

## WHY COMPASSION STILL NEEDS HUME TODAY

– Margreet van der Cingel –

**Abstract.** Over the past years the relevance of compassion for society and specific practices, such as in healthcare, is becoming a focus of attention. Philosophers and scientists discuss theoretical descriptions, defining characteristics of the phenomenon and its benefits and pitfalls. However, there are hardly any empirical studies which substantiate these writings in specific societal areas. Besides, compassion may be in the eye of attention today but has always been of interest for many contemporary philosophers as well as philosophers in the past, David Hume amongst them. Three themes related to Hume’s hypotheses on compassion are discussed and compared to outcomes of an empirical study amongst nurses and patients with a chronic disease. This comparison gives insights into the perception of those for whom compassion is of specific importance in their daily lives and into the usefulness of Hume’s notions on compassion.

**Keywords:** compassion, love, imagination, sympathy, pity, suffering, grief, emotion, empirical research, healthcare.

### Compassion according to Hume

When Hume addressed the passions in his *Treatise of Human Nature* in 1817, he gave compassion a position in his chapter “of Love and Hatred.”<sup>1</sup> By doing so, he gave room to the thought that compassion is a form of love or at least related to love. He discusses compassion, also addressed as pity, from the premises that it is a “desire of happiness” and “aversion to misery” for another person. These mirroring statements form the root of benevolence, or are even synonymous with benevolence in his opinion. Since benevolence is related to love by nature, compassion therefore is related to love. But Hume also describes compassion in other ways. It is, besides, similar to benevolence, also a concern for the misery of others, which is to be explained through sympathy. We sympathize with others because we “relate to others by resemblance” and recognize their “pains and pleasures.” Especially tragic and sorrowful circumstances of others evoke compassion, an emotion “similar to the original one.” For this we need imagination. Compassion arises from imagination. The notion that certain circumstances can happen to our-

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<sup>1</sup> Hume [1888].

selves as well as to others, helps us imagine how this would be for someone else. When we put ourselves in the shoes of another person when tragedy occurs, we feel compassion. Last but not least, Hume describes compassion as “a kind of grief or sorrow” and also as an “uneasiness” or pain for the misery of others.<sup>2</sup> With these statements, he addresses the direct link between compassion and suffering. To see or imagine the suffering of another person produces a form of similar suffering in ourselves.

### **Testing Hume’s philosophy of science**

Hume, as one of the British empiricists, argued that the examination of human nature should consist of experiences and empirical evidence. Knowledge about human behavior can be developed by observing and “testing” hypotheses in the real world. These should form the basis of reasoning and a philosophy on the “science of man.” His statements and thoughts on compassion, as part of the passions that people can have, therefore, should, to his own beliefs, also be based on what he observed in mankind.<sup>3</sup> Hume describes compassion in *Treatise of Human Nature* in more than one hypothesis, consistent with the idea that you need to form hypotheses from observations, test them, and subsequently reject or accept them based on what you see. It is what we would call today, an “N-of-1” study.<sup>4</sup> His own observations alone formed the basis of his concept of compassion. As far as we know, he did not present his hypotheses to a random sample of people in a survey or hold in-depth interviews in an empirical study, let alone in experimental two-group trials with large numbers of people. Since philosophical empiricism as a philosophy of science in his time was only starting to get foot on the ground, it does not seem fair to hold this against him and the ideas he developed on human nature. Nevertheless, according to his own view on the development of empirical knowledge, he does not make a very strong case. Again, of course we have to see his writings within the boundaries of his time. For that matter, he was perhaps one of the few who were already far ahead compared to others since he did emphasize the importance of testing hypotheses and stood at the root of logical positivism. So, would it not be interesting if there was a study that tested his hypotheses on compassion? What if there was a study that has done exactly this: testing hypotheses on compassion in order to shed some light on human nature? What would this study reveal? Unfortunately, such an empirical study was not

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<sup>2</sup> Rickless [2013].

<sup>3</sup> Philippse in: Bor, Petersma [2004].

<sup>4</sup> Polit, Hungler [1991].

done in Hume's days, but it does exist today. It is a study on compassion in healthcare, and therefore looking at compassion in the context of those human encounters where compassion is supposed to be an important motivation for human behavior.<sup>5</sup> Today we are able to look at Hume's assumptions on compassion from more than one person's perspective. We can, even though it is more than a century later, see whether or not his hypotheses will hold the ground according to the standards of empirical research in which he so firmly believed.

In this paper the results of a qualitative empirical study on compassion are compared to Hume's assumptions on compassion. The paper sets out to "test," "compare" or "oppose," as you wish, the main hypotheses of Hume's description of compassion against the perceptions and experiences of older people with a chronic disease and their nurses on the nature (and significance) of compassion. First, a short overview on the concept of compassion today is given. Since and before Hume other philosophers and scientists have formed theories on the nature of the concept, as it is one of the most intriguing concepts related to the dichotomy of altruism versus egoism of human kind. Compassion or compassionate behavior as a phenomenon and object of study has been developed into the multi-layered construct that it is today. In this construct we can already recognize some of Hume's assumptions, but also see some of them rejected or criticized. This depends largely on the philosophy of science from which a study or theory originates. Next to that new knowledge has been formed since Hume's days, on which scientists have reached consensus. Secondly, the empirical study on the nature of compassion according to older people with a chronic disease and nurses is introduced. Which arguments legitimate the study, what methodology is chosen, and what main results and conclusions are reported? Thirdly, the heart of the article is formed by the discussion of three themes that compare Hume's assumptions on the nature of compassion with the results of the study and statements on these assumptions by participants of the study. Those themes are: the relationship between compassion and benevolence or love, the difference between pity and compassion, the role of sympathy and imagination in compassion related to suffering. The views of participants of the empirical study in healthcare will be presented throughout this comparison. The article concludes with a discussion, possible critique and refutation of the way the article compares Hume's ideas on compassion from his days to a study that has been performed today in the twenty-first century as well as a conclusion on the question why we still need Hume on the concept of compassion today.

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<sup>5</sup> Van der Cingel [2011].

## The concept of compassion today

Compassion today can be described as a concept or construct with many aspects. Classical philosophers from Aristotle to Schopenhauer, Nietzsche and Kant and contemporary scientists and philosophers, such as de Waal and Nussbaum, discuss empathy<sup>6</sup> and compassion at length in some of their main publications.<sup>7</sup> They all consider compassion to be a phenomenon that expresses a “feeling for” or “feeling with” another person, whether that be for human persons or “intelligent” animals such as great apes, elephants or dolphins. But they may differ on what compassion exactly stems from and therefore they differ in their conclusions on where they lay emphasis on in their description of the phenomenon. There are interpretations based on (Aristotelian) virtue and justice theories in which compassion is seen as the logical humane answer to serious suffering and the morally correct behavior in tragedies of life.<sup>8</sup> There are notions and descriptions that see compassion as the expression and evidence for the goodness of mankind.<sup>9</sup> All the main religions and worldviews have compassion in their list of commandments, orders or rules for good behavior to strive for, so to speak. But this is also attacked by critics that argue that even a noble virtue, such as compassion, is motivated by egoistic reasons. They suggest compassion to have egoistic motives because it makes us feel better about ourselves.<sup>10</sup> Is compassion an emotion, that is to say, merely a feeling? Or is compassion, as is stated in several contemporary theories of emotion, a construct fueled by rational thoughts and deductions as well? Can we argue that compassion does not know any restriction, is unconditional, in other words? Or is compassion only applicable in those situations where the person for whom we feel compassion has nothing to be blamed for?<sup>11</sup> These are the main questions and issues that have been discussed in literature in earlier days until now. Compassion seems to be a many-layered construct which calls for clarification and at the same time inspires us as one of the phenomena that defines living creatures such as humans and the world we live in. Seen

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<sup>6</sup> In many publications empathy and compassion are considered to refer to the same phenomenon, although there are also authors who distinguish empathy from compassion. Empathy in the latter’s view is the ability to take another person’s perspective whereas compassion is a broader phenomenon which, next to the ability, also contains the volitional aspect that makes a person want to act on the ability and therefore also shows compassionate behavior.

<sup>7</sup> Van der Cingel [2009].

<sup>8</sup> Tudor [2001].

<sup>9</sup> Mannion [2002].

<sup>10</sup> Cartwright [1988].

<sup>11</sup> Nussbaum [2001].

from a meta-perspective, we can say compassion is a construct in which cognitive, affective, behavioral and volitional aspects play their due role. Without rational thoughts or evaluation of the poor situation of another person that calls for compassion, compassion is not evoked. Without an authentic, strong and compelling feeling we cannot display frank behavior that is perceived as compassion. And without conscious, sincere attempts to help and relieve that poor situation of the other person and the suffering it causes, we do not define or recognize compassion for what it is: the phenomenon that offers comfort and consolation when it is most needed in times of trouble, suffering and distress.

### **An empirical study on compassion in healthcare**

In 2011 an empirical study on compassion in the context of professional (nursing) care was undertaken in the Netherlands. The study describes compassion as perceived in the professional relationship between nurses and older persons with a chronic disease. The study aims to look into the concept of compassion from the perspectives of those who deal with the phenomenon in their daily work and lives in order to be able to shed light on the nature and significance of compassion for healthcare today. The study contains a qualitative analysis, performed according to the principles of grounded theory, of individual and group interviews with a total of 51 nurses and 55 older persons with a chronic disease in different care-settings, such as home care and nursing homes. Next to interviews, observations were made and personal logbooks were kept by data-collectors and researchers<sup>12</sup> who performed the study. During the analysis of the empirical data specific themes and issues concerning compassion came up to the surface. The results of the study show that participants perceive the nature of compassion in seven dimensions. These dimensions are addressed in the following concepts: attentiveness, listening, confronting, involvement, helping, presence and understanding. Those dimensions meander and follow the nature of a process of mourning or grieving that has its own emotions and dimensions as well.<sup>13</sup> The study elaborates on the views of people who suffer, as people with a chronic disease experience the loss of possibilities in life caused by the loss of health. These losses come with the emotions of grief. Nurses, on the other hand, relate to that and experience these emotions in a secondary way. They are, for example, angry with their patients about the fact that they cannot live the life as they want to anymore because of

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<sup>12</sup> The study was part of a PhD project in which (bachelor) students of nursing and a research assistant (with a master degree in gerontology) participated.

<sup>13</sup> Van der Cingel [2014].

physical handicaps, or they feel as sad and helpless as their patients when they realize their health is deteriorating. They truly “feel with” their patients by almost feeling what they feel as well. This phenomenon is also described by contemporary neuro-scientists who offer biomedical explanations on the origin of empathy or compassion. “Mirror-neurons” are stimulated when we practice the imitation of feelings that we notice in other people, the most commonly known example being that of babies who smile when you smile at them. It helps us to recognize and be sensitive to specific emotions in others.<sup>14</sup> The study shows that compassion is considered a main phenomenon of value for healthcare and nursing. It helps professional carers to acknowledge the suffering they see and by doing so, they offer consolation and support to those who need it. Compassion also helps to reveal specific information that helps to deliver good quality of care. Patients share personal, meaningful information much easier when a good professional relationship based on compassion is formed. Because of that nurses can give care made to measure. Therefore, the study underlines the importance of compassion as a phenomenon that takes place between people when goodness or benevolence is asked for.

### **Hume’s compassion compared to compassion today**

What is there to say of Hume’s analysis of compassion in the light of knowledge of compassion today? What are the main themes Hume addressed when he spoke of compassion compared to the themes that are mentioned by participants in this specific study on compassion? Hume’s discussion of compassion could be summarized into the following claims: Compassion is related to benevolence and love; compassion and pity are one and the same phenomenon; for compassion sympathy and imagination is needed, they are its conditions. These claims will now be discussed and compared to the empirical study in the following paragraphs.

#### **1. Compassion and benevolence or love**

Hume places compassion in the *Treatise of Human Nature* in his book II “of the Passions,” part II “of Love and Hatred.” It is a desire of happiness and an aversion to the misery of someone else, so he claims. Most philosophers and scientists hold the same opinion. They see compassion as “a form or variety of love” that enhances humane behavior<sup>15</sup> or proclaim compassion to be the root of charity

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<sup>14</sup> De Waal [2009].

<sup>15</sup> Baart [2006].

from religious perspectives<sup>16</sup> or straightforwardly claim compassion to be love as such.<sup>17</sup> According to nurses today compassion is strongly related to the love for their profession. The motivation to choose nursing in the first place and to stay in nursing because they believe it to be the most beautiful job in the world has everything to do with the need or wish to help and do something for those who are less fortunate in terms of health. They literally have as Hume already stated “a desire of happiness” for another person. They state compassion to be the need to support their patients in their misery and give descriptions of compassion, such as:

I believe compassion to be a warm feeling... a sort of “want to embrace” feeling.

Older persons with a chronic disease themselves say that good care without compassion does not exist. For them good care is only possible when it is fueled by compassion. Remarkably, when asked for a definition of compassion, they give a lot of examples of situations in which compassion is absent before they come to some sort of description of compassion. These examples speak of situations in which they are ignored, forgotten, or mainly are not being acknowledged as a person. It is a moral suffering that they describe. It is not the suffering they have to endure because of illness or loss of health, but it is an additional suffering which could have been prevented and therefore directly related to malice.<sup>18</sup> Since the absence of compassion indicates malice, you could argue that a presence of compassion signifies benevolence. People with a chronic disease not only regard compassion to be related in this indirect way of arguing. They also speak of their relationship with their caretakers in terms of “*being acknowledged*” and “*nearness to each other as a human being.*” Therefore, according to participants (both nurses and older persons with a chronic disease) of the study, it is fair to say that Hume’s hypothesis about the relationship between compassion and benevolence or love, is perceived as correct.

## 2. Compassion and pity

One of the first things that comes to mind when reading Hume’s paragraphs and hypotheses on compassion, is the use of the word “pity” as a synonym for compassion. As many philosophers in former days, Hume uses pity and compassion for one and the same phenomenon. This evokes the question whether or

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<sup>16</sup> Armstrong [2011].

<sup>17</sup> Eriksson in: Mariner, Alligood [2005].

<sup>18</sup> Tudor [2001].

not compassion and pity truly are the same emotion or, better said, are being perceived as the same emotion over time. In former centuries it is quite normal to find the use of both terms in the writings of philosophers without distinction. This has changed, however, since Nietzsche argued that people with compassion have egoistic rather than altruistic motives. He stated that compassion is the passion that eventually takes away one's own pain and misery because comparing another person's suffering to your own suffering makes you realize you are better off. Also, compassion can victimize the other person and prevent someone from finding courage to bear one's fate. Last but not least, compassion makes the person having compassion look good compared to other people, in fact compassion fuels vanity. Nietzsche's arguments unravel all sorts of negative connotations about compassion and greatly contrast with the views that describe compassion as a virtue. Firstly, the debate whether or not compassion is an egoistic or altruistic passion or emotion is a representation of the seemingly perennial philosophical question whether or not human beings are originally good or bad. Fortunately, today we can find some answers in modern sciences such as psychology and neuroscience. When the early psychological development of children is healthy, empathy is developed as a skill, whereas a disturbed development results in the lack of empathy, as one can see in psychopaths.<sup>19</sup> Neuroscientists have found auxiliary explanations in the discovery of mirror-neurons. The presence, activation and continuous exercise of these mirror-neurons enhance the skill to recognize other person's emotions and distinguish them from a person's own emotions. In other words, mirror-neurons enable one to empathize.<sup>20</sup> But, secondly, the debate seems to be, when analyzed, also a matter of semantics. Both Nietzsche and Schopenhauer, for example, the philosophers that discussed compassion at length but also seemed to disagree so strongly with each other, used the German word "*Mitleid*." The word literally means 'to suffer with', but when translated into English, Nietzsche's "*Mitleid*" was translated into pity, when Schopenhauer's became compassion.<sup>21</sup> This could lead to the conclusion that pity and compassion are terms that describe different phenomena. Although it was perhaps Nietzsche's intention to "prove" the egoistic nature of human beings and Schopenhauer's intention to prove the opposite, they could both be right since they describe phenomena that exist next to each other. This is found in the empirical study of nurses and older persons with a chronic disease as well. Patients do not want to be pitied, almost all participants

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<sup>19</sup> Richmond [2004].

<sup>20</sup> Keysers, Jabbi [2008].

<sup>21</sup> Cartwright [1988].



have a strong negative reaction when asked about pity. Pity is associated by them with being a victim or pathetic in a negative way. It is “*the wrong kind of charity*” according to one of them. Pity also emphasizes the inequality of power in which the suffering person is powerless and the person having pity is the one who can act. Nurses have more or less the same idea about pity, they also believe it to be an undesirable emotion, but they do have another interpretation of pity. When translated into ‘to feel with’ another person, they speak of situations in which they literally feel the same feeling as their patients. One of them says:

It turned out that it hurt me... it cut straight through my soul, I literally felt it... yes, almost at the same time... as a kind of reflex.

Several nurses in the study explain their struggle to find a balance between the somewhat overwhelming sensation of their feelings for their suffering patients which can evoke the same powerlessness as their patients are experiencing, and a workable way of being near to them and showing their compassion. It is a skill not easily developed. Young novice nurses are keen to “feel” too much and be so miserable themselves that it prevents them from helping or assisting patients, whereas skilled and older nurses tend to be so “hardened” in the job that they almost seem to act without feelings, let alone compassion. But, as much as too much nearness is not the norm in professional healthcare, so is having pity. On that patients and nurses do agree, having pity is not the way to help at all.

### **3. Imagination, sympathy and compassion**

Hume’s attempt to make an analysis of the nature of compassion thoroughly discusses the role of imagination. In his arguments he states that in order to have compassion a person needs to be able to take the other person’s perspective. You have to have a perception of another person’s feelings related to bad circumstances if compassion is to be evoked. Imagination helps us to stand in another person’s shoes, so to speak. He states that we have “a lively idea of everything related to us” and because all humans “are related to us by resemblance” their emotions produce similar emotions in us. In other words, we compare ourselves to others and see that we are alike. He refers to this process as sympathy. We can produce similar feelings, or passions, in ourselves either by seeing or by imagining them in others. Other scientists also refer to this phenomenon as “identification.” One of the most influential contemporary philosophers, Martha Nussbaum, describes the process in what she calls “the eudaimonistic argument.” The sheer fact that we are able to take another person’s perspective is based on the idea that we recognize our own vulnerability as a human being. Whatever can happen to

someone else, can also happen to us. Hume speaks of compassion as “uneasiness.” But this uneasiness can be caused by the fact that seeing or imaging the suffering of others makes us more sensible for our own vulnerability, which is in fact Nussbaum’s eudaimonistic argument.<sup>22</sup> What do participants of the study have to say about this? As I have discussed in earlier paragraphs, nurses describe identification with their patients. They also describe in what way they imagine what it must be like to be a patient and to have pain, or feel helpless, or not being able to live your life as you want to. One of the interviewed nurses says:

... if I had to stay here, attached to machines and oxygen... constantly feeling dependent... I’d say that would limit your freedom, and if I try to imagine how this feels, I’d think it would be quite difficult.

Besides imagining what it would be like for themselves, nurses also describe techniques of imagination, such as picturing patients in certain situations as in a movie or using their own professional experiences: they recall other patients in similar situations or they recall their own emotions from personal experience with, for example, pain. Needless to say, some of these techniques have pitfalls, such as projection in which the actual perception of the person in front of you is missed or misinterpreted. Nevertheless, when rightly used, all of these techniques help nurses to have compassion. This is underlined by what patients have to say on the subject of imagination. They emphasize the fact that nurses can never feel what they feel and therefore should not use phrases such as “I can imagine...,” because they do not know what it feels like to be chronically ill. This would explain why patients have a lot of appreciation for nurses, younger and older ones, who have had their own difficulties and suffering in life and therefore really know what suffering is, instead of having to imagine it. That does not exclude the fact that patients state that compassion is about trying to imagine what it feels like, it is the effort that matters to them; it is not necessary to have had trouble or suffering in your life in order to be a good nurse.

## **Discussion and conclusion**

Hume’s analysis and hypotheses on compassion shed light on the phenomenon in a manner that is consistent with the way the concept of compassion has evolved through time to what it is today. That is to say, consistent with theoretical and philosophical notions of the phenomenon described by contemporary philos-

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<sup>22</sup> Swanton in Jacobsen [2010].

ophers and scientists, as well as consistent with views and perceptions of participants in a large study in healthcare today. Moreover, Hume's writings on compassion prove to be remarkably correct and precise specifically compared to empirical findings so much later in time. The discussion of three hypotheses (compassion is related to love and benevolence; compassion and pity are one and the same phenomenon; for compassion sympathy and imagination is needed) show that Hume's "N-of-1" study was a thorough one and indeed can withstand the test of an empirical study. Compassion is seen by participants of the study as a distinctive characteristic of good care and described as benevolent for just outcomes of nursing care and in healthcare. "Without compassion care does not exist" is the statement. It is also described in the study that imagination is conditional for compassion and what different ways of imagination are possible in order to "feel with" or "sympathize" with others. These descriptions bear great similarity to the words Hume uses to describe the origin or nature of compassion. It is only his claim about pity and compassion being the same phenomenon that fails to be true for participants of today. But we can explain Hume's use of both terms as synonyms by the semantic confusion about two different phenomena. Besides, our body of knowledge of psychological and neuroscientific aspects of empathy and therefore compassion has grown immensely. It would have been impossible for Hume to already have those insights in his days since they are due to results of the research and research methods he could not begin to imagine. This brings us to the issue of the possible critique of this article. Why should we want to compare Hume's thoughts on compassion to the views and perceptions of people in an empirical study performed today? Is it not fair to assume that the concept of compassion will change over time, let alone long periods of time. The study is after all, performed in quite a different century, quite a different society and context than the days in which Hume lived. It is bound to have different results than the results it would have had if it were possible to have had the study performed in his day and age. True as this may be, we will never know since such a study had never been performed in Hume's century. Should such an exercise as described here not be done therefore? Although this kind of critique stands the ground, there are two arguments in favor of the comparison I have made. First, comparing Hume's analysis to the concept of compassion according to knowledge and perceptions of today gives us the opportunity to see if any hypothesis or theory of compassion is shared in a specific community of people who live in a certain context and time. Is not testing a concept such as the concept of compassion at any time in reality dependent on all kinds of aspects such as: what kind of people they are, and what context and situation they live in? In other words, there are so many factors that

influence the perception of people that even if we had been able to perform the study in Hume's days in, say, Germany, we would probably have had different outcomes in England if the study had been performed in these two different countries. And if we repeated the study in 2015 today, it is likely that outcomes would be different since the concept of compassion has had quite some attention since the empirical study was published for the first time in 2011. Concepts and theories will always grasp only a fraction of the reality that people live in and at the same time communities and society are being influenced by theories as well. Second, although the first argument almost seems to contradict this one, the writings of many philosophers and scientists on compassion show that the concept of compassion has some strong and specific characteristics which endure the evolution of the concept over centuries. Compassion has been described as the morally right virtue to act upon when suffering of others is around, since Aristotle and other philosophers before and after him. Thus, even if circumstances, situations, people, times and places differ, compassion still will be what it is in nature for human beings. Compassion has, over centuries, been described as a concept that sets aside one's own interests in order to react to the suffering of another person. It seems that the concept of compassion has a universal notion and significance that overcomes a specific context, community, situation, or time that people live in. This means that, even though people and contexts change, only the way we understand compassion changes, not the concept in itself because people do not change that much in nature. Our knowledge of compassion, however, is increasing more and more. That is what makes a difference in workplaces, practices and societal domains. That is also why it is necessary to keep testing and evaluating theories, models and philosophical writings. It helps us to understand the phenomenon of compassion in the light of existing knowledge. It also inspires us to bring thoughts and knowledge of great thinkers into practice. That is why we still need Hume today.

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