health theories. [1]

Hence, the use of the term empathy is often confused with sympathy and compassion. The English word empathy means "in feeling". [1] However, unlike modern day usage, empathy attempted to avoid the "feeling with" a fellow human being in favor of a more objective and emotionally detached stance of putting oneself in another's shoes. Modern day ideas about empathy allow for cognitive empathy in which one can understand the emotions of another and affective empathy in which someone actually feels what someone else is feeling.

The term "compassion" is reserved for those instances in which empathy includes the desire to help and engage in action aimed at alleviated suffering, hence the movement into healing. Healing is an action that is a huge part of the medical profession. In fact, common sense and intuition suggest that healing is the sole reason people seek the services of professionals in the medical field. It is fair to assume that those who enter those professions also perceive healing to be fundamental to medical practice. Thus, based on the above definitions of compassion, one might conclude that those who seek to heal others must either have compassion for others that drive them to heal, or have other motivations to heal. If the motivation is other than compassion, it is possible that the benefits of true compassion in the doctor-patient relationship will be missing; hence, the healing may be thwarted.

## 2. How Healing and Compassion Are Connected

Healing refers to the process of making or becoming sound or healthy again. [4] Some of the synonyms for healing include alleviate, assuage, relieve, help, soften and lessen. History has demonstrated that there are many methods for healing as well as many aspects to healing. While empathy and sympathy are the beginning aspects of compassion in that it means that someone has identified another person who is suffering and has a feeling for them, compassion is the component that leads to action, thereby being more closely related to engaging in actions that are healing [3]. Mere empathy or sympathy might only end with an objective sense that someone is suffering [1]. When someone feels compassion, they are motivated to engage in actions aimed to alleviate the suffering because they themselves are suffering along with the other [3]. It is not a far stretch to imagine that when a healer has compassion for a patient, a therapeutic relationship and emotional connectedness will likely be formed.

At first glance, it may seem like compassion and emotional connectedness are psychological constructs involving only emotional and cognitive dimensions. However, several theorists have suggested that the emotional connectedness involved in therapeutic relationships includes biological, neurological and psychological aspects [5-7]. The biology of brain development has been studied, and it is now well established that the early experiences of children become biologically embedded [5]. There exists plasticity to brain pathways and associated flexibility in the development of endocrine, immune, and metabolic systems that allows them to be modeled and remodeled in response to each child's own environment. Animal studies have demonstrated the direct effect of maternal care on the development of neural pathways that regulate the emotional, neuroendocrine, and cognitive response to stress. Because of this plasticity, it has been found that an enriched environment in later years can promote well-being [5]. In addition to these neurological findings about brain development and the ability to affect neural pathways later on in life, it has also been postulated that there may be an evolutionary biosocial theory of development in which humans have a propensity to make strong emotional bonds to a differentiated and preferred person conceived as stronger and or wiser [6]. Perhaps doing so led to success in survival. Developing a therapeutic relationship from this perspective then can be viewed as the creation of a secure base from which a patient and the doctor proceed to deal with suffering and give the patient a sense that survival is possible when the doctor is perceived as stronger and wiser.

Rossi [7] proposes that a positive frame of mind by the patient can have a salutary effect in healing the gravest illness. The question then becomes, "How does one help the patient develop a positive frame of mind?" It is not a far stretch to argue that when a patient experiences compassion from a health care provider, they would have a more positive frame of mind since someone perceived as stronger and wiser has expressed interest in seeing them heal. When patients have a more positive frame of mind, their healing would be strengthened. When healing is strengthened, health care providers might experience a sense of personal accomplishment, since healing is probably the overall goal of most health care providers. Compassion from a health care provider then, may benefit both patient and the health care provider. However, some may believe or feel that offering compassion might be emotionally draining and lead to burnout. The term 'compassion fatigue' may slant the perception of compassion by health care providers toward the negative. Figley [8] has defined

compassion fatigue as the emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events. Inherent in this definition is a pejorative view of it. However, studies have shown that providing care to traumatized individuals can be both highly stressful and highly rewarding [9].

A compassionate response to a patient's suffering extends mere sympathy and empathy by engaging the virtues of health care providers and the addition of action. While compassion does require more from health care providers on a personal and professional level, it does not necessarily make them more susceptible to burnout. It has been shown that compassion fatigue contains two components, secondary trauma and job burnout [10]. So, even if a health care provider does experience some compassion fatigue, burnout may not occur if the provider is engaging in behaviors with the patient that allows the provider to not feel "trapped by work" [10]. In fact, true compassion may have a "sustaining effect on the health care providers by allowing them to practice in a self-congruent manner and by providing an outlet for suffering- action that protects against emotional contagion on the one hand and helplessness on the other". [1] It has been discovered that empathic responses activated regions of the brain to persons when they observed another person in pain [1]. Loving kindness and pro-social aspects of compassion extended beyond this mirroring state, activating regions of the brain associated with love, warmth, reward, and affiliation. It may be a mistake to decide that burnout and vicarious suffering is due to compassion. In fact, Bride [11] suggests that vicarious stress may be due to demanding caseloads (which current managed care practice encourages) and long hours rather than mere exposure to others' traumas. Burnout has been defined as job-related anxiety and dissatisfaction that hampers people's abilities at work. [12] Russo suggests that the causes of burnout are many and varied; it could be due to conflicts between the ideal and the real, a defense against helplessness, a result of lack of resources, feeling lack of support from organizations or dealing with unmotivated patients. As a result of burnout, professionals may begin to see clients as numbers rather than humans, experience a sense of lack of personal accomplishment, and experience emotional exhaustion. [12] Engaging in a compassionate relationship may actually prevent burnout, as it may lead the patient to heal, thereby helping the professional feel more personal accomplishment and not see the patient as a number.

The challenge for health care providers when incorporating compassion into their overall healing agenda is the deeply personal nature of it. Healers in the mental health field are trained extensively in the benefits of developing a real relationship with clients. Yalom [13] suggests that real relationships contain something in and for themselves that is meaningful and healing. It isn't only Existential/Humanistic psychological theories that view these types of relationships as healing, but even those practicing from a more psychodynamic object-relations perspective understand the positive implications of a positive relationship. Gabbard [14] states that when someone internalizes the positive prototype which includes a loving, positive experience due to an attentive, caretaking mother, the result is a positive affective experience of pleasure and satiation. Health care providers and analysts alike that replicate this positive object relations positive prototype create this same sense of positive experience which can only lead patients to feel more positive, leading to greater chance of healing. Additionally, even contemporary neurological research has identified "the empathy circuit" as a series of neural circuits within the cortex and limbic system that are activated when observing another person's feelings". [1] When empathy occurs, mirror neurons are activated,

allowing an understanding of another persons' feelings. This attunement replicates the previously stated positive object relations prototype.

### **3. Bringing Back Compassion to the Healing Process**

Interestingly, compassion was deemed important in the nursing field in the 19th and 20th centuries and held a prominent place in nursing textbooks and training programs [1]. Unfortunately by the end of the 20th century, compassion began to recede from the prominent position it once occupied within the discipline, which has been attributed to the professionalization, medicalization, and consumerization of health care in general. Recent reviews of health care failures in the United Kingdom identified a lack of compassion as a significant systemic cause and implicated nurses in this process. They then called for the renewal of compassion training for future and practicing nurses. [1]

Just as there would not be an expectation for mental health practitioners to learn how to perform surgery or microbiology, there shouldn't be an expectation for those in the health care world to develop the type of empathic skills of a mental health clinician. That being said, there can be some cross over. For example, it is very helpful for mental health clinicians to have a solid understanding of medications typically prescribed for depression, schizophrenia and anxiety. Additionally, mental health clinicians should understand the impact of medical illness on one's emotional state. Viewing patients holistically is usually more valuable than complete focus on only one aspect of their suffering. Of course, training for mental health clinicians includes many hours of discussion and practice in empathic skills which guide their ability to develop empathy and compassion for all of their clients. It seems worthwhile for all health care providers to develop compassionate relationships with their patients as it will certainly be an added ingredient in the overall healing. Health care providers can learn about compassion and empathy by simply reading about it in journals, books, online, and by talking to mental health providers that may be part of the managed care team. Ideally, medical school and nurses training programs would always include courses on the how to develop compassion with patients.

### **4. Developing a Compassion Network in Health Care Workplaces**

Some may be concerned about developing so called "compassion fatigue", sometimes referred to as "secondary posttraumatic stress disorder" or "vicarious stress". [16] Many professionals dealing with people in crisis report feelings of anxiety, depression, and anger. Kanel surveyed three emergency-room physicians, 1 nurses, five ambulance drivers, 21 mental health workers, eight rape crisis counselors, seven firefighters, and 12 police officers to help understand how professionals manage compassion fatigue. Forty-five percent stated feeling angry at the system, corroborating Russo's findings about burnout being due to the gap between the ideal and the real rather than mere exposure to those suffering. She found that the vast majority, 80 percent, stated that they talk with coworkers, while 19 percent sought professional mental health services. It would seem that by maintaining communication with coworkers, health care providers using compassion when trying to heal patients would be better able to manage any fall out from compassion. It only follows that when health care providers experience compassion fatigue, they too would benefit from compassion (in this case by coworkers) and the coworker giving compassion would also benefit in ways described

previously. Compassion from coworkers goes beyond pure venting and complaining. It is mindful and can lead to enhanced relationships between coworkers much like it does between patients and health care providers.

## 5. Conclusion

The idea of compassion is not foreign to health care providers. Compassion could lead to increased healing of patients which might lead to providers experiencing an increased sense of personal accomplishment thereby reducing burnout. Perhaps those responsible for managing the economics of healthcare should be trained about the impact compassion have on patient healing. They might see the economic advantage. Absenteeism, tardiness, illness, and lowered productivity often occur when workers are burned out [15]. If compassion were to be included as part of health care provider training and encouraged in health care settings, it's likely that there would be a decrease in burnout and therefore decreases in absenteeism, illness, and increased performance. They might even see the actual healing advantage for patients.

## Author Contributions

Kristi Kanel is sole author of this work.

## Competing Interests

The author has declared that no competing interests exist.

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