

# The compassion a concept analysis philosophy essay



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The aim of this concept analysis is to develop an effective definition for compassion, to clarify the meaning of compassion and to integrate compassion as a vital part of patient care. The word compassion has Latin roots according to Wikipedia (Wikipedia, 2012) and is “ the virtue of empathy for the suffering of others.” The Dali Lama states that “ Genuine compassion is based not on our own projections and expectations, but rather on the rights of the other: irrespective of whether another person is a close friend or an enemy, as long as that person wishes for peace and happiness and wishes to overcome suffering, then on that basis we develop a genuine concern for his or her problems, (p. 1)” (Lama, 2012). The Holman Bible Dictionary uses the following definition for compassion: To feel passion with someone, to enter sympathetically into their sorrow and pain. Compassion in English translations represents at least five Hebrew and eight Greek terms. Chamal means “ to regret,” “ be sorry for,” “ grieve over,” or “ spare someone.” (Holman, 1991) To integrate compassion as a vital part of patient care I believe that the definition of compassion must include feeling passion or empathy with someone’s suffering, problems, needs, sorrow and/or pain and doing something to change the state of this condition. Compassion is to feel passion with someone, to enter sympathetically into their sorrow, suffering, pain or situation and desire and attempt to alleviate the sorrow, suffering, pain or need.

It has been interesting to research the aspect and views of compassion. Edwards conducted a study showing atheists are more driven by compassion than highly religious people. (Edwards, 2012) Lubetzky (2010) conducted a thought-provoking study on the science of human compassion which

stressed the importance of kindness (or compassion) to our survival. A most remarkable study done by May (2012) used “ a brain scanner to look at the nucleus acumbens, which receives a dopamine hit when a person anticipates something pleasant,” (p. 1). This study will be further evaluated to test acts of compassion or kindness to brain activity during these actions or expressed emotions.

It is difficult to research the history of compassion without finding particular bias in one’s personal beliefs about evolution and/or religion. The etymology dictionary dates the origin of the word compassion to the mid-14th century, and shows both Latin (compassion) and Greek (sympatheia) terms which were used (Harper, 2012).

Other uses of the concept include:

Compassionate drug use: for seriously ill or those using a new unapproved drug when no other treatments are available.

Self-compassion

Compassion to patients and their families

Humanitarian compassion

Compassion fatigue

Compassion International: a Christian child advocacy ministry

Walker and Avant state “ certain characteristics of a concept which occur over and over again are called the defining or critical attributes,” (Walker &

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Avant, 2005, p. 41). Critical attributes of compassion would include the following:

To feel with someone in their time of need

To desire to help another stricken by misfortune and to alleviate their suffering

Empathy towards another

To treat another as deserving

To take action to change the status of one in need

These attributes can be used to develop cases or examples of the use or misuse of the concept of compassion. These defining or “critical attributes” would be necessary in a model case.

### **Model Case: Compassion**

A model case is one that we are absolutely sure is an instance of the concept (Walker & Avant, 2005).

Marie is a junior in high school who has just learned about a young eight year old girl from a rural African village who was raped while tending her family's goats in the field. The young girl has been brought to the capitol city and is awaiting surgery at a specialized fistula hospital. Marie has asked her mother to take her shopping in order to purchase some clothing for the girl and also picks out one of her soft stuffed animals to give to the girl as she awaits surgery. Although Marie knows very little of the young girl's language she

spends time with her before her surgery. After a brief recovery time Marie and her family then take the girl back to her village in their car so that she does not have to take a long bus ride back over rough roads. During the long car ride, Marie makes sure that the young girl is comfortable and well fed. After arriving at the girls' village, Marie also makes sure the young girl is safe in her family's care.

In this model case it is clear that Marie feels passion or empathy with the young girl's suffering, problems, needs, sorrow and/or pain. She has also consistently done things to help alleviate the suffering, problems, needs, sorrow and/or pain and change the status of the young girl by the care she bestowed upon her.

### **Borderline Case:**

A borderline case contains “ some of the critical attributes of the concept being examined but not all of them,” (Walker & Avant, 2005, p. 43).

Samantha's sorority sisters have all signed up to help clean the yard of an elderly newly widowed lady who lives near their university. Although Samantha wants to help, she forgot to set her alarm clock and thus overslept. She arrived late to the elderly lady's house and was able to contribute to the yard cleanup and also spent some time talking to the woman about her late husband. Later when relating the story to a friend she complained about having to spend her “ precious Saturday” with a sad old lady.

In this borderline case, Samantha is aware of the needs of the elderly widow, and although arriving late she has made an attempt to alleviate the needs of  
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the widow. She has shown empathy in her attempt to talk to the woman when she is at her home, but later complains about having to give up her time. Her complaints put into question her initial actions of empathy which may have in actuality been more an attempt to fulfill a duty to her sorority club rather than true compassion.

### **Related Case:**

A related case is a case “ related to the concept being studied but it does not contain the critical attributes,” (Walker & Avant 2005, p. 44).

David has been attending the “ Celebrate Recovery” class at his local church. He is dealing with anger management and meets with other who struggle with various addictions or “ issues” in their lives. He feels that he is helping others by sharing what he is going through but also believes that many are dealing with real problems, where as he only occasionally loses his temper, which is not that big of a problem.

In this case, David has been attending a program called “ Celebrate Recovery” (Baker, 2011) which helps people through many types of problems, addictions, and issues. Even though David attempts to empathize with others in the group, he is has not admitted his own needs, and thus he has not truly “ felt with, related to, or identified with” others attending this group. David’s actions reveal more a case of denial rather than compassion.

## **Contrary Case:**

The contrary case, according to Walker and Avant (2005), is an example of what the concept is not. It is a case which is opposite to the concept and would not have any of the defining attributes of the concept.

Nancy is an RN with critical care experience. She has been living in Central America for some years, and although she has not been working as a nurse for many years, she is proud that she has so much knowledge in the nursing field. When walking home one day, she notices a woman sitting near her front gate and as she approaches, she realized that the woman is injured, bleeding, and asking for help in Spanish. Nancy has had a very busy day and intentionally takes a bypass to avoid the woman and then mutters to herself in English as she enters her home that she “ has no time for this”.

This case clearly shows what compassion is not. There is no doubt that Nancy has the knowledge to help this woman who is injured, bleeding, and in need of help. Not only does she not assist the woman, she goes out of her way to avoid any interaction or appearance of compassion towards the woman. Lack of compassion or compassionless has the definition of unsympathetic and synonyms of callous, cold-hearted, heartless, merciless, unfeeling ((n. d.) 2012).

Antecedents are those events or incidents that must occur prior to the occurrence of the concept (Walker & Avant, 2005). Compassion requires the following antecedents (Goetz, Keltner & Simon-Thomas, 2010):

Someone in a situation of need that employs empathy

Vocalized or apparent distress by one in need

Victim of catastrophe, loss, sorrow, pain, illness, or need

For compassion to occur, one or more of these elements needs to be present. The environment must support a feeling passion or empathy with someone's suffering, problems, needs, sorrow and/or pain. It should cause one to feel passion with someone, to enter sympathetically into their sorrow, suffering, pain or situation and to desire to alleviate the sorrow, suffering, pain or situation.

Consequences according to Walker and Avant (2005) are events or incidents that occur as a result of the occurrence of the concept. Ideal consequences of compassion would be a positive change in the status of the person presenting with pain, sorrow, or a need of compassion, which would often be the result of the actions of the person who showed compassion. Compassion may not always result in action, but is often the ability to feel with or empathize with and may not always have overt action attached to the feelings of compassion. Consequences in this case may then be a changed attitude towards the one in need of compassion from the one exhibiting the compassion.

Although most would think of the consequences of compassion to be positive there are some negative consequences. One negative consequence is compassion fatigue where one can become a victim of the continuing stress of meeting the often overwhelming needs of patients and their families (Lombardo & Eyre, 2011).



In order to measure a concept or determine the existence of the concept, an empirical referent is needed to classify or categorize the phenomena (Walker & Avant, 2005). There have been attempts to measure compassion in scientific analysis, such as in the case studies by May (2012) on monks during meditation. May (2012) poses the following excellent questions:

By looking at expert meditators, neuroscientists hope to get a better picture of what compassion looks like in the brain. Does a monk's brain behave differently than another person's brain when the two are both extending compassion? Is selflessness innate, or can it be learned?

Looking to the future, neuroscientists wonder whether compassion can be neurologically isolated, if one day it could be harnessed to help people overcome depression, to settle children with hyperactivity, or even to rewire a psychopath. (p. 1)

Developing a true measurement of compassion may prove difficult because often a result of compassion may be seen or measured, but not necessarily compassion itself. Changes or evidence of the defining attributes may be present in a given situation and one can express that they have compassion, but actually measuring compassion may still be problematic. The result of compassion is not always a change in the object of the previously expressed or felt need.

An operational definition of compassion is characterized by a passion to feel with another, to enter into or attempt to understand, alleviate and change the suffering, pain, sorrow or blatant need of another. It involves a

willingness to have empathy and potentially make one vulnerable to feel  
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along with another as well as taking action to change the condition of the one in need.

Can compassion be taught or learned and if so, should this be incorporated into nursing education? According to a study by Land (2008), the answer is “yes”. Land also states, “Cultivating compassion and kindness through meditation affects brain regions that can make a person more empathetic to other peoples’ mental states, say researchers at the University of Wisconsin-Madison,” (2008). It would seem that making a nurse more empathetic to other people’s mental states would assist in understanding the person, and thus enhance the ability to care for the person in a more holistic manner. “Most nurses enter the field of nursing with the intent to help others and provide empathetic care for patients with critical physical, mental, emotional, and spiritual needs,” (Lombardo & Eyre, 2011). However, not all nurses may have the full understanding of compassion and also can be taught how to balance their feelings of empathy and actions of care in order to fully meet the needs of the patient holistically.

As shared by Schantz, the meaning of the concept “compassion” (or “compassionate care”) is “neither clearly defined in nursing scholarship nor widely promoted in the context of contemporaneous everyday nursing practice,” (2007). Although Schantz goes on to say “Compassion is a quality deemed sine qua non for nursing and claimed to underpin the profession in its larger-than-life scope,” (2007). Thus it would seem that compassion should be an attribute more clearly defined and incorporated in not only nursing practice, but in nursing education as well. According to Hem and Heggen, the Norwegian Nurses Association recently approved a new code of <https://assignbuster.com/the-compassion-a-concept-analysis-philosophy-essay/>

ethics in 2001 which included compassion as one of the basic values in nursing care, (2004).

Patch Adams, MD, has made a lifelong commitment to incorporating compassion as a part of his practice at the Gesundheit Institute in Virginia. Dr. Adams makes a sad statement, “ in 40 years of medicine, I have not been to nor heard of a medical school anywhere that teaches compassion,” (Adams, 2011). He goes on to say that for over 30 years he has “ encouraged, challenged, entreated medical schools to teach compassion, and offered that we would help. None had accepted until last year, in Lima, Peru, a medical school said, “ we will try”, ( p. 1)” These statements leave one to be concerned for the overall level of compassion expressed and the lack of importance placed on compassion in the health care fields. Nurses often have a closer relationship to patients and their families and are generally seen as “ compassionate care givers” to the general public. It would benefit all for nurses to lead the way in teaching the essentials of and including the practice of compassion in all health care fields.

It is hoped that one would conclude that compassion is a vital aspect of nursing. Compassion should be incorporated in teaching methodology as well as be studied and tested further to measure and validate its presence in all health care fields. This will most likely be a challenge in the health care industry in general, more so than in the nursing profession which is already noted for compassion.