



The value of compassion in the psychotherapeutic encounter

Jeffrey D Blum

Abstract: In this paper I address the role of compassion in therapy. When individualism and independence are overvalued we sometimes forget the power of social connection in fostering the ability to grow. Beyond providing a sense of safety, having compassion for clients in the moment may allow them to further experience compassion for themselves as well.

Indexing Terms: chiropractic; psychotherapy; compassion; patient-focussed care.

I feel it is important as a healthcare practitioner to have compassion for my patients for many reasons.

One of these reasons is based upon Carl Rodgers' concept called, 'unconditional positive regard,' (1) and Brene Brown's focus on how '*shame can't exist with an empathetic witness.*' (2, 3) Their work speaks to how humans have evolved to be social creatures and that compassion tends to function as a means of creating interpersonal connections.

This social connection provided by compassion is a type of medicine needed by us all. As a healthcare practitioner, particularly in the psychotherapeutic arena, if I can have compassion for the client that comes to me for care hopefully this can give them an experience of compassion and through that experience develop compassion for themselves.

So as I ponder this therapeutic interaction I wonder if compassion alone isn't enough and that not only should the healer have compassion for their patient's struggle but also see their patient in their optimum health. It is not about disregarding the patient's suffering, the challenges they are presented, or even the pain they are experiencing, but trying to hold a place for the health and wellness of the patient and speak to that during the psychotherapeutic process.

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Another reason why I have realised the need for empathy and compassion in the patient doctor clinical experience is based upon Brad Stulberg's book the '*Practice of Groundedness*' (4, 5) that characterises one of the ills of our time called '*Heroic Individualism*.'

This '*Heroic Individualism*' is very pervasive in our culture, giving us a feeling that we need to continually optimise our behaviour and life by '*going and doing*.' There can be a persistent internal critical dialogue that carries a weight of '*I need to be doing*' and '*I need to be better*', that can interweave into our relationship with our health and well-being.

It is important to understand that humans are social organisms and that our nervous systems are not just wired internally but that there is a need for social inter-connectiveness. (6) To me this suggests that when I am treating a patient psychotherapeutically I am with someone else's nervous system and this relationship also has an impact on me personally. Therefore compassion functioning as a bridge to interpersonal connectiveness can be a profoundly valuable tool in the doctor patient relationship.

In my psychotherapeutic experience as a patient I found there were times that I was angry or sad but didn't have the words or ability to feel the depths of my feelings. However by having a psychotherapist say to me, '*It sounds like you are angry or sad*', that could give me a pause and space to feel feelings I didn't have in my conscious awareness. So a therapist's ability to share compassion and empathy can have a profound affect in enhancing and expanding a patient's experience of himself or herself.

If we look at compassion and empathy on one side of an equation and judgment and shame on the other, it is clear the more that we as healthcare providers can have empathy and compassion the more space this can create for our patients to look inward and outward to explore as well as feel safe in the clinical experience.

How is the role of compassion presenting in clinical encounters?

Recently I have been working with college students going through major life transitions and have seen the value of having compassion and its significant therapeutic effect. This compassion is commonly needed as I hear patients speak to me about their transition to college, transition away from family, dealing with new social groups, struggling with many social effects of Covid, navigating new classes, exposure to substance abuse, ... essentially a myriad of terrain - mental, emotional, and physical. While listening to a number of student clients I have had many moments where I had to step back and feel within myself. As I take this moment of self-reflection I often feel the need to take a breath because what they are sharing with me feels a bit overwhelming.

Just having the ability to name, pause, and reflect to them about how the affect of their struggles and challenges has on me, I have recognised how this is an important part of the clinical encounter. Students have shared with me that my attempt to connect with their feelings had a very powerful influence and affect on them emotionally. They don't tend to get this type of compassion from friends or family members since their friends or family members don't tend to understand the level of their difficulties and challenges.

So being able to share and validate a patient's feeling of their experience is critical to them feeling understood and ultimately learning how to understand them-self.

Often the psychotherapeutic relationship can function as a model of how we can experience relationship and hopefully this can be a way for individuals to shift their intrapersonal relationship.

As a clinician I try to focus on '*can I have compassion for myself so that I can have a healthy therapeutic relationship and compassion for patients, and ultimately can I assist my patients to have compassion for themselves?*'

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About

Jeffrey D. Blum is a graduate student completing his Master of Arts (MA) in Clinical Mental Health Counselling, with a concentration in *Somatic Counselling: Body Psychotherapy* from *Naropa University* in Boulder, Colorado. He is currently doing his clinical internship at the *University of Colorado Boulder* as an *Alcohol and Other Drug Early Intervention Facilitator*. Additionally, he has coached rock climbing for the last 10 years, working with children and adults to help support present moment experience and arousal regulation.

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