

The friendly relationship between therapeutic empathy and person-centred care

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## Abstract

'Person-centred care' and 'empathy' have received an increasing amount of attention in the healthcare literature. These two concepts are related, however their relationship has hitherto not been rigorously explored. In this paper we review the differences and commonalities between common definitions of the two concepts. We found that *therapeutic* empathy requires both interpersonal understanding (achieved via one of several potential means) as well as caring action. We also found that person-centred care could be defined as follows:

Person-centred care is *therapeutic empathy* (interpersonal understanding and caring action) together with continuity, coordination, teamwork, access, and empowerment.

Conceived this way, therapeutic empathy is included within person-centred care, but not vice-versa. There are three important consequences of our analysis. First, empathy training can provide one of the means by which (part of) person-centred care can be achieved. Second, researchers and practitioners can use our analysis of empathy and person-centred care to collaborate in approaches to both research and training. Third, philosophers, who sometimes take empathy to be a foundational concept in interpersonal understanding, can use our findings to inform their work. Finally, we hope to have provided more clarity not just on the relationship between empathy and person-centred care, but also on the nature of those two individual concepts.

## Introduction

Therapeutic empathy and person-centred care are both increasingly understood as central to the provision of good healthcare: with growing evidence that ‘empathic’ healthcare practitioners can improve patient outcomes<sup>1-4</sup>; and person-centred care providing the framework for many healthcare practices, particularly in primary care<sup>5-7</sup>. The terms are also related, with some definitions of person-centred care including empathy<sup>5</sup>, and some explanations of empathy making reference to person-centred care<sup>8</sup>. However the nature of the relationship between empathy and person-centred care remains under-investigated and ambiguous. To wit, a recent systematic review found 417 distinct conceptualisations of the latter term<sup>9</sup>. The authors of the review concluded that empathy is a core component of person-centred care, and that person-centred care also includes respect, personalised care, continuity of care, patient education, coordination of care, access to care, and more. However when mentioning empathy, descriptions of person-centred care do not define ‘empathy’<sup>5 7 9</sup>.

While there is general agreement that empathy requires interpersonal understanding there are different suggestions regarding how such understanding is to be achieved<sup>10-12</sup>. Suggestions include inferring, simulating, or directly experiencing another’s thoughts and emotions. There is also a parallel debate about whether empathy requires caring action. A recent suggestion to define *therapeutic* empathy as empathy that requires cognitive understanding and therapeutic action attempts to overcome some of these problems<sup>8</sup>; however, it remains problematic because of the false dichotomy between cognitive and affective empathy<sup>11</sup>. The lack of an accepted definition of empathy is an independent problem that also makes empathy’s relationship within person-centred care perplexing.

In this paper we aimed to overcome the ambiguities surrounding the relationship between empathy and person-centred care, and to explain how a better understanding of this relationship might deepen our understanding of the two. We achieve this by examining

commonly used conceptualisations of both empathy and person-centred care, in order to compare and contrast them. To anticipate, we found that person-centred care includes empathy but not vice versa, and that shedding light on the relationship between the two concepts also helps clarify the individual concepts themselves.

### **Therapeutic empathy**

Although there is increasing evidence that increased empathy can lead to better patient outcomes, the concept of empathy is used in different ways<sup>12-15</sup>. This can cause confusion when one attempts to assess the effects of therapeutic empathy and develop practical guidance. Here we will review the accepted and controversial aspects of some common definitions of empathy, with the aim of determining how empathy relates to person-centred care. We frame this discussion using two commonly discussed aspects of empathy: interpersonal understanding and caring action.

#### *Interpersonal understanding*

It is not contentious to state that therapeutic empathy starts with interpersonal understanding: all accounts agree on this at least. There is, however, significant debate on *how* such interpersonal understanding is achieved. This has often been presented through a distinction between ‘cognitive’ and ‘affective’ empathy. Affective empathy is achieved when we mirror the emotions of another person, so that we actually experience those emotions<sup>16</sup>. It may be related to what is sometimes known as the simulation-theory approach to interpersonal understanding. Simulation-theory states that one simulates the thoughts and emotions of another by imitating and projecting their point of view<sup>17 18</sup>. Another approach to interpersonal understanding, which also may be related to affective empathy, is the phenomenological approach. This rejects the notion of imitation, noting that one can directly experience another’s thoughts and emotions without necessary recourse to simulation or other

intermediary representation. Such an approach supposes that other minds are open to being directly experienced and that empathy is this mode of other-directed intentionality <sup>12 14 19-21</sup>.

Complete affective empathy is probably impossible to achieve, since we will never know exactly what it means to be in another's emotional state. Certainly for most healthcare practitioners, complete therapeutic affective empathy could be undesirable as it could increase the risk of burnout <sup>22</sup>. However, experiencing all the emotions of another, in the way they experience them, is not required for therapeutic empathy. It may suffice to understand – or at least try to understand – what it might be like to be in another's shoes, which is what cognitive empathy involves <sup>23</sup>.

Cognitive empathy is related to what other researchers have called the theory-theory approach to interpersonal understanding, which states that we make inferences about another's thoughts within a tacit psychological theory in order to understand them <sup>10</sup>. Cognitive therapeutic empathy, thus, would require a healthcare practitioner to try to evaluate what it might be like to be the patient (in relation to existing theoretical principles) without necessarily experiencing all of that patient's emotions.

Cognitive empathy, because it does not demand that one person experience the same emotional state as another, and thus does not lead to increased burnout, is the type of empathy promoted within healthcare <sup>8</sup>. It is important to note, however, that cognitive and affective empathy are not dichotomous. Although they serve as useful pragmatic categories, modern approaches to cognitive science suggest that such a simplistic separation can be misleading <sup>24</sup> <sup>25</sup>. In lay terms, it may be impossible to have at least some cognitive empathy without some affective empathy, and vice versa.

It may be possible to partially overcome these debates about the nature of empathy, the types of interpersonal understanding it requires, and whether affective and cognitive empathy

can be separated, if one adopts a pragmatic perspective <sup>15 21</sup>. One might, for example, posit that interpersonal understanding *of some sort* is required for empathy <sup>12</sup>, and that empathy can be mostly cognitive or mostly affective. It may be that, in practice, a hybrid account is more useful whereby different accounts of interpersonal understanding are useful for different contexts, all of which are acceptable as far as interpersonal understanding within empathy is concerned <sup>12</sup>.

### *Caring action*

If one adopts a pragmatic approach to defining interpersonal understanding, one is still faced with the issue of whether therapeutic empathy also requires caring action towards patients. In a recent paper developed from a colloquium held by the Oxford Empathy Programme, Howick et al. <sup>8</sup> proposed a three feature definition of therapeutic empathy – aligned with Mercer & Reynolds’ earlier definition <sup>13</sup> – that includes both the understanding of and caring action towards patients: first, understanding what a disease means to patients; second, communicating that understanding; and third, acting on that understanding in a helpful and therapeutic way. There is a problem with extending the definition of empathy in this way, because understanding someone does not necessarily lead to a caring response <sup>14 26</sup>. At the same time, since clinicians are, by definition, orientated towards caring for a patient, it seems reasonable to define *therapeutic* empathy as requiring caring action as well as interpersonal understanding. Thus therapeutic empathy could be usefully distinguished from empathy in general by the inclusion of caring action in the definition.

### **Person-centred care**

Conceptualisations of person-centred care are at least as diverse as those of empathy, and since the concept involves three terms, ‘person’, ‘centred’, and ‘care’, the potential complexity may be greater. Hence it is unsurprising that there are varying definitions of person-centred care (see Table 1 for some examples). In fact, a recent systematic review of

patient-centred care definitions (which the authors acknowledge differs from person-centred care in name not concept) identified 417 records that contained (mostly distinct) definitions of patient- (or, for our purposes, person-) centred care<sup>9</sup>. They synthesized these definitions into 15 interrelated ‘dimensions’ grouped in three categories: principles, enablers, and activities (see Table 2).

The principles of person-centred care focus on clinician attitudes of respect, empathy, honesty, and competence; and on treating patients as unique individuals in context<sup>9</sup>. These principles reflect guidance from the Royal College of General Practitioners (RCGP) who foreground respect for patients’ needs, values and preferences<sup>6</sup>; and from the Health Foundation who promote dignity, respect and compassion for patients within a framework of personalised care<sup>5</sup>. The enablers of person-centred care include focus on coordination, continuity, access to care, teamwork, and clinician-patient interaction<sup>9</sup>. This also reflects guidance from the RCGP, the Health Foundation; and the Royal College of Physicians who foreground shared-decision making and support for self-management<sup>7</sup>. Within the integrative model proposed in the systematic review, these enablers are used to help implement the principles through activities such as providing patient information; involving patients, their families and friends; and providing emotional support<sup>9</sup>. Again these activities reflect guidance from the Health Foundation, the Royal College of Physicians, and particularly the RCGP.

### **The relationship between therapeutic empathy and person-centred care**

Despite the broad scope of person-centred care definitions (highlighted above and in Table 1) all seem to include empathy, either implicitly or explicitly. To wit, the systematic review of person-centred care definitions notes that clinician empathy is a key component of person-centred care<sup>9</sup>. Some of the definitions listed in Table 1 also mention empathy explicitly<sup>5</sup>. And even the definitions that do not mention empathy explicitly seem to do so

implicitly: for a number of organisations – including the Royal College of Physicians <sup>7</sup> and the RCGP <sup>6</sup> – the concept of person-centred care requires shared understanding and shared decision-making.

There are two other reasons to believe that empathy and person-centred care are closely related. First, the link between person-centred care and empathy is also logical. Without interpersonal understanding, it is difficult to centre a plan of care around the patient. The link between understanding and person-centred care is made explicit by the University of Gothenburg Centre for Person-centred Care (GPCC) <sup>27</sup>, who state that “the starting point [of person-centred care] is to listen to the patient’s narrative”. Second, the most commonly used method for measuring therapeutic empathy – the Consultation and Relational Empathy (CARE) measure <sup>28 29</sup> – is closely related to the synthesized dimensions of person-centred care. The CARE measure contains 10 statements about their last clinical encounter that patients are asked to rank on a 5-point Likert scale. These include ‘How good was the practitioner at: being interested in you as a whole person / making a plan of action / helping you take control?’. To illustrate the relationship between the statements included in the CARE measure and the dimension of person-centred care, we compared them in Table 2.

Perhaps more interestingly for debates on therapeutic empathy specifically, person-centred care requires, quite clearly, caring action towards patients. In this sense, the debate on whether a definition of therapeutic empathy should include therapeutic action is, for all practical purposes, immaterial: we need both for modern healthcare practice, howsoever we choose to define therapeutic empathy itself.

Based on current definitions, it is safe to conclude that person-centred care requires empathy. At the same time, there are aspects of person-centred care that go beyond empathy. For example, we suggest the dimensions of person-centred care related to teamwork,



continuity, and coordination of care, fall outside a useful or credible definition of therapeutic empathy. Given the arguments above, we posit that therapeutic empathy is necessary but not sufficient for person-centred care (see Figure 1).

[Insert Figure 1]

With this in mind, it is possible to simplify the definition of person-centred care as follows:

Person-centred care is *therapeutic empathy* (interpersonal understanding and caring action) together with continuity, coordination, teamwork, access, and empowerment.

### **Conclusions and implications**

We found that therapeutic empathy involves interpersonal understanding and caring action; person-centred care involves therapeutic empathy and other factors. Our finding that there is a close relationship between therapeutic empathy and person-centred care has some implications for practice, teaching, and research in both fields. First, future definitions of person-centred care can avail themselves of the existing conceptualisations of therapeutic empathy. Second, training in person-centred care can include existing methods for training empathy<sup>30</sup> and vice-versa. Third, our analysis has facilitated researchers and practitioners from these overlapping fields to collaborate in approaches to future research. Fourth, our analysis also may have implications for philosophers, who sometimes take empathy to be a foundational concept in interpersonal understanding<sup>14 31 32</sup>; and for ethicists exploring how empathy engenders sensitivity and care towards patients<sup>13 33</sup>. Finally, our analysis of the relationship between empathy and person-centred care has also shed some light on the nature of those two underlying concepts.

**Table 1: Some examples of person-centred care definitions**

Organisation	Definition
Royal College of General Practitioners <sup>6</sup>	<p>Person-centred care provides care that is responsive to individual personal preferences, needs and values and assures that what matters most to the person guides clinical decisions. It is an asset based, rather than deficit based model. It seeks to enable and empower people and build on their strengths.</p> <p>Key aspects of person-centred care include:</p> <ul style="list-style-type: none"> <li>• Respect for the person’s values, preferences and expressed needs</li> <li>• Personalised, co-ordinated and integrated health and social care and support.</li> <li>• Equal partnership in the relationship between health care professionals and patients</li> <li>• Involvement of family, friends and carers</li> <li>• Continuity of care</li> <li>• High quality education and information</li> </ul>
The Health Foundation <sup>5</sup>	<p>Being person-centred means:</p> <ul style="list-style-type: none"> <li>• affording people dignity, respect and compassion;</li> <li>• offering coordinated care, support or treatment;</li> <li>• offering personalised care, support or treatment;</li> <li>• being enabling; and</li> <li>• being empathic</li> </ul>
Royal College of Physicians <sup>7</sup>	<p>Person-centred care (which includes shared decision making (SDM) and support for self-management (SSM) approaches) has been adopted by the RCP as key elements of what physicians need to be able to do.</p> <p>The principle that underlies person-centred care is recognition of, willingness, and ability to work with people, as the principle decision makers and agents of their own care.</p> <p>This is true of both specific decisions along a pathway, or people’s self-management of their conditions) between clinical contacts. Person-centred care involves involve aspects of:</p> <ul style="list-style-type: none"> <li>• personalisation</li> <li>• enablement</li> </ul>

	<ul style="list-style-type: none"> <li>• coordination of care</li> <li>• dignity; and</li> <li>• respect.</li> </ul>
The University of Gothenburg Centre for Person-centred Care (GPCC) <sup>27</sup>	<p>According to person-centred care, patients are persons who are more than their illness. Person-centred care emanates from the patient's experience of his/her situation, as well as his/her individual conditions, resources and restraints. Thus, patients become a partner in health care.</p> <p>Person-centred care is a partnership between patients/relatives and health care professional. The starting point is to listen to the patient's narrative, that along with other examinations, forms the basis for a health plan.</p>
HM Government <sup>34</sup>	<p>The care and treatment of service users must:</p> <ul style="list-style-type: none"> <li>• be appropriate;</li> <li>• meet their needs; and</li> <li>• reflect their preferences</li> </ul>
Health Improvement Scotland <sup>35</sup>	<p>Person-centred care is delivered when health and social care professionals work together with people who use services, tailoring them to the needs of the individual and what matters to them.</p> <p>Person-centred care also supports people to develop the knowledge, skills and confidence they need to more effectively make informed decisions and be involved in their own health and care. It ensures that care is personalised, co-ordinated and enabling so that people can make choices, manage their own health and live independent lives, where possible.</p>
The American Geriatrics Society <sup>36</sup>	<p>"Person-centered care" means that individuals' values and preferences are elicited and, once expressed, guide all aspects of their health care, supporting their realistic health and life goals. Person-centered care is achieved through a dynamic relationship among individuals, others who are important to them, and all relevant providers. This collaboration informs decision-making to the extent that the individual desires.</p>
International Journal of Person Centered Medicine <sup>37</sup>	<p>Person-centered Medicine is dedicated to the promotion of health as a state of physical, mental, social and spiritual well-being as well as to the reduction of disease. It is founded on the articulation of science and humanism to enhance personalized understanding of illness and positive health, clinical communication, and respect for the dignity and responsibility of every person, at individual and community levels</p>

**Table 2: Dimensions of person-centred care compared with aspects of empathy according to the Consultation and Relational Empathy (CARE) measure and our proposed definition of person-centred care**

	<b>Dimensions of person-centred care</b>	<b>Aspects of empathy</b>	<b>Relationship with our proposed definition of person-centred care, and brief explanation</b>
<b>Principles</b>	Professionalism (respectful, empathic, tolerant, honest, accountable, compassionate, and committed to the patient)		Therapeutic empathy requires professionalism, relating to a patient, treating the patient as a unique person, as well as taking their biopsychosocial context into account
	Relationship with patient		
	Patient as unique person	(4) Being interested in you as a whole person	
	Biopsychosocial		
<b>Enablers</b>	Clinician-patient communication	(1) Making you feel at ease; (2) Letting you tell your “ story”; (3) Really listening; (5) Fully understanding your concerns; (7) Being positive; (8) Explaining things clearly	Coordination, integration, and teamwork require integrative care
	Integrative care		
	Teamwork and team building		
	Access to care		
	Coordination and continuity of care		
<b>Activities</b>	Patient information	(10) Making a plan of action	Patient empowerment
	Patient involvement in care	(9) Helping you to take control	

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Involvement of family and friends

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Patient empowerment

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Physical support

(10) Making a plan of action

Caring action

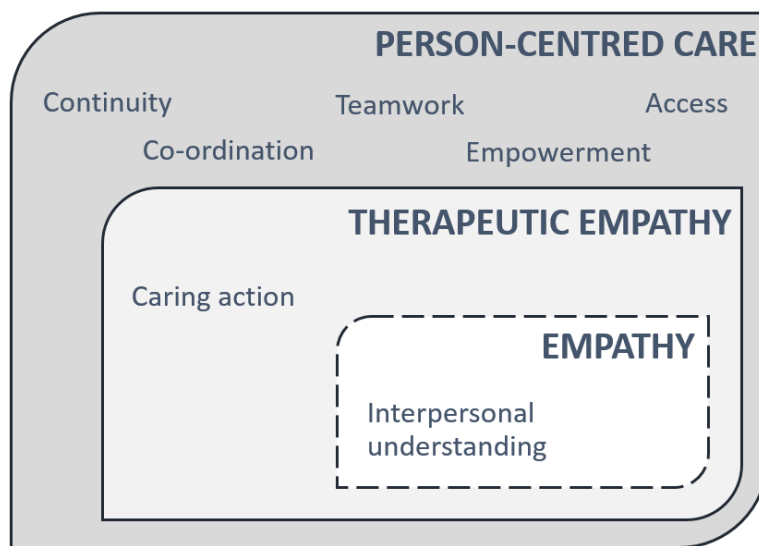
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Emotional support

(6) Showing care and compassion;

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**Figure 1: The relationship between person-centred care and empathy**



### **Declaration of conflicting interest**

The authors declare that there is no conflict of interest.

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