CHALLENGES TO COMPASSIONATE COOPERATION
ROLE OF THE CONSCIOUS MIND

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Despite the importance of compassionate care to [physicians and patients], only 53 percent of patients and 58 percent of physicians said that the US health care system generally provides compassionate care. When we asked about compassionate care at the individual level, 78 percent of physicians said that most health care professionals provide compassionate care, but only 54 percent of patients said that they do.

1. Broaden understanding of interpersonal relationships and how the self is a dynamic, entangled, and emerging process of connecting and separating with others.
2. Explain the role of the conscious mind in an individual’s potential to create and sustain empathic, compassionate relationships and communities of care.
3. Provide a general understanding of the paradigm for thought and expression and the methodology associated with compassionate cooperation.
4. Identify some of the greatest challenges to compassionate cooperation.
1 Broaden understanding of interpersonal relationships and how the self is a dynamic, entangled, and emerging process of connecting and separating with others.
NEW UNDERSTANDING OF SELF
AN ACTIVE PART & DYNAMIC ELEMENT OF THE TOTALITY

From objective stance to entangled stance

Film: Produced by Zaya and Maurizio Benazzo, Science and Nonduality (2013).
“I” AM AN EMERGING AND CO-CONSTRUCTED PROCESS
SHAPED THROUGH SUBJECTIVE PERCEPTION ABOUT OTHERS

In any given instant, I-perspective enables or interferes with one’s capacity to invite and support connection.

Photo: https://thisdreamcatcher.wordpress.com/tag/interconnectedness/
[An] understanding of the powerful role of connection in human growth alters the entire basis of contemporary psychological theory and psychotherapy...It reflects a major shift in our thinking about what creates pain and psychological problems and what fosters healing and growth.

– Jean Baker Miller, MD and Irene Pierce Stive, PhD

CONNECTION IS THE BASIS FOR EMPATHIC RELATIONSHIPS

EMPATHIC RELATIONSHIPS LINKED TO HARD HEALTH OUTCOMES

In patient-provider relationships:

- Kelley, Kraft-Todd, Shapira, and Riess (2014) – Meta-study of 13 RCTs
- Del Canale, Louis, Maio, et al. (2012) – Landmark study
- Ford, et al. (1996)
- Stewart (1995)
- Greenfield, et al. (1988)
- Orth, et al. (1987)
- Egbert, et al. (1964)
We use language symbols to communicate both literal and emotional meaning in the stories of self-talk that we sometimes share with others.

1. Provider self-talk - focused on negative emotional meaning about a patient
   I’m talking to the wall here [frustration]. Why do I even bother [arrogance]? Look at her [blame]. She’s incapable of losing weight [criticism]. She’ll never take responsibility for her health [negative projection].

2. Provider’s message to patient - focused on literal meaning
   You need to try to get some of that weight off before surgery. You’ll have a much faster recovery if you do. [literal communication task completed – provider has informed the patient]

3. Provider’s message to patient - focused on positive emotional meaning
   I’ve experienced how losing weight can be very hard [empathy/compassion], but I’m hoping we can [mitigates arrogance and entitlement] work together on a weight loss plan so you can go into surgery with the best chances of a fast recovery. As a starting point, I was wondering if we could [mitigates arrogance and entitlement] talk about whether you’ve tried to lose weight in the past, and what your experiences have been.
EMOTIONAL MEANING CONNECTS, OR SEPARATES INTERFACES WITH LITERAL MEANING – MORE OR LESS FOCUS

Negative and polarizing emotional values

- Apathy
- Indifference
- Harshness
- Arrogance
- Disinterest
- Hatred
- Fear
- Resentment
- Anger
- Criticism
- Entitlement

Positive and unifying emotional values

- Empathy
- Compassion
- Kindness
- Humility
- Caring
- Joy
- Love
- Peace
- Forgiveness
- Gratitude
- Service
POSITIVE EMOTIONAL MEANING INVITES & SUPPORTS CONNECTION
BALANCED TENSION BETWEEN SELF & OTHER(S)

I-perspective balance -- power-sharing and positive reciprocity

Balanced tension - me-and-you orientation

Compassionate Cooperation
NEGATIVE EMOTIONAL MEANING INVITES & SUPPORTS SEPARATION
IMBALANCED TENSION BETWEEN SELF & OTHER(S)

I-perspective imbalance -- (whether positive or negative)
lack of power-sharing and positive reciprocity

Imbalanced tension – me-against-you orientation
2 Explain the role of the conscious mind in an individual’s potential to create and sustain empathic, compassionate relationships and communities of care.
EMPATHY IS NOT ALWAYS AUTOMATIC OR NATURAL
INHIBITED BY ALLOWING NEGATIVE REACTIONS TO PERSIST

Automatic and negative reactions produced by the nonconscious mind – prompted by personal threat or offense triggers -- inhibit empathic relationship experiences:

- Shape and intensify self-defensive emotional stories in self-talk (sometimes shared in talk with others)
- Serve an oppositional relationship dynamic, which inhibits compassionate cooperation
- Threaten connection and the positive and empathic relationships associated with them

Threat or offense triggers - Examples

- A patient, patient’s family member, or colleague lies or avoids the truth
- A patient yells because they don’t want to take their medication or comply with other treatment
- A patient, patient’s family member, or colleague says something insulting
- A patient, patient’s family member, or colleague is gay or transgender
- A patient, patient’s family member, or colleague is rude, inconsiderate, or inattentive
- A supervisor doesn’t answer an email message, approve a raise, or support a decision
- A patient or provider is of a race/ethnicity/religion the other is biased against
- A patient or provider’s voice, demeanor, or appearance (weight, tattoos, nose ring) is annoying
BRAIN, MIND, AND CONSCIOUSNESS
A CONTINUOUS FEEDBACK LOOP

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Photos:
foo-gos.com;
quo.es
blogs.csun.edu
INNER AND OUTER REALMS
TWO DIFFERENT WORLDS

INNER: Patient or provider’s interaction with self
• How one sees self in relationship to other(s)
• What one thinks about other(s)
• What one intends to hide from other(s)
• What one doesn’t see about self

OUTER: Patient-provider interaction
• How provider presents self
• How patient presents self
• What provider hides from patient
• What patient hides from provider
• How patient sees provider
• How provider sees patient
• What patient doesn’t see about provider
• What provider doesn’t see about patient

Photos:
www.flickr.com
careergirlnetwork.co
Workplace of the emerging process of self, which occurs in relationship to others

- Involves shaping I-perspective – i.e., how one sees one’s self in relationship to other(s)
  - Balanced I-perspective shapes compassionate cooperation
  - Imbalanced I-perspective shapes opposition
CONSCIOUSNESS ASSOCIATES WITH FORCE OF MIND
DETERMINES RELATIONSHIP AUTHENTICITY & QUALITY

“The mind has a life of its own”
--Jeffrey Schwartz, Leading Researcher in Brain Dysfunctions
UCLA School of Medicine

EMOTIONS GENERATE FORCE OF MIND
SIGNIFICANT TO BRAIN ACTIVITY & STATE OF MIND
POSITIVE FORCE OF MIND HAS A NEUROCHEMICAL BASIS
OPENING THE SPACE FOR CONNECTION

There's a very clear mapping from positive social relationships back to health. More oxytocin means less cardiovascular stress and an improved immune system. – Paul Zak

Raising oxytocin levels naturally
• Meditation
• Directing neural mirroring (e.g., by watching emotionally compelling movies)
• Prompting sensory triggers through music, art, and partnered dance
• Massage
• Positive social interaction – attention to touch, eye contact
• Doing something nice for someone (starts a “feel good” cycle)
• Expressing and demonstrating love
• Yoga, walking, and exercising with others
BLAME THE BRAIN
BUT LEARN TO ENGAGE THE CONSCIOUS MIND

Levels of Awareness
• Nonconscious
• Conscious
• Superconscious

You have a brain You are a mind

© D'Amico 2014
Photo: juliolicinio.blogspot.com
3 Provide a general understanding of the paradigm for thought and expression and the methodology associated with compassionate cooperation.
New York Academy of Sciences, February 2013

"We now have evidence that engaging in pure mental training can induce changes not just in the function of the brain, but in the brain's structure itself."

- Richard Davidson, Neuroscientist
University of Wisconsin-Madison
### COMPASSIONATE COOPERATION PARADIGM

#### SHAPING I-PERSPECTIVE BALANCE THROUGH FRAMING

<table>
<thead>
<tr>
<th>OPPOSITION Paradigm -&gt; Separation</th>
<th>COMPASSIONATE COOPERATION Paradigm -&gt; Connection</th>
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<tbody>
<tr>
<td>Negative &amp; polarizing values</td>
<td>Positive &amp; unifying values</td>
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- Apathy
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- Criticism
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- Empathy
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- Kindness
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- Gratitude
- Service

Photo: www.stonewritten.com
Reframing is the dynamic practice of “seeing differently”

- Redirecting an oppositional force of mind to invite and support a compassionately cooperative one (-> connection)
- Engaging the conscious mind to retrain the nonconscious mind to react in more balanced ways

Zak, “How Stories Change the Brain”. In Greater Good, the Science of a Meaningful Life, University of California, Berkley (Dec 17, 2013).
NEGATIVE STORIES IN SELF-TALK EXPRESSED TO OTHERS
DIRECTNESS AND EXPLICITNESS

1

I get irritated when a patient doubts my evaluation and relates the opinion of a less qualified doctor. (the patient) should just ask me to explain why there is a difference in opinion instead of doubting me. “If patients won’t listen to my advice, preferring to go their own way, why did they come to me in the first place?”...“I’m not a mind reader. Playing stump the doctor is a waste of everyone’s time. Try to sort out the chronology of an illness before you come in. When do you think it started? Is it getting better or worse? What makes it better? What makes it worse? Where is the pain?

2

A nurse begins to tape an elderly man’s catheter line to one of the man’s legs while the man’s wife and a certified nursing assistant (CNA) look on.

CNA (to the Patient): I think it will be better on the other leg so you don’t have trouble getting your trousers on.

Patient’s Wife (to the CNA): I think she knows what she’s doing. After all, she IS an RN.

CNA: [Silence]
Rhetorical questions
• Why did they come to see me in the first place?
• Why don’t you ever put things back where you find them?

Directives
• Sort out the chronology before you come in.
• Don’t waste my time.

Information-seeking questions with meaningful intonational shifts
• Why did you stop taking the medication?
• Why didn’t you take the medication?
• Why are you putting that there?
• Why aren’t you cooperating with the therapist?

Comments
• You didn’t follow the instructions. (You always…You never…)
• I’m not a mind reader.
• I think she knows what she’s doing. After all, she is an RN.
NONLINGUISTIC EMOTIONAL SYMBOLS
SERVE OPPOSITION OR COMPASSIONATE COOPERATION PARADIGMS

**Body language/facial expressions**
- Rolling the eyes
- Clicking the tongue
- Crossing the arms
- Pursing the lips
- Moving away from someone
- Moving closer to someone

**Gesturing**
- Giving someone the finger
- Raising the hand to signify “stop”
- Clapping
- Motioning for someone to approach
- Dismissing someone with a hand motion
## AUTHENTICITY

ALIGNMENT BETWEEN INNER & OUTER WORLDS

<table>
<thead>
<tr>
<th>Quality</th>
<th>Consciousness Stories you tell your self</th>
<th>Direct talk and 3rd party talk Stories you tell others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inauthentically positive</td>
<td>[-] Negative</td>
<td>[+ Positive (or not [-])</td>
</tr>
<tr>
<td>Authentically negative</td>
<td>[-] Negative</td>
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</tr>
<tr>
<td>Authentically positive</td>
<td>[+ Positive]</td>
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BRINGING AWARENESS TO NEGATIVELY SYMBOLIC STORIES
HELPFUL PROMPTS

• Am I seeing perfection or error? If I’m seeing error, what feelings do I need to confront and understand so I can release them?
• Are my negative emotional reactions serving me or interfering with my ability to connect with this person?
• What feelings am I acting out in my mind, and what is my real emotional need?
• Am I looking at a present circumstance or situation with a person through my past?
• How are my own biases that are preventing me from seeing this person without fault?
• Can I focus on seeing love, expressing gratitude, being of service instead of attack and defense?
• Is holding on to past hurts helping me or hurting me?
• What do I need to let go of in order to forgive?
• Is it more important for me be right or to feel connected and satisfied?
• Can I create thought and expression to show gratitude in a way I have refused to do in the past?
• Can I release my judgment and see this person as vulnerable and imperfect like myself?
• How can I consider others as well as myself in this situation?
• How can I extend kindness in this situation?
• Am I actively seeking to understand the needs and interests of others?
4 Identify some of the greatest challenges to compassionate cooperation.
“Organizations cannot innovate change unless their employees have the knowledge and skills to make it possible.

– Building an Innovative Organization: The Role of Training and Development. Association for Talent Development, April 2014
Confrontational tasks

- Sharing tragic or unwelcome news with patients and families
- Admitting a medical error or care oversight to patient, patient's family, or colleague
- Firing a subordinate
- Conducting a poor performance appraisal with a subordinate
- Setting a boundary or saying “no” without interfering with connection

Situational vulnerabilities

- “Difficult” patients (personality disorders, chronic illnesses) and “difficult” providers
- Controlling personalities in a relationship dynamic
- Resistant or recalcitrant negative biases in the stories patients and providers tell themselves about each other
- Patients or providers presenting with nonconforming gender, sexual orientation; race, ethnicity negatively valued by others
- Negative reactions to threat and offense prompts vented negatively to 3rd parties, shaping harmful alignments

Mood (reaction to hunger, lack of sleep, long day of work)

- Impatient, grumpy, curt
MITIGATING SITUATIONAL RISKS
REQUIRES CONFRONTING PERSONAL NEGATIVE BIASES

- Often exist below the level of conscious awareness
- Reflect intolerance for others, based on their views, values, (non) actions, or what they represent
- Often relate to negative assumptions about race/ethnicity, sexual orientation, age, religion, status, education
- Rooted in past learning and experience that forms the basis for assumptions and extending thought patterns
- Produce the negative stories in self-talk that interfere with connection – shaped by frustration, resentment, and other negative emotional values
- Interfere with empathic, compassionate outcomes and teaming, productivity, effectiveness, and morale
- Cause dissatisfaction with people and situations involving them, and leads to occupational stress and burnout
- Negatively influence alignments in a community that interfere with productivity, effectiveness, and morale

*Blind Spot Bias: We inaccurately see our selves as less negatively biased than others.*
The latest stress research shows emotions activate physiological changes comprising the stress response, and that overall positive emotions are important to addressing occupational stress.

State of mind affects every instant of present experience as well as future experience.
REQUIRES MITIGATING NEGATIVE STORIES IN SELF-TALK DUE TO CONSTRAINTS ON EMBODIMENT AND EXPRESSION

Healthcare workplaces are hierarchies
- Causes potentially high levels of frustration that lead to stress inhibiting wellness
- Impacts authenticity in direct interactions with others
- Alters perceptions about others without their knowledge or permission through negative 3rd party talk
- Creates negative alignments that affect teaming, motivation, productivity, morale, and effectiveness
“As long as I continue to tell people I can cope, people continue to give me work. Compared with being a student, the complexity of my cases has dramatically increased now that I am qualified. Managing a large number of complex cases is a sharp contrast to having a small protected caseload, and this was something I was not prepared for”.

--Anonymous social worker -- The Guardian: Learning and Development Hub from the Social Care Network
REQUIRES TRANSFORMING NEGATIVE VENTING
UNDERSTANDING POLARIZING IMPACTS OF NEGATIVE ALIGNMENTS

Student
“I’ve just started my field placement and I’m disturbed by what’s happening. When we go for coffee, everyone jokes and makes fun of the clients. If they knew the way their workers talked about them, they would never come back. I didn’t know that professionals could be so coldhearted. Isn’t their behavior unethical?”

Instructor
“Many professionals deal with enormous stress of their jobs by making jokes about tragic events or clients’ misfortunes…it’s a way of unwinding and relieving constant pressure…I think the question of ethics is important; however, …What should we do about this type of problem? We should not simply tell the social workers not to do this and then offer them no alternatives…”

--Postings on a Middle Tennessee State University sociology department blog
“Heard some very good things about them before. Now, hearing from others that they are a notoriously difficult provider who doesn’t work well with the rest of the mental health community, nor families of their clients…”

“I had a few problems with nurses and MANY MAJOR problems with the social worker/counselor I was assigned, the 2nd time I was in. She was a mess and uncharacteristically rude. Not something I’d expect in the person I am hoping to help me…”

“Don’t send your family members to this place unless u really hate them and want them to suffer. [Name] was a…miserable person that should be a patient not an employee. her displaced aggression from what ever happened in her life is passed on to the clients…”
Questions and Comments

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