

UNDERSTANDING WHAT EMPATHY IS AND HOW TO CONVEY IT

- I. What is empathy?**
- II. Definitions**
 - A. Empathy: the ability to understand and feel another's perspective, concerns, and experience combined with the ability to communicate that understanding**
 - B. Empathy: the ability to experience and understand what others feel without confusion between oneself and others**
 - a. Focus is on other**
 - b. Distinction between self and other is preserved**
 - C. Empathic concern: a set of other-oriented emotions felt for someone in need that can produce a motivation to help**
 - a. Not necessarily a product of perceived similarity of the other to the self**
 - b. Not necessarily elicited by affective sharing or arousal**
 - D. So empathy involves cognitive and emotional dimensions, but does not necessarily mean you are feeling what the other is feeling or that you see yourself as similar to the other; and it involves a motivation to help**
- III. What empathy is not**
 - A. Pity: sympathetic sorrow for one suffering, distressed, or unhappy**
 - a. implies tender or sometimes slightly contemptuous sorrow for one in misery or distress**
 - b. self-centered**
 - B. Sympathy: a relationship between two people where whatever affects one similarly affects the other (emotional resonance)**
 - a. errors of projection (self-centered)**
 - b. errors of over-identification (self-centered)**
 - C. Emotional mirroring/Emotional contagion**
 - a. experience same emotion as the other**
 - b. self-centered**
- IV. Benefits of empathy**
 - A. In a therapeutic alliance, ability to empathize, understand, and help is essential**
 - B. Therapeutic relationship depends on client liking and trusting provider**
 - C. Like and trust related to ability to express empathy**
 - D. Like and trust related to better continuity of care, increased adherence to medical regimen**
 - E. Clinical benefits of empathy**
- V. Decline of empathy in 3rd year of medical school**
 - A. Does not always rebound in 4th year**
 - B. Even more significant dip in internship**
- VI. What are our worries about empathy? – Empathy poem**
- VII. Risks of empathy**
 - A. When empathy results in too much self-related anxiety, impairs clinical functioning**

- Leads to failure to understand patient's perspective
- Doctor becomes self-protective, effort is directed toward reducing own anxiety (self-centered)

- B. Empathic over-arousal may promote personal distress; clinician may unconsciously withdraw from pt in an egoistic motivation to reduce feelings of distress
- C. Excessive levels of empathic arousal and poor emotion regulation can lead to professional distress and compassion fatigue (lack of empathy where one would expect to feel it)

VIII. Is detachment the solution?

- A. Physicians delivering bad news in emotionally detached fashion
 - increases pt's self-reports of being confused, overwhelmed afterward
 - Decreases readiness to seek treatment, attend support groups
- B. Emotionally detached doctors miss important information and are less effective
- C. Detachment does not protect against, often leads to physician burn-out

IX. Finding the right balance

- A. Self-awareness and mindfulness so empathy can be cultivated from a calm place
- B. 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
 - a. Reinterpret, reframe situation (cognitive reappraisal, perspective-taking)
 - b. Decenter from own anxiety back to patient experience
 - c. Mindful compassion – learn to be compassionately present in the face of patient suffering
- C. Genuine, proportional concern for pts

X. Another way of thinking about balance is clinical empathy

- A. Purpose of clinical empathy: to understand the pt's emotions well enough to help her address her medical problem therapeutically
- B. Feeling concern as a result of understanding
- C. Commitment to action

XI. Elements of clinical empathy

- A. Cognitive understanding
- B. Emotional engagement (patient senses dr cares)
- C. Nonverbal attunement (Gestures, body position)
- D. Empathic listening
- E. Curiosity/imagination
- F. Perspective-taking
- G. Language
 - Acknowledging patient emotions
 - Not "I know how you're feeling;" but "Help me better understand how you're feeling"
 - Share own feelings of worry, concern, caring for pt

