

Everyday Heroes: Making a Case for Compassionate Behavior toward Strangers

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Advisor: Jane E. Dutton

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Abstract

Helping and supportive behavior that reduced the suffering of others laid the foundation for the interconnected society we live in today, so why does it currently feel disconnected and chaotic? One need not look further than the news in 2020 to see that we have unprecedented awareness of human incivility and violence. Small but significant acts of compassion toward strangers are necessary to move our world past the unprecedented pain in which it is currently suffering. Compassion makes us aware of suffering in others, but also brings forth the best in us: our kindness, our willingness to help, our connection to humanity. This wellspring of goodness is studied within and amplified by positive psychology, or the study of what is good in an individual, family or organizational system. Amplification of individual resources is necessary so that individuals have the resources to achieve greater resilience and enact more pro-social behaviors in the face of the challenges we see in our modern society.

Keywords: compassion, strangers, humanity, 2020, racism, pandemic, action, empathy

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Everyday Heroes: Making a Case for Compassionate Behavior toward Strangers

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.” - Leo Buscaglia

Before the crises of a global pandemic and resultant financial implosions, before the alarming and inequitable treatment of people of color was undeniably laid bare by the murder of George Floyd, our nation was experiencing pain by many measures:

- In the United States, approximately 5 children die from child abuse and neglect on a daily basis. 2.9 million cases of child abuse are reported every year in the United States, with a report of child abuse happening once every ten seconds (Centers for Disease Control, 2019).
- On average, nearly 20 people per minute are physically abused by an intimate partner in the United States. During one year, this equates to more than 10 million women and men (Black et al., 2011).
- Adult retrospective studies show that 1 in 4 women and 1 in 6 men were sexually abused before the age of 18 (Centers for Disease Control, 2019).
- An estimated 17.3 million adults (7.1% of all U.S. adults) in the United States had at least one major depressive episode in 2017 (McCance-Katz, 2018).

Though global health markers have risen and global poverty levels have decreased (Rosling, Rosling, & Rönnlund Rosling, 2018) there has also been an increase in American disconnection and self-focus, and a decrease in individual levels of empathy (Twenge, Campbell, & Freeman, 2012). One can arguably say that the industrial and technological revolutions of the

past century have prioritized profit over people. The result has been a focus on competition over caring (Gilbert, 2017). Research presented in this paper will show that those in the most advantageous position to help others due to higher education, income and power, are less likely to do so.

However, a seismic cultural shift can be felt, both in organizational culture and in popular culture. We are moving from valuing individual resources such as money and power to legitimizing intangible and collective resources such as equality, trust and respect between individuals (Feldman, 2004). And the news headlines write the shift in equality in real time, as monuments to slave culture are removed from public spaces, CEOs are removed for racist acts or sentiments, and a widespread police reform bill is being written by Congress (Elis, 2020; Morris, 2020; Neuman, 2020).

It is the perfect time in human history for widespread dissemination of the study of well-being. We can start by communicating that we are all part of a common humanity by acknowledging one another's pervasive pain. It is through the lens of current pain points in our culture and our workplaces that I will make a case for the immediate use of one's compassion in service of a goal of well-being, not just for those closest to you but for those unknown to you. I would like to make the case for compassionate behavior shown toward strangers.

This paper will include an overview of the field of positive psychology; relevant terms including the Strauss, Taylor, Gu, Kuyken, Baer, Jones, and Cavanagh (2016) compassion definition; areas where stranger-to-stranger interaction can occur; the benefits of compassion; what impedes the process of compassion, and what helps the process. It is my fervent hope that the reader will emerge more educated about compassion and the untapped reservoir of beneficial human connection that is available when compassionate action is extended to strangers. An

appendix will include extraordinary examples of stranger-to-stranger compassion pulled from the events of 2020.

Definition of Compassion and Relevant Terms

Compassion is defined in several ways in the scientific literature: as a motivation, as an emotion, as a process as a disposition, and as a trait (Goetz & Simon-Thomas, 2017). The term compassion is often used interchangeably with empathy, which is defined by the Oxford English Dictionary as: “the power of mentally identifying oneself with (and so fully comprehending) a person or object of contemplation.” To add to the confusion around these terms, empirical studies often measure compassion by measuring levels of felt empathy or acts of altruism, adding more closely-worded terms that can be confused with compassion. Compassion is expressed in response to suffering, while empathy can be felt in a wide range of emotions including joy and anger (Strauss et al., 2016).

As compassion is thought to have evolved in humans as evolutionarily imperative to mate selection, child rearing and other peer-dependent behaviors such as hunting and gathering (Hardy & van Vugt, 2006) it is widely agreed that compassion is a prosocial behavior or is an emotional precondition for prosocial behaviors to occur (Goetz et al., 2010; Miller, Bernzweig, Eisenberg, & Fabes, 1991; Eisenberg, 2000). Psychologists currently define compassion as an other-directed emotion that involves awareness of others pain with the inclusion of the desire to alleviate that pain (Goetz et al., 2010; Batson, 1991; Wispé, 1991). I believe that compassion needs to be defined as a process that includes action, as Dutton, Workman, and Hardin (2014) do in their definition of compassion: noticing, feeling, sensemaking, and *acting* to alleviate the suffering of another person. However, in this paper I am adhering to the Strauss, et al. definition of compassion, which includes the following five elements:

“Recognizing suffering in others;

Understanding the common humanity of this suffering;

Feeling emotionally connected with the person who is suffering;

Tolerating difficult feelings that may arise;

and acting or being motivated to act to help the person.” (Strauss et al., 2016, p. 26)

I’m choosing to align with this specific definition over the more frequently used Goetz, et al. (2010) definition because it indicates a very particular phase of the process of compassion: *tolerating difficult feelings that may arise*. I feel that this element is important as a gatekeeper to moving toward action. Even though we have evolved to help one another, suffering can create undesirable responses such as revulsion or avoidance (Radley, 1999). If these difficult feelings are tolerated on the part of the focal actor (Dutton et al., 2014) it is possible for action to be taken to alleviate suffering of another.

Additionally, there is also differentiation in the literature as to types of compassionate action. It is important for those differentiations to be made as they illuminate the types of compassion that can be shown to strangers.

Proximal compassion (Ekman & Ekman, 2017) is helping those that are close and immediate to you, and it is not specified that those receiving compassion be *known* to you. Distal compassion (Ekman & Ekman, 2017) is defined as an action taken now to prevent suffering in the future. Heroic compassion (Monroe, 1991) is defined as actions of people who risked their lives to save others — as in the case of soldiers and first responders, they risked their lives to save strangers. Monroe developed this definition of heroic compassion by conducting interviews of German citizens who took in Jewish strangers during Nazi rule in World War II. In many cases, the German citizens who chose to save Jewish lives by hiding them or enabling their

escape did so without knowing the people they were helping, and did so at the risk of their own lives.

Global compassion (Ekman & Ekman, 2017) is of special importance to this paper; it is actions to alleviate the suffering of those outside of our friends and family, to unknown others regardless of culture or location.

The summer of 2020 has given us two poignant examples of strangers enacting distal and global compassion. The global pandemic that started in December as a local outbreak in Wuhan, China had paralyzed the global economy by mid-spring, sending tens of millions into unemployment and causing 447,000 deaths at the time of this writing (John Hopkins University, 2020). However, teams of researchers are working in worldwide cooperation and with unprecedented speed to develop a vaccine and other treatments for the disease COVID-19 (Apuzzo & Kirkpatrick, 2020) as the infection rate and death toll mounts. These researchers have been thrust into the position of savior of millions of lives and livelihoods. Another poignant example of strangers enacting distal and global compassion is the hundreds of thousands of people moved to change the epidemic of racism following the murder of George Floyd, by attending protests despite the pandemic conditions, or donating funds.

Why Act Compassionately toward Strangers?

Researchers agree that compassionate acts began in humans (and human-like animals, such as chimpanzees) with the nurturing of vulnerable offspring (Warneken & Tomasello, 2006; de Waal, 1991). Motivations that benefitted our evolution included showing oneself as a desirable member of the group, as a sexual partner, infant caregiver, and cooperative ally (Goetz et al., 2010; Brown & Brown, 2015). We tend to view this early social connection as being limited to those in an immediate circle, but an evolutionary view of our psychological

development tells a different tale (Goetz et al., 2010). Evolutionary science shows that we were compelled as a species to include those outside of the family structure to facilitate cooperation “among genetically unrelated strangers” (Weng et al., 2013 p. 1171; Batson, 1991). Humans (and human-like creatures) are unique in animal groups in that they have extended their helping behaviors to non-kin (McAndrew, 2002), even to the extreme of risking their own lives for a complete stranger (Becker & Eagly, 2004). Humans have an innate nurturing tendency, and this has been posited by a recent study as the source of empathetic feeling between strangers (Batson, Lishner, Cook, & Sawyer, 2005).

Helping and supportive behavior that reduced the suffering and pain of others laid the foundation for the interconnected society we live in today, so why does it currently feel disconnected and chaotic? One need not look further than the daily news to see that we have unprecedented awareness of human incivility and violence. It is well documented that social structures such as organizations (Pearson, Andersson & Wegner, 2001) and families suffer from the ills of incivility and violence as well, as toxic relationships (Frost & Robinson, 1999) and abuse (Anderson, Umberson, Elliott, & Vangelisti, 2004) are present in both. Underscoring the overwhelming need for humans to reconnect, His Holiness the 14th Dalai Lama has stated, “compassion is not religious business, it is human business, it is not luxury, it is essential for our own peace and mental stability, it is essential for human survival.”

I feel that it is possible for acts of compassion between strangers to bridge our disconnect and support those most in need. Compassion is a “healing force” (Frost, Dutton, Maitlis, Lilius, Kanov, & Worline, 2006, p. 3) that makes us aware of suffering in others, but also brings forth the best in us: our kindness, our willingness to help, our connection to humanity. Zimbardo, Seppälä, & Franco (2017) define heroism as “compassionate action at the risk of personal

sacrifice to effectuate positive social change” (pp.487-488). I believe that small but significant acts of compassionate heroism toward strangers are necessary to move our world past the unprecedented pain in which it is currently suffering.

A body of knowledge is needed that can simultaneously acknowledge our suffering and tap into the positive resources within us that have been built over generations of nurturing social connection. That body of knowledge is positive psychology.

Positive Psychology Overview

Is this a time for something as happy-sounding as positive psychology? The answer is a resounding yes, as positive psychology is not about holding a Pollyanna viewpoint of the world. It is about amplifying what is good in an individual, family or organizational system, so that resources are built to achieve greater resilience and pro-social behaviors in the face of challenges.

Research psychologists were working on subjects such as self-actualization (Maslow, 1970) happiness (Diener, Emmons, Larsen, & Griffin, 1985; Ryff, 1989), growth mindset (Dweck & Leggett, 1988) and flow (Csikszentmihalyi & Csikszentmihalyi, 1992) — to name a few — before the 1998 speech by Martin Seligman when positive psychology got its name. In his address as incoming president, Seligman announced the focus of his presidency would be this new field, the study and furthering of research on that which was good in people (mental health) as much as what was wrong with them (mental illness). Seligman and Csikszentmihalyi (2000) later wrote, “the exclusive focus on pathology that has dominated so much of our discipline results in a model of the human being lacking the positive features that make life worth living” (p. 5). Seligman’s 1998 speech and subsequent meetings of thought leaders working in

“positive” areas of research galvanized the movement toward a field of psychology that would focus on well-being, and how to cultivate and maintain it.

While most of the general public liken well-being with physical health or with a general mood of happiness,” or positive affect, the scientific study of well-being is much more complex than either of those two facets. Comparing well-being to positive affect is closer to the hedonic model of happiness, which equates living well with the pursuit of pleasure (Carruthers & Hood, 2004). These concepts have their roots in ancient Greek philosophy, where hedonic happiness is contrasted with eudaimonic happiness, which Aristotle held in *Nicomachean Ethics* (Aristotle, ca. 350 B.C.E./1925) to be a more well-rounded life of “doing and living well.” In the eudaimonic model, pursuing a life of meaning and engagement are more important than simply feeling good (Fave et al., 2013).

Psychologists have worked to develop several theoretical models of well-being. While there is no master definition, wellbeing correlates with optimal functioning of an individual, including the realization of an individual’s full potential. (Huppert, 2009).

Diener and colleagues (1985; 2010) developed the Subjective Well Being scale. Ryff (1989) operationalized six factors of well-being: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Seligman (2011) developed his PERMA model: positive emotion (P), engagement (E), relationships (R), meaning (M), and accomplishment (A). In 2013, Huppert & So introduced ten measures of flourishing: competence, emotional stability, engagement, meaning, optimism, positive emotion, positive relationships, resilience, self-esteem, and vitality.

Achieving eudaimonic happiness is a worthy goal, and psychologists working in this field have shown significant beneficial outcomes for those that pursue that form of well-being.

Perhaps most importantly, people with higher well-being are physically healthier and enjoy longer lives (Diener et al., 2017). Increased levels of well-being have been shown to strengthen relationships with others, resulting in an increase of pro-social or helping behavior (Diener et al., 2017). The “broaden and build” theory (Fredrickson, 2001) holds that the experience of positive emotions broadens our attention and cognitive ability, which fuels problem solving and creativity. In addition, long-term psychological and social resources are built. In Fredrickson’s theory of broaden and build (2001) these long-term resources are our reserves, available to handle threats or challenges.

The way practitioners of positive psychology bring well-being to their audiences is through empirically-tested interventions. Positive interventions are intentional actions that are designed to build subjective well-being, positive thoughts or positive emotions in an individual or a group. These activities can vary in length of time, mode of execution, complexity, context, and number of people involved. Well-known positive interventions include the “Three Good Things,” the “Gratitude Visit” and “Using Signature Strengths in New Ways” (Seligman, Steen, Park, & Peterson, 2005). Positive interventions work by employing several important factors: our bias to action (Melchert, 2002); the ability to cultivate the attention of the mind (James, 1984/1892) through self-regulation (Baumeister, Gailliot, DeWall & Oaten, 2006) and self-efficacy (Maddux, 2009), and physical action through goal-setting (Locke, 1996) and hope (Magyar-Moe & Lopez, 2015). Positive interventions can be rendered most effective by carefully considering hedonic adaptation, person-activity fit (Lyubomirsky, 2008; Schueller, 2014), and contextual variables when developing modalities of execution and development. There are positive interventions that help foster each of the various dimensions of well-being, ranging from

gratitude and positive emotion to resilience and optimism to love and transcendence (Fredrickson, 2009).

Without knowing if there would be enough interest to fill the first class, Seligman developed a Master of Applied Positive Psychology at the University of Pennsylvania in 2005, to great success. For one intensive year, students study the science of well-being, pollinating the industries they return to with the knowledge of positive psychology: education, banking, law, business counseling, coaching and finance, to name a few.

As our occupation is entwined with goals and purpose in our modern lives, it is important to acknowledge the centrality of positive psychology in the workplace. Other institutions, such as school systems and social institutions (such as churches and nonprofits) have also benefited from the research and practice of positive psychology. Many think that the educational system is the ideal place to disseminate the tenets positive psychology (White, 2011). Others feel that there are institutional-level values that should guide all institutions in the goal of enabling their members to flourish: purpose, safety, fairness, humanity, and dignity (Peterson, 2006).

With all of the inadvertent focus (and media attention) on the pursuit of happiness, the field was ripe for a course correction. Lomas's (2016) second wave of positive psychology provided that balance. As human flourishing is inexorably entwined with the full-spectrum experience of emotion, the modern definition of positive psychology espouses whole living, which includes the experience of emotion that is not considered positive (Lomas, 2016).

In the field of positive psychology, over two decades of studies have been done furthering the science of well-being — but 99% of studies have been conducted using WEIRD (White, Educated, Industrialized, Rich, and Democratic) populations (Darling, 2017). Increasing well-being and whole living should be defined not in the ability to achieve pleasant hedonic

states for those that are white, educated, and living in industrialized areas. As practitioners, our goal should be in achieving a eudaimonic balance of meaning and purpose for all. That begins with admitting that our experiences are not equitable. However, we can acknowledge the pain of this inequity — and communicate simultaneously that we are all part of a common humanity — by recognizing and trying to alleviate another’s pain. This process of recognizing and acting to reduce the suffering of another is called compassion.

The systematic testing and study of well-being can help guide us and those we interact with personally and professionally to experience richer and more connected lives. For positive psychology to achieve its goal of creating opportunities for humanity to flourish, we need to widen our connection aperture to include those not just in our immediate circle, but to those unknown to us: strangers.

I will present research in this paper showing that acting compassionately toward strangers accrues well-being benefits for both the “focal actor and the sufferer” (Dutton, Workman, Hardin, 2014, p.3). Compassion has been shown to correlate with increased happiness and decreased depression (Shapira & Mongrain, 2010), improved personal relationships, and better connection to others (Seppälä, Rossomando, & Doty, 2013), all factors included in the most-frequently used theoretical models of well-being. Importantly, being emotionally affected by the suffering of another, and then acting on that affect, is necessary for the improvement of society (Zimbardo et al., 2017); as such, compassion is at the center of most world religions, educational and judicial systems (Strauss, et.al., 2016).

Benefits of Compassion

Besides the satisfaction gleaned from acting in concert with ethical or religious beliefs, there are psychological and physical benefits to those who experience compassion. Those

benefits include an increase in overall well-being, an increase in social connection, an increase in prosocial behaviors, and physical benefits:

- Compassion is positively correlated to improvement in personal relationships and better connection to others (Hutcherson, Seppala, & Gross, 2008). creating social connection, decreasing loneliness and increasing well-being by cultivating better relationships (Seppälä et al., 2013).
- Over a 15 year period, data show that psychological wellbeing can be enhanced by developing compassion for others in a communal role (Sheldon & Cooper, 2008).
- Compassion is positively correlated with building psychological safety (Edmonson, 1999) learning behaviors (Worline & Dutton, 2017).
- Compassion is positively correlated with building social resources (trust), emotional resources (pride, gratitude) and cognitive resources (attention) (Dutton, Worline, Frost, & Lilius, 2006)
- Compassion interventions have been shown to increase happiness and decrease depression over time, with the increase in happiness observable in one week (Shapira & Mongrain, 2010).
- Foster children who utilized CBCT were less likely to become angry under stress and were more likely to have improved social functioning over a period of six weeks (Reddy et al., 2013).
- Compassion has been shown to positively correlate with increased vagal tone, which slows the heart and produces a calm state that encourages social connection, engagement mediates bonding with others (Stellar, Cohen, Oveis, & Keltner, 2015)

- Piferi & Lawler (2006) showed that college students' expressed concern for fellow students positively correlated with having lower blood pressure, higher self-esteem and self-efficacy.
- Research by Brown, Nesse, Vinokur, & Smith (2003) has found that spouses who show compassion to each other have a lower risk of mortality, measured over a 5-year period of time.
- In a 17-year study of HIV patients, researchers found longer survival rates for those who reported greater giving of compassionate love towards oneself and others (Ironson, Kremer, & Lucette, 2017).

For the purpose of this paper, research by psychologists has found evidence for benefits to the focal actor when showing compassion to strangers. A study by Weng et al. (2013) found increases in altruistic behavior to an unknown “victim” in an financial redistribution game after two weeks of compassion training. This same study showed activation in the inferior parietal cortex and dorsolateral prefrontal cortex, regions of the brain that are responsible for assessing social situations and the regulation of emotion. These findings point to the fact that compassion can be trained and cultivated, and that this can be measured with neurological gains. Results of a study in which the Zurich Prosocial Game was developed (Leiberg, Klimecki, & Singer, 2011) showed that participants who received short-term compassion training showed an increase in repeated helping behavior to other participants — strangers. Participants who did not receive the compassion training showed no increase in helping behaviors. Epley and Schroeder's (2014) study of stranger-to-stranger interaction on public transportation showed overwhelmingly that individuals received more well-being and positive emotion from connecting to strangers than

sitting in solitude, as measured by the TIPI (Ten Item Personality Index) and a self-report survey. Their research indicates that prosocial behavior toward strangers benefits oneself (Epley & Schroeder, 2014).

Can individuals who experience well-being by connecting with strangers be moved to act compassionately toward strangers, with a compounding effect that would translate into societal benefits? I believe it can, this is the question that I hope is answered by future research.

Venues for Commonplace Stranger-to-Stranger Interaction

Health Care

There are several industries in which stranger-to-stranger interaction is central to the work, and these industries are fertile ground where compassion can occur. The most obvious of these is the health care industry, where patients are in pain, and are often unknown to the doctors and nurses providing their care. The Hippocratic Oath, a vow used to bind physicians to ethical standards, includes this line: “I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.” However, the compassion crisis in health care is well documented in physicians who fail to assess the level of their patient’s pain and suffering (Decety, Yang, & Cheng, 2010; Marquié et al., 2003). Trzeciak, Roberts, and Mazzairelli (2017) posit that the compassion deficit has developed over time in physicians due to emotional exhaustion and burnout. While a lack of compassion has been documented generally in patient-physician interactions (Trzeciak et al., 2017), other factors such as race can worsen patient outcomes — physicians notably fail to comprehend the severity of pain in their Black patients (Druckman et al., 2018; Goyal, Kupperman, Cleary, Teach, & Chamberlain, 2015).

Hospitality

Another venue where stranger interaction is likely is the hospitality industry. One-on-one service between people unknown to each other is foundational to work in this industry, be it in bars, restaurants or hotels or in a tourism environment. Customers are often experiencing some kind of suffering (mild hunger, the hassles of travel) and expect to have their needs met in a timely and caring manner. Currently, the novel coronavirus COVID-19 has upended this industry, with hotel reservations down 83%, restaurants restricted from serving patrons inside, and portions of the United States restricting travel as of July 2020 (Schwartz, 2020). But within this industry, serving people is the norm, and stories of compassion abound. Upon getting notice of COVID-19 related closures, restaurants and hotels around the world pivoted to preparing and donating food to frontline workers and groups that serve the needy, while other venues donated cleaning supplies and toilet paper (LeBreck, 2020). Compassion has been shown toward hospitality workers as well, with hospitality worker relief funds cropping up in communities nationwide; in Indianapolis, the restaurant group Patachou, Inc. used its employee emergency relief fund to support Hispanic workers that had produced (illegal) documentation to be hired, but could not collect unemployment — a compassionate action acknowledging the dilemma that affects many undocumented workers in our country.

Customer Service

Compassion is not freely associated often with customer service roles, but this another venue where compassion between strangers can reside, and occasionally a basic need is met with extraordinary compassion. An emotional example was detailed by Adam Grant in his WorkLife podcast (2018), where a customer called Bonobos customer service to order multiple shirts. Inquiry work on the part of the customer service rep revealed that the customer lost his shirts in a house fire that also claimed the life of his dog. The rep then went online, found and printed a

picture of this gentleman and his dog, and had it framed and sent along with the shirts. What was a routine call to customer service became a compassionate interaction between proximal strangers.

New Employees

In organizations, many co-workers are also strangers. With the advent of remote teams and workforce consolidation and reorganization, co-workers shift positions and locations often, and are not tethered to their desk as in years past. Some companies have decided to forego offices altogether, especially in areas with high rent, and those staffs either work from home, are digital nomads or utilize co-working spaces. In larger organizations, leadership may only know their direct reports or the members of the executive team. They are essentially leaders of thousands of strangers, each employee a recipient of their compassionate policies and leadership — or not.

Even when an organization has well-connected and localized teams, there are always instances when stranger-to-stranger interaction occur (e.g. during an interview or orientation session). Stress and a challenging learning curve exist when an individual is new to a job environment, which ideally is met with increased compassion by those occupying existing roles in the organization (Lilius, Worline, Dutton, Kanov, & Maitlis, 2011). In a study that looked at the practices of a billing unit that led to a uniquely compassionate workplace, Lilius and colleagues found that the orienting department (fittingly called “support”) served to acquaint employees to the organizational atmosphere of compassion (Lilius et al., 2011).

In the aforementioned industries, one expects to encounter strangers, and to be treated politely if not perfunctorily. In this context, individuals expect kind exchanges. If this expectation is not met, there is typically an increase in negative affect (Bell & Luddington, 2006)

— but one does not expect to have an emotionally moving experience. That’s when compassionate acts between strangers can be their most powerful. The owner at PB Jams, a restaurant in Oklahoma, saw that their dumpster had been opened and people had been eating from it. Owner Ashley Jiron posted this note on the dumpster and on the front door:

“To the person going through our trash for their next meal. You’re a human being and worth more than a meal from a dumpster. Please come in during operating hours for a classic PB&J, fresh veggies, and a cup of water at no charge. No questions asked. — Your friend, the owner” (Mills, 2015).

Jiron went on to explain: “I think we’ve all been in that position where we needed someone’s help and we just needed someone to extend that hand and if I can be that one person to extend that hand to another human being then I will definitely do it. I will not take down that sign until they come in” (Mills, 2015).

Several facets of this story are extraordinary: first, the fact that the owner was so moved to actively invite those in need into her restaurant, a group that most restaurant owners try to evict. Second, she was so determined to help this person that she posted the sign on her front door and refused to take it down until the homeless person came in to eat. Third, that she so openly acknowledged the shame that would be involved in asking for the meal and stipulated no questions asked. This expression of compassion is unique in that it lays bare an issue that is common knowledge (hunger of the homeless) but makes it proximal not just to the owner’s life but to that of her customers. This is not the distant compassion of donating food to a food bank, it is the emotional, visceral experience of welcoming and being welcomed.

What Helps the Process of Acting

Compassionately toward Strangers?

These processes and beliefs help us approach and reside with the suffering of another, and enables the process of engaging in compassionate action toward strangers.

Evolution Developed a Lasting Tendency to Prevent Suffering

Psychologists agree that empathy and compassion developed evolutionarily out of the ability to assess the needs of, and provide care for, infant young (Goetz et al., 2010). Gilbert and Mascaro (2017) write that this mammalian “distress-call responsiveness” grew into higher-level awareness and behaviors which enabled the needs of others to rise in importance (Gilbert & Mascaro, 2017, p. 401). Developing simultaneously was the need to prevent suffering, which signaled distress, illness and weakness — all liabilities in the life of our ancient forbears (Panksepp & Panksepp, 2013).

This paints a picture of compassionate behavior existing because of a reciprocal calculation, based on mate selection and caregiving ability. Conversely, helping behavior is seen in very young pre-verbal children (Warneken & Tomasello, 2009) who would not be able to calculate such costs and benefits of cooperation. The “instrumental helping” (Warneken & Tomasello, 2009, p. 457) seen in young children reinforces the idea that our nurturing capability is innate and not dependent on rewards.

The importance of the development of compassion is echoed in our neural structures as well; what began as mother-to-infant caring behavior expanded to benefit helping behaviors in general (Brown & Brown, 2015). Recent research shows that the networks in the brain that activate when we are in pain also activate when others are in pain (Lamm & Singer, 2010) guiding our responsiveness behavior for when we observe suffering. This overlap of neural activity gives researchers the ability to investigate a complex social process such as compassion (or empathy) within the area of neuroscience (Lamm, Decety, & Singer, 2011). Further evidence

links caring for others to neurological benefits. The secretion of beneficial hormones such as oxytocin and progesterone rely upon actively engaging the neural structures that are responsible for caregiving (Brown & Brown, 2015).

Research by Batson, Lishner, Cook & Sawyer (2005) tested whether our capability to nurture is responsible for providing an empathetic response to strangers, or whether the answer lies in our a perceived similarity to strangers. In their experiments, subjects expressed more empathy toward a child, a dog, and a puppy than toward another similar to themselves in age and occupation. This led the researchers to believe that our nurturing instinct could explain an empathetic response toward strangers, but more research would be needed to confirm that it is empirically valid.

Belief in the Common Humanity of Suffering

A powerful motivation to act compassionately toward strangers is to view humanity as interconnected, which can be reinforced by one's spiritual orientation toward the world. Compassion, as an emotion or an action, is part of the belief system of all the Abrahamaic religions, such as Judaism and Christianity. The Bible has many calls for Christians to be compassionate to one another, mimicking God's compassion shown to them: "Be kind and compassionate to one another, forgiving each other, just as Christ God forgave you" (Ephesians 4:32); "Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience" (Colossians 3:12). This inclusion of compassion as a follower's defining characteristic is found in Rabbinic Judaism as well, where Jews are called *raḥamanim benei raḥamanim* – "compassionate scions of compassionate forbears" (Dresner, 1957).

Showing compassion is also a core value to Buddhism. His Holiness the 14th Dalai Lama, Tenzin Gyatso, has said that the feeling of interconnectedness between all humans is an essential component of compassion. This interconnectedness leads to engagement in the well-being of others. In a reinforcing virtuous circle, feelings of interconnectedness lead to engagement, which leads to compassion, which circles back again to interconnectedness (Snyderman & Gyatso, 2019). Buddhists believe that meditation is the path to stop human desires and end suffering (Rinpoche, 1992). Meditating on making ourselves equal with others underscores our common humanity (Goetz, 2004). Meditating in this way, we reinforce the similarities that all humans share: we live, we feel pain, we want to avoid suffering and find happiness.

Even though society has seen a recent decline of religious activity, a 2017 Pew Research Center study found that more people (27% of adults) are now identifying as spiritual instead of religious (Lipka & Gecewicz, 2017). This does not mean an overall decline in compassion, however, as a recent study (Saslow, Willer, Feinberg, Piff, Clark, Keltner, & Saturn, 2012) has shown that identifying as spiritual instead of religious is correlated with higher levels of compassion compared to those who define themselves as religious or non-spiritual.

This view of the commonality of human suffering is shared by psychologists and sociologists as well as religious figures. Writing about the possibility of global altruism, sociologist Jay Weinstein coined the phrase “*coming to species consciousness*” which is defined as an “evolutionary movement toward a state in which every member of the species *Homo sapiens* is aware that – beyond all secular differences – a common humanity exists and demands to be treated as one” (Weinstein, 2004).

Self-compassion researcher Kristin Neff views other-focused compassion as having a non-judgmental viewpoint of the common humanity of pain and failure (Neff, 2003). This viewpoint of fallibility and suffering being part of the shared human experience is also one of the three key features of her definition of self-compassion, which, in addition to a view of “common humanity over isolation” includes “self-kindness over self judgement” and “mindfulness versus overidentification” (Neff, 2003, p. 89). In both definitions of compassion and self-compassion, a gateway to connecting with common humanity is the ability to hold others’ actions or our own actions without judgement, what Neff calls a “shared human fallibility” (Neff, 2003, p. 87).

This shared belief of common humanity is an important antecedent to interacting compassionately toward strangers. When one sees the person next to us on the bus as just like ourselves, with struggles, painful episodes and shame, our perceived ability to connect grows. In this instance, extending compassion to the stranger does not imply that we are superior to that person (which is more similar to pity), but that we see each other as equal (Brown, 1999) and deserving of respect (Enright, Freedman, & Rique, 1998).

Feeling Empathy for the Sufferer

The emotion of empathy is a critical antecedent to compassionate action towards others. It is covered extensively here as I have adopted the Strauss et al. (2016) definition of compassion, where individuals need to feel emotionally connected with the pain of another to proceed toward compassionate action. The study of compassion is intertwined with the umbrella term of empathy, which has resulted in confusion on the meaning of both words in the general public and practitioners alike (Gerdes, 2011). Empathy is defined by Merriam Webster as “the action of understanding, being aware of, being sensitive to, and vicariously experiencing the

feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.”

In some research, the emotion of empathy has been used interchangeably with the terms sympathy and tenderness, and often interchangeably with compassion (Batson, 1991; Davis, 1983; Eisenberg et al., 1994). Empathy refers to the understanding of a range of emotional states, positive and negative, where feelings of compassion align with the sense of pain or negative emotions (Zaki, 2014). It is interesting to note that feelings of empathy do not always result in helping behavior, but can result in curiosity, aversion, or avoidance. This underscores the need to adopt a definition of compassion that is inclusive of *tolerating difficult feelings that may arise* (Strauss et al., 2016). Empathy is integral to the process of acting compassionately toward strangers in that it is an emotional bridge to feeling connected with the sufferer, but cannot be used interchangeably with compassion as defined by Strauss et al. (2016).

We Have a Sense of Self-Efficacy

Self-efficacy is defined as people's beliefs in their capability to act effectively to influence events that affect their lives (Bandura, 1977). When people feel capable of successfully influencing an outcome, they are more likely to pursue that behavior (Bandura, 1977). Self-efficacy is positively correlated to the prosocial behavior of helping others in adolescents (Bandura, Caprara, Barbaranelli, Gerbino, & Pastorelli, 2003). Further work shows that self-efficacy beliefs correlate with general prosocial behavior in other age groups (Caprara & Steca, 2005; Caprara, Alessandri, & Eisenberg, 2012). This research indicates that having these beliefs about ability — along with personality traits such as agreeableness and desire to put others before oneself — predict helping behavior (Caprara et al., 2012). The helping behavior, in turn, strengthens one's feelings of life satisfaction across all age groups (Caprara & Steca, 2005).

Additionally, having a sense of mastery around prosocial behavior may strengthen empathic feelings (Caprara et al., 2012) in a beneficial loop. The researchers indicate that having a sense of self-efficacy is critically important for turning the value of putting others before oneself into concrete helping action, and see this concept as an important pathway for developing future interventions in prosocial behavior (Caprara et al., 2012).

As stated in the earlier section, not knowing what is the correct action to take in the face of a suffering stranger is a key hindrance to the compassion process. The state of believing in one's ability to help has a positive effect on whether or not one will actually live one's values by initiating a compassionate action.

We Have Emotional Regulation

One precondition for acting compassionately is achieving emotional regulation (Jazaieri, McGonigal, Jinpa, Doty, Gross, & Goldin, 2014), which allows one to respond more compassionately to challenging situations instead of avoiding the suffering of another. Emotional regulation (Gross, 1998) refers to how and when emotions are expressed. In one study of the effects of Compassion Cultivation Training (CCT) emotional regulation was a key ingredient in maintaining connection with (instead of avoiding) difficult emotions long enough to take compassionate action (Jazaieri et al., 2014). In another study, children who exhibited control over their emotional impulses were also shown to be high in compassion-related emotion six years later (Eisenberg et al., 2007). Beyond increasing compassion, the emotional regulation of compassion training may enhance cognitive reappraisal, changing the importance of suffering in the trainee's eyes or attenuating more presence to the moment (Jazaieri et al., 2014).

The Strauss et al. (2016) definition of compassion references emotional regulation by the inclusion of the factor "tolerating difficult feelings that may arise." When presented with

suffering, anger, sickness it is emotional regulation that will enable an individual to stay present and not turn away from these difficult emotions (Feldman, 2005).

We Can Build a High Quality Connection with the Sufferer

High quality connections are relational connections between individuals that include mutual positive regard, trust, and active engagement from both parties (Dutton, 2003). High quality connections provide positive emotions and potential for positive relationships which are needed for individuals to flourish according to the majority of current theoretical models of well-being (e.g., Diener et al., 2010; Huppert & So, 2013; Ryff, 1989; Seligman, 2011). Even though a high quality connection is thought to develop over time, it is possible that such a connection be felt between strangers. Certainly literature and dramatic works are filled with stories of strangers experiencing immediate friendship and love at first sight, but scientific literature has less to say on the subject. We can see in the Epley and Schroeder (2014) study about communicating with strangers Dutton's five strategies that can build high quality connections through respectful engagement: conveying presence, being genuine, communicating affirmation, effective listening, and supportive communication (Dutton, 2003).

Dutton's strategies of respectful engagement are also present in the current effort to train police officers for more compassionate interactions with the strangers they serve. The LEED curriculum, developed by Sue Rahr, incorporates the following features in its acronym: Listen and Explain with Equity and Dignity (Zaki, 2015). While the LEED program has been implemented in cities such as Cincinnati, Las Vegas and Memphis, similar programs to re-train and re-structure law enforcement called "compassionate policing" are now gaining momentum in 2020 following the police brutality protests and subsequent racial unrest.

Police departments are facing what Rahr calls “two hundred years of history” of having a warrior mentality (Zaki, 2015). If police officers, who face daily exposure to violence and aggression, can make this shift toward acting compassionately, then the path forward using empathy, emotional regulation and self-efficacy should be easier for ordinary citizens.

What Impedes the Process of Acting

Compassionately Toward Strangers?

Certain processes and beliefs impede our approach to suffering, and disables the process of engaging in compassionate action. These hindrances can be subtle to overt, and often have an impact on the beginning of the compassion process, where we recognize suffering and connect with the person in pain.

We Don’t Notice That Suffering is Happening

If suffering isn’t noticed, the process of acting compassionately cannot start. Therefore, the most important facet of any definition of compassion is that suffering is noticed. When individuals are acquainted, there are “pain cues” (Dutton, Workman, & Hardin, 2014) to suffering such as a change in posture, a change in facial expression to one of sadness or worry, and change in vocal expressions, to name a few. Between strangers, these cues can be hard to discern as we have no previous knowledge of that person’s demeanor. Besides the universal and obvious pain cues such as crying and wailing, there are other clues that can communicate pain. Subtle facial expressions (Ekman & Ekman, 2017) and vocal intonation (Porges, 2017) can be detected providing clues as to the emotional state of the sufferer.

We Don’t Think We Have Time

In the Bible’s parable of the Good Samaritan (Luke 10:29-37), two religious figures, a priest and a Levite, pass by a beaten and robbed stranger without helping, while a Samaritan

stopped, tended the wounds of the stranger and traded his own animals for the stranger's care at an inn. Jesus asks in the telling of this story, "who was a neighbor to him?" — making the point that while the first two men had religiosity they did not uphold the compassionate virtue of their religion. Darley and Batson (1973) explain that in the parable, the first two men were socially important — "little black books full of appointments, furtively glancing at their sundials" — while the Samaritan, as a social outcast, was "expected to be in less of a hurry" (Darley & Batson, 1973, p.101). In their famous study, helping behavior was observed in seminary students who encounter a similarly bedraggled stranger, slumped on the path en route to their talk on the Good Samaritan parable. The hypotheses tested were religious motivation of helping versus time constraints on helping. The authors concluded that those in a hurry were not willing to help, even if they were hurrying to give a talk about a subject exemplified in real time in front of them. Those in a hurry even stepped over the needy stranger on their way to their more-important engagement. (Darley & Batson, 1973).

Clearly, we view our time as a valuable resource, an opinion that has solidified in the last 47 years as more forms of media and digital tasks demand our attention. It appears from Epley and Schroeder's (2014) research that our perceived need to be productive — to make good use of our time — is a reason that commuters do not interact with other commuters (strangers). However, when these commuters did connect with another commuter, they did not report any decrease in their productivity, and cited well-being benefits gained from the interaction such as positive mood and sociality (Epley & Schroeder, 2014).

Commuters are not the only ones who see a moment of connection as a time cost; the discrepancy between perceived time spent interacting and actual time spent interacting in a moment of connection exists in the medical profession as well. Because of the intrinsic nature of

health care, there is a person suffering, the patient, and a health care provider. This provides the criteria for a compassionate interaction to take place, but often it does not — to the extreme that health care is said to be suffering from a “compassion crisis” (Trzeciak, Roberts, & Mazzairelli, 2017; Singh Ospina et al., 2019).

The work of physician and researcher Stephen Trzeciak addresses both the compassion crisis in health care and the ingrained perception that compassionate action takes too much of our time. When researching the roots of the compassion crisis in physician and patient interaction, he found that patients communicated their concerns for approximately 11 seconds before a physician interrupted (Singh Ospina et al., 2019) a decline from 17 seconds of uninterrupted time in 1984 (Trzeciak & Mazzairelli, 2019) — and these brief conversations had a very narrow focus on the biomedical and not the emotional aspects of treatment (Levinson & Chaumeton, 1999). In those interactions, only .05% contained an empathetic or compassionate response from the physician (Levinson & Chaumeton, 1999). In their most vulnerable moments, patients were not being listened to for even a fraction of a minute. Alarming, in one Harvard Medical School study 56 percent of physicians did not feel they had the time to treat patients compassionately (Riess, Kelley, Bailey, Dunn, & Phillips, 2012). In the book *Compassionomics*, Trzeciak and Mazzairelli (2019) delineate the benefits of providing compassionate care for patients, including decreasing major errors, increasing the quality of care, decreasing repeat visits and malpractice lawsuits (Trzeciak & Mazzairelli, 2019). The authors collected confirming data that showed, overwhelmingly, an interaction of 40 seconds or less was all that was needed to show compassion to a patient (Fogarty, Curbow, Wingard, McDonnell, & Somerfield, 1999; van Osch, Sep, M., van Vliet, van Dulmen, & Bensing, 2014; Sep, van Osch, van Vliet, Smets, & Bensing, 2014). If physicians can successfully show compassion in weighty moments with such a brief

interaction, it shows the possibility of interacting compassionately with strangers when the subject matter is more mundane.

We Appraise Others As Worthy or Unworthy

A probable roadblock to showing compassion to others, including strangers, is our evaluation as to whether or not the subject is deserving of compassionate actions. In one study, participants who exhibited a stereotype of warmth but lacked competency (developmentally or physically disabled persons, the elderly) elicited compassionate emotions from others, but those who were perceived as being cold and not competent (welfare recipients, the homeless) did not elicit compassionate emotions (Fiske, Cuddy, Glick, & Xu, 2002). Another analysis showed that observers showed more compassionate emotions and less anger toward those who have less perceived control over their suffering, with more anger and less compassion showed toward those who have more control over their suffering (Rudolph, Roesch, Greitemeyer, & Weiner, 2004).

In a study of moral decision making, those of higher socioeconomic status made decisions prioritizing the many over the few, whereas lower socioeconomic individuals make decisions prioritizing the few over the many (Côté, Piff, & Willer, 2013). This study underscores that compassionate action can be blocked by those of a higher socioeconomic status, but that compassion training can be used successfully within this group to re-frame participant's decision making as benefitting the greater good. This would be applicable in some corporate leadership settings, where decision makers tend to be of higher education, income (in short, higher socioeconomic status) to lessen a compassion deficit if such actions were framed as benefitting the greater good.

We See Others As “Out-Group”

Another block to compassionate action is the pervasive categorization of others as out-group members (Eisenberg, 2000) or as people different from ourselves, which can hamper compassionate action (Cikara, Bruneau, van Bavel, & Saxe, 2014). Perceptions of being in-group, as opposed to out-group, can also lead to more helping behavior (Levine, Prosser, Evans, & Reicher, 2005). This study compared the helping behavior of Manchester United fans when they saw a Manchester United fan (identified by t-shirt) fall and hurt himself versus someone wearing a rival team t-shirt. Only 30% helped the rival, when 92% helped the Manchester United fan (Levine et al., 2005). However, when the group membership definition was expanded to include “soccer fans” and not just “Manchester United fans” helping behaviors increased to others who also defined as soccer fans, but were previously regarded as out-group because they rooted against Manchester United.

Overarchingly, stereotyping and classifying individuals is a feature of social organization that leads to prejudice and discrimination (Krueger & DiDonato, 2008). The perceived “social distance” (Cameron, 2017, p. 267) between members of different groups has been shown to negatively affect compassionate actions, with feelings of empathy diminished for out-groups (Cikara, Bruneau, & Saxe, 2011). However, conflicting research has shown that identified out-group single members receive more compassionate actions (in the form of donations) than out-group members who are unidentified (Ritov & Kogut, 2011). This suggests that when strangers become more proximate instead of distal (Ekman & Ekman, 2017) compassionate actions are easier, and out-group stereotypes begin to break down.

Police brutality and systemic racism have been issues in this country for decades; however, the killing of George Floyd brought a geographically out-group member to the

collective consciousness of millions, sparking protests in communities outside of his both physically and racially (CNN, 2020).

We Perceive Ourselves To Be in a “Higher” Social Class

Another factor to consider in the study of acts of compassion is social class. Kraus and Keltner (2009) show that individuals of higher socioeconomic status (SES) show more disengagement when speaking to a stranger than those of lower SES. When studying feelings of compassion, studies show that those who are defined as lower-class (using objective measures of education level, parental education, or income level) showed more feelings of compassion when presented with pictures of others suffering (Côté, Piff, & Willer, 2013) than their upper-class participants. These findings were consistent with Stellar Manzo, Kraus, and Keltner (2012), where participants were put in a mock job interview setting with partners and judged for a cash prize. Lower-income participants perceived more stress and anxiety in their interview partners than higher income partners, which increased their feelings of compassion toward the other (Stellar et al., 2012)

These findings could also be explained by a class difference in empathetic accuracy, which is the ability to accurately predict the emotions and thoughts of others (Ickes, Stinson, Bissonette, & Garcia, 1990). In a study by Kraus, Côté, and Keltner (2010) participants of lower SES were better able to identify emotions in pictures of faces and were better able to identify the emotional state of their mock interview partners than those of higher SES. These differences in the accuracy of emotion observations and perception are observable even when participants are made to feel more superior to another in SES comparison (Kraus et al., 2010). This division in the compassionate action of socioeconomic classes has yet to be answered by empirical testing. Have indicated that the following factors could indicate a higher level of compassionate emotion

in lower socioeconomic classes: the reliance on others for resources, cultural norms of helping, and increased social vigilance against threats (Piff & Moskowitz, 2017; Kraus et al., 2010).

If compassionate emotions are expressed more frequently between people in lower socioeconomic classes, are compassionate acts executed more frequently as well? Data indicates that this difference in social class (or perceived social class) also is observable in the level of compassionate prosocial acts, or the effort to “share, care and assist” (Keltner, Kogan, Piff, & Saturn, 2014). Well-documented is the “giving gap” in America, where lower income households (income of \$50,000 to \$75,000 per year) give more to charity — 7.6% of discretionary income, versus a giving rate of 4.2% for households making over 100,000 a year (Gipple & Gose, 2012).

In a study where two participants could help a third stranger (a study confederate) by splitting up tasks, individuals that had lower socioeconomic standing helped more than their higher socioeconomic partners, measured by total minutes helped (Piff, Kraus, Côté, & Keltner, 2010). However, if the group of higher socioeconomic status was shown a video of child poverty, their helping levels could be increased to that of participants of lower socioeconomic status (Piff et al., 2010). This indicates that differences in status, and corresponding empathic accuracy, (Piff & Moskowitz, 2017) produce a difference in level of compassionate acts, the level of compassionate action toward strangers could be changed by a positive intervention. This therefore does not show a difference in capacity for compassionate acts, but a difference in motivation.

There are many psychological processes and ingrained beliefs working against our expression of compassion. Factors covered previously such as available time, socioeconomic status, and a lack of belief in our efficacy (ability to help) can dictate how much compassion is

expressed in a given situation. But perhaps the most important factor is how much empathy we feel for someone who is suffering. To act compassionately we have to overcome barriers such as lack of empathy and overcoming the inertia of inaction. The first step forward in increasing our compassionate action toward strangers is increasing our feelings of empathy.

Processes Before Action Is Taken

Acts of compassion are the result of beliefs and processes acting in concert to aid the suffering of another, but these acts are not restricted to only a certain few born with a predisposition to such action. There are ways to develop one's perception of suffering, which can lead to increased compassion: "... you can cultivate, through investigation, the qualities that incline your heart toward compassion" (Feldman, 2005, p. 141). The main quality that affects our experience of another's suffering is empathy.

Increasing Our Feelings of Empathy

Empathy and compassion are inseparably intertwined, which perhaps explains the confusion between the two terms. The same factors that diminish compassion also can diminish felt empathy: available time, differences in income and status, and belief in our ability to help (Weisz & Zaki, 2017). Even though feeling empathy toward another individual has developed organically from infant caregiving behaviors (Goetz et al., 2010; Gilbert and Mascaro, 2017) empathy is malleable, and there are situations in which we need to grow our empathetic capacity.

There are professions where compassion is not just a nicety, but a necessity to perform accurately, such as health care (Trzeciak et al., 2017). The compassion crisis in health care is well documented, to the extent that some physicians fail to assess the level of their patient's pain and suffering (Decety, Yang, & Cheng, 2010; Marquié et al., 2003). Disturbingly, impairment to feeling empathy can confound with other factors such as race: physicians can fail to comprehend

the pain of their African-American patients (Goyal, Kupperman, Cleary, Teach, & Chamberlain, 2015; Trawalter, Hoffman, & Waytz, 2016).

Researchers understand the importance of developing and testing interventions that increase feelings of empathy and acts of compassion. The volume of research being done on compassion interventions (Kirby, 2017) speaks to the acknowledged need for increasing our level of empathetic feeling and subsequent compassionate action. Neuroscientists, psychologists, spiritual scholars, and evolutionary scientists are collaborating to bring more awareness and understanding to the study of compassion (Kirby, 2017) as the expression of compassion varies widely across contexts and situations (Weisz & Zaki, 2017).

The good news is that empathy, and subsequent compassionate action, can be measurably increased by interventions designed to do so. Covered here are the main compassion interventions / programs that have been tested by randomized controlled trials and published within the scientific literature.

Intervention Contents and Processes

Compassion training interventions draw heavily from Tibetan Buddhist and Eastern contemplative traditions. Predominantly, cultivating mindfulness through meditation is the core of most widely used interventions. In these compassion building interventions, participants are asked to meditate individually or in a group for 45-120 minutes a day, focusing on awareness or positive objectives for themselves or others, explicitly including compassion (Skwara, King, & Saron, 2017). Some interventions include role play, communication training and video or audio narrative instruction as to the perspective of the sufferer.

The compassion-building interventions developed by psychologists that have the most empirical research are Compassion Cultivation Training, or CCT (Jinpa, 2010) and Cognitively-

Based Compassion Training, or CBCT (Ozawa-de Silva et al., 2012); and Compassion-Focused Therapy, or CFT (Gilbert, 2014). Loving Kindness Meditation (LKM) is a well-known meditation intervention in the Tibetan Buddhist tradition, that is geared toward developing kindness and compassion (Hofmann, Grossman, & Hinton, 2011). LKM has been shown in Fredrickson, Cohn, Coffey, Pek, and Finkel's (2008) research to build positive emotions, well-being and personal emotional resources in addition to compassion. In LKM, participants are asked to meditate on several different positive emotions (such as love and contentment) in addition to compassion (Fredrickson et al., 2008). Additionally, elements of LKM are to be found in most compassionate meditations that reference common humanity (Kirby, 2017).

Interventions divide into two main areas of focus, experiential interventions and expression interventions (Weisz & Zaki, 2017). *Experiential* or *situation-based* interventions attempt to modify the amount of empathy that is felt by a focal actor for a sufferer, utilizing perspective-taking experiences. Other situational interventions emphasize the fulfillment of social roles, positive affect when being empathic, or goal relevance (Weisz & Zaki, 2017). *Expression* interventions attempt to modify the amount of empathy expressed by a focal actor, often by including emotion-recognition training to correctly perceive the sufferer's internal state (Weisz & Zaki, 2017).

Results of Interventions

In the summary by Weisz and Zaki (2017) all nineteen of the studies (experience- and expressive-based) showed a positive outcome in rates both perception of suffering and compassionate action toward sufferers. In a meta-analysis by Kirby, Tellegen, and Steindl, (2015) all 30 of the interventions studied (including CFT, CBCT and CCT) showed short-term moderate effect sizes for compassion ($d = .559$).

An interesting study by Hutcherson, Seppälä, and Gross (2008) evaluated participants responses to photos of themselves, a close other, three neutral strangers, and an inanimate object (a lamp) after a short (7 minute) guided LKM meditation. Their work showed that even a short amount of LKM can increase feelings of explicit and implicit positivity toward each group. Interestingly, in the explicit evaluation, the positive increases were significant for the photos of neutral strangers and the lamp, and not significant for the photos of the self and close others (Hutcherson et al., 2008). The authors suggest that the benefits of LKM shown to strangers in their study might correlate with real-world responsive actions, as has been reported for other types of meditation (Brefczynski-Lewis, Lutz, Schaefer, Levinson, & Davidson, 2007). If the benefits of LKM would have durable effects outside of the lab in the real world, that would counteract social isolation and distrust (McPherson, Smith-Lovin, & Brashears, 2006).

Not covered in the Weisz and Zaki summary or the Kirby meta-analysis, but of importance to the focus of this paper, is the LKM results obtained by Singer and Klimecki (2014). Participants actively using LKM in that study showed more helping behavior toward strangers in a computer game than in the control group. Of note is that a larger amount of meditation predicted the amount of altruistic helping versus helping with expected reciprocity (Singer & Klimecki, 2014).

While controversial, a well-known experiential intervention featured admitting medical students to the hospital where they work for an overnight stay (Wilkes, Milgrom, & Hoffman, 2002). This intervention successfully increased empathy on the part of the medical students, who subsequently showed greater interest in improving relationships with their patients (Weisz & Zaki, 2017) — who are often strangers. Comments from the medical students who participated in the overnight intervention include:

- “It was strange how sick I actually felt after one night in the hospital” (Wilkes, Milgrom, & Hoffman, 2002, p. 530).
- “It felt so intimidating to have them all examining me at once; all trying to feel my abdomen. I felt invaded” (Wilkes, Milgrom, & Hoffman, 2002, p. 531).
- “I think communication is the key. Be compassionate and attentive to possible patient concerns. Patients need to be told what doctors are doing and when delays occur you need to tell patients why the delays are occurring” (Wilkes, Milgrom, & Hoffman, 2002, p. 531).

This intervention resulted in a perspective shift in the participating medical students, and others in their class who were told about the experience. Participants stated they would change the amount of compassion they will show patients in their future medical practice. While helping behavior in a computer game or warm feelings toward a photo of a stranger does not equate with acting compassionately toward a sufferer in the real world, what is important is the shift in participant behavior from competition to compassion, from aversion to helping.

Future Directions for Interventions

Interesting to note that in some of the research presented on the benefits of compassion, the subjects used were long-time meditators or Tibetan Buddhist monks, who live a much different lifestyle than those in the control group, who live modern busy lives. In the interest of bringing compassion interventions to a wider swath of people, researchers at the University of Wisconsin-Madison have created a Health Enhancement Program (HEP) that shows no differences in gained benefits to mindfulness meditation when subjects were presented with acute physical and social stressors (Rosenkrantz et al., 2013). Interventions have the potential to increase compassionate action without including mindfulness, but including other scaffolding

measures such as: the strength of the teacher, the strength of the group interaction, social support, and knowledge gained through additional curriculum (Skwara et al., 2017).

Compassion interventions need to include an observation of the cultural context of those we perceive as angry and powerless, when today's prevalent and miserable racial inequities can cause visceral responses of suffering. Unfortunately, on either side of the racial divide we have limited interpersonal contact, let alone compassionate contact. A Public Religion Research Institute poll in 2019 found that one in five white individuals say they "rarely or never interacted with someone of a different race" (Harmon & Burch, 2020). As there is an immediate and pressing need in our society for increased compassionate action, because of racial injustice or the suffering caused by COVID-19, I believe these factors demonstrate an opportunity to create compassion interventions based on shared narrative and contextual experience (such as in health care or organizational settings), not to the exclusion of mindfulness meditation, but also not reliant on it.

Developing Compassionate Goals

Because I have chosen to define compassion as inclusive of action, it is helpful to understand that compassionate action can be analogous to the development and pursuing of goals.

Researchers Jennifer Crocker and Amy Canavello (2008) have examined the concept of compassionate goals. Compassionate goals are goals that support others, not the self (Crocker & Canavello, 2008). Individuals who hold these goals, as opposed to self-directed goals, want to generate good for people, and not cause harm. Crocker and Canavello (2008) hypothesize that people high in compassion goals see humanity as interconnected without regard for role, status or identity. As opposed to their counterparts with high self-image goals, who experience

increased loneliness and conflict, individuals who have high levels of compassion goals experience increased well-being and connectedness. The research indicates that the negative experiences caused by life's disruptions can be buffeted by developing compassionate goals toward others, which builds positive affect and social support (Crocker & Canavello, 2008). As this study was conducted with freshmen who were unacquainted before starting college, there is the possibility that well-being benefits delineated in this study could be derived from stranger-to-stranger interaction.

Pursuing Compassionate Goals

If an individual sees compassionate action toward strangers as worthy, there are still calculations that are done internally as to whether there is a cost to their actions, like time, or if it will negatively affect them emotionally (Heckhausen, Wrosch, & Schulz, 2010). Of interest to this process is the action-phase model of goal pursuit (Gollwitzer, Fujita, & Ottengen, 2004), which has two distinct phases. The first is motivational or deliberative, where the individual considers what action to take in pursuit of their goals. In the deliberative phase, an individual decides whether or not their actions are in service to their well-being or some other criteria, like relieving suffering of another (Heckhausen et al., 2010). This phase is also marked by deliberation between competing goals (i.e., *I want to ask this person about why they look sad, but I also want to get my coffee and be on my way*). For the sake of the subject matter in this paper, the decision making window is short, as stranger interactions are usually brief. Of course, in a decision to respond to the suffering of strangers, some respond instantaneously, especially in emergency situations. For others, questions need to be answered in the affirmative before a decision can be made to act compassionately. This deliberation can take place within seconds, and can include the following internal objections to compassionate action:

- Do I have the resources to help this person, including time and expertise? (i.e., *Do I have the time to talk to this person?*)
- Is my help wanted, or am I seen as showing pity? (i.e., *Will I make them feel worse by pointing out their suffering?*)
- Will I feel foolish or angry if my actions to help are rejected? (i.e., *Will I make them feel worse by pointing out their suffering?*)
- Is it safe to engage with this person?

The second phase is implemental, where the individual has decided to take action (Gollwitzer, Heckhausen, & Steller, 1990). In the implemental phase, the decision has been made to pursue a goal of helping a sufferer and psychological processes mount in support of that action, including anticipating rewards (Armor & Taylor, 2003) which increases feelings of well-being and satisfaction around choosing to help.

Of the questions that surface before responding to suffering, a key hindrance to compassionate action is the inability to choose or communicate a compassionate response appropriate to the context of the situation (Halifax, 2012). The dynamics of understanding the situation, predicting with accuracy the outcome of one's actions and the felt ability to respond to the situation (Halifax, 2012) play a key role in whether people engage their ability to act compassionately.

To help anyone, people want to know what to do and how to do it. In a situation with multiple unknowns, such as showing compassion to a stranger, the desire to know the right thing to do before undertaking action is a substantial barrier. In the next section, I will explore paths to compassionate action between two strangers and toward a collective.

Compassionate Action: Individual and Collective

Compassion Actions for a Dyadic Interaction

While experiencing feelings of empathy and deciding to help can combine instantaneously, action does not always come easily. When we are confronted with the pain and suffering of a stranger, the situation becomes more difficult as additional factors confound our thinking such as fear of not knowing how to approach or the correct course of action to take. As stated in the above section, individuals have great hesitation when they do not know the “right thing to do.” Agreed-upon and tested processes do not exist for acting compassionately toward strangers, but there are several points to learn from in the work of compassion researchers on dyadic interactions that can apply in stranger-to-stranger contexts (Lilius et al., 2011; Fredrickson, 2013).

In *Love 2.0*, Fredrickson writes of experiencing micro-moments — with both loved ones and strangers — as imbued with the power of love and compassion. These micro-moments with strangers begin by noticing what might be non-verbal signs of suffering: facial expressions such as a grimace or furrowed brow, a slumped-over posture, or heavy sighs. (Fredrickson, 2013). Fredrickson suggests that there is an opportunity to send immediate compassion by repeating modified lines of a LKM aimed toward the sufferer: *May your pain fade away; May you find ease; May your burdens be lifted*. This practice of repeating phrases is not about the specific words said but about the emotions evoked; Fredrickson suggests modifying the words until the focal actor feels a perceptible shift. LKM increases our feelings of connectedness as human beings, which opens doors to acting compassionately. (Fredrickson, 2013).

After noticing, the next action is to make and maintain eye contact, followed by a smile that conveys a sincere bid for connection (Fredrickson, 2013). What follows next is determined largely by contextual clues as to the seriousness of the situation (a conversation with an Uber

driver, for instance, might be more lighthearted than a conversation in an oncologist's waiting room). Body language such as nodding and leaning forward, subtly shifting toward the sufferer (Fredrickson, 2013) and facial expressions that show engagement (Ekman & Ekman, 2017) all convey a posture of concern toward another.

In Worline's and Dutton's (2017) research on compassion in the workplace, compassionate actions shown toward individual coworkers can include sending meals or gifts, providing emotional support through cards or online messages, and coordinating a response to pain such as donating vacation time or absorbing additional work roles for the sufferer (Lilius et al., 2011). Through a work environment that has a connected network and culture, these actions are possible whether an individual knows their co-workers well or whether they are strangers. Outside a workplace network, this isn't possible in interactions with strangers. Worline's and Dutton's organizational research, however, provides relevant processes for showing compassion to those we do not know. These steps include: noticing suffering, using gentle inquiry work, turning off one's phone, creating a space either physically or emotionally for emotions to reside, and listening closely when a painful story is given (Worline & Dutton, 2017). All of these actions could be taken in the right situational context with a stranger.

When a compassionate interaction with a stranger provides mutual connection and regard, there can be what Fredrickson (2013) calls positivity resonance. Positivity resonance is the experienced synchronicity between two individuals, which increases positive emotion felt between the two and builds psychological resources such as resilience and increased perspective. Positivity resonance also enables the possibility that two people — even strangers — can have biobehavioral synchronicity that mediates mutual care and concern (Fredrickson, 2013). This

emotional connection can bind two people, the one who suffers and the one who acts to relieve suffering (Kanov, et al, 2004).

An example of positivity resonance occurred between a doctor and his patient in Charlotte, NC, in late June. India Marshall woke up from surgery to remove growths on her skull to discover that her naturally curly hair had been braided so that she could care for her incisions — and it was her male surgeon who braided it for her, Dr. Jewell Greywoode.

“For me, it was an indication of somebody seeing me, and what I mean by that is seeing me as a Black woman and the things that impact me on the daily, and hair being one of them.” Marshall said. She initially thought that one of the nurses did the braiding. “Just to have that experience — it is priceless” (Mendis, 2020).

“That’s what patients want,” Greywoode says. “They want you to be kind and compassionate and actually think of them individually” (Mendis, 2020). This was compassionate action, combined with cultural sensitivity, to create an example of positivity resonance that has been “liked” half a million times on social media.

Beholding

A nuanced and loving way to be with someone in pain is called *beholding* (Sandelands, 2014). Worline and Dutton (2017) define beholding as the regard of an individual that includes their inherent “worth and beauty.” (Worline & Dutton, 2017, p. 223). Sandelands (2014) makes the distinction between simply seeing pain in another and beholding that individual: “To see is to declare a thing a discrete object apart from our self. To behold is to hold a thing in being with our own.” When directed toward a stranger, this enhanced way of responding to pain reflects the

regard that we are all part of a common humanity, and that every being is therefore deserving of love and compassion.

Zay Jones, a Black NFL player for the Las Vegas Raiders, had an experience of beholding that he shared on his Twitter account on May 30:

I was just at a local Home Goods store with my cousin getting furniture for my place when an elderly white woman approached me at the check out counter. She looked at me with tears in her eyes... and then said "I'm from Minneapolis and I just want you to know, you matter to me." He continued, "I hesitated to hug her because she was wearing a mask from practicing social distancing, but I asked if she wanted a hug and she folded into my arms. She cried while she told me how important it is to spread love. I didn't get her name but I'm grateful for the encounter. Beautiful hearts still exist. Be the example. Be the light. Love others (Jones, 2020).

Collective Action toward Groups: The Importance of Leadership Roles

Collective compassion begins with individual noticing and moves towards becoming a social process in which many people can contribute to the alleviation of suffering for another (Kanov et al., 2004). This combined effort to mobilize resources to alleviate pain is called compassionate organizing (Dutton et al., 2006). Compassionate actions in organizations can require mobilization of significant resources toward someone in pain, which requires the involvement of leadership (Dutton et al., 2006). When considering the role of leadership in compassion, it is important to recognize that in these roles, one person (or a small group of people, such as an executive team) has the power to affect many in their organization, often strangers. Compassion actions of leaders can also model beneficial responses to suffering, in the

instance where the members of an organization may not know each other well, or at all (Dutton et al., 2006).

Compassionate actions of leaders can vary on a spectrum from individual emotional support to creating formal programs that exist to compassionately support the suffering of organizational members (Lilius et al., 2011). To help the leader who might not intuitively know the correct course of action in the face of suffering, Worline and Dutton (2017) have developed twelve leadership moves. These moves can be categorized into ways leaders can affect individuals or larger groups. These twelve moves break down into five categories: actions that help the expression of suffering; actions that direct the level of attention individuals pay to suffering; actions that influence the sense or interpretation people make of a painful event; actions that shape the expression and spread of emotion through the organization; and actions that impact the enabling or suppression of action within the organization (Worline & Dutton, 2017).

These actions have an impact on a larger scale than just relieving suffering. When leaders engage in noticing pain, feeling empathy, and acting compassionately ((Kanov et al., 2004) they demonstrate that these behaviors are worthwhile and valued in the organization, modeling beneficial ways to spend company resources (Worline & Boik, 2006). By affecting the opinions of others in the organization besides the sufferer, leaders have the opportunity to influence an ever-widening group of people, much more expansive and inclusive than the people they would be able to affect one-on-one. This widespread change in thought and behavior can be characterized as creating a culture of compassion. In organizations, culture is defined as “a pattern of shared basic assumptions learned by a group as it solves its problems of external adaptation and internal integration” (Schein, 2010, p. 18) — or, put more simply, “the correct

way to perceive, think, and feel” (Schein, 2010, p. 18) in the organization. While experiencing a moment of compassion as a sufferer might be a momentary event, when other organizational members observe compassionate response, it often influences them in a lasting way (Lilius et al., 2011). When members observe supporting and caring behaviors, it changes their experience at work, increasing feelings of commitment and connection to their organization (Lilius, Worline, Maitlis, Kanov, Dutton, & Frost, 2008). Observing compassionate action by leaders and others in the organization can also bring positive affect and organizational commitment to members through a feeling of organizational virtuousness (Cameron, 2003). Virtuousness is present when the “ennobling” (Cameron, 2003, p.18) aspects of organizational life are prioritized over profit making and efficiency. This feeling of virtuousness can lead to “prosocial contagion” (Cameron, 2003, p.18) that not only encourages more helping behavior in an organization but can deliver well-being benefits on its own such as moral elevation (Haidt, 2003) and decreased depression (Cameron, 2003).

Current Failures and Successes of Compassion in Leadership

Unfortunately, virtuousness and moral elevation are not always the norm. The compassionate actions of a leader may be impacted by the social biases I outlined earlier in this paper, and those biases can affect the entire organizational culture. This year has brought to light leaders who have failed to recognize a wellspring of race-related pain in their organizations, and in many instances have caused or exacerbated more suffering through outright racism or “willful blindness” (Heffernan, 2010) to these inequities. Several overtly racist and discompassionate high-profile leaders have subsequently been removed from their positions. In these examples, the leaders were in a position of being able to extend compassion to their members, but instead created more suffering:

- Adam Rapoport, the editor in chief of food media company Bon Appetit resigned amid the surfacing of photos of he and his wife in brownface, coupled with accusations of directly and indirectly repressing the voices of staff members of color (Neuman, 2020).

- After myriad staff reports of not promoting people of color to management positions and rejecting a Black model based on her race, fashion company Reformation's owner Yael Aflalo resigned, stating she had "failed the Black community" (Fish, 2020).

Positive change, however, can be seen. In the midst of the Black Lives Matter protests, thousands of companies sent emails to consumer inboxes stating their intentions to increase racial awareness — but these below leaders seized the moment to communicate an intention to make real change in their organizations.

- On May 29, 2020, Wells Fargo CEO Charlie Scharf acknowledged his biases in an email to employees: "As a white man, as much as I can try to understand what others are feeling, I know that I cannot really appreciate and understand what people of color experience and the impacts of discriminatory behavior others must live with." He convened a committee of Wells Fargo senior executives to meet daily to address societal inequalities facing Black employees.

- In June, Black and transgender model Munroe Bergdorf accused L'Oreal Paris of gaslighting and hypocrisy after they posted a message saying "Speaking out is worth it." L'Oreal dropped Bergdorf, the first transgender model for L'Oreal UK, as a model in 2017 after she spoke out on racism and white supremacy following the Charlottesville, NC neo-Nazi rally. On June 9, writing about Bergdorf's firing, L'Oreal Paris president Delphine Viguiere said that the company had the opportunity to amplify Bergdorf's voice, but instead silenced it. She then acted

by rehiring Bergdorf to serve on its UK Diversity and Inclusion Advisory Board, formed in the wake of the Black Lives Matter protests.

As organizations strive and sometimes scramble to become more inclusive with regards to race, a leader's compassion has a very specific role to play in the healing of what can be generations of pain. Adaptive leadership theory (Heifetz, 1994) states that leaders can use challenging unforeseen events as opportunities to see shortcomings in their organization, to make changes, and "mobilize resources" (Worline & Dutton, 2017, p.452) to make change lasting. These changes will strengthen the organization in real time and in the future.

Compassionate leaders, as in the examples of Scharf and Viguiet, can see suffering caused by their policies and immediately take action. Often, the policies enacted affect staff that the leader does not know. In this way, organizations are where the largest numbers of strangers can experience a compassionate interaction. These strangers can then derive well-being from feeling part of a larger community, an ecosystem that cares about the welfare of its human family (Worline & Dutton, 2017). Importantly, the lessons learned from organizational compassion can translate to a greater societal impact. As lessons of creating compassion at a macro level are learned, and benefits to individuals and cultures are proven, organizational compassion can highlight the correct path to "unleash" compassion at a global scale (Lilius, Kanov, Dutton, Worline, & Maitlis, 2012, p. 283).

Conclusion

"Compassion enriches us and enables us, even those of us who are neither the caregivers nor the recipients, because it holds forth a vision of what good society can be." (Wuthnow, 1991 p. 309).

In the research for this paper a common theme emerged: humans are social animals who need physical and psychological connection with others for our well-being. Our species has evolved to build social connectivity with others, but America in 2020 is a country being tossed between economic, health and racial crises that threaten the tensility and availability of these connections. The pandemic has taken, or changed, lives and livelihoods. Those living in white or white-adjacent cultures are realizing that the opportunities and freedoms that bolster their lives are not shared by those in black and brown cultures, even though we live in the same country, under the same laws.

Among the chaotic storylines and the pervasive feeling of unease about the future, there is hope to be found, based on compassionate actions that we can all undertake to add human connection to the lives of those we touch, both known and unknown to us. These processes begin by acknowledging that right now, social connection can take the form of compassion, because we are all experiencing some kind of personal or financial pain.

By cultivating an understanding of our common humanity, compassion brings a softness to one's engagement with others, including strangers. Acting in a way that is gentle and loving can bring health and well-being benefits to the focal actor and the sufferer. But perhaps more importantly for this moment in history, compassion can also pave the way toward meaningfully engaging with the more difficult aspects of our current social interactions, which are rife with fears of pandemic spread, social restrictions that feel contrary to human instinct, and racism-based social unrest. Acts of verbal compassion can provide much-needed connection during a time when our physical proximity is limited and touch is seen as dangerous.

Compassion is a necessity because we need the social connection, the health benefits, and the protection from depression and loneliness. But most of all we need to be reminded of the

goodness of humanity, and the possibilities of growth that can be enacted when we choose compassion over competition, and connection over conflict. We face unprecedented divides, but we have unprecedented knowledge of the power of compassionate action to transform our perspective and our social interactions. This transformation changes our bodies as well, with measurable gains in our neural structures and our vagal responses to stress.

Our forefathers wrote in the Declaration of Independence “we mutually pledge to each other, our lives, our fortunes, and our sacred honor” (US, 1776). In retrospect, we view this document and our founding fathers with contempt of their racist and sexist views — how they spoke of ideals but acted with bigotry. The lesson to be absorbed is that these imperfect people were able to create an ideal of human connection, and were willing to sacrifice their lives to each other in service of that ideal. This is the ideal we need to aspire to: not to our independence, but to our interdependence. Serve this ideal by acting with compassion, not just to those closest to you, but to strangers in the coffee shop, on the bus, and at your workplace. It will not cost your life. It will only cost you mere seconds.

Appendix

An acrostic shorthand for compassionate actions between strangers

Acknowledge the biases that might be obstructing your compassion

Consider the connectedness of all humanity

Tolerate difficult feelings of aversion or sadness in the face of pain

Check for non-verbal cues to pain such as body language and expressions

Ask someone —gently, respectfully—how they are or what they are feeling

Really listen when the answer is being given

Ignore your phone and make eye contact

Nod or lean forward, showing engagement with your body

Graciously acknowledge that you appreciate their connection

Love can reside in these moments of compassion

Your actions extend beyond the moment and can affect widespread well-being

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