

The Art and Science of Compassion, A Primer

Reflections of a Physician-Chaplain



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Preface

What Is This Book About?

Compassion is a core value in healthcare. A recent survey shows that 85% of patients and 91% of doctors value compassion, making it the most important principle in healthcare.¹ However, terms like “compassion,” “empathy,” and “sympathy” have been used interchangeably in common parlance, and their definitions vary in the literature. This semantic and conceptual confusion has important implications for clinical practice, medical education, and research. In addition, while medical schools offer courses on communication skills, patient–physician relationships, and social determinants of health, compassion is inconsistently taught, valued, and measured,² partly because of the lack of a standard curriculum that covers the full gamut of this construct, from conceptual to experiential.

This book is designed as a short, “all-in-one” introductory text that covers the full spectrum of compassion, from the evolutionary, biological, behavioural, and psychological, to the social, philosophical, and spiritual. Written with busy trainees, clinicians, and educators in mind, it aims to address the following questions concisely: What is compassion? Is it an emotion, a motivation, or is it multidimensional? Is it innate or a trainable skill? What do different scientific disciplines, including neuroscience, tell us about compassion? Why is “compassion fatigue” a misnomer? What are the obstacles to compassion? Why are burnout, moral suffering, and bullying so rampant in healthcare? Why does compassion decrease during medical training? And, finally, what does it take to cultivate compassion? It is my hope that by providing readers with a solid conceptual framework, the materials presented here will inspire, reinforce, and integrate with the experiential component of compassion that requires diligent cultivation, training, and practice.

Why Did I Write This Book?

I am a physician, scientist, and educator. I work in a tertiary/quaternary pediatric hospital and am a professor in a major academic centre in North America. I once thought that I lived a very fulfilling life: providing the best care to children and their families through direct patient work, generating exciting new medical knowledge through research, and nurturing new generations of physicians and scientists through teaching, as well as serving my colleagues, hospital, university, and the larger healthcare system through various leadership positions.

With my drive, determination, and work ethic, I ascended the academic ladder rapidly, being promoted from assistant, to associate, and then to full professor in fewer than 10 years. I was named a highly coveted endowed Chair at the relatively young age of 40. When I was 45, I became the Chief of Ophthalmology in my hospital and the Vice Chair of Research in my university department. I held multiple prestigious research grants simultaneously for many years, published extensively in top journals in my field, and directed a large laboratory that hired many scientists, engineers, technicians, and students. I travelled around the world on a regular basis, giving keynote speeches and named lectureships, along with being a visiting professor. I received numerous accolades for my research and teaching endeavours. I felt that I was truly blessed because I would not have accomplished all these without the unyielding support of a loving husband and two adorable sons. Many would say I had reached the pinnacle of success as a physician-scientist while at the same time achieving a very fine work–life balance.

But these accomplishments were not enough. I strived to advance upward by pursuing a degree in Master of Business Administration while managing a full workload. Then, something completely unexpected happened. I developed a hearing loss in one ear, 4 years ago, at age 48. The worst part of it was a constant, 24/7, non-stop ringing in my ear. I could not rest, I could not sleep, I could not have a moment of peace and quiet. I was treated with steroid injections into my ear. I was also put on oral steroids. Not only did they not help, I developed suicidal thoughts which frightened me to the core. When all Western treatment options were exhausted, my doctor covertly told me that he did not want to see me anymore. I felt abandoned, desperate, and

hopeless inside. But, on the outside, I put on a brave face and continued to carry out all of my duties, pretending that I could endure all of these challenges with my usual determination and perseverance.

As I suffered deeply inside, I began to see clearly all the sufferings around me. I realized that, despite many successes, our satisfaction seems to be short-lived—very soon it diminishes, and we find ourselves wanting more. At times, we become unhappy because we don't get what we want, or we get what we don't want, or we worry about things not going our way. As I looked around, I felt deeply the stress that my co-workers experience every day from an excessive workload, the agony that we face when making complex and difficult decisions, the moral distress that we witness in the workplace, the tugging at our hearts from our family and relationships as we juggle multiple competing demands, and, ultimately, the suffering that we all have to confront through sickness, old age, and the inevitable demise of our loved ones and eventually our own self.

I started to see more and more vividly the cycles of stress and anxiety that we all encounter, as well as how my own reactivity contributes to these cycles of negativity that affect not only myself but also everyone around me. I began to realize clearly that our well-being does not come from achieving, acquiring, and accumulating. While there is nothing inherently wrong with the rewards that come from hard work, the pitfalls of success come when maintaining these privileges—in my case, a successful medical practice, prestigious academic titles and honours, an esteemed social status, big house, nice car, exotic vacations—become an obligation. At a certain point in time, the pursuit of material possessions, pleasures, praise, and recognition makes life feel hollow. Without awareness and the courage to look deeply or make changes, we may work harder and accumulate more only to find that the happiness and deep fulfilment that we long for remain elusive.

I began to realize that true happiness can come only by examining what's inside, by investigating the relationship between the external world and our inner self, and by changing our habitual patterns in response to our thoughts, feelings, and emotions. After a very long period of reflection—the dark night of my soul*—I decided to pursue

* This phrase originates from a poem by St. John of the Cross (1542–1591), a Spanish Carmelite monk and mystic, whose best known work *Noche Oscura del Alma* is translated as “The Dark Night of the Soul.”

a different path and do the unthinkable. I stepped down from all the leadership positions before completing my terms. I closed my laboratory. I turned part-time. However, my heart was torn because all of these radical changes were incompatible with my deeply ingrained ambition, competitiveness, and perfectionism. Going through these changes felt like a career suicide, an existential crisis, a mini-death. I kept thinking: What will people think of me? Am I disappointing my hospital staff? How could I be so irresponsible by abandoning many long-time employees whose livelihoods depend on me? Will I ever be trusted again? Am I setting a bad example for my kids and trainees by being a “quitter”? Are the many years of training and the experiences that I have accumulated to finally become a highly specialized expert going to waste? What will be the financial implications? Confronting these questions was painful, heart-rending, and frightening. Unknown to me, my identity, self-worth, and sense of purpose had been wrapped up completely with my roles, titles, and external validation. I asked myself: Who am I *really*, and what should I do next? I knew deep inside that I must commit to my decision no matter how raw, excruciating, and harrowing the process was.

I began by looking at what I enjoyed most. I realized that what has brought me the most joy was meeting people, listening to them, and serving them in whatever way I could. I also recognized that I have been increasingly drawn to the spiritual needs of the dying, having witnessed and been immersed in some truly life-changing, genuinely human, and amazingly enriching experiences while caring for my dying father, mother-in-law, and mentors. At the same time, I have been practising mindfulness for several years, which has helped me to be stronger, calmer, and more opened to new perspectives. I wanted to delve deeper into its roots that originate in Buddhist traditions. Out of these considerations, I resolved to pursue chaplaincy training with Roshi Joan Halifax,[†] so that I could hone my skills to serve others and explore how to care for the dying while at the same time deepen my spiritual practice.

[†] The term “Roshi” is a respectful honorific to a precious teacher or a master in the Zen tradition.

Chaplaincy training has been a deeply healing and transformative experience. I now realize that I must touch deeply into my own pain and sorrow so that I can look clearly into the underlying causes of the inherent unsatisfactoriness of our conventional lives. From a visceral appreciation of the universality of suffering, a deep motivation was aroused in me: to lead an awakened life with integrity, courage, and wholehearted practice, to alleviate the miseries of all beings, and to touch the true nature of reality. Learning to embrace not knowing, to bear witness to the joys and pain of life, and to discern what is the most skilful action at each moment has been challenging and yet, paradoxically, deeply grounding and nourishing. I can now see acutely that my earlier notion of service, though noble and well-meant, was based on many previously hidden, naïve, and incomplete assumptions and orientations. It was based on the concept of “fixing” what is broken and “helping” what is weak from a position of being better and stronger, rather than coming from a deep inner place of humility to serve life as whole.[‡] I also notice, despite the best intention to serve, how quickly, easily, and furtively my ego slips in for its own gratification.

Chaplaincy training has brought me to many unanticipated, uncharted, yet remarkable territories. Working as a hospice volunteer in the community, I came to know a “dying” young woman with a malignant brain tumour. She had been given less than a year but continued to live for another decade. I feel that I have come full circle. As a neuro-ophthalmologist, I see patients with brain tumours regularly, monitoring their visual and neurologic functions. I have rarely paused, if ever, to imagine what living a life with multiple handicaps, uncertainties, and imminent threats of death feels like. At the same time, the strength, resilience, and wisdom this young woman revealed have given me a new appreciation of the mystery and sacredness of living and dying.

Through serendipity, I have also become a volunteer in a prison, working with inmates on a weekly, one-on-one basis. It is truly an

[‡] I learned the differences between helping, fixing, and serving from Dr. Rachel Naomi Remen who wrote: “Helping, fixing, and serving represent three different ways of seeing life. When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole. Fixing and helping may be the work of the ego, and service the work of the soul” (*Shambhala Sun*, September 1999).

eye-opening experience beyond my wildest imagination. I have become a witness to the most unimaginable, horrendous, and unbearably painful life circumstances that these men have endured from a very young age. I am astonished to notice a common theme among these men: extreme poverty, discrimination, physical and sexual abuses, alcohol and drug addictions, mental illnesses, psychological traumas, and violence, as well as brain and other physical injuries. Moreover, these adverse conditions seem to span generations. I also see how these men are forgotten by society, incarcerated in prison with its culture of subordination, without freedom, without having their simple needs or basic human rights met. They constantly continue to face physical and sexual violence, cruelty, injustice, loneliness, fear, and worse. Their experiences have made me realize that I have lived a privileged life, cocooned and ignorant of how different it could have been. How could I not bring my presence, my willingness to listen, and my companionship to these men who have never had the opportunities that I have taken for granted?

With these poignant exposures to life's adversity, I realized that I need to cultivate a deeper compassion and skilful means before I can truly serve others. Therefore, I decided to take a deep dive to study compassion in earnest for my chaplaincy thesis, combining my longstanding interests in psychology, biology, neuroscience, and social science with my curiosity to explore Buddhist teachings in greater depth. When I first encountered the ideal of *bodhisattvas*—enlightened beings who are motivated to end all sufferings until all are liberated—I was completely enthralled. It was as if the ordeal of my hearing loss (which has since resolved) had cracked open my heart to hear the cries of the world, dissolving my personal boundary beyond time and space. When I first came across the idea of the “great compassion”—a non-referential, boundless compassion that becomes one's *raison d'être* not only to practise wholeheartedly, but also to pursue intellectual understanding to penetrate into the ultimate truth—I was moved to tears. I now realize that my interests in the sciences and my love for reading and writing, as well as my zeal for teaching, are not necessarily self-centered pursuits that hinder the path to awakening. On the contrary, I can realign my interests with a deep aspiration and intention to benefit all others. The results of this

recognition and exploration on the sciences of compassion led to the first half of the present book.

As I was nearing the completion of the thesis, I began to understand a main reason why I decided to make such a drastic change in my career: my disillusionment with the healthcare system. As a leader, I envisioned and attempted to build a more compassionate culture in the workplace where everyone—doctors, nurses, staff, administrators, and all others—comes together not only to serve patients and their families, but also one another, so that everyone can live a purposeful, fulfilling, and authentic life. Although there were some small successes, I was also met with much skepticism, cynicism, or silent acquiescence to the status quo. I pondered deeply inside and explored why I hit many roadblocks by reaching out to colleagues, other healthcare professionals, and caregivers to learn from their experiences. I researched and investigated why there is so much distress, burnout, and suffering in the healthcare world. I now have a fuller understanding of the hurdles that caregivers face, as well as some skilful ways to cultivate a compassionate and flourishing life, which I discuss in the second half of this book.

It is with great joy that I share this book with you. Whether you are a medical student, physician-in-training, practising doctor, nurse, social worker, therapist, chaplain, hospice worker, caregiver, volunteer, or someone who wants to live a compassionate and flourishing life, I sincerely hope that this book will encourage you to cultivate compassion as a skilful means to serve others and look more deeply into your own life. Individually and collectively, we can transform healthcare into a kinder, more caring system, as well as build a gentler, more just society that is so needed in this burning world.

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Contents

<i>Foreword</i>	xi
<i>Preface</i>	xv
1. What Are Empathy and Compassion?	
A Western Perspective	1
Introduction	1
Empathy	2
Compassion	5
Survival of the Kindest	9
Summary of Key Points	10
2. Is Compassion Innate? A Physiological Perspective	15
The Autonomic Nervous System	16
The Neuroendocrine System	17
Behavioural Genetics	19
Physiological Benefits of Compassion	21
Summary of Key Points	23
3. Is Compassion Innate? A Psychological Perspective	29
Evolutionary Psychology: The Emotion Systems	29
Developmental Psychology: The Attachment and Caregiving Behavioural Systems	32
Psychological Benefits of Compassion	37
Summary of Key Points	38
4. Is Compassion Innate? Spiritual and Eastern Perspectives	45
An Overview of Spiritual Perspectives	45
Confucianism and the Golden Rule	48
Daoism and the Way	49
Buddhist Perspective on Compassion	49
The Four Immeasurables	52
Summary of Key Points	59

5. East Meets West: Is Compassion Trainable?	
A Neuroscientific Perspective	63
Mindfulness: Attentional Foundations of Compassion Practice	63
The Practice of Compassion and Loving-Kindness	70
Neuroplasticity: Compassion Is Both Innate and a Trainable Skill	76
Science and the Relative Truth	77
Summary of Key Points	79
6. What Are the Obstacles to Compassion?	89
Obstacles to Compassion for Others	89
Obstacles to Receiving Compassion from Others and Self	92
Obstacles to Compassion in Healthcare	95
Summary of Key Points	105
7. What Does It Take to Cultivate Compassion?	113
Positive Disintegration and the Edge States	113
The A.B.I.D.E. and G.R.A.C.E. Models of Cultivating Compassion	114
Inner Compassion and Its Benefits	119
Compassionate Leadership to Build a Compassionate Culture	124
System Changes for Compassionate Healthcare	127
Benefits of Compassion in Healthcare	129
Summary of Key Points	132
8. A Wholistic Approach to a Compassionate and Flourishing Life	147
Psychological Well-Being	147
Ethics and Moral Resilience	148
Social Engagement	152
A Transcendental Life	154
Summary of Key Points	155
<i>Postface</i>	159
Rites of Passage	159
The Three Tenets	162
Being with Living and Dying	164
A Koan	166
<i>Acknowledgments</i>	171

<i>Resources</i>	175
Currently Available Compassion-Based Trainings/ Interventions	175
Further Reading	177
General Websites on Mindfulness and Compassion	180
<i>About the Author</i>	181
<i>Index</i>	183