Out of Hours

Can compassion help cure health-related disorders?

Findings supporting the clinical applications of mindfulness have stimulated research into other meditation techniques. In particular, there is growing scientific enquiry into the effectiveness of Buddhist-derived compassion techniques for treating a wide variety of health-related disorders. Compassion-Based Interventions (CBIs) usually employ compassion meditation as a central therapeutic technique and invariably follow a secular format (with minimal use of Buddhist terminology). Compassion meditation is described as the meditative development of affective empathy as part of the visceral sharing of others' suffering.[1] The technique involves the patient using meditative imagery and/or breathing practices in order to intentionally direct compassionate feelings towards 1) themselves (known as self-compassion); 2) an individual (for example, a friend or person deemed to be a cause of distress, such as a difficult work colleague); 3) a group of individuals (or 'living beings' in general); and/or 4) a situation (for example, the devastation caused by a natural disaster or war).[1] While cultivating such feelings, the patient has conviction that they are enhancing the wellbeing of the person or persons concerned.[1]

Examples of CBIs include 8- to 12-week group interventions such as Compassion-Cultivation Training, Compassion-Focused Therapy, and Cognitively Based Compassion Training (CBCT). An increasing number of mindfulness-based interventions — particularly those categorised as second-generation mindfulness-based interventions[2] — have also integrated compassion and compassion-related meditation techniques (for example, Compassion-Mindfulness Therapy, Mindful Self-Compassion Programme, Attachment-Based Compassion Therapy, and Meditation Awareness Training).

PRELIMINARY FINDINGS

Emerging findings demonstrate a moderate-strength positive relationship (Pearson's $r = 0.47$; $n = 16\,416$ across 79 samples) between self-compassion and different forms of wellbeing (cognitive, psychological, and affective).[3] Self-compassion is also positively correlated with emotional intelligence, mindfulness, intrinsic motivation, and perceived self-competence.[4] Compassion towards others is associated with, for example, reduced levels of depression,[5] pro-social behaviour and social connectedness,[6] and reduced emotional supression.[1] Compassion meditation can also enhance regulation of neural emotional circuitry via increased activation of the insula and cingulate cortices of the limbic region (a brain area linked with empathy).[7] Furthermore, some individuals with chronic pain conditions (for example, fibromyalgia) report that compassion meditation helps them become less preoccupied with their poor health.[8]

> *"Compassion towards others is associated with ... reduced levels of depression, pro-social behaviour and social connectedness."*

Exploratory randomised control trials (RCTs) indicate that CBIs are effective treatments for (among other conditions) psychosis, binge-eating disorder, depression and anxiety, and diabetes.[1] RCTs also demonstrate that CBIs can lead to improvements in happiness and life satisfaction, reductions in innate immune and distress responses to psychosocial stress (assessed using plasma concentrations of interleukin-6), reductions in salivary concentrations of inflammatory biomarker C-reactive protein, and assigning greater value to 'low arousal positive states' such as feeling calm.[1]

METHODOLOGICAL ISSUES AND RISKS

Although there appears to be treatment applications for CBIs, methodological weaknesses limit the generalisability of such findings. For example, one recent systematic review ($n = 1312$ across 20 intervention studies) assessed CBI study quality using the Quality Assessment Tool for Quantitative Studies and concluded the studies were of 'moderate' methodological quality.[1]

This conclusion was due to various issues including 1) not assessing fidelity of implementation from the standard intervention protocol; 2) not assessing participant adherence to practice; 3) over-reliance on self-report measures; 4) non-justification of sample sizes; 5) poorly designed and poorly defined control conditions (not controlling for therapeutic factors such as group interaction, psycho-education, and instructor experience); and/or 6) absence of follow-up assessments to evaluate maintenance effects.

Aside from poor methodological quality, other issues that may impede the clinical integration of CBIs relate to the challenges of assimilating Eastern techniques into Western culture.[1,2] There are concerns as to whether CBI instructors are sufficiently trained in both the nuances and risks of meditation.[1] One such risk (particularly when practising compassion meditation) is the patient developing compassion fatigue.[1] For example, a study of the aforementioned CBCT intervention reported that participants were instructed to generate what the authors called 'active compassion', involving proactively working to alleviate others' suffering.[5] Traditionally, however, prior to viscerally sharing or working to ease others' suffering, meditation practitioners would train for many years in order to cultivate meditative and emotional stability within themselves.[1] Therefore, there may be risks associated with certain CBIs instructing patients — including patients with psychiatric conditions — to actively alleviate others' suffering following just 16 hours of meditation instruction (eight × 2-hour weekly sessions).[1]

CONCLUSION

Being compassionate is arguably a core requirement of any healthcare professional but specifically training patients to use compassion meditation represents an innovative direction in non-pharmacological intervention research. According to Buddhist theory, empathic thought patterns help to undermine self-obsessed maladaptive cognitive schemas as well as regulate negative thought rumination (both of which are known determinants of psychopathology).[1]

Preliminary findings appear to support this position but further studies are clearly required in order to replicate outcomes and ascertain the specific user groups for which CBIs may be suitable, whether compassion meditation is more efficacious when practised with mindfulness, and whether there are any risks associated with CBIs.

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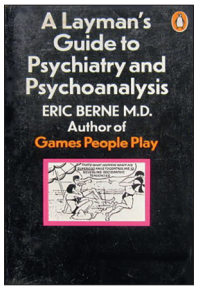
A Layman's Guide to Psychiatry and Psychoanalysis
Eric Berne

First published in the US as The Mind In Action *in 1947; first published in the UK by André Deutsch, 1969. Penguin Books Ltd, 1971, PB, 432pp, 978-0140032710*



NOT A WASTED WORD

As I read this book for the third or fourth time I think, *'I wish we had geniuses like this in medicine now.'* Perhaps we do. But they certainly don't write books like this. Eric Berne had only been a doctor for 12 years when this masterpiece was published. He was just 37, the same age I am now.

Why is this a masterpiece? Start by taking a look at the contents page: it is breathtakingly simple (*'Chapter Five: Neuroses; Chapter Six: Psychoses …'*), but each subsection makes you want to turn to the page right away and start reading: *'Why people act and feel the way they do'*, *'Getting along with people'*, and, one of my favourites, *'What is intuition?'* Berne writes so candidly and with such lucidity that it feels like he is talking to you. Not a word is wasted.

Berne writes about patients, but much of what he writes is germane to us as doctors too. We all had an image of what medicine would be like based, of course, on television and film, but based also on our hopes and our own wishful thinking. So the consultant neurosurgeon, blisteringly skilled and highly qualified, finding his working week increasingly filled with paperwork and meetings, leaves his operating theatre behind to work for an indemnity firm because he's 'had enough of all this'.

The GP, reaching the dizzy heights of senior partner, finding his work increasingly distant from his ideals of general practice, becomes burnt out and stressed, retiring earlier than he would have liked. This gap between dream and reality is a large part of what Berne discusses in the section on neuroses: *'Images are made of stuffs of different flexibility. Some people have brittle images, which stand up against the assaults of reality with no change up to a certain point, and then suddenly crack wide open, causing great anxiety to the individual.'*

When you read these pearls of wisdom about human interaction one might think that Berne had it all together. In fact he was divorced three times and barely spoke to his first wife. None of his four children followed him into medicine and he died at 60 from a heart attack. Perhaps he couldn't put his theories of love and relationships into practice; perhaps his dream of publishing more and more work became too much even for him.

For those in the field, Berne's name is most strongly associated with transactional analysis and the triumvirate of personae that we all carry: the Parent, the Adult, and the Child. Patients most frequently come to us in the Child ego, so that even an older, wealthier, more successful person than me (say, a barrister) seeks my reassurance (as their Parent) about a spurious blood test result or a worrisome symptom. But I could never get on with Berne's next book, *Games People Play*, published in 1964, which describes this fully, even though it's his more famous work.

We know from Balint that patients haven't really changed at all and perhaps never will. But we know from our clinical work that things at the front line do change. Hospital doctors are under pressure to work 7 days a week, while GPs are being told they need to merge into federations 'to survive'.

Doctors feeling that familiar anxiety creeping over them as the goalposts shift once more would do well to heed Berne's prescient words: *'One of the most important things in life is to understand reality and to keep changing our images to correspond to it, for it is our images which determine our actions and feelings, and the more accurate they are the easier it will be for us to attain happiness and stay happy in an ever-changing world where happiness depends in large part on other people.'*

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