

Compassion in the world of therapeutic relationships: a practical tool to introduce it in an intelligent way

La compasión en el mundo de las relaciones terapéuticas: una herramienta práctica para introducirla de manera inteligente

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Abstract

This article is part of the creation of a culture of care for the other, a sign of civilization and humanization, whose objective is to reflect on the role of compassion in the improvement of therapeutic links. It is noted that the world of medicine is often overtaken by the advances of technology and science, leaving aside the compassionate and humanistic part. Therefore, it is necessary to re-found compassion in therapeutic bonds and to insert it in the dynamics of medical and therapeutic care. In turn, a more complete understanding of the person and of the different stages of life that make up the person is proposed. Finally, the aim

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is to introduce compassion in a concrete way, through “successful conversation”, i.e. intelligent and compassionate listening and dialogue.

Keywords: philosophy of care, suffering, intelligent compassion, therapeutic alliance, successful conversation.

1. Introduction

We all understand that there is something important “at stake” when it comes to enduring suffering. This shows us the importance of caring for those who suffer at any time, therefore, practices, attitudes and elements capable of humanizing therapeutic relationships are not secondary. The purpose of this article is to show this to the therapeutic world under the concept of compassion, through a very specific tool such as “compassionate listening” and its practical consequence: the “successful conversation”.

It can be said that the psychological sciences, medicine and all the sciences of therapeutics, “push” so to speak to “the compassionate variable”, to this special care of the suffering within a society. This can be observed in various ways and in various scenarios, for example, when psychoanalysis seeks a respectful framing of the person (1), or when Gadamer appeals to the human being’s capacity to converse and communicate (2), to mention a few examples. It is a matter of helping the suffering person to gain access to the truth of his or her person. The philosophy of care to which we subscribe in this effort allows us to discover what we could call the “ontological heart of the person”, which refers to his dignity as will be explained below.

Is it in the nature of the therapeutic bond to be compassionate? Obviously, it would not be very sensible to think otherwise; humane and compassionate are almost synonymous, it is common sense. But it’s not as easy as it seems at first glance, especially if you dig a little deeper. It is a fact that we also naturally turn our faces away from suffering, we are afraid to experience our own, but we do not pay

attention to the suffering of others. On the other hand, in general, compassion tends to be a rather paradoxical passion, as Emmanuel Housset points out in the article *The paradoxes of pity* (3), where he presents the case of how little objective compassion can be, since one can feel compassion for the worst of criminals, since in certain circumstances one feels sympathy for him. However, this same text reveals to us the ethical and anthropological greatness of a passion that can make us go out of ourselves to meet the other. It can bring us closer to the evil suffered by someone close to us and raise questions about our duty in this regard and to act accordingly (3).

2. Brief history of compassion

Philosophers such as Plato despised compassion, especially if it led to unjust acts. Aristotle and other thinkers considered that passion should be controlled and turned into virtue (4). Today, Christianity has established strong foundations in values of mercy and compassion, which have endured in our society and have been promoted by the teachings of its leader and founder.¹ However, as a culture, it clashed with modernity and secularism after a certain time. Nietzsche distrusted the virtue of compassion, which he considered a false feeling that hid egoism. In his work, he criticized the idea of a pitiless and cold doctor, thus adding one more argument against this virtue.²

Today, ethics is becoming important again and a more compassionate and secular ethics is developing, which does not have Christian

¹ Let us think of the various parables of mercy in St. Luke's Gospel, especially that of the Good Samaritan, Lk. 10:30-37.

² Nietzsche F. Reflexión sobre prejuicios morales. Alba Editorial. Mexico. 2010. Paragraphs from 132-144 we transcribe paragraph 134 where he evokes the danger of compassion according to Nietzsche in the doctor-patient relationship: "He who as a doctor wishes to serve in any sense to humanity will have to become very cautious with respect to this feeling, -it will paralyze him in all decisive moments, it will hinder his science and his generous and competent hand."

elements but seeks to face the challenges of modern relativism, such as consumerism and lack of concern for care, including care for the environment.

At the end of this brief historical tour, we highlight the proposal of personalist philosophy from phenomenology, which dialogues with Schopenhauer and Max Scheler. It seeks a deeper vision of compassion, different from that found in postmodernity. According to the article by Juan Pablo Natucci (5), the differences between Scheler and Schopenhauer in relation to compassion stand out. Scheler continues Schopenhauer's research on this subject, which is one of the main anthropological arguments of the philosopher. In addition, Schopenhauer's "will to interpretation," also known as *Vorstellung* (6), is mentioned.

Both Scheler and the Stoics see the human being as emotional, but Scheler distances himself from the latter by not rejecting compassion, since he considers it an emotion that can generate suffering, but also connection with others. Both Scheler and Schopenhauer praise the invisible part of compassion. Schopenhauer is based on compassion for all living beings, while Scheler focuses on compassion for the human being as a spiritual being. According to Scheler, spiritual love is directed towards the person, unlike Schopenhauer's *apateheia* which remains. According to Pablo Natucci, Schopenhauer and Scheler differ in their vision of the human being: the former sees him as a being who desires, while the latter sees him as a being who loves. Finally, it is important to clearly differentiate the main ideas of each approach and the implications that each has on our destiny:

Finally, each of the two authors understands compassion as a way of eliminating selfishness. Schopenhauer takes the path of repression; it is the struggle of life against itself in its attempt to objectify pain to eliminate the self. Scheler resorts to a different level of reality, that of the spirit. It is not so much a matter of denying our life to eradicate egoism, but of sublimating it

through *acts of ideation*. In Scheler there is no opposition, but a collaboration between life and spirit (6, p. 100).

According to Scheler, compassion goes beyond simply alleviating material discomfort. In our time, it is common to think that those who focus only on sensations of pleasure or displeasure do not truly understand suffering. Real compassion is directed toward true suffering and is not limited to the simple pursuit of material well-being. At that level it does not understand the most intense pain or death. “It prefers not to confront them but seeks refuge in the material well-being it desires for all. As if this could solve the deeper problems of life and death” (6). The challenges in medicine and therapy demand compassionate and special care.

The debate between these two philosophers is interesting because it highlights the importance of having compassion, intelligence and a proper attitude to help or be helped in emotional and ethical situations.

3. Assuming and caring for the suffering of others

It all starts with a small daily decision, when we are faced with a situation of pain or suffering. At that moment, we can choose to turn away or let it affect us. Finally, we decide to act accordingly, which means that this choice is ours and personal. Emmanuel Housset suggests that ethics could be based on actual experience where “I ought” and respect for others emerge.

Carol Gilligan talked about how women throughout history have assumed the ethics of care in a discreet and constant way, being limited in their choice because their main task was to take care of children, the elderly and the sick at home. This work, despite not being recognized with honors or glory, is fundamental and shows the basis of this key moment in society, where care work is not always a choice, but a responsibility that many women have assumed over time. We

observe it in a family caring for a sick person, and we see that not many are willing to help in this task, something we have also experienced in our own family or close circle. We can either continue with our plans or take responsibility, that is when compassion comes into play. It is important to face and feel the suffering in our lives. This goes beyond give and take, the other is waiting for my response, it is not just reflection, but sharing a feeling, a shared experience; “Lazarus at the door” is calling us. Perhaps this is the crucial point of listening and therapeutic dialogue, as mentioned in this article. Lazarus needs to be listened to in a profound way, for this it is important that he allows himself to be questioned, this compassionate awakening being the most important moment in the therapeutic dialogue.

4. Compassion in the world of therapeutics and medicine

This article then discusses the doctor-patient relationship in which it is emphasized that physicians are naturally trained to assume this role of being compassionate. However, it is common for people to fear suffering. Modernity, with its scientific advances, offers technological solutions that can avoid this pain, such as technological mediations that take us away from intimacy and personal treatment. Another example of compassion arises when euthanasia is discussed, according to E. García Sánchez:

It happens, for example, that to justify their behaviors, on the one hand the advocates of rapid and efficient euthanasia and the promoters of delicate and patient palliative care, on the other, invoke as their main motive compassion towards the patient who suffers intensely and who is marked by an unhappy prognosis in the short term (7, p. 14).

According to García Sánchez, each person has his or her own reasons for showing compassion. How can we address this complex

and contradictory question of compassion? This clearly reflects the challenge posed by this research and the risk of ignoring this apparent contradiction, which could lead to the failure of modern medicine. This author explains it in this way and his argument is worth reading:

The scientific values of medicine are being exposed to an enormous impoverishment, and the professional and proper care of nursing to an atrophy by disuse. Both medicine and nursing would end up self-injuring through an aggressive ethical pathology: falsified compassion that, by subtracting reason, would cause the death of lives lacking in quality and dignity. Paradoxically, death would appear as an act of love, a type of sanitary human aid. But what we would really be contemplating would be the failure of a medical science that has always been based on scientific evidence and a natural ethos. In MacIntyre's words, it would constitute its moral failure founded on an inhuman "sentimentalism" (8, p. 24).³

In the medical field, there is always debate about the importance of treating people with compassion and respect at all stages of their lives. The medical profession is characterized by providing special care to those who suffer, ensuring humane accompaniment during illness. Although some diseases cannot be cured, it is important to ensure that the patient can live his or her health in the most dignified way possible.

When a physician treats an illness, his original vocation of not being able to be indifferent to the patient's suffering is highlighted, which is known as the ethical interpellation. This perspective of the "compassionate logos" seeks to be based on this specific point. It is

³ Sister Mikael Schattner of the community of the Sisters of St. John in their apostolic branch has developed a couple of research in French on this topic of accompanying suffering and humanizing the world of medicine. Her contribution is very original because it seeks to make explicit from the philosophy of the living being and the metaphysics of the person a way to "accompany suffering".

important to accompany people and to have a compassionate attitude. It is a medical methodology that focuses on the patient, rather than the disease. Some might question whether it is an exaggeration to state that instead of “curing”, the important thing is to “accompany” the vocation of the health professional. But not all diseases can be cured. The physician provides support to his patients through treatments and recommendations to help them understand the nature of their illness. In addition, he or she can cultivate a compassionate attitude to empathetically accompany those who are suffering.

5. Understand pain from different levels of life experience

Mikael Schattner and Samuel Rouvillois (8) have developed philosophical principles to accompany illness and suffering. According to Aristotle, man is a complex living being with different degrees of life. Religious traditions also speak of the life principle, which they call “soul”, as the source of unity in the human being. Each stage of life is distinguished by the activities we perform. In biological life, our survival and reproductive instincts take precedence. The affective life refers to the inner world of emotions, sensations and passions of the individual. The life of intelligence and will is the highest of all, because it manifests itself in the emotional and biological, but has its own autonomy. To treat man, a complex being, a medicine is needed that considers the different levels of life, how they interact with each other and their connection, since the disease is considered as the rupture of this connection (8).

Therefore, it is important for the therapist to carefully consider all the interactions in the person’s life to help him/her heal and cope effectively. If this is not done, there is a risk of not fully understanding the problem and diminishing the patient’s resilience, as the balance in the different levels of life is delicate. Furthermore, we would like to emphasize that this also highlights the limitation of focusing

solely on the biological aspect from a purely scientific perspective. The proposal is to help the physician or therapist to rediscover the importance of the different aspects of life, such as food, taste, knowledge and love. Each of these aspects motivates us and makes us feel alive at each stage of our life. It would be interesting to analyze how at each of these stages, something drives us and makes us feel a desire to experience more.

6. Anthropology, an ally against illness and suffering

In addition to this, we will also examine how the authors see the therapeutic relationship and other ideas that derive from it. In fact, they prefer to call this relationship a “therapeutic alliance”, which has a political aspect and resembles a contract. Both parties commit to a therapeutic journey together, seeking the truth about what affects the patient, in a process of mutual cooperation (8).

The “therapeutic alliance” consists of an ethical collaboration between doctor and patient. The physician diagnoses and proposes a treatment, while the patient must consent and commit to following it to be cured. The physician is not sure whether the patient will be able to tolerate the therapy, but the patient recognizes the limits of the physician’s competence. The physician is committed to doing his or her best, although he or she cannot guarantee specific results. The physician should share with the patient all information relevant to his or her health, and the patient should also be honest with the physician about his or her health and any important events. There are tools that can facilitate the physician’s work (8). The tool of listening and dialogue is very useful in therapy, since the doctor-patient relationship is based on trust, something that is experienced and learned.

Another important aspect addressed in this therapeutic alliance is the issue of the power or authority granted to the physician. His authority is based on his competence to understand the disease, his

ability to carry out a treatment, his ability to collaborate and encourage the patient's cooperation. However, from an ethical point of view, he cannot force anyone to follow a treatment or demand that he goes against his own conscience.

The conclusion is that the therapist must consider the ethics and well-being of the patient, treating him or her as a whole person and not as a mere object to be intervened with art or science. It is important to attend to all the dimensions of the human being and also to ask what aspects make up a person's identity and how to consider them in order to improve health. For example, in terms of intelligence, some may have difficulties in understanding or how they see themselves. It is important to help people find the truth, removing the obstacles that stand in their way and allowing them to develop the ability to love, relate to others and have control over their life (autonomy). It is the opportunity to readjust the different parts affected by the disease and rebalance them in a different way.

Finally, the importance of simplifying and seeking unity is raised, identifying that which defines the essence, also known as "the heart or ontological identity" (8, p. 28). The dignity of a person lies in his or her mystery, which has an impact on the understanding of the care relationship, especially in the work of understanding the sick person. Ontological identity is perceived as an essential and indefinable mystery. Therefore, by embracing this identity, a shared understanding of the complicated structure and dynamics of the human being in his or her life state can be achieved. It is important to emphasize simplicity in the midst of complexity, valuing the fundamental essence of each person that defines his or her dignity. In this way, both the positive qualities and the limitations of a purely scientific approach are highlighted. In summary, access to dignity in the doctor-patient relationship requires an honest and empathetic conversation, where both parties can dialogue and listen to each other. Understanding and empathy are needed on the part of the physician to treat the patient with dignity.

7. The compassionate logos

Modern technology promises to alleviate our physical suffering, but can it replace human compassion? Carlos Gómez questions whether a human being without compassion is human. A world without compassion would only lead to violence and barbarism (9). J. Melich comes to a very fair conclusion in this regard, he emphasizes the importance of the ethics of compassion:

There can be no compassion in a human worldview dominated by strength but only in one that understands that our way of being in the world is fragile and vulnerable. Nor is compassion conceivable if we believe that to be ashamed of this vulnerability is to be ashamed of the human condition. There is no place for compassion in a universe in which weakness is intolerable (10, p. 223).

Compassion guides us toward a better world, where intelligence and caring intertwine to create a compassionate and hopeful environment. It is part of its nature. Paying attention to the risk of mixing feelings, which could reveal an egoism according to Nietzsche, but keeping the necessary distance so as not to lose our sensitivity and humanity.

Sometimes, when we face a complicated problem, we can take Plato's example and create a myth or metaphor to understand it better. In this case, we can think of Freud's concepts of Thanatos (aggression, efficiency) and Eros (love, pleasure, avoidance of suffering) to approach the situation. Caregiving relationships are affected by the pursuit of efficacy, the desire for success, and the aversion to suffering. As we overcome physical sufferings, new emotional and spiritual sufferings arise due to a culture that discards people. This leads to loneliness and abandonment of those who suffer, as Pope Francis points out (11). When we take less care of ourselves, we also take less care of others and neglect ourselves more. J. Melich

addresses the problem of Thanatos and Eros in his “ethics of compassion,” concluding that the solution lies in practicing compassion:

Thanatos and eros; desires of aggressiveness, desires of sexual pleasure, in eternal dispute, and to which Freud makes constant reference in his research, especially in *The Malaise of Culture* show well at the same time the place of human compassion namely: it is a defeat of these drives, where perhaps *eros* will end up putting *Thanatos* in its place (10, p. 216).

The COVID-19 pandemic has shown us the importance of being compassionate and helping those who are suffering, even if it means stepping out of our comfort zone. Telling the truth is important, but it is also critical to do so with understanding and empathy for the other person. Telling the truth without consideration can result in injustice and be perceived as a violent act. Not enough attention is paid to the patient’s feelings. Imagine a novice physician who cannot communicate a diagnosis well. Compassion forces us to think about how we express it, so that it can be understood. Therapy aims to cultivate and strengthen empathy to improve your effectiveness and humanize your work for health.

Here we present some tools that we found during this research that are characterized by their compassionate approach to the teaching of Dr. José Carlos Bermejo⁴ and will focus on the importance of

⁴ It is worth mentioning and noting the efforts of José Carlos Bermejo in his work on the humanization of health, he points out these places of humanization: empathy, listening, counseling and coaching, all of them in a very practical way and from a humanistic psychology perspective. He constantly refers to compassion and especially to a form of compassion that he calls “therapeutic empathy”, authentic key and way to humanize health. The text on therapeutic empathy to which we refer places empathy as one of the forms of compassion and as a key virtue in therapeutic accompaniment. It tries to demarcate “terrain” by establishing the distinctions between empathy and compassion, empathy alone is clearly different, without the therapeutic element, so in the end it feels that there is not much distinction in the case of therapeutic empathy and compassion. They correspond. I think all of his work is worthy of purposeful study and research. You can see all of his work and development at the following website: <https://www.josecarlosbermejo.es/>

listening and dialogue in the therapeutic relationship from the philosophical perspective of Hans George Gadamer.

7.1. Hans Gadamer and the problem of communication in the therapeutic relationship

Hans George Gadamer is recognized for his influence on philosophical hermeneutics. In his book *The Hidden State of Health*, he emphasizes the crucial role of conversation in therapy.

7.2. The common ground of conversation in the doctor-patient relationship

Another author close to Gadamer, Dr. Ricci Ricardo T. has contributed to this paper. He emphasizes that the doctor-patient encounter involves an important rapprochement, evidenced by gestures such as the hand running over the patient's body, percussion and auscultation. Gadamer's assertions come to resolve this relationship of closeness that the patient perceives. "It is essential for the physician to be aware of this concession and to value it in its full dimension" and then establishes that "the physician finds himself before a person who must be treated with reverence because he presents himself as destitute and extremely vulnerable" (12, p. 2). Gadamer's contribution in the cited text then comes: "Faced with this distance, the physician and the patient must find a common ground on which they can understand each other; and this common ground is conversation, the only method capable of suppressing this situation" (13, p. 146). Conversation is fundamental in the relationship between doctor and patient, since it is a ground on which both can communicate and understand each other better.

7.3. The fruit of a successful conversation

Currently, the environment is not very conducive due to the interference of devices such as cell phones that constantly ring, as well as

impersonal social systems that label or assign a number to patients. However, the truth is that, once these difficulties are overcome, both “the patient and the physician inaugurate the conversational space” (13, p. 3). “If man’s being is language and language is realized only in conversation, it will not be indifferent how this is carried out. Moreover, we can only call conversation in the strict sense “accomplished conversation”, that is, that in which openness to the other is truly realized” (13, p. 150). It is at this point that conversation becomes therapeutic and can even have a healing effect.

Only when we meet in person can we truly transmit and express our feelings, since through body language we can show our confidence, fears, anxieties and, above all, our hopes. For this very reason, Gadamer considers that therapeutic conversation is fundamental to carry out the treatment and begin the process of recovery. In this new century, it is important to improve doctor-patient communication in order to advance medicine. Ricci says that medicine has lost its essence by focusing too much on technology and forgetting the importance of interacting with the patient. U.S. researchers see positive changes in medicine, showing an attempt to go back and reconsider its essence (12, p. 4). The paragraph is unclear and difficult to understand. Please provide more detail or state specifically what aspect you wish to simplify. In his book, Gadamer explains that “dialogue grants the other the possibility of awakening his own inner activity, without becoming disoriented again. And that inner activity is what the physician calls collaboration” (13, p. 154).

In another text Gadamer (14) returns to the problem of conversation, but now in the therapeutic field, this time around the practice of psychoanalysis, especially in those pathologies where the starting point is precisely the incapacity for natural conversation. The analyst who undertakes to cure the inability to converse and does so by pushing the patient’s unconscious resistances that block him, can achieve this through a conversation, but for this he only requires that the patient admits his inability to converse. From this somewhat extreme situation, a particular general teaching is derived, the difficulty

to converse comes in this case from the fact that the inner delirium does not allow the patient to hear the external voices that speak to him. Analogously this happens in many everyday situations as we constantly listen more to ourselves and become unable to hear the other. For Gadamer the true achievement of humanity is when we are always able to come to a conversation (14, p. 358).

8. As a practical conclusion

Throughout this article we have emphasized the importance of being compassionate in the therapeutic setting, especially having a compassionate attitude that fosters communication and empathy. All therapeutic professions must maintain personal contact despite the increasing reliance on technology in today's society. We welcome any input; however, we emphasize the importance of achieving the necessary balance for medical science to regain its dimension of compassionate accompaniment. In our research it became clear that therapeutic dialogue has a healing effect because it is a "successful conversation".

To achieve this, a significant dose of compassionate intelligence is needed. The aim of this article is to raise awareness of the importance of compassionate intelligence in therapy, using specific tools such as compassionate listening. According to José Carlos Bermejo, "it is becoming increasingly important to have soft skills in the professional setting" "Compassionate listening is full of empathy, the ability to enter into the world of the other and manifest the understanding we are capable of reaching" (15 p. 14).

This is how the physician or therapist, through listening, can "give back" to the patient a clearer and more orderly thinking about what ails him or her. It is never enough to insist on this point in the world of therapeutics, the "successful conversation" of the doctor-patient is healing, curative and a sign of intelligent compassion. It was in turn the abiding wish of the well-known Spanish physician

and philosopher Pedro Laín Entralgo, who wanted to establish what he called “medical friendship” (16, p. 364) as the ethical foundation of the physician-patient relationship. Reminding us that the compassion of a friend is the most effective and authentic.

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