

Compassion, resilience and COVID-19

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Pandemics change perspectives, and the unique global impact of COVID-19 has offered little in the way of predictability that would otherwise inform what new, or helpful perspectives we might carry forward to cope¹ with all that is unfolding.

As a healthcare chaplain I spend a lot of time ‘holding stories’. These are the ones that patients tell as their lives come to an end, or as their health circumstances change. These are also the stories that healthcare colleagues tell of how unacceptable and painful their work can be, or of how dull and disconnected their emotions are compared to when they started out.

These stories are important because in speaking them, and having them heard, they are in some way validated, made real and understood. Proponents of Narrative Therapy remind us we are not ‘autonomous units of thought and action’² but that we are each embedded in cultures, contexts and communities. Spiritual care places great emphasis on the concept of our own values, sense of purpose, and interconnectedness as essential aspects of our personhood.³ I believe it is incredibly important that, amid an uncertain story, we are clear about who we are, how the story looks to us, and what our part in it is.

Starting today I invite every one of us to tell our own story. Even if the only person listening is us. Jeannie Wright,⁴ an authority on reflective writing, suggests a myriad of tools for mindful attentive writing which might help. To begin here now, take some paper and begin noting what you are aware of in the room: the temperature, the sounds, what can be seen, the bodily sensations and thoughts and feelings around you and then expand that awareness to yourself and your role amid COVID-19. Lighting a candle or saying a prayer or sharing the story of your week with a group of colleagues are other

approaches, but the act must be deliberate. Almost all acts of self-care require intentionality.

In this pandemic no one knows exactly what will happen next, what is needed from us from one day to another might be different, but tuning in to who we are and what we are doing, in the here-and-now, matters.⁵ It can give us significant peace of mind, understanding⁶ and purpose and is transferable to anxious relatives and patients by simply offering them a chance to tell their story too.

Compassion


At different points in this pandemic there have been concerns raised to me around how much empathy is enough. Deeply empathising with multiple sad stories just doesn’t seem possible for many of us. Indeed, I often meet healthcare colleagues who have described themselves as ‘burnt-out’ and others whose defence mechanism has been to detach from the emotional part of themselves when facing the suffering of others or themselves. Neither seem happy.

There are neurological,⁷ psychological,^{8,9} and expansive theological¹⁰ ideas about why this is the case. Yet in the simplest terms it is this: empathising deeply to understand the pain of another is an unhelpful end point. If this is what we do, then we become the one in pain. There just isn’t enough emotional or spiritual space between us and those suffering. Of course, the recipient benefits by feeling understood, but the caregiver is worn out, and people who are suffering don’t really want to wear their carers out. How we avoid this is through compassion.

To utilise our compassion we allow ourselves to care, to think what it may be like for the person we are caring for, and bear

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witness to it rather than soak it in. We then focus on the 'com' part of compassion, simply to take the action that our role (or place in the story) allows. See, care, take action.¹¹ To notice how sad a situation is, and to name that we care deeply about it, is hugely powerful on its own. Indeed, it is quite possibly the most sacred thing I ever do for patients in palliative care. Naming or asking what we might do to help, even when that help isn't fixing them, is always enough. Unlike empathy, compassion has two-way benefits,¹² – it honours the identity of the suffering person (and supports them in it) while honouring the role of the caring person (by deepening their sense of being a capable carer). Eriksen⁵ would claim this to be an essential aspect of human development.

And finally, I remind us that compassion isn't only for those we look after. The work in recent years of Gilbert,¹³ Salzberg¹⁴ and most recently, Neff and Germer¹⁵ on Mindful Self-compassion has made significant contribution to the improved wellbeing of hard-working caregivers. In a nutshell, we do the following: take time to notice how we are doing, remind ourselves that we are only human and that all humans suffer, and lastly, act with kindness towards ourselves. So in closing, to those that are willing, place a hand on your shoulder, take a breath and say 'my best is good enough'. 

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