Who Are We and What Attracts Us to Hospice/End-of-Life Care

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Integration

The linkage of differentiated parts

Is the key to mental health

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 over time 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.


Attunement

- Parent and child attune to one another.
- *Compassion is the capacity in each of us that enables us to be sensitive to suffering. The presence of compassion can be known not only in the heart and mind but also with an experience of the body. We sense suffering and our compassionate wish to come close to it. We can know compassion as a form of intimacy*. One way that intimacy is expressed is as attunement.


Understanding Attachment Theory

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.


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

Meta analysis of over 10,000 Adult Attachment Interviews

Childhood impacts the present

- 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.

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.

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Domains of Integration

- Consciousness
- Bilateral
- Vertical
- Memory
- Narrative

- State
- Interpersonal
- Temporal
- Identity (transpirational)

Palliative Care

- Body, Mind, and Spirit
- Patellar
- Caregiver
- Palliative care
- Human relationship

Palliative Care
The diagnosis

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

Integration made visible

Is kindness and compassion

Right and left brain

All of our emotional circuitry is rooted in the right hemisphere

The left reprocesses information but doesn’t have this core relational circuitry located there

Dr. Jill Bolte Taylor

- I am part of a greater structure—an eternal flow of energy. I experienced people as concentrated packages of energy. Doctors and nurses were massive conglomerations of powerful beams of energy that came and went. With this shift onto my right hemisphere, I became empathic to what others felt. Although I could not understand the words they spoke, I could read volumes from their facial expressions and body language. I paid very close attention to how energy dynamics affected me. I realized that some people brought me energy, while others took it away.”


Dr. Jill Bolte Taylor

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
Uncorrelated and implicit organization of self.
Emotions, memories, physical actions, and visceral experiences 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.

“Street smarts, not book smarts”


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.


Attachment

Adult attachment styles and coping were studied in 88 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 needs for acceptance and approval, and in close relationships;
- Fearful: 17%: having a negative model of self and a positive model of others;
- Dismissing: 13%: having a positive model of self, but a negative model of others;
- Committed: 4%: securely attached than general population.

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.


Medical students and attachment style

- Secure: 59.4%
- Self-reliant: 19.8%
- Cautious: 10.4%
- Support-seeking: 9.4%

Similar to the general population.


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.

Resilient People

- Able to find positive meaning within stressors
- Have greater access to stored positive information
- Avoid being overwhelmed by negative experiences and emotions that everyone goes through


Resilience

- Promotion of resilience
  - Not in avoidance of stress,
  - But rather in encountering stress at a time and in a way that allows self-confidence and social competence to increase through mastery and appropriate responsibility


Factors that Promote Resilience and Mitigate Work Stress

- Chose to work in the area of palliative care
- Committed to it
- 'Could make a difference' to the people for whom they were providing care.
- Awareness of both their mortality and their spirituality.


Personality Factors in Hospice Nurses

Hardiness and Sense of Coherence - related to resilience

- Hardiness: change as the norm
- Sense of Coherence: emphasis on stability and structure

Personality Factors in Hospice Nurses

Some indicated dislike for change - preferring stability when faced with mortality and uncertainty

Sense of coherence might explain resilience for some

Hardiness might explain resilience for others who viewed change as personal satisfaction and achievement

Key factor - the individual's attitude towards change


Stress Resilience Capacity in Pediatric Oncologists

- An optimistic attitude
- Willingness to discuss existential issues associated with life and death
- High levels of motivation
- Decreased the level of depression and enhanced job satisfaction and resilience

Resilience

- Need for stability inherent in a sense of coherence
- Change is seen as exciting opportunity for growth in hardiness
- Sense of coherence explains resilience for some caregivers, hardiness for others
- Key factor seems to be the individual’s attitude towards change


Palliative Care Martyrs

- Believes she is indispensable for managing all patient suffering and responsible to all patients in need
- Recognizing that she is overworked or under personal stress, the martyr feels helpless to change the situation and feels unappreciated by those in authority, typically hospital administration
- This martyrdom syndrome seems similar to the Post Traumatic Embitterment Disorder, which can be the result of chronic stressors


Overcopers at risk of cf

- “Overcopers may regard themselves as high achievers in their careers as a means of establishing a buffer for their lives and job struggles and to ward off, at all costs, their feelings of failure.
- Frequently overcopers will push beyond pain even when life and work demands have become unmanageable, because of the belief that their career identity as viewed by others is more important than their own individual needs. In their world, stopping to rest and reflect is a weakness; their career identity as viewed by others is more important than their own individual needs. In their world, stopping to rest and reflect is a weakness; high performance at any cost is the expectation”


What keeps you going in your work?

“I like the work, I’m good at it and I have the ability to do what I want?”

A sense of competence, control and pleasure in one’s work


Compassion satisfaction

- “the pleasure you derive from being able to do your work well.”
- We continue to do the work and to do it well
- What sustains a person to continue in the face of potential distress
- Most people are glad they could help
- There is an aspect of compassion satisfaction that is compelling


Counter Transference and End of Life Care

- all disciplines and levels experience subject to powerful reactions to the work
- reactions far more diverse than simply “compassion fatigue” or “vicarious traumatization”

Responses may:

- originate in the helper
- "belong" to the patient
- "belong" to that "alchemy" or "space" between the two

Katz 2006

Individual risk factors in physicians

- At risk earlier in career
- Lack of life-partner
- Attribution of achievement to chance or others rather than one's own abilities
- Passive, defensive approach to stress
- Lack of involvement in daily activities
- Lack of sense of control over events
- Not open to change

Blust L, Health Professional Burnout: Part I #15, J Pall Med 14, Number 5, 2010

Personal Reflections

- What factors from your past may have influenced your decision to be a caregiver?
- What led to your involvement in palliative care/your current area of work?