The Open Journal of Occupational Therapy

Volume 9
Issue 4 *Fall 2021*

Article 1

October 2021

Compassion: Importance and Implications for the Profession of Occupational Therapy

Diane Powers Dirette
Western Michigan University - USA, ot-ojot@wmich.edu

Recommended Citation

Dirette, D. P. (2021). Compassion: Importance and implications for the profession of occupational therapy. The Open Journal of Occupational Therapy, 9(4), 1-6. https://doi.org/10.15453/2168-6408.1951

Compassion: Importance and Implications for the Profession of Occupational Therapy

Keywords

sympathy, affective empathy, cognitive empathy, pro-social behaviors, therapeutic alliance

Credentials Display

Diane Powers Dirette, PhD, OTL, FAOTA

DOI: 10.15453/2168-6408.1951

The quote "Be kind; everyone you meet is fighting a hard battle" has been attributed to various sources, including Ian McClaren, Plato, Philo of Alexandria, and John Watson (Quoteresearch, 2010). Although the author is debated, this quote, and similar expressions, have become part of the common vernacular in our culture and are seen often in memes posted on social media. At the core of these expressions is the concept of compassion. But what is compassion, and how is it manifested in the profession of occupational therapy?

Various terms, such as empathy and sympathy, are used, sometimes interchangeably, in relation to compassion, but there are differences in their meaning and ultimately in the resulting actions related to each of these concepts. Empathy is the ability to live vicariously in the emotions, thoughts, and experiences of another person. The term empathy originated from the German word Einfuhlung, which means "feeling in." Empathy is different from sympathy. Sympathy is comprehending the feelings of another, but maintaining an emotional distance that is seen as superior to the other. In a short YouTube animation on empathy, Brené Brown illustrates sympathy as seeing someone in a deep hole, but staying on higher ground and talking above them (Brown, 2016). Whereas empathy is like climbing into the hole, sitting beside the person, making yourself vulnerable to sincerely connect with them, and recognizing their struggle without minimizing it.

Empathy can be further broken down into three types: emotional (affective) empathy, cognitive empathy, and compassion. There is evidence of varied neurological correlates that support this conceptualization and each of these types lead to different behaviors (Klimecki et al., 2014; Stevens & Taber, 2021).

Emotional Empathy

Emotional empathy, also referred to as affective empathy, is vicarious feelings related to the other person's emotions (Dor-Ziderman et al., 2021). It is feeling physically along with another person, as though their emotions were contagious, and results in an emotional and physical reaction. Physically, emotional empathy results in a distress reaction for the caregiver with increased autonomic responses (e.g., increased heart rate, sweating) and facial expressions that indicate emotional pain (Dor-Ziderman et al., 2021). The neurological correlates are located in the somatosensory regions and the affective brain circuits; specifically, the anterior/mid cingulate cortex and the anterior insula (Dor-Ziderman et al., 2021; Gu et al., 2013). These areas of the brain are associated with interpreting someone else's pain as your own (Stevens & Taber, 2021). Mirror neurons and oxytocin levels in the brain have also been associated with emotional empathy (Stevens & Taber, 2021).

Because the person is feeling the emotions of the other person, emotional empathy leads to actions to alleviate one's own negative emotions and the suffering of the self. These actions, however, may only alleviate the suffering of the self and not of the other person. Ultimately, the empathetic distress that can be created by emotional empathy may lead to decreased helping behaviors (Eisenberg et al., 1989). For example, after the 2012 school shooting at the Sandy Hook Elementary School in which 26 people were killed, including 20 children, the town of Newton, CT, was overwhelmed with various donations sent by people in memory of the children who died. In all, 65,000 teddy bears, nine tractor-trailers full of paper snowflakes, and half a million letters were sent to the town, which then had to find space to warehouse them and personnel to figure out how to manage the piles and piles of inventory (Kix, 2015). These actions, based in emotional empathy, may have alleviated the emotions of the people who sent them, but they did very little for the families who were suffering.

Cognitive Empathy

Cognitive empathy is the ability to know and understand how the other person must feel and think and to analyze the problem. For the individual, this is accomplished through thoughts and understanding. The neurological correlates for cognitive empathy include the dorsomedial prefrontal cortex, the ventromedial prefrontal cortex, the temporoparietal junction, the superior temporal sulcus, the temporal pole, and the inferior frontal gyrus (Stevens & Taber, 2021). These areas of the frontal lobes are associated with higher level reasoning and the ability to distinguish one's self from another person and to interpret others' emotional expressions.

Cognitive empathy leads to problem-solving in which the person takes actions to try to alleviate the pain of the one who is suffering. It may, however, neglect or minimize the distressing emotions of the other person to focus on removing the problem that is causing the distress. In addition, cognitive empathy, when not combined with emotional empathy, can lead to detrimental actions. For example, psychopaths can have cognitive empathy, but typically use it to understand how someone is feeling so that they can use it to manipulate them. They do this without the emotional empathy needed to have regard for how their behaviors make the person feel (Stevens & Taber, 2021).

Compassion

Compassion is feelings of concern for the suffering of others with consideration for both the felt senses and the intellectual situation of the other person without losing one's self. It is feeling and understanding the person's situation with mindfulness, caring, and emotional self-management. Compassion uses emotional intelligence to respond effectively to the situation with loving detachment. The neurological correlates for compassion are associated with higher-order cognitive mechanisms and are linked to motivational circuits or the dopaminergic reward system that increases altruism, helping, and affiliative bonding (Dor-Ziderman et al., 2021). The specific areas include the ventral striatum, the subgenual anterior cingulate cortex, and the medial orbitofrontal cortex (Stevens & Tabor, 2021). These areas of the brain are associated with empathetic concern, reward, pleasure, and pro-social behaviors.

A person's actions that are motivated by compassion are balanced between emotional and cognitive empathy and enable the person to feel and understand the needs of others and to act without becoming overwhelmed with feelings (emotional) or impulsively focused on problem-solving (cognitive). Research has shown that compassionate caring does not result in a person sharing the other's negative feelings, but instead in regulated autonomic responses (e.g., reduced heart rate) and parasympathetic regulatory responses (Dor-Ziderman et al., 2021). Through the comprehension of the others' feelings and an understanding of others' needs, the person takes action to alleviate the suffering of others. These actions include helpfulness, wisdom, warmth, and resolve that together manifest as altruism.

Compassion in Society

The Dalai Lama (1391–1474) said "Love and compassion are necessities, not luxuries. Without them humanity cannot survive" (Quote Master, n.d.). The major social justice, political, environmental, and health events of the past few years have heightened the need for compassion in society. The mistreatment of marginalized groups has stirred a collective social outcry and brought about movements such as Black Lives Matter; Me Too; and the lesbian, gay, bisexual, and transgender (LGBT) equal rights movements. Environmental disasters, such as floods, wild fires, and hurricanes, are on the rise sparking calls for legislation. And, the spread of the COVID-19 virus brought political divide, false blame, and discrimination against people from Asian countries. Although they have been divisive, to

some extent, these events also have produced compassion for others and have fostered pro-social behaviors in individuals and groups.

Pro-social behaviors, also known as altruism, are acts that are done with selfless concern for others (Stevens & Taber, 2021). Pro-social behaviors result from compassion and serve to alleviate the suffering of others. They are not superficial gestures or virtue signaling, such as wearing ribbons or creating social media posts, most closely associated with emotional empathy, but are acts that try to solve the problems of others through an understanding of what it must be like to be the other person.

The profession of occupational therapy has a history of taking action to respond compassionately to people who are marginalized in society. For example, Peloquin (1990) eloquently framed the profession's response to the acquired immunodeficiency syndrome (AIDS) crisis, and these words are applicable to the major societal issues we currently face. She stated:

> We can let AIDS soften our hearts so that we can be warm and tender with our patients. We can respond with common decency, believing that our collective destiny depends on our response to such a major challenge as AIDS. We can rise above ourselves. We can unite to help the person with AIDS enhance his or her life and, if necessary, face his or her death. As occupational therapists who are often part of the shrinking circle of caregivers for the person with AIDS, we can commit to compassion as we provide appropriate treatment. (Peloquin, 1990, p. 277)

Compassion in Education

Compassion also plays an important role in occupational therapy education. The capacity for compassion needs to be evident in the students we admit to occupational therapy programs. Compassion must be role-modeled and fostered in the students throughout the educational process. And, compassion for our students is necessary for feeling and understanding what they require throughout this learning process.

In the introduction to the 25th anniversary edition of the book *Emotional Intelligence: Why it Can Matter More Than IQ*, Goleman (2020) states that the current focus on the concept of grit lacks consideration for compassion and social skills. Grit is achievement and the capacity to overcome personal adversity, but the focus is on the self and not on the much-needed skill of a therapist to focus on others. Grit is somewhat the opposite of compassion. Instead of focusing on grit, there are various ways that occupational therapy programs can take steps to admit students who have the capacity for compassion. One way is to screen students who apply to the program for their capacity for compassion. Gutman and Falk-Kessler (2016) developed and examined the psychometric properties of the Emotional Intelligence (EI) Admission Essay scale for specific use in occupational therapy programs. The moderate to strong psychometric properties suggest that the scale has the ability to provide information about applicants' EI, a concept that is very closely aligned with compassion.

Once students are admitted to an occupational therapy program, steps also can be taken to foster the growth of compassion. There is evidence that compassion training can reduce empathetic distress and strengthen resilience (Klimecki et al., 2014). Several publications in the Topics in Education category in past issues of the *Open Journal of Occupational Therapy* (OJOT) have focused on this process. Simulations that help students understand the perspective of the client (Ozelie et al., 2018), clients as presenters to build comfort and understanding (Hedge et al., 2015), and peer-support dyads in challenging fieldworks (Raphael-Greenfield et al., 2017), have all been examined as a means to improve students' level of compassion and success. In addition, Gutman et al. (2020) provided evidence for using

multimodal mindfulness as a means for improving self-compassion in occupational and physical therapy students.

Compassion from faculty is also necessary for helping students learn to be occupational therapists. Faculty with backgrounds or generations that are different from their students should use compassion for the perspectives of the students to enhance the learning experience. For example, in a previous issue of OJOT, DeIulius and Saylor (2021) explored what helps occupational therapy students from Generations Y and Z to learn. They found that teaching based on coaching and growth mindset philosophies with an emphasis on practice-ready skills and human relationships using guided discovery and modeling enhanced the students' self-awareness and their ability to learn healthy, productive collaboration, workplace etiquette and culture, and ultimately enhanced client-provider relationships.

Compassionate Care in Occupational Therapy Practice

Compassionate care in occupational therapy practice is essential for forming therapeutic relationships, problem-solving from the perspective of the client, and providing care that maintains the dignity of the people we serve. According to Peloquin (1995), the therapeutic relationship is based in compassion, and does not "exact a fusion but a connection" (p. 26). The therapeutic relationship is characterized by "an expression of being there, a soul turning, a recognition of likeness and difference, a participation in the experience of another, a connection with feeling, a power to recover from that connection, and a personal enrichment" (Peloquin, 1995, p. 30–31). She states that therapists must have the capacity to apprehend, imagine, and feel and that they must convey understanding as they strive to solve heath care problems (Peloquin, 1995). Therapists "must know how to be there for their patients, fiercely caring, while standing as themselves" (Peloquin, 1995, p. 26).

While compassion leads to action to alleviate the suffering of others, emotional empathy may lead to empathetic distress and be counterproductive in the therapeutic process. If a therapist is functioning in an emotional empathic mode, they may become overwhelmed, violate professional boundaries, and ultimately become burned out (Klimecki et al., 2014; Sinclair et al., 2017). Furthermore, it was found that clients can distinguish among sympathetic and compassionate care and prefer the latter (Sinclair et al., 2017).

In clinical practice, I have seen compassionate occupational therapy care in action. In one case, our rehabilitation team was completely flummoxed and frustrated by a client who was admitted to our inpatient brain injury rehabilitation unit. The client, a middle-aged man who was a professional choreographer, was refusing to participate in any rehabilitation assessments or interventions. In addition, he was shouting insults and obscenities at anyone who dared enter his hospital room. With fair warning from the nurses, I entered his room, made a request to have him participate in a cognitive assessment, and received my share of his agitation. I left some of the paper forms on his bedside table and left the room. The next day, I walked by his room and, to my surprise, the occupational therapy assistant was sitting next to his bed and the patient was filling out the assessments I had left with him. When she finished, I inquired how she managed to accomplish such a feat. She explained that she was thinking about what his life was like before his brain injury and what it was like now. She had come to the conclusion that he was used to giving orders and now was being told what to do. So, she just entered his room, sat in a chair and said to him, "let me know if you need anything." He first requested a glass of water. Then, he asked for the bed to be adjusted. Next, after she mentioned the paperwork on his bedside table, he told her to give it to him so he could look at it. She did and his response was, "well, if you don't give me a pen, how am I going to fill it out?" She gave him a pen and he filled them out. The

compassionate approach of exploring what he was experiencing balanced with an understanding his view of the world lead to the actions that solved the problem in a manner that maintained his dignity.

In another such scenario, I was working at the lunchtime feeding group table in a rehabilitation hospital patient cafeteria. A young man, who was blind from his brain injury, was assigned to the table because he was refusing to eat. He already had been through training on eating hand held foods, using a spoon and bowl, and drinking from cups, and he had managed this quite well in the privacy of his hospital room. So, my thought was that he might be depressed or embarrassed to eat and drink in the cafeteria. I chatted with him for a bit to get a sense of how he was feeling, but neither of those seemed to be his experience. Next, thinking that he might not know what to order, I read the entire cafeteria menu to him and his response was, "I'll just have a glass of water." When I returned to the table and put the water in his hands, something clicked. I could tell by his response that he thought I was a waitress. It was suddenly apparent to me that he had probably only ever eaten in a hospital cafeteria when visiting the hospital and therefore thought that he had to pay. I explained who I was and that there was no charge for any food or drinks in the hospital patient cafeteria. He then ordered three hamburgers, french fries, and a coke . . . and he ate all of it! In this situation, a compassionate understanding of his perspective lead to actions to solve the problem in a manner that maintained his dignity. In these, as in many other therapeutic situations that I have witnessed, compassionate caring was at the heart of the interaction. As Peloquin (1995) described, it is "a way of seeing with the eyes of others to appreciate nuances in their visions of the world. To be present for one's patients empathically is to take a stand from which one participates in their experiences" (p. 26).

In This Issue

While compassion is not the primary topic in any of the articles published in this issue, it is a theme that threads throughout. In this issue, the Applied Research topics are varied and include an exploration of the impact of safe spaces on occupation and well-being for older adults in an LGBT residential community, the development of a model of occupation-based practice, a systematic review on self-advocacy interventions conducted in group and community-based settings, a scoping review of occupational therapy approaches to enable occupations for people living with behavioral disturbance following acquired brain injuries, an evaluation of the content validity of the clinical competency assessment tool for occupational therapists treating patients with neurodegenerative disease, a scoping review of health literacy in occupational therapy practice, and a feasibility study of a Tai Chi program to enhance the quality of life for older adults in assisted living facilities. Each of these research projects provides insight on the perspectives of the people with whom we work and presents evidence for our treatment approaches. In addition, two Guidelines for Practice articles are presented. One guideline is for teaching students with intellectual or developmental disability vocational skills, life skills, activities of daily living, instrumental activities of daily living, and community participation, and the other is to promote social participation in adolescents with burn injuries. In the Topics in Education category, authors discuss research on using simulation-based learning for working in mental health and service-learning in primary care. The issue concludes with two Opinions in the Profession articles. One of the articles discusses the role of occupational therapy in meeting the needs of the aging LGBT population and the other the role of occupational therapy in assisting people to rediscover purpose and promote physical and emotional well-being during the global COVID-19 pandemic.

Conclusion

In the profession of occupational therapy, we must strive to have compassion and to provide compassionate care. We must have compassion, not just for those who are marginalized by society, but for all people we serve. We must have compassion, not just for people with whom we identify, but for those from whom we are different and for those with whom we disagree. As stated by Albert Schweitzer, "The purpose of human life is to serve, and to show compassion and the will to help others" (Brainy Quote, n.d.).

In this, and in all issues of OJOT, we endeavor to promote compassionate caring in the profession of occupational therapy. Whether we are discussing social participation for adolescents with burn injuries, occupational therapy interventions for people with behavioral issues following acquired brain injury, or the rights of the aging community who identify as LGBT, compassion is at the core.

References

Brainy Quote. (n.d.). *Albert Schweitzer quotes*. https://www.brainyquote.com/quotes/albert_schweitzer_133530

Brown, B. (2016). *Empathy vs sympathy* [Video]. YouTube. https://www.youtube.com/watch?v=KZBTYViDPlQ

DeIuliis, E. D., & Saylor, E. (2021). Bridging the gap: Three strategies to optimize professional relationships with Generation Y and Z. *The Open Journal of Occupational Therapy*, *9*(1), 1–13. https://doi.org/10.15453/2168-6408.1748

Dor-Ziderman, Y., Cohen, D., Levit-Binnun, N., & Golland, Y. (2021). Synchrony with distress in affective empathy and compassion. *Psychophysiology*, *58*, e13889. https://doi.org/10.1111/psyp.13889

Eisenberg, N., Fabes, R., Miller, P., Fultz, J., Shell, R., Mathy, R., & Reno, R. R. (1989). Relation of sympathy and personal distress to prosocial behaviour: a multimethod study. *Journal of Personality and Social Psychology*, *57*(1), 55–66. https://doi.org/10.1037/0022-3514.57.1.55

Goleman, D. (2020). *Emotional Intelligence: Why it can matter more than IQ*. Bantam Books.

Gu, X., Hof, P. R., Friston, K. J., & Fan, J. (2013). Anterior insular cortex and emotional awareness. *The Journal of Comparative Neurology*, *521*(15), 3371–3388. https://doi.org/10.1002/cne.23368

Gutman, S. A., & Falk-Kessler, J. P. (2016). Development and psychometric properties of the Emotional Intelligence Admission Essay Scale. *The Open Journal of Occupational Therapy*, *4*(3). https://doi.org/10.15453/2168-6408.1233

Gutman, S. A., Sliwinski, M., Laird, J., & Nguyen, J. (2020). Effectiveness of a multimodal mindfulness program for student health care professionals: A randomized controlled trial. *The Open Journal of Occupational Therapy*, *8*(2), 1–18. https://doi.org/10.15453/2168-6408.1662

Hedge, N., Neville, M. A., & Pickens, N. D. (2015). How patient educators teach students: "Giving a face to a story". *The Open Journal of Occupational Therapy*, *3*(1). https://doi.org/10.15453/2168-6408.1143

Kix, P. (2015). *65,000 teddy bears for Newtown, and one man to sort the world's grief.* The Trace. https://www.thetrace.org/2015/12/sandy-hook-shooting-donations/

Klimecki, O. M., Leiberg, S., Ricard, M., & Singer, T. (2014). Differential pattern of functional brain plasticity after compassion and empathy training. *Social Cognitive and Affective Neuroscience*, *9*(6), 873–879. https://doi.org/10.1093/scan/nst060

Ozelie, R., Panfil, P., Swiderski, N., & Walz, E. (2018). Hearing voices simulation: Impact on occupational therapy students. *The Open Journal of Occupational Therapy*, *6*(4). https://doi.org/10.15453/2168-6408.1452

Peloquin, S. M. (1990). AIDS: Toward a compassionate response. *American Journal of Occupational Therapy*, *44*(3), 271–278. https://doi.org/10.5014/ajot.44.3.271

Peloquin, S. M. (1995). The fullness of empathy: Reflections and illustrations. *American Journal of Occupational Therapy*, *49*(1), 24–31. https://doi.org/10.5014/ajot.49.1.24

Quote Master. (n.d.). *Dalai Lama.* https://www.quotemaster.org/q1dee9c85a9a606e1339fc7e96932c4ba

Quoteresearch. (2010). *Be kind; everyone you meet is fighting a hard battle*. Quote Investigator. https://quoteinvestigator.com/2010/06/29/be-kind/

Raphael-Greenfield, E., Miranda-Capella, I., & Branch, M. (2017). Adapting to a challenging fieldwork: Understanding the ingredients. *The Open Journal of Occupational Therapy*, *5*(1). https://doi.org/10.15453/2168-6408.1257

Sinclair, S., Beamer, K., Hack, T. F., McClement, S., Bouchal, S. R., Chochinov, H. M., & Hagen, N. A. (2017). Sympathy, empathy, and compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences. *Palliative Medicine*, *31*(5), 437–447. https://doi.org/10.1177/0269216316663499

Stevens, F., & Taber, K. (2021). The neuroscience of empathy and compassion in pro-social behavior. *Neuropsychologia*, *159*, 107925–107925. https://doi.org/10.1016/j.neuropsychologia.2021.107925