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EDITORS' CHOICE

Why Compassion Counts!

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In April 1997, I witnessed a remarkable act of life-saving. I was one of four men in a cancer ward recovering from surgery. My surgery was to remove melanoma cancer in my lymph system. My recovery was going well, and I was able for long periods of the day to observe, quite comfortably, the comings and goings in the ward. Opposite me was a man in his early 70s who had his esophagus and stomach removed and who was trying to cope with the trauma of this outcome and to learn to feed via tubes that went into his body. His body was not reacting at all well to the diet or to the feeding process, and early one morning he had failed to reach the washroom in time, while trying desperately to do so. He was shaken, humiliated, and dejected. The nurse just going off duty helped him back to bed and settled him down, but he looked awful. The new nurse came in, attended to each of us, but I could see her watching this patient at all times. She dispatched her time with each of the other three patients (me included) quickly and efficiently, then turned her attention almost undividedly through her shift to the older man. She brought in experts and did other things that I am sure were technically and professionally correct, but it was the quality of the care, the way she spent time with him, the compassion she brought to this humiliated, depressed, defeated human being that really caught my interest. She held his hand often, spoke comfortingly to him, explaining what she was arranging and encouraging him to feel OK about how the day was unfolding. She was physically present with him frequently during the day.

By the end of the shift, near the end of the day, he was looking cheerful, communicating with us, and moving with some degree of confidence and comfort. Late in the afternoon, I moved over to his bed and told him that he was looking good and that I thought he was very brave. He smiled and said that he was feeling a lot better than he had in the morning and that at the beginning of the day, after his "accident" in the hallway, he felt his life slipping away. He felt useless, helpless, and held out little hope of coping. "I felt my last day had come." I believe this might well have been true. What was important for understanding what was going on was that he *believed* this feeling, and it had consequences for how he started the day. The compassion in the nursing process may have had as much to do (or more) with his recovery as any technical practice that was provided to him. Perhaps the compassion gave him a chance. He was still in the ward when I left, and I don't know how he did subsequently. Weeks later, I wrote a letter to the hospital administrators applauding the nurse's work.

This story has its parallels in other work organizations where interactions take place between managers and subordinates, among peers, and between employees and customers. It can reside in teacher-student relations. In the working paper (Frost, 1998), I give an-

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other example, taken from a business setting, which describes a compassionate act by a CEO that helped save the day in a workshop I led some years ago.

At the heart of this story about the nurse—as well as the business example—is the role of compassion having an impact on thinking and doing professional work. There appears to be recognition of the human being in the situation—the man struggling for dignity, and for his life, in the standardized gown in an institutionalized ward. There was a commitment by one person, the nurse, to the dignity of the other, the patient, as part of whatever theories and practices informed the nurse's actions. In each case—the hospital and the business are described in the longer paper (Frost, 1998)—the hurt individual and the organization were better off as a result of the compassionate acts. These interventions are quite subtle and mostly invisible to the traditional eye looking to explain how organizations work and would likely not show up in most theories that try to explain organizations and organizational life.

Focusing on the nurse-patient example, I think that she was somehow moved to manifest her practice in ways that far exceeded the prescriptions of a science and administration of nursing care. I, in turn, was moved by what I observed and by what I thought and felt about what I observed. One might also say that the unfolding experience included me—I "moved into" or was moved into the flow by the presence of such palpable compassion. The act of compassion appeared to help the patient heal. Witnessing the act of compassion had an emotional effect on me. I too was lifted, my spirits raised by seeing and then becoming part of this act and the process. I entered, perceptually and emotionally, a world of organizational attitude and action that changed what I saw and influenced what I subsequently thought, felt, and did. One outcome was my letter to the hospital. Another is this paper.

Incorporating compassion puts a very different spin on what we might think of as theory building and of its practice. When we consider the way research is traditionally conducted in our field, we see little evidence of compassion being factored into the theory building, the research, or its implementation. It resembles instead the conditions Arthur Frank (1992) describes in his article on "the pedagogy of suffering." He discusses the way the patient—in our case, the organizational subject—is "lost" in the process, is never told what meaning there is in any response she gives to probes of one kind or another. Most theory building and implementation are designed to serve systems that are functionally driven—the hospital, the corporation, "science"—with little or no attention to the needs of the people who serve them (Frank, 1992, p. 472).

As organizational researchers, we tend to see organizations and their members with little other than a dispassionate eye and a training that inclines us toward abstractions that do not include consideration of the dignity and humanity of those in our lens. Our hearts, our compassion, are not engaged and we end up being outside of and missing the humanity, the "aliveness" of organizational life, the "living forwardness" so eloquently posed by Karl Weick (1999 [this issue]) in his article. As a result, we miss some pretty fundamental and important aspects of organizational life and functioning, and our theories and practices probably distort more than they illuminate what they purport to explain. If, as the Buddha is reported to have said, "suffering is optional but an inevitable part of the human condition," then we ought to find suffering as a significant aspect of organizational life—particularly in these times of downsizing, restructuring, and so on—and our theories ought to reflect this somehow, particularly as we too are members of organizations and are vulnerable to the effects of change.

Merriam-Webster's Collegiate Dictionary defines *compassion* as "sympathetic consciousness of others' distress, together with a desire to alleviate it." Compassion is broader than empathy—it entails, even inspires helpful and merciful action. It is not as encompassing as love, although it may be a form of "disinterested love" as illustrated in lines from a poem, "A Long Illness," written by poet Donald Hall (1997) for his wife, poet Jane Kenyen, who was dying of leukemia (the poem is reproduced in the longer paper [Frost, 1998]). The term *disinterested love* caught my eye in this poem for its signaling of a love that is not essentially self-interested. So it might serve as a useful reminder that compassion is about love but not (or not intensely) directed toward oneself. It may be that a concept such as disinterested love might help us, as researchers, feel more able and ready to include compassion in our approach to theory building and investigation. Perhaps it might liberate us, if we are feeling nervous, to connect both love and a form of detachment about it in our work.

COMPASSION, COURAGE, AND COMPETENCY

To act with compassion requires a degree of courage—one must often go beyond the technical, the imperative, the rules of organizations and beyond past practice—to invent new practices that have within them empathy and love and a readiness to connect to others. There is a creativity, a spontaneity, and a very special attunement that accompany a desire to act with empathy engendered by a sympathetic consciousness of another's distress (Benner, Tanner, & Chesla, 1996). I think that there is a whole range of useful information that is lost when compassion is not in the picture when we study human beings (or any other beings for that matter—but that's another paper). Concepts like compassion and empathy and disinterested love are not only orientations or feelings but also competencies, and if they are not used, or if used poorly, then organizational practice (whatever it is) and its outcomes are flawed. Let me illustrate—by asking you to visualize, in your mind's eye, the following, from the movie "The Doctor."

THE DOCTOR EXAMPLE

To set the scene, imagine a doctor, a successful heart surgeon who is emotionally detached from his patients—not only is he lacking in compassion but he is also quite dismissive, even disdainful of them and their feelings. In front of his students, medical residents, he tells a seriously injured patient a few days after having operated on him (the man had jumped out of a fifth-floor window in a suicide attempt) that if he wanted to punish himself he would have done better to have taken up golf. The students laugh. The patient's face reveals his anguish and despair. The surgeon earlier had told his students, "There is no time for care, if it comes to cutting straight or showing care, I'll take the straight cut, any day!" (Note the [false] dichotomy, which one can find in management's frequent preference for efficiency over humanity!)

We cut now directly to the scene: It is a few days later. This same surgeon is now a patient. He has a tickle in his throat and has been coughing up blood. He is waiting for the hospital's expert throat surgeon to examine him. As the scene unfolds, the surgeon's face and actions reveal his fear, confusion, discomfort, and disorientation. The throat surgeon ends the examination by telling our hero that he has a growth on his vocal chords and will need a biopsy and other tests as early as the next day. She leaves, moving on to the next patient. "Busy day! busy day!" This patient is left to his own devices. The specialist has done her job of finding a problem but, along the way, has lost the person who has the problem.

RELATIONAL PRACTICE
Empathy, Mutuality, Collective Action, Disappearing "Women's Work"

SELF-RESPECT AND DIGNITY

TOXIC LEADERSHIP
Compassion Burnout

AESTHETICS
Sensuality

GENETICS
Empathy

Figure 1: Tracks from compassion to theory building and practice

Certainly, the patient is not being "factored in as an active player" in the diagnosis and resolution of the problem.[1] Yet as some important research is beginning to show, the individual with the illness is a key player in his or her own healing process. Furthermore, as writer Wendell Berry says, "The smallest unit of health is the community," and as Sharon Saltzberg (1997), writing about compassion, suggests, "Community is another way of saying connection, and connection is life itself." We might easily substitute the word *organization* for *community* and make the same observation about the importance of connection.

TRACKS FROM COMPASSION TO THEORY BUILDING AND PRACTICE

When I shared with colleagues the short paper that was the proposal for this presentation, the focus on compassion provoked some very quick and most helpful responses that pointed me in a number of fruitful directions, only some of which I can do some justice to here. I provide more detail on these directions in the longer paper (Frost, 1998).

Track 1: Relational practice. One track pointed in the direction of emerging work on relational practice, so well articulated by Joyce Fletcher and Roy Jacques

(Fletcher, 1998; Fletcher & Jacques, 1998). Relational practice is an emerging stream of theorizing, and it emphasizes activities intended in concert with others to do tasks so that the life and well-being of a project are preserved, enable or empower others as well as oneself to achieve and contribute to the project, and build a collective.

What is important about this approach, from the point of view of this presentation, is that it incorporates many of the ingredients associated with a compassionate stance to organizational life: People act with empathy and with the intention to help others grow so that they and the organization may prosper. It is about connections between and among people. What results is a richer picture of what goes on in organizations and with how much of this important stuff of organization is "disappeared," to use a vivid term from the relational practice language. It is disappeared because things like compassion and empathy and helping behavior are not celebrated, valued, or reinforced in any systematic way. They are practices that are expected to take place but not to be noticed, not to be surfaced where they might challenge the myth of individuality and technical excellence and as the primary performance in organizations.

Track 2: Self-respect and dignity. Jane Dutton, Gelaye Debebe, and Amy Wrzesniewski (1998) are doing research on the valuing of hospital cleaners (can't get away from health care, can we?), and Joshua Margolis (1997) has done some excellent conceptual work on dignity. Dutton et al.'s work surfaces the suffering that people in organizations—in this case, cleaners—experience when their worth as human beings is ignored, undermined, or demeaned. The stories she reports capture the pain that is engendered in organizations when the competencies of compassion and empathy are absent. This is not unlike the inference we drew from the fictional surgeon example we explored earlier. Only in this case, the data are on real people and their organizational experiences.

This work, like the theoretical work on dignity by Margolis (1997), has to do with self-respect and the ways actors build, maintain, or damage this aspect in others inside and outside the organization.

Track 3: Toxic leadership. The third track led me to emerging work I am doing with Sandra Robinson that initially seemed parallel to the compassion inquiry but quickly became evident as being linked (Frost & Robinson, in press). Engaging the heart as well as the mind is hard work. Empathy, compassion, and even disinterested love are competencies that are hard to accomplish partly because they draw on our emotional energy resources but also because of the toughness of the organizational terrain in which they must be applied. Cynthia Hardy, in a personal communication to me in 1998, called this "compassion burnout," and it is a very real outcome and important issue to deal with. A quick hit on Amazon.com and its list of books reveals a huge set of works devoted to emotional exhaustion of caregivers in many professions and organizations. Perhaps this is a good reason to argue that giving care, showing compassion is too costly, and we should retreat to being rational and detached in all organizational phenomena, whatever our vantage point.

I don't think so—not even remotely. If this is where there is pain and suffering in the leading process, then something is going on that needs to be understood. It would seem that more than ever we need an infusion of compassion in organizations and in studying them—and we need to find out why its presence, its actions themselves cause so much burnout. This brings me to the work that Sandra Robinson and I are doing on toxic leadership. In a nutshell, we posit two forms of toxic leadership. One is quite obvious: It is a form of action and practice by leaders and systems that creates pain and suffering in others and in the organizations. The other form, the one we are most interested in, is really the compassionate face of leadership and its costs on the individuals who exercise it. We are studying the actions and orientations of people who handle emotional toxin, who act to disperse, dissipate, or constructively channel the pain and suffering in the system. We suspect that if these toxic handlers are not careful or if they do this role too long, they become poisoned or otherwise damaged by the process.

We have been interviewing managers who have had this leadership experience (mostly firsthand), and even at this early stage, the stories we are collecting are powerful in their detail about four things:

1. the levels of toxicity and the pain and suffering it creates seems to be high in many organizations, regardless of industry;
2. there is considerable courage in the actions of managers who handle the toxin;
3. the costs seem very high for those who handle toxins for extended periods of time—costs that range from

illnesses such as cancer to emotional breakdowns and even heart attacks; and

4. the toxicity of these important acts of leadership is frequently discounted, ignored, not noticed, and rarely rewarded—much like the relational practice (of which it is a part) that Fletcher (1998) discusses.

The price of compassion is compounded in organizations that are highly dysfunctional and that generate large amounts of toxin (see Frost & Robinson, in press).

Track 4: Aesthetics. Paying attention to compassion opens human action to emotion as well as to intellect. This is true for creating new ideas or things as well as to implementing or using them. By doing so, we use more of the human instrument, we access more inside ourselves, and we let in more and different information to help us understand what we study and what we do. One can take this a step further and open ourselves to sensual understanding. Mary Jo Hatch, through her work with the jazz metaphor applied to organizing, argues that our challenge is "to use more of our consciousness in whatever we do, and in our case, that would be theorizing" (personal communication, 1998). She is arguing that we need to broaden this aesthetic realm into research practice. If we link this to the notions of compassion that I have been developing here, one can see it being applicable to the lives and practices of university researchers. Graham and Stablein (1985) describe the worldview of newly minted academics as they begin to submit their work for review in journals as one in which "we fear uncertainty, we fear failure, we fear pain. We also fear being changed into people we don't like" (p. 139). Clinton (1985), a psychiatrist, reflects on the publication process and discusses the agony experienced by people whose writing is rejected and of the importance of affirmation to the well-being of individuals and communities (such as ours). For him, and for me, affirmation, like compassion, is both a way of being and a technique.

Track 5: Links to genetics. Compassion engages empathy to act where pain and suffering are involved. Social emotions such as empathy are believed to have genetic linkages and to help in mating, bonding with a needy infant, and eliciting the social support to help protect and nourish offspring until they successfully reproduce. In addition, survival is believed to have been enhanced by the capacity to read others, to sense their needs, and to be in a position to know whether the emotions in a situation are a threat or a source of comfort. It would seem that there is wiring in the brain that influences the empathy competence of individuals (Goleman, 1995). Damage to the brain can impair the capacity of empathy (Linda Krefting, personal communication, 1998).

CONCLUSION

I think there is a whole rich, vibrant, exciting world of understanding about organizational life that is waiting to be engaged, and one of the keys to this engagement is compassion. Compassion counts as a connection to the human spirit and to the human condition. In organizations there is suffering and pain, as there is joy and fulfillment. There is a need for dignity and self-respect in these settings, and to the extent that our theories, models, and practices ignore these dimensions, so do they distort our understanding of life in these enterprises. Looking at organizations through the compassion lens brings this "disappeared" world into focus. Like that other C word—*culture*—invoking notions of compassion opens our eyes to see organizations in new ways. (Culture brought attention to the expressive, to language, to context. Compassion is another line into expression—in particular, it takes us to empathy, to emotion, to aesthetics.)

By the way, none of this presentation is meant to suggest that compassion is soft and somehow about "bleeding hearts," although this image is not to be despised.

A compassionate nurse may have to administer painful treatments, a surgeon still has to cut, a manager must sometimes fire, a loved one must be let go. Compassion, as a form of disinterested love, changes the tone, the quality of the experience of those involved and even the potential for a healed outcome.

We need theory and research that improve our ability to connect with our fellow beings, to paraphrase Mark Kingwell (1998), in his essay "The Future of Intimacy." As students of organizations and organizational life, if we don't build notions of empathy, of concern for the inhabitants of the world we study, then who will? If we don't do so, we end up colluding with those for whom any such notions are beyond paradigmatic understanding.

What I hope to have aroused in you, in both this presentation and the longer paper (Frost, 1998), is a sense and a feeling about the importance compassion

may have for our understanding of organizational life; of the paradox of its central importance yet its "disappearance" from the scene of theories and mainstream practices that claim to portray effective organizational process and functioning; of the need for us as researchers to add the lens of compassion as we strive to better understand organizations and a plea to tap our personal experiences of compassion in life to enrich our lives as theorists, as practitioners, as teachers. "If we are not looking through the lens of compassion in our examination of the world [organization] then we are not alive to compassion in our lives" (Bob Kull, personal communication, 1998). By the same token, if we are not alive to compassion in our own lives, we may find it hard to invoke the compassion lens.

In closing, let me leave you with a few more images that evoke, at least in me, an appreciation of compassion and its contributions to our lives as human beings and perhaps as organizational scientists.

The poem is by Thich Nhat Hanh (1993), a much respected Vietnamese Buddhist. The images are a print by Escher of two people interconnected/interwoven and a photograph from NASA of the Earth from the Moon. The music, a Celtic piece played by Canadian fiddler Natalie McMaster, is a slow air called "If Ever You Were Mine," by Maurice Lennon, who lives in Dublin, Ireland.

Please call me by my true names.

Do not say that I'll depart tomorrow because even today I still arrive. Look deeply: I arrive in every second to be a bud on a spring branch, to be a tiny bird, whose wings are still fragile, learning to sing in my new nest, to be a caterpillar in the heart of a flower, to be a jewel hiding itself in a stone.

I still arrive, in order to laugh and to cry, in order to fear and to hope, the rhythm of my heart is the birth and death of all that are alive.

I am the mayfly metamorphosing on the surface of the river and I am the bird which, when spring comes, arrives in time to eat the mayfly.

I am the frog swimming happily in the clear water of a pond, and I am also the grass-snake who, approaching in silence, feeds itself on the frog.

I am the child in Uganda, all skin and bones, my legs as thin as bamboo sticks and I am the arms merchant, selling deadly weapons to Uganda.

I am the 12-year-old girl, refugee on a small boat, who throws herself into the ocean after being raped by a sea pirate, and I am the pirate, my heart not yet capable of seeing and loving.

I am a member of the politburo, with plenty of power in my hands and I am the man who has to pay his "debt of blood" to my people, dying slowly in a forced labor camp.

My joy is like Spring, so warm it makes flowers bloom. My pain is like a river of tears, so full it fills up the four oceans.

Please call me by my true names, so I can hear all my cries and my laughs at once, so I can see that my joy and pain are but one.

Please call me by my true names, so I can wake up and so the door of my heart can be left open, the door of compassion.

—Thich Nhat Hanh

NOTE

1. This fictitious account is paralleled in reality in the story of Fitzhugh Mullan, an M.D. who experienced the shift from doctor-in-charge to helpless patient when suffering from cancer (Mullan, 1982). He describes in a different monograph the typical medical school education that emphasizes intense training in detachment (Mullan, 1976).

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