

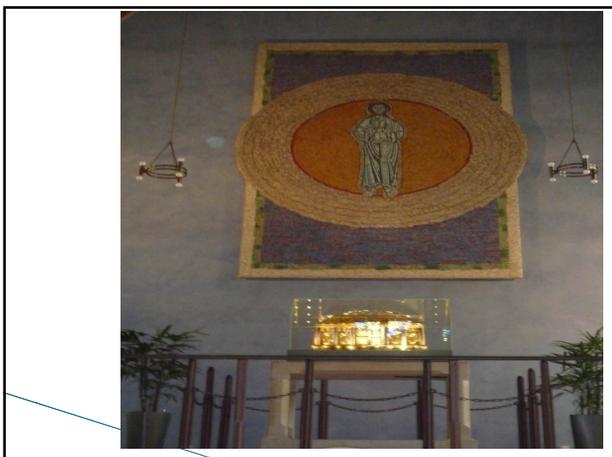
# Compassion and Self Care Ireland

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## Compassion

Pati + cum  
To suffer with



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'.*



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

Halifax J. A heuristic model of enactive compassion. *Cur Opin Supp Pall Care.* 2012;2:5:228-235.  
 Halifax, J. (2014). G.R.A.C.E.: Training in Cultivating Compassion in Interactions with Others. Upaya Zen Center, Upaya blog, 12 February.

Compassion

The ability to recognize and be aware of the suffering of self and others and the desire to relieve it



Strauss et al What is compassion and how can we measure it: A review of definitions and measures. *Clin Psychol Rev* 47, 2016: 15-27

<https://youtu.be/dQjrruP9c>




Integration

*The linkage of differentiated parts*

**Is the key to mental health**

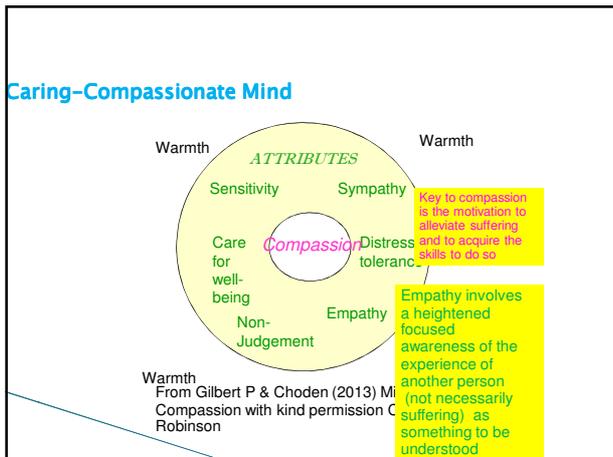
Siegel, D J. (2015). *The Developing Mind*. New York: The Guilford Press

*Integration made visible*

**Is kindness and compassion**



Siegel, Mind Your Brian, 2016



### Why compassionate care?

- Improved psychological adjustment after cancer diagnosis
- Decreased ICU utilization among cancer patients at end of life
- Immune responsiveness
- Improved pain control, less impairment, depression, anxiety among patients in rehab facility persistent at 6 months out
- Improved control, fewer hospitalizations for serious complications of serious conditions

Loun, presented at Harvard Medical School, Compassion in Practice: Achieving better outcomes by Maximizing communication, relationships and resilience, Boston, MA, 28-29 October 2016

### 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 (Gilbert & Choden, 2013)**

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

### Compassion in health care



Compassion—or feeling empathic concern and acting to ameliorate concerns, pain, distress and suffering—is fundamental to health care; it defines the higher purpose of our health care system and humanity behind the bottom line.

It challenges all of us, providers and patients alike, to listen to each other, to value each other's experiences and expertise and to build effective relationships in which empathy is generously expressed among all participants

Recommendations from a Conference on Advancing Compassionate, Person and Family-Centered Care Through Interprofessional Education for Collaborative Practice, Emory Conference Center, Atlanta, GA, 30 Oct-1 Nov, 2014

### "The Triple C"

*Compassionate, collaborative care*

Working interdependently to recognize and ameliorate others' concerns, distress, pain and suffering



Recommendations from a Conference on Advancing Compassionate, Person and Family-Centered Care Through Interprofessional Education for Collaborative Practice, Emory Conference Center, Atlanta, GA, 30 Oct-1 Nov, 2014

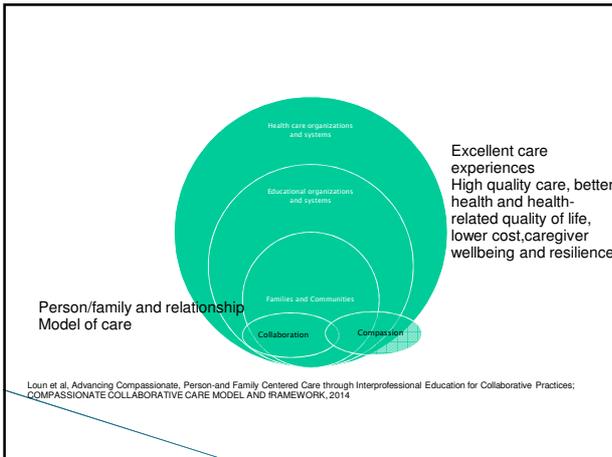
### The Triple C Is Essential to Attain the Triple Aim

Creating positive patient and family experiences and better health care at lower cost

Interprofessional education is an important strategy towards that goal



Loun et al, Advancing Compassionate, Person-and Family Centered Care through Interprofessional Education for Collaborative Practices; COMPASSIONATE COLLABORATIVE CARE MODEL AND FRAMEWORK



**Context and Outcomes of Compassionate, Collaborative Care..**

Previous figure depicts person-/family centered and relationship-based care resulting from the intersection of compassion and collaboration

Working towards the “Triple Aim” and the “Quadruple Aim” (which includes supporting health care professionals wellbeing) is essential if we are to realize positive outcomes related to the health and wellbeing of all members of the health care “team” including patients and family caregivers, healthcare professionals and staff

Loun et al Recommendations from a Conference on Advancing Compassionate, Person and Family-Centered Care Through Interprofessional Education for Collaborative Practice, Emory Conference Center, Atlanta, GA; 30 Oct-1 Nov, 20

**.. Context and Outcomes of Compassionate, Collaborative Care**

This intersection occurs within complex educational and healthcare systems and needs to be supported and promoted by such systems in order to achieve these positive outcomes

Loun at Recommendations from a Conference on Advancing Compassionate, Person and Family-Centered Care Through Interprofessional Education for Collaborative Practice, Emory Conference Center, Atlanta, GA; 30 Oct-1 Nov, 2014

**Compassion and collaboration must be present at all levels**

A technically correct and coordinated care plan that fails to address the concerns and needs of patients because of not asking the right questions or listening deeply leads to uncaring and not patient-centered care

Loun at Recommendations from a Conference on Advancing Compassionate, Person and Family-Centered Care Through Interprofessional Education for Collaborative Practices, Emory Conference Center, Atlanta, GA; 30 Oct-1 Nov, 2014

**With only a compassionate caregiver**

Who doesn't have an effective team to help support, deepen and extend the care the patient and family want and need in their community

The caregiver is ineffective and a candidate for burnout

Loun at Recommendations from a Conference on Advancing Compassionate, Person and Family-Centered Care Through Interprofessional Education for Collaborative Practice, Emory Conference Center, Atlanta, GA; 30 Oct-1 Nov, 2014

**Care that is compassionate and collaborative is based on:**

- The ability to experience and to act on one's compassion
- The ability to collaborate, communicate and partner with patients and family members to the extent that they need and desire
- The commitment of all who provide and support health care to communicate and collaborate with each other
- The resilience and wellbeing of professional and family caregivers

Loun et al, Advancing Compassionate, Person-and Family Centered Care through Interprofessional Education for Collaborative Practices; COMPASSIONATE COLLABORATIVE CARE MODEL AND FRAMEWORK

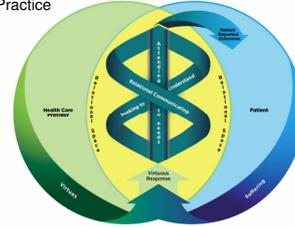
## Competencies in compassion and empathy

Are not “add-ons” but map directly onto existing competencies for patient care, professionalism and interpersonal and communication skills

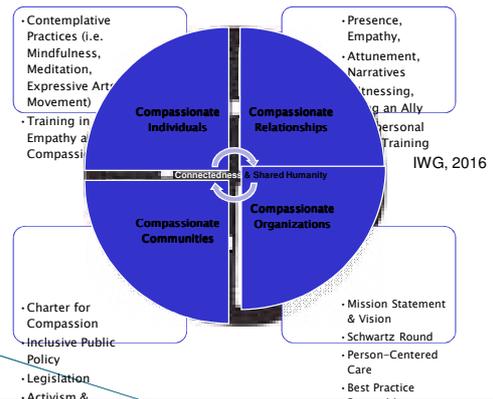
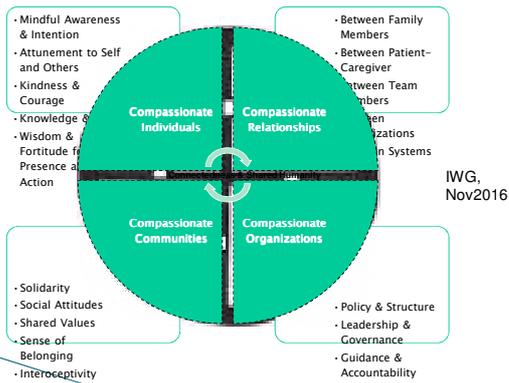


Loun et al, Advancing Compassionate, Person-and Family Centered Care through Interprofessional Education for Collaborative Practices; COMPASSIONATE COLLABORATIVE CARE MODEL AND FRAMEWORK

Compassion Model: Compassion in Clinical Practice



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



Witnessing is the expression of our interconnectedness, and stories are threads from the soul that are woven between us.

When we are witnessed, it becomes safe for us to pass on because we have felt the connection, soul to soul, and it is also safe for the witnesses to let go.

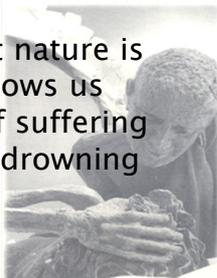


Murphy NM (1999). *The Wisdom of Dying: Practices for Living*. Boston: Element Books

“Compassion is an attunement to exactly where the other person is, to what matters most in the moment, to the exact face of their suffering. It has no agenda, no judgement, no should. We cannot help a person if we are trying to change them. I don’t think we serve a person by taking them away from themselves or their suffering.”

Ostaseski F (2016). Attunement - Meditations on Compassion. In: Ellison KP, Weingast M. *Awake at the Bedside*. Somerville, MA: Wisdom Publications, p. 243

Seeing that our deepest nature is goodness and health allows us to be in the presence of suffering without burning out or drowning in despair



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, p. 125

To attune we need to know who we are and be integrated



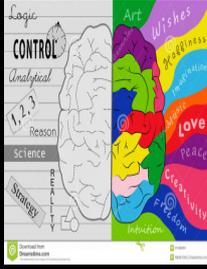
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### Compartmentalization = Survival

**Left Brain**  
Primary arbiter of internalized rules, expectations of ourselves and others and our social presentation to the world  
Reasons, plans, organizes, learns from experience, makes meaning  
Self-witness, capacity for internal and external awareness

**Right Brain**  
Unconscious and implicit organization of self  
Emotions, memories, physical actions, and visceral experiences are processed and synthesized  
Level of organization, physical self or proto self, serves as implicit glue to continuity of sensory-motor experiences of the physical world

Corpus Callosum doesn't mature until 12+



### Higher Self

Untouched by trauma and capable of becoming a witness and a self-healer



Fisher, 2003, 2017 *Working with the Neurobiology of Trauma*, 24 April 2017 webinar

### Transformation = Inner Healing

**Self**  
Curious, compassionate, clear, calm, creative, courageous, confident, committed

Healing is the outcome of a compassionate connection between parts and Self that creates sufficient safety and trust that parts can be "unburdened" can let go of their legacies of the past

**Exile**  
hold unacceptable/unshareable memories, feelings

**Manager**  
"stand in" for exile and try to "carry on"

**Firefighter**  
Protect exiles with emergency responses

All need to be embraced for healing

J. Fisher, 2001, 2017, *Working with the Neurobiology of Trauma* webinar

### Strong Back and Soft Belly

The stereotypical image of compassion is of someone who is loving, kind, and accepting; however, that image often doesn't include the underlying strength and discernment that is required in order to sustain compassion in everyday life situations. Halifax states that in order to meet the world, one needs a *strong back and a soft belly*.



Vachon, MLS, Harris, D. (2016). The Liberating Capacity of Compassion. *Handbook of Social Justice in Loss and Grief*. (Eds). D Harris and T. Bordere. New York: Routledge, pp. 265-281.

## Strong Back and Soft Belly

- ▶ All too often our so-called strength comes from fear, not love; instead of having a strong back, many of us have a defended front shielding a weak spine. In other words, we walk around brittle and defensive, trying to conceal our lack of confidence. If we strengthen our backs, metaphorically speaking, and develop a spine that's flexible but sturdy, then we can risk having a front that's soft and open, representing choiceless compassion. The place in your body where these two meet — strong back and soft front — is the brave, tender ground in which to root our caring deeply when we begin the process of being with dying. How can we give and accept care with strong-back, soft front compassion, moving past fear into a place of genuine tenderness? I believe it comes about when we can be truly transparent, seeing the world clearly — and letting the world see into us (Halifax, 2008, pp. 17–18).

## Self Compassion



- ▶ Self compassion enhances well-being because it helps people feel a greater sense of interpersonal connection
- ▶ Self compassion deactivates the threat system (associated with feelings of insecure attachment, defensiveness and autonomic arousal) and activates the self-soothing system associated with feelings of secure attachment, safeness and the oxytocin-opiate system

Gilbert P, Irons C (2005) Therapies for shame and self attacking, using cognitive, behavioural, emotional imagery and compassionate mind training. In: Gilbert P (Eds). *Compassion Conceptualizations, research and use in psychotherapy*, (pp. 263–325) London: Routledge. in Neff

## Metta Meditation

These are the traditional four phrases of metta:

May I be happy.

May I be at peace.

May I live with ease.

May I be free from suffering.

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- ▶ *“To be wholesome, we must remain truthful to our vulnerable complexity. In order to keep our balance, we need to hold the interior and exterior, visible and invisible, known and unknown, temporal and eternal, ancient and new together. No-one else can undertake this task for you. You are the one and only threshold of an inner world. This wholesomeness is holiness. To be holy is to be natural; to befriend the worlds that come to balance in you”*

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

## The Work that Reconnects

- ▶ Gratitude—grounding ourselves in the heart so we have the courage for the second step
- ▶ Honoring “our pain for the world”
  - In turning toward, leaning into, and allowing ourselves to experience our feelings of suffering it turns to reveal its other face “and the other face of our pain for the world is our love for the world, our absolute inseparable connectedness with all life”

Kearney & Weininger (2016) quoting Macy J in an interview on *On Being*, p. 127

## The Work that Reconnects

The “Tantric flip”, as we allow ourselves to experience our pain for others. We “flip” into a realization of interconnectedness, we **see with new eyes**

In the fourth step we “go forth” with compassionate action

Kearney & Weininger (2016) quoting Macy J in an interview on *On Being*, p. 127

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## Self-compassion and its components



Has exactly the same qualities as compassion—its just compassion turned inward

- self-kindness
- a sense of common humanity
- mindfulness

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



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## 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

## interventions

## Self-awareness and self-compassion

May prime our brains towards empathy and compassion for others

People who did 7 hours of compassion meditation training and had the highest levels of altruism - experienced the most brain changes in the inferior parietal cortex (involved in empathy) when exposed to others' suffering.



Weng, H., Fox, A.S., Shackman, Stodola, D.E., Caldwell, J.Z.K., Rogers, G.M., Davidson, R.J. (2013). Compassion Training Alters Altruism and Neural Responses to Suffering. *Psychological Science*, 24, 7: pp. 11, first published on May 21, 2013

## Different parts of the brain are involved in empathy and compassion

Empathy for pain crucially involves anterior insula (AI) and anterior midcingulate cortex

Compassion is accompanied by activations in regions typically associated with reward, love and affiliation. These regions comprise insula, ventral striatum and medial orbitofrontal cortex (mOFC)

Klimecki OM, et al, 2013

## Empathy and compassion training

Empathy training, but not memory training (control group), increased negative affect and brain activations in anterior insula and anterior midcingulate cortex brain regions previously associated with empathy for pain.

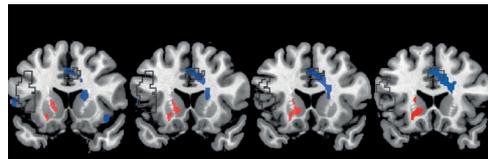
In contrast, subsequent compassion training could reverse the increase in negative affect and, in contrast, augment self-reports of positive affect.

In addition, compassion training increased activations in a nonoverlapping brain network spanning ventral striatum, pregenual anterior cingulate cortex and medial orbitofrontal cortex.

training compassion may reflect a new coping strategy to overcome empathic distress and strengthen resilience.

Klimecki OM, et al, 2013

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.

## Meaning-centered and mindfulness-based intervention.

Fillion et al primary objective is to improve the conditions in which palliative care is provided by validating a conceptual framework that results in a better understanding of the work satisfaction and well-being of nurses in this field. The results of this study will offer decision-makers a choice of models of services to be favoured and a better understanding of the aspects to be considered before implementing training services or programs for caregivers and managers.

Fillion L, Tachon M, Heureux M., Dalhaire, C., Langlois, L., Bellemare, M. Dupuis, R. (2013) To improve services and care at the end of life; Understanding the impact of workplace satisfaction and well-being of nurses. Rapport R-794, Montréal, IRSST. <http://www.irsst.qc.ca/projet-veys/amelioration-des-services-et-des-conditions-de-travail-des-soignants-comprendre-l-impact-de-la-satisfaction-de-travail> <http://www.irsst.qc.ca/projet-veys/amelioration-des-services-et-des-conditions-de-travail-des-soignants-comprendre-l-impact-de-la-satisfaction-de-travail>



Live for me.  
Laugh for me.  
Do good and give to the world for me.  
Grow for me.  
Share for me.  
Mourn for me,  
but let your own spirit fill again  
with friends, family and new laughter.  
Or I'll come down and kick your ass  
as a gopher or horned owl - ha ha.

Mary Pocock

August 12, 1952 - September 7, 2004

A POEM BY MARY  
WRITTEN AUGUST 29, 2004

## A.B.I.D.E.

Model for teaching compassion

Attention and affect

Balance

Intention and insight

Discernment

Embodiment and ethical enactment,  
engagement, equanimity/eudaemonia

Halifax, J. (2013). Understanding and cultivating compassion in clinical settings: the A.B.I.D.E. compassion model. In: T. Singer & M. Bolz (Eds.), *Compassion: bridging practice and science* ebook. (pp. 209-228). Munich, Germany: Max Planck Society.

## Being with Dying program

8 day residential program based on scientific data

Premise of BWD- based on the development of mindfulness and receptive attention through contemplative practice

Cultivating stability of mind and emotions enables clinicians to respond to others and themselves with compassion. The program provides skills, attitudes, behaviors and tools to change how caregivers work with the **dying and bereaved**

Halifax, J. (2013) Being with dying: experiences in end-of-life-care. In: T. Singer & M. Bolz (Eds.) *Compassion: bridging practice and Science* ebook. (pp. 108-120). Munich, Germany: Max Planck Society.

## G.R.A.C.E.

The program was developed to help prevent burnout and secondary trauma in caregivers including doctors, nurses, human rights activists and others working in stressful situations. The practice offers “a simple and efficient way to open to the experience of the suffering of others, to stay centered, and to develop the capacity to respond with compassion”

Halifax, J. (2013) Being with dying: experiences in end-of-life-care. In: T. Singer & M. Bolz (Eds.) *Compassion: bridging practice and Science* ebook. (pp. 108-120). Munich, Germany: Max Planck Society.

Halifax, J. (2014). G.R.A.C.E.: Training in Cultivating Compassion in Interactions with Others. Upaya Zen Center. Upaya blog, 12 February.

## GRACE Model

- ▶ G--Gather your attention
- ▶ R--Recall your intention
- ▶ A--Attune by checking in with yourself, then the patient
- ▶ C--Consider what will really serve by being truly present in the moment
- ▶ E--Engage, enact ethically, and then end the interaction

## Accelerated Recovery Program for Compassion Fatigue

“a five-session individual treatment model for treating professional care-providers who had become overwhelmed by the demands of their work

The idea was that secondary exposure to serious illness, trauma, or injury resulted in a wound in caregivers that required further intervention. The program expanded beyond individuals to large groups, and trainers were trained internationally to offer psycho-educational intervention to large groups including health care professionals, emergency responders, funeral home personnel, and Red Cross members

Baranowsky & Schmidt, 2013

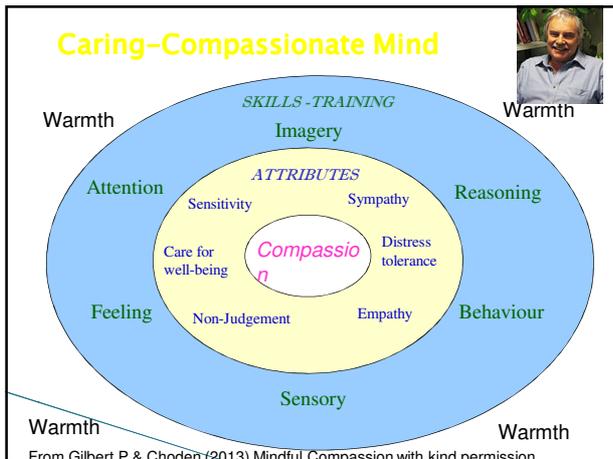
## Accelerated Recovery Program for Compassion Fatigue

Stages of the treatment process focus on issues such as the therapeutic alliance between clinician and patient, clinicians' quantitative assessment of their own distress, anxiety management skills, the importance of narrative regarding personal and work-related experiences, and issues related to the exposure and resolution of secondary traumatic stress (STS).

A key component of this training is cognitive restructuring for self-care and integration of new concepts and skills.

In addition the ARP provides an aftercare resiliency plan emphasizing resiliency skills, self-management and self-care skills, connection with others, skills acquisition, and conflict resolution

Baranowsky & Schmidt, 2013



# Personal Coping Techniques

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### 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.

### Principled Moral Outrage

- ▶ (1) finding a compromise that preserves integrity particularly when there is factual confusion, uncertainty, conceptual ambiguity, and moral complexity
- ▶ (2) raising a conscientious voice to bring awareness to or criticize a practice or violation of an ethical standard;
- ▶ (3) refusing to participate on the basis of conscience violations;

Rushton, C. H. (2013). Principled Moral Outrage: An Antidote to Moral Distress? *AACN Advanced Critical Care* ,24(1), 82-89. In Vachon & Harris

### Principled Moral Outrage

- ▶ (4) responsible whistleblowing arising from clarity, non reaction, and ethical resolve rather than anger and retaliation;
- ▶ (5) conscientious exiting from institutions or situations where efforts to address isolated or repeated instances that result in moral outrage are unaddressed, unresolved, or continue to compromise integrity (p. 85).

Rushton, C. H. (2013). Principled Moral Outrage: An Antidote to Moral Distress? *AACN Advanced Critical Care* ,24(1), 82-89. In Vachon & Harris

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### Strengthening Resilience

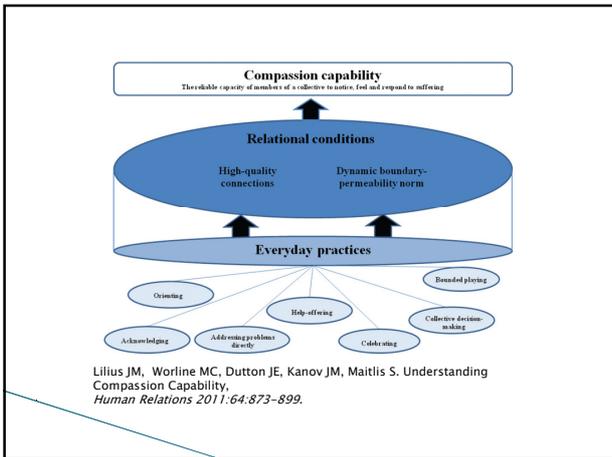
- ▶ Mentorship programmes
- ▶ Positive and nurturing professional relationships
- ▶ Encourage positivity
- ▶ Emotional insight
- ▶ Life balance
- ▶ Spirituality
- ▶ Personal reflection

Spirituality decreases risk of compassion fatigue and increases compassion satisfaction



Hoggaard P. Compassion fatigue and dying and death: what strategies will prevent the development of compassion fatigue and what is the evidence for their effectiveness? In: N. Hinerman & R. Fisher (Eds.), *Making sense of death and dying: Oxfordshire Inter-Disciplinary Net*, in press.

Be a screen not a window

**..Compassion in Action**

- ▶ Offer compassion to yourself, while continuing to breathe gently, holding this experience in your heart
- ▶ When you are ready, once again, direct your attention outward and turn toward the other, noticing what you are feeling and what you are seeing.
- ▶ In the face of the other's suffering, bring your attention inward and downward into the body
- ▶ Notice your physical experience, what is happening right now, in your body and where?

Kearney & Weinger (2016), p. 130.

**The Compassion in Action Practice..**

- ▶ Bring your attention to your breath, exhale gently to relax
- ▶ Notice your emotional experience, what feelings are there and where?
- ▶ With your exhale, allow yourself to drop down into the felt sense of your experience and to linger there for just a little while, "suffer your suffering"

Kearney & Weinger (2016). In Ellison & Weingast, *Awake at the Bedside*. Somerville, MA: Wisdom Publications, p. 130

Good palliative care

Heart first pumps blood to itself



Shapiro SL. The art and science of meditation. Paper presented at: Cassidy Seminars, June 27, 2008; Skirball Cultural Center, Los Angeles, CA. In: Kearney MK, Weinger BS, Yachum MLC, Mousil 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.

