

## **Empathy and Compassion: The Power of Connection**

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### **Introduction**

The word compassion comes from Latin and means “to bear with” or “to suffer with.” Compassion and empathy are essential human qualities that allow one to feel, understand, and respond to the suffering of others. They enable individuals to enter into and maintain relationships of caring. The ability to care has been identified by Martin Heidegger as a fundamental aspect of the human condition. In every society the sick and the dying have been treated with compassionate care. This is a universal human response. Many of the world’s major religions hold compassion as one of the highest spiritual virtues. Dynamic compassion, or Ahimsa in Hinduism, is known as the God quality within a person. It is an open-hearted active response of respect, service, and care for those in need. It was a prime aspect of Gandhi’s nonviolent liberation movement. Compassion is also a central tenet of Buddhism. The Buddha manifested absolute compassion for all creation. Buddhist compassion, or karuna, is seen as the appropriate human response to understanding the interdependence and mutual welfare of all beings. In the Judeo-Christian tradition, compassion is a manifestation of God’s love and mercy. It is the way God interacts with creation and is, therefore, the way people should interact with one another. In all of these spiritual traditions, directly addressing the suffering of others through compassionate care is a religious obligation. In such responses we can see the hallmark of our shared humanity.

### **Discussion**

To have compassion or to “suffer with” another implies a quality of imagination and an identifying with the other’s pain as something we can vicariously feel along with them, however tangentially. Compassion is an active choice to want with others and to want for others the alleviation of their suffering. In acting compassionately we acknowledge that we all share the same conditions of mortality; we all suffer and we all die. Empathy derives from a Greek root word meaning, “in feeling” or “feeling into.” A component of compassion, empathy is the recognition and understanding of the other’s suffering. It is a deep appreciation for what it is truly like to be in the other’s situation from his or her

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perspective. Empathy requires an openness to receiving and holding the other's experience without reservation or judgment. Empathy is passive but absolutely attentive. It involves entering into and staying present in the painful experience of the other without moving away from that experience by trying to change it. Empathy establishes a deep connection of mutual vulnerability and intimacy. The dying are often subject to feelings of isolation, loneliness, and helplessness. Some of their suffering can be ameliorated by the strong sense of connection to the other that empathy brings. For the caregiver as well, an empathetic connection to another person nearing the end of life can offer the gratification of a uniquely intimate relationship. Compassion encompasses empathy. Empathy is that aspect of compassion that opens one to a deep understanding of the other's suffering. Compassion also involves an active concern for and effort to alleviate that suffering. That is why compassion is sometimes called "love in action" by Mother Teresa. Compassionate action is a willingness to go beyond self-interest and give of oneself for the good of the other. In this regard it is similar to altruism, letting go of one's own needs to attend to the needs of another so that one can meet one's own deepest need: to feel a part of a larger shared humanity. Compassion is a key aspect of care of the dying. K. R. Eissler, in his seminal work on caring for the dying, *The Psychiatrist and the Dying Patient* (1955), sets the tone when he advises caregivers to give themselves selflessly to the dying as a free gift of love. Other researchers and those writing from their personal experience of being with the dying have echoed Eissler's advice.

## **Conclusion**

A terminal illness deepens one's need for empathy and compassion in physicians and caregivers. Unfortunately, it has often been found that it is just at this stage that physicians, family, friends, and caregivers can emotionally distance themselves from the dying. Those attending and caring for the dying, in such cases, have the opportunity to receive from them. By being open, empathetically present, and compassionate, they can themselves be healed in their humanity and experience the gift of an extraordinary intimacy. Compassionately attending to the dying is often deeply rewarding. Elisabeth Kübler-Ross felt that a loving and caring commitment to the dying would help heal the isolation and division that is so destructive in modern life. She saw such commitment as helping to build broader forms of commitment within society that would benefit all of humanity. In being open and compassionately present to the dying, caregivers share the burden of suffering and of anticipatory grief with them. They also share with the dying the solidarity of their committed relationship together and the joy that intimacy can bring. This is what Stephen Levine (1979) calls the experiences of "cosmic humor" in their last journey together. Someone mourning the death of an acquaintance, friend, or loved one also needs the support of compassionate care and the empathetic presence of others. Cultural and religious rituals of dying,

death, and mourning can help one find meaning and comfort in loss. Compassion and empathy are gifts that people can share throughout their lives.

**Keywords:** Empathy, Compassion, Isolation, Love in Action

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