

Compassion as Medicine: Literature as the Catalyst

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Introduction:

What is compassion, and how could it possibly be medicine?

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Not to be confused with its cousins Empathy and Sympathy, compassion has been elevated to field status: Compassion Science. Though relatively young, Compassion Science and its body of research highlights the benefits to the brain and body of the giver upon taking kind, compassionate action for others or the self. From evidence that suggests lowered rates of depression and anxiety, to decreased blood pressure and higher general sense of well-being, compassion seems to be a powerful medicine to combat the ills of our day.

And do we need it: We are suffering high rates of depression, anxiety (+ here), loneliness (+ here), among the other slings and arrows that accompany life. There are many causes to blame, from the pandemic's aftermath, to social media, to too much tech and dwindling human contact, to overly processed foods...and so on. The issue now is: what is there to do about it?

Perhaps a somewhat unconventional – yet wholly human – medicine is in order: a healthy dose of compassion.

And why not? Dacher Keltner, psychologist, renowned researcher of compassion and awe, and founder and director of Cal's Greater Good Science Center highlighted compassion's alignment with our survival instincts, not just from mother to child: "Perhaps the inherent connection forged by doing something good for a fellow human being aligns with our primal need for others in our tribe," a concept Keltner posits in his book *Born to Be Good* (2009). Using Darwin as guidance, Keltner also notes that the father of evolutionary theory claimed in his *Descent of Man, and Selection in Relation to Sex* (1871) that "the most sympathetic members [of a community] would flourish best, and rear the greatest number of offspring."

Thus, compassion in an evolutionary context is about safety in connecting with others, while in our more conscious day-to-day context, connecting with others through compassionate actions can yield a sense of wholeness, uplift, and peace, be it through a kind word or generous action.

I'd add that compassion seems to align with our survival instincts for resources, too: if we can give of ourselves or our resources to alleviate someone's suffering, then we must feel that we have enough.

Of important note: Darwin's use of the word "sympathetic" may confuse, as sympathy, compassion, and empathy are distinct experiences. Compassion is "a discrete and evolved emotional experience...a state of concern for the suffering or unmet need of another, coupled with **a desire to alleviate that suffering**" (Goetz et al., 2010, *Oxford Companion to Compassion Science*). The key to compassion is *action*, whereas empathy (still noble in its own right) involves feeling another's pain or distress, taking it on as their own. While empathy seems to be a necessary first step for compassion – and does involve connecting with someone else's pain – it does not involve taking active steps to alleviate suffering. In fact, it can prompt some to flee, as they are overwhelmed with empathic distress and need to distance themselves from the pain they have just taken on as their own. Sympathy occurs when someone understands another's suffering; there is neither the action nor the "taking on" of the distress. Seems like the first step of the three.

What's more, Olga Klimecki et al. ([2014](#)) demonstrated through fMRIs (i.e. brain imaging) the physiological differences between a person's experience of empathy and compassion: pain centers of the brain light up when experiencing empathy, while reward centers of the brain are more active when they feel compassion (thus when they are moved to help another who is suffering). Additionally, [a 2006 study on altruism](#) illustrated the activation of the reward center in fMRIs when individuals made charitable donations.

Stephen Trzeciak and Anthony Mazzairelli, in their book *Compassionomics* (2019), further highlight how cultivating compassion can lower doctor burnout and improve patient outcomes (thereby improving a hospital's bottom line in many cases!).

So go on, take a dose: The next time you have the blues or feel stuck or alone, take a treat to a lonely neighbor, call a friend or family member who would cheer up to hear your voice, give water and some food to a person who has no home. You might notice that your compassionate action will heal your own malaise.