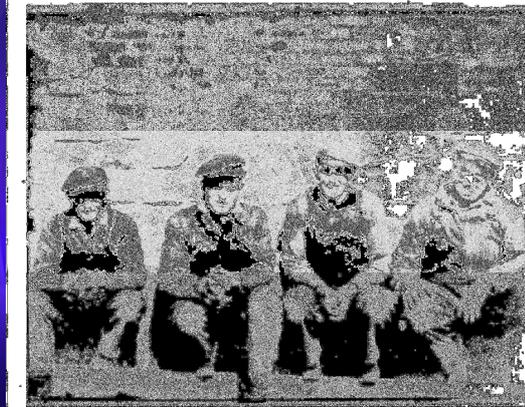


## Attachment, Empathy and Compassion in End of Life Care

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### Overview

- Neuroscience and integration
- Personal Reflections
- Attachment
- Compassion vs empathy
- Interventions

## Mental Illness

CHAOS

Rigidity

Siegel, D.J. (2015). *The Developing Mind*. New York: The Guilford Press

## Integration

- *The linkage of differentiated parts*

*Is the key to mental health*

Siegel, D.J. (2015). *The Developing Mind*. New York: The Guilford Press

## Domains of Integration

- Consciousness
- Bilateral
- Vertical
- Memory
- Narrative
- State
- Interpersonal
- Temporal
- Identity (transpirational)

Siegel, D.J. (2017) *Mind: A Journey to the Heart of Being Human*. New York: WW Norton & Co.

## Integration

M/WE



Siegel

- *“It is strange to be here. The mystery never leaves you alone. Behind your image, below your words, above your thoughts, the silence of another world awaits. A world lives within you. No-one else can bring you news of this inner world. Through our voices, we bring out sounds from the mountains beneath the soul. These sounds are words...”*

O'Donohue J (1997). *Aram Cara*. London: Bantam Press, p 13

*Integration made visible*

*Is kindness and compassion*



Siegel, *Mind Your Brain*, 2016

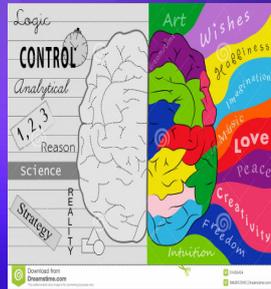
*aram cara*

*soul friend*

O'Donohue J (1997). *Aram Cara*. London: Bantam Press, p 14

## Right and left brain

- All of our emotional circuitry is rooted in the right hemisphere- **narrative**
- The left reprocesses information but doesn't have this core relational circuitry located there- **memory**



Bonnie Badenoch interview with David Van Nuys. *The Neuropsychologist*, Siegel 2014;9:28-38



## Prefrontal Cortex

- Biased towards the right hemisphere when we are processing information about the self
- Biased towards the left hemisphere when we are thinking about others
- *A well-functioning brain integrates both right and left hemispheres for optimal performance*

## Being connected: a key to my survivorship



Kearney MK, Weinger RB, Vachon MLS, Mount BM, Harrison RL. (2009). Self-Care of Physicians Caring for Patients at the End of Life: "Being Connected... A Key to My Survival". *JAMA* 301:1155-1164.



## The diagnosis

- September 1996  
International Termination  
Care Meeting-  
Montreal
- Sense that life was  
going to be changing
- Spiritual reflections
- Minor abdominal pain



*When the student is  
ready the  
teacher will appear*



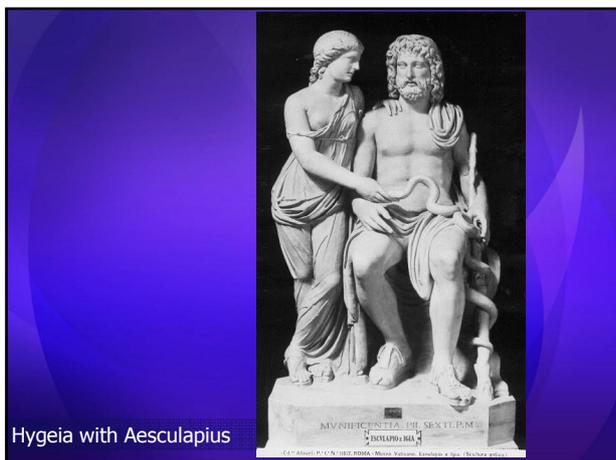
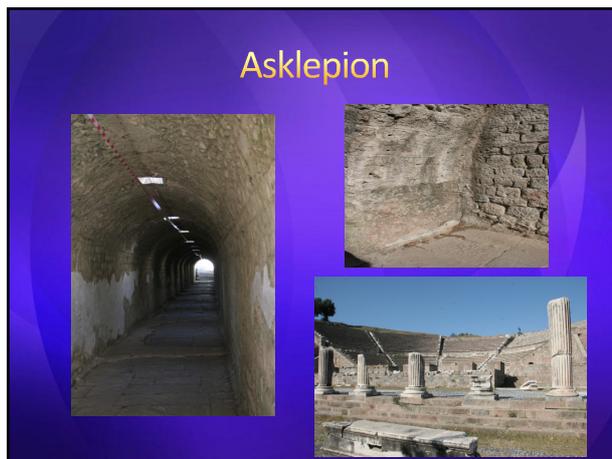
## The Prayer of St Francis



O Divine Master, grant that I may not  
So much seek to be consoled as to console,  
To be understood as to understand,  
To be loved as to love  
For it is in giving that we receive  
It is in pardoning that we are  
pardoned, and it is in dying that we  
are born to eternal life.

## Invest in Your Spirit with THE PRAYER WHEEL™ Program





### Attachment and mentalizing

- A vulnerable infant requires a way of keeping close to an adult who keeps him alive that is the attachment system
- Mother and baby interact overtime and baby develops the skill and capacity to imagine and appreciate what's up with mom
- Mentalizing becomes more sophisticated over time , until it serves as the foundation of the intuition that allows individuals to be clued into the subtle social back and forth of the groups in which we live

Maunder, R, Hunter, J. *Love, Fear and Health: How Our Attachments to Others Shapes Health and Health Care.* Toronto. University of Toronto Press, 2015

### Understanding Attachment Theory

{ <http://kidscooperate.com> }

Secure	Ambivalent	Avoidant	Disorganized
<p>Uses caregiver as a secure base for exploration. Shows appropriate distress when the caregiver leaves is comforted on return, returning to exploration. May be comforted by the stranger but shows clear preference for the caregiver.</p>	<p>Does not use the caregiver as a secure base, for exploration, protesting before the caregiver leaves. Spies about the caregiver leaving and does so warns on return. Expressed concern about the caregiver's location, seeking contact but reacting angrily when it is achieved. Not easily soothed by stranger. In this relationship, the child always feels anxious because the caregiver's availability is never consistent.</p>	<p>Little emotional sharing in play, few signs of emotion when the caregiver leaves or returns. Showing few affect when offered affection. Treats strangers similarly to caregivers. The child may express lack of attachment and low self-esteem by acting out.</p>	<p>Lack of attachment can be expressed by disorganized emotional behaviors such as approaching the caregiver but with the back turned.</p>

### Trauma & Brain Development

Typical Development	Developmental Trauma
Cognition	Cognition
Social/Emotional	Social/Emotional
Regulation	Regulation
Survival	Survival

Adapted from Holt & Jordan, Ohio Dept. of Education

## Meta analysis of over 10,000 Adult Attachment Interviews

- Secure 58%
- Dismissing 23%
- Preoccupied 19%
- 18% carry additional code for unresolved loss or trauma

Bakermans-Krenenburg, M.J. & van IJzendoorn, M.H. (2009). The first 10,000 adult attachment interviews: Distributions of adult attachment representation in clinical and non-clinical groups. *Attachment and Human Development*, 11(3)223-263.

## Attachment theory

- Circumstances in which one's security is perceived to be threatened activate the attachment system.
- An internal working model codes what one can expect when one's security is threatened, and thus guides one's response to events that mobilize the attachment system.



Maunder RG, Hunter J. J. A Prototype – Based Model of Adult Attachment for Clinicians. *Psychodynamic Psychiatry*, 40(4) 549–574, 2012

## Childhood impacts the present

- **Neuroscience**
  - It is possible that compassion and the apparent lack thereof may be rooted in our early attachment experiences and epigenetic changes.
  - Because of early imprinting, both family and professional caregivers may have inherent difficulty in feeling compassion towards patients.

• Vachon MLS. (2016). Invited Editorial. Targeted intervention for family and professional caregivers: Attachment, empathy, and compassion. *Palliative Medicine*. 30(2) 101–103. DOI: 10.1177/0969074716660003

## Insecure attachment



- Insecurity of attachment is not a disorder or pathology per se
- It is a biopsychosocial vulnerability that may never manifest until the individual is unusually strained and stressed for either internal or external reasons

Adsheed, G. (2010). Becoming a caregiver: attachment theory and poorly performing doctors. *Medical Education*. 44: 125–131.

## Attachment in Oncology and Palliative Care

### Breast cancer survivors up to 2 yrs after treatment

- women with anxious attachment and those with avoidant attachment reported poorer quality of life
- those with higher avoidant attachment were only vulnerable to poorer quality of life if they had lower self-regulatory capacity

Fagundes et al (2014). Attachment style and respiratory sinus rhythm predict post-treatment quality of life in breast cancer survivors. *Psycho-Oncology*. 820826.

### Attachment style of family caregiver can influence response to patient needs

- **Attachment anxiety or avoidance**- more likely to result in depression, marital distress, hopelessness and anxiety that may interfere with effective and sensitive caregiving
- Couples with good marital functioning show lower levels of psychological distress which may buffer the impact of terminal disease

Tsilika E, et al (2015). Caregivers' attachment patterns and their interactions with cancer patients' patterns *Supp Care Cancer*, 2015;23:87-94

## Attachment style

- A secure attachment style was associated with positive growth and better well-being.
- A more insecure attachment style in caregivers was associated with depression, higher caregiving stress, less autonomous motivations for caregiving and difficulties with caregiving

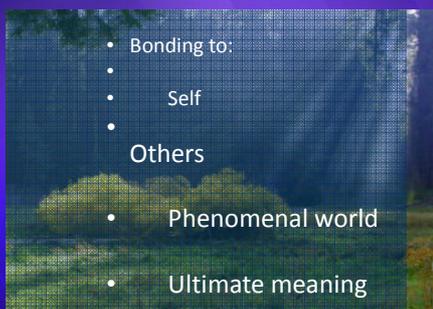
Nicholls W, Hulbert-Williams N, Bramwell R. The role of relationship attachment in psychological adjustment to cancer in patients and caregivers: a systematic review of the literature. *Psycho-Oncology*, 2014; 23: 1083–1095

## Attachment in Palliative Care Patients

- 12 patients and 14 family members experiencing palliative home care
- Four types of attachment figures were identified:
  - family and friends
  - health care practitioners
  - pets
  - God

Milberg A, Friedrichsen M (2017). *Support Care Cancer*  
DOI 10.1007/s00520-017-3634-7

## Healing connections



Mount BM, Boston PH, Cohen SR. (2007). Healing Connections: On Moving from Suffering to a Sense of Well-Being. *Journal of Pain and Symptom Management*. 33:4: 372-387.

## Caregivers are human too



- **Insecure attachment** is associated with **impaired stress management** and **subtle deficits in professional care-giving sensitivity**, especially as one is exposed to increased demands as a caregiver
- Can be challenging for caregivers who are required to engage with attachment relationships as part of their daily work

Adshead, G. (2010). Becoming a caregiver: attachment theory and poorly performing doctors. *Medical Education*. 44: 125–131.

## Attachment

- **Adult attachment style, stress and coping were studied in 84 nurses recruited from five UK hospices.**
- **Attachment styles**
  - **secure – 52%** comfortable using others as a source of support when needed;
  - **preoccupied 18%** having a positive model of others, but a negative model of self, leading to becoming preoccupied with their attachment needs, actively attempting to get their needs for acceptance and approval met in close relationships;
  - **fearful 17%** having a negative model of self and a negative model of others;
  - **dismissing 13%** having a positive model of self, but a negative model of others
  - **Somewhat less securely attached than general population**

Hawkins AC, Howard RA, Oyeboode JR. Stress and coping in hospice nursing staff. The impact of attachment styles. *Psycho-Oncology* [Psycho-Oncology](https://doi.org/10.1007/s00520-007-0106-4) 16(6):563-72, May 2007

## ..Attachment



- Hospice nurses with a **fearful or dismissing attachment** style were found to be **less likely** to seek **emotional social support** as a means of coping with stress than hospice nurses with a secure or preoccupied attachment style
- May need to have different types of support available for caregivers with different personality profiles

Hawkins AC, Howard RA, Oyeboode JR. Stress and coping in hospice nursing staff. The impact of attachment styles. *Psycho-Oncology* <https://doi.org/10.1007/s00520-007-0106-4>  
DOI:10.1002/pon.1064

## Medical students and attachment style

- Secure - 59.4%
- Self-reliant - 19.8%
- Cautious 10.4%
- Support-seeking -10.4%
- Similar to the general population.

Ciechanowski, P.S., Worley, L.L.M., Russo, J.E., Katon, W.J. (2006). Using relationship styles based on attachment theory to improve understanding of specialty choice in medicine. *BMC Medical Education* 2006, 6:3 doi:10.1186/1472-6920-6-3.

## Attachment and choice of medical specialty



- **Securely attached** - more likely to choose **patient centered specialties** and were less likely to choose specialties based on career rewards (financial rewards, job opportunities, comfortable lifestyle, prestige and independence).
- **Self-reliant style** - significantly more likely to match in a non-primary care specialty

Ciechanowski, P.S., Worley, L.L.M., Russo, J.E., Katon, W.J. (2006). Using relationship styles based on attachment theory to improve understanding of specialty choice in medicine. *BMC Medical Education* 2006, 6:3 doi:10.1186/1472-6920-6-3.

## Attachment and Connection

- Parts of our brain need to be connected in order for us to have well being, and be capable of empathic relatedness, and generally have good lives
- **Key areas of the brain aren't integrated when there has been early attachment loss or trauma**
- We need to learn how to be with our clients to support their brain's natural capacity to integrate

Bonnie Badenoch Interview with David Van Nuys (2014). *Int J Of Neuropsychotherapy*. 9:28-38.

## Interpersonal neurobiology



- **Mental health, defined as individual well-being and fulfilling relationships emerges from brains that are becoming more integrated**

Badenoch, B. (2008) *Being a brain-wise therapist*. New York: WW Norton

## Healing relationships



- Many of the interactions between the right hemispheres of the therapist and the patient happen thru nonconscious, microsecond connections
- Therefore **therapist self awareness and mental health** are indispensable ingredients in the healing relationship
- **What is the most empathic way I can be with this person right now?**

Badenoch, B. (2008) *Being a brain-wise therapist*. New York: WW Norton

## Caring is good for us:



- Growing evidence that prosocial behaviour, affection affiliation and a sense of belonging and connectedness with others have major impacts on mental well-being (Cacioppo & Patrick, 2008)
- And on many physiological processes (Cozolino, 2007)
- Including genetic expression (Slavich & Cole, 2013)
- There is good evidence to suggest that humans function at their best when they feel valued, loved and cared for, and when they can be valuing and caring of others (Holtgraves & Chen, 2013)

Tirch D, Schoendorff, B, Silberstein, LR. (2014). *The ACT Practitioner's Guide to the Science of Compassion*

## The Bodhisattva and the Wounded Healer

- The bodhisattva is one who chooses to reenter the world of suffering again and again for the sake of all beings.
- The bodhisattva's path into wholeness is suffering
- In Western civilization we call this figure 'the wounded healer', the one who knows from experience that suffering, their own and others, is a place of healing

Kearney, M, Weinger R (2016). Becoming (and Sustaining) the Bodhisattvas We Already Are. In Ellison, K & Weingast M. (eds). *Awake at the Bedside: Contemplative Teachings on Palliative And End-of-Life Care*. Somerville, MA. Wisdom Publications,

## Wounded Healers

*From the physician or nurse's own suffering can come the wine of fervent zeal and the oil of compassion...*

**The physician or nurse's own wounds can become resources for healing.**



Sulmasy D.P (1997). *The Healer's Calling*. New York: Paulist Press

## Wounded healers

- **Must not become so overwhelmed with the suffering of others that they are unable to offer effective care:**
- **Competence remains the first act of compassion.** Wounded healers do not ask their patients for help, but recognize the unity between their own neediness and the needs of their patients. Wounded healers issue an invitation to patients to enter into the space of the healing relationship.



Sulmasy D.P (1997). *The Healer's Calling*. New York: Paulist Press

## Compassion

Pati + cum

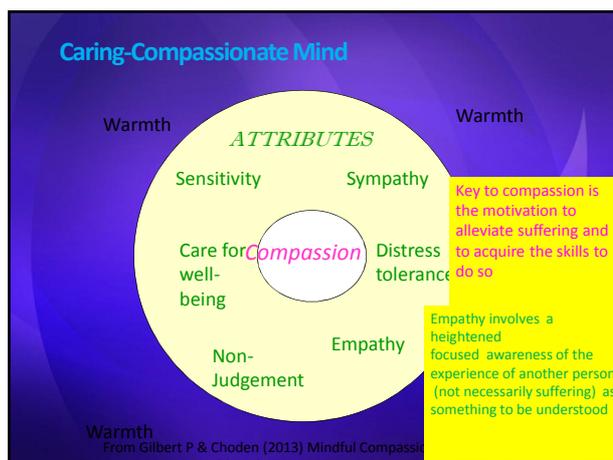
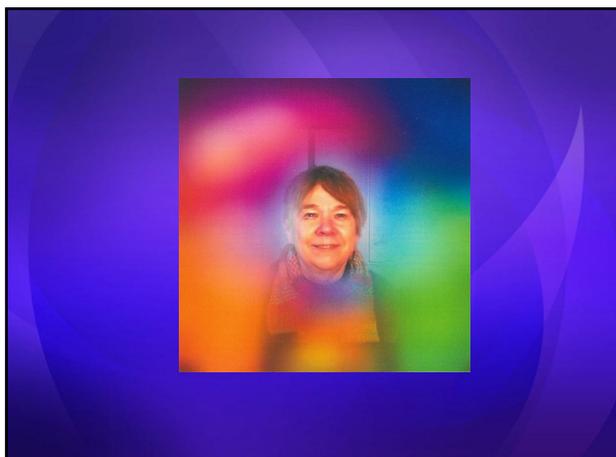
To suffer with



**Compassion is derived from using one's heart wisely in the care of others**

O'Donohue, J. in Larkin P.J. (2016). *Compassion: The Essence of Palliative and End-of-Life Care*. P 204.





### Compassion

*'the capacity to be attentive to the experience of others, to wish the best for others, and to sense what will truly serve others'.*

**Compassion does not lead to fatigue.**  
it can become a well-spring of resilience to allow our natural impulse to care for another to become a source of nourishment rather than depletion

**Crucial to the concept of compassion is that we cannot practice compassion for others if we do not practice self-compassion**

Recent research shows compassion helps us by reducing physiological stress and promoting physical and mental well-being

Hallfax J. A heuristic model of enactive compassion. *Cur Opin Supp Pall Care.* 2012;2:6:228-235.  
Hallfax J. (2014). G.R.A.C.E.: Training in Cultivating Compassion in Interactions with Others. Upaya Zen Center, Upaya blog, 12 February.

### Reflections on compassion..

- “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” (Nouwen et el, 1982, p. 4)
- “Here, true compassion is experienced physically (*Splangchnizomai*, ‘within the gut’) leading to action that responds to another’s suffering.”

Larkin P J. (2016). *Compassion: The Essence of Palliative and End-of-Life Care.* P. 3-5

### ..Reflections on Compassion

- Compassion as a guide to our inner conscience can govern clinical discernment on when or how to act in certain circumstances, respecting that death may be the inevitable outcome of human experience that cannot be avoided

Larkin P J. (2016). *Compassion: The Essence of Palliative and End-of-Life Care.* P 5

### Conclusions on compassion..

- Suffering needed to be seen in in the context of wider dimensions such as its potential to enhance relationships, connectedness and engagement
- Metaphors of journeying with, being present to, tending, holding and nurturing all have meaning
- Shared metaphors such as ‘looking thru the person’s eyes’, ‘walking in their shoes’, witnessing
- A need to engage deeply with the suffering of patients and families in order to be of real service

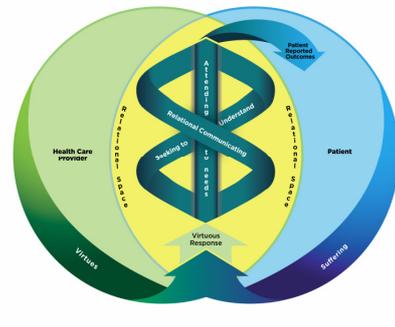
Larkin P J. (2016). *Compassion: The Essence of Palliative and End-of-Life Care.* P 200

## ..Conclusions on Compassion

- Clinical excellence is a prerequisite for compassionate caregiving- addressing the totality of symptom burden and complex need
- *The voice of fragile silence, the small still voice*-thru listening to this voice we become attuned to our personal motivations and reactions, imbuing our clinical reasoning with wisdom.

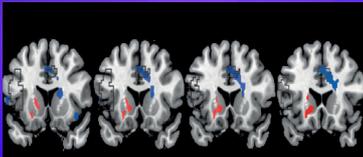
Larkin P J. (2016). *Compassion: The Essence of Palliative and End-of-Life Care*. P 200-202

## Compassion Model: Compassion in Clinical Practice



Sinclair S, McClement S, Raffin Bouchal S, Hack T, Hagen NA, McConnell S, Chochinov HM. Compassion in health care: an empirical model. *J Pain Symptom Manage*. 2016;51(2):193-203

## Brain changes with empathy and compassion training



Lamm, C., Decety, J., Singer, T. (2011). Meta-analytic evidence for common and distinct neural networks associated with directly experienced pain and empathy for pain. *Neuroimage*, 54, 2492–502. In: Klimecki OM, et al, 2013

## Empathy and compassion intervention

- **Empathy** videos of suffering people (injuries or natural disasters) -the empathy rating captures how much they shared the emotion of the depicted persons.
- **Compassion**, contemplative technique from secular compassion training programs that aims at cultivating feelings of benevolence and friendliness in a state of quiet). Similar to strengthening modes of affiliation, compassion training relies on extending caring feelings which are usually experienced toward close loved persons to other human beings

Klimecki O, Ricard M, Singer T. In: Singer T, M. Bolz (ed). *Compassion: Bridging Practice and Science*. eBook: Max Planck Society, Munich, Germany, 2013:272-287. ISBN: 978-3-9815612-0-3.

## Empathy and compassion intervention

- empathy training led to an increase in empathy and negative affect in response to videos.
- training empathy not only induced a stronger sharing of painful and distressing experiences, but also increased the susceptibility to feel negative affect in response to everyday life situations.

## Intervention: Empathy and compassion

- Importantly, compassion training counteracted this effect: it increased positive affect and decreased negative affect back to baseline levels.
- Remarkably, the increase in positive affect occurred even though participants were still exposed to equally distressing video material.
- loving kindness training increased general levels of positive affect in daily life
- Taken together, this suggests that the generation of compassion in response to distressing situations is distinct from other emotion regulation strategies, such as suppression or reappraisal, which involve an active down-regulation of negative affect. Klimecki et al, 2013

## Empathy vs compassion

- The concept of Compassion fatigue actually measures empathy and empathy fatigue
  - “empathic strain”
    - “intrusive” empathic strain between the clinician and client-over-identification and pathological bonding
    - “avoidance” empathic strain -being distant and avoiding contact with the patient

Wilson JP, Lindy JL. Countertransference in the Treatment of PTSD. New York: Guilford Press; 1994 in: MLS, Vachon, Huggard PK, Huggard JA. (2015). Reflections on Occupational Stress in Palliative Care Nursing: Is it Changing?. *Oxford Textbook of Palliative Nursing 4th edition*. Ferrell B, Coyle N, Paice J (eds). New York: Oxford University Press, pp. 969-986

## Self-compassion and its components



- Has exactly the same qualities as compassion-its just compassion turned inward
- **Self-compassion:**
  - self-kindness
  - a sense of common humanity
  - mindfulness

Neff, K (2012) in Germer, C & Siegel RD (eds). *Wisdom and Compassion in Psychology*. New York: The Guilford Press.

## Self-compassion

- **Dynamic balance between the compassionate versus uncompassionate ways that individuals emotionally:**
- Respond to pain and failure (with kindness or judgment)
- Cognitively understand their predicament (as part of the human experience or as isolating),
- Pay attention to suffering (in a mindful or over-identified manner)

Neff KD, (2015) .The Self-Compassion Scale is a Valid and Theoretically Coherent Measure of Self-Compassion. *Mindfulness* DOI 10.1007/s12671-015-0479-3

## Self-compassion phrases

- This is a moment of suffering
- Suffering is a part of life
- May I be kind to myself
- May I give myself the compassion I need



Neff, 2012

## Self compassion

- Greater self compassion is linked to less anxiety and depression
- Self compassionate people recognize when they are suffering but are kind towards themselves in these moment acknowledging their connectedness with the rest of humanity
- Self compassion is associated with greater wisdom and emotional intelligence as well as greater emotional coping skills
- Associated with social connectedness and life satisfaction, autonomy, competence and relatedness

Neff, 2012

## Self care

- Caregivers who engage in self-care and have some form of spiritual practice are more empathic, are less prone to burnout and compassion fatigue and have greater compassion satisfaction



Shanafelt et al. *J Gen Int Med* 2005; 20:559–564.  
Kearney et al. *JAMA* 2009;301:1155-11640  
Koo et al. *J Med Imaging and Rad Sci* 2013;44: 14-22.

## In Conclusion

- We and our clients are products of our genetic structure and early environments
- By integrating our own sense of self we can avoid chaos and rigidity and open to compassion
- Empathy without compassion is like an electric pump that has not been primed with water
- Compassion must start with self compassion-the heart first pumps blood to itself
- Meditation and other approaches can facilitate compassionate relationships and bring better mental health and happiness