

How to Be Empathic Without Experiencing Personal Distress: A Handout for Health Care Workers and Service Providers

When a person sees another person is suffering, it is the most natural thing in the world to want to reach out and help. That capacity is called empathy: the human ability to understand and respond to the feelings of another person. Empathy has three components: 1. The ability to feel what another person is feeling; 2. The ability to take the perspective of the other person; and 3. A monitoring capacity that allows the person to track the origin of the experienced feelings or to tell the difference between feelings that started with the other person or with the self.

In the healthcare setting, we are almost always in the presence of people who are having physical or emotional pain that triggers our empathy. We are witnesses to their distress. There are four different positions a witness can be in, not one.



In **Position 1**, we are aware of what is needed and feel empowered to take action to meet the need. In that position we will feel effective and competent.

In **Position 4**, we are aware of what is needed but lack the internal or external resources to provide what is needed. In that position we will feel stressed, ineffectual, and exhausted.

In **Position 2**, we really don't understand what is needed and consequently the actions we may take will be off the mark, not helpful and possibly harmful.

In **Position 3**, we give up. We feel overwhelmed by the situation, numb ourselves and/or space out. We may show up for work, but we just go through the motions.

When healthcare workers are frequently in Position 4, that is, when they feel ineffective and overwhelmed a lot of the time, that sets the stage for feeling empathic distress. Empathic distress can lead to burnout, and it makes providers more vulnerable to secondary traumatization (sudden and acute symptoms similar to the person who directly experienced a trauma) and vicarious traumatization (a gradual alteration of a person's worldview due to the cumulative effect of witnessing other peoples' trauma). All three forms of empathic distress are harmful to the provider who experiences them.

Kaethe Weingarten, Ph.D.

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Sometimes providers think that moving into Position 3 will help them feel better: feel nothing and space out. But this only provides temporary relief. The only long-term relief comes from methods that move the provider into Position 1: aware and empowered.

Sometimes we are overwhelmed at work because there are problems with the ways our workplace is delivering care. When the challenges in the work environment stem from systems issues, advocacy for change may be the best course of action.

When the challenges are personal, there are steps we can take to get out of Position 4.

1. **Cultivate awareness of what you are feeling.** If you don't know what you are feeling, you can't assess whether it is helping or harming you. The feeling may arise as a sensation in your body, for instance a tightness in your throat, or it might arise as an emotion, like feeling sad.
2. **Use words to name the feeling.** If you can name it, it loses some of its intensity.
3. **Focus on what the other person is feeling, not what you would feel in the other person's shoes.** You can minimize personal distress by coming to empathy by imagining what the other person is feeling, not what you would feel if you were in the same situation. When you do this, you stimulate empathic concern minus personal distress, which supports compassion and minimizes the risk of compassion fatigue.
4. **Activate compassion for others.** Compassion is characterized by warm feelings towards another and a strong desire to improve the other's well-being. In other words, in contrast to empathy alone, compassion activates a strong motivation to take action to help the other person. Recent MRI studies strongly suggest that different neural networks are activated when we experience compassion than when we experience empathy. The neural networks that are activated when we experience compassion are linked to the positive reward areas of the brain. In other words, compassion is rejuvenating not enervating. Compassion doesn't fatigue. We can train ourselves to use compassion rather than empathy. Mindfulness practices are a great way to cultivate and build compassion skills.
5. **Practice self-compassion.** Just as compassion can be trained, so can the capacity to be compassionate toward the self. Compassion and self-compassion both take awareness and practice. These two questions can help train self-compassion: "What would I tell my best friend to do in this situation?" and "What can I do that will healthfully comfort me right now?"

Empathy makes the world go round. Empathy is a crucial factor in offering quality care. Thinking about what will help us be aware and empowered witnesses, imagining what the other person is feeling not what we would feel were we in their situation, and activating our desire to alleviate suffering and caring for ourselves are all ways to experience empathy that enriches our lives without harming us.

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