

Samou Kamdem, Marino, 2020

Volume 6 Issue 1, pp. 754-759

Date of Publication: 24th June 2020

DOI-<https://doi.org/10.20319/pijss.2020.61.754759>

This paper can be cited as: Marino, S. K., (2020). Cultivating Compassion at the School to Fight Out Discrimination Practices. PEOPLE: International Journal of Social Sciences, 6(1), 754-759.

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CULTIVATING COMPASSION AT THE SCHOOL TO FIGHT OUT DISCRIMINATION PRACTICES

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Abstract

Using interview sequences from collected data in the context of qualitative biographical studies of health practitioners - originating from Sub-Saharan- Africa and working in some European countries, this study focuses on the development/cultivation of Compassion, even in really difficult situations in the interaction with our fellow human beings in a globalized world. Facing rejection because of discrimination – e.g. the color of their skin, can be perceived by many persons as an offense and lead to victims automatically developing defensive behavior, which can most of the time only aggravate the already bad situation.

How can using compassion help in those situations and what can educational settings contribute to cultivating compassion in the classrooms for better interpersonal relationships worldwide? Compassionate Education aims to prepare learners and instructors for cohabiting in a multicultural society, where differences are accepted and appreciated. It is thus crucial that political authorities, authors, teachers, and learners be directly involved in this global and vital issue.

Keywords

Compassion, Racism, Sub-Saharan- Africa, Compassion and Racism, Education

1. Introduction

Every time it is planned to carry out changes in the society, Education comes first because of its undisputable and overwhelming power. Experience has shown that it is strategically comfortable to start working on children and youngsters, precisely when the

political authorities want to reach certain goals, e.g. in implementing (new) societal orders and values and/or rectifying observed insufficiencies in our societies.

To accomplish such goals, education and schools appear as indispensable instruments offering the possibility for wider groups of people to be reached qualitatively and quantitatively, thus influencing these groups positively in the long term.

About social issues, this contribution uses a sequence of a Case study to focus its attention on the cultivation of compassion in human interactions in order to emphasize the fact that someone can be in the position of victim or discrimination, but still show compassion to the person who offended him. This uncommon coping strategy has effects: It educates the other person involved (directly as well as indirectly) about the problem context or environment; thus, making them think or reflect more before acting in other similar situations and contribute to a better world.

2. Definition of Compassion

Literarily defined as the action to suffer together, the word compassion refers to the “feeling that arises when you are confronted with another’s suffering and feel motivated to relieve that suffering” (Greater Good Magazine 2019). It comes from the Latin root *com* and *pati* referring to the verb “to suffer” or “to bear”.

The definition of compassion is generally closely related to the word empathy, which more references to the ability of a person to put himself in the place of the other person encountering difficulties, take her/his perspectives and share her/his emotion at this specific time. Compassion is more than this faculty because it highlights the important desire to actively help in alleviating or reducing the suffering of the other person in front of you.

At the social level, bringing the culture of Compassion into educational settings can be an opportunity in making the interrelationships between human beings more viable, interesting, and meaningful. It is possible to reinforce the culture of compassion as the so-called “soft skills” in the classroom, beginning with preschool pupils and continuing into the university via the elementary school students. An important step in this process will be the acknowledgment that suffering is part of being human and everyone can experience it. This can contribute to preparing people for compassionate practices, behavior, and acts in their everyday life.

The following interview sequence focused on exploring the vocational identity of migrants working in a European environment with a particular focus on black doctors. It further highlights the different strategies used by the reference group to cope with the encountered problems in the migration context.

3. An Explanatory Case Study

The following interview sequence comes from a collection of interviews for a social educational project about Sub-Saharan African medical doctors working and facing challenges in multicultural contexts - Interview translated from the German by the author. Here, different coping strategies were developed by this reference group to achieve its goals in the host countries in Europe. Among these strategies can be highlighted the way of acting with altruism (and even far beyond it); as well as highlighting how compassion could be applied with difficult issues or in challenging contexts.

For understanding what happened in this abstract, I found it more convenient to use for this contribution the whole appropriate interview sequence concerning Compassion with the informant person here, called Salif - Pseudonyms have been used for anonymity.

Interviewee: “[...] I entered the surgery room hmmm and the patient already lay on the examination table, it was a patient (.) a man and I had to examine him. I was at that day the doctor on duty for my special field hmmm. I entered and greeted the patient and wanted to share a handshake with him. He didn’t accept. I didn’t perceive at that time that- that he (.) ((laughs)), I first left and collected the papers of the patient and browsed the patient’s files, started the anamnesis and asked How are you doing, Do you have a pain somewhere etc. You know these common questions. And he didn’t reply.

Interviewer: Mhmm

Interviewee: Yes, a colleague stood next to me hmm an assistant not an assistant doctor but hmmm a staff member let me say it so. He got it earlier and I didn’t get it at the beginning and asked another question and another question etc. and thought okay (,) maybe he would not understand me and I started to speak in a loud voice ((laughs))

Interviewer: ((laughs))

Interviewee: And the patient replied, but not at me. He answered one of my questions, but addressed the answer to my staff assistant and this one told me (2) hmmm doctor he doesn’t want to speak with you- he doesn’t want to speak with you. He understands quite everything you’re saying. I was a little bit hmmm okay I swallowed a little bit and told the patient okay listen to me: there are other medical doctors here and hmmm hmmm I would like to consult on you but if you do not want it I will first check out if we can find a second doctor who can offer you a consultation. He didn’t reply. I popped out and called a colleague, a senior physician and hmmm she first refused (.) [...] she became very angry and wanted to boot out

the patient because she said such a thing we don't have it here and I told her okay, come on hmmm I think we shall not do it. I said hmmm we shall not discriminate against any person based on how they discriminate against us. He shall receive his treatment and not be booted out following the slogan that "it is no consultation for racist patients in this hospital". And then she understood hmmm and consulted the patient ((laughs) [...])" (Interview Salif, Line 224- 256)

4. What is the Lesson of History?

The interviewee in this sequence is at the time of the interview a young doctor – the head physician who faced in his occupational career a lot of difficulties, for example, racial discrimination in the multicultural society where he lives in Europe. Nevertheless, he renounced using violence as a reply to the violence produced by the patient against him with the purpose that he can contribute in reducing such kinds of discrimination by behaving like he did, without hate or revenge.

He shows compassion to his “torturer”, which he considers as a person with trouble who needs understanding, love, and help. He didn't judge him because of his acts in his own office. According to Salif the racist patient in this case is not the person who can normally think; because he has some handicap which blocks him from behaving otherwise.

Therefore, he needs help - he is suffering and doesn't deserve to receive more pain because of his acts. By so doing, the Interviewee inverses the role between both parties in their interaction and creates positive confusion in the mind of his “torturer” who can, maybe in the future little by little change his mind after self- criticism and also start behaving with compassion and love in his everyday life. He also creates positive confusion for the patient, impacts his interaction with the patient and all other persons involved directly and indirectly in the (conflict) situation, e.g. other patients and colleagues.

“[...] we shall not discriminate against any person based on how they discriminate against us”: This citation can be archived as a lesson of morality for the human beings in painful situations like these described above. Another advantage of using compassion as a coping strategy is the low probability of conflict- escalation with this method. The interviewee does not clearly mention the origin of his motivation to react in that way with compassion.

It can be found out that neither the religion nor law – in the form of medical ethics, influence his compassionate approach and understanding of compassion. This can be related to his biography.

5. Conclusion and Recommendations

According to current research about compassion, its cultivation improves the health of the persons who use it by strengthening their immune system, normalising their blood pressure, lowering their stress and depression, improving their physical recovery from illness, and even extending their life (Tierney, Ozer & Perry 2018 / Sinclair, Norris, McConnell, Chochinov, Hack, Hagen & Bouchal 2016). The following recommendations for improving the teaching of Compassion in classrooms can be proposed for motivating emphasis on this virtue in Education.

How to teach and evaluate compassion in the classroom? (See Hooria Jazaieri 2018)

- Integrate attention and practices of awareness in the classroom start with the foundation of mindfulness.
- Clearly define what compassion is and what it is not
- Help students identifying the four components of Compassion (cognitive, affective, intentional and motivational) within themselves
- Help students identify the limit / barriers to their own compassion. The recognition of our limits can help us better cultivate our compassion
- Check- in and share in small or large groups about their own life experiences with compassion.
- As an educator you are a powerful role model of compassion : we must meet the student with compassion, particularly in difficult situations.
- showing attention as altruism, cultivating compassionate behaviors using for example voluntarism to help other classmates or in everyday live. Encourage compassionate listening without interrupting the speaker, problem solving, asking questions etc, but with more attention in the body language and soft eye contact, open body posture. Encourage students to be in daily life with suffering.

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