

# **Hospice: The Compassion Model**

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## **Abstract**

Compassion is not merely an innate and natural response to another person's suffering, compassion requires deliberate participation and the identification with "it", the suffering. Hospice care provides the necessary action required to move compassion forward, offering hope to the possibility of well-being. Compassionate care is the foundation of Hospice, always striving to address the needs of the whole person inclusive of their physical, psychological, social and spiritual selves, providing the bridge between the individual and the community. In times of illness or despair, a word of assurance, or the simple presence of someone who feels your pain, sharing it with you, brings consolation, strength, and hope. The hospice nurse, family member, or volunteer, are the faces of compassion in our daily lives making a difference one day at a time.

*Keywords:* compassion, hospice, spiritual, psychological, social, nurse, volunteer

I set out on a journey excited for the unknown, anticipating a new experience. The trip is moving along as planned, and then a roadblock appears. I then need to regroup, remap, and set out again more focused and even more determined. This is where we start this paper; I set out to bridge Compassion with the concept of Hospice care. My motives were genuine; however my brain was doing all of the work and not taking my heart into account. The phenomenon that connects the two is compassion. It is a fact that the brain and the greatly expanded human neocortex is cited as being responsible for the uniqueness of human intelligence...as well as human crying and laughter, especially the human propensity to tearing in connection with altruistic acts (Maclean, 1990). It is this connection with another living being and the ability to connect with, and understand their joys and suffering that make us human. Compassion is defined by the Merriam-Webster dictionary as a sympathetic consciousness of others' distress together with a desire to alleviate it.<sup>1</sup> Dr. W. David Hoisington (2007) offers a clearer definition; compassion can be defined as having two basic parts; 1) hearing the suffering of another (empathy) and 2) acting with wisdom in some way to reduce that suffering.<sup>2</sup>

### **Understanding Compassion**

Compassion is a human emotional and cognitive experience that does not happen to a single individual in isolation, but as a response to another sentient being (Harrington, 2002). While compassion may contain or require emotion, it also has a rational dimension, and at its core is the notion of deliberate altruistic participation in another person's suffering (Dietz and Orb, 2000). The theory of compassion presented by Dr. Hoisington (2007) proposes that 'compassion' represents a spectrum of phenomena experienced within the 'compassion space'. Compassion is the ability to hear the suffering of another (empathy) and acting with wisdom in some way to reduce that suffering.<sup>3</sup> It is within this spectrum between empathy and wisdom that the compassion space is found. Our own unique definition of compassion is shaped by the life experiences we have within this space.

Harrington (2002) continues by stating that compassion is a process of external and internal reorientation that softens our sense of our individuality by bringing it into a felt relationship with the pain and needs of some other (Harrington, 2002). Goetz, Keltner, and Simon-Thomas (2009) proposed that compassion has evolved as a distinct affective experience whose primary function is to facilitate cooperation and protection of the weak and those who suffer. Our empirical review reveals compassion to have distinct appraisal processes attuned to understand suffering; distinct signaling behavior related to caregiving patterns of touch, posture, and

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<sup>1</sup> <http://www.merriam-webster.com/dictionary/compassion>

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[http://www.compassionspace.com/Papers\\_on\\_Basic\\_Compassion/Theory%20of%20Compassion%20Development.pdf](http://www.compassionspace.com/Papers_on_Basic_Compassion/Theory%20of%20Compassion%20Development.pdf)

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[http://www.compassionspace.com/Papers\\_on\\_Basic\\_Compassion/Theory%20of%20Compassion%20Development.pdf](http://www.compassionspace.com/Papers_on_Basic_Compassion/Theory%20of%20Compassion%20Development.pdf)

vocalization; and a phenomenological experience and physiological response that orients the individual to social approach. This response profile of compassion differs from those of distress, sadness, and love, suggesting that compassion is indeed a distinct emotion.<sup>4</sup> As such, compassion is more than just an emotion it revolves around the ways we relate to other people and demands that we act.

"Compassion asks us to go where it hurts, to enter places of pain, to share in brokenness, fear, confusion, and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears. Compassion requires us to be weak with the weak, vulnerable with the vulnerable, and powerless with the powerless. Compassion means full immersion in the condition of being human" (Nouwen, et al 1982, 4).

### **Compassion Development**

As we each develop compassion in a unique way, some of us may have more innate compassion than others, whatever level of empathy and wisdom we have currently. We each have the potential to develop and improve them both. Dr. Hoisington (2007) explains that empathy is simply the ability to hear the suffering of another with the intent to promote well-being. Without that intent the listening becomes something else, like interviewing, manipulation or brainwashing...it is common sense too that some people seem to be more sensitive to the feelings of others...but empathy alone is not the same as compassion. Compassion includes a response [or action] to what is heard with empathy.<sup>5</sup>

In Dietz and Orb (2000), Fox (1990) argues that compassion requires a strong sense of togetherness and even celebration. He quotes the German proverb 'a sorrow shared is a sorrow halved; a joy shared is a joy doubled (Fox 1990, 3) to argue that compassion is at its heart about the sense in which a person shares something of themselves – their feelings and experiences of suffering and sorrow, joy and pleasure, with another human being. It is this sense of solidarity – one's willingness to enter into the compassion space of another that ultimately leads to healing and well-being. Compassion requires more than feelings: compassion requires shared experience and action. Fox (1990) takes this one step further in arguing that compassion is a moral virtue which embraces every human being. Some may be inclined to cherish and develop this virtue while others may reject it as a weakness of human nature, but in principle it is available to everybody.<sup>6</sup>

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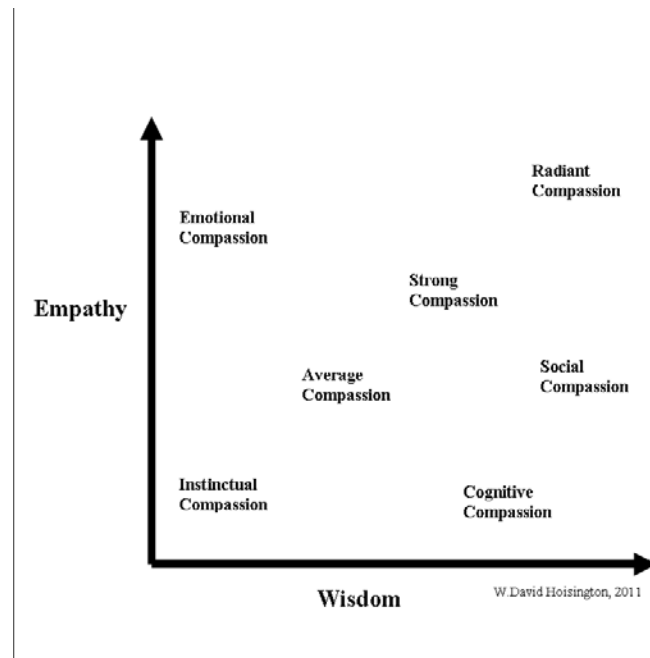
<sup>4</sup> <http://list-socrates.berkeley.edu/~Keltner/publications/goetz.2010.pdf>

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[http://www.compassionspace.com/Papers\\_on\\_Basic\\_Compassion/Theory%20of%20Compassion%20Development.pdf](http://www.compassionspace.com/Papers_on_Basic_Compassion/Theory%20of%20Compassion%20Development.pdf)

<sup>6</sup> <http://onlinelibrary.wiley.com/doi/10.1046/j.1440-800.2000.00065.x.abstract>

Dr. Hoisington (2007) states that, although the spectrum of compassion phenomena may be complex in detail, it is possible to create a simplified version of descriptors that approximate the spectrum. The simplified diagram below is fairly self-explanatory; there is an increase in cognitive compassion [wisdom] on the horizontal axis and an increase in emotional compassion [empathy] on the vertical [axis]. Between the two is the developmental progression from instinctual compassion to average, to strong and then to radiant.<sup>7</sup>



Compassion involves deliberate participation in another person's suffering, not merely identification of the suffering but identification *with* it. It is this particular link with action which differentiates compassion from empathy and sympathy, and which requires us to think again about its place and value within nursing.<sup>8</sup>

### Hospice: The Compassion Model

The word Hospice is Latin for "hospitium" meaning, guesthouse. It was originally used to describe a place of shelter for weary and sick travelers returning from religious pilgrimages.<sup>9</sup> There are more than 4,700 hospice programs in the United States. In the year 2009 alone, 1,560,000 patients were served. Of the 2,

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[http://www.compassionspace.com/Papers\\_on\\_Basic\\_Compassion/Theory%20of%20Compassion%20Development.pdf](http://www.compassionspace.com/Papers_on_Basic_Compassion/Theory%20of%20Compassion%20Development.pdf)

<sup>8</sup> <http://onlinelibrary.wiley.com/doi/10.1046/j.14401800.2000.00065.x.abstract>

<sup>9</sup> [www.hospicefoundation.com\\_1800.2000.0065.x.abstract](http://www.hospicefoundation.com_1800.2000.0065.x.abstract)

045,000 deaths reported in the same year, nearly half (1,020,000) were under the compassionate care of hospice.<sup>10</sup>

Dame Cicely Saunders (June 22, 1918 – July 14, 2005) founded modern hospice, and started a worldwide movement to provide compassionate care for the dying. A nurse, social worker, and doctor, she established new methods of pain control, and a multi-faceted, and holistic approach to care giving. This led to the development of a new medical specialty, palliative care, and the contemporary hospice (Field, 2007). Dame Saunders felt that the old methods of care and caring had to be rediscovered and the best of modern medicine had to be turned to the task of new study and therapy specifically directed at pain in order to reduce the pain and suffering of the dying. Inspired by a deep personal connection with a Warsaw Jew dying of cancer, Dame Saunders sought to relieve David Tasma's pain. She visited Tasma frequently in the last two months of his life. As Saunders and David spoke of his looming death, Saunders had a revelation: "I realized that we needed not only better pain control but better overall care. People needed the space to be themselves. I coined the term 'total pain,' from my understanding that dying people have physical, spiritual, psychological, and social pain that must be treated. I have been working on that ever since".<sup>11</sup>

"I want what is in your mind and in your heart" – setting out, I suppose, a dichotomy: truth of the mind in skill and understanding with truth of the heart in vulnerable friendship. David needed peace from distress to sort out who he was, to find how he could gather the scattered fragments of what looked an unfilled life somehow into a whole at its ending, to find meaning in having been and perhaps hope in going on being. In that phrase he sets us to look at the two meanings of the word philosophy. In the dictionary we find it refers to all knowledge belonging to a particular branch of learning – ways of looking at things, how we do things but also why we do them. In the hospice movement we continue to be concerned both with the sophisticated science of our treatment and with the art of our caring, bringing competence alongside compassion." Dame Cicely Saunders (1981).

The physical pain became manageable using a new approach regarding the administration of pain medication. No longer did the patient have to earn the medication with their suffering, the pain medication was now being administered on a scheduled basis, staying ahead of the pain, relieving the stress and anxiety of waiting for relief. This practice continues today with equal results. "The patient is now free to keep going as best as they can" (Dame Cicely Saunders, *The Evolution of Hospice Care* [DVD] (2000)).

Spiritual pain was addressed by helping the patient with their own personal search for meaning. At 40 years of age, David Tasma felt he made no difference in

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<sup>10</sup> [http://www.nhpco.org/files/public/Statistics\\_Research/Hospice\\_Facts\\_Figures\\_Oct-2010-pdf](http://www.nhpco.org/files/public/Statistics_Research/Hospice_Facts_Figures_Oct-2010-pdf)

<sup>11</sup> [http://myhero.com/go/hero.asp?hero=Cicely\\_Saunders\\_06](http://myhero.com/go/hero.asp?hero=Cicely_Saunders_06)

the world for having lived in it. Saunders (2000) states “you matter because you are you and you matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but to live until you die. This sense of acceptance provided the commitment to openness, openness to the world, openness to all who would care, and the openness to future challenges. The psychological well-being of the patient is significantly addressed through the total pain approach. No longer was there anxiety waiting for pain relief, the patient could just be, live in the moment, and take comfort in life exchanges with family and friends. They now felt supported and understood. They were living and dying on their own terms” (Saunders, 2000).

The majority of patient care (those 65 years and up) is provided in the place the patient calls “home” (National Hospice and Palliative Care organization, 2010, p.6). This allows the patient social well-being, allowing for a familiar surrounding and the ability to resume as well as maintain every day relations with family and friends. The support of family and the hospice caregivers are crucial to the success of ‘home care’ service. Dame Saunders (2000) goes on to say “Patients ask everything, of the mind the research, the science, along with valuable friendship of the heart, one person to another” (Saunders, 2000). Hospice is a concept not a place, and modern hospice was founded on three principles:

1) *Openness* – [to the possibility], 2) *Mind Matched with Heart* – [Modern Science administered from the heart with compassion], 3) *Freedom of the Spirit* – [Allowing the dying to do so on their own terms, in their own way] [emphasis added] (Saunders, 2000).

The word hospice means both host and guest, and it is the relationship between the two that is so important. In 1961 while lecturing at Yale University, Dame Saunders (2000) stated that her methodology was “simply listening, lecturing, writing articles, making rounds and teaching.” But listening was the most important, as the patients are our teachers (Saunders, 2000). Janice Reed a Hospice nurse writes:

"A caring person, who brings no history to the scene, and who is willing to listen can provide information as it seems appropriate. As you listen and process the emotions presented to you, you are able to gain insight into the type of support that will do them the most good. This shift in perspective, as you reflect upon others pain, empowers you to be there for them in a focused and thoughtful fashion. Compassion then is vastly more effective and your efforts of aid are more individualized. You become attuned to specific needs. This type of support gives families and their dying loved ones the opportunity for healing. It creates the possibility for transforming a painful experience into one of peace and growth" (Reed, J., personal communication, March 10, 2011).

## Sitting with Suffering

Sitting with suffering is not about labeling the pain. It is about sitting with the loss of identity, sitting with the loss of relationships, sitting with the changes to the heart, mind and soul and sitting with the distance of self within the pain of suffering. Dr. Hoisington offers seven steps to help improve Sitting with Suffering [paraphrased for brevity]:

- 1). Understand the spiritual connection with sitting with suffering, as this is the first important relationship between compassion and spirituality. It is as simple as being quiet and listening to another speak of his or her suffering.
- 2). When listening stop and pause, making efforts for your own suffering to not spill out.
- 3). Reflect on where you are in the moment. Allow this reflection process to deepen your humility and lessen your anger.
- 4). This is the time of a deep inner resonance with our connection, our oneness, with all who suffer. This is often combined with a deep sense of gratitude.
- 5). Use this time to evaluate what is really important to you in your life. If I became very ill, and begin to lose the ability to do things and eventually faced death, would my life have meaning?
- 6). One of the hardest things to learn when sitting in suffering is to quiet down. Allow your-self to be still, quiet and reflect, no response to “do something” is necessary.
- 7). Sometimes when we sit with suffering we need to ask for help, not just in a general way, but in a way specific to our suffering.<sup>12</sup>

The above steps provide an understanding of what is needed in order to sit in and with the suffering of another. Often times it is the gift of listening, just being in the moment, sharing in the experience. Allowing the other to feel supported, cared for, and loved. Sitting with suffering is setting “self” aside in order to share and experience another living being. Dr. Hoisington (2007) describes this space in his writing’s as the compassion space.

"At the root of much human suffering is a misunderstanding of the term relationship. At the root of a deep and penetrating sense of mutual well-being, and some relief from suffering, is the ultimate relationship founded within radiant compassion that occurs within the compassion space."<sup>13</sup>

## Radiant Compassion

Radiant compassion is not something to be kept close to your heart, it is not the love you feel for your spouse, your children or pets, but the radiant love and

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[http://www.compassionspace.com/Papers\\_on\\_Basic\\_Compassion/Compassion%20and%20Sitting%20in%20Suffering.pdf](http://www.compassionspace.com/Papers_on_Basic_Compassion/Compassion%20and%20Sitting%20in%20Suffering.pdf).

<sup>13</sup> [http://www.sacredhealingnow.com/Ultimate\\_Relationship/UR%20Introduction.pdf](http://www.sacredhealingnow.com/Ultimate_Relationship/UR%20Introduction.pdf).

compassion for those around you. The hospice nurse, family member, or volunteer, are the faces of compassion in our daily lives.

"Compassion, as I have experienced it and attempted to practice it, is to enter into a relationship with no judgment of good or bad. This takes deliberate focus and acceptance of what is. The practitioner of compassion needs to consciously shift to a place of releasing the natural desire to fix the situation. When the situation no longer needs fixing all persons involved can just be with what is, experience "it" together and so begin the journey of the exploration of grief. The level of compassion or "being with" a family allows them their own uniqueness to be who they are and to navigate their own feelings. I have learned as I share these experiences with a family which forms of support, solace, and assistance will have the most positive impact on their lives. It has been a growing intuitive process for me. In Hospice it is never one size fits all, only guiding principles" (Reed, J., personal communication, March 10, 2011).

Compassion requires a proactive approach, the giving of self in order to help others. Compassion is not so much about what we choose to do *for* people, but what we choose to do *together* with them. In other words, compassion is more than simply conveying compassionate care...compassionate care becomes the moral way of treating a person because the person is more than just an individual. Compassionate care becomes the means through which we address the needs of the whole person (physical, mental and spiritual) in context of the larger community. In times of illness or despair, words of advice or the simple caring presence of someone who seeks to bring consolation, strength and hope, are given not because we are individuals but because we are all part of the same humanity.<sup>14</sup> "There are not many professions that provide one with the opportunity to be welcomed into the intimacy of profound loss of any kind and have the privilege to be a guide and teacher" (Reed, J., personal communication, March 10, 2011). As Janice attests, caring for individuals who are dying and their families is an extremely meaningful, important and rewarding experience.

Individuals who devote their careers to caring in this way have first-hand, daily experience observing and participating in the last moments of an individual's life before they slip away and pass on to their next journey. Hospices nurses view what some might interpret as an emotionally draining, even aversive career, as a gift to be treasured.<sup>15</sup>

"I consider it a privilege to be invited into a person's world, and listen to the stories of shared adventures, challenges, joys and sorrows. Some experiences are never forgotten. The cycle of life is a very real entity. The cycle of life seems, to me, to be a witness to love and redemption in the field of human relationships" (Reed, J., personal communication, March 10, 2011).

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<sup>14</sup> <http://onlinelibrary.wiley.com/doi/10.1046/j.1440-1800.2000.00065.x.abstract>

<sup>15</sup> <http://onlinelibrary.wiley.com/doi/10.1111/j.1440-172x.2008.0073.x/abstract>

Benner (1984) provides evidence of the healing power of compassionate caring, arguing that nurses develop this healing climate of mobilizing hope, confidence and trust between caregiver and patient. Stoter (1995) adds that if the nurse is able to develop a relationship of confidence and trust with the patient, not only will healing occur, but the patient's spiritual, emotional and other needs, can also be more effectively addressed (Dietze, E., and Orb, A. (2000). Compassion involves deliberate participation in another person's suffering, not merely identification of the suffering, but identification *with* it. It is this particular link with action which...differentiates compassion from empathy and sympathy, and which requires us to think again about its place and value within nursing.<sup>16</sup>

"I have worked in many areas of nursing but I have found that working with Hospice and the dying process has enriched my life, in unique ways. Each family I work with is unique. What is not unique is the inspiration I experience as I drive home after being with them. I am left with the awareness of the gifts that live on long after we are gone. Caring for others has empowered me, yet again, to believe in the process, and strengthened again by my desire to be a compassionate voice" (Reed, J., personal communication, March 10, 2011).

The nursing roles identified specific to hospice include guide, teacher, comforter, communicator, and liaison. While researching the qualities of hospice nurses 12 qualities emerged that the hospice nurses themselves thought exemplified their role. These qualities included: (1)being humanly present; (2) independent; (3) compassionate; (4) entrepreneurial; (5) having appropriate technological knowledge; (6) being spiritual; (7) confident; (8) a team player; (9) having a sense of calling; (10) being humble; (11) being intuitive and finally; (12) having a sense of humor. When the hospice nurses were asked 'what makes hospice work different?' relationship was a core element. The essential quality of the human connection, or 'being there' was central to a hospice philosophy...in addition death was seen as a sacred life transition.<sup>17</sup>

"Dying is a very personal journey. There are those who linger after all goodbyes have been said and their body systems are barely functioning. It appears that their body is no longer interested in being here or able to serve them. Yet, they have a hard time "letting go". Then there are those who leave quickly. As a nurse, at the bedside, sharing this experience, I cannot help but be touched by the oneness we share as human beings and the uniqueness of each of us as we experience the dying process" (Reed, J., personal communication, March, 10, 2011).

Trust in the possibility of well-being (with less pain) opens the window of hope. It is the hospice nurses, family members, and volunteers that offer or provide

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<sup>16</sup> <http://onlinelibrary.wiley.com/doi/10.1046/j.1440-1800.2000.00065.x.abstract>

<sup>17</sup> <http://onlinelibrary.wiley.com/doi/10.1111/j.1440-172x.2008.0073.x/abstract>

this glimmer of hope to the patient. The 400,000 plus hospice volunteers at work in hospices throughout the U.S. are an essential part of the hospice philosophy of care which recognizes that dying is not just a medical event but a personal one as well. These volunteers are important members of an interdisciplinary team working to “de-institutionalize” the dying experience and provide a more humane system of care for the dying and their families. In fact, federal law requires that at least 5% of patient care hours be provided by volunteers (if the hospice receives Medicare and Medicaid reimbursement). Volunteers in hospice find it personally gratifying, intellectually stimulating, and emotionally meaningful to assist those in need at a critical point in their lives. Many of these volunteers were introduced to hospice through the death of a family member and understand firsthand the value of hospice care, but nearly 20% of volunteers are new to hospice. Volunteers consistently report that helping the terminally ill through hospice is not about dying but about living.<sup>18</sup>

Laurel Richardson (2010) authored an article *Hospice 101* which explores her own journey as a grieving sister, and her training as a hospice volunteer. When asked “Why do you want to volunteer here?” Laurel responded “I want to pay back”, Laurel was then asked “What qualities make a good volunteer?” Laurel responded “commitment...following through...an active listener...team player... perseverance... not making promises you can’t keep...being on time...” The hospice coordinator stated “I’m sure you’ll be accepted”. Deena, a nurse who has been the volunteer coordinator for Ellis for the past twenty years states “We need you to fulfill our mission – to bring comfort, dignity, and support to the end-of-life experience. Everyone is living until they are not”. Chaplain Bridget begins her speech: “every moment – loved and cared for – is worth something. That’s one reason hospice does not support suicide but stresses palliative care. When someone is in physical pain, they cannot attend to the spiritual tasks of dying...finding meaning in their life and death...forgiving them-selves and others...mending broken relationships...finding their sources of hope, strength, and meaning.”<sup>19</sup>

### **Greta’s Journey:**

#### **Building the Bridge between Hospice and the Compassion Model**

This authors’ following narrative demonstrates the bridge between Hospice and the Compassion Model. I have been personally touched by each, and it is my hope that increased emphasis can be placed on the power of compassion. Not solely in the care for the dying, but when developed and actualized, compassion offers a message of hope and strength for the living.

When I was called to my mother Greta’s aide, it was not without notice; I knew there were tests being run and that she was not well. I also knew that as the

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<sup>18</sup> <http://www.hospicefoundation.org/volunteering> retrieved 02/11/2011).

<sup>19</sup> <http://qix.sagepub.com/content/17/2/158> retrieved 02/07/2011).

oldest child, I wanted/welcomed the responsibility of caring for her when she needed me most. I never expected the few months I had hoped for would be a few weeks. I arrived two days after mom was sent home from the hospital under the careful orchestration of Cornerstone Hospice. The hospital bed was placed in the living room, for ease of care, and yes the TV was more visible. I put on the mantle of caregiver, trying to absorb everything the hospice nurses told me by taking notes, creating an excel spread sheet for meds, all the while assuming that I would be caring for mom for a few months.

Life and death have a way of controlling the outcome; my mother was progressing far faster than I had prepared myself for. During the brief time she was home, we had an unending stream of well-wishers; mom having just retired from the Sheriff's office as a Victims Advocate had made a number of meaningful connections in twenty years, victims and colleagues alike. Mom shied away from receiving attention, as she was always the one seeking aid and support for others.

Receive "it" she did. Friends came by day, but it was the eight hour shifts of the hospice nurses that provided us both with the real time definition of each passing day. We had the good fortune of having a number of the same nurses' return on the same shift, day after day. If it was morning it was Janice, when evening fell in was the beautiful Haitian whose name Margay sounded like a song. This was now our reality. The calm quiet attention to mom was comforting. In the first few days home, mom's pain was severe and we struggled to reduce her suffering, searching to find the right dose of medication, timing it just right. Now we were sitting with suffering. Being at one with mom, just being, and sharing the experience, now in total silence. The meds had accomplished the desired result; mom was without pain and visible discomfort.

As we continue to sit with suffering, it is now my suffering that Janice is addressing, and she says to me "you are too close, your mom will not pass with you here beside her, and she does not want to cause you more pain". I take a walk, weeping and ask why many times over. That night Margay arrives for her shift along with a hospice nurse trainee. They have the late shift, 8pm – 8am, so I offer food etc. All is quiet, I know in my heart that mom is soon to leave this plane; I sit on her bed and softly sing to her the few hymns I can recall the words to. As I sing, my voice gets stronger, and Margay joins me, not in voice but in presence, she is sharing her compassion with me, being with me, sharing in my experience and smiling the whole time. This is a great comfort as I am now drained, no words left, no more energy to weep. I say goodnight, and have the best night's sleep I have had in two weeks. The following day, I am determined to take the advice of Janice and not sit hovering at mom's bedside, so I clean the kitchen instead. Moving about the house all day, I passed by mom as I organized and kept busy. I walked by her bed at 3:38pm and her labored breathing that had been pronounced stopped in that instant. Mom had stopped. It was that quick, that peaceful. I held her, and kissed her forehead, "fly high mommy, fly high". This phase of mom's journey had ended.

**Compassion: Passing it on**

It is here that my journey continues. Through my own personal experience with Hospice and having felt and witnessed the power of compassion, I have become a passionate voice for compassionate living. Compassion is the guiding force supporting the Hospice model. Janice felt my suffering and offered wellness, her calm wisdom allowed me to put into perspective my place and role in the drama of life and death. The journey of mom's passing was a shared and relational experience, one filled with compassion.

Compassion is first about sitting in all relationships with the attitude of presence...once this becomes a way of life...then happiness will appear in ways and in experiences that gradually approach the oneness of self, one with your own nature and the world around you...compassion is about relationship, hearing what is happening in it, and then knowing how to take the next step. This applies to everything that you are connected to, everything to which you have a relationship [with], every moment of the day. This is how compassion as a way of life becomes a path to happiness.<sup>20</sup>

I recently asked a former student of compassion "how do you offer "it" (compassion)?" She stated "I don't". It is here that I had my own moment of clarity; this former student (now a health practitioner) offers "it" (compassion) unconditionally to everyone. "It" (compassion) is a part of her core, breathing in, and breathing out. We each hold the possibility to sit in and offer the compassion space to another, offered freely with no expectations for an outcome, only hope in the possibility of promoting wellbeing for another. This is the true meaning of living a compassionate life, giving freely of mind, body and spirit, to promote wellness and reduce the suffering of others. I purposely refer compassion to "it" in the hopes that it can be envisioned as a live tangible object, a sphere of hope and understanding. Offered and shared for the sole purpose of reducing suffering of another and in turn offering the hope of possibility toward wellness.

Janice Reed offers her thoughts on how compassion can play a larger role in society...thus passing it on:

"Our society would be more connected and we would experience a different world if Hospice principles were alive and well in the world at large. These are the principles: 1) Focusing on listening to each other – really listening, 2) Being creative in our thinking and open to possibilities, 3) Accepting people in our lives for who they are and not entertaining any ideas of changing them, and 4) Having the wisdom to know when to assist. Having a deep desire to make a

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[http://www.compassionspace.com/Papers\\_on\\_Basic\\_Compassion/Compassion%20and%20Happiness.pdf](http://www.compassionspace.com/Papers_on_Basic_Compassion/Compassion%20and%20Happiness.pdf)

difference, however that may be expressed" (Reed, J., personal communication, March 10, 2011).

It is this deep desire to make a difference that enables us to "pass it on". To that end, Dr. Hoisington (2011) has developed Six Steps to Living a Life of Compassion:<sup>21</sup>

- 1) Know deeply your own understanding of compassion
- 2) Think, read, write, or talk, about compassion every day
- 3) Practice holding the compassion space for everyone
- 4) Seek ways to develop strong and radiant compassion
- 5) Remove both internal and external compassion barriers
- 6) Make a difference using what you do best

With these tools, I encourage each of us to reach out and grab the spark of compassion, experience it, nurture it, and pass compassion forward. Every life has meaning and worth, we each hold a Divine, Sacred and God given talent, and ability to give of self, give of spirit, to give with compassion.

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<sup>21</sup> [http://www.compassionspace.com/6\\_Steps\\_To\\_Living\\_Compassionate.html](http://www.compassionspace.com/6_Steps_To_Living_Compassionate.html)

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