

# A concept analysis of empathy

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The concept of empathy lies amid much confusion. This analysis addresses that confusion using Walker and Avant's model of concept analysis, and looks at what empathy is: is it trait or state, is it dynamic or static, and how is it recognized and measured? Implications of these findings are discussed, limitations of the study are acknowledged and areas for further work suggested.

## INTRODUCTION

Empathy is a term widely used and written about in nursing and, as such, its meaning and application has become blurred. When this happens, one way to clarify a term is to conduct a concept analysis. When embarking on concept analysis, Walker & Avant (1983) advocate choosing a concept in which you are already interested, either one associated with the work or one that has always been of concern to you. Eighteen years' experience of nursing led to the author, long ago, forming a tentative opinion that it is the ability to empathize which distinguishes an average nurse from an excellent nurse in the eyes of the patient, regardless of how care is delivered. Accompanying this is the fact that during a 3-year break in service to do a full-time degree in psychology, the author noted an increased interest in the subject of empathy in the nursing press in relation to management, education and the process of nursing.

The literature highlights the need for analysis. Tshuldin (1989) asserts that no area of nursing demands more empathy than any other. The more empathic nurses are, the more likely they are to give total care. Sharkey (1985) suggests that those nurses who seemed to be trusted by their patients and approved of by colleagues were those with the ability to imagine how each of their patients felt, from each patient's perspective, taking into account their varied backgrounds and different reactions to illness and hospitalization. Reynolds (1987) reveals that although empathy is the most critical ingredient of the helping relationship (Kalsch 1973), there is little agreement as to how it is to be defined. His 1986 research in Scotland demonstrated

that nurse teachers are often unclear about what they mean by empathy and that confusion of the construct has implications for teaching and learning. Hornblow and others (1977) point out that research on empathy is complicated by the absence of an agreed theoretical framework and operational definition.

## PURPOSE OF ANALYSIS

The purposes of concept analysis include clarification of terms which have become catch-phrases and have lost their meaning, a means of developing operational definitions for use in theory and research and an intellectual exercise (Walker & Avant 1983). In this analysis, the main purposes were to increase knowledge of the concept and to answer some questions. Namely, what is empathy, if it is so important, how is it recognized, nurtured and sustained, under what conditions does it flourish and diminish, and is it static or dynamic? Walker and Avant's framework is used because, although sympathizing with Rodger's (1989) comments on entity and dispositional views, this is a first attempt at concept analysis and Walker and Avant's 1988 book provides full information and simplifies the process.

In order to gain an idea of working definitions of empathy used by 'ordinary' nurses, a group of nurses at the Royal College of Nursing, London, was asked 'What came to mind when the term empathy was used?' It could be argued that this was not a representative group of nurses as they were on a course of study so may differ in terms of better access to reading material, time, and other resources. They may also have higher than average motivation. To address this, comments were also added from a group of nurses of various ages and experience sitting in a hospital refectory. The 'brainstorm' produced the

following Listening, Caring, Understanding, Valuing, Feeling, Empathy, Non-judgemental, See how others see, Permission

In this paper I will consider the origins of the word 'empathy' and the dictionary definitions, examine the broad qualities of empathy as described by Kalisch (1973) and Burnard (1988), address the debate about whether empathy is 'trait' or 'state', consider how researchers define empathy and finally, examine empathy from the patients' point of view

## DICTIONARY DEFINITIONS

The Fontana (1988) *Dictionary of Modern Thought* highlights the origins of the word empathy. It was coined by Vernon Lee in 1904 and then employed by E B Titchener, a psychologist, in 1909 as a translation of the German 'Einfühling' which means 'feeling into'. This notion had been developed by Lotze (1908), provoking the Alienation Theory of Brechtin. However, this is not the forum to develop this discussion further (see Fontana (1988) *Dictionary of Modern Thought*). The following is the most abstract definition of empathy

Projection (not necessarily voluntary) of the self into the feelings of others, into the 'being' of objects or sets of objects, it implies psychological involvement, at once Keat's pain and joy

This suggests that empathy can occur subconsciously as well as consciously, with inanimate objects as well as animate, that it involves the mind or psyche, and that it can cause pain as well as joy. Another definition which mentions inanimate objects is in *Chambers 20th Century Dictionary* (1983 p 325)

the power of entering into another's personality and imaginatively experiencing his experiences, the power of entering into the feeling or spirit of something (especially a work of art) and so appreciate it fully

Here one gets the notion of a strength rather than a weakness, and the idea of valuing from 'appreciate it fully'. *The Longman Dictionary of Psychology and Psychiatry* (1984) emphasizes the objectivity and interpretation aspect

the objective awareness of another person's thoughts and feelings and their possible meanings. One who empathizes sustains his objectivity and separate feelings even when confronted with disturbing psychological material

Two nursing dictionaries were then consulted. Saunders (1989) *Encyclopedia and Dictionary of Medicine, Nursing and Applied Health* points to the understanding component and compares empathy with sympathy

Intellectual and emotional awareness and understanding of another person's thoughts, feelings and behaviour, even those that are distressing and disturbing. Empathy emphasises understand-

ing, sympathy emphasises sharing of another's feelings and experiences

*Mosby's Medical and Nursing Dictionary* (1986) highlights the understanding and significance of the person and the importance of empathy for psychotherapy

The ability to recognise and to some extent share the emotions and states of mind of another and to understand the meaning and significance of that person's behaviour. It is an essential quality for effective psychotherapy. Compare with sympathy, which is an expressed interest or concern regarding the problems, emotions or states of mind of another

## LITERATURE REVIEW

The literature concerning empathy shows a wide range of use of the word, from broad to specific. Apart from dictionary definitions, five of which were selected, a literature search gave 53 references. All these references were examined but consensus led to 33 being used in this article. The five dictionary definitions are important to begin the analysis as each contains differing elements which come out in the literature

Early theorists and writers saw empathy as a trait or characteristic which was stable and could be measured but not taught. Among these are Cronbach (1955), Hogan (1969), Smither (1977) and more recently, Astrom *et al* (1991). Cronbach and Hogan devised personality tests to test for empathy. These authors define empathy as a personality attribute involving the capacity to respond emotionally, cognitively and communicatively to other persons without the loss of objectivity. From this definition, it can be seen that the qualities of empathy mirror the other theorists but the derivation is different. Latterly, theorists see empathy as having both 'trait' and 'state' components

Williams (1989) maintains that people have a tendency to experience empathy that may or may not be actualized in any specific situation. Her research investigated the relationship between empathy and burnout, tentatively suggesting that they may represent opposite poles of the same underlying construct. However, no support for a polar relationship was found. Sharkey (1985) asks why so few nurses with the ability to empathize actually use it. She suggests that nurse training damages the innate ability of the trainee to empathize

## Confusion

As noted earlier, some writers seem very specific and clear, about what empathy is whilst others (the minority) are unclear, and the concept can easily be confused with other terms, such as sympathy or communication. Among the latter are Smith (1985), Assimacopoulos (1987) and Wilson-Barnett (1988). Smith (1985, p 5) says empathy is

'knowing what the other person is suffering because you can imagine yourself in similar circumstances or because you have had similar experience' The reader could easily be forgiven for confusing this with sympathy Assimakopoulos (1987) also confuses empathy with sympathy and Wilson-Barnett asserts that nurses who talk less are perceived as being more empathic

Burnard (1988) defines empathy as the ability to see the world as another person sees it or to enter into another's frame of reference One attempts to set aside one's own perception of things in order to think the way the other person thinks or feel the way they feel Burnard distinguishes empathy from sympathy Sympathy involves 'feeling sorry' for the other person or imagining how we would feel if we were experiencing what is happening to them Empathy differs in that we try to imagine what it is like being that person and experiencing things as they do, not as we would

Burnard (1988) sees empathy as the key to understanding and, as such, a vital skill for nurses to learn He explains that the skill of empathy involves two related processes One is attempting to view the world as the patient does and the other is attempting to identify the personal theory that guides patients in their everyday experience Because Burnard sees empathy as a skill, he concentrates on methods of developing empathy for clinical and educational staff

Kalisch (1973) asserts that empathy must involve current feelings of a person, not the feelings of yesterday or the day before She states that it is the ability to enter into the life of another person, stressing the importance of the perception of feelings being accurate Kalisch also compares empathy to sympathy, explaining that in empathy helpers borrow their clients' feelings in order to understand them, but are always aware of their separateness In her definition of empathy, Kalisch (1973) does not include the communication of understanding, but does not state that when empathy is communication, it forms the basis for a helping relationship She views empathetic perception and communication as a state in terms of levels or categories rather than an 'all or nothing' characteristic

### Three components

Rogers (1957) described empathy as having three components affective (sensitivity), cognitive (observation and mental processing), and communicative (helper's response) LaMonica (1981) highlights the communication aspect of empathy She defines empathy as signifying a central focus and feeling, with and in the client's world It involves accurate perception of the client's world by the helper, communication of his/her understanding to the client, and the client's perception of the helper's understanding LaMonica and others (1976) showed that nurses initially scored low in empathy but this level increased

following a staff development programme Truax & Millis (1971) asserted that nurses are generally low in empathy compared to other professional groups Situational factors have been found to affect the level of empathy expressed (Olsen & Iwasiw 1989)

Carkhuff (1969) was one of the first theorists to assert that if empathy was a state, it was dynamic and therefore could be measured on different levels He suggested that empathy is employed when one individual hears and understands another It involves 'crawling inside another person's skin' and seeing the world through his/her eyes It involves experiencing the world as if you were that person Carkhuff (1969) stressed the communication of empathy and devised a scale to measure empathy on five levels based on the response, whether the feeling was acknowledged or not, surface feelings reflected and the interpretation of underlying feeling communicated Other theorists who have also devised scales include Gazda (1973) and LaMonica (1981)

### TEACHING EMPATHY

As the consensus is that empathy is a skill which is crucial to the helping relationship, many authors discuss methods of teaching empathy most effectively (Layton 1979, Burnard 1987, Cox 1989, Morath 1989 and Tshuldin 1989) Burnard (1987) suggests that before nurses can understand and explore a patient's perspective, they must explore their own perspective Self-awareness, therefore, is a prerequisite to empathy Burnard identifies other skills necessary for empathy including the ability to listen, to offer free attention and to suspend judgement Tshuldin (1989) highlights self-awareness, communication skills, especially listening, perception of feelings within self and others and hidden feelings, and not judging others

The literature makes very little mention of the client's views on empathy Rogers (1957) states that being understood is the most basic human need, and it is only by being understood and accepted that individuals are able to change and grow Although there is literature to show that empathy affects the helping relationship, there is a lack of reference to the client's point of view Engledow (1987), a nurse, identifies empathy as being vital to her if she were a patient Many studies do not even use patient assessment of empathy This is clearly a deficit in the literature which needs to be addressed

### DEFINING ATTRIBUTES

Having examined the literature, the next step according to the Walker & Avant (1988) model is to identify 'defining attributes' A defining attribute is something which has to be present for the concept to occur Each characteristic evident from the literature is discussed and either accepted or rejected as a defining attribute

**Trait or state**

This was rejected as a defining attribute because empathy occurs regardless of whether it is a state or trait. The literature points to empathy being both. People have a disposition to be empathic, but whether they are or not depends on situational factors.

**See the world as others see it**

All 53 references without exception included this as a characteristic of empathy. Two of the dictionary definitions proposed that 'others' could mean an object rather than a person. This was accepted as a defining attribute, without this empathy cannot occur.

**Understand another's current feelings**

All references included understanding another's feelings, which was accepted as an attribute. Some writers, among them Kalisch (1973), stress the importance of current feelings because perceptions had to be accurate. This part of the characteristic was rejected because if a person is relating an instance about how they felt in the past, it is still possible to be empathic and acknowledge the feelings of the past even though they do not feel that way at present.

**Non-judgemental**

Most references (40) highlight objectivity as a component of empathy. Rogers (1957) redefines this into non-judgemental. Although it could be argued that, if the other attributes were present (that is, seeing the world as others see it and understanding the feelings of others), this would automatically be present also. The author consulted many colleagues as to this attribute because some argued that one could understand but still be judgemental. This was accepted because of its importance, but is more tentative than the other attributes.

**Communicate the understanding**

Communication of understanding seems vital if empathy is to be felt. Although early works do not include this, it does seem implicit. All tools for measuring empathy include communication of understanding, so this was regarded as an attribute.

**Summary of defining attributes**

- 1 See the world as others see it
- 2 Non-judgemental
- 3 Understanding another's feelings
- 4 Communicate the understanding

**MODEL AND BORDERLINE CASES**

At this stage, Walker and Avant (1988) advise demonstrating a model case and several borderline cases to charac-

terize archetypes and deviations. This will help the reader to clarify the concept.

**Model case**

Ann, who is 35 years old, has two children and is suffering from cancer of the ovary, went to see a counsellor. The counsellor, a 50-year-old man, listened to Ann as she described her background and how she had been taking her anger about her illness out on the children. By what he said and how he acted, Ann knew that he understood how she felt, and did not blame her for being angry. This is a model case because it contains all the attributes. Even though Ann and the counsellor have very different 'terms of reference', he listens to what she says, sees the situation from her point of view, is not judgemental and is able to communicate that understanding to her.

**Borderline case**

It was Joe's first day back at school since his father had died. At break-time, he was in the classroom crying. His teacher came in, listened to how he felt but said nothing. He thought she understood, but she did not say anything, he wished his father was there.

This is a borderline case because the teacher listens to Joe and he thinks she understands that he is upset about his father and is a 'cry baby'. But he is not sure, as she did not say anything. It leaves him feeling uncertain about the interaction and wishing for security.

**Related case**

Beth was upset, she had been forbidden to go out as she had been consistently late home. She was going to miss a dance which everyone was going to attend. Kathryn said, 'Poor Beth, I know how you feel. I had to miss an important dance when I was your age because I'd ripped my dress and had nothing to wear.'

This is a related case of sympathy. Kathryn sees Beth is upset over missing the dance, and thinks she would feel the same. In fact, she remembers a time when exactly that happened and she was upset. Kathryn is getting the initial feeling Beth is expressing. But she is interpreting it from her own background and experience so she misses completely what it means to Beth. Although Beth senses the warmth of the interaction, she does not get any feelings of understanding, though there does not appear to be any judging.

**Contrary case**

Mrs Jones felt desperate and told the nurse she could not go on with life. 'Oh, don't be silly,' the nurse replied. 'You've got a lot to live for.'

This is a contrary case as there is no acknowledgement of how Mrs Jones is feeling. The nurse does not attempt to see the world through Mrs Jones' eyes. She is judgemental and does not communicate any understanding. Mrs Jones is left feeling remonstrated. It took a lot for her to voice her desperation, she knew nobody would understand and that she was not worth bothering about.

Once the model cases have been identified, the next step is to specify the characteristics present whenever the event occurs. These are the antecedents (the required characteristics needed before the concept occurs) and the consequences (the product of the concept occurring).

### Antecedents

This area was quite difficult to identify as there was confusion as to whether antecedents applied to an incidence of empathy or the skill of empathy. It was decided to address both. Before empathy occurs there has to be (a) an interaction involving communication of a feeling, and (b) listening on both sides, one to the feelings and thoughts of the 'empathetic' and the other to empathy being conveyed.

There was consideration of whether a conscious desire to empathize was an antecedent, but this was rejected as it could not account for instances where empathy is subconscious and not desired. Self-awareness was also considered as an antecedent as many programmes teaching empathy begin with self-awareness. This was rejected because some people are naturally empathetic (the trait aspect) without being necessarily self-aware.

### Consequences

The consequences of an empathetic interaction is that 'empathetic' have a basic need to be understood, satisfied, they feel valued and more ready to understand themselves and change. The person being empathetic feels satisfied because he/she senses they have been of help and fulfilled the need to be useful to others.

The last stage of the model is to identify what phenomena demonstrate the occurrence of the concept. The empirical referents determine when the concept has occurred, so can be used as a measure. They may be similar or identical to the defining attributes. Indeed, in this analysis they are the same.

### Empirical referents

Empirical referents are (a) the ability to listen, (b) the ability to take on another's term of reference, (c) the ability to understand and not judge, and (d) the ability to communicate that understanding.

## DISCUSSION

Reading through the literature, confusion has occurred because of the trait/state argument and the absence of a working definition of empathy. However, there does now appear to be consensus that a person may have a disposition to be empathetic (trait) but whether she/he is depends on a number of factors (state). The research question determines which element of empathy is examined, whether it be the subject's disposition or the incidence of empathy, how often empathy occurs or the quality of the interaction.

It is the latter aspect which caused the author some difficulty. Most research is quantitative and the existing tools which measure empathy (including Carkhuff 1969, and LaMonica 1981) begin with level one which is 'ignores feelings expressed' even though it is specified that a minimum level of empathy is level three which fulfils the definition. This should be addressed, as it could be this dichotomy which is causing confusion.

Research also needs to measure empathy more globally, including subject self-report, client report and observation, both participant and non-participant. This may address verbal and non-verbal communication of empathy and the fact that attitudes do not always reflect behaviour and that what people say they do and actually do are not always the same.

## CONCLUSION

The aim of this analysis was to clarify the meaning of empathy and address some questions. The questions of what empathy is, is it trait or state, dynamic or static, and how it is recognized have been considered and clearly identified using the Walker & Avant (1988) model of concept analysis.

However, the questions how is empathy nurtured and sustained, and under which conditions does it flourish and diminish have not been fully examined and have major implications for nursing in recruitment, education (both methods and process) and management (the environment and the delivery of care).

There is clearly a need for future research in these areas. Concept analysis may clear the way for that work to begin.

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