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'The love that dare not speak its name': the role of compassion in social work practice

Abstract

The concept of compassion has little prominence in social work literature or in social work curricula, in contrast with those of nursing. This is despite compassion being a valued attribute of social workers from the perspectives of service users. This paper considers the meaning of compassion, possible reasons for its absence from social work parlance and its potential contribution to social work practice. Whereas empathy is seen as comprising affective and cognitive components, compassion is defined in terms of affective and behavioural elements. More specifically, compassion is perceived as comprising both of 'feelings for' the person who is suffering and a desire to act to relieve the suffering. The desire to act is distinct from the act itself. Focusing primarily on the 'desire to act' component of compassion, the paper suggests that the emotional health and mental wellbeing of social workers may be enhanced, rather than jeopardised, by acknowledging, facilitating and nourishing compassionate relationships with service users. It proposes that the emotional risks to social workers emanate not from the toll of feeling compassion for those in distress, but rather from a thwarting of their desire to act to alleviate suffering. It is argued that organisations have an important role in facilitating compassionate practice and possible avenues are considered to bring compassion into the fold of social work education, practice and research.

Key words: compassion, empathy, practice, resilience.

Introduction

Compassion is notable by its absence in social work literature. However, its rightful place in social work is indicated by its inclusion in the British Association of Social Workers' Code of Ethics for Social Work, which posits that social workers 'should act with integrity and treat people with compassion, empathy and care' (BASW, 2014, p.11). Similarly, the Northern Ireland Social Care Council (NISCC) expects social workers to, 'treat people respectfully and with compassion' (NISCC 2015, p.4).

The starting point of this paper is that in the context of neo-liberalism and market-based approaches to the delivery of care, compassion is, to coin the phrase used by Lord Alfred

Douglas in his poem about homosexuality, 'the love that dare not speak its name'. It argues that compassion is at the heart of social work and that attending to compassion, including what thwarts it and what helps it to flourish, highlights important messages for current social work practice. In particular, it suggests that the emotional and mental wellbeing of social workers may be enhanced, rather than jeopardised, by acknowledging, facilitating and nourishing compassionate relationships with service users. Furthermore, it proposes that the emotional risks to social workers emanate not from the toll of feeling compassion for those in distress, but rather from an inability to alleviate suffering.

The concept of compassion

The Latin etymology of compassion combines 'com', meaning 'with' or 'together', with 'pati', meaning 'to suffer'; thus, the essence of compassion is suffering with others. Larkin (2016) asked experts in palliative care to comment on a definition of compassion by Nouwen et al (1982:4): 'Compassion asks us to go where it hurts, to enter into places of pain, to share in brokenness, fear, confusion and anguish … compassion means full immersion in the condition of being human' (cited in Larkin, 2016, p.4). Most contributors agreed to some extent with this definition whilst highlighting compassion's broader role in fostering connectedness and engagement.

Compassion can be distinguished from related concepts, such as pity, sympathy and empathy. Pity and sympathy are subjective and can generate a distance from, rather than connection with the other person (Larkin, 2016). Empathy is viewed as comprising an

affective dimension through which we feel or sense the emotions of others, and a cognitive dimension, through which we think or imagine their perspective and experience (Gerdes and Segal, 2011). Whilst compassion also has an affective component - sensitivity to the suffering of others – its second component is behavioural, , comprising an urge to act in response to the suffering of others (Gilbert and Choden, 2013). This behavioural component, a desire to act, is one of the distinctions between compassion and empathy (Steffen and Masters, 2005; Ledoux, 2015).

Empathy is seen as a vital therapeutic tool in social work and counselling. According to Carl Rogers, experiencing empathy for the 'client' and communicating this to him/her is one of the necessary therapeutic conditions for change (Rogers, 1967). Whilst empathy generates the conditions for change within the service user, compassion's behavioural component focuses on the practitioner's motivation; it concerns the worker's own desire to act, rather than the desire to generate change within the service user. The desire to act is triggered by the worker's *own* feelings towards the other person, rather than by their 'taking on' of the other person's feelings. Empathy in practice means being with the other's emotions and communicating this understanding, verbally and non-verbally. Compassion moves beyond *understanding* the emotion to a drive to *act* in response to it.

To explore this a little further, Singer and Klimecki (2014) define empathy as feeling with the other person whilst retaining a clear sense that those feelings belong to the other and not to the self. Compassion, on the other hand,

> … is characterized by feelings of warmth, concern and care for the other, as well as a strong motivation to improve the other's wellbeing. Compassion is feeling *for* and not feeling *with* the other.
>
> (Singer and Klimecki, 2014, p.R875)

The distinguishing feature of the Buddhist definition of compassion is positive thoughts and feelings towards others - 'a genuine wish for the wellbeing of another' (Dalai Lama, 2012, p.21). Compassionate feelings arise from 'love', not in the sense of romantic love but rather a sense of shared humanity and altruism (Turney, 2010). Indeed, it is suggested that it is what we recognise of ourselves in others that gives rise to feelings of compassion (Holloway, 2014). Nussbaum (1996) sees compassion as resting on three beliefs: that the suffering we are witnessing is significant; that it is undeserved; and that we have 'possibilities and vulnerabilities similar to those of the sufferer' (p.35).

The behavioural/desire to act component of the definition of compassion can be distinguished from actually acting in response to compassionate feelings. The emotion prompting the desire to help is compassion; the helping action can be defined as care or caring. Interpreted in this way, care and compassion are related but distinct; it is possible to be compassionate but not care (i.e. not undertake a care-giving action) and to care (undertake a care-giving action) without feeling compassionate (Herring, 2017).

Obstacles to compassion in social work

There are a number of tensions or perceived barriers that may explain the absence of compassion as a concept in social work literature. Part of this discussion draws on literature regarding care, rather than compassion, but care when used here is interpreted as meaning caring acts prompted by compassion.

First, social work's commitment to promoting rights and social justice privileges values such as independence, autonomy, impartiality and control whilst relegating emotional and relational aspects of wellbeing (Lloyd 2006). It is not just that a rights' discourse can eclipse concern with care; care and rights come to be seen as oppositional (Gilligan, 1982). The Oxford English dictionary defines compassion as 'sympathetic pity and concern for the sufferings or misfortunes of others', resonating with superiority, patronage, distance and otherness. Care has been seen as oppressive in according power to the 'care giver' while consigning the 'cared for' to dependency and passivity (Priestley, 1999). In addition to being constructed as binary and oppositional, care and rights discourses attract differential social evaluations; for example, the autonomy associated with the exercise of rights is extolled while the dependence associated with care is spurned (Barnes 2006). An ethics of care lens, as developed by Tronto (1993) and Sevenhuijsen (1998), reconceptualises care as an inevitable feature of all human relationships. Our mutual interdependency and need to receive, as well as give, care are accepted and valued, rather than seen as experiences to decry and avoid. Justice requires attention to both care and rights; thus, Banks (2012, p.93-4), puts forward a 'situated ethics of social justice' which starts with social work's social justice agenda and incorporates ethics of care principles. The tension between rights and compassion can, therefore, be reconciled by a relational approach based on shared human experience (Herring, 2017).

A second source of tension lies in the impact of the wider context of neo-liberalism on social work (Ferguson and Woodward, 2009), including its denigration of the role of relationships and emotions. Social work services are predicated as being 'delivered' by rational, objective and detached practitioners who function on the basis of reason, rather than emotion (Williams and Briskman, 2015). Austerity has increased the conflict between social work's professional obligation to promote social justice and inclusion and its institutional role in restricting resources through tightly controlled bureaucratic processes (Symonds *et al*., 2018). Reliance on rules and procedures as predominating features of practice act as barriers to the experiencing of emotion and to connecting with others on the basis of shared humanity (Bilson, 2007; Collins, 2018). In order to feel emotional connections with others, it is necessary to 'see' them as human beings (Nussbaun, 1996). The distancing that arises from the use of call centres to screen referrals, fleeting and fragmented face-to-face contacts and prescribed and limited assessment frameworks obscures our shared humanity with service users (Bilson 2007). Ruch (2012) sees technical approaches as defences against the complexities and uncertainties of practice, including its emotional and relational dimensions. Technical-rational approaches can protect both organisations and practitioners. Not only are practice approaches rational and objective, but service users are constructed in these terms too, that is, independent, rational, empowered and self-interested (Needham, 2011). Relationships and emotions are seen as having little relevance to understanding either the social work role or service users themselves. Compassion, in contrast, is intrinsically relational and emotional.

A third source of tension is between compassion and professionalism. Professionalism, one of the nine domains of the Professional Capabilities Framework for social workers in England, includes a capability concerned with recognising and maintaining professional boundaries (BASW, 2018). However, professionalism can have negative connotations, as exemplified by the metaphor of a professional cloak or mask (Davies, 1998; Ash, 2013). In other words, the requirements and expectations of being professional can serve to obscure the humanity that social workers share with service users. The view that while service users' emotions are permissible, social workers are 'unprofessional' if they acknowledge their own emotions seems to become established in initial social work education (Rajan-Rankin, 2014). Ruch's (2014) research with social workers working with children notes that 'the practitioners struggled to allow their professional sensitivity to be a resource in the communication process' (p.2157); they viewed their experiencing of difficult emotions as indicating professional weakness, rather than an ability to connect (Ruch 2014). Many social work writers, both in the UK and internationally, argue strongly that social workers' ability to work with emotions – both those of self and others – is an intrinsic part of social work, essential for effective and humane practice (Shulman, 1999; Howe, 2008). O'Connor's (2019) narrative review of literature on social workers' use of emotion in practice sheds some light on the disjunction between the role of emotion in social work practice and social workers' professional identities. She highlights the paradoxical position of emotion in social work; it is recognised as significant for relationships and making sense of situations but regarded with scepticism in terms of 'professionalism'. This applied across a range of social and cultural contexts and amongst experienced social work practitioners, practice educators and students.

A fourth perceived obstacle to compassion being embraced by social work is the view that emotional involvement with service users is detrimental to the mental wellbeing of social workers. Despite the predominance of emotions in service users' talk to social workers (Howe 2008), social workers are expected to develop ways of distancing themselves from these raw emotions to avoid over-involvement, 'emotional contamination' (Dore, 2016) or 'empathetic personal distress' (Kinman and Grant, 2011). A study exploring resilience found that although social workers recognised empathy as essential for practice, they saw it as a threat to resilience, requiring the establishment of boundaries to protect them from intense and distressing emotions (Rose and Palattiyil, 2018). The social workers highlighted the conundrum that their main source of satisfaction was direct work with service users, but their perceived need to impose boundaries risked them becoming emotionally detached.

These various factors - rational and objective organisational cultures and practice, mechanisms that obstruct face-to-face encounters and continuing relationships with service users, rigid and narrow professional boundaries and beliefs that discourage connection with emotion - combine to create the conditions for 'othering', or seeing service users as somehow different from ourselves. If we accept Nussbaum's (1996) contention that 'the pain of another will be an object of my concern only if I acknowledge some sort of community between myself and the other' (p.35), this has significant implications for compassion in current social work practice. Compassion is a meeting place for the vulnerability of self and 'other' (Hudson, 2016); but social work practice creates walls that keep the emotions of both self and 'other' at bay.

Compassion in practice

Research on service users' views about the qualities needed by social workers attests to the significance of the practitioner/service user relationship and the worker's personal attributes, such as warmth and kindness (Beresford *et al.*, 2008). Sinclair *et al.'s* (2017) research with palliative care patients concluded that they distinguished between sympathy, empathy and compassion. Sympathy was experienced as a form of pity that distanced and protected the observer, while empathy was viewed as an attempt to connect emotionally with the patient's suffering. Compassion was characterised as: motivated by unconditional love; altruistic; action-oriented, aimed at relieving suffering; and commonly including small acts of kindness that went 'above and beyond' what could be expected. Compassion was the patients' preferred response. Whereas emotional resonance in empathy is an end point, in compassion it was 'a catalyst to a deeper emotional and physical response that aimed to improve the situation' (Sinclair *et al.*, 2017, p.444).

Compassion's subterranean existence in social work parlance does not mean that it is absent from social work practice. Hay (2017) carried out semi-structured interviews with social workers and service users in Australia to explore how social workers enacted care in their daily practice. Hay (2017) notes the 'acts of compassion' by which social workers communicated that service users were valued, such as accompanying them to the car with an umbrella on a rainy day. She refers to such acts of compassion as 'doing care' and notes:

> These example of 'doing care' called for something other than the application of evidence-based practice techniques, therapeutic practice models, or the universal rules

> and principles of ethical codes. According to the social workers I spoke with, clients required something more basic and 'pure': the presence of another human being who genuinely cared about the client as a person. They believed that clients required someone who was prepared to sit with the discomfort of witnessing suffering and realise the value and power of subtle acts of care in their rawest form.
>
> (Hay, 2017, p.6)

A key theme in Hay's (2017) study was the importance of social workers 'just being there' when service users experienced pain and distress: 'the act of sitting with and connecting with a client on an emotional level during a distressing time was perceived to be a powerful intervention in itself' (p.5). This 'feeling with' people and conveying emotional understanding verbally and non-verbally is the essence of empathy (Howe, 2013). However, showing compassion by acts of care and kindness may be more important to service users than words (Collins, 2018). It is surprising, therefore, that social work education and literature pay far more attention to verbal communication skills, including the expression of empathy, than to acts of *doing* care. Collins argues that acts such as practical assistance and sharing refreshments may be important, not only for conveying a sense of self-worth to service users, but also for helping social workers retain a sense of themselves as 'moral' as well as professional beings (Collins, 2018).

Symonds *et al.* (2018) illustrate the compassion present in social worker relationships with service users. They note the emotion evident when some social workers talked about particular service users and their sense of being 'deeply aligned' with them. For some, part of the connection was based on 'jointly addressing an intractable system' (p.11). The

feelings of shame and sadness generated by working as part of a system that causes and exacerbates social harm is echoed in other accounts of social work practice. Haworth (2018) describes sharing the feelings of shame and sadness of families when their children are removed, attesting to the 'connecting to the suffering of others' component of compassion. But what of the 'desire to act to alleviate this suffering' part of the definition? Haworth's account suggests not only that he experienced a limited capacity to alleviate this suffering, but also that he felt complicit in its instigation by being part of the system that generates and perpetuates the social harms at its core.

Costs of compassion

The different strategies used by social workers to manage their work-related emotions may increase or decrease their emotional connection with service users. Moesby-Jensen and Nielsen (2015) identified three forms of emotional labour used by social workers to manage difficult emotions: distancing (shutting off) their emotions; deferring them to process later, and a more pervasive grappling with emotions both in and outside of work when particular people or situations 'got under their skin'. Similarly, Grootegoed and Smith (2018) found that social workers used a range of strategies to protect themselves from the emotional impact of working with service users facing austerity pressures. These included: using rationalisations to distance themselves and minimise the impact of restrictive policies; harnessing their emotions to seek 'unofficial' routes to challenge policies; and using empathy as a symbolic resource for service users, compensating for their inability to help in other ways. Ash (2013) identified a 'cognitive mask' worn by workers in adult safeguarding

which protected them from experiencing difficult emotions generated by the work but also acted as a barrier to emotionally connecting with service users.

This raises the question of the costs of compassion to social workers themselves. Radey and Figley (2007) suggest, 'as our hearts go out to our clients through our sustained compassion, our hearts can give out from fatigue' (p.207). The evidence considered earlier suggests that the emotional labour through which social workers seek to control their emotions in order to preserve a professional demeanour may create emotional dissonance which can threaten their psychological wellbeing (Grootegoed and Smith, 2018). However, if they respond congruently with their feelings of shared humanity with service users, does this also have adverse consequences for them?

Compassion satisfaction is the term used for feelings of fulfilment gained from acts of compassion, whereas compassion fatigue refers to negative feelings that may comprise one or both of two distinct components: burnout and secondary traumatic stress. Burnout relates to organisational factors, such as high workloads or inadequate support, whilst secondary traumatic stress arises from exposure to disturbing situations and seriously distressed people (Stamm, 2010). Radey and Figley (2007) identify four factors associated with compassion fatigue: lack of self-care; previous experience of unresolved trauma; uncontrolled work stress; and job dissatisfaction. It seems that compassion fatigue can be mitigated by both organisational factors, such as workplace support and quality supervision, and self-care strategies, such as exercising and fostering positive family and social relationships (Kapoulitsas and Corcoran, 2015).

A closely related term discussed by Fantus *et al*. (2017) is moral distress, experienced when occupational demands conflict with values, generating a moral dilemma. This connects to the second component of compassion: moral distress is likely to be experienced if the desire to alleviate suffering cannot be fulfilled. Discussing compassion fatigue in nurse/patient encounters, Ledoux (2015: 2047) suggests that compassion fatigue is 'a symptom of an interruption in the relationship, when the act of caring has been impeded or obstructed'. She argues that practitioner distress arises not from 'being with' others in their pain but from the inability to alleviate suffering. In other words, compassion fatigue arises not from 'feeling with' others but when the behavioural component – the ability to respond to the desire to act – is disabled.

Whilst moral distress relates to a dilemma or conflict between occupational demands and values, the concept of moral injury refers to an awareness of harm (psychological or physical) arising from the actions of self or others that contravenes firmly held moral beliefs (Haight *et al.*, 2017). Social workers may experience *moral distress* through not being able to act compassionately, but *moral injury* if their actions or those of 'the system' are perceived as causing harm to those they feel a moral and professional obligation to help. In Haight *et al's* (2017) research with child protection social workers, moral injury arose from factors such as lack of resources, policies perceived as unjust and poor quality services. Moral injury seems pertinent to Haworth's (2018) discomfort, discussed earlier, at acknowledging his entrenchment in a system that causes social harms to families.

Being able to act in a way that is perceived and experienced by the practitioner as helpful - fulfilling the desire to act – may mitigate compassion fatigue. Dekel *et al.'s* (2007) research

on the degree of post-traumatic stress and emotional distress experienced by Israeli hospital social workers who had given emergency assistance to victims of terrorist attacks found that the levels of secondary trauma and emotional distress were relatively low. One of the factors that seemed to account for this was the social workers' belief in the value of their work in helping others, bolstered by public recognition of their role.

Compassion satisfaction

Whereas compassion fatigue focuses on the negative impact of compassion on practitioners, compassion satisfaction refers to the pleasure derived from being compassionate towards others. Research with hospice social workers suggests that compassion satisfaction reduces the degree of compassion fatigue experienced (Pelon, 2017). A study of Norwegian child protection workers found that higher levels of compassion satisfaction were associated with organisational factors, such as positive work challenges, motivation and a sense of commitment to the organisation (Baugerud *et al*., 2018). This resonates with factors that build emotional resilience in care professionals (Grant and Kinman, 2014).

Interestingly, neurological research suggests that while empathy with those who are suffering can have a negative impact on emotional wellbeing, feelings of compassion can generate positive affect and emotional resilience (Singer and Klimecki, 2014). This work is founded on the conception that compassion is grounded in positive feelings towards the wellbeing of others, consistent with the Buddhist definition. Singer and colleagues conducted various neuroimaging studies that investigated different neurological responses

to empathy and compassion. Empathy activated neural networks related to self and engaging with the negative emotions of others gave rise to empathic distress and withdrawal. In contrast, compassion engaged neural systems oriented to others, rather than self, and was associated with positive feelings and the motivation to help others.

Consistent with Singer *et al.'s* research, Stickle (2016) highlights the importance of 'compassionate presence' by which she means a state of being with the person who is suffering in mind, body and spirit – being present with the person and with the suffering itself. She argues that this level of awareness – a stance of loving kindness towards others - can generate positive emotions, despite the presence with suffering. Feelings of loving kindness trigger positive affect, in contrast to empathy where the sharing of distress gives rise to negative emotional states.

The way forward

There are a number of implications that arise from this exploration of the role of compassion in social work.

If compassion is the desire to act that is evoked by 'being with' others in distress, then attention needs to be given to the nature of these 'acts'. Experiencing compassion may prompt the use of self as a tool to relieve suffering (Sinclair *et al*., 2017), including 'being there' in suffering and small acts of kindness (Collins, 2018). Rethinking professional boundaries to render these more fluid and reflexive, encompassing gestures of kindness,

could serve to connect, rather than separate, social workers and service users (O'Leary *et al*., 2013).

For social workers, small acts of kindness, or acts of emotional connectivity, that respond to private troubles are intrinsically linked to identifying and addressing public issues. As Schwartz (1969) argued, social work's focus is not the dualism of 'case-versus-cause' but the integration of 'case-to-cause'; the two are inseparable. The 'desire to act' component of compassion can lead to change at a structural level if 'moral outrage' at people's suffering spurs protest and political transformation (Williams and Briskman, 2015). Williams and Briskman note that social workers are immersed in emotions and circumstances that are profoundly disturbing and distressing, yet these are largely concealed from view. They argue the need for 'exposure work' to translate individual suffering into political issues:

> … in our daily lives we feel increasingly removed from the sources of distress, plagued by a sense of helplessness to effect change, challenged by what might be an appropriate focus for action, uncertain about what our role should be and increasingly distracted by the rudimentary concerns of the day to day. Indifference and complacency are contemporary enemies as it becomes more difficult in an age of prosperity/austerity, of individualism and the rise of the self over the collective, to bridge the gaping divide and engage passionately rather than technically with these distressing issues.
>
> (Williams and Briskman, 2015: 6)

Compassionate social work practice has emotion at its heart, but the affective component alone is insufficient. If social workers can harness the desire to act and believe that their

acts will make a positive difference, there is the possibility of 'converting outrage into action' (Williams and Briskman, 2015: 14). This reinforces the point that there is no inevitable tension between care and justice or between compassion and rights; compassion can be a tool and a trigger for policy change to promote social justice (Marshall, 2012).

Another future avenue is exploring the impact of compassion on both service users and social workers themselves. The neglect of compassion as a significant concept in social work means that there is limited research to inform its practical application. Empathy is recognised as a therapeutic tool (Rogers, 1967) that improves outcomes (Gerdes and Segal, 2011). But what part does compassion play in service users' experience of their relationship with social workers? There is some evidence from palliative care that compassion is more helpful than empathy (Sinclair *et al*., 2017), but research is needed in a social work context to unravel how compassion is communicated to service users and its impact. For example, compassion may have a therapeutic role in conveying authenticity and congruence. However, of broader significance is the impact of the 'genuine wish for the wellbeing of another' between human beings, rather than compassion's value as an intervention or therapeutic condition for change. In terms of social workers' wellbeing, Singer's work suggests that compassion can be more beneficial than empathy, but more research is needed on what contributes to and enhances compassion satisfaction in social work. A focus on compassion can extend to self-compassion, with potential benefits for social workers' mental well-being (Kotera *et al.*, 2018).

Another future direction for compassionate social work is to incorporate compassion into social work training, alongside empathy. Singer *et al.'s* research suggests that people can be

trained to feel compassion using meditation-related approaches that generate feelings of kindness and altruism, enabling them to connect with the suffering of others whilst maintaining positive feelings (Singer and Klimeck 2014; Engen and Singer, 2015). Similarly, Stickle (2016) argues that practitioners can learn through compassion training to be present with suffering in ways that maintain their own positive affect rather than experiencing empathic distress. There is evidence that the ability to practise compassionately can be developed and nourished by processes that help practitioners to engage at an emotional level and share feelings that would otherwise remain unconscious (Dewar and Mackay, 2010). If compassion arises from what we perceive of ourselves in others, training social workers to be compassionate must also encompass helping them to understand their own 'wounds' and need for healing; shared weakness and vulnerability will facilitate connection with service users (Holloway, 2014).

This requires 'reflective organisations' that stop teaching compassion *out of* people (Byock, 2016) and instead make space for staff to explore the emotional dimensions of practice (Ruch 2012). For example, Dewar and Nolan (2013) developed a model based on 'appreciative caring conversations' that helped staff, patients and their relatives form compassionate relationships in an acute hospital setting. Given the current predominance of procedural approaches, social workers will need preparation and encouragement from their employing organisations to attune themselves to reflective and emotional aspects of practice (Ingram, 2015). Role modelling seems to be a powerful way of learning to be compassionate (Byock, 2016); organisations need to provide role models who authorise 'being with' people who are suffering as a valid use of worker time and who support the development of workers' skills and confidence to do this.

Conclusion

In order to *feel* compassion *for* service users, social workers need to have opportunities to connect with them emotionally. The dictionary antonym of compassion is indifference and, as George Bernard Shaw said, 'The worst sin toward our fellow creatures is not to hate them, but to be indifferent to them: that's the essence of inhumanity'. Gilligan (2014) argues that rather than asking how we acquire the ability to care, we should instead ask what it is that makes us lose the capacity to care. It is difficult to care and feel compassion when the humanity of the other person is not visible and there are many facets of social work practice, discussed earlier, that hamper social workers from 'feeling with' the distress of service users (Bilson, 2007). Compassion depends on connecting with suffering so a starting point has to be opportunities to be with individuals through their suffering.

To engage in compassionate social work practice, social workers have to believe that it is legitimate to experience and express emotions that are triggered by entering into worlds that feature pain, trauma and distress. We have to take seriously what service users say about the behaviours they find helpful in their relationship with social workers, such as the use of self-disclosure and touch, which are often frowned upon in professional terms (Doel and Best, 2008). Notions of professionalism need reformulating so that the qualities and skills valued by service users are embraced within the professional role rather than jettisoned; this includes active emotional engagement with those in distress and sharing of vulnerability.

Compassion focuses attention on the significance of the behavioural component of the desire to act that is triggered by ''being with' others who are suffering. The satisfaction experienced at supporting people to improve their lives is an important motivator for social workers (Symonds *et al.,* 2018). In contrast, not feeling able to make a difference is a contributory factor in burnout (Stamm, 2010). Being thwarted in their desire to help is a likely contributory factor in social workers' moral distress and compassion fatigue. Furthermore, the evidence considered here suggests that social workers' emotional connection with service users may augment their resilience, rather than jeopardising it, as often portrayed in the literature, if the emotional connection is rooted in positive feelings towards others that motivate helping (Singer and Klimecki, 2014). However, this requires compassion training for practitioners and mechanisms to share feelings and vulnerabilities, such as emotion-focused supervision and peer support.

If acts of compassion are significant for both service user and social worker wellbeing, we need to think about the nature of these acts and how they can be facilitated. As argued earlier, sometimes simply staying with people to offer comfort may be sufficient as a compassionate act in itself (Hay, 2017). Other compassionate behaviours may range from small acts of kindness to relational methods and approaches and use of the social worker's self. Such acts reflect Herring's (2017, p.161) concept of 'compassionate relational care', that is, a feeling of compassion that is enacted in and through relationships in practice. Other compassionate acts may be triggered by moral outrage (Williams and Briskman, 2015) and represent social and/or political action on behalf of service users or causes that underpin their difficulties (Grootegoed and Smith, 2018).

Finally, compassion is a social and political responsibility as well as an organisational and individual one; compassionate institutions and compassionate individuals are mutually reinforcing (Nussbaum, 1996). Singleton and Mee (2017) argue the need for a critical examination of the way that compassion is extolled in policy as an attribute of individual practitioners, overlooking the part played by cuts in resources and services and the drive to achieve managerial targets. They argue the need for 'a politics of compassion that promotes an understanding of structural conditions of inequality and injustice and creates the potential for structural change' (p.141). The concept of moral injury offers a tool for such critical examination.

Although we cannot rely on compassion alone to promote social justice, compassion does have a place at the very heart of this endeavour. Compassionate social work has the potential to improve the process and outcomes for service users as well as enhancing the mental wellbeing of practitioners, but there is much groundwork to be accomplished for this to be realised. A starting point has to be bringing compassion into the fold of social work education, research and practice.

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