



Clinical Applications of Compassion

"The state of compassion is whole and sustaining. The compassionate mind is not broken or shattered by facing states of suffering. It's spacious and resilient. It's an essential component of psychotherapy, for ourselves and our patients."

Sharon Salzberg

Table of Contents

Two Questions to Ask When Feeling Compassion Fatigue.....	3
Why Self-Care and Self-Compassion are so important!.....	3
How to Alleviate Compassion Fatigue.....	4
Compassion and Equanimity: One Practice That Can Change How You Care for Others	5
Compassionate Techniques to Deal with Difficult Patients.....	6
Two Techniques Practitioners Can Use to Connect with Compassion.....	10
Phrases Practitioners Can Use Between Sessions to Develop Equanimity.....	12
One Meditation Practice for Practitioners to Use After Working with Trauma.....	13

Two Questions to Ask When Feeling Compassion Fatigue

The circle of compassion does not work and does not move the energy of life if one person is missing, in this case you, the provider. If we're only compassionate for those around us but don't care for ourselves, we can deplete ourselves. We can become codependent, meaning we need to be needed by the one who needs us. Worse than that, we can make ourselves sick or have to turn away from the world because we're overwhelmed in a way that is really harmful to ourselves. But real compassion includes compassion for ourselves as well as another.

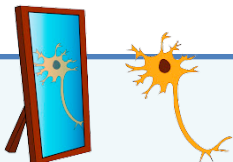
Two Questions to ask yourself

When we work with patients, we can ask the question,
Is this compassionate for others?
and
Is this compassionate for me?

Only when you ask these two questions together does that circle get complete, and you shift from codependence or care-taking, where you leave yourself out of the equation, to what is a healthy human relationship to yourself, to the family and community around you.

Why self-care and self-compassion are so important!

Self-care: Often things like getting enough sleep, eating well or talking to friends, aren't accessible to you in more intense situations. You need something at the moment when you're actually confronting the suffering.



Benefits of self-compassion

fMRI research shows when you're in the presence of suffering, your mirror neurons are empathically resonating with the other person's suffering and the pain centers of your brain are being activated. If, in that moment, you give yourself and the other person compassion, the pain centers become less activated, and the reward centers of your brain become more activated, due to compassion being actually a positive emotion.

So, at the moment where you're interacting with the pain, your brain signals actually change when you use compassion. This makes compassion an incredibly powerful tool that we all have at our fingertips. So, if we don't give ourselves permission, to use self-compassion, because we take it as self-pity or selfishness, we are actually harming ourselves, by taking a resource away from ourselves. This will eventually also impact our patients who will perceive us as less calm, empathetic, present. So, in the end, self-compassion only yields positive results for us and our patients.

Self-compassion should happen in these moments when we feel overwhelmed. When we are with the person we are caring for, and we are feeling burnt out or triggered or feeling like we just can't take it anymore. Now is the time to take a self-compassion break and say:

Self-compassion break in overwhelming situations

*"Oh, this is so difficult."
"This is a moment of suffering; suffering is part of life. May I be kind to myself in this moment."*

This will help you in the situation you need a most and nobody else is there to give it to you.

How to Alleviate Compassion Fatigue (Secondary Trauma)

When we reach this point in the day, either because we have seen too many patients, or because we are about to see this challenging, overwhelming patient, or because the colleague we work with is giving us a hard time, we risk to exit the relationship, taking away our emotional presence.

How can we stay in the relationship? How can we also remain compassionate?

We may notice that we are no longer there, we may even feel detached. Our rational brain may still function, but our emotional brain is on an island of its own.

*So, how do we get back into our own bodies?
How can we return to ourselves once we have left?*

Because once our emotional brain has left, we have also left the relationship.

So how can we sustain our energy and sustain our compassion as clinicians?

Compassion with Equanimity: One Practice That Can Change How You Care for Others

In the Mindful Self-Compassion program, the practice for caregivers is called "Compassion with Equanimity." It can help us when we are feeling emotionally drained by a patient or a loved one, by assisting us to reset the emotional boundaries that we might need in relationships.

This involves two elements:



Breath as a vehicle for compassion

In a moment of struggle when you are caregiving, you can return to yourself by breathing in for yourself, and then you can return to the relationship by breathing out for the patient.

Imagine that on the in-breath you are breathing in compassion for yourself.....maybe you like to imagine breathing in a healing light or color.....you are basically giving yourself permission to receive compassion and to allow for your suffering

"This is hard for me,"

and as you breathe out, you're giving compassion to the other person.

So, compassion in, and compassion out. It's not a one-way street. It's a two-way flow. If you're feeling especially overwhelmed, focus more on your in-breath, or if the person's pain you're dealing with is more salient, you can focus more on the out-breath. You can adjust the ratio. But the important thing is that compassion comes in and compassion comes out.

This is an amazingly elegant and powerful way of alleviating compassion fatigue without leaving the scene. Mostly when we have compassion fatigue, people say, "Oh, you should take a vacation, see fewer patients, care less." Of course, but this is not always possible and in that case, you actually reenter your own body with the in-breath, and you reenter the relationship with the out-breath.

Another very important aspect of this practice is equanimity. Equanimity is a wisdom practice, and it is based on the understanding that we can't control everything. Life is caused by the innumerable coming together of causes and conditions over which we often have very little control. It is hard for us to admit that we don't have all the control because we care. As caregivers we want to be able to help, save, fix people if only possible. It is nevertheless not always in our power to do so. Remembering that with equanimity is helpful.

Phrases to say to yourself

So, in addition to breathing compassion in and out, we have a set of phrases we tell ourselves;

"Everyone is on their own life journey, I am not the cause of this person's suffering, nor is it completely within my power to make it go away, even though I wish I could. Moments like these are difficult to bear, and yet, I will try to help if I can."

"I am not the cause of my patient's suffering and it is not entirely in my power to take it away no matter how much I wish I could"

Remembering this equanimity softens that sense of "I should be able to fix it." All we can do is our best and hope it will be good enough for the patient. We can want the person to be well, but everyone's on their own life journey. And remembering that, really helps give some space and distance around that need to control and to fix. It helps ourselves. It helps the other person as well, because we experience less pressure, tension and frustration. We can be more relaxed, present as we try to help the other person.

Compassionate Techniques to Deal with Difficult Patients/Colleagues

Let's expand on some practices we can use when we're working with a patient that we might describe as challenging. This could be a patient who is pushing our buttons, getting under our skin. After all, we are human too. Chris Willard has some interesting practices that he shares, what we can do when we are really struggling with that difficult patient and empathy and compassion might not be naturally flowing.

Following some ways of working around this:

Self-perception and self-reflection

We can spend sometimes getting to know ourselves. Why are these buttons getting pressed? Why did they get installed in the first place with my own early attachment experiences or other traumatic or difficult experiences I've had?

But we can also do work in terms of shifting how we start to perceive and work with these particularly difficult and challenging individuals. Let's just bring to mind one of these individuals that pressed your buttons. I'd like to start with not the biggest button presser in your practice, not the person who drives you absolutely crazy. Maybe it's even someone you're done working with, but someone who just does get under your skin, the things that they say or the things that you know they're doing outside of the sessions that you just know you don't feel good about, and it really, really bothers you.

"Three times, Three questions"

First, just tuning into your own reactions

What are the sensations in your body?

What are the emotions?

What are the thoughts and judgments?

And what comes up in terms of actions?

Do you want to push this person away? Do you want to just yell at them? Do you want to just be a little bit late for the session? Do you want to make a little comment to them or to others?

And then let's just try to see beyond their behavior

What are three reasons why they might act this way? What are three reasons why this way of acting works for them?

What was it about their childhood? What was it about their other experiences? Are they looking for a connection? Are they looking to be loved? Are they looking for attention?

And from there, maybe also just brainstorming

What are three things you have in common with this person?

Maybe it's even just you're both the same gender. You both live in the same community, by and large. You both are fans of the same music or sports team or who knows what. You're both parents. What are three commonalities?

And then maybe what are three things you do admire or like about them?

Like their shoes? You like the work that they do, even if you don't like the way that they treat their employees?

You like this aspect of them, even if not that one.

And sometimes, also the question what are three times I've acted this way? What's even once that I've acted this way too?

And the other thing that we often forget when we are in the heat of it when we are in fight or flight, or freeze or forget it, or "F-it, I hate this person," I don't want them to come back next week.

If one took away that defense, what would be there?

And I think, one can see, boy, if they stopped acting this way, people would come into their life, and their spouse wouldn't leave them, and they'd be happier in this way and that way.

But also, let's think about, what would be the loss for them if they stopped acting this way? Because that's what's holding them back. What are a few things they would lose? What would be scary for them if they took that away?

Building that compassion, can really help. Just occasionally asking ourselves these few questions. In the moment, it can be hard, but afterward, maybe it can be helpful.

The agenda practice



This is a practice of mindfulness and compassion. It's just getting out your agenda for the week or for the day, and you just look at who's in the schedule for the week, and you just notice as I look at, and it pops up as initials in your online planner. But it's like,

What's your first reaction when I see those first initials?

What's your bodily reaction?

What's your emotional reaction to each name in my calendar?

And then take some time and look at each one again.

Okay, how can I bring more compassion to this, because that person pulls on me to not have compassion?

How can I bring more mindfulness and presence, because that person really bores me?

How can I lean in?

How can I bring a little bit more equanimity and distance, because I love this person, I'm rooting for them so hard?

How can I be a bit more subjective and balanced and not get pulled in by just my affection toward that person?

It can be a really fun practice, just going name by name in our calendar and just watching our own reaction, because compassion is sometimes not just how do I pull up a little bit more affection and love and compassion for this person? Sometimes it's also, I do love this person. How can I set a more compassionate boundary with them and finish this session at 10 of the hour or not have the conversation start to pull in a direction that pulls me out of my boundary in some way that I don't feel good about? I think that can be a useful practice for building more compassion as well in all the ways that we need to build compassion.

Two Techniques Practitioners Can Use to Connect with Compassion

When you are feeling like you want to make contact with that compassionate intention motivation or compassionate energy, to start with the breath in the heart, and to take a few moments of imagining that you could breathe in and out of your heart, and allow that to start to create the physiology of compassion.

It often naturally slows down the breath. It often naturally balances the nervous system. And then once you have that space, maybe a minute of this heart breathing, to choose a contemplation that fits what's needed at that moment.

Technique to get in touch with compassion

Heart breathing

And this is a practice where, after breathing in and out of your heart, you allow yourself to open to whatever is the source of suffering in your life right now. Maybe it's

“This is what fear feels like, or this is what shame feels like,”

and you allow yourself to open to it and how you feel in that moment, and then you practice the self-compassion exercise of common humanity, where you remind yourself,

“This is part of what it means to be human, and right now, there are countless other people who are feeling the same way, or there are countless other people who are in a similar situation,”

Allow yourself to feel connected in that way and imagine sending out compassion to all those people because you understand. You are in it with them. You know what it is like. You know how hard that is. You don't want to feel that way. You understand they don't want to feel that way. They would love to rescue them and yourself from that situation. These realizations can give rise to a very natural compassion, and for a few breaths, to imagine sending out compassion for all of those who are in that boat. Then shift your focus and contemplate that there are countless others who might be sending similar compassion to you and to breathe it in and take it in, which just also happens to be true.

The other variation is when you're in a moment where you are either overwhelmed or paralyzed or just awe-struck by the suffering that you are in the presence of, and you don't know what to do, and you don't know what to say, and to drop into just a couple of heart breaths. It's almost never a bad idea to slow down in those moments and not overreact or say the first thing that comes to mind.

Technique for overwhelming situations

.....Pause

.....do a couple of heart breaths.....

.....connect to the compassionate motivation to relieve the suffering that you're aware of.....

.....and imagine that you could send out your compassion.....

You can default to this practice, in that first moment when you are hearing a person's story for the first time, and you want to stay connected but not become overwhelmed, or you're having to explain to a parent why you aren't able to treat their child's pain, and you want to be present and connected and compassionate, even though there's no easy fix, to connect to that compassionate intention through an imagery that involves the breath.

There seems to be something particularly valuable about using the breath as a channel that allows us to connect with other people more effectively.

Phrases Practitioners Can Use Between Sessions to Develop Equanimity

“May I be able to care for and nurture myself so I can attend to the needs of others with generosity, balance, and presence.”

“May I develop equanimity and let go of expectations of healing, curing, or fixing others.”

“May I see this person with a freshness of mind and an openness of heart.”

“While I care about your pain and suffering, I cannot make choices for you, control your life, or make it go away. May I accept the limitations of others with warmth and compassion,”
And “May I accept my own limits with the same kindness.

“May I see you, hear you, and know you in your wholeness and beauty, not just in your suffering and pain.”

“May I see the goodness, intelligence, and vulnerability in this person,”

“May I let this moment be as it is, not as I want it to be.”

So how can you use these practices in the course of your clinical day?

“Two feet, one breath.”



Before you put your hand on the door before you open the door to greet that next patient, you stop, you feel both feet on the ground, and you just take a breath. It can be a calming breath, a soothing breath, and if you might need an extra breath, that's fine.

This allows you to feel fresh, let go of the residue of that session and being fully present for the next person.

One Meditation Practice for Practitioners to Use After Working with Trauma

You have had a difficult case, you are feeling shaken, burnt out. And at some point, you may even feel nauseous and sick after seeing a patient, hearing their story. And now, “Okay, you have ten minutes. What are you going to do?”... This practice helps to do so, cutting to the chase, in about three minutes.

“Merging with the Source.”



“I will close my eyes, so maybe you can do to if you want”

So just start by taking a few deep grounding breaths breathing in..... and then breathing out with a longer exhale let your shoulders drop...which may help you feel like you're letting go of this difficult case.

Breathing in..... and then breathing outlet your shoulders drop..... just imagining that you're letting go of anything that you might be carrying, in your body, in your mind.....

And then just quickly do a scan of your body, noticing any place where you might be feeling tension or tightness or perhaps even nauseous..... Just whatever you're feeling, let it be.....

Practice affectionate touch... maybe by putting a hand, two hands on your heart

If you feel shaky, perhaps giving yourself a butterfly hug, putting your hands on your jaw, your neck, and just letting yourself feel the warmth.....

And then imagine that at your door, there's a being who inspires you, sustains you..... It could be someone who's been a teacher, who you think of as wise, or it could be a spiritual figure. It could be Jesus, could be Mary. It could be Gandhi, Nightingale, Guanyin, it could be Tara, Moses... I mean, anyone who speaks to you

Just imagine that they come into the room, and they sit in front of you, so you feel their loving presence. And nothing needs to be said..... You may want to imagine that they look into your eyes, that they just transmit some light, love, and then imagine that they could say something that would be sustaining..... Just take a minute or so and listen for what those words might be. Just open to the silence, open to the presence, and just let those words bubble up, feeling that they're a gift for you. And then if you'd like, if this feels right, imagine that you can take those words in your hand, almost as if they were palpable, and bring them to your heart, feeling those words, not only on your heart, but letting them land in your heart, letting them just be a real blessing for you..... And then, taking a few deep breaths, and just feeling a sense of nourishment, replenishment, the power of this compassion... ..and then when you're ready, just slowly find some movement in your arms and legs, open your eyes, and as you go back to your day, just feel that you can take this compassion with you.

Put together by Sandra Grethen, UNI Lux; inspired by CFT, including but not limited to: Ashley Vigil-Otero with Kristin Neff, PhD, Christopher Germer, PhD, Jack Kornfield, PhD, Kelly McGonigal, PhD, Christopher Willard, PsyD, Susan Pol-lak, MTS, EdD, and Geshe Lobsang Tenzin Negi, PhD