Embracing the Challenge of Compassion

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Abstract

The terms empathy and compassion are often used interchangeably when, in fact, they represent and reflect different ways of expressing care for ourselves and others. Empathy calls us to actively engage in and be impacted by the emotional experience of another. Compassion prompts us to act on behalf of those who are in distress, in measurable and actionable ways. This article, based on a closing keynote speech delivered at the 12th Biennial Conference of the International Integrative Psychotherapy Association, explores the relationship between compassion, spirituality, and the practice of developmentally based, relationally focused integrative psychotherapy.

Keywords

Compassion, empathy, integrative psychotherapy, spiritual practice, relational needs

We've come to the end of another wonderful conference. Our minds are full, and hopefully so are our hearts and spirits. We've been with friends and colleagues, basking in the warmth of our collective vison and commitment to IP. Soon we will leave the comfort of this shared space and go back into a world filled with challenges. And one of those challenges, I believe, is how to embrace compassion in a world that often seems broken and uncompassionate.

Sometimes we use the words compassion and empathy interchangeably. They are similar, but there is an important difference between the two. To be empathic means to actively engage in, and be impacted by, the emotional experience of another (Erskine, 2024; Erskine et al., 1999/2023). Compassion goes beyond empathy because it also includes an inherent desire to actively alleviate the distress someone, or something, may be experiencing. Compassion means moving from recognition to action, through tangible expressions of caring and love for those who are suffering or in need. "Compassion" gets involved and prompts us to act on behalf of those who are in distress (Compassion International, 2024).

Now, we can debate that empathy also requires active involvement, which we provide through inquiry, attunement, and the meeting of relational needs. But I agree with the idea that compassion prompts us towards action in ways that are both simple and extraordinary. Compassion embodies the deepest meaning of contact-in-relationship (Erskine et al., 1999/2023) and challenges us to use not only our thoughts and feelings, but our behaviors and our own fully integrated "self-in-relationship" (Erskine, 1975, 2010; O'Reilly-Knapp & Erskine, 2003) in ways that can shift paradigms and possibly change the world.

In her book *Bittersweet: How Sorrow and Longing Make Us Whole*, writer Susan Cain explores the work of researcher Dacher Keltner and his idea of "the compassionate instinct." This is the idea that humans are naturally wired to respond to one another's trouble with care. Cain writes, "The word *compassion* literally means 'to suffer together,' and Keltner sees this as one of our best and most redemptive qualities. The sadness from which compassion springs is a pro-social emotion, an agent of connection and love" (Cain, 2002, p. 97). Keltner's research supports how we are wired for compassion. In replicated studies he discovered that when we witness suffering, our vagus nerve is activated, prompting us to respond and act. As Keltner explained to Cairn, "caring is right at the heart of human existence. Sadness is about caring. And the mother of sadness is compassion" (Cain, 2022, p. 11).

During my own times of grief or illness, my father was known to say the compassionate Yiddish words of my Austrian immigrant grandparents: "oyb ikh ken nemen avek deyn leydn aun makhn es meyn eygn, ikh volt." Meaning, "If I could take away your suffering and make it my own, I would."

As therapists, we are often confined by ethical boundaries as to how we can fully express compassion to our clients. Beyond offering a secure, empathic, and relational space for healing, what can we actually do—in practical and meaningful behaviors—to alleviate their pain and suffering? This is a place where I am often stuck, as I witness suffering in my office and experience my own accompanying internal sadness. I think to myself, "Yes, I'd love to cook you a meal, provide some of the childcare you desperately need, drive you to a doctor or lawyer appointment and sit with you as you process an unwanted diagnosis, or learn how to proceed with a contentious divorce." "Yes, I wish I could help you financially so your child can go on that school trip." "Yes, I want to be there to tuck you in at night and then be there to comfort you when you wake with violent nightmares of your childhood abuse." All of these, of course, are impossible for me to do in my role as therapist. Instead, I show up when I can—outside of my office—to attend a funeral, wake, or Shiva for a client's partner, or parent, or in-law, even when I did not know these people. And on those occasions, I bring a plate of food, or make a charitable contribution. These are ways that I can maintain ethical boundaries while also offering my compassion in an active and tangible way.

The challenge of embracing and expressing compassion exists both within and outside our offices. We need to be challenged, *always*, to bring our IP knowledge and philosophy to the outer world. And those of you who have heard me speak before know that I believe that integrative psychotherapy has the power to change the world. And even though we may be wired for compassion, there is still so much that can get in our way.

On Yom Kippur, the day of atonement and holiest day of the year in the Jewish calendar, I join with others in a communal confession of our sins and wrongdoings, both against ourselves and others, many of which in essence are failures of compassion. I've always been intrigued by one particular Yom Kippur reading, which we recite as a group:

Because I was angry
Because I didn't think
Because I was exhausted and on edge
Because I'd been drinking
Because I can be mean
Because I was reckless and selfish
Because I was worried about money
Because my marriage was dead
Because other people were doing it
Because I thought I could get away with it …
Because … I did something wrong

Because I'm in pain
Because I wish I could undo it
Because I hurt him
Because I lost her trust
Because I let them down
Because I was self-destructive
Because I was foolish
Because that's not who I am
Because that's not who I want to be.

Because …
I want to be forgiven.

(*Mishkan HaNefesh*, 2015, p. 293)

But the one thing this reading does not say is: Because I am human. I falter and I fail and I am human. And as a human, I can't always have compassion for myself and others. Because I am healing. Because I am in the process of my own journey.

As much as we would all like to actively deliver compassion to those around us, and also receive compassion, it isn't always easy. But I believe that compassion is an essential, active, and as of yet unnamed ingredient of the eight relational needs (Erskine et al., 1999/2023). Relational needs are not just something conceptual on a page; they are the ingredients to living and breathing "contact-in-relationship," and each one cries out for compassion and measurable behaviors in order to be effective.

Relational needs are not a one-way, but a two-way street, leading the way to an ethical and humane existence. They are a road map for a compassionate life, an antidote for combating existential despair. And when we fail, we have theory that helps us move through relational failure and rupture, towards compassionate repair (Guistolise, 1996).

We fail, and we repair, and we keep going. We are human.

Abundant research has shown that compassion is beneficial to our health and our well-being. But compassion also has its downside.

Many months into caring for her husband, who been diagnosed with a fast-moving bone cancer and rare blood disease, Evelyn arrived at my door for her first appointment—her first time ever in a therapy office. Her vibrant, smart, funny, and independent husband was now completely dependent on her. They never saw this coming, and it rocked their world. Evelyn, also free-spirited and independent, had to abandon work and most of her activities to become a full-time caregiver, navigating doctors' appointments, home care, and medications. Her core script belief came spilling out. She never asks for help, doesn't know how to ask for help, and believes she is responsible for what happens to others. It was actually a miracle that she found her way to my office. She described the persistent anger she was feeling towards her husband whom she deeply loved—a feeling she couldn't understand. She berated herself for being exhausted, and not being more selfless, kinder as she witnessed her husband's suffering. When I gently offered, "you have compassion fatigue," she burst into tears. "You mean there is a name for what I'm feeling? I'm not crazy?" And then, for the first time, in this first session, she began to breathe. Acknowledging, naming, and normalizing. This is what we know how to do.

Another client, Loretta, calls herself a "care partner" for her husband as his Parkinson's disease advances before her eyes. She tells me, "he is still my husband, my lover, my friend. Calling myself a caregiver diminishes all that, so instead, I use the term care partner." Loretta has become more acceptant of her own grief and loss as her husband has quickly declined in recent months, but last year many of her sessions were spent in tears and anger, with deep frustration

about his growing limitations. My office was the only space where she could safely vent her anger and compassion fatigue, accompanied by deep guilt. In her words, “he stood by me during my breast cancer and mastectomy. He deserves my care. But am I struggling.”

Compassion can be challenging.

Another client, Dolores, feels immensely angry and also guilty, as she avoids visiting and spending time with her older sister, also in the throes of Parkinson’s disease. But weeks ago she finally broke down and wept, “She’s my big sister. I’m supposed to be able to lean on her, not the other way around. I still need her, and I want her back.”

As psychotherapists, we are quite vulnerable to compassion fatigue, vicarious traumatization, burn-out. Renowned researcher Dr. Charles Figley (1995, 2002) has devoted his professional career to the study and treatment of compassion fatigue and has described this as the “cost of caring” experienced by individuals in helping professions. That’s us.

But the term “self-care” has become overused and cliché. And sometimes, affirming that we all need to give ourselves a dose of self-compassion can feel too self-regarding in a world when so many have so little. But I don’t have other words right now to emphasize how important it is that we all take care of ourselves and let others know when we need caretaking and compassion. This is another challenge for us to embrace. We all got here to Ljubljana because we are professional caregivers, and in our personal lives, we are also sometimes care partners.

When I feel despairing and tired, I look to today’s world leaders in compassion. I marvel at their energy and find hope and inspiration in their work—sometimes simple, sometimes extraordinary.

If you don’t already know José Andrés, allow me to introduce you. Andrés is a world-famous Spanish-American chef and restaurateur. In 2010, he decided to visit Haiti in the days after a 7.0 magnitude earthquake. He wanted to see how his culinary experience could help. He was so deeply impacted that he was inspired to reimagine how food could be used in the wake of tragedy. His compassionate call to action led to the birth of World Central Kitchen, a non-profit organization devoted to providing meals in the aftermath of natural disasters and war (World Central Kitchen, 2025). But not only does Andrés provide the food, he makes a point of cooking food that is indigenous to the people he is serving, so that while filling their empty bellies, he also fills their souls with the comfort, taste, and smell of home when so much else has been lost. In 2024, over 109 million meals were provided in 20 countries to families in the days during and after natural disasters, climate change, or war.

When my family looks at an abundant holiday table, we often joke that “food is love.” But for Andres, food truly *is* the embodiment of love. Tragically, seven of his aid workers were killed on April 1, 2024 as their international convoy of workers from Britain, Poland, Australia, Palestine, the United States, and Canada were attempting to deliver food and supplies to famine- and war-ravaged Northern Gaza.

Compassion can be difficult, sometimes deadly and heart-wrenching.

And then there is Doctors Without Borders. Founded in France in 1971, Doctors Without Borders began with a group of doctors and journalists who, during the war and famine in Biafra, Nigeria, aimed to create an independent organization devoted to delivering emergency medical humanitarian aid quickly, effectively, and impartially. They started with just 300 volunteers, but now this group has become a global international movement of more than 69,000 staff, providing over 16 million medical consultations in more than 70 countries every year. They cite “humanitarianism” as one of their core values (Doctors Without Borders, n.d.). And I’d bet anything that their core values completely align with the core values, ethics, and philosophy of IP, and that if we could watch those folks in action, we’d be watching the embodiment of the eight relational needs, minute by minute, hour by hour, day by day.

Doctors Without Borders has a t-shirt for members. The picture is a heart, held by two hands, and the slogan is: “Compassion knows no borders.”

Compassion can be contagious.

I recently saw a TV news story about Dr. Michael Zollicoffer, a family practitioner in Baltimore, Maryland, USA (Hartman, 2025). For the past 40 years, he has offered his patients a "pay what you can" policy. Sometimes he just doesn't get paid at all. Sometimes he refuses to take small payments. His philosophy is that people in his community—one of the poorest in his state—need to be taken care of and deserve to be healthy, even at his own financial expense. As Dr. Z. told the journalists, "Forget that dollar bill. I'm going to see you no matter what. You walk in that door; you will be seen. You bring your grandma with you; I will see her too."

But then Dr. Z. got diagnosed with cancer. His own medical insurance had lapsed, and he had no money to pay for his care. Now he was the patient, but there wasn't a doctor like himself on the other side of his care. He faced the inevitable and prepared to close his practice, but his patients were unwilling to watch this happen. Crowd-sourced fundraising raised $100,000. As one of his patients said, "Dr. Z will not give up on you so we damn sure ain't giving up on him." Another said, "Whatever needs to be done to save Dr. Z, we're going to do it."

And save him they did. Dr. Z. has now returned to work, reinstated his health insurance, and plans to give back to his community whatever money is left over from his treatments (Wetzel, 2025).

Here is my definition of compassion: an invitation to feel part of something greater than yourself; an opportunity to glimpse into the divine and help create a miracle.

During a recent Saturday morning Torah study session, my rabbi said, "It is easy to feel compassion for someone if you just visualize them as a child." Now, my rabbi is not a psychotherapist, but I found her comment so wise, because she intuitively understands ego states (Berne, 1961; O'Reilly-Knapp & Erskine, 2003; Trautmann & Erskine, 1981). So I just sat and listened as the group silently agreed and nodded their heads. Her comment brought me back to my early days as a new mother, walking the streets of NYC with my tiny, precious newborn daughter in her stroller. Inevitably, I'd pass disheveled, dirty, sometimes psychotic, homeless people, just as I had for years. But now, I began to look at these people and think, "This person was once someone's precious, perfect, new baby. What happened?" And with that my heart filled with sadness and a sense of helplessness for all those lost babies and children now living on the harsh streets of NYC, hoping for a dollar, hoping for a meal, maybe a kind word, and maybe even more important, some eye contact and a smile.

In their recent roundtable discussion on "Empathy, Empowerment, and Self-Actualization," (Erskine, 2024) Richard Erskine and colleagues Ruth Birkebaek, Anthony Jannetti, and Sally Openshaw discussed the use and potential limitations of empathy with challenging clients such as pedophiles, maximum security prisoners, and even those who seem attached to just suffering in their daily lives. They pondered together, "Can there ever be too much empathy? Can empathy ever be counter-therapeutic?" But interestingly, they closed their discussion with a recognition of the Child. As Ruth stated, "One thing that helps me when working with clients like this is to look for the little girl and the little boy in them, because then it's impossible not to feel the compassion." Anthony added, "I agree. Keep your eye on the child" (Erskine, 2024, p. 52).

So we can ponder. Can there ever be too much compassion? Perhaps. Maybe. I don't know. But for now, I'd like to follow the wisdom of my Rabbi and my colleagues. Keep our eye on the Child. And lead with hope in our hearts, and compassion in our actions, whether extraordinary or small.

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