Editorial

Articles

Book Reviews

Research Notes

Social Work Practice of Hospital Social Workers under the Structural Adjustment Program in Greece: Social Workers Protecting the Right to Health Care within the Context of Neoliberalism

Maria Pentaraki

Dr. Maria Pentaraki[1] is Lecturer in Social Work at the School of Social Science, Education and Social Work, Queen's University Belfast. Previously she has held academic posts in England and Greece where she was also the Head of one of the largest social work departments. She has a wide range of research interests such as international social work, social work practice under austerity, shared austerity reality, grassroots community solidarity structures, gender based violence, dating and teenage relationship abuse violence and LGBT issues. She has been actively involved in the peace and justice movement throughout her life in many countries in which she has lived.

Abstract
OBJECTIVES: This study explores the effects of the Structural Adjustment Program (SAP) and its resultant social spending cuts and austerity measures on social work practice in Greek public hospitals. THEORETICAL BASE: The research is informed by a critical social theory approach. METHODS: Qualitative interviews were conducted with eleven senior social workers. OUTCOMES: Data gathered from qualitative interviews in 2011 reveal that underfunding and understaffing causes workers to intensify their professional efforts and to increasingly draw on more informal contacts, as well as on their personal resources, to respond to the needs of service users. Health care spending cuts within the context of neoliberal capitalism clearly undermine participants' ability to effectively perform their work, but they do the best they can with the available resources. Faced with an increasing inability to provide optimal care, participants reorient their focus to at least providing emotional support. A strong theme of resistance emerged, with participants insisting that health care is a right and not a commodity. SOCIAL WORK IMPLICATIONS: The paper maintains that it is imperative for the social work profession to understand that the difficulties they experience emerge within the context of neoliberal capitalism and thus austerity measures and social spending cuts need to become a locus of intervention.

Keywords
neoliberalism, social work, austerity, Greece, health care as a right, Structural Adjustment Program, resistance, social spending cuts, hospital social workers, relationship based social work

[1] Contact: Maria Pentaraki, MSW, PhD, School of Social Science, Education and Social Work, Queen's University Belfast, 6 College Park, Belfast, BT7 1NN; m.pentaraki@qub.ac.uk

Young People's Perceptions of Smoking Behaviour and the Implications for Social and Health Workers

Linda Homan, Emma Regan

Linda Homan[1] is a Senior Lecturer in Social Work, at Anglia Ruskin University, Cambridge, UK. This post involves teaching and assessing social work students. A particular research interest is to address the inequalities faced by those living in poorer socioeconomic areas.

Emma Regan[2] is Public Health Coordinator for Colchester Borough Council (Essex, UK). This post is designed to help embed Public Health within the borough council by implementing a series of projects and initiatives to work collaboratively on giving children and families a good start in life.

Abstract

OBJECTIVES: Addiction to smoking has serious health implications, particularly as addiction may lead to a lifetime smoking. Social workers work with socially deprived clients and therefore can have a role in assisting in health behaviour choices. THEORETICAL BASE: Social constructionism - what constitutes young people's need to smoke. METHODS: To understand why young people smoke qualitative phase one interviews (n=40) took place in six deprived areas of Essex, in England. A quantitative questionnaire was sent to 14 districts of Essex. Comparison was made between Higher deprivation (HD) and Lower Deprivation (LD) areas (Total n=1711). Ethical approval was via Anglia Ruskin University Faculty Research Ethics Panel, and Essex, Thurrock and Southend local authorities. OUTCOMES: Phase One: The phase one results demonstrate that young people who smoke are mainly stimulated by stress (14 of the 40 participants). Phase Two: Found that 70.1% of high deprived area (HD) and 62.6% of less deprived area (LD) Smokers identified 'stress' as the most significant reason for smoking. IMPLICATIONS FOR SOCIAL WORK: Social workers can help people understand their feelings of needing to smoke cigarettes / smoking behaviour, and to help them manage stress without the need to smoke.

Keywords
young people, smoking, stress, addiction, boredom, poverty

[1] Contact: Linda Homan, Anglia Ruskin University, Guild House, Peterborough, PE2 9PW; linda.homan@anglia.ac.uk

[2] Contact: Emma Regan, Public Health Improvement Coordinator, Environment Services, Colchester Borough Council, 33 Sheepen Road, Colchester, Essex, CO3 3WG; emma.regan@colchester.gov.uk

Health, Wellbeing and Social Support in the Groups of Employed and Unemployed in a Finnish Community

Timo Toikko, Yerkin Kulymbaevitch Uisimbayev, Aini Pehkonen

Timo Toikko[1] is a professor of social work at the University of Eastern Finland. He has authored books on the history of Finnish social work, and the current development of Finnish social care services.

Yerkin Kulymbaevitch Uisimbayev[2] is a doctoral student at the Academy of Public Administration, which is under the President of the Republic of Kazakhstan.

Aini Pehkonen[3] is a professor of social work at the University of Eastern Finland. Her research interest is focused on social inclusion, social exclusion, social relations and social capital.

Abstract
OBJECTIVES: In the present study, we examine whether the labour market status is a significant factor in explaining the association between self-rated health and subjective well-being. THEORETICAL BASE: We test whether social support reduces the negative effects of impaired health on well-being. Hence, we analysed whether the groups of employed and unemployed are different in terms of how they each benefit from receiving social support. METHODS: The study is based on a survey conducted in 2016. The data consist of 841 respondents from which 732 had the labour market status of employed people and 109 had the labour market status of unemployed people. OUTCOMES: Labour market status is a significant factor in explaining the association between self-rated health and subjective well-being. Unemployed people with a low health status had a much lower rating with respect to subjective well-being compared to employed people with a similar low-rated health situation. There is a greater reduction in the impact of negative factors on subjective well-being via social support in the group of employed people. SOCIAL WORK IMPLICATIONS: The findings suggest that disadvantaged people should have been offered intensified services. From a policy perspective, the findings suggest a need for close cooperation between health, labour and social services.

Keywords
well-being, health, social support, unemployment

[1] Contact: Timo Toikko, University of Eastern Finland, Yliopistonranta 1, 70210 Kuopio, Finland; timo.toikko@uef.fi

[2] Contact: Yerkin Kulymbaevitch Uisimbayev, Academy of Public Administration under the President of the Republic of Kazakhstan, Abay ave, 33 a, 010000 Astana, Kazakhstan; erkin77@mail.ru

[3] Contact: Aini Pehkonen, University of Eastern Finland, Yliopistonranta 1, 70210 Kuopio, Finland; aini.pehkonen@uef.fi

New Paradigms in German Health Promotion – (New) Challenges for Social Work

Anna Lena Rademaker, Katrin Liel

Dr. Anna Lena Rademaker[1], Lecturer for Special Assignments at the Faculty of Social Sciences at FH Bielefeld University of Applied Sciences. Subject specialist for concepts and research projects at the German Professional Association for Social Work in Health Care *(Deutsche Vereinigung für Soziale Arbeit im Gesundheitswesen DVSG; dvsg.org)*. Main research interests: Health Social Work, Lifeworld orientated Health Promotion, Health in Child and Youth Services.

Dr. Katrin Liel[2], Social Worker and Professor for Social Work and Health at the Faculty of Social Work at the Landshut University of Applied Sciences. Main research interests: Social Work in Health Care, Clinical Social Work, Health Promotion, Drug Prevention, Dependence Aid.

Abstract
OBJECTIVES: This article addresses the new paradigms in German health promotion, as there is a new law (German Prevention Act) since summer 2015, asking for (new) challenges for social work. THEORETICAL BASE: This so-called "law to empower health promotion and prevention" encourages actors in this field to collaborate and forces the health insurances to put more than 500 million euros per year into a national health fund. The national prevention committee described recommendations on how to invest the money, and defined core areas (for example childcare services, schools, communities and care facilities) and core topics (for example the reduction of health inequalities). METHODS: Theoretical discussion and reflection on the current opportunities and the challenge for social work in health promotion and prevention. OUTCOME and SOCIAL WORK IMPLICATIONS: Lifeworld orientation in social work is derived as a theoretical framework to reduce health inequalities. Therefore, we focus on "health in everyday life" and discuss to what extend environmental limitations shape health-related agency – people's *real* options for action to decide either for or against an action. From a professional perspective it is inevitable to mandate for social work clients and their living environments, to include their agency in all considerations and to consequently address social disadvantaged target groups.

Keywords
health promotion, lifeworld orientation, health-related agency, German Prevention Act

[1] Contact: Dr. Anna Lena Rademaker, Dr. phil., M.A. Social Work. FH Bielefeld, University of Applied Sciences, Faculty of Social Sciences, Interaktion 1, D-33619 Bielefeld, Germany; anna-lena.rademaker@fh-bielefeld.de, www.fh-bielefeld.de/fb4

[2] Contact: Prof. Dr. Katrin Liel, Landshut University of Applied Sciences, Am Lurzenhof 1, D-84036 Landshut, Germany; katrin.liel@haw-landshut.de, www.haw-landshut.de

The Concept of Self-Care, Work Engagement, and Burnout Syndrome among Slovak Social Workers

Vladimír Lichner, Magdaléna Halachová, Ladislav Lovaš

Dr. Vladimír Lichner[1] is currently an Assistant Professor at the Department of Social Work, the Pavol Jozef Šafárik University in Košice. His main research topics focus on the self-care of social workers, and the risk-taking behaviour of various client groups. Pedagogically, he focuses on the theoretical, methodological and statistical aspects of the social work science, and also on the socio-pathological phenomena of various social work client groups.

Dr. Magdaléna Halachová[2] is an Assistant Professor at the Department of Social Work at the Pavol Jozef Šafárik University in Košice. She is professionally engaged in the risk groups of social work (unemployed, seniors, children endangered by CAN syndrome). Her research is focused on the modern social phenomena such as cyberbullying, social support via internet and social networks, self-care and the negative consequences of the workload of assisting professionals.

Prof. Ladislav Lovaš[3] is a Professor of Psychology and Head of Department of Psychology at the Pavol Jozef Šafárik University in Košice. His research is focused on processes of self-regulation and self-control in the context of goal attainment and aggression. He has published more than 80 articles, and book chapters, as well as several monographs, including Aggression and Violence *(Agresia a násilie)* (2010), Personal and Situational Context of Self-Control (2011).

Abstract
OBJECTIVES: This article focuses on the empirical verification of the connections between self-care, burnout syndrome, and the level of job satisfaction of Slovak social workers. THEORETICAL BASE: An essential part of working in the conditions of the provision of care is uncertainty, a risky environment, time pressures and the serious consequences of one's decisions. The area of self-care is essential in this context because it is comprised of self-care that enables one to increase the overall well-being in the work environment and can prevent negative phenomena in their work. METHODS: The author's questionnaire was used to evaluate the self-care performance among 405 social workers, which was used in combination with the MBI (Maslach, Jackson, 1981), and the UWES questionnaire (Schaufeli, Bakker, 2003). OUTCOMES: Four factors of self-care were identified. In addition, links between self-care and well-being at work, and burnout

[1] Contact: Mgr. Vladimír Lichner, PhD., Department of Social Work, Faculty of Arts, Pavol Jozef Šafárik University in Košice, Moyzesova 9, 040 59 Košice; vladimir.lichner@upjs.sk

[2] Contact: Mgr. Magdaléna Halachová, PhD., Department of Social Work, Faculty of Arts, Pavol Jozef Šafárik University in Košice, Moyzesova 9, 040 59 Košice; magdalena.halachova@upjs.sk

[3] Contact: prof. PhDr. Ladislav Lovaš, CSc., Department of Psychology, Faculty of Arts, Pavol Jozef Šafárik University in Košice, Moyzesova 9, 040 59 Košice; ladislav.lovas@upjs.sk

syndrome were identified. Self-care can therefore positively affect well-being and prevent burnout syndrome. SOCIAL WORK IMPLICATIONS: It is necessary to focus on improving self-care in professionals particularly through educational activities not only during their practice but also during the training of social workers. A prerequisite for the expansion of these activities is the fact that only a professional with a good level of self-care is sufficiently prepared to work for the clients.[4]

Keywords
self-care, performed self-care, work engagement, burnout, social workers, social practice

INTRODUCTION

Self-care is a technical term, used in many fields of science in a variety of ways. A person's ability to take care of themselves in areas of everyday life is considered a basic and natural disposition of the individual (Lovaš et al., 2014). Self-care represents an interconnected multi-dimensional concept consisting of mental and physical health leading to an improvement in the quality of life of an individual (Cameron, Leventhal, 2003). It includes several components, including physical, emotional, spiritual, social and recreational areas (Tartakovsky, 2015). The paradox of this phenomenon may be the fact that while one person classifies a situation as self-care, another person may classify it as a stressful one. For example, a team sport may on the one hand be regarded as a form of relaxation. On the other hand, it may be viewed as a kind of competition which may induce stressful, even frustrating feelings (Williams-Nickelson, 2006).
One of the characteristics of social work is also its dynamic nature and the need to respond to changes in society (Tóthová, Žiaková, 2017). An essential part of working in the demanding, dynamically changing conditions of the helping profession is uncertainty, a risky environment, time pressures and the serious consequences of one's decisions (Profitt, 2008; Monk, 2011). These circumstances underline the importance of the factors entering into the process of decision-making related to the emotional survival of persons in problematic situations (Gurňáková et al., 2013). However, it is important that the individual with a high level of self-care can effectively help other people, which is more than desirable in the field of social work (Filaroski, 2001). Self-care could become an essential part of good practice in the field of social work (Collins, 2005). Social workers, as well as workers in other assisting professions, encounter many problems in their day-to-day work that pose high demands on their psyche, so it is very important that they find time to care for themselves (Šlosár, Šoltésová, Plavnická, 2017). Self-care is also important for social workers in the field of performance and personal growth. Murphy and Dillon (2003) point to the stressful environment to which social workers are exposed to every day. Therefore, it is important to focus on the behaviour, survival and inner well-being of a social worker in the context of his/her work activities. On the contrary, Cunningham (2004) considers further training of social workers in the area of self-care important. By that he means organising of a variety of lectures to teach the correct use of self-care strategies, which can significantly improve the physical, psychological, occupational, spiritual and interpersonal areas of social workers.
An expert working in the field of helping professions is not only a professional but also a balanced individual. He/She focuses on the consistent fulfilling of his/her obligations, has a positive impact on the social environment he/she lives or works in, improves the situation of the client and may even contribute to the higher status of their profession in society (Saakvitne, Pearlman 1996;

[4] This article is an output of a research project supported by the Ministry of Education, Science, Research and Sport of the Slovak Republic under APVV grant scheme, no. APVV-14-0921 "Self-care as a factor of coping with the negative consequences of the helping professionals practice".

Civil and Forensic Patients: Comparing Demographics, Risk Factors, and Negative Life Events

Julie Anne Laser-Maira, Granger Petersen, Haily Stephens, Donna Michelle Peach

Dr. Julie Anne Laser-Maira[1] is an Associate Professor at the Graduate School of Social Work at the University of Denver, USA.

Dr. Granger Petersen[2] is a Statistician II at the Colorado Mental Health Institutes, USA.

Haily Stephens[3] is an undergraduate student in Bio-Chemistry at the University of Denver, USA.

Dr. Donna Peach[4] is a Lecturer in Social Work at the University of Salford, UK.

Abstract

OBJECTIVES: This investigation centres on how the mentally ill with a forensic admission compare to the mentally ill with a civil admission, and investigates who inpatients with a forensic and civil admission are, and how the risk factors and negative historical events they have experienced compare or differ. THEORETICAL BASE: Using a risk and resilience framework, risk factors that are deleterious to healthy development are used as variables. METHODS: The records of all adult inpatients both forensic and civil, aged 18 to 89 at admission in two U.S. mountain region public psychiatric hospitals were included in the sample (n=1768). All patients are assessed using the Colorado Clinical Assessment Record (CCAR) which, measures a diverse set of variables including Current Issues, History of Issues, Demographics, and Disabilities. OUTCOMES: Civil and forensic patients have more in common than differences. Both samples compare more closely to risk factors and negative historical events than they do to the general population. However, this begins to break down once the sample is separated by gender. SOCIAL WORK IMPLICATIONS: Social Workers who work in prison systems need to become more familiar with mental illness interventions. Additionally, social workers should both educate law enforcement about de-escalation tactics with the mentally ill and intervene on mental health related police calls. On the macro level, social workers should advocate for the mentally ill to be housed in psychiatric hospitals rather than be imprisoned where they will often not receive inpatient psychiatric care.

[1] Contact: Julie Anne Laser-Maira, MSW, LCSW, PhD, University of Denver, Graduate School of Social Work; julieannelaser@gmail.com

[2] Contact: Granger Petersen, MSW, PhD, Colorado Mental Health Institutes; grangerpetersen@gmail.com

[3] Contact: Haily Stephens, University of Denver, Undergraduate Biochemistry; haily_stephens@yahoo.com

[4] Contact: Donna Michelle Peach, PhD, University of Salford; D.Peach@salford.ac.uk

Keywords
civil, forensic, inpatient psychiatric hospitals, gender, risk factors

INTRODUCTION

In the United States, it has been suggested that there are greater numbers of mentally ill persons in the prison system than in psychiatric hospitals (Ditton, 1999; Lamberti, Weisman, Faden, 2004; Schnell, Leipold, 2006; James, Glaze, 2006; Daniel, 2007; Torrey et al., 2010). Prisoners serving short term sentences or those awaiting trial have the highest rate of mental health disorders (60%), followed by State inmates (49%), and Federal prisoners (40%) (James, Glaze, 2006) with very few receiving mental health services while incarcerated. Additionally, cost cutting measures at private prisons have further eroded psychiatric care for forensic patients including being prescribed current psychiatric drugs for mental illnesses (Daniel, 2007). There is such a dearth of mental health services in prisons that it has been found that suicide is the 3rd leading cause of death in prisons (#1 natural causes, #2 AIDS; Daniel, 2007).

Prisoners with a mental illness in the U.S. were more likely than other inmates to be imprisoned for violent offences and much less likely to receive a prison sentence for drug-related offences (Ditton, 1999; James, Glaze, 2006; Schnell, Leipold, 2006; Torrey et al., 2010). However, mentally ill prisoners were often under the influence of drugs or alcohol when they committed the offense that brought them into the criminal system (Ditton, 1999; James, Glaze, 2006). Thus drug and alcohol dependency contributed to or exacerbated their mental health needs (Torrey et al., 2010). However, mental health treatment, including substance abuse treatment, in the prison system does not occur for most prisoners with mental health needs; only 33.8% of state prisoners with mental health needs received treatment, 24% of those in federal prisons, and 17.5% of those in local prisons (James, Glaze, 2006).

Throughout the U.S. prison system, female prisoners had higher rates of mental illness than their male counterparts (James, Glaze, 2006; Schnell, Leipold, 2006). Additionally, mentally ill inmates were disproportionately affected by a trauma history. Nearly 8 in 10 female forensic patients reported physical or sexual abuse (Ditton, 1999; James, Glaze, 2006). Male prisoners with mental health needs were more than twice as likely in comparison to other male inmates to report an abuse history (Ditton, 1999; James, Glaze, 2006). Thus, both female and male prisoners with mental illnesses had trauma and abuse histories that were vastly different than inmates without mental illness.

Additionally, U.S. mentally ill prisoners are spending more time incarcerated than their non-mentally ill counterparts. Prisoners with a mental illness were sentenced to serve on average a year longer for offences than non-mentally ill inmates (Ditton, 1999; James, Glaze, 2006; Torrey et al., 2010). They were also more likely to be charged with breaking the rules in prison, often increasing prison time, as compared to other prisoners (Ditton, 1999; James, Glaze, 2006; Schnell, Leipold, 2006; Torrey et al., 2010). Thus prisoners with mental illnesses are spending more time in the prison system because their untreated symptoms cause further barriers to regaining their freedom. Prison staff often lack knowledge and are ill-equipped in how to intervene with mentally ill prisoners (Torrey et al., 2010). Generally, U.S. prison and jail staff have not been trained on how to safely intervene with a triggered, psychotic or delusional inmate and thus mentally ill inmates are more likely to be abused in jail or prison (Torrey et al., 2010) and more likely to spend time in solitary confinement (ACLU, 2013). Thus, the mentally ill are being further traumatized and victimized in the prison system. Additionally, prisoners with a mental-illness have a recidivism rate reported from nearly 90% (Torrey et al., 2010) to 58% (Schnell, Leipold, 2006). Thereby, U.S. jails and prisons are becoming a revolving door for the mentally ill.

The U.S. state in which the research was conducted showed the odds are four times more likely that a mentally ill person would be imprisoned rather than placed in a psychiatric hospital (Torrey

Outcomes from a Compassion Training Intervention for Health Care Workers

Debbie Ling, John Olver, Melissa Petrakis

Debbie Ling[1] is a senior clinician social worker, meditation and mindfulness teacher, teaching associate in the Department of Social Work, Monash University and part of the Epworth Monash Rehabilitation Medicine Unit. Debbie is a member of the Australia21 Mindful Futures Network Advisory Group. Debbie is a member of the Australian Compassion Council, Charter for Compassion Australia. She is completing a PhD on compassion at Monash University.

Professor John Olver[2] is currently Director of Rehabilitation, Mental Health and Chronic Pain Clinical Institute and the Director - Smorgon Chair of Rehabilitation Medicine - Monash University. His main areas of clinical and research interests in Rehabilitation Medicine are managing people with traumatic brain injury and stroke.

Dr. Melissa Petrakis[3] is Senior Lecturer at Monash University, Department of Social Work, Faculty of Medicine, Nursing and Health Sciences. She has worked in mental health services for over 20 years, the first decade as a clinician and the second as a practice-based researcher (PBR), engaged in health services research on the implementation of evidence-based practice (EBP). For the last 10 years she has been Chief Investigator of a longitudinal cohort study into evidence-based public mental health early psychosis treatment with St Vincent's Hospital (Melbourne).

Abstract
OBJECTIVES: To investigate how compassion training may help support health care workers do their jobs well, maintaining positive states of mind without being overloaded by empathic distress. THEORETICAL BASE: Recent findings from neuroscience suggest that compassion is a positive mind state and can be trained. Compassion is found to be different from empathy which, unlike compassion, can lead to empathic distress and burnout. This finding has led to the development of a range of compassion training programs. METHODS: A single session compassion training intervention including: (i) information defining compassion, (ii) research information from neuroscience demonstrating that compassion is a positive mind state and different from to empathy, (iii) scenarios emphasising common humanity and (iv) a slogan for health care workers to use to help them hold a compassionate stance towards their patients. OUTCOMES: The compassion training intervention was delivered to 100 health care workers at a major inner city private healthcare organisation in Australia in October 2017. A survey

[1] Contact: Debbie Ling, PhD Candidate, Department of Social Work, Faculty of Medicine, Nursing and Health Sciences, Monash University, Australia; debbie.ling@monash.edu

[2] Contact: John Olver, FAFRM (RACP), Monash University, Australia; john.olver@monash.edu

[3] Contact: Melissa Petrakis, PhD., Department of Social Work, Faculty of Medicine, Nursing and Health Sciences, Monash University, Australia; melissa.petrakis@monash.edu

administered post-training session indicates that the health care workers found the compassion training useful and further training would be beneficial. SOCIAL WORK IMPLICATIONS: As a result of the positive findings from this research, a web-based compassion training module is being developed for all staff at the healthcare organisation.

Keywords
compassion, training intervention, hospital, health care workers, empathic distress, burnout

INTRODUCTION

Research into compassion

Compassion is not new, and has been mentioned for centuries. It appears to be an innate part of being human. Children as young as 18 months old exhibit natural helping behaviours towards others (Warneken, Tomasello, 2006). Humans cannot survive without compassion. Compassion enables the caregiver to be able to recognise when their offspring is suffering and be motivated to alleviate that suffering. Even animals have this capacity towards their offspring. Compassion is widely regarded as a virtue in all cultures and is essential for a society that flourishes and extends care and concern for one another. One has to value the other to feel concern for them (Ricard, 2015). A widely held definition of compassion is that it is a sense of concern that arises when we are confronted with another's suffering and feel motivated to see that suffering relieved (Jinpa, 2016). Until recently there has been little scientific research into compassion. That is now changing with the evidence from functional magnetic resonance imaging research over the last two decades that mental training has positive effects.

There is now considerable research interest in training people in positive mind states such as compassion. There has been significant worldwide research into compassion over the last two decades (McCaffrey, McConnell, 2015; Strauss et al., 2016; Kirby, 2017;). Major research institutes that are investigating compassion include The Center for Compassion and Altruism Research and Education at Stanford University, Greater Good Science Center at the University of Berkeley, Center for Investigating Healthy Minds at the University of Wisconsin-Madison and the Max Planck Institute for Human Cognitive and Brain Sciences. Compassion training programs have been developed including the Stanford University Compassion Cultivation Training program and the Emory University Cognitively Based Compassion Training. These compassion training programs are being delivered to health care workers, school teachers and children. It is early days in compassion research and these compassion training programs require evaluation regarding their effectiveness. Compassion is a complex phenomenon. It is important to have a clearer understanding of the factors which support the emergence of compassion and those which are barriers to compassion. Compassion training programs may play an important role in helping people cultivate and maintain more compassionate stances towards others.

Compassion and empathy have important differences

One of the key findings in compassion research has been by Klimecki and Singer (2012) who found that compassion is other-focused, a positive mind state and can be trained. This highlights an important distinction between compassion and empathy which are often confused with one another. Empathy is an important core skill for relating to others and understanding how they feel. Empathy encompasses being affected by and sharing another's emotions (Gilbert, 2010). Compassion, on the other hand, is always centred on another's suffering (Schantz, 2007; Goetz, Keltner, Simon-Thomas, 2010). One can have empathy for any emotion that another is feeling, including positive emotions such as joy and happiness. In fact, empathy which leads to an overidentification with another's suffering has a downside.