

# Overcoming Addiction Through Empathy

James Bailey, DO, FAAPMR  
Mohammad Addar, LSSMBB

12 August 2022

# Financial Disclosures

The following session leader has no relevant Financial relationships with ineligible companies to disclose:

- James Bailey
- Mohammad Addar

# Learning Objectives

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

# Empathy

- "The ability to identify what someone else is thinking or feeling, and to respond to their thoughts and feelings with an appropriate emotion." <sup>1</sup>
- **Fundamental to social cognition**
  - Cognitive processes used to understand and store information about other persons (including the self) and about interpersonal norms and scripts (or procedures) to navigate efficiently in the social world. " <sup>1</sup>

# 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" <sup>1</sup>
- "Recurrent use resulting in failure to fulfill major role obligation at work, home or school" <sup>1</sup>
- "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 groups<sup>1</sup>
- 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



# Addiction and empathy: a preliminary analysis

Valentina Ferrari · Enrico Smeraldi ·  
Giampiero Bottero · Ernestina Politi

**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**

# Addiction and empathy: a preliminary analysis

Valentina Ferrari · Enrico Smeraldi ·  
Giampiero Bottero · Ernestina Politi

- **Rehabilitation needs**
  - **Interpersonal communication skills**
  - **Maintenance of secure relationships**
  - **Address patient insight into empathy impairments**

# Managing shame and guilt in addiction: A pathway to recovery

Anke Snoek<sup>a,\*</sup>, Victoria McGeer<sup>b</sup>, Daphne Brandenburg<sup>c</sup>, Jeanette Kennett<sup>d</sup>

## 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

Anke Snoek<sup>a,\*</sup>, Victoria McGeer<sup>b</sup>, Daphne Brandenburg<sup>c</sup>, Jeanette Kennett<sup>d</sup>

- **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**

# Managing shame and guilt in addiction: A pathway to recovery

Anke Snoek<sup>a,\*</sup>, Victoria McGeer<sup>b</sup>, Daphne Brandenburg<sup>c</sup>, Jeanette Kennett<sup>d</sup>

## 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




# 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 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.

# 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 

- **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**

# 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 

- **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

1. Ferrari V, Smeraldi E, Bottero G, Politi E. Addiction and empathy: a preliminary analysis. *Neurol Sci.* 2014 Jun;35(6):855-9. doi: 10.1007/s10072-013-1611-6. Epub 2014 Jan 1. PMID: 24379106.
2. Snoek A, McGeer V, Brandenburg D, Kennett J. Managing shame and guilt in addiction: A pathway to recovery. *Addict Behav.* 2021 Sep;120:106954. doi: 10.1016/j.addbeh.2021.106954. Epub 2021 Apr 17. PMID: 33957551.
3. Levett-Jones T, Cant R. The empathy continuum: An evidenced-based teaching model derived from an integrative review of contemporary nursing literature. *J Clin Nurs.* 2020 Apr;29(7-8):1026-1040. doi: 10.1111/jocn.15137. Epub 2020 Jan 21. PMID: 31820519.
4. Humphreys K. How to Deliver a More Persuasive Message Regarding Addiction as a Medical Disorder. *J Addict Med.* 2017 May/Jun;11(3):174-175. doi: 10.1097/ADM.0000000000000306. PMID: 28557959.



# Thank you!

## Questions & Discussion