

EMPATHY: WHAT IT IS AND HOW TO GET IT (BUT NOT TOO MUCH OF IT)

SLIDE: CONSTRUCTS RELATED TO EMPATHY

Pity: sympathetic sorrow for one suffering, distressed, or unhappy
implies slightly contemptuous sorrow for one in misery or distress
self-centered

Sympathy: a relationship between two people where whatever affects one similarly affects the other (emotional contagion)

errors of projection (self-centered)

errors of over-identification (self-centered)

Compassion: “to suffer together”: sympathetic consciousness of others' distress together with a desire to alleviate it

SLIDE: EMPATHY DEFINITION

Empathy: the ability to understand and feel another's perspective, concerns, and experience
the ability to communicate that understanding

Focus is on the other

Distinction between self and other is preserved

Don't have to be similar to the other to feel empathy

SLIDE: BENEFITS OF CLINICAL EMPATHY

Patients:

report more about their symptoms and concerns
provide more illness-specific information
have increased participation in clinical encounter
report increased compliance and satisfaction
have reduced emotional distress/increased quality of life

SLIDE: CLINICAL BENEFITS OF EMPATHY II

Diabetic patients have lower HgA1C and cholesterol; also fewer acute metabolic incidents that would require hospitalization

Patients with common cold reported fewer symptoms, shorter duration

Depressed patients: empathy has a moderate-to-large causal effect in recovery

SLIDE: RISKS OF EMPATHY

Empathic over-arousal (too much empathy)

May promote personal distress in physician

Physician unconsciously withdraws from pt

Self-protective motivation to reduce own feelings of distress

Self-centered, not patient-centered

Does empathy cause burn-out?

SLIDE: WHAT THE RESEARCH SAYS

Burn-out (self-report) is correlated with

- **Compassion fatigue:** individuals become emotionally over-involved, then don't feel anything when they should feel something
- **Emotional dissonance**

gap between felt and expressed emotion, combined with poor emotion regulation

Burn-out (fMRI) is explained by

Reduced empathy-related brain activity (less/not more)

Lower empathy-related brain activity correlated with stronger emotional dissonance, alexithymia scores, and greater empathic disposition

SLIDE: WHAT THIS MEANS

Medical professionals who have a **high empathic disposition**

- Good at perspective taking
- Tendency to feel emotional concern for others
- Tendency to experience negative feelings in response to the feelings of others

But who have **"learned alexithymia"**

- difficulty recognizing/acknowledging emotion

Have **greater emotional dissonance**

- discrepancy between felt and expressed emotion

Leading to compassion fatigue and burn-out

SLIDE: THE RIGHT BALANCE

Emotional self-regulation - ability to develop and maintain control over one's behavior, thoughts, and emotions to enable practitioner to feel safe and calm in order to effectively perform her job

- Reinterpret, reframe situation (cognitive reappraisal, perspective-taking)
- Decenter from own anxiety back to patient experience
- Mindful compassion – learn to be compassionately present in the face of patient suffering without being overwhelmed (steadiness and tenderness)

Genuine, proportional concern for patients and families

SLIDE: ELEMENTS OF CLINICAL EMPATHY

Cognitive understanding

Emotional engagement (patient senses dr cares)

Nonverbal attunement

- Gestures, body position
- Empathic listening

Curiosity/imagination

Perspective-taking

Language

- Acknowledging patient emotions
- Not "I know how you're feeling;" but "Help me better understand how you're feeling"
- Paraphrase, clarify