

Empathy: A Therapeutic Imperative

What is empathy? How does empathy differ from sympathy and apathy? Why is empathy important to every doctor? While it is necessary that you recognize your own needs and desires, it is equally necessary that you become sensitive to your patient's needs and desires. Whereas sympathy is characterized by feeling sorry for someone and apathy by having no feeling at all, empathy requires that you put yourself in your patient's shoes. If you have ever seen a child take a violent fall from a bicycle, you probably "felt" the pain as you projected your own consciousness into the youngster's action. That is an example of empathy.

We have all experienced varying degrees of empathy by saying to ourselves: "I know just how that feels." Empathy may have occurred when a patient came to you suffering from a condition which you, yourself, have had. Or perhaps, while you may not have experienced that particular condition, you experienced something similar.

There is no objective test to determine the existence of empathy. Only a patient can say whether or not you are empathetic. The fact that a doctor sees a hundred patients a day does not automatically guarantee the existence of empathy. Like a well-programmed automaton, the doctor may go from room to room administering treatment without saying a word or displaying any nonverbal sign of compassion. This is clearly a case in which empathy is conspicuous by its absence.

You must be able to relate to patients, understand their needs, and convey a genuine sense of concern; that is, communicate the fact that you have taken their personal interests seriously. Perhaps the operative word should be "feel," rather than "know." Just knowing that a patient is in pain or experiencing serious discomfort is not enough. You must also feel.

One of the prime criteria patients use in selecting a doctor is empathy. While patients may not be familiar with the word, "empathy," they are all able to recognize whether or not a doctor has it.

An empathic response on the part of a doctor will suggest a willingness to accept patients as they are, without any prejudice. However, all the empathy in the world, without an ability to communicate it, is worthless. The doctor must learn two things: experience empathy by achieving a greater understanding, and communicate that understanding to a patient.

Being empathic has two major advantages: First, it makes a doctor feel good about being able to help patients with a health problem. Second, it reinforces the doctor's sense of effectiveness by having patients acknowledge that his interpretation of what they are feeling is accurate.

A frequent complaint is that doctors are indifferent -- that they do not really listen or take a serious interest in what they are being told. The empathic healer, on the contrary, generates trust and confidence in a patient and by doing so helps create a healthier doctor/patient relationship.

Don't be misled. Developing empathy is not easy. This is especially true when treating patients who are unlike you with regard to such things as language, race, gender, socioeconomic status, intelligence, and so forth. For you to make those perceptual leaps leading to empathy, a considerable amount of concentration and practice is needed.

The most important characteristic of the empathic doctor is open-mindedness -- the ability to temporarily set aside one's own attitudes, values, and beliefs, and thoughtfully focus on the patient's concerns. The doctor need not feel the same fear or anxiety of a patient, but simply an awareness and appreciation of the emotion. As the patient expresses a physical complaint, the doctor must communicate empathy with actions as well as words, e.g., posture, gestures, eye contact, facial expressions, etc. For instance, a doctor who is not empathic might, while being told something strange or out of the ordinary, display a disapproving or disbelieving facial expression. At all times, the doctor must send a patient this message: "I understand."

With a concerted effort, almost every doctor can develop empathy. Once it is achieved, patients will experience a lessened need to communicate verbally. The doctor will come across as being a mind reader or extremely intuitive. Surely, you have patients who walk into your office and in a matter of minutes you sense their mental and physical mood. This form of sensitivity of heightened awareness is empathy at work. The more you are able to be at one with your patients, to experience what I prefer to call "shared consciousness," the more patient trust you will have earned. Trust, without question, is the name of the game.

In addition to providing special insight to a patient's pain and suffering, empathic listening will also improve your ability to focus. Here is an excellent method of sharpening that focus: Wherever and whenever possible, make tentative statements, rather than ask questions. Instead of saying, "Are you really that upset about not being able to get out of the bed without help?" you might say, "I get the impression that not being able to get out of bed without help really upsets you."

A therapeutic atmosphere that is descriptive rather than evaluative, will lead to better rapport with your patients. When a patient perceives a communication as a request for information or a description of some symptom, it is not viewed as threatening. Conversely, a communication that is judgmental, "Have you always been this heavy?" often leads to a defensive state of mind. This in turn works against the establishment of empathy. It is not always what you say, but how you say it. Empathy can also be transmitted while you are performing various orthopedic tests by saying, "I know you are feeling a pulling sensation in the back of your thigh." Such an affirmation will not only help you check the accuracy of your own perception, but also demonstrate that you have deeper understanding of the patient's complaint.

In any discussion of empathy, the subject of equality invariably comes up. Few things threaten empathy more than treating a patient as less than your equal. You probably have patients from all walks of life. In a variety of ways, you and such patients are unequal. However, simply because you know more about the human body, it would be extremely presumptuous for you to treat any patient as your inferior.

Borrowing from the thinking of Carl Rogers, equality asks that we give the patient "unconditional positive regard." Too often, patients have complained, "He treated me like a child." Never are two people equal in all respects. Despite any inequality, interpersonal communication is more effective when the atmosphere is one of equality. This does not mean that those who are of unequal status cannot communicate. They can. However, if their communication is to be effective, both parties must recognize and respect the equality of the other. Statements like: "Don't you realize that talking on the phone for two hours can cause neck pain?" or "Yes, not wearing a seat belt was very foolish." A doctor who makes statements like these is exercising no sense of equality. The patient is being treated as someone who should know better -- who lacks common sense.

Before continuing, it should be noted that too much empathy also carries some risk. Studies focusing on human service workers at a psychiatric hospital showed that a high degree of responsiveness to the needs of patients created symptoms of burnout. Such a consequence,

however, unlike dealing with psychiatric patients, is less apt to occur in a chiropractic practice; that is, the emotional climate is decidedly less charged. In any case, empathy, carried to an extreme, can produce an adverse reaction.

While one could certainly read all there is written on the subject of empathy, there is no guarantee that it can be learned. Some doctors are born with it just as some people are born with a gift for music or mathematics. In our profession, there are born healers, people whose very presence makes others feel better. Although the phenomenon is poorly understood, empathy occupies a prominent place in the public mind. Those who are sick seem to be especially sensitive to doctors possessing empathy. Almost irrespective of the therapy they receive, patients treated by empathic doctors seem to have a superior recovery rate.

My candid impression of today's chiropractic is that far too much attention is being paid to practice building and not enough to become a better doctor. Too often, the measure of a "good doctor" is equated with the number of patients seen in a day or a week, and one's annual income. Whether a doctor is kind, caring, or empathic is rarely mentioned in our professional publications.

Permit me to close with an axiom I have mentioned before in this column: The welfare of the sick is the supreme law. Toward that end, I submit that empathy should be taken to be the prime mover in every branch of health care.

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