



THE
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Insight Series

Coronavirus' Test of Compassion

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The coronavirus pandemic poses one of the greatest challenges that societies and the individuals that inhabit them have ever faced. To date, there have been over one million confirmed cases and over 70,000 deaths worldwide. As the world calls for greater testing of the coronavirus, we should notice how it tests us. Coronavirus tests our healthcare capacities, it tests our economies, and it tests our character. The Jubilee Centre's *Framework for Character Education* describes character as a "set of personal traits or dispositions that produce specific moral emotions, inform motivation, and guide moral conduct". Character education creates conditions in which individuals can deliberate between outcomes, choose the right course of action, and is essential to the acquisition and strengthening of virtues, and ultimately to human flourishing (Jubilee Centre for Character and Virtues, 2017).

The challenges of the present moment have revealed some weakening of our virtues, as evidenced by the hoarding of resources, the flouting of lockdown rules, and the stealing of supplies from hospitals. However, overwhelmingly the general public have demonstrated a robust reinforcement of their virtues, for example: the courage of our healthcare workers to put their lives at risk during a global pandemic, the gratitude of a general public that applauds the NHS weekly, and the integrity of individuals to enact lockdown behaviours that match their moral principles.

In this paper, I focus on the virtue of compassion. A [new survey](#) conducted by the Jubilee Centre in collaboration with Populus, asking respondents about their attitudes towards character during the coronavirus pandemic, finds that compassion was the character trait which was most valued in others, with 68% placing compassion as one of their top 3 qualities. Similarly, 44% of respondents reported compassion as being one of their top 3 qualities they valued in a leader, with only good judgement receiving more support at 66%. The vast majority of respondents also reported that they valued protecting human lives over prioritising economic prosperity (Populus, 2020). This prioritisation of compassion is also reflected in the scientific literature, which suggests that compassion in crisis response strategies predicts improved organisational reputation, and intended potential supportive behaviour (Coombs, 1999).

Compassion refers to pain at other people's undeserved bad fortune. It presupposes empathy which is the psychological capacity which allows us to identify with other people's feelings. But as noted below, it is not the same as empathy. Compassion also distinguishes itself from pity which involves pain at what is considered to be another's deserved bad fortune: often a condescending attitude (Kristjánsson, 2018). Compassion is generally considered to be a moral virtue, some would say the most important moral virtue, at least in times of distress and crises.

However, we must be wary of the fact empathic compassion can come at a cost. In healthcare workers, past studies show that caregivers exposed to repeated empathic interactions with distressed patients can experience compassion fatigue and burnout, which can lead to reduced levels of compassion, as well as compromised physical and mental health (Figley, 2002; Lombardo & Eyre, 2010). Consequently, researchers have called for greater awareness and training in the understanding of compassion fatigue in disciplines ranging from nursing to employment assistance (e.g. Coetzee & Klopper, 2010; Jacobson, 2006). Some recent research has noted the importance of camaraderie and community as buffers against compassion fatigue in expatriate healthcare workers operating during the Ebola epidemic of 2013-2016 (Cunningham, Catalozzi & Rosenthal, 2018). But insights from the study of compassion itself may yet provide deeper answers as to how we address the problem of compassion fatigue, not only in healthcare professionals, but in the wider population.

While the effect of compassion fatigue may be most acute for healthcare workers operating at capacity during the coronavirus pandemic, the general public should also be aware of the limitations of empathic compassion, and how to ration this resource appropriately. Empathy, which is often conflated with compassion, has been found to be a finite resource and weak predictor of prosocial behaviour. In a number of different studies, participants tend to give more money to pay for life-saving treatment for one child than they would for multiple children (see Bloom, 2017). Rather than multiplying their levels of empathy and giving by the number of those suffering, participants' levels of empathy and giving declines with the number suffering.

Beyond experimental contexts, Paul Slovic cites the difference between US attitudes to the genocide in Darfur and the disappearance of Natalee Holloway in Aruba (Slovic, 2010). Americans, among

others, found it easier to be empathetic towards the suffering of a single fellow national than thousands of strangers. It is not difficult to imagine the same effect taking place around the world as the effects of coronavirus take the worldwide death count into unimaginably high numbers.

The key to unravelling this problem is to effectively distinguish between empathy and compassion. Many intuitively feel that they are the same, but they differ in one key respect. Empathy entails the feeling of another's suffering, while compassion involves understanding and wanting to relieve another's suffering without feeling it yourself. Studies that contrast empathy with compassion training find that empathy training was more likely to lead to empathic distress, which is a risk factor in burnout, whereas compassion training increased prosocial behaviour, positive affect, and resilience (see Singer & Klimecki, 2014). This pattern of results highlights the importance of treating our empathy as a finite resource, which does not best serve our needs at this time. In contrast, compassion retains many of the benefits of empathy with fewer of the costs (Bloom, 2017).

Coronavirus will test us as individuals and as societies. As we await the plateau and eventual drop of the infection and death curves, we will need to steel ourselves and retain the levels of compassion demonstrated by the 1000s who responded to our survey, and the millions beyond who demonstrate that compassion every day with their actions. To do so, we will need to be aware of the limits of our own empathy, engage in camaraderie, be active members of our locked down communities, and most importantly, we must foster and act on our own compassion. We cannot feel every death as if we have personally lost a loved one, to do so would be to do harm to ourselves, and ultimately harm to others as we become exhausted by the cumulative suffering of millions around the world. What we must do is understand and desire to alleviate the plight of others, without feeling each person's plight, in order to limit the potential suffering of those close to us and those we will never meet.

If we are compassionate, we will pass the coronavirus test.

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