

Overcoming Addiction Through Empathy

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Learning Objectives

- Define empathy and its components
- Describe empathy as it relates to patients with SUD
- Describe empathy as it relates to providers

Empathy: Multidimensional

- Emotional empathy
 - Ability to detect and experience others' emotional states
- Cognitive empathy
 - Ability to make inferences about others' mental states (beliefs, desires, ideas, feelings)
- Deficits seen in other disorders (deficits in social functioning)
 - Autism, bipolar, depression, frontotemporal dementia, schizophrenia, bilateral amygdala lesions, stroke.

Addiction

- "A maladaptive pattern of substance use leading to clinically significant impairment or distress" ¹
- "Recurrent use resulting in failure to fulfill major role obligation at work, home or school" ¹
- "Continued use despite persistent or recurrent social or interpersonal problems caused or exacerbated by substance."
- Precipitation of relapse: interpersonal/social conflicts and difficulty managing emotions

Dysfunctional Emotional Awareness

- Emotional empathy lower in alcohol-dependent groups¹
- Vicious cycle
 - Lack of emotional empathy
 - Lack of interpersonal relations
 - Social isolation
 - Propagation of addiction
- Mistakes recognizing emotional facial expressions
- Incorrect, biased views of social relationships

Addiction and empathy: a preliminary analysis

Valentina Ferrari · Enrico Smeraldi ·
Giampiero Bottero · Ernestina Politi

- 62 participants (poly-SUD)
- Empathy Quotient
 - 2, 1, 0 scoring on 40 items
 - Max score = 80
 - General population = 42.1
 - Subscales
 - Cognitive empathy
 - Emotional empathy
 - Social skills

Table 1 Comparative analysis: sample vs control

	Sample (N = 62)	Control (N = 40)	
M/F ratio	47/15	24/16	
	<i>Mean (SD)</i>	<i>Mean (SD)</i>	<i>P value</i>
Age (years)	35.69 (9.36)	38.32 (12.94)	0.2366
Scholarity (years)	13.29 (3.15)	14.40 (3.09)	0.836
EQ total score	41.87 (9.93)	46.35 (8.97)	0.023
Factor 1: cognitive empathy	6.79 (2.07)	6.45 (1.72)	0.390
Factor 2: emotional empathy	5.35 (2.33)	7.05 (1.85)	0.0002
Factor 3: social skills	6.21 (2.91)	6.72 (2.52)	0.3602

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Table 2 Comparative analysis: female sample vs female control

Females	Sample (N = 15)	Control (N = 16)	
	Mean (SD)	Mean (SD)	P value
Age (years)	37.83 (9.72)	32.60 (9.73)	0.0940
Scholarity (years)	13.66 (4.42)	16.43 (3.35)	0.0280
EQ total score	44.88 (9.49)	44.04 (7.65)	0.7537
Factor 1: cognitive empathy	7.17 (1.82)	5.65 (1.52)	0.0062
Factor 2: emotional empathy	5.77 (2.49)	7.13 (1.69)	0.0448
Factor 3: social skills	5.88 (2.61)	6.30 (1.82)	0.5518

Higher cognitive and lower emotional

Table 3 Comparative analysis: male sample vs male control

Males	Sample (N = 47)	Control (N = 24)	
	Mean (SD)	Mean (SD)	P value
Age (years)	33.66 (9.05)	35.85 (8.31)	0.4292
Scholarity (years)	12.11 (2.99)	14.84 (2.30)	0.0029
EQ total score	40.46 (9.68)	49.46 (9.82)	0.0037
Factor 1: cognitive empathy	6.41 (2.21)	7.38 (1.30)	0.1490
Factor 2: emotional empathy	5.45 (2.21)	7.00 (1.78)	0.0210
Factor 3: social skills	6.14 (3.10)	7.61 (2.75)	0.1206

Lower EQ and emotional

SUD leads to impairment in emotional empathy and identifying facial expressions, thus impaired interpersonal communication

Managing shame and guilt in addiction: A pathway to recovery

Anke Snoek^{a,*}, Victoria McGeer^b, Daphne Brandenburg^c, Jeanette Kennett^d

Guilt- actions

- Drinking too much and being an inconvenience
- Violation of social norms
- Leads to taking reparative action
- Affective and behavioral self-regulation

Shame- self

- "I am unreliable (because I drink too much)."
- Violation of one's own values/ideals
- Leads to social withdraw and aggression to shift blame
- Negative view of self- downward spiral

Managing shame and guilt in addiction: A pathway to recovery

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- **Guilt-prone**
 - **Treatment with moralization of addictive behavior to motivate change**
- **Shame-prone**
 - **Treatment with moralization could be detrimental**
 - **Shift focus to **guilt** and the impact on others rather than negative views of self**

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Challenges to previous views

- Test of Self-Conscious Affect (TOSCA)
 - Adaptive guilt and maladaptive shame
- Research shows guilt and shame often occur *simultaneously*
- **Guilt** can reinforce use- self-medicate to eliminate thoughts about one's actions
- **Anticipated shame** can be protective
- Shame can motivate change if it is not seen a moral failure
 - Addiction should not be seen as a moral failure

How to Deliver a More Persuasive Message Regarding Addiction as a Medical Disorder

Keith Humphreys, PhD

- **Addiction defined as a disease**
- **Compared to asthma, Type 2 DM, hypertension**
 - **Processes without moral implications**
- **Addiction can be associated with crime**
 - **Ignoring this...sounds out of touch with reality**
 - **Victims feel delegitimized**
- **Must compassionately acknowledge this aspect with family/those affected**
- **Addiction compared to *infectious* disease**
 - **Behavior changes to avoid becoming infected**
 - **Role of law enforcement-
Typhoid Mary**

Continuous Improvement and Empathy

- The Continuous Improvement structure incorporates a focused effort to gain the perspective of the “customer”, those providing the product or service and other stakeholders.

Focus Groups

1 on 1
Discussions

Feedback Loops

Surveys

Real Life Stories

Transparency

- While the CI process itself encourages engagement and understanding of all points of view, at times the identified improvement may be an integration of certain behaviors into day to day practice. (e.g. incorporating empathy in all patient encounters)

Focus on the
WHY

Training

Coaching

Reminders

Leadership

Accountability

Share and
Celebrate Success

The empathy continuum: An evidenced-based teaching model derived from an integrative review of contemporary nursing literature

Tracy Levett-Jones PhD, RN, MEd & Work, DipAppSc, Professor, Discipline Lead   |

Robyn Cant PhD, MHIthSc, Research Assistant 

- Empathy required of all healthcare professionals
 - Known that this is not the case in all environments
- Thought to be an innate virtue
- Now, a fluid state or skill that can be taught and can be changed based on environment

- Automatic-mirroring response
 - Seen on fMRI in response to pain
 - Loving-kindness meditation

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- Empathy toward "like," strongest with members of the same "tribe."
- Affected by unconscious bias
 - Racial, religious, physical differences can trigger negative response in absence of higher order cognitive processes.

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- **Empathic humility and self-awareness of bias**
- **Empathic imagination- " put yourself in their shoes "**
- **Empathic intelligence (*cognitive empathy*)- thoughtful objective reflection, higher order cognition**
 - Studying and interpreting works of art
- **Empathic perception (*affective empathy*)- Ability to detect and experience others' emotional states**
- **Point-of-view writing**

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- **Empathic communication**
 - Not only listening
 - Reading nonverbal cues
 - Improved with feedback from patients
- Eye contact
- Muscles of facial expression
- Posture
- Affect
- Tone of voice
- Hearing the whole patient
- Your response

The empathy continuum: A 3 stage process

(a)



#1: The perceiving stage is informed by one's moral stance/disposition and includes emotional resonance with the sensory and affective cues displayed by another person as well as awareness of one's own biases and prejudices.



#2: The processing stage includes the affective and cognitive ability to recognise and appreciate the feelings, perspectives and world view of another person.



#3: The responding stage is an altruistic motivation, informed by feelings of concern for the person who is suffering, which manifests as helping behaviours.

These stages contain a broad set of interwoven attributes and abilities that need to be mastered through deliberate practice and deep reflection

(b)

STAGE #1

Empathic contagion

Emotional resonance with and automatic mirroring of the neural responses of another person.

Empathic humility

Awareness of one's own biases, prejudices and limitations, along with the ability to suspend judgment and relate to the person with unconditional positive regard.

STAGE #2

Empathic imagination

Respectful curiosity and a desire to vicariously project oneself into the other person's story (without losing sight of the self-other distinction).

Empathic intelligence

The ability to grasp the perspective and internal frame of reference of another person with accuracy (also termed cognitive empathy).

Empathic perception

The ability to "read" or distil the feelings and meanings associated with a person's experience, along with sensitivity to their moment by moment changing emotions (also termed affective empathy).

STAGE #3

Empathic response

Feelings of concern for the person who is suffering and a genuine desire to help.

Empathic communication

High-level therapeutic communication skills such as active listening, echoing, attending, probing, clarifying and paraphrasing etc.

Empathic behaviours

Thoughtful and deliberate actions aimed at alleviating the person's suffering and distress (also described as compassion).

Empathic reflection

Rigorous and deep self-examination in order to learn from an experience in order to improve one's empathic abilities for future encounters.

References

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Thank you!

Questions & Discussion