

The Empathy Effect

SEVEN NEUROSCIENCE-BASED KEYS
for Transforming the Way
We LIVE, LOVE, WORK, and
CONNECT Across Differences

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with Liz Neporent

Foreword by Alan Alda



Contents

Foreword by Alan Alda . . . ix

Introduction . . . 1

Part I

CHAPTER 1 Shared Mind Intelligence . . . 9

CHAPTER 2 How Empathy Works . . . 17

CHAPTER 3 The Empathy Spectrum . . . 27

CHAPTER 4 The Seven Keys of E.M.P.A.T.H.Y.[®] . . . 43

CHAPTER 5 Who's In, Who's Out . . . 61

Part II

CHAPTER 6 Growing Up with Empathy . . . 75

CHAPTER 7 The ABCs of Empathy in Education . . . 95

CHAPTER 8 Texts, Screens, and Digital Empathy . . . 113

CHAPTER 9 Empathy, Art, and Literature . . . 125

CHAPTER 10 Leadership and the Politics of Empathy . . . 147

CHAPTER 11 Digging Deep for Empathy . . . 167

CHAPTER 12 Self-Empathy . . . 187

Acknowledgments . . . 201

References . . . 205

Index . . . 221

About the Author . . . 225

Introduction

Why Empathy?

In my first year at Boston University School of Medicine, my psychiatry professor, Dr. Richard Chasin, arranged a collection of chairs on a stage in a circle that represented a family system in which members had endured trauma. Each chair represented a family member. Rather than focusing exclusively on a traumatized individual, he demonstrated that the entire family was involved in expressing and managing the emotions of those who suffered. Each time a chair was removed from the system, the family had to grapple with what would happen without that member playing his or her role.

This was the first time I realized that my own family was not as unique or even unusual as I had always thought. It was a relief to recognize that the themes that had shaped my early life were recognizable and shareable—the basic elements of empathy.

My parents came to the United States after losing nearly everything in World War II. When my father was just fourteen years old, his parents were executed by a dictator's regime. In that moment, he and his two sisters were ripped from a life of privilege and sent off to a starvation camp. My mother's family was also forced to leave their home and all their belongings to work in labor camps, where her own father died. These grim stories hung around the edges of our home like curtains around a window; plenty of light came in, but the drapes were always there, casting a shadow.

Further complicating their story, my parents were of German heritage and Protestant. Their ancestors moved to the Danube Valley in

Yugoslavia in the 1800s, where they lived peacefully until near the end of World War II. Under the Tito regime, they were suddenly swept up in the ethnic cleansing involving the removal of Germans and other “undesirable” groups. In a sad twist of fate, the Tito regime drove these Germans from their homes and sent them off to concentration camps, just as the German regime under Hitler was doing to millions of Jews and others in Europe, and ruthless regimes had done to millions of others throughout history whose own stories remain untold.

My parents escaped from the camps with the help of their faith and transformative empathy from people in their church community. Later they met and married in Austria and immigrated to America. People who didn’t understand or want to know about their story instantly judged them because of their background and German accents. Many assumed because they were German they must be complicit in the very horrors that they themselves had been subjected to.

The pain of being judged and associated with the horrific crimes of the war, compounded by receiving little empathy for their own experience, had a profound effect on them. On top of the tragic losses of family, home, and homeland, being misjudged was difficult for them to bear. And these misconceptions affected me deeply too.

As a child, I got very upset when my classmates ridiculed others because of things they could not control, such as the color of their skin, where they lived, or their family situations. The unfairness of judging a book by its cover roiled inside of me. It led to a preoccupation with social justice that has stayed with me to this day. It was this desire to heal the emotional pain of others that led to my career in psychiatry. Now as a professional, I listen to my patients tell stories about being stigmatized for having mental illnesses, or being grilled about why they “take so many psych meds,” and I chafe at the lack of empathy for their struggles.

I was already involved in empathy research by the time headlines started appearing about a decade ago in the *New York Times*, *Wall Street Journal*, and *Washington Post* that consistently called for greater empathy in health care. In my work in the Department of Psychiatry at Massachusetts General Hospital (MGH), we investigated whether

physiological parameters between patients and doctors matched up during visits when doctors behaved more empathically. We were interested to see whether we could find physical evidence to show when two people were “in sync.”

By way of a simple technology known as galvanic skin response, which measures changes in the electrical resistance of the skin and is one of the most sensitive measures of emotional arousal, a former student of mine, Dr. Carl Marci, obtained physiological tracings that revealed when doctors and patients were in sync with one another and when they were not. The tracings revealed electrodermal activity that measures the amount of sweat secreted on the skin, and indicates the degree of physiological and emotional activity in real time. Then we asked patients to rate their doctors on an empathy scale. It turned out that the doctors in the patient-doctor pairs with the greatest physiological concordance received the highest empathy ratings.

The big breakthrough here was that we had discovered a biomarker that seemed to quantify this elusive trait called empathy. One woman who saw her own tracing representing her inner state of anxiety and her doctor’s response to it gasped, “I feel like I’m looking at an x-ray of my psyche!” She had lived with anxiety for most of her life but felt no one had ever seen her pain. The value of seeing this connection helped her go on to make enormous strides in her treatment. Here we note the power of empathy while refining our ability to identify and measure it.

As an educator at Harvard Medical School, I was fascinated by the fact that we could make invisible emotions visible, and I began to think about how to use this tool to improve the empathic response in medical professionals. I was very fortunate to obtain a postgraduate medical education fellowship at Harvard and to take courses at the Harvard Macy Institute to learn the neuroscience of empathy, incorporate new tools, and develop an empathy training intervention and test it in a randomized controlled trial.

This led to my founding the Empathy and Relational Science Program at MGH, the first research program of its kind. When we first began, many experts believed empathy was something you were

either born with or you weren't. In research conducted with my colleagues in the Empathy Program, we recruited doctors in training from six different specialties to investigate whether a brief training in empathy skills could teach them to better perceive patients' emotional cues and respond to them more effectively. Patients were asked to rate the doctors before and after the training period, and those who had been assigned to the training group consistently received significantly higher ratings on empathy scales than the untrained group. Yes, we saw, empathy could in fact be taught and learned.

We know that when patients are treated with greater empathy and respect, they have a better experience and as a result are more likely to trust their doctor, stick to medical recommendations, and have better health outcomes. Doctors benefit too. Our research showed that increasing empathy in their interactions gave them greater job satisfaction and left them feeling less burned out. They reported that by learning to sit down and notice the whole person before them, and not just the illness or injured body part, they felt more connected to their patients and their profession.

The demand for my empathy training grew so fast that I couldn't keep up with it through live training. A course at the Harvard Macy Institute called *Leading Innovations in Health Care & Education* taught me how to scale my program to reach the widest audience possible, and I subsequently cofounded Empathetics, Inc., an empathy training company that provides e-learning and live empathy training solutions around the world.

Soon requests for empathy training started coming from other professions, and I realized that the methods I had developed for teaching medical professionals can be applied to everyone, no matter who they are, what they do, or where they come from. In fact, the very first organization that implemented our empathy training was a large bank in the Midwest. Its executive vice president of organizational development, Lauris Woolford, recognized that empathy was a key competency that her executive teams needed in order to bring about the success of the organization.

In this book, I hope to demonstrate how showing greater empathy toward your fellow human beings can enhance your own life and

society as a whole. Through empathy, parents see their children for who they are and help them realize their potential. Teachers connect with students in ways that help learners discover and expand their talents. Businesses are more likely to thrive because they invest in the people working for them. Politicians start to represent the needs of all of their constituencies. The arts have always been a connector for people from all walks of life to learn more about one another, find common ground, inspire curiosity rather than judgment, and provide shared mind empathic experiences that remind us that all people are part of the fabric of humanity.

The seven keys of empathy that I've developed in my research and refined in my training can help you lead a better life. You will learn what they are and how you can use them to improve every facet of your life, from your most intimate relationships to family life, school, business, community life, and leadership roles in organizations. By becoming more attuned through the rich neural networks of shared mind intelligence, the subject of our next chapter, we enhance the lives of others, and the world can become a more tolerant and inclusive place.

Any resemblance of those mentioned in this book to actual patients and their families is coincidental and not intentional. For readability, when referring to individuals, I have used the singular pronouns "he" and "she" rather than use the more awkward "he or she." This is not to suggest any generalities based on gender. The opinions discussed in this book are mine and do not necessarily reflect those of the institutions with which I am affiliated.

Part I

Shared Mind Intelligence

Sandra dropped into the chair in my office with a heavy sigh. The expression on her face was foreboding. “I don’t know how I’m ever going to get over what happened,” she said.

I felt my throat tighten and my heartbeat quicken. Without knowing the details, I had caught her emotion as a sense of dread and fear spread through me. She had been a first responder at the Boston Marathon bombing. While she was trying to remove the shoe from an injured runner’s leg, his entire leg came off in her hands.

Perhaps this story made you gasp or left you feeling uncomfortable. Maybe you reached unconsciously for your own leg. If so, you are having a shared mind experience.

Even though nothing has physically touched you, your brain has registered the emotional and physical pain of both Sandra’s and the victim’s story through specialized neural circuits that deliver an approximation of what Sandra felt, and you probably don’t feel quite the same as you did before you read it. This is empathy at work. We temporarily imagine someone else’s thoughts and feelings and experience their discomfort. Typically, this leads to *empathic concern*, a caring feeling toward the other person that motivates a compassionate response.

In many cases, empathic concern prompts our motivation to help. Believe it or not, an entire field of psychology and neuroscience

research has developed to study empathy, and the results are fascinating. Empathy scholars believe that empathy had its origins in parental care, to ensure the survival of offspring by motivating caring behaviors. Because caring behaviors for others have helped ensure the survival of our species, the circuits for empathy in our brains have been preserved for millennia.

There are many definitions of empathy, and this has caused confusion even among the many different types of scholars who study it, including philosophers, psychologists, scientists, and educators who have attempted to define it as a single trait. Empathy is best understood as a human capacity consisting of several different facets that work together to enable us to be moved by the plights and emotions of others. I prefer to use the term “empathic capacity” rather than “empathy” because this conveys that empathy is made up of many different psychological and physiological facets.

Our empathic capacity requires specialized brain circuits that allow us to perceive, process, and respond to others; remember my own reaction to Sandra’s experience at the Boston Marathon. The integration of these three very human activities predicts how “empathic” a person will be. When people show empathy for others, they are usually good at *perceiving* what others feel, able to *process the information*, and able to *respond effectively*. So it is important to broaden the definition as a capacity that encompasses the entire empathy loop from perception *of*, to response *to* someone else’s experience, and finally to check with that person for accuracy, if there is any doubt. This last part of the loop is called “empathic accuracy.” Throughout the book I will use the scientific term “empathic” rather than the term “empathetic” because the information is based on the neuroscience of empathy.

Let’s go back to Sandra. I caught her feelings by perceiving her facial expression, her posture, and her tone of voice and by imagining what it was like to be motivated to help a wounded man and to find herself holding his entire leg, now loose from his body and in her hands. Her story was overwhelming. I had to check my feelings so I could fully listen to her account without being overwhelmed by the horror. I did this by taking slow, quiet, deep breaths to steady myself. I also didn’t

know exactly which emotions *she* was feeling, but I knew they were tremendously uncomfortable and I needed to learn more. I needed to take care of my own human emotional reaction before I could really help her. I used my “ABC” technique that’s a foundation for the empathy training I developed. By registering my own tension and racing heart, I (A) *acknowledged* we were entering an emotionally difficult conversation. I took (B) deep *breaths* to manage my reaction, and I engaged my (C) *curiosity* to learn more. I imagined her emotions included terror and grief. When I asked her what *she* was feeling, she said she was terrified and grief stricken and then added that she was also feeling guilty.

“I should have been able to do more for him,” she told me.

I then had to imagine what it was like to try to help someone and feel that my efforts had actually made things worse. (This was obviously not true. His leg was tragically and permanently damaged by the shrapnel in the bomb and could not have been saved.) This was an exercise in perspective taking and imagination since I had never been in the same situation. In my therapeutic role, I could not linger in the shared distress of the moment, which had initially let me resonate with her horrifying experience. I had to move to a more thoughtful mode to engage my curiosity and professional skills as a psychiatrist in order to understand what she had been through. Sandra needed to heal, and she needed someone to bear witness to what had happened and assist her recovery from her psychological trauma.

How empathy is ignited in the brain has been demonstrated by neuroimaging studies that take pictures of the brain while people are in scanners watching images or videos that activate structures involved with empathy. Researchers have identified different regions of the brain that become activated when people feel empathy for others. One of the most important contributions made by neuroscientists who study empathy has been to prove that the capacity has both emotional (affective) and cognitive (thinking) parts. Putting these together, we now know that empathy is triggered when people understand the plight of others and respond appropriately even if they do not themselves feel the exact same emotion but are able to access an experience cognitively through imagination.

Empathic capacity is an essential human trait that we carry into every aspect of our lives, from parenting to education systems, health care, the workplace, business, legal practices, the arts, the environment, the digital world, and in leadership and politics. We will explore why and how empathy helps us consider possibilities and outcomes that we could never achieve on our own, but can achieve because of the power of our shared brains when we understand one another and cooperate with each other. Because empathy evolved to ensure parental care and survival of their offspring, the parental care model forms the basis for understanding empathy in other contexts.

In the past, people believed that you were either born with empathy or not, and there was not much that could be done about it. It is very important to those of us who study empathy's applications that empathy *can* be taught. Research done in my lab has proved this hypothesis. We showed that patients rated their doctors more highly on empathy scales after empathy training. Specific interventions can increase perception, perspective taking, and self-regulation skills to ensure that we aren't overwhelmed by the suffering of others, leading to our own personal distress. Empathy is a delicate balance of appreciating the feelings of others and learning how to manage our own feelings so we can be helpful. We need to learn to manage our empathic responses so that we ultimately deliver caring responses even when we can't immediately find the words on our own.

Einführung

The word “empathy” did not come into existence until the early twentieth century. It is derived from the German term *Einführung*, which means “feeling into” and was introduced by German aestheticians in the mid- to late nineteenth century, who used this word to describe the emotional experience that was evoked by viewing a work of art and feeling one's way into an emotional experience. It originated from the early twentieth century Greek *empathia* (from *em* “in” + *pathos* “feeling”). This phenomenon, that an artist whom the viewer may never meet can project emotions that inspired the painting (or music, or play), was the