Empathy: Process of adaptation and change, is it trainable?

“Being empathic is a complex, demanding, strong yet subtle and gentle way of being.”

-Carl Rogers

Empathy has been talked about as one of the essential attributes of health professionals. In fact, lot of weightage has been given to this facet in health sector, management field, and education sector. Some of the scientific citations date back to early development in the field having philosophical underpinnings. German esthetic philosophers Vischer and Lipps have worked immensely to elucidate the construct. Empathy was described in German word “Einfühlung” that refers to “feeling into” to portray the feelings of the audience in a theater, proposed by Vischer.[1] Actually, Lipps is the pioneer of the first scientific theory of Einfühlung (“feeling into,” “empathy”) although the term had earlier been coined by Vischer in 1873. Lipps proposed the term Einfühlung referring to mental states of other people. Primarily, focusing on the nuances of understanding of human nature. Lipps elaborated the concept of “sympathy” as a process that allows the contents of “the minds of men” to become “mirrors to one another.”[2]

Later, Bradford coined the word empathy meaning thereby as activity of experiencing the world.[3] Understanding empathy requires complete evaluation of domains of empathy. Historically, the construct of empathy was understood in two predominant ways, one was as to how do we know what others think and feel and second was our response to the feelings of others. The first aspect refers to cognitive domain and second is primarily motivational in nature.[4] Research has focused on different domains of empathy, primarily categorized as emotional and cognitive empathy. Cognitive domain of empathy was always more implicated in understanding inner experiences and affective for understanding feeling of others.[5] Both cognitive and affective components are integral part of empathy.

In India, evidence for the medicinal ideas and practices is found from 600 to 200 BC. It is derived from accounts of the contemporary Greek visitors to India, Buddhist texts, and Chanakya’s Arthashastra. Sanskrit medical texts dating from early centuries of Christian era, the Charaka Samhita (Charaka’s collection), and Sushruta Samhita (Sushruta’s collection) have detailed account of ayurvedic theory.[6] It is interesting to note that even in the past enough emphasis was placed on desirable qualities of medical student. Selection and training had incorporated certain attributes for selecting medical students. Sushruta Samhita gives lucid account of desirable internal characteristics of medical student. Among the most desirable attributes, i.e., humility, honesty, and hardworking generosity and empathy were also adequately emphasized.[7]

EMPATHY VERSUS SYMPATHY: ARE THEY DIFFERENT?

Empathy is defined as “the feeling that you understand and share another person’s experiences and emotions” or “the ability to share someone else’s feelings.”[8] Sympathy is defined as “the feeling that you care about and are sorry about someone else’s trouble, grief, misfortune, etc.,” “a feeling of support for something,” or “a state in which different people share the same interests, opinions, goals, etc.,” but not necessarily the feeling that you share another person’s emotions. This makes it more of a feeling experienced because of proximity to the individuals and groups they interact with and perception of the person as deserving help and sympathy.[9]

Empathy is not similar to sympathy. Empathy is an advanced, effortful, intellectual, and trainable attribute that involves cognition more than emotions and contributes for professional satisfaction and career development, whereas sympathy is a primitive and effortless reaction that mainly involves affective domain leading to anxiety and subsequent vicarious trauma.[10]

Research evidence regarding emergence of empathetic reactions indicates that empathy is not an automated response; it is heavily modulated by interpersonal and contextual factors, which impact behavior and cognitions. Empathy has biological underpinnings of circuits connecting the brainstem, amygdala, basal ganglia, anterior cingulate cortex, insula, and orbitofrontal cortex.[11] The role of physiological parameters is also undeniably accepted. Neuropeptides, oxytocin, and vasopressin are implicated in the regulation of social behaviors and empathy.[12]

Emotional attunement helps physicians appreciate the personal meanings of patients’ words. There is a realignment of thought process to feeling tone. There is
a close association of ideas and expression to affective, sensory, and experiential aspects. Hence, empathy translates ideas to whole gamut of transaction between logic and experiences to understand patient’s perspectives. The trust and disclosure is facilitated by empathy. The roots of sympathy seem to have been associated with social intelligence. The actual terminological derivatives overlap, and there is a need to understand the semantic difference between the two, especially in patient care setting. It is quoted very aptly that both concepts involve sharing, but empathetic physicians share their understanding while sympathetic physicians share their emotions with their patients. Excessive sympathy may be counterproductive in delivery of health care; however, “compassionate detachment” is desirable to keep an affective distance from patients while engaged in providing care as physicians.

**HERITABILITY OF EMPATHY**

Heritability of empathy has been evaluated in longitudinal studies. Early years have indelible impact in prosocial behavior. Empathy as a part of Personality dimension has been considered to be the part of inheritance process. If we consider facets of empathy closely, it appears to have semblance to personality dispositions. Some of the facets, namely, social confidence, even temperedness, and nonconformity apparently concur with the temperamental dispositions quoted by Buss and Plomin, i.e., sociability, emotionality, and impulsivity. These dimensions were also known to have strong evidence of heritability. Hence as a derivative of emotionality empathy can be considered to be partly inherited disposition.

**TRAINABILITY OF EMPATHY**

Adequate emphasis has been laid on the relevance of empathy in medical settings. Sheer focus on collecting factual information may not be enough. Attention is required to be given to feelings and emotions over facts.

Question arises that it is important to know whether it is trainable or not? If it is trainable aspect than it will have huge implications for medical and educational field. Research evidence is inconsistent on how amenable empathy is? Opinion is divided on it being a personality trait and modifiability of the trait. How much training has impacted on increase of this dimension is a moot question.

The dimension of empathy as a part of behavior becomes trainable as this is the virtue which is depicted to be trained during the course of medicine. It is taught as range of behavior during communication skills. During the process of training examination only serves the purpose of acquisition of response for defined goal eg passing in an examination. However the practice of such skills may bring change in behavior. The exercise centered around patient listening in which the listener has the responsibility to understand the emotional and logistical content that their partner is sharing. The role is to understand and relay back to the partner. These group exercises and role play are under supervision help in training to appreciate fine nuances of feelings of statements and reflect back the same to the person who is sharing. Hojat recommended following approaches to enhance empathy among medical students; some of them are improving interpersonal skills, analysis of audio or videotape encounters with patients, role play, and engaging in Balint method of small group discussions. Review of studies revealed that empathy can be taught; students of medicine can be taught reciprocity and emotional resonance. Once learned, these skills become the part of acquired behavior and enhance ability to relate across the various situation. It is worth mentioning here that empathy is enhancer of social relationship across all human interaction.

**CAN WE MEASURE EMPATHY?**

Scientific temperament in any discipline emphasizes on objective evidence, hence in the case of empathy, validation is needed especially for measurement. Measurement of empathy acquired importance for the purpose of training. Primarily, current practice of medicine is based on proof. There are certain scales to measure empathy, some of them are, Empathy Construct Rating Scale, the Empathic Understanding of Interpersonal Processes Scale, Hogan Empathy Scale, and Jefferson’s Scale of empathy. Jefferson’s Scale of empathy has three separate versions that assess medical students (S-version), health professionals (HP – version for physicians and other professionals), and students of other profession (HP – version for students).

The Balanced Emotional Empathy Scale incorporated certain measures, more specifically, reactions to others’ mental states. But it is still not clear that they tap emotional empathy alone.

Empathy was conceptualized as prosocial behavior. Interpersonal Reactivity Scale adds further dimensions to the measurement of empathy. It includes subscales that measure perspective taking as part of definitions of cognitive empathy, empathic concern which specifically addresses the capacity of the respondent for warm, concerned, compassionate feelings for others, and fantasy items. The scale attempts to evaluate both cognitive and affective domain.
A cross-sectional study of empathy has also yielded important findings about the stability of empathy across various stages of the training of medical education. A cross-sectional study was conducted among medical college students. The Jefferson’s Scale for Physician Empathy - Student version was administered in their respective classrooms. It was found that empathy declined during medical training during MBBS years from first to seventh semester.[29]

CONCLUSIONS

Empathy is undeniably, a very important attribute needed in health professionals, managers, and educationist. The trainability aspect of this component of behavior makes it deliverable across various settings. In fact, relevance of it in medicine cannot be overemphasized. Empathy facilitates patient-centric approach and may go a long way in inclusive health care. Research is needed to study methods of inculcating empathy among health-care professionals.

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REFERENCES

1. Preston SD, DeWaal FBM: Empathy: Its ultimate and proximate bases. Behav Brain Sci 2002;25:1-72.
2. Lipps T. Grundtatsachen des Seelenlebens. Bonn, Germany, Cohen; 1883.
3. Bradford TE. Lectures on the Experimental Psychology of the Thought-Processes. New York: Macmillan; 1908.
4. Zak J. Empathy: A motivated account. Psychol Bull 2014;140:1608-47.
5. Hojat M. Empathy in Patient Care: Antecedents, Development, Measurement, and Outcomes. New York: Springer; 2007.
6. Mazars G. Indian medicine across the centuries. A concise introduction to Indian medicine (La médecine indienne). Gopalan TK, translator. In: Wujastyk D, Zysk KG, editors. Indian Medical Tradition. Vol. VIII. Ch. 1. Delhi: Motilal Banarsidass Publishers Private Limited; 2006. p. 1-24.
7. Nuraliev YN. Doctor’s ethics in ancient East written classics and in the works of middle age medical scientists. In: Abdi WH, Asimov MS, Bag AK, Khairullayev MM, Mikulinsky SR, Mukherjee SK, et al., editors. Interaction between Indian and Central Asian Science and Technology in Medieval Times. Medicine, Technology, Arts and Crafts, Architecture and Music. Vol. II. New Delhi: Indian National Science Academy; 1990. p. 11-8.
8. Lishner DA, Batson CD, Huss E. Tenderness and sympathy: Distinct empathic emotions elicited by different forms of need. Pers Soc Psychol Bull 2011;37:614-25.
9. Lowenstein G, Small D. The scarecrow and the tin man: The vicissitudes of human sympathy and caring. Rev Gen Psychol 2007;11:112-6.
10. Halpern J. What is clinical empathy? J Gen Intern Med 2003;18:670-4.
11. Decety J. The neural pathways, development and functions of empathy. Curr Opin Behav Sci 2015;3:1-6.
12. Abu-Akel A, Palgi S, Klein E, Decety J, Shamay-Tsoory S. Oxytocin increases empathy to pain when adopting the other- but not the self-perspective. Soc Neurosci 2015;10:7-15.
13. Krupat E, Bell RA, Kravitz RL, Thom D, Azari R. When physicians and patients think alike: Patient-centered beliefs and their impact on satisfaction and trust. J Fam Pract 2001;50:1057-62.
14. Buss AH, Plomin RA. A Temperament Theory of Personality Development. New York: John Wiley; 1975.
15. Johnson JA, Cheek JM, Smither R. The structure of empathy. J Pers Soc Psychol 1983;45:1299-312.
16. Kirk WG, Thomas AH. A brief in-service training strategy to increase levels of empathy of psychiatric nursing personnel. J Psychiatr Treat Eval 1982;4:177-9.
17. Mudiyanse RM. Empathy for patient centeredness and patient empowerment. J Gen Pract 2016;4:224.
18. Case GA, Brauner DJ. Perspective: The doctor as performer: a proposal for change based on a performance studies paradigm. Acad Med 2010;85:159-63.
19. Hojat M. Ten approaches for enhancing empathy in health and human services cultures. J Health Hum Serv Adm 2009;31:412-50.
20. Kelm Z, Womer J, Walter JK, Feudtner C. Interventions to cultivate physician empathy: A systematic review. BMC Med Educ 2014;14:219.
21. Davis MH. Measuring individual differences in empathy: Evidence for multidimensional approach. J Pers Soc Psychol 1983;44:113-26.
22. Hogan R. Development of an empathy scale. J Consult Clin Psychol 1969;33:307-16.
23. Mehrabian A, Epstein N. A measure of emotional empathy. J Pers 1972;40:525-43.
24. Davis MH. A multidimensional approach to individual differences in empathy, JSAS Catalog of Selected Documents in Psychology. Vol. 10. 1980. p. 85.
25. Shashikumar R, Chaudhary R, Ryali VS, Bhat PS, Srivastava K, Prakash J, et al. Cross sectional assessment of empathy among undergraduates from a medical college. Med J Armed Forces India 2014;70:179-85.

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