



The
CENTER for
VICTIMS of
TORTURE

with



Harvard
Program
in Refugee
Trauma

Measured Impact Webinar

The Science of Empathy, Empathic Reflection, and Empathic Regulation in Clinical Care

Presented by:

Richard F. Mollica, MD, MAR
Eugene F. Augusterfer, LCSW



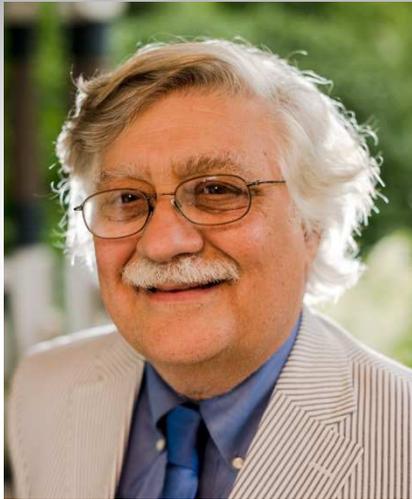
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Objectives

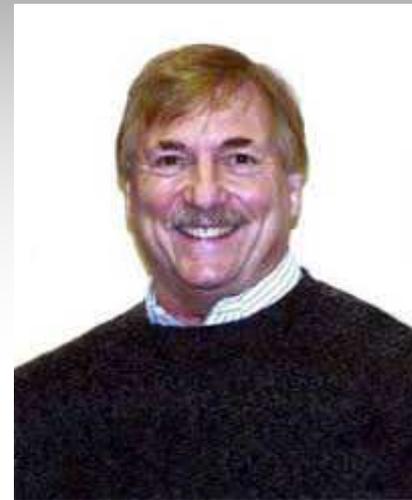
- Have a greater understanding of key aspects of the science of empathy
- Have a greater understanding of the connection between empathy and "burnout "
- Be able to apply the new Wheel of Empathy to empathic reflection and regulation in the therapeutic relationship.



Presenters



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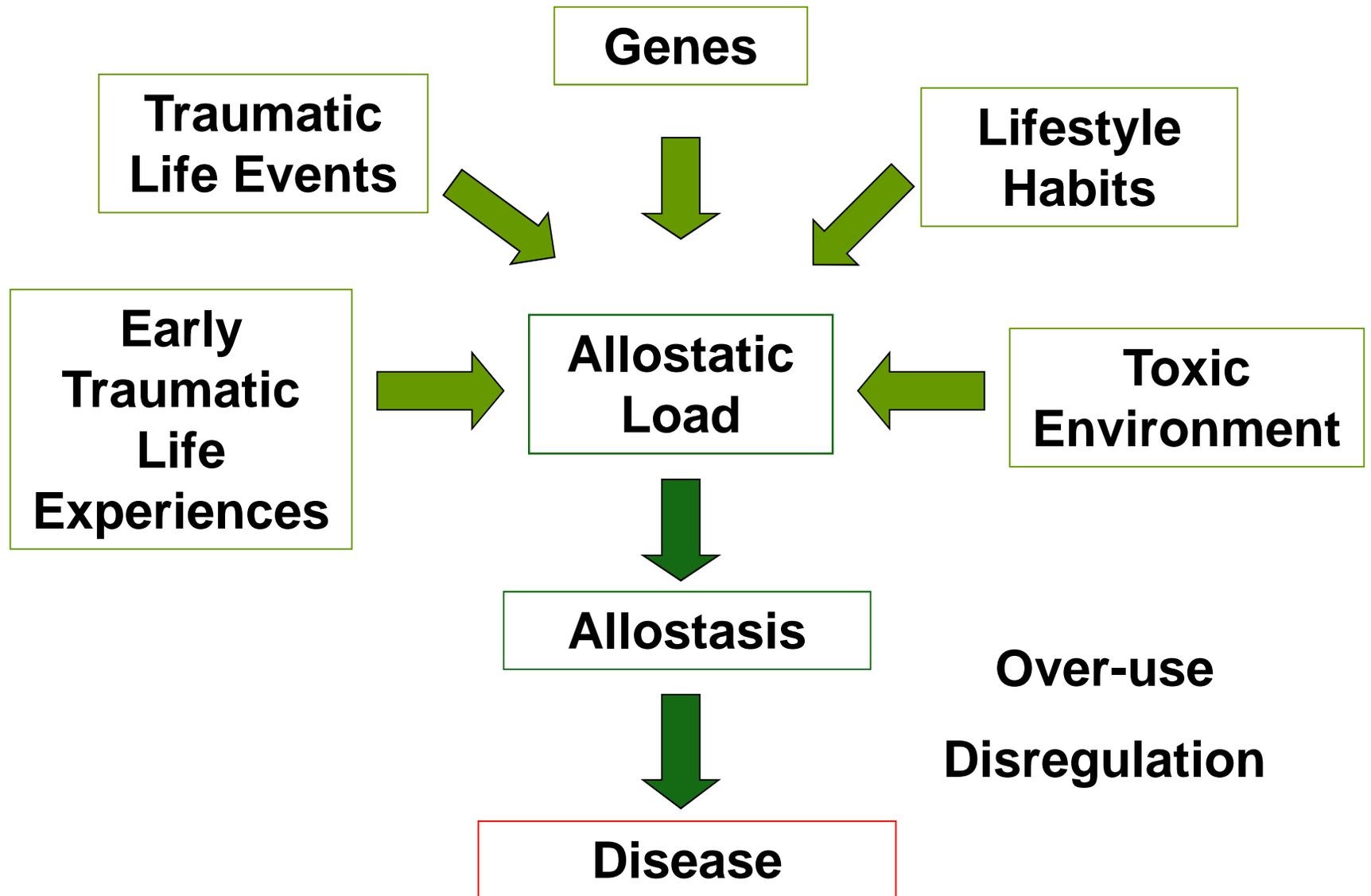
Empathy: Part 1

**Richard F. Mollica, MD, MAR
Eugene F. Augusterfer, LCSW**

Harvard Program in Refugee Trauma



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Empathy



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“ When the broken window was repaired and the stove began to spread its heat, something seemed to relax in everyone, and at that moment Towarowski (a Franco-Pole of twenty-three, with typhus) proposed to the others that each of them offer a slice of bread to us three who had been working. And so it was agreed.

Only a day before a similar event would have been inconceivable. The law of the Lager said: “eat your own bread, and, if you can, that of your neighbour” and left no room for gratitude. It really meant that the Lager was dead.

It was the first human gesture that occurred among us. I believe that that moment can be dated as the beginning of a change by which we who had not died slowly changed from Haftlinge to men again.”

PRIMO LEVI : “Survival in Auschwitz” Collier Books, 1961, p. 145.



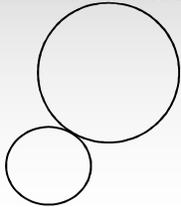
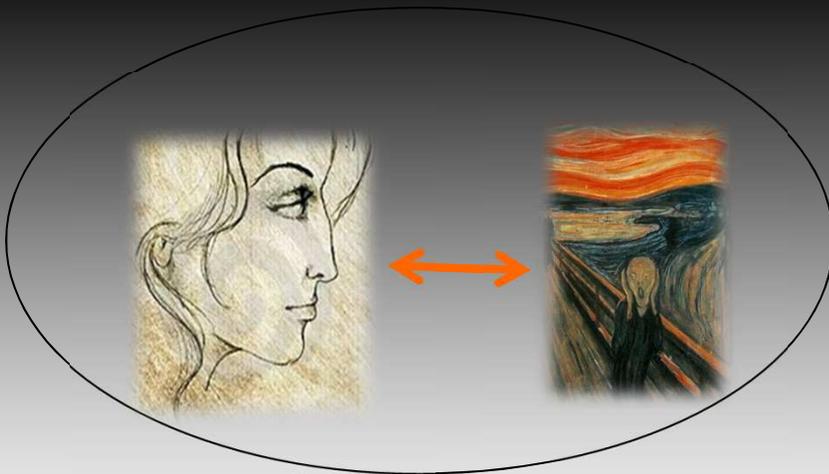
Empathy - Origin

- Coined by Tichener in 1909
- Derived from the Greek word *empathia*, and is similar to the word *sympathy*.
- The term originally involved perceiving and understanding the *non-human*, humanizing it through one's own feelings.

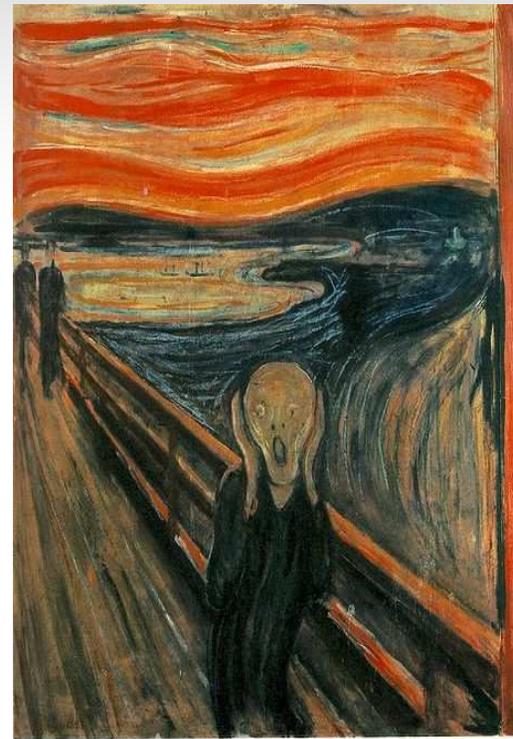


EINFÜHLUNG

Edvard Munch – THE SCREAM



Observer



Empathy

The picturing of the life experience of the patient in the clinician's mind and the sharing of the patient's emotional state. The pain and suffering of the patient is directly and spontaneously absorbed by the clinician.



Empathy

The experience of empathy often (but not always) results in sympathy (concern for another) based on the apprehension or comprehension of the other's emotional state. It can also, however, lead to empathic over-arousal and personal distress.



Transference

- The total reaction of the clinician to the patient, stemming from the clinician's early childhood experience (i.e. transference) and social prejudices and biases.



Counter-Transference

- Counter-transference reactions are manifestations of the clinician's reluctance to know or learn something about him or herself.



Neurophysiology

- DiMascio, Boyd, and Greenblatt (1957) found that patients' and therapists' heart rates and skin temperatures were synchronized
- Adler (2002) proposed empathetic relationship as antithesis of fight-or-flight response (i.e. countered stress hormones)

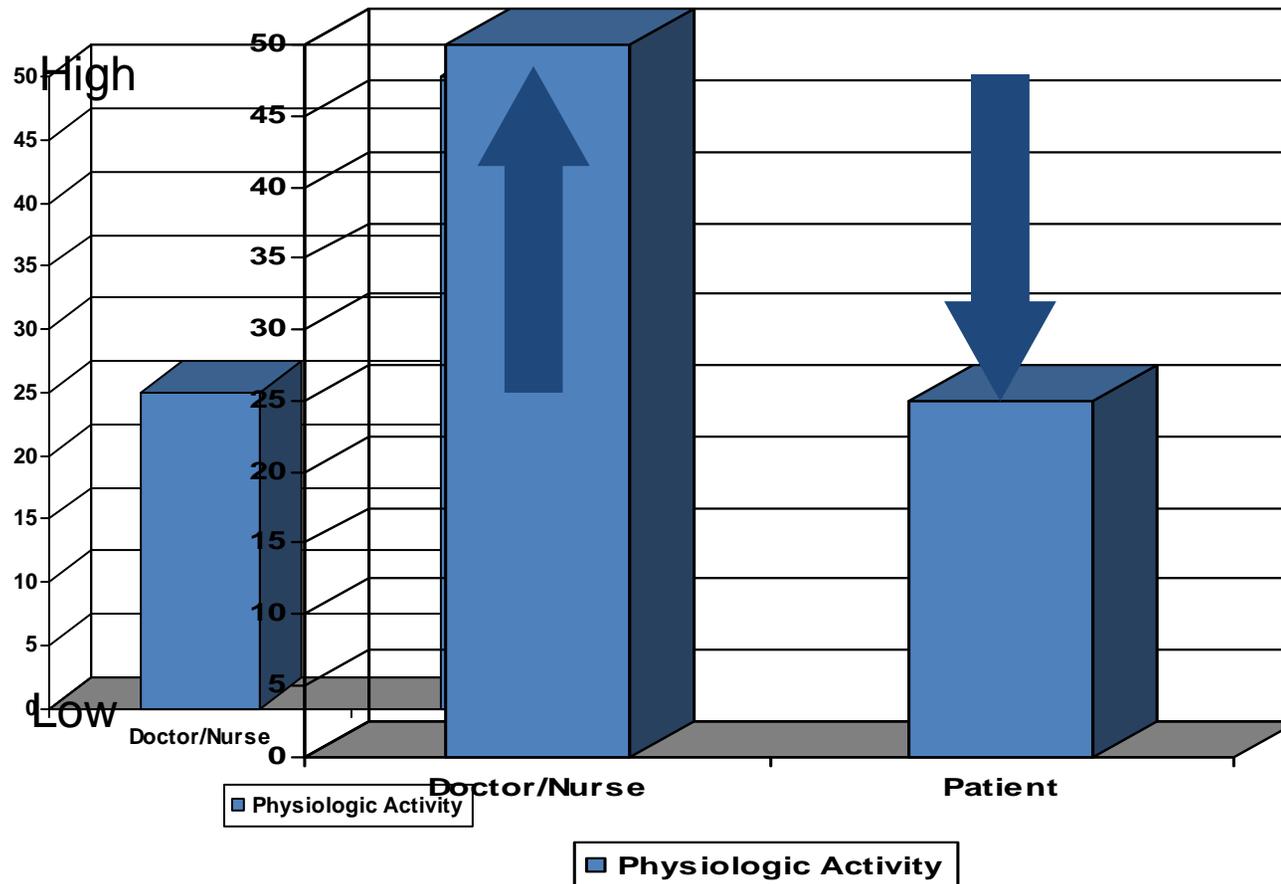


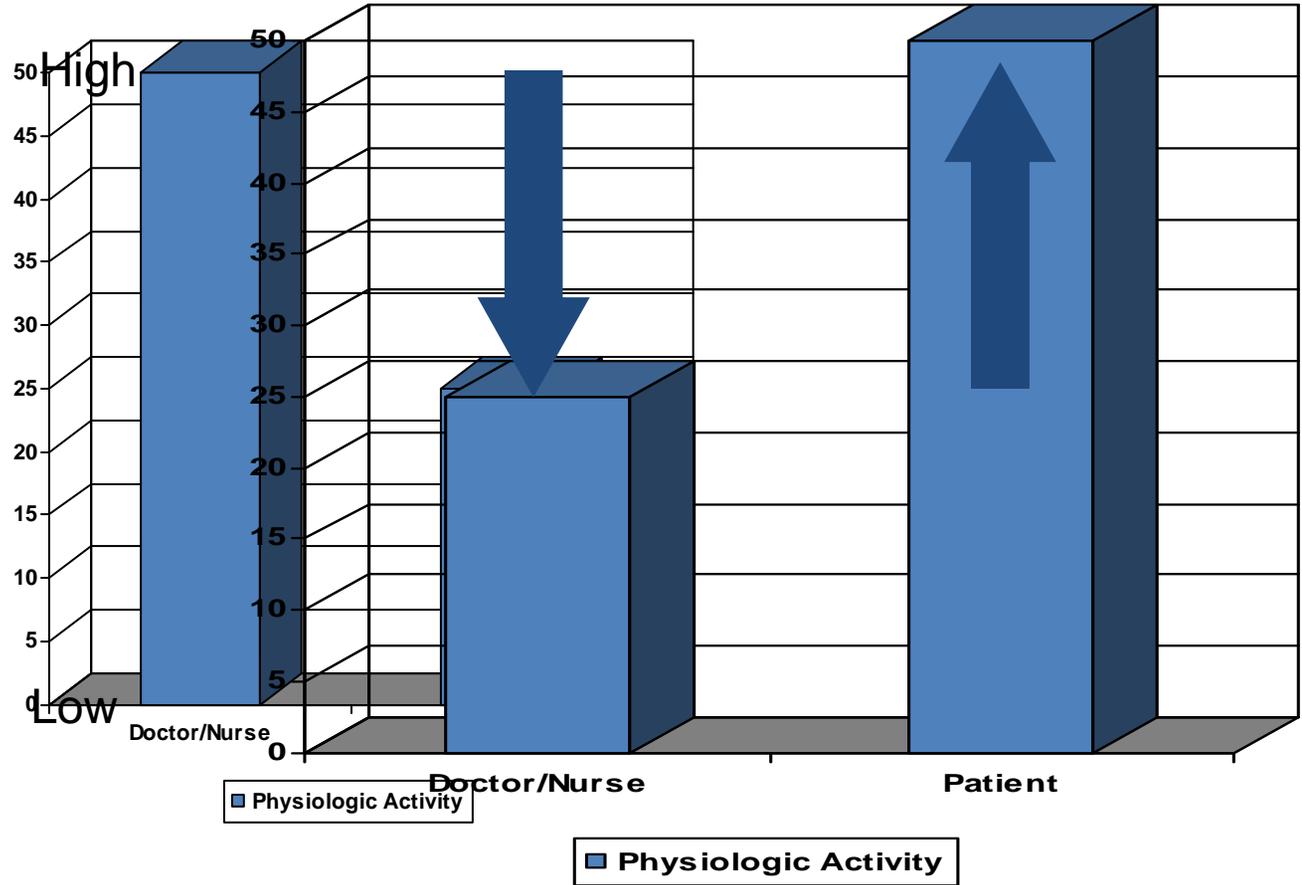
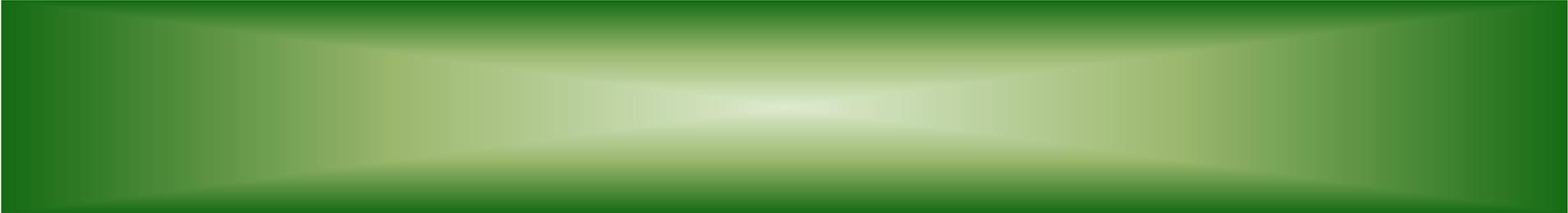
Psychophysiology of Empathy

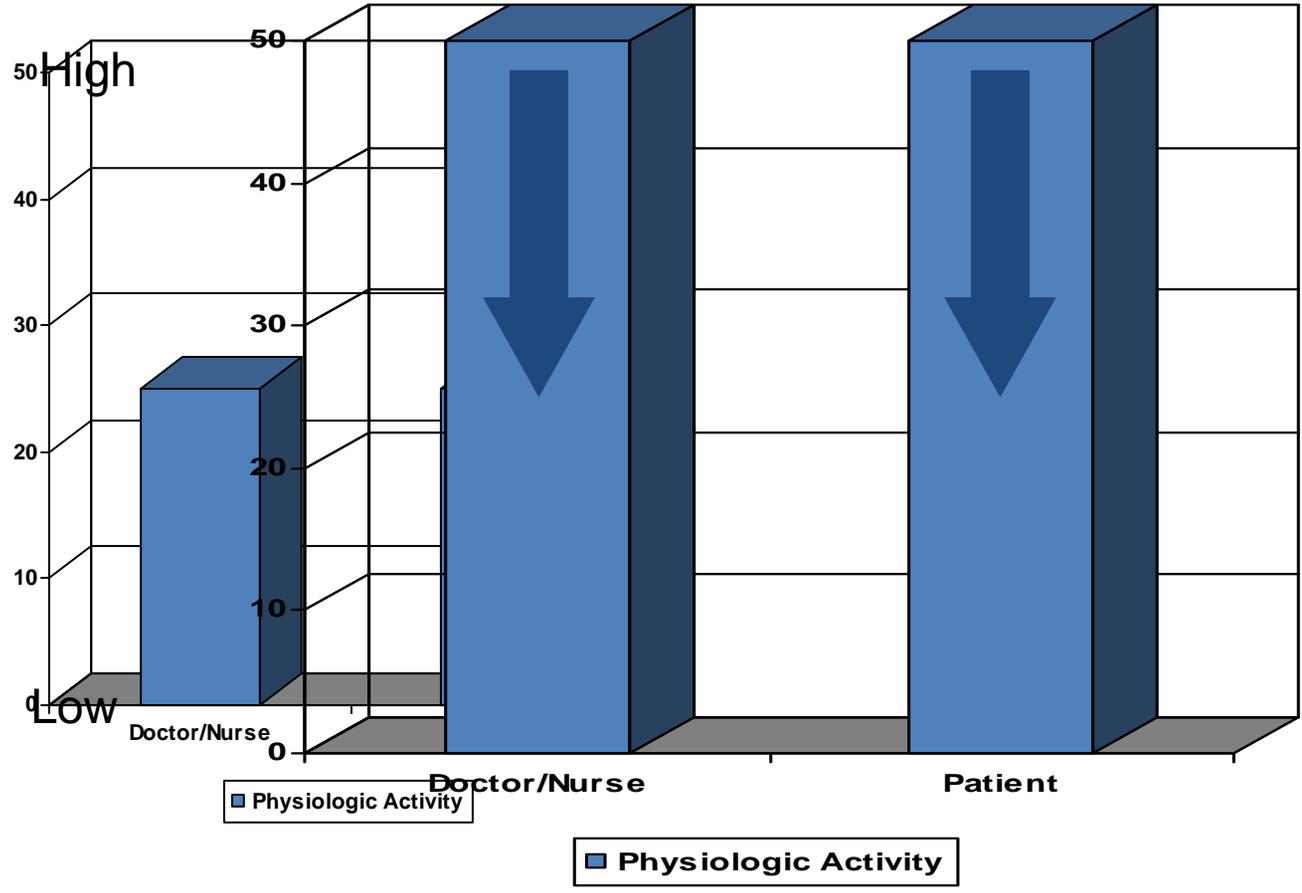
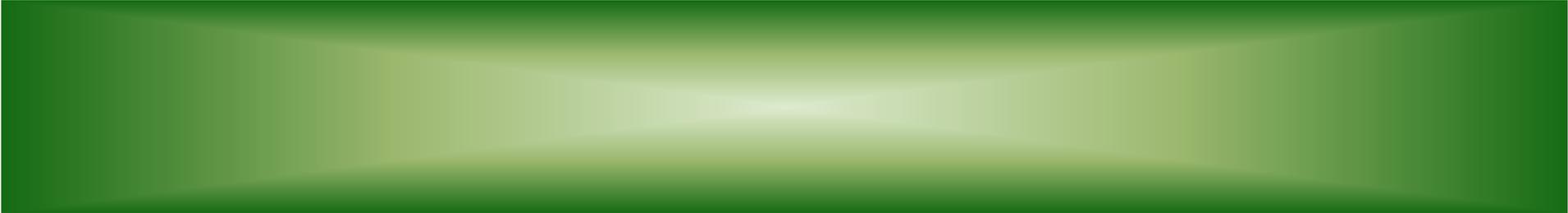
- Physiological indicators of autonomic activity- heart rate, heart lability, skin temperature, and muscle tension- vary according to two kinds of empathic relationships:
- **DISCORDANT** and **CONCORDANT**.



Discordant







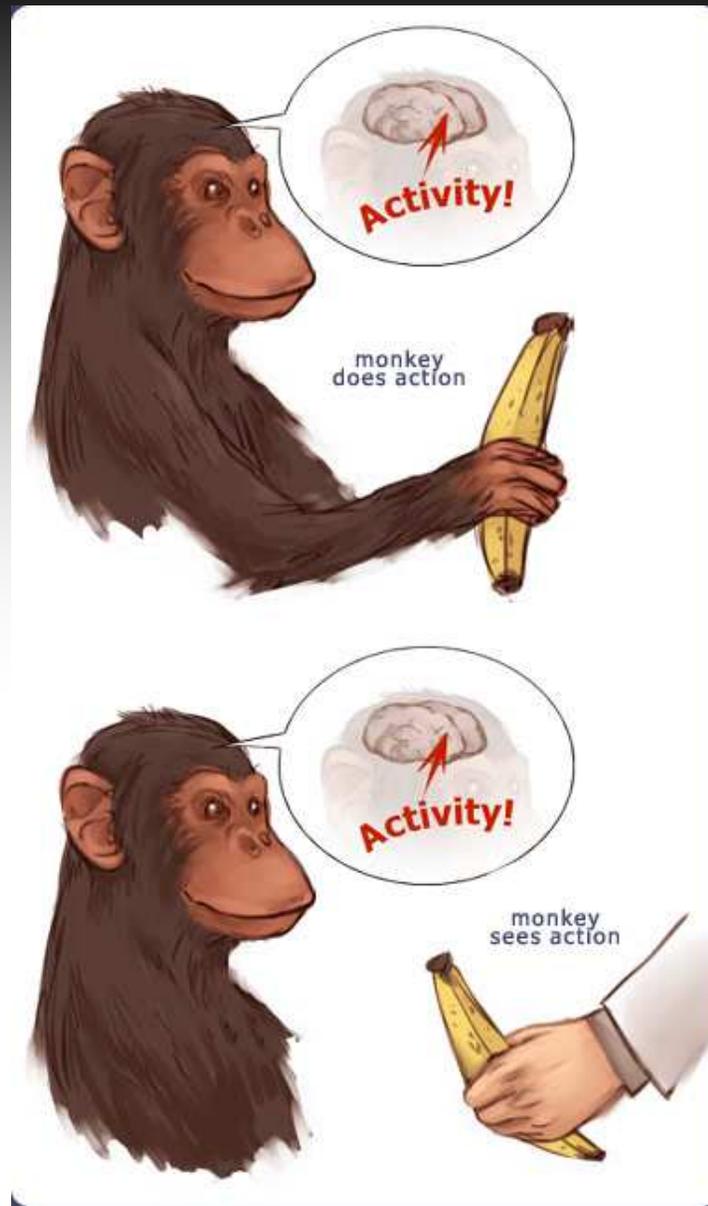


Joan M. Finn 2/2007

"Communication", by J.M., is licensed under CC



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Mirror Neurons

Giacomo Rizzolatti and his colleagues in the 1980s discovered at the University of Parma “mirror” neurons in the brains of macaque monkeys. They found that the same neurons fired when the *monkeys pictured food* as well as when they *saw a person pick up the food*. This finding began a revolution in the neuroscience of empathy.



Brain Regions with Mirror Neuron Properties

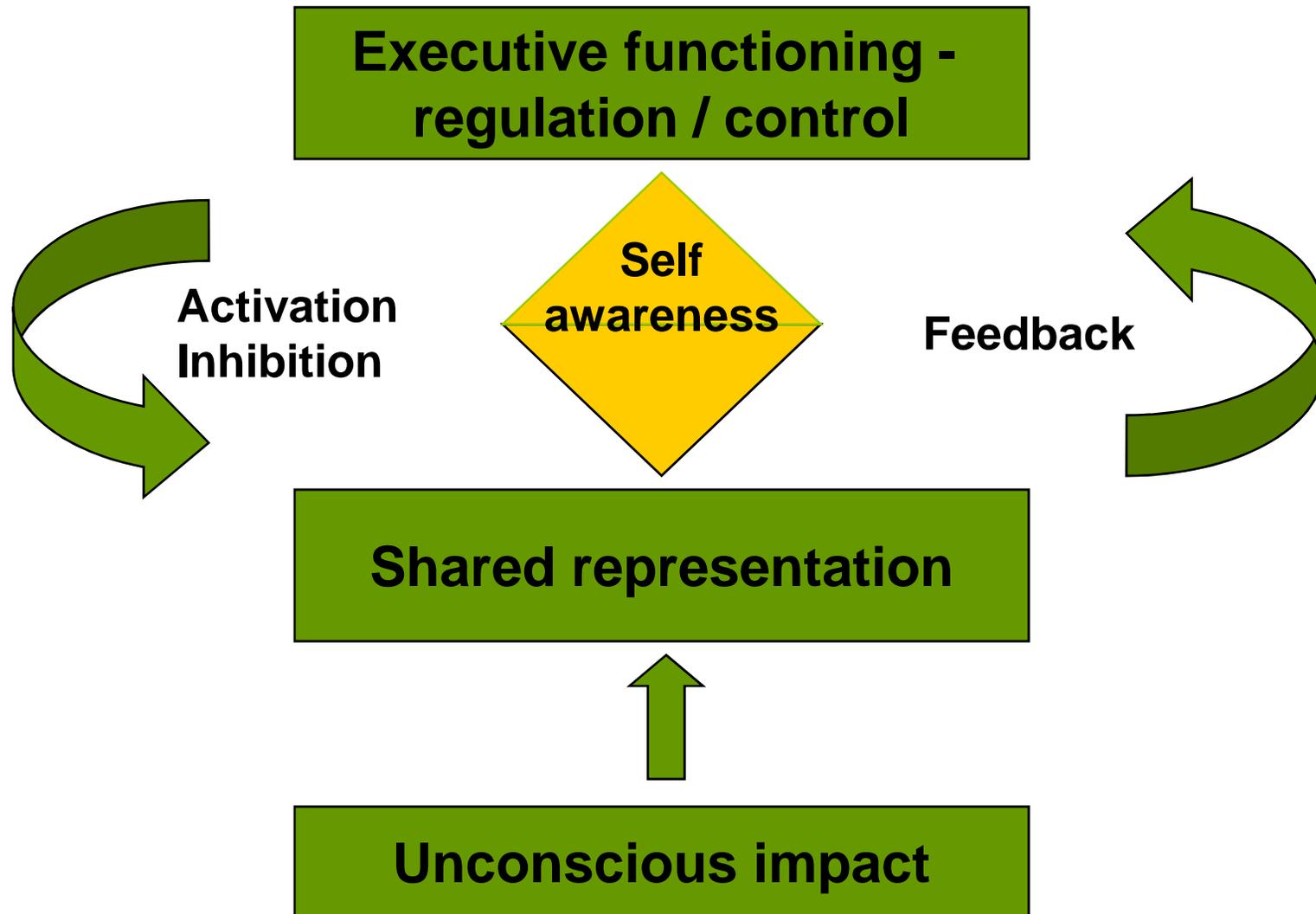
Analysis revealed 14 separate human brain regions with mirror neuron properties:

- Inferior parietal lobe
- Inferior frontal gyrus
- Ventral pre-motor cortex
- Primary visual cortex
- Cerebellum
- Limbic system

Molenberghs P., Neuroscience & Biobehavioral Reviews 2012;36:341.

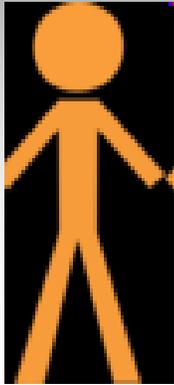


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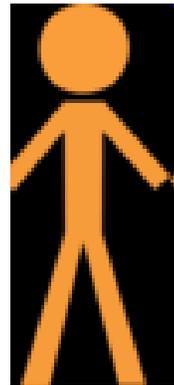


Imagine Self as Other

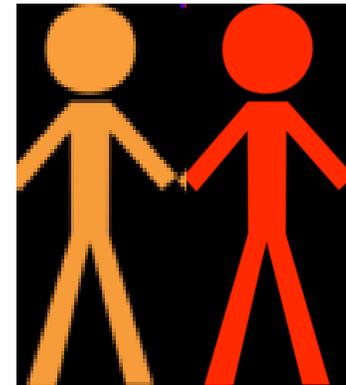
Doctor/
therapist



Patient



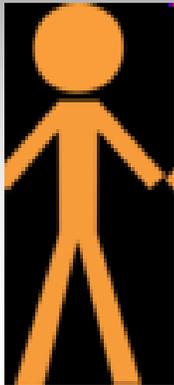
Less distress
Higher empathy



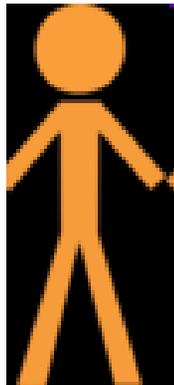
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Imagine Other as Self

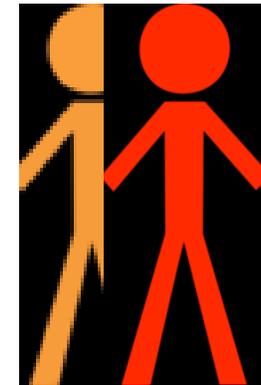
Doctor/
therapist



Patient



More distress
Lower empathy



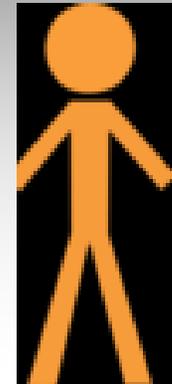
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Social Context

Patient



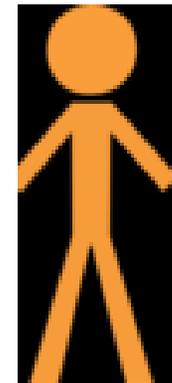
-Pain
-Bad treatment



Doctor
experiences
patient having
more pain;
doctor *more*
distressed



-Pain
-Good treatment



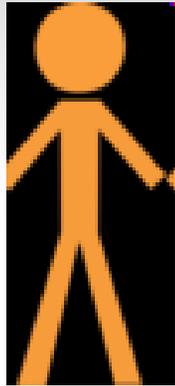
Doctor
experiences
patient having
less pain;
doctor *less*
distressed



Personal Context

Background of doctor/therapist has major impact on care

**Doctor/
therapist**



Patient

- Depression
- Pain
- Negative attitude
- Poor coping with stress
- Prior negative experience

**More doctor/therapist
distress, less empathy**



Buddhist Reflection

1. Sensation
Direct experience through the senses
2. Feeling
Like; dislike; indifference
3. Reaction
Reaction to feeling, e.g. anger, pain, envy
4. Recognition / Interpretation
Mind applies a label to the experience
5. Consciousness
“Soap opera”



Meditation is a Correction

Let go of unskilled thoughts

Be mindful of the above five conditions

Return to appreciation of the original sensation

Bernie Glassman, Zen Peacemakers
Sean Murphy, Sage Institute, Taos, NM



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Empathic Reflection Properties

1. Sensation
Direct experience of the patient through the senses
2. Feeling
Cognitive, emotional, physiologic
3. Reaction
Move past the distortions/barriers to empathy
4. Recognition / Interpretation
Diagnosis and treatment plan
5. Consciousness
Monitor and shift the empathy wheel



DOCTOR

Empathy Pathway

PATIENT

Illness, Suffering, Disease

CULTURAL BELIEFS



STIGMA

Social Biases



TRANSFERENCE

Counter Transference



PATIENT'S EMPATHY



DOCTOR'S TRAINING



ATTACHMENT ENVIRONMENT

Cognitive

Emotional

Neurophysiological

EMPATHIC RESPONSE



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PATIENT

Empathy Pathway

DOCTOR

Emotional State

CULTURAL BELIEFS



TRANSFERENCE

Counter Transference



DOCTOR'S EMPATHY



AESCULAPIAN AUTHORITY



ATTACHMENT ENVIRONMENT

Cognitive

Emotional

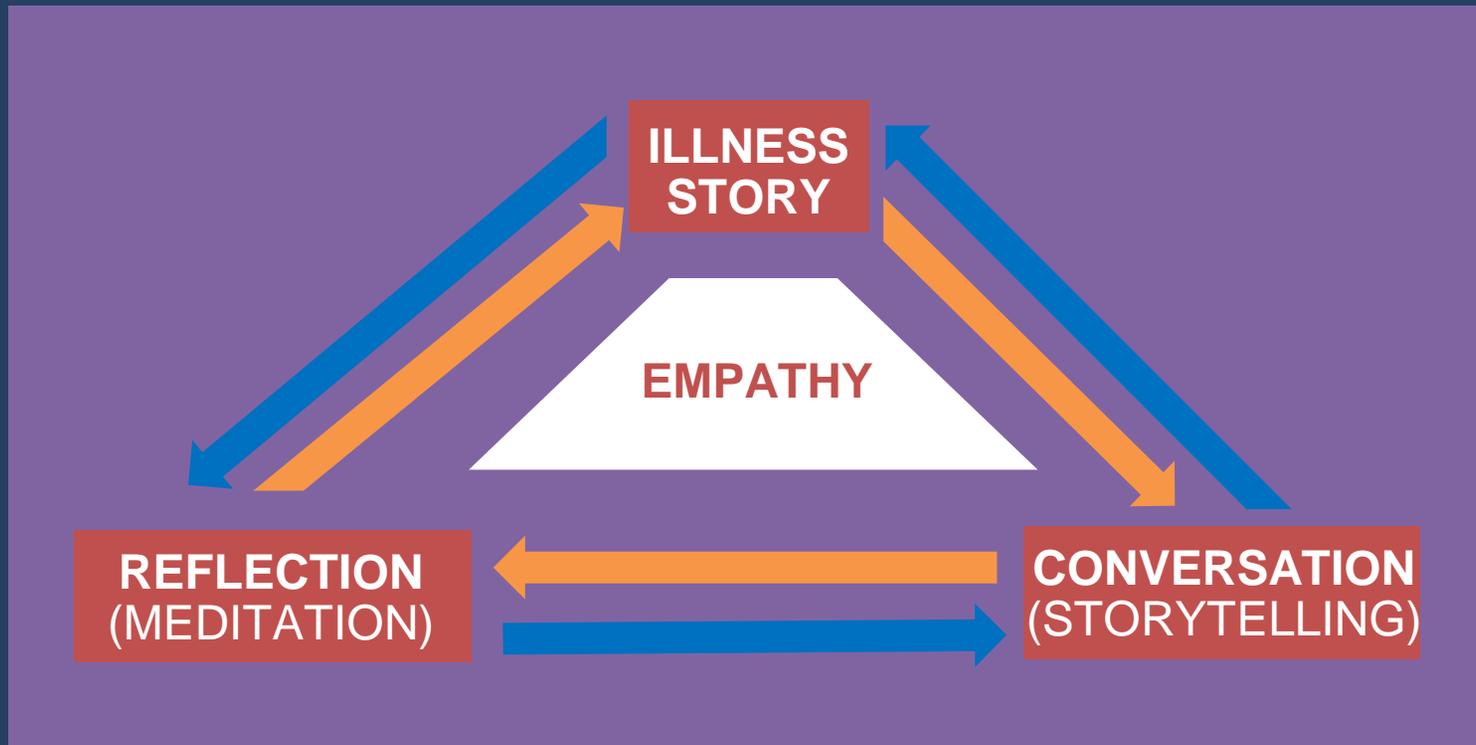
Neurophysiological

EMPATHIC RESPONSE



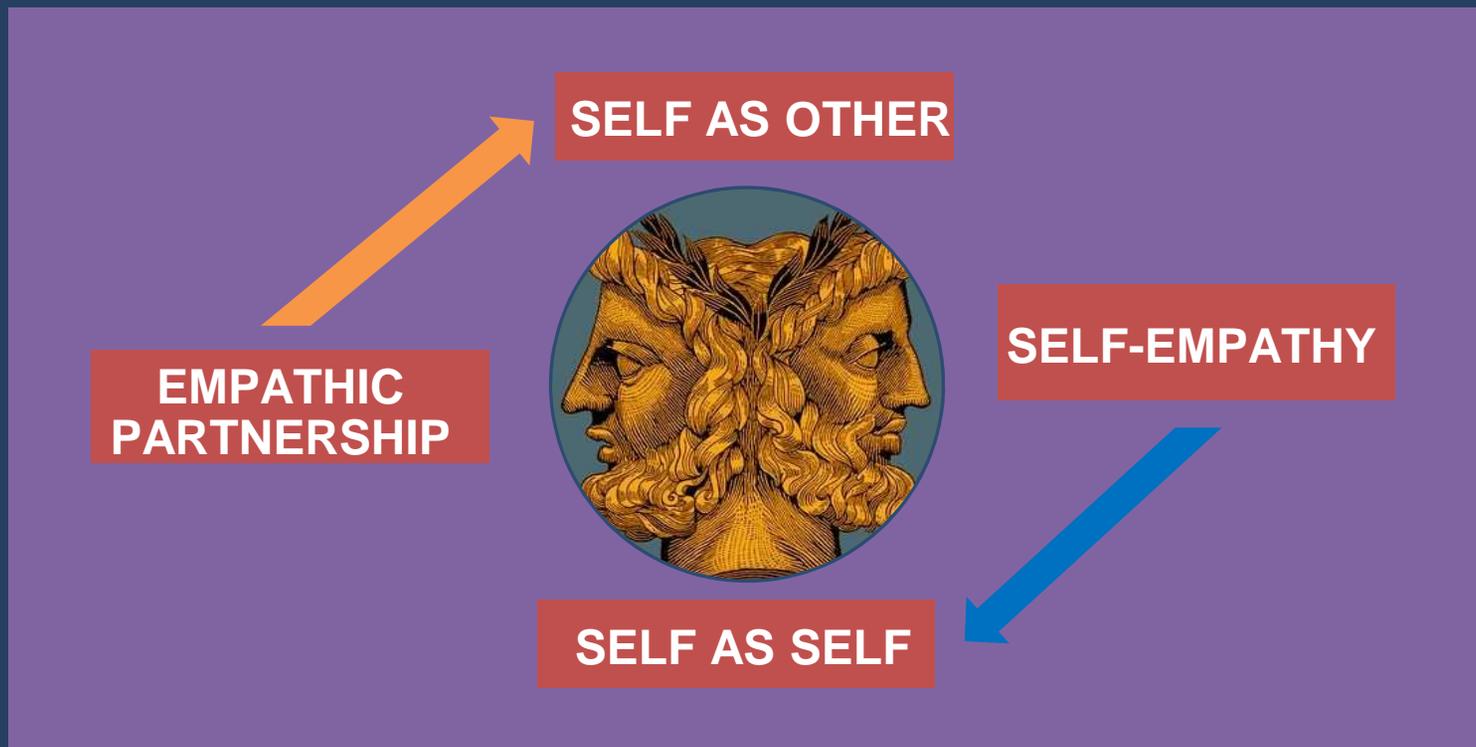
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THE HEALING TRINITY



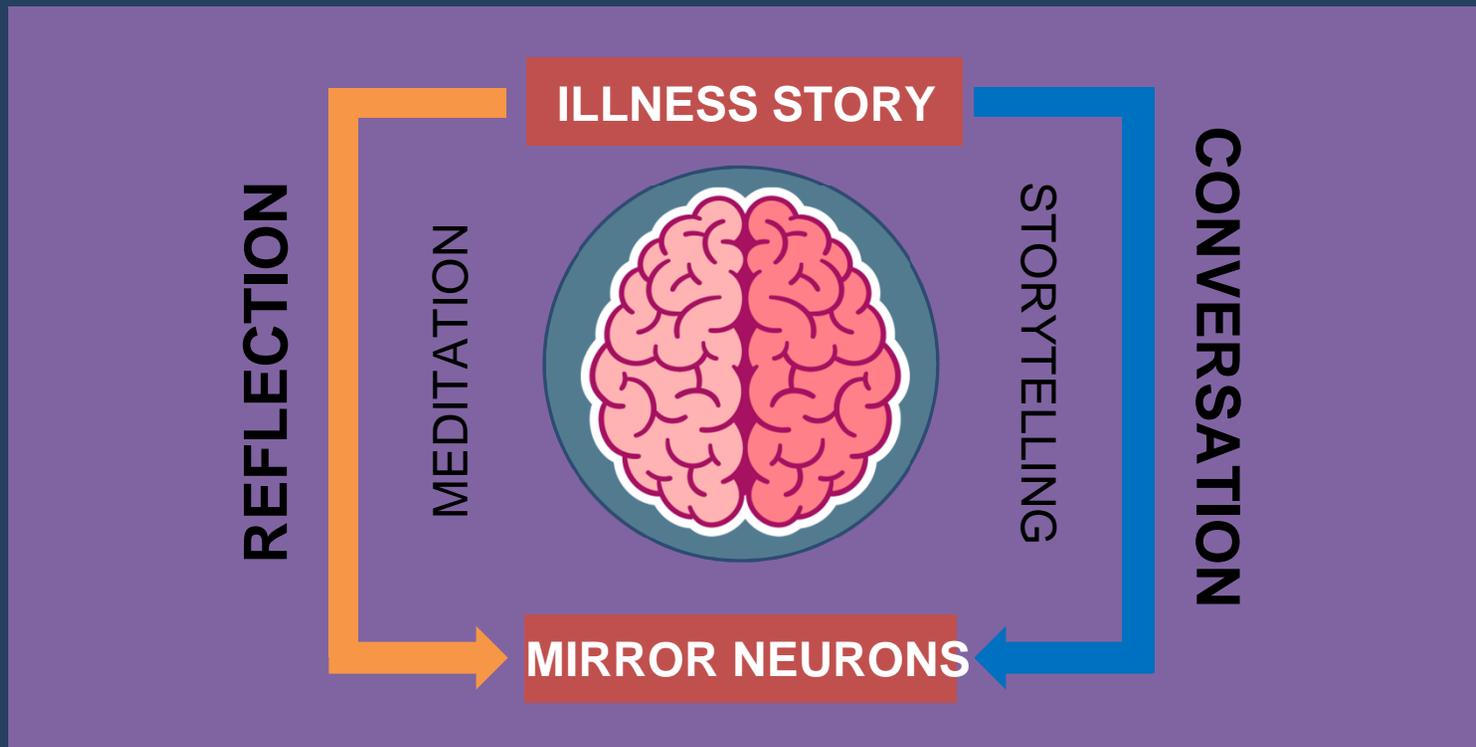
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EMPATHIC REFLECTION



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REACHING THE INNER MIND



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Empathy: Part 2

Richard F. Mollica, MD, MAR
Eugene F. Augusterfer, LCSW

Harvard Program in Refugee Trauma



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Empathic Reflection

A Deep Dive into Empathy

Eugene F. Augusterfer

**With thanks to Richard F. Mollica for creation of the
Empathy Wheel**



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Healing Power of Empathy

Two people working together in a
shared empathic partnership to
create a new world view.



Empathy

The Big Three

- Heinz Kohut
- Franco Paparo
- Richard Mollica



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Empathy and Healing

- Heinz Kohut – A person's attempt to experience the inner life of another while simultaneously retaining the stance of an objective observer.



Empathy and Healing

- Franco Paparo – L.U.D.A.
 - Listening...
 - Understanding...
 - Deep (with deep)...
 - Appreciation...



Empathy and Healing

- Richard Mollica – The Trauma Story
 - Empathy is the key ingredient that allows the patient/client to safely tell his/her story of trauma in an emotionally protected relationship. It is the listening and understanding with deep appreciation for the “patient’s” suffering that allows healing to occur. That is, empathy is manifested through LUDA.



Empathy and Healing

- Stanley Jackson's *'The listening healer in the history of psychological healing'* is a classic. Jackson goes on to say "the place of listening in-depth with empathy is a crucial element in healing" and that in modern times, there is an emphasis on observing vs. listening. He concludes that we must "listen beyond the words".

The listening healer in the history of psychological healing, Jackson SW, *American Journal of Psychiatry*, 1992 Dec, 149(12): 1623-32.



Empathy and Burnout

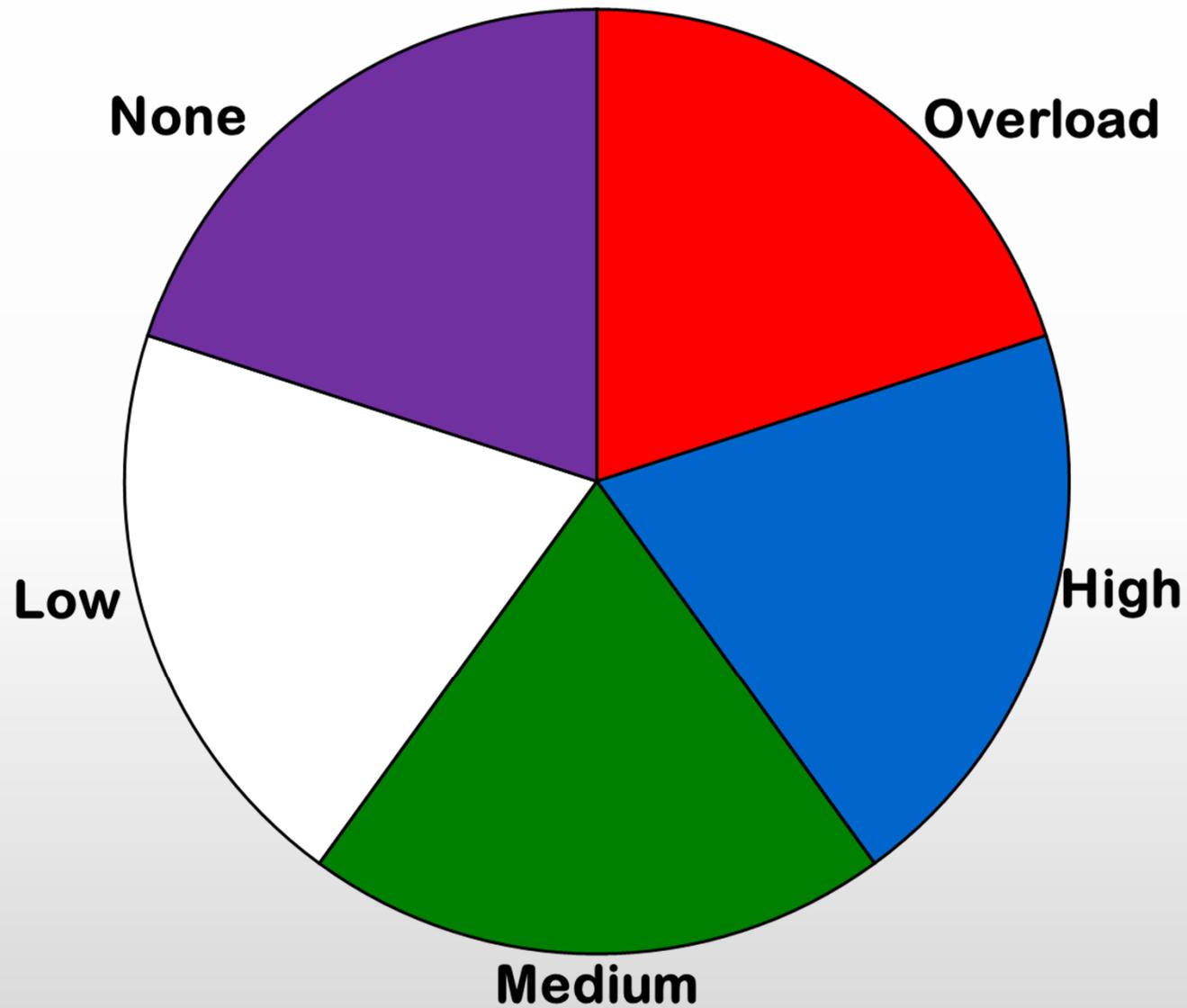
- In 2018, the UK NHS found that 595,000 healthcare workers suffered from workplace “stress”. This number is considered to be under represented of the problem as burnout is generally not the initial complaint.
- Recently, the WHO recognized burnout as an occupational disorder. “burn-out is a syndrome resulting from chronic workplace stress that has not been successfully managed.”

World Health Organization, ICD 11, 28 May 2019



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The Wheel of Empathy



Where are you? Where is your patient? What happens at each stage of empathic engagement

- **Red: Overload**
- **Blue: High**
- **Green: Medium**
- **White: Low**
- **Purple: NONE**

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Red Zone: Details

- **Emotional:** I feel overwhelmed, angry, devastated, despair, lost, weeping.
- **Physical:** High arousal, heart racing, sweating, shaking, frozen, somatization, nausea, tight muscles.
- **Cognitive:** “I feel stuck.” “Where do I go from here?” Loose boundaries, suicidal ideation, trouble talking.

Blue Zone: Details

- **Emotional:** I feel joy, smiling, satisfaction, secure, strong connection, openness.
- **Physical:** Low arousal, calm, your body is at peace, open body language, good eye contact.
- **Cognitive:** Deep listening, “I’ve done a good job” “This was a very positive visit” “This has helped me”.

Green Zone: Details

- **Emotional:** I feel positive, reserved, feeling somewhat connected.
- **Physical:** Calm, good eye contact.
- **Cognitive:** “This went pretty well”, listening but somewhat distracted.



White Zone: Details

- **Emotional:** I feel bored, slight indifference, passivity, dread, anxious.
- **Physical:** Non-arousal, calm, limited eye contact.
- **Cognitive:** Distracted, “What’s for lunch?” “What am I doing next?” “Is this over yet?” Just doing your job, not being in the present moment, not listening, minimal questions asked/answered.



Purple Zone: Details

- **Emotional:** Scared, angry, lost, indifferent, superiority/inferiority, screaming, cold unfeeling behavior, aggressive
- **Physical:** High arousal, heart racing, sweating, frozen, tight muscles, running, avoidance of eye contact, threatening actions.
- **Cognitive:** Thoughts of “I don’t care about this person.” “What about my needs?” “I don’t trust this person.” Aggressive behavior, see patient as “Other”.

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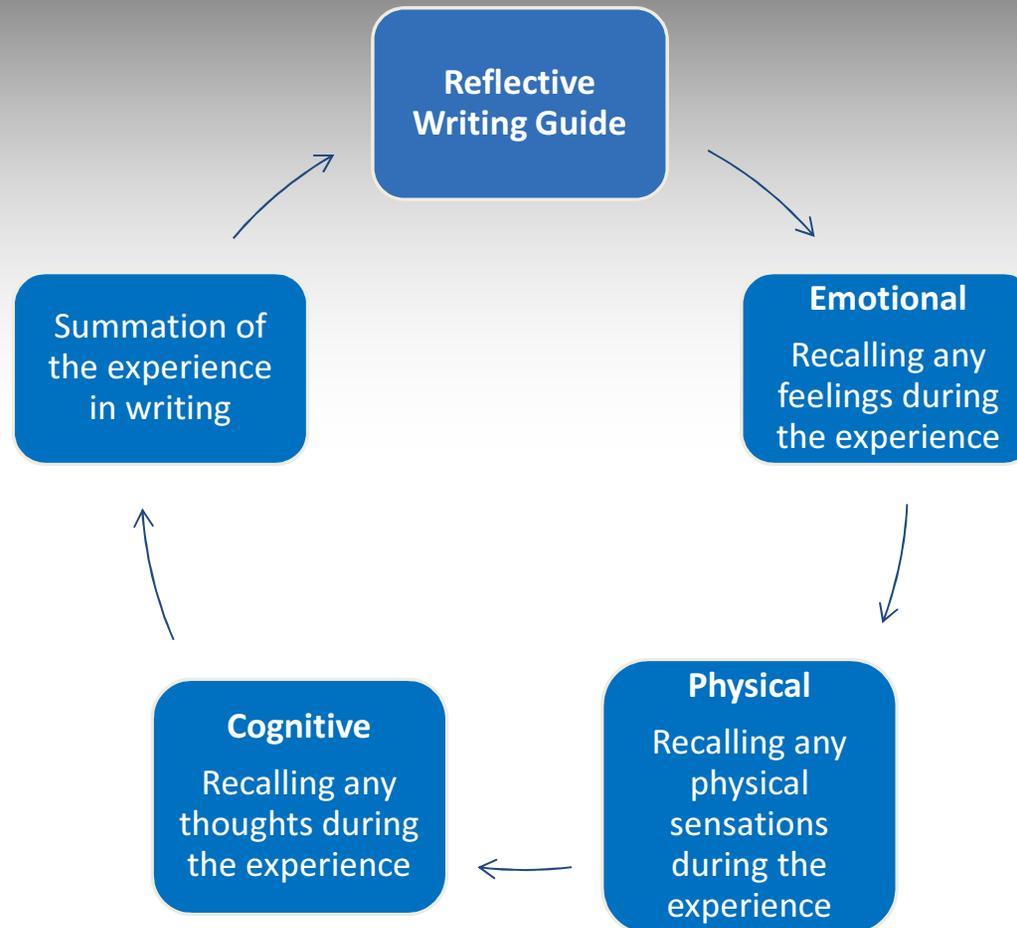
Tools for Development of Empathy

- Reflection, meditation, yoga, discussion...
- Reflective writing:
 - Richard F. Mollica – the trauma story for the caregiver/therapist
 - James Pennebaker and colleagues have examined the benefits of reflective writing in various settings and concluded that it is not “just venting one’s feelings”, but rather, “to tap writing's healing power, one must use it to reflect, better understand and learn from one’s emotions”.



Reflective Writing Guide

Mollica & Augusterfer



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Reflective Writing and Empathy

- Think of a recent experience with a patient/client.
- Put your pen to paper and write what comes to mind about that experience.
- Try not to edit yourself – just write for 5 minutes.
- Discussion of the exercise...



Group Discussion



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www.hpirt-cambridge.org



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Please complete the post-test and feedback survey sent to you by Onstream, or by using this link: <https://tinyurl.com/empathy-test-survey>

Thank you for attending this webinar by

Richard F. Mollica MD, MAR

Eugene F. Augusterfer, LCSW

on

September 25, 2019

The National Capacity Building Project is a project of the Center for Victims of Torture

www.cvt.org

More resources are available at www.healtorture.org



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