Understanding and Unlocking Empathy:
Maximizing interactions by discovering how patients experience and react to clinical communication

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Figure 1: Physician Empathy Model
NOTE: A solid line indicates a strong effect (> .50), whereas a dotted line indicates a weak effect (< .50) between the 2 variables.
*p < .05. **p < .01. ***p < .001.
What does empathy look like?

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**Figure 1.** Schematic outline of the empathy cycle. (Ex = person engaged in primary expression and exploration; Em = responding; empathizing person. Lower-case Roman Numerals i–v represent Steps 1–5, respectively; dotted circles mark peaks of impact/arousal/involvement in hearing or being heard empathically; solid lines represent principal communicative expression; dotted arc refers to feedback or follow-through communication.)
The exchange

1. In the above diagram the Expresser (Ex) can be seen sharing information. The empathizer (Em) is seen as being receptive in the first panel.
2. In the second panel the Em assimilates the information in some format within a range of cognitive and affective material.
3. In panel three this cognitive/affective perception of Ex is reflected and received by Ex.
4. The style of empathy used by Em effects Ex’s perception of his or her experience being understood (panel 4).
5. This cognitive and affective framing dictates the empathic cycle seen in panel five.
Caregiver information preference

• **Pure Cognitive** – The patient is seen as a complicated machine and only information regarding the condition is considered. Minimal patient caregiver interaction.

• **Cognitive Empathy** – The patient’s thoughts and understanding of their condition, care, and personal responsibilities are an important. The caretaker makes sure to clarify their understanding and address their questions effectively.

• **Affective Empathy** – The caregiver takes into account the subjective emotional environment of the patient. This willingness to consider and “be with” the patient’s feelings produces a greater affective bond between the patient and caregiver.

• **Pure Affective** – The caregiver is experiencing the emotions of the patient to the degree that they may experience emotional fatigue and have difficulty focusing on medical tasks.
How

- **Cognitive Empathy** can be increased by using
- **Active Listening Skills**
  - repeating, paraphrasing, and reflecting.
  - better chance that the core necessary medical information will be exchanged.

- **Affective Empathy** is more complicated but is key in improving patient satisfaction.

- Affective Empathy is **automatic**
Affective and Cognitive: Practitioner effects
Affective Reaction

• **Mimicry**
  – Walking in step
  – Facial expressions
  – Tone of voice

• **Emotional Contagion**
  – Babies Crying
  – Laughter
  – Excitement
Cognitive and Affective

• Research example – Two groups
  – Count **how many** hands vs think about how this would **make you feel**
Effects

• The group with the cognitive task had little to no mirror neuron firing
  – What does this mean?

  – The way you think about something effects how you react
Results

• Abundance of affective empathy without cognitive reframing - depression, anxiety, and emotional fatigue

• Empathy in medical students
  – decrease as degree material is completed.
  – increase in cognitive information processing
  – medical knowledge gained serves as a cognitive “buffer”
How to reengage Affective Empathy?

• Begin with patient perception

• **Example:** 80 adolescents met with counselors who were separated into groups. The different groups of counselors were instructed to behave in specific ways, one of which was to match the adolescents head, or body orientation. Those groups with greater postural similarity had higher client ratings of empathy.
Example: Physicians were recorded reporting varying levels of news to patients ranging from “bad” to “neutral” to “good”. The physicians’ vocal pitch and speed were also measured, as was a third parties’ rating of physician empathy. Slower speech and lower vocal pitch was significantly associated with higher empathy scores.
Suggestions

• **Further Research**
  – Variations in patient type and empathy preference
    • Number of hospital visits
    • Reason for visit

• **Caregiver preference and practice**
  – Effect of training
  – Variation in caregiver type