The compassion meter:

An important diagnostic instrument?

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After qualifying, the author spent seven years in hospital medicine, then 15 years in rural general practice and, since 1987, has been practising medical psychosynthesis. He believes many conditions can be seen as having internal, subjective components (even causes) as well as outer and objective ones – the relative importance of these naturally varies. He has endeavoured to understand the role of human consciousness in illness and wellness using the psychosynthesis paradigm, and to help patients apply that understanding in practical ways.

Introduction

'Cum Scientia, Caritas' is the beautiful and wise motto of the Royal New Zealand College of General Practitioners. How might it best be translated? Perhaps: *'With Science, Compassion'*. Or, *'With Knowledge, Love.'* Or, *'With the Head; also the Heart'*.

I would like in this paper to pose a few questions for readers to ponder, without offering my own ideas for their solution. I raise them because I feel that in the current environment they may more easily be overlooked, to everyone's detriment. Readers will each have their own opinions on the topic I seek to raise, so discussion among colleagues and exchange of ideas with others may be more enlightening than anything I could write.

Themes unfold cyclically in consciousness

Over the years, as if in rhythm with some inner cyclical pattern, I have found myself returning to the motto of the College, musing upon what it might really mean. Looking back over four, seven-year cycles, I see how these Latin words have been a source of inspiration to me, especially when faced with difficult situations. I have found them a powerful 'seed thought' upon which to meditate. Even the fact that they might be translated in many ways acts to stimulate me to explore more deeply. After all, what is the right balance of *Love and Knowledge*, of *Compassion and Science*, of *Heart and Head*, in the art and science of medicine and psychotherapy?

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Approaching my sixty-fifth birthday this year, I have found myself spontaneously entering a further cycle of musing on this wonderful motto. It started as I began reflecting upon the life of our local Balint group, which was founded in 1976 and has met weekly since then – for 28 years this year.

Like all things in nature, our group has gone through various cycles. In our early years we were building trust, developing the structure within which we now work to improve our members' relationships with their patients, and thereby the quality of their practice. We have taken part in conferences with other Balint groups, sharing experiences. We have been through cycles of choosing 'random' cases to present, or 'the third patient of the day.' We have gone through cycles when everyone would seem to bring the same kind of issue – e.g. patients with depression, child abuse or cancer. We have had many cycles of recognising how often our own personal and family history superimposes itself between us and our patients, and thereby distorts our perception. We have helped each other to learn how to disentangle ourselves (and our patients) from any detrimental effects of such patterns. We might occasionally and deliberately inaugurate a cycle of presenting situations in which we felt things had gone particularly well and for which we were grateful (and we discovered that we could often learn as much from reflecting upon times that went well as from situations in which everything seemed stressful or to have gone badly). The many other ways in which our Balint group has served its members have been outlined in

two previous articles.[1,2] We have learned much about our own troublesome patterns, hopefully transformed some of them, and we have supported each other through many crises, trials and tribulations. The recurrent 'health reforms' and the increasing, and costly, bureaucracy and paperwork (afflicting all professions) seemed to set off another cycle. Sadly, during that cycle, presentations were often more about the stresses of this on us, than about the patients, as the various 'reforms' affected our practice of medicine.

The theme of compassion

But the theme of our most recent cycle, which I want to write about here, emerged from the increasing use of a particular phrase and gesture by several presenters – perhaps even all of us by now. Round about a year ago, perhaps a little longer, presenters began to identify how certain situations would diminish their compassion for a particular patient, adversely affecting their relationship with him or her. A phrase like, *'My compassion meter swung right back'*, might even be accompanied by a non-verbal gesture in the air like a 'meter needle' swinging back. (And who among us has never had patients towards whom they felt irritation, anger, or resentment?) This experience, common to many, had not been spoken of in this way before.

'Cum Scientia, Caritas'; the two words stand there side by side, and equal

Being able to name this phenomenon seems always to have been helpful. For me it is a new awareness, like: *'Oops! The "Caritas" just fell off my "Cum Scientia, Caritas" motto.'* Once that has happened, even all my scientific knowledge seemed to become insufficient for the situation. Loss of 'Caritas' definitely leaves 'Scientia' as a standalone word.

It is interesting to note how this phrase and gesture points towards the idea that one's 'reservoir of compassion' can be (at least subjectively, if not objectively) 'measured', is it not? That's not very 'scientific,' I hear some of my readers say. You are right. But then 'Scientia' and 'Caritas' are not the same, which is, perhaps, why there are two words instead of one. Some things can be measured with our outer senses, while some can only be detected through self-observation using our inner subjective senses.

We have certainly developed methods to try to measure a doctor's 'knowledge base' – indeed medical education and re-accreditation processes increasingly require better ways of doing this. 'Reservoirs of knowledge' appear quite obviously to be important. (I will sidestep here the question as to how it is decided what it is best and wisest for doctors to know).

But...in our training, did we ever address the topic of how to maintain our 'reservoirs of compassion'? Is it not equally important to learn how to measure, train and maintain our reservoirs of compassion? (I am not suggesting that the RNZCGP or the Medical Council try to do this in any kind of authoritative manner yet, if ever. I do not yet know how it can be done, except subjectively. It just seems it might be rather important, for us and our patients).

'Cum Scientia, Caritas'; the two words stand there side by side, and equal.

Challenging questions

It occurred to me that some thoughts and questions emerging from this latest cycle of our Balint group's experience could be important for more than just the members of our group alone – hence this article.

Reflecting upon the words, 'Cum Scientia, Caritas' might cause many questions to arise in the one who thus reflects. For a sample, here are just a few:

- How important is it that a doctor or therapist has 'a full reservoir of compassion' each day, and all day?
- How important is it that the doctor or therapist knows what their 'compassion meter' is reading at any point in time? (We know we need to regularly keep our eye on our speedometer, fuel gauge, tyre and oil pressures in our car, to monitor and preserve its optimal performance and safety. This is a very important part of caring ('caritas') for our car, and thus for the lives of our families and other road users).
- What factors increase *your* level of compassion, and what factors tend to diminish it?
- If you needed to consult a doctor tomorrow for something complex and serious, what 'level of compassion' would *you* like to know was present in him or her? And, even if your situation is fairly urgent, at what level would you feel it wiser to postpone your appointment?
- In all the recurrent restructuring of health services, what consideration has so far been given to creating a system in which the 'compassion levels' of doctors and nurses would be well taken care of? What consideration needs to be given to this aspect in the future? How might a structure be developed that keeps the 'compassion meter' of everyone in the health system reading good volumes?
- How do you recognise if *your* 'compassion meter' has fallen?
- Are there measurable changes in *your* autonomic or voluntary nervous system or biochemistry that signal such a fall? For example, do you go 'cold' and lose your usual 'warmth' (i.e. vaso-constriction)? Do you get 'uptight'? Is a *particular* patient a 'pain in the neck' to you? (i.e. increases your muscle tension). Does your breathing pattern tighten? What does your EEG do? Monitoring with biofeedback instruments would probably show some changes. What happens to your endocrine and neurotransmitter patterns?
- If your compassion meter falls, what does that signal or mean?

- Is it a danger signal, a warning (or, does it signal a 'risk factor,' as it might be termed nowadays)?
- Is a fall in the level of your compassion a risk to your *own* health?
- Is a fall in the level of your compassion a subtle risk to your *patient's* recovery?
- How can the doctor/therapist's 'compassion level' be restored? How *do* you do that?
- How would *you* do it?

As I said at the beginning, I do not propose to offer my own answers to these questions, believing that discussion with colleagues about this, and inner reflection, may be more useful to each person. Each person will have to discover how important this topic is to them and, if it is, come up with their own answers.

Before closing, here is another, slightly different thought:

- Is a trained, inner, subjective, 'compassion meter' also *a useful diagnostic tool*?
- Might it alert us to the need to pause and seek more wisdom before we make any further diagnostic or therapeutic moves?

(On the physical level, a raised sedimentation rate has often acted in this way, urging us to undertake more careful investigation, say, if no cause has yet been found for the patient's symptoms.)

When the doctor or therapist finds him- or herself becoming angry, irritated, annoyed with a particular patient or that patient's situation, or apathetic about them (perhaps signalling a 'falling compassion meter'), there could be several reasons. I cannot explore them all here – personal or financial stress levels, transference, counter-transference, fatigue, illness, misuse of drugs, all these and more might need to be thought about and addressed appropriately.

What I do want to say here is that through observation of several of the stories presented in the Balint group during the cycle of this theme, including my own, it seems that a 'falling reading on the compassion meter' can signal that a patient is carrying deep wounds, deep anger, or deep fears – which need addressing as much if not more than the more superficial and apparent reason for which they made the appointment. We may, of course, not know immediately about the presence in the patient of these factors. They may even be buried in the unconsciousness of the patient. Or, the patient may feel too vulnerable to share them unless we can lift our level of compassion sufficiently to make it safe for them to do so. Or, we may know about these factors, but our own anger, annoyance, or irritation somehow makes even what we do know about their tragic past disappear from our memory retrieval system. In our group we have often noticed how a fall in compassion can distort the doctor's perceptions, ruining objectivity.

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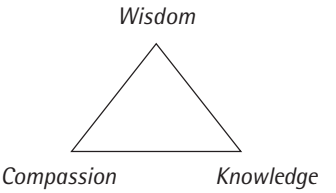
Recognising a 'falling reading of our compassion meter' can alert us to pay more attention to these kinds of possibilities, like a falling barometer alerts a sailor to bad weather and a need to change course.

This is not always easy to do, but at least recognising and naming a 'falling reading on the compassion meter' can point us towards the need for greater care ('caritas') and patience. It can also alert us to the need to search for a deeper level of diagnosis, and for making sure that we view the patient's whole life story in its fullness, and not just the presenting complaint.

I once heard wisdom called: *'a balanced combination of compassion and knowledge, indeed, the "fruit" of these two'*:



The balanced combination (or synthesis), of these two qualities (or aspects of consciousness) seems to lead one to a higher level of comprehension, bringing about a higher perspective (just as climbing a mountain gives capacity to see further). New insights seem then to flow into one's mind that will not come in any other way. The owl in our College logo symbolises wisdom, the union of these two.

The mysterious way compassion seems to 'flow'

Curiously, the act of recognising and acknowledging that more compassion is needed often seems to invoke a flow of it from its mysterious source. Curiously also, sharing the issues with a compassionate Balint group seems to help restore compassion to the drained doctor or therapist. At such times, what is usually considered intangible (compassion) seems almost tangible, and its 'expansion,' 'contraction,' and 'movement' can be sensed.

I return again to these beautiful words, behind which I believe there is an inexhaustible, deep, wellspring of inspiration: 'Cum Scientia, Caritas'

Acknowledgement

Dedicated with gratitude to my friends and colleagues of the Nelson Balint group.

References

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