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Compassion: A Way to Live in Community

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Abstract

Beginning with a discussion about the meaning of compassion and its Judaic and Christian foundations, this article provides an understanding of how compassion builds and sustains community. It includes a model of the compassion process, a discussion of the barriers that prevent compassion from being expressed more freely, and examples about where compassion may need greater expression in our world.

In a large hospital, a woman sat in the middle of the hallway in her wheelchair with a blanket over her head. The nurses told her to return to her room, but she just sat with the chair locked. No one could coax her to move or even to talk. One of the staff said, “Call security. She’s a danger to others.”

The chaplain, walking by on rounds, pulled a chair up in front of the woman and asked, “What are you trying to tell us that we’re not hearing?” At first, the woman wouldn’t talk, not even to the chaplain. But he didn’t go away. He invited her to share her pain. Finally, she said, “No one wants to see me.” The chaplain said, “I want to see you. I’ll be here for you.” The woman cried as she talked of her family many miles away. She described her physical condition as something like leprosy where her face was peeling away. The chaplain said, “You’re still beautiful to me.” The woman rolled back the blanket off her head. The chaplain said, “Let me be your family until yours comes.” Then he rolled the woman back to her room.

The chaplain demonstrated compassion by creating a bridge to the woman’s distress and inviting her to join him in community. Often, in a culture of technology and high-speed communication, we leave people behind. Compassion restores those who have been left out.

The Meaning of Compassion

Goetz, Keltner and Simon-Thomas define compassion as “the feeling that arises in witnessing another’s suffering and that motivates a subsequent desire to help.” The hospital staff all noticed the blanketed woman’s distress, and all were ready to take action, moving her back to her room. However, the steps of compassion between noticing distress and taking action were missing. The chaplain affirmed the woman instead of judging her, extended empathy by telling her she wasn’t alone, and invited her into community before wheeling her back to her room. Compassion involved many stages that led up to action.

Compassion occurs when a parent sees sadness in a child’s eyes and reaches out to hug the child. It occurs when the busy nurse stays awhile to hear the emotional pain shared by a patient. Compassion occurs when a worker takes time to listen to sadness expressed by a co-worker. It occurs when a doctor offers encouragement and hope to a saddened and worried patient. Nouwen, McNeill and Morrison explain, “Compassion asks us to go where it hurts, to enter into places of pain, to share in brokenness, fear, confusion and anguish.” Compassion is care for those who have been left out, resonating with the sadness they feel, and, as we are able, making a contribution to their well-being. Compassion responds to distress.
with kindness and concern rather than judgment and blame.

At the essence of compassion is *cura personalis*, promoting human dignity and concern for the well-being of others. Compassion affirms the importance and uniqueness of all people. It reduces isolation by welcoming others into relationship and community. It promotes respect by validating those of lowest status as much as those of high status. The goal of *cura personalis* is not creation of healthy isolated individuals, but creation of healthy individuals in a supportive community.

Related to compassion in community is the concern for social justice. Life is sometimes unfair. Ill health can ravage a family; tragedy can strike the helpless. Not all people are born into wealthy families, nor do all have the privilege of going to the best schools. There are rarely enough promotions for all who deserve them. Compassion in community involves sensitivity to misfortune and concern for social justice for people whose way has been troubled. As compassion declines, so do the core values of respecting the dignity and caring for the welfare of others.

Compassion has roots in community in its ability to reduce isolation, alienation and polarization. For example, in a hospital, compassion connects patients to the wider community of caregivers. In schools, compassion unites students, teachers, and administration in a learning community. In a church, compassion promotes a family united in spirit with God. Through empathy, kindness, and patience, compassion invites into community those who have been separated. For example, in one small-town community, a health care worker invited three women who had suffered emotional hardship in their lives to a support meeting. At the end of the first meeting, the health care worker asked the three to invite other women who were alone or hurting to join them. There were twelve the next week. Once again, the women were encouraged to reach out to others who were hurting so that no one was left out. The group grew to sixty in a month. Thus, compassion builds community. Nouwen, McNeill and Morrison write, “Compassion is not an individual character trait, a personal attitude, or a special talent, but a way of living together.”

Kirby, Tellegen and Steindl describe compassion as an act of courage because it asks someone to step out of his or her comfort zone in risking contact with another. It is a healing force when it brings out emotional pain that is isolating. Compassion requires courage because it may require the caregiver to cross familiar boundaries or risk rejection. For example, a graduate school professor tells of a student who came in late for every class and turned in classwork a week or two after it was due. The professor found that penalizing the student’s grade was not changing her behavior. However, something moved him. He approached the student and asked, “What’s going on in your life?” The student said that she was homeless and relied on the bus to run on schedule from a homeless shelter. She talked of waiting for other students at the library to get time to type her papers. She spoke of trying to find part-time jobs to pay for her food. Because the student gave the instructor permission to share her story with the class, her classmates rallied around her with encouragement, offers of rides to school, and offers of help with meals. Compassion began with a question of concern and culminated in this student being welcomed in a community.

In a review of compassion research, scholars agree that compassion is more than having empathy or sympathy for another, although it may include them. It is more than giving a gift, because emotional pain is not often eased or resolved by gifts. Christina Feldman and Willem Kuyken invite us to think of compassion as “a multi-textured response to pain, sorrow and anguish. It includes kindness, empathy, generosity, and acceptance. Above all, compassion is the capacity to open to the reality of suffering and to aspire to its healing.”

Charles Chaput, O.F.M. Cap., points out the close connection between compassion and mercy. The Latin word for compassion is *misericordia*, literally, a merciful heart. Quoting from Chaucer, Chaput says, “Mercy is a virtue by which a man’s heart is stirred by the misery of those in distress.” Mercy and compassion are inseparable.
Compassion and mercy are intricately linked to their expression in confronting injustice. Compassion recognizes the presence of injustice in suffering and out of mercy responds to it. Hille Haker states, “Christians are called to throw as much sand into its operation as possible . . . to acknowledge the suffering of anyone by attending to it, remembering it, mourning it, and transforming it.”8 Compassion and mercy, coupled with action, serve as an ethical response to injustice they encounter.

Compassion has been a central theme in the ministry of Pope Francis. For example, in April 2013, Pope Francis embraced Dominic Gondreau, a boy with cerebral palsy, and kissed a man disfigured by severe tumors.9 The Pope called attention to the two billion people worldwide who suffer from physical or mental disabilities. With simple gestures of compassion, he demonstrated that they were cared about and welcome in the Christian community. On July 8, 2013, he dropped a wreath of flowers into the Mediterranean Sea to call attention to the world’s migrants who are met with a “globalization of indifference, which has taken from us the ability to weep for the migrants who died.”10 In a mass at the Vatican Basilica on February 15, 2015, Pope Francis told new cardinals that their mission must be one of welcoming all those who have been shunned, physically or spiritually, by the church or society and that they must roll up their sleeves and not stand by and watch passively the suffering of the world.11

Though compassion is difficult to measure across populations and generations, evidence mounts that as the United States becomes more ideologically divided, there may be fewer expressions of compassion where it may be needed most. Both physical and emotional violence, including offensive labeling of others, fail to promote a compassionate society. If compassion for the welfare of others is foundational in healthy churches, cooperative communities, and well-balanced national social policies, then there has rarely been a better time for renewal. Seppela, Rossomando and Doty argue that “sociological research suggests that social connection is waning at an alarming rate in modern American society. Families are more emotionally disconnected from each other than ever before. Consequently, loneliness, isolation, and alienation are rising.”12 In contrast, compassion facilitates connection and belonging.

**Judaic and Christian Foundations for Compassion**

Judaism and Christianity share common roots in understanding the meaning and importance of compassion. Linguistically, compassion derives from the Hebrew noun rohanim, which refers to a woman’s womb. It describes caring that comes from one’s innermost core. God is described as someone with a kind of compassion that is slow to anger, merciful in action, forgiving in nature, and as someone who liberates the suffering from slavery. Compassion as a way of life is so important that Talmudic rabbis considered it one of the three distinguishing qualities of what it meant to be a Jew.13 The Talmud reinforces compassion as a lifestyle in its admonitions: “Who has compassion with his fellow human beings will be shown mercy in heaven” (14: bSab 151b), and “Hail him who cares about the weak, in times of misfortune the Lord will serve him” (14: bNed 39b). Compassion even extended to the care of animals. Ezekiel Isaac Malekar explains that “According to a Midrash, both Moses and David were chosen to lead Israel because of their kindness to animals.”14

Both Christian and Judaic conceptions of compassion look back to the initial proclamation of God to Moses. When God reveals his name, “I am,” (Ex. 3:14), he personalizes his relationship with the Israelites. The idea of “God” shifts from an abstract idea to a person who promises to comfort the Israelites in times of famine, wars, and all the hardships of life. God reveals his compassion in words such as “I heard their (Israelites’) cry because of their taskmasters, for I know their sorrows” (Ex. 3:7); “The LORD’s loving kindesses indeed never cease, For His compassions never fail” (Lam 3:22); and, “The Lord longs to be gracious to you, therefore he will rise up to show you compassion, for the Lord is a God of justice” (Isa. 30:18). Compassion defines how Jews and Christians are to view their relationship with God, an attribute of their identity, and how they are to treat each other in community.
Both the Old and New Testaments link compassion to action. The words for compassion refer to emotion felt deep inside that requires an outward expression in action. For these feelings, Jesus gives direction, such as, “Whoever has two tunics should share with the person who has none, and whoever has food should do likewise” (Luke 3:11 NABRE) or, in caring for those who have been left out, “When you give a dinner or a banquet, do not invite your friends or your brothers or your relatives or rich neighbors, lest they also invite you in return and you be repaid. But when you give a feast, invite the poor, the crippled, the lame, the blind, and you will be blessed, because they cannot repay you” (Luke 14:12-14 ESV).

The New Testament provides stories describing Jesus as a model of God’s compassionate caring for his people but also to serve as an example of compassion lived in community. For example, Jesus restored health, comforted the bereaved, and restored life by to a widow’s son. He fed hungry people who gathered to hear him teach. He reached beyond the Jewish norms of who could be cared about by forgiving a prostitute and welcoming her back into community. In similar manner, Jesus crossed racial and religious divides when he spoke to a Samaritan woman about her spiritual life. In summary, Jesus is described by the biblical writers as someone who held compassion for those who were harassed, helpless and lacking leaders who would care for them.

In the parable of the Good Samaritan, Jesus describes compassion demonstrated by a traveler who stops to give aid to a man who has been robbed. Jesus distinguishes the traveler’s compassion from the lack of help provided by two men of status who pass by the wounded man without offering aid. Frank Zerwick concludes that the Good Samaritan “had no distinct religious motives, persuasions, resolutions or principles. He simply follows the voice of his good and compassionate heart.”

Both Judaic and Christian scriptures command followers to demonstrate compassion in relationships and community. The Old and New Testament scriptures speak of a need to demonstrate compassion to the oppressed and needy, the bereaved, prisoners, the lonely, widows and orphans, and those who require our forgiveness. To these lists, we might add from our generation the migrants of the world, the homeless, the addicts, the disabled and those who have been emotionally and physically abused. These are the kind of groups that we would expect Jesus to go to today with gifts of mercy. Craig Dykstra describes this kind of compassion as “service to others, providing hospitality and care to strangers, suffering with and for another and our neighbors, participating in activities that promote social justice in society.”

Based on a review of compassion research over the past two decades, we propose the following model for compassion:
1) Recognizing distress or suffering. Alys Cole-King and Paul Gilbert write that the first step “is the opposite of ‘turning a blind eye,’ or being too preoccupied to be able to notice—or too aware that one doesn’t have time to notice and so gradually doesn’t notice.” Compassion invites openness to distress. Distress can be physical, such as hunger needs, housing, or medical treatment. But it also can be emotional, such as loneliness, social exclusion, disappointment, or sadness. Compassion confronts the indifference we might feel. It stops to ask, “What’s happening here?” To recognize is to intentionally focus attention on those in some level of distress. Bloom links a commitment to kindness to development of neural networks that both recognize and respond to distress felt by others.

2) Feeling empathy. Compassion often becomes triggered by empathy, feeling with others. It allows for sharing a “common humanity and seeing suffering as part of the human condition rather than isolating.” Kanov, Powley and Walshe argue that “felt empathetic concern is a key mediator between the noticing of suffering and compassionate action.” Empathy acknowledges, “We’re in this together.” Compassion does not require empathy, but empathy contributes to a willingness to take action.

3) Drawing on a compassionate core. Compassion can be difficult if we are disillusioned, self-focused, apathetic, or isolated from others. But in the deepest part of our core is the desire to connect and help another. Because social connection is built into human nature, we can draw on this core to bridge to the need of others.

Looking at the psychobiological foundation of compassion, Collonella, Petrocchi and Heinrichs argue that it is rooted in a biological need for connecting socially and contributing to the welfare of others. Thus, connecting and helping are who we are in our deepest core, and we can call upon this core to reduce the distress of others. This focus resists harshly judging others in favor of exploring how to help others flourish. The compassionate person lives with a mission to ease the burdens of others.

4) Taking action. The compassionate person views hardships of others as challenges, not burdens. Compassion may involve an act of kindness to one person or a larger contribution to many people. Compassion widens the circle so that...
those who have been left out are reintegrated into community. Frank Rogers explains, “Compassion walks toward, not away. It sits with the grieving, companions the forlorn, and walks shoulder to shoulder with those on the road pushing toward liberation.”22 Compassion can take many forms, including offering a word of encouragement to someone who grieves the loss of a friend, offering to help someone in need, and taking time to listen to another’s sad story. Compassionate action is caring for the whole person, *cura personalis*.

Though definitions of compassion frequently focus on caring for the distress or suffering of others, it need not be limited to situations involving suffering. Compassion plays a wider role in the building and bonding that occurs in relationships. Compassion involves acts of kindness, displays of understanding, or expressions of concern for the welfare of another. Compassion is mercy in action. In a summary of research, Reis, Maniaci and Rogge concluded that compassion in relationships predicts high levels of satisfaction, greater confidence in working on issues of conflict together, and greater closeness in adult relationships.23 Compassion builds emotional support for the health of relationships.

**Barriers**

There are a number of barriers that prevent expressions of compassion. A familiar barrier is apathy. It says, “I’m busy with my life and don’t have the energy to invest in your life.” One can easily adopt an attitude of “It’s not my problem,” but lack of compassion becomes our problem if it grows in a community. When we don’t address a problem, whether it’s in the department where we work or in our broader community, the problems rarely go away on their own. For example, both Los Angeles and New York City have more than 55,000 homeless on any given night.24 In churches, where we would envision the home of compassion, we see visitors and members who are not cared about drift to the fringes and then drop out. The *Christian Post* estimates that about 1.2 million people will leave churches next year.25 In 2018, after a fifty-year break, the Poor People Campaign once again plans a million-person march to highlight the 38 million children who live in poverty.26 Apathy in any setting may work for a while, but in time exacts a great cost.

A second factor, related to apathy, is helplessness in the face of problems too big. Problems can be greater than we want to approach. We might ask, “What difference can I make?” And there is some truth to this concern if we consider issues such as poverty, world hunger, homelessness, crime, or terrorism. Actions seem insignificant when the problems are too big for any one person to have much effect. If the overwhelming nature of problems inhibits the ability to demonstrate compassion, then doctors should give up their calling to treating patients or counselors their work in mental health. The problems are too great for any one person. But, like the doctors and counselors, we can leave our mark on the world by improving one person’s life at a time.

A third factor affecting expressions of compassion involves doubts about those who are suffering. Some people appear to be professional victims with little effort to escape the conditions that affect them. Or these victims continue to make choices to keep themselves in suffering traps. People who may want to express compassion lose interest if they don’t see victims demonstrating effort to change their lot in life. This is where compassion requires wisdom. It may be important to evaluate whether someone is truly suffering. Compassion has a spontaneous element, but despite good intentions, without careful deliberation, actions may be inappropriate or even support ongoing problems.27

A fourth factor involves a natural human bias of making judgments about others. Humans tend to make positive attributions to members of their own group and negative attributions to members of other groups. So, without knowing the story behind suffering in another’s life, we might jump to conclusions, such as “They created this situation for themselves,” or “They’re not trying,” neither of which may be true. We make judgments about who is deserving of help. Christopher Williams explains, “Negative appraisals of suffering seem reserved for those who do not deserve to suffer, e.g., that of innocent children, crime victims, persons afflicted with disease.” 28

If we allow negative bias to unduly influence our thinking about others, we contribute to the conditions that polarize our communities and nation. Judging people by their racial group,
economic status, or country of origin fails to give people a chance to be positive members of our community. Compassion confronts bias through acts that demonstrate grace and acceptance. Compassion gives people a chance to heal from hardships that wore them down. Bias not only separates us from others but contributes to a world less safe. We can combat our bias by allowing others to be different and respecting their stories. We create compassionate moments when we surprise others with grace and compassion instead of judgment and criticism. Judgment and bias will always lurk in our minds, but compassion can be stronger, inviting and supporting the welfare of others.

Alys Cole-King and Paul Gilbert point out that compassion becomes less visible in toxic organizations. We can expand that thinking to include families and communities. Daily routines, a cold interpersonal environment, pressures and policy, or the influence of negative people may inhibit expressions of compassion. Looking specifically at hospital settings, Cole-King and Gilbert cite compassion-suppressing factors as cost-efficiency, autonomy clashes between doctors and nurses and empathy fatigue. The danger of working in negative environments is the tendency to adapt to the setting so much that we lose the ability to draw on our compassionate core.

Applications

Directing our attention to those in distress at work, in our families, or in the greater world where we live requires our attention, energy and courage. It also requires us to suspend negative appraisals of people and situations until we know more about their stories. Snap judgments short-circuit caring. Compassionate behavior replaces judgment and criticism with kindness. Most people will flourish if someone takes the time to invest in them. Hospital patients tell us that it means a great deal when a nurse devotes time to listen to them or a doctor takes a little more time to explain and care about their condition. Workers tell us that they feel more committed to their job tasks when their managers display concern about how they’re doing.

Because the number of people needing compassion is often beyond our ability to give, it may be best applied one-to-one. In every setting, there is someone whose life can be touched through kindness, grace, or patience. Tara Cousineau and Stephen Post suggest that when the opportunity arises, we ask ourselves, “How can I bring kindness to this moment?” For example, Rendemeir and Molin looked at care of indigent people in emergency rooms. For 133 people who regularly checked in, the researchers found that after compassionate conversation and a hot drink, these same people were a third less likely to return. Emotional encouragement and hope addressed two important compassionate needs. Similarly, we are capable of creating compassionate moments in many of the settings where we live and work.

Liat Eldor finds quality outcomes when compassion is expressed in the workplace. He describes compassion as warmth, generosity, caring, and tenderness, not necessarily qualities we associate with work environments. In a longitudinal study, Elder studied the responses of 166 employees, their supervisors and more than 300 of their clients. He found that when employees experienced supervisor compassion, there was a greater sense of work engagement, lower burnout, greater employee citizenship and greater acts of compassion extended to clients.

Some might also argue that compassion in the form of promoting organizational justice may not be compatible with organizational routines, working climate, goals, or interpersonal norms. However, Shazad and Muller argue that “the feelings of trust, belonging and being cared for at work that result from organizational compassion lead to positive organizational outcomes such as increased commitment, lower turnover, enhanced performance and social cohesion.” Organizational justice can be operationalized into specific outcomes of fairness, job design, performance evaluation, and compensation.

Michael Spangle, one of the co-authors, once led an intervention at a Denver community college involving leadership that was in turmoil after a Hispanic worker complained that he was unfairly treated. He had been passed over for promotion three times in favor of white co-workers, in spite of the fact that he was more qualified. He had even gone to school at night to complete a degree
Caring for the well-being and flourishing of others is a key component of effective leadership. This might be obvious in churches and health care, but we would argue that it is just as important in other settings. Achieving financial targets, competitive business pressures, job demands, and apathy created by endless routines can create leaders who overlook the importance of staff. Frost explains that compassionate leadership does not interfere with productivity and efficiency, but can actually improve it.\(^\text{35}\) Compassion facilitates safety, trust, group cohesion, and cooperation, which promote commitment to tasks and support of community.

Dutton, Workman and Hardin found that compassionate leadership also facilitates feelings of dignity and well-being, contributing to people feeling connected to others.\(^\text{36}\) Jacob Lilius et al. linked compassion in the work setting to leaders’ responses of gratitude and expressions of pride in workers’ contributions.\(^\text{37}\) At the very core of compassion is the willingness to promote the flourishing of others, an important dynamic of effective leadership.

Nelson, Prilletensky and MacGillivray describe a process for communities to express compassion for the indigent, homeless and oppressed.\(^\text{38}\) They describe their process as value-based partnerships in which community psychologists, human service and social service workers, and representatives from community groups join in a partnership with economically disadvantaged people. The central values that guide these partnerships are care and compassion, health, stakeholder participation, diversity of participants, and social justice. The disadvantaged become partners and decision makers in how funding and resources are used to affect their lives. Problem-solving and information-sharing become central in the relationships. Compassion may take many forms, including counseling for mental illness, re-entry programs for veterans or prisoners from correctional institutions, food banks, financial support for poor single mothers, or housing for the homeless. The participation of the disadvantaged is important in determining the programs with greatest need. A central goal is to restore hope where hope was lost. Value-based partnerships embody a central theme of this paper: Living with compassion as communities.

Michael Spangle engaged in an example of a community values-based partnership on behalf of the mayor’s office for the city of Denver.\(^\text{39}\) The intervention involved more than 200 residents of a low-cost high-rise managed by the city. Residents at the high-rise included people from many races, minorities, and language groups. Complaints had erupted following violence between residents over visitors to the building. Many said, “We don’t count” and “no one listens to us.” During the intervention, a series of facilitated discussions produced a list of problems that had not been addressed by the city. The discussion embodied many of the values expected in values-based partnerships including receptivity to diversity, concerns about the health and well-being of others, respect for the viewpoints of others, and power sharing. The city managers respected these values and engaged in substantive and responsive dialogue. Following the discussions, the high-rise community elected a twelve-member council that would regularly meet with city officials to evaluate the best use of resources in their living community and the best way to deal with problems.

The work of the United Nations in identifying poverty demonstrates the broader importance of setting compassion as a value in public policy. Philip Alston is a human rights expert, a New York University law professor, and a U.N. special rapporteur on extreme poverty. Alston states that in the U.S. “About 40 million live in poverty, 18.5 million in extreme poverty, and 5.3 million live in Third World conditions of absolute poverty. Its citizens live shorter and sicker lives compared to those living in all other rich democracies … and it has the world’s highest incarceration rate.”\(^\text{40}\) At the end of the day, particularly in a rich country like the United States, the persistence of extreme poverty is a political choice made by those in
Compassion is certainly a value that encompasses us all one-to-one, in our families, and in our communities, but it is also a value that can and should be built into our public policy.

In an analysis of where compassionate responses to community suffering require society-level responses, Collins and Garlington identify three areas of substantial agreement: hospice, domestic violence, and disaster relief. However, the need for compassionate public policy is much larger and greater priority could be given to opioid addiction, health care, mental health, and communities with growing racial divide. Compassion in the policy domain requires large-scale coordination, the community’s commitment, financial support, and the support of social service professionals. Efforts in each of these areas do not replace the interpersonal efforts of individuals, but expand their reach. Above all, “There needs to be formal policy recognition that suffering does occur and that those suffering have a right to the alleviation of suffering. Moreover, there needs to be sustained funding to allow continuity of assistance throughout the period of suffering.”

Compassionate responses to the vulnerable in our communities reflect our commitment to the dignity, welfare and flourishing of all who live with us in community.

In an ongoing worldwide effort, more than two million people from 1,300 organizations in 45 countries issued a statement of agreement urging communities to make compassion and justice central in individual lives and public policy. Words from their charter agreement summarize many of the core values presented in this article:

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We urgently need to make compassion a clear, luminous and dynamic force in our polarized world. Rooted in a principled determination to transcend selfishness, compassion can break down political, dogmatic, ideological and religious boundaries. Born of our deep interdependence, compassion is essential to human relationships and to a fulfilled humanity. It is the path to enlightenment, and indispensable to the creation of a just economy and a peaceful global community."


29 Cole-King and Gilbert, “Compassionate Care,” 29-35.


41 Ibid.


43 Ibid., 115.