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Research Article

Empathy (part II): contributions of nonviolent communication to clinical practice

Empatia (parte II): contribuições da comunicação não violenta para a prática clínica

Empatía (parte II): aportes de la comunicación no violenta a la práctica clínica

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Abstract

Introduction: This article explores the issue of empathy in the doctor-patient relationship. **Objective:** To contribute to clinical communication skills through the empathy strategy proposed by nonviolent communication (NVC). **Methods:** Study of Marshall Rosenberg's main book, *"Nonviolent Communication: A language of life"*. Subsequently, several videos on YouTube were analyzed, both interviews and workshops with Rosenberg himself. A total of fifteen hours and eight minutes of audio-visual material was analyzed. **Results:** The selected content was organized into three sections: (1) NVC principles; (2) Empathy; and (3) Application of empathy in clinical practice. NVC contributes to the theme of empathy in clinical communication by proposing a model of empathic connection through the recognition of each person's feelings and needs. This model was organized into four stages: (a) observation without judgment; (b) connection with one's feelings; (c) unmet needs; and (d) the person's requests and demands. It is a synthesis, not only of communication, but also of intentionality and the conscious use of a language in the service of life, in what is alive in people at every moment. **Conclusions:** Empathy is a relevant topic in clinical communication. Because it is a complex subject, this study sought tools to facilitate its practical application. NVC can contribute to the strengthening of research and the exercise of empathy in clinical communication by filling possible gaps on the subject.

Keywords: Empathy; Family practice; Physician-patient relations; Education, medical; Nonviolent communication.

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Resumo

Introdução: Este artigo explora o tema da empatia na relação médico-paciente. **Objetivo:** Contribuir para a habilidade de comunicação clínica por meio da estratégia de empatia proposta pela comunicação não violenta (CNV). **Métodos:** Estudo do principal livro de Marshall Rosenberg, *Nonviolent Communication: A language of life*. Subsequentemente, foi feita a análise de vários vídeos no YouTube, tanto de entrevistas como de oficinas com o próprio Rosenberg. O total de 15 horas e 8 minutos de material audiovisual foi analisado. **Resultados:** O conteúdo selecionado está organizado em três seções: (1) Princípios da CNV; (2) Empatia; e (3) Aplicação da empatia na prática clínica. A CNV contribui para o tema da empatia na comunicação clínica ao propor um modelo de conexão empática por meio do reconhecimento de sentimentos e necessidades de cada pessoa. Esse modelo está organizado em quatro etapas: (a) observação sem julgamento; (b) conexão com os próprios sentimentos; (c) necessidades não satisfeitas; e (d) solicitações e demandas da pessoa. Trata-se de uma síntese, não somente de comunicação, mas de uma intencionalidade e do uso consciente de uma linguagem a serviço da vida, naquilo que está vivo nas pessoas, a cada momento. **Conclusões:** A empatia continua sendo um tema relevante na comunicação clínica. Por se tratar de um assunto complexo, este estudo buscou ferramentas para facilitar sua aplicação prática. A CNV pode contribuir para o fortalecimento da pesquisa e o exercício da empatia na comunicação clínica ao preencher possíveis lacunas sobre o tema.

Palavras-chave: Empatia; Medicina de família e comunidade; Relações médico-paciente; Educação médica; Comunicação não violenta.

Resumen

Introducción: Este artículo explora el tema de la empatía en la relación médico-paciente. **Objetivo:** Contribuir a las habilidades de comunicación clínica a través de la estrategia de empatía propuesta por la comunicación no violenta (CNV). **Métodos:** Estudio del libro principal de Marshall Rosenberg, *"Nonviolent Communication: A language of life"*. Posteriormente, se analizaron varios videos en YouTube, tanto entrevistas como talleres con el propio Rosenberg. Se analizaron un total de quince horas y ocho minutos de material audiovisual. **Resultados:** El contenido seleccionado se organiza en tres secciones: (1) Principios de la CNV; (2) Empatía; y (3) Aplicación de la empatía en la práctica clínica. La CNV contribuye al tema de la empatía en la comunicación clínica al proponer un modelo de conexión empática a través del reconocimiento de los sentimientos y necesidades de cada persona. Este modelo se organiza en cuatro etapas: (a) observación sin juicio; (b) conexión con los propios sentimientos; (c) necesidades insatisfechas; y (d) las solicitudes y demandas de la persona. Es una síntesis, no solo de comunicación, sino también de intencionalidad y uso consciente de un lenguaje al servicio de la vida, en lo que está vivo en las personas, en cada momento. **Conclusiones:** La empatía sigue siendo un contenido relevante en la comunicación clínica. Por tratarse de un tema complejo, este estudio buscó herramientas para facilitar su aplicación práctica. La CNV puede contribuir al fortalecimiento de la investigación y al ejercicio de la empatía en la comunicación clínica llenando posibles vacíos sobre el tema.

Palabras clave: Empatía; Medicina familiar y comunitaria; Relaciones médico-paciente; Educación médica; Comunicación no violenta.

INTRODUCTION

This article complements and deepens the theme of empathy, summarized in the article "Empathy (part I): contributions to the person-centered approach". Its aim is to broaden the understanding of empathy and its possible application in the practice of family and community medicine (FCM) based on the conceptual and practical framework of nonviolent communication (NVC). NVC appeared in the 1960s with the American psychologist Marshall Rosenberg.[1] It is a communication method that aims to increase awareness of how thoughts and feelings/emotions are expressed. It involves listening, internalizing and reacting to one's own feelings and thoughts, but also to those of other people. Thus, NVC intends to improve the clarity of what is expressed and, at the same time, develop an attentive, respectful and empathic listening to the other. Empathy, therefore, acts as a central part of the strategy used by NVC.[2] This method has been applied to mediate conflicts, mainly between nations (diplomatic), in work environments (relationship between employees), in schools (student-teacher relationship, teachers-principals) and in marital/family relationships. NVC also favors self-knowledge, through a reflective stance at communication with the internal and external world. However, in medicine in general,[3] and particularly in FCM, NVC is still little explored in clinical communication.[2] This article presents the potential of NVC in clinical practice with its empathic approach, since empathy facilitates rapport and connection with patients and, thus, may favor compliance with an agreed-upon health recommendation plan. The method used was the critical reading of Marshall Rosenberg's main book, *Nonviolent Communication: A language of life*.[2] This study subsequently guided the analysis of several videos on YouTube, both interviews

and workshops with Rosenberg himself (Chart 1).[6-10] In the selected material, several clips were made to reference the text and guide the practice of empathy (Chart 2). The gaze of family and community medicine[4] and its philosophical basis[5] oriented the structure of the article in three sections:

1. Principles of NVC;
2. Empathy; and
3. Application of empathy in clinical practice.

Chart 1. Videos and audios on nonviolent communication with Marshall Rosenberg.

Title of video on YouTube	Time
Nonviolent communication-workshop: Marshall Rosenberg (Workshop 4)[6]	08 h 20 min
N.V. Communication Workshop (S.Fco-2000) multisubs[7]	03 h 05 min
Nonviolent Communication: Paula Gloria's Interview with Marshall Rosenberg[8]	01 h 22 min
An Interview with Marshall Rosenberg 2015[9]	51 min 04 seg
The dynamics of empathy[10]	01 h 30 min

Chart 2. Practical examples of empathy application according to nonviolent communication

Empathy	Proposed by Rosenberg (NVC)	Author highlights: application in clinical practice
Importance of look and touch	Often, people simply need eye contact or physical touch. The most important thing is that it is not a touch or a look saying (or meaning) "You're going to get better." Instead, use this type of contact to demonstrate your presence.	Being present, respecting the other's feelings and needs, does not necessarily imply having to verbalize them; however, this only happens if (the doctor) is connected with what is alive within him. Otherwise, it will be very difficult to connect with each other in this way. Perceiving the response of the other in relation to their body language (look, touch), to dose and adapt to the moment and each individual. Link: https://www.youtube.com/watch?v=Yq15q5Uk98Q
Cure	Do not place emphasis on what happened, on the facts of the past or on the reported history. Focus on what is alive in the person at the moment, in the now.	This practice reinforces the centrality of empathy in the healing process of psychic suffering. Link: https://www.youtube.com/watch?v=Vq5apusIBE8
Feeling of worthlessness	Caution should be taken with abstractions. First, connect with the feelings and needs of the other (empathic connection) and then propose a path or solution. Do not include or reinforce abstract thinking about the issue at hand.	An empathic relationship seeks to respond to the needs of the people involved. Through NVC, the needs are listened to. Do not do something motivated to avoid some reaction from the other person (i.e., to prevent the other from being sad), because it would be an action driven by guilt or fear, and not by one's own will (sincere action). A full relationship (self-full) is sought, which is different from a selfish one and also different from the feeling of less value (selfless). That is, attitudes are based on their own needs and not to prove something to others. Not listening to the other's thoughts. It means not taking what is said personally and responding quickly. Keep the focus on feelings and needs. Link: https://www.youtube.com/watch?v=I9VDeERERsM

Continue...

Chart 2. Continuation.

Empathy	Proposed by Rosenberg (NVC)	Author highlights: application in clinical practice
Quality of the connection	It is necessary to set aside expectations about obtaining final results/objectives, that is, the focus is on the ongoing process, in the present. We do not see wrong attitudes in the other person when the focus is on their feelings and needs.	The focus of the empathic process is to try to "create a quality of connection in which we can see our humanity in each one of us, with a total absence of enemy images, with a total absence of moralistic judgment," by seeing each other's feelings and needs. Link: https://youtu.be/5XwB7-QRDpg?list=PLet4mGlgOoQUlFDmHsH1WQKWp1J_-hz-f
Feelings: 10% of the process	If you do not empathically connect with the person, they tend to repeat themselves, word for word, until that connection occurs, until they (the listener [i.e., doctor]) connect with their feelings and needs.	Feelings make up only 10% of the empathic connection process. What really matters is the connection with the person's need. Unmet need is responsible for perpetuating suffering. Link: https://www.youtube.com/watch?v=FHh_KhsVtRM
Do not be a giraffe-parrot	(When trying to "translate" what the patient brings from the problem situation [suffering] in the consultation to the NVC language [feelings and needs]) try to focus on the feeling that is behind the narrative or message (from the patient)]. It is not necessary to be right, but sincerely interested in connecting with what is in the person's heart. Do not try to speed up the process or propose solutions without first being empathically connected with the person.	Be careful not to do the empathic process mechanically ("being a giraffe parrot"). A sincere interest is needed to connect with what is alive in the person. "Translate" the statement into NVC: "Do you feel X because you have a need for Y that has not been met?" ** giraffe: term used in NVC by Rosenberg to refer to the posture adapted through NVC,"listening and speaking with giraffe ears".* Link: https://www.youtube.com/watch?app=desktop&v=I4ZX15QlTx0&list=PLet4mGlgOoQUlFDmHsH1WQKWp1J_-hz-f&index=8
Appreciate/ contemplate the pain of another	Free yourself from the sense of responsibility for what is happening or that you need to improve/solve the problem.	To "appreciate/contemplate" the pain of the other, it is necessary to trust in the existence of a miraculous force that works in human beings. She can heal anything, as long as that force is allowed to act. It arises from the connection between people that is made possible in silent presence. That is, appreciating the pain of the other means contemplating the action of that energy. A space is opened (silence, presence) for this to happen. Accepting responsibility for the feelings, i.e., not blaming/punishing/accusing others for the feelings. External factors (other individuals, relationships, the environment) can influence feelings, but are not directly the cause of them. Link: https://www.youtube.com/watch?app=desktop&v=Qt4OXy5s3RY&list=PLet4mGlgOoQUlFDmHsH1WQKWp1J_-hz-f&index=1&t=2s

Continue...

Chart 2. Continuation.

Empathy	Proposed by Rosenberg (NVC)	Author highlights: application in clinical practice
Three dimensions	First dimension: absence of enemy images (absence of judgmental/moralistic thinking). Second dimension: valuing the needs of the person and those involved equally. Third dimension: people start to act on the basis of the natural and genuine desire to contribute to life.	It is important to differentiate the concept of need from the concept of strategies used to satisfy it. It is required an open mind to the various ways of meeting the needs of those involved in the process. While needs are universal, that is, shared by everyone, the strategies used to meet them are different, depending on the socioeconomic and cultural context, individual preference, etc. Link: https://www.youtube.com/watch?app=desktop&v=3rqjQXxl9Yk&list=PLet4mGlgOoQUlFDmHsH1WQKWp1J_-hz-f&index=5
What is alive in the other person	Utilize the following expression as a basic sequence: "You are feeling X because your need for Y is not being met or satisfied?"	It is necessary to explore what is alive in the person today, in relation to what happened in the past. It is in the now, in this meeting, that healing is possible, when the connection happens. When exploring which feelings and needs are present, try to help the other person to express themselves in as few words as possible. When using more words to express oneself, there is a tendency to justify feelings/needs, obscuring the message that really matters. Link: https://www.youtube.com/watch?app=desktop&v=UgNJ7cx1p2k&list=PLet4mGlgOoQUlFDmHsH1WQKWp1J_-hz-f&index=2
Feelings that serve life	Using judgmental thoughts to explore the unmet needs that lie behind these thoughts. To favor the healing process, the focus should always be returned to the need that is not being met and the corresponding feeling.	By exploring the feelings behind the judgmental thoughts, the connection with the feelings that serve life is favored. When a sufficient amount of empathy is offered to the person, he can re-elaborate and clarify his feelings and resignify his suffering process. Link: https://www.youtube.com/watch?v=xH11bY5tL2w
No: an invitation to dialogue	It should not be connected with the feeling of refusal/avoidance of the person's dialogue.	When hearing a "no" or a refusal to dialogue, help the other person to translate this into words, that is, feelings and needs that are behind the "no". Denial/avoidance is also a form of communication. Helping the other person to take responsibility for their own feeling by showing that the feeling is caused by their own unmet need. The thought of blaming the other for one's feelings should not be reinforced, as it aggravates their suffering. Link: https://www.youtube.com/watch?app=desktop&v=U_YrCzC3kxA&list=PLet4mGlgOoQUlFDmHsH1WQKWp1J_-hz-f&index=6

Continue...

Chart 2. Continuation.

Empathy	Proposed by Rosenberg (NVC)	Author highlights: application in clinical practice
Basis for solution	Separating needs from other person's requests. What need is not being satisfied? …. Do not include yourself in the person's suffering process. Keep the focus on the feeling and need of the other person. Do not reinforce images/abstractions of self- or hetero-judgment, as their repetition feeds back suffering and judgment. Explore what is the feeling behind the judgments made about oneself and others. Avoid asking what "type of pain" the person is feeling, as it changes to psychoanalytic language, which is an obstacle to empathy. Exploring "the kind of pain" tends to shift the focus to the mental level. Dialogue designed to explore feelings and needs creates the connection that builds the foundation upon which the solution can emerge.	In empathy, there is no concern to conduct the process, but to connect with what is alive in the person, to tune in with the other person's energy. Connecting with what is happening at the exact moment. By exploring the other's feelings and needs, avoiding statements such as: "You're angry" because we don't know what the other is feeling, we are looking for connection with the other, which will not happen in an authoritarian way. In this sense, the same sentence in the form of a question "Are you feeling angry?" promotes openness to connection. Then connect the feeling with the need in the same way, in question format. The need does not involve third parties, only the individual in question. Therefore, we do not use "You are angry because you need me to do X". Link: https://www.youtube.com/watch?v=os_8pfCYtss
Confirming the message	Using the question: "Could you tell me what you understood from what I said?" If the answer does not agree with what you (doctor) wanted to say, say thank you and repeat the feedback again until agreement is reached between what was said and understood. Then ask about how the other feels after understanding the message. At this moment, empathy is not expected from the other, but it is possible to observe how the message was processed in the other (generated feeling). (Understand verbal and non-verbal language to check the patient's feedback.)	This is a great learning opportunity, because it guides the degree of abstraction, how much the person (patient) is connected with the feeling or how much they are focused on the moral thought/judgment about the feedback they heard. In addition to being a time when the patient can confirm, correct and/or refine their thoughts/feelings/needs, this decreases the risk of wrong assumptions that the doctor may make. Link: https://www.youtube.com/watch?v=XZ187umX1P4&list=PLet4mGlgOoQUlFDmHsH1WQKWp1J_-hz-f&index=16
How to know how much was enough to establish the empathic connection	The people involved feel more relieved (Example: "Phew! I feel good!"). The person usually stops talking and loses the need to continue unraveling the topic. Before moving on to the next step, it is important to check if the person has anything else to say on the subject. For this, respect the person's own time and do not be in a hurry. When this first phase is finished, the post-empathy phase is advanced, which implies sharing the feeling triggered in the doctor (listener of the report), since the patient, by opening up, placed themselves in a state of vulnerability. That is, they need to listen to the feeling that arose in those who heard them, what is alive inside them (feeling and need).	Often, the person (patient) expects from the doctor some advice or guidance on how to satisfy their unmet needs. It should be remembered that each individual has their own ways of satisfying their needs; therefore, it is not the physician's role to offer quick solutions to the patient. There is a risk of failure and a paternalistic relationship. However, the first need that the person has is empathy, an understanding and acceptance of what is happening to them. Link: https://www.youtube.com/watch?v=i5EF9qOLhlY

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Chart 2. Continuation.

Empathy	Proposed by Rosenberg (NVC)	Author highlights: application in clinical practice
Interrupting the narrative	When there is a saturation of the subject. Suggestion: "Are you (patient) feeling X because your need for Y has not been satisfied?" If the person says that it does not correspond to your feeling/need, then ask them to reformulate and say the corresponding feeling-need. There is no problem in (the doctor) formulating such a sentence based on the patient's narrative. It is an attempt to name and explore the feeling and need of the person. This dialogue makes it possible to explore the problem situation, the present feeling and the unmet need.	The process described makes one remain in the present, expressing feelings and needs alive in the now. This strengthens the connection, making the interaction livelier. People think that by repeating the story of what happened they will be understood/resolved; however, repeating history does not lead to a resolution of suffering, on the contrary, it tends to reinforce it. The proposal to formulate the sentence suggesting and naming the patient's feelings-needs is important because it is not a usual practice. Therefore, the action of redirecting the patient to what is alive in him at the present moment is valid: his feelings and needs. At the same time, space is given for confirmation, correction, and refinement by the patient of his feelings and needs. Therefore, this process maintains the focus and protagonism on the patient and not on the professional. Link: https://www.youtube.com/watch?v=8QyhPp_dunk
A daily practice for the patient and doctor	Write about something you have done as well as something someone else has done (which involves you). 1. Write the direct (factual) observation on the day it occurred that you would like to celebrate. 2. Write the feeling that arose at that exact moment, triggered during the observed fact. 3. Identify and write down which need was met or met at that time. 4. Once structured, when you have the opportunity, share and celebrate with the other (involved in this fact to be celebrated).	This type of practice teaches you to be grateful for what you do. This is important to remember the strength and power that one has, but also to celebrate life and, in this way, face the world with its contradictions. This practice is need-centered and not self-centered. In addition, this daily exercise can be proposed for both the patient and the doctor, in order to encourage the practice and understanding of NVC (concepts of observation, feeling and need). Link: https://www.youtube.com/watch?app=desktop&v=sECOc1dwlBg&list=PLet4mGlgOoQUlFDmHsH1WQKWp1J_-hz-f&index=17

NVC: nonviolent communication.

Principles of nonviolent communication

Culture of domination

According to Rosenberg,[2] for about 10,000 years, humanity has maintained a structure of domination in which a social elite subjugates most people, and which requires its own language. It is a language that makes people who are at the top of the social scale authority over others.[11] To dominate others, it is necessary to educate people to think in terms of "moralistic judgment", that is, who is right or wrong, good or bad, normal or abnormal.[12] Additionally, the "authorities and their institutions" should discern between these polarities. Thus, people's mentality is shaped to create the "good boy", the "good girl", the "good citizen" in this structure of domination.[13] In this domination structure, people are not educated

to express their needs; otherwise, they would not become "good slaves".[11] By being disconnected from their needs, they more easily fit "into the structures of corporations" to carry out "life-alienating jobs". In this way, people become vulnerable and manipulable, and power is exercised over them through reward tactics (approval/acceptance and/or money) or punishment (fear of being fired) and/or a sense of duty or obligation.[11,13,14] Thus, there is no interest in educating people to connect with their own needs, as "this type of education is a revolutionary act".[11] For Rosenberg, language is an important component both to liberate or to oppress people.[13]

Origin of nonviolent communication

In the 1940s, in Detroit (USA), Rosenberg,[2] as a child, had an experience of urban violence due to racial conflicts that resulted in dozens of deaths in his neighborhood. He also experienced violence at school due to his Jewish background. From an early age, he wondered about the reason for human violence. At the same time, he observed compassion in some people, especially his uncle, who came to his house after work to take care of his bedridden grandmother. His uncle showed great joy in taking care of her. Rosenberg noticed two types of smiles on people's faces: those resulting from violence towards others and those resulting from compassion.[15] This questioning about violence in human behavior led him to study clinical psychology. Rosenberg, however, realized that clinical psychology was part of the problem, as it was grounded in psychopathology. There was an understanding that different and/or violent behaviors resulted from some pathology.[15] Labeling, classifying and diagnosing are forms of violence, which, according to Rosenberg, dehumanize by preventing to see the unique being behind the diagnostic labels.[16]

Rosenberg states that Carl Rogers played a "key role" in the construction of NVC.[2] Rogers[17] was a pioneer in the person-centered approach. Fundamental in this approach is the theme of empathy. Rogers[18] references Eugene Gendlin in building an empathic approach. According to Gendlin, there is a flow of experiences occurring in each individual at each moment, which can be drawn upon to generate the meaning of the experience.[18] For example, in a group activity:

> *Facilitator: "It sounds as though you might be angry at your father" Quickly the man responds.*
> *Participant: No. I don't think so.*
> *Facilitator: Possibly dissatisfied with him?*
> *Participant: "Well, yes, perhaps." said rather doubtfully.*
> *Facilitator: Maybe you're disappointed in him, so?*
> *Participant rapidly responds: "That's it, I'm disappointed that he's not a strong person. I think I've always been disappointed in him ever since I was a boy."*[18]

This connection with the affective experience through a trial of various affects or "checking with the psychophysiological flow that happens inside the person" is what Rogers calls "felt meaning".[18] Rosenberg goes on to refer to this experience of feelings as "what is alive in the person in the present moment".[2] This is the basis of the empathic connection in the NVC model. Other influences that contributed to the elaboration of the NVC were studies of different cultures whose forms of communication collaborated for a more peaceful relationship.[15]

Definition of nonviolent communication

According to Rosenberg, NVC was developed "to enhance his attention—to project the light of consciousness—into places that had the potential to answer what he was seeking."[2] He states that NVC is "a synthesis, not just of communication, but of conscious intentionality of how to live. It is consciousness at the service of life."19 Thus, the kind of language and communication adopted favors "consciousness at the service of life". This means paying attention to "what is alive in us and in people at every moment". That is, the needs that, when met or satisfied, "make life wonderful".[19]

For Rosenberg,[2] NVC is a model of communication and concentration of our attention in which there is a "giving from the heart". In this way, it leads to a reprogramming of how to express and listen to each other. Instead of automatic, habitual responses, words become conscious responses based on firm attention to three components:

a. observation;
b. feelings; and
c. needs.[2]

This leads the individual to express himself with honesty and clarity, while directing attention in a respectful and empathic way to the other.

NVC is sometimes called "communication in the service of life" or "communication of compassion", since compassion is part of human nature. Compassion is the ability to "take joy in contributing to the well-being of another human being".[20] Figuring out how to do this naturally is largely about empathy. That is, "connect empathically with what is alive in the other person, regardless of what he is saying, i.e., beyond the message".[20] Likewise, one responds to the other "from the heart, by expressing what is alive in us without using language that insults, criticizes or makes demands".[20]

Empathy

Definition

In the view of NVC "empathy is the respectful understanding of what others are going through."[2] Rosenberg uses Eastern thought to illustrate this point: "*The hearing of the spirit is not limited to any one faculty, to the ear, or to the mind. Thus, it requires an emptying of all faculties. When these faculties are emptied, then the whole being listens*."[2] Empathy denotes getting in touch with the "life energy" that emanates from the other. This energy can best be expressed in words through acknowledging feelings and needs. For this, empathy requires total presence.[10] It consists of surrendering to the present moment in search of harmony with what is alive in the other person. Being present at this level is a huge component of the healing and connection process. It implies not bringing anything from the past into the present moment: "*It is seeing the now like a newborn child, a new face that has never been before and will never come again*" (Martin Buber; apud Rosenberg).[2,10] It is necessary to leave aside the tendency to analyze the speech of the other, because when paying attention to one's own thoughts, one loses the connection with the now. When you remain empathic, you allow the interlocutor to reach deeper levels of your being. Empathy is a key step in encouraging people to make a sincere contribution to each other's well-being.[10]

Empathic connection through silence

Silence can be a powerful element to establish an empathic relationship, as long as the attention is in the heart.[10] The gaze is different when one is genuinely connected to the heart. It is something noticeable, not something subtle. For example, the person says: "*I'm afraid of becoming a burden on the family...*" A sympathetic response would be to try to correct the person: "*No, you are not a burden on the family*". There is a tendency to fix people who are in pain or suffering, to offer reassurance, quick fixes, encouragement, education, comfort, or dialogue closure.[21] However, these behaviors prevent the kind of presence that empathy requires from appearing. In general, there is difficulty in "contemplating" the pain that other is going through by silence. The existence of a creative/healing energy in human beings that needs a contemplative space to act is forgotten. To facilitate expression of this energy, silent presence and attention to the feelings and needs of the other person is necessary.[21]

Sympathy

It is important to be careful not to get emotionally affected by the other's narrative. This happens when you are more focused on your own feelings, promoting a sympathetic response. It concerns us, how we feel about the other person: "I am sad that you are suffering like this". Empathy means being focused on what is alive in the other person and not on yourself.[10] Thus, it is necessary to pay attention to the other's feelings in order to achieve empathy. Furthermore, there are usually many feelings and needs that need to be explored in addition to those that were revealed in the first moment. Approaching a problem first involves establishing an empathic connection. It requires a "heart to heart" or "need to need" connection. This paves the way for the solution. However, people want to skip steps, they want to find the solution, without first giving due attention to the felt needs. Thus, the problem-solving approach is not dealt with until the connection at the heart level is established through affectively expressed needs.[22]

Empathy blockers

Intellectual understanding blocks empathy.[2] Any theory (knowledge or preconceptions) about the person, because this person is already known in advance, becomes a barrier to the development of empathic connection. The search for an analysis of the events that happened and that may explain the present problem tends to generate an obstacle to empathy.[10] The empathic connection is also blocked through "life-alienating communication",[2] which includes:

a. moralistic judgement[12] — classifying, labeling and judging people;
b. comparative judgment— which tends to generate feelings of shame, guilt or depression; and
c. denial of responsibility for thoughts, feelings and actions.

There are languages that obscure awareness of one's own responsibilities:

1. Victimization: *"You make me feel this way".*[23]
2. Bureaucratic language:[2] *"They are orders from superiors"* or *"It's company policy*" or *"It's the law".* And
3. Phrases that operate in the logic of demand: *"I have to"*, *"It's my duty*" and that are alienating and are part of the culture of domination.[2]

Empathy produces a sense of relief because it is a moment of active listening to the person. A moment without criticism, advice or attempts to correct or solve any problem. What is said by the person is not taken personally, that is, it is not heard as criticism or demand. It means a presence which seeks to paralyze any reaction on the part of the listener.[24] It is fundamental that the person recognizes and expresses their own needs, since many of the sufferings *occur because of not adopting such behavior*. When the person says, *"I believe that…" or "I think that…",* it is a judgment that should only be used as a "cue" to access the needs that are implicit in that speech. Living with an emphasis on feelings and needs is being in the now, in the present moment. In this way, all power to dehumanize the relationship with oneself and with others is removed.

Application of empathy in clinical practice

Empathy requires connection from the heart, in affection, not from thoughts or narratives. To do so, attention should be directed to the feelings of the person. One way is to actively ask what the person's feelings and needs are. For example: *"Are you sad because your need for respect or to be heard was not taken into account?"* If this attempt is genuine, it allows for a heart-centered dialogue, while at the same time, it gives individuals space to confirm, correct or refine their own feelings and needs. Additionally, it makes explicit the health professional's effort to connect with what is alive in the patient.[10] It highlights the authentic search for connection with the person's needs. This process offers the time and space that individuals require to connect with their feelings and needs and, simultaneously, to feel understood. This provides self-knowledge aligned with the flow of life and healing forces that allow a deep dive into the inner world.

The four components of nonviolent communication

The empathic process based on NVC can be applied in the consultation based on its four components, namely (Chart 3):[2,3]

1. Observation without judgment: The emphasis should be on the factual and not on the diagnosis or moralistic judgment about what happened. Patients tend to express judgment about others or about themselves regarding past events. In this sense, attention should be redirected to the event itself (observation of the fact). This helps to reduce analysis-judgments and to see the factual reality. In this way, humanity is sought hidden in each encounter, by removing any conception of errors or enemy images. In the empathic connection, therefore, the focus is on the direct observation of the facts and not on theorizing about the reasons or morally analyzing or judging what happened (Chart 3 – first step).
2. Connection with one's own feelings: It involves perceiving if feelings are linked to the person's needs, to what is alive in them, or if feelings are reflections of moralistic thinking (judgment). There are feelings that are not directly linked to needs, such as anger, which reflects a hetero-evaluation by blaming the other for your own feelings. On the other hand, depression, guilt and shame demonstrate self-evaluation, that is, an internal judgment that reinforces feelings of worthlessness. These feelings, originating from hetero/self-assessment, signal a disconnection of the individuals with their needs at the present time (Chart 3 — second step).[25,26]

3. Unmet needs: It is important to establish a connection which seeks to meet people's needs through natural giving in the relationship. This natural giving comes from making an assessment from the heart: *"What is my need that is not being met?"* No moralistic judgments are made. It is only evaluated whether the behavior is serving life or not. Human needs are directly connected with life. Rosenberg states that, generally, life is expressed through some feelings, which, in turn, originate from a need.[25] NVC presents the evaluation process guided by the heart, which entails two fundamental concepts:[22]

a. Language of feelings: encourage individuals to talk about their impressions based on their own feelings, focusing on the heart. Individuals should be reminded that others are not responsible for what they feel (Chart 3 — second step).
b. Language of the need: what is the need that is not being met in this situation? (Chart 3 — third step).

4. Requests and demands of the person in the present moment: All needs are universal, which implies that they arise from the same creative energy. What differentiates them are the ways in which they can be attended, which are influenced by culture, education, social contexts and preferences (Chart 3 — fourth step).[27] Chart 3 summarizes a real consultation experienced by one of the authors of the present study. It exemplifies the practical application steps of the empathic process described above. A literal transcription of the consultation was not made, of how the dialogues took place, and, deliberately, it was chosen to hide the reported racist expressions.

Chart 3. Situation example: practical application of empathy based on nonviolent communication.

First step — Observation without judgment
The patient comes in, the doctor introduces himself and asks,"How can I help you?"The patient starts trying to express a few words and immediately starts crying. In the midst of crying, she says that she is suffering racism, that she has been having anxiety attacks and maybe needs medication. She reports that at her job, co-workers keep saying racist words, even on her social media.The doctor explores the context better and, at the end, asks what feeling arises at that moment, to which the patient says:"Shame!
Second step — Connection with one's feelings*
The doctor then makes an observation to the patient that shame is a value judgment. It is as if he had done something wrong or if his personal characteristics did not fit into our society, an eminently mestizo society.The patient seems to follow the short explanation and confirms the understanding. So, the doctor rephrases the question."What is the feeling behind the shame, the deepest feeling?". She then says,"Sadness!"
Third step — Unmet needs
The doctor immediately paraphrases the patient:"You are sad because your need for respect and dignity, as a person, as a human being, has not been met?"The patient answers:"Yes" (confirms the feeling of sadness linked to a universal need).The doctor, at that moment, shares the same need with the patient, in the midst of moments of long silence and contemplation of her suffering. In this way, the patient can be welcomed in her pain.
Fourth step — Requests and demands of the person in the present
After this moment, the doctor explores with the patient which solutions she had already tried. She states that she requested a change of work location/sector in the same company. She tells the doctor that this change had already helped a lot and that the fact that she came and talked during the consultation helps to clarify her feelings. A follow-up appointment is then scheduled in a week.

*Another way to explore this connection is to look for the unmet need behind the moralistic judgment that generates feelings of anger, shame, guilt, and worthlessness. When the person connects with the need, she comes into contact with the original feelings, such as: sadness, fear, impotence, disappointment, frustration, etc.[26] This process favors the empathic connection.

Paraphrasing

One possibility of empathic connection is mirroring, paraphrasing the person's need. Paraphrasing reveals understanding (about feelings and needs) without expressing any obligation to correct what the other person said. In NVC, this technique takes the form of a question:[2]

1. Non-judgmental observation: "*Are you reacting this way because he hasn't stayed home nights with you this past week?*".
2. Feelings and needs: "*Are you feeling hurt because you have a need for greater recognition for what you have been doing in your home?"*.
3. Request: "*Would you like me to tell you the reasons why I told you this?".*

Confirming the message

The health professional should confirm that the patient has understood his explanation or feedback. The following question illustrates this point: *"Could you repeat what I said, just to let me know if I was able to express myself clearly?"* If the answer is not in agreement with what was said, the professional should thank and repeat the feedback again until reaching a harmony of feeling and understanding of the message. Do not use *"That's not what I meant",* as it creates barriers in communication.[28] This is a great learning opportunity, because it guides the degree of abstraction, that is, how much the person (patient) is connected with the feeling or how much the focus is on moralistic thinking or judgment about the feedback heard. Additionally, it favors the patient to confirm, correct and/or refine the thoughts, feelings and needs. This reduces the risk of mistaken assumptions in the communication process between the health professional and the assisted individual.[28]

Importance of look and touch

Often, people simply need eye contact or physical touch. The most important thing is that it is not a touch or a look that conveys (or means) "*You're going to get better*". Instead, use this type of contact to demonstrate your presence. Being present, respecting the others' feelings and needs, does not necessarily imply having to verbalize them. However, this only occurs if the professional is connected with what is alive within them. Otherwise, it will be very difficult to connect with each other.[29]

Quality of connection

It is necessary to set aside expectations about obtaining final results-objectives; that is, the focus is on the ongoing process, in the present. There is nothing wrong with the other person as long as your attention is on their feelings and needs. The focus of the empathic process is *"to create a quality of connection in which the humanity in each person can be perceived with total absence of enemy images and moralistic judgments".*[30]

Feelings represent 10% of empathic process

If the health professional does not empathically connect with the person, usually the person tends to repeat word for word until that connection occurs, until individuals connect with their feelings and needs.

Feelings make up only 10% of the empathic connection process. What really matters is the connection with the person's needs. Unmet or unsatisfied needs are responsible for perpetuating suffering.[31]

Feelings that serve life

The professional is advised to use patients' judgmental thoughts to explore the needs that have not been met and that are behind such thoughts. To favor the empathic process, attention should always be paid to the need that is not being met and the corresponding feeling. By exploring the feelings behind the judgmental thoughts, the connection with the feelings that serve life is favored. When a sufficient amount of empathy is offered to the person, it favors the elaboration/clarification of feelings and reframing of the suffering process.[32]

Avoid psychoanalytic language

On mental health issues, avoid asking what *"kind of pain"* the person is experiencing, as this shifts the focus to psychoanalytic language, which can be an obstacle to empathy. Exploring *"the kind of pain"* tends to shift the focus to the mental level. In empathy, there is no concern to lead the process, but to connect with what is alive in the person, tune in with their energy and unite with what is happening to them at the exact moment.[33]

How much empathy is needed?

People involved in the empathic process usually signal enough by expressing relief: "Phew!" (feeling good!). Another tip is that the person assisted usually stops talking, thus losing the need to continue unraveling the topic. However, before moving on to the next step, it is important to check if the person has anything else to say on the subject. It is important to respect the person's own time and not to be in a hurry. When this first phase is exhausted, the post-empathy phase is advanced, which implies sharing the feeling triggered in the professional (listener of the report). This is a crucial step for patients as they are in a state of vulnerability, by exposing their inner self. Thus, the patient now needs to listen to the feeling that arose in the listener with respect to what is alive in them (feeling and need).[24]

Often, individuals look to the physician for some advice or guidance on how to meet their unmet needs. It should be remembered that everyone has their own ways of satisfying their needs; therefore, it is not the physician's role to offer quick solutions to the patient, as there is a risk of failure and a paternalistic relationship. However, the first need that people have is empathy, understanding and acceptance of what is happening to them.[24]

Interrupt with empathy

People think that by repeating the story of what happened, they will be understood/solved in their problems; however, repeating history does not lead to a resolution of suffering, on the contrary, it tends to reinforce it. To revive the conversation that is dead because of saturation, the following question is suggested: "Excuse me, are you (patient) feeling 'X' because your need for 'Y' has not been satisfied?" If the person says that it does not correspond to the feeling and need, then request to reformulate and express the corresponding feeling and need. It is acceptable for the doctor to formulate such a sentence based on the patient's narrative. It is an attempt to name and explore the feeling and need of the person.[34] This dialogue

makes possible to explore the problem, the present feeling and the unmet need. This process enables the dialogue to remain in the present, by expressing feelings and needs alive in the now. It strengthens the connection, making the interaction livelier. The proposal to formulate the sentence suggesting and naming the patient's feelings-needs is important because it is not a usual reasoning. At the same time, space is given for confirmation, correction, and refinement of feelings by the patient. This process, therefore, maintains the focus and protagonism on the patient.[34]

CONCLUSION

The establishment of an empathic relationship is fundamental in the practice of clinical communication to strengthen the doctor-patient relationship, with the potential to bring benefits to both. Due to the fluid nature of the topic, NVC has the potential to fill in possible gaps and difficulties regarding the understanding and practice of empathy. It effectively explores the language of affection and natural giving in the relationship, paying attention to the feelings and needs of the assisted person. Thus, based on different perspectives and approaches on empathy, the present study instrumentalizes and facilitates its applicability in health consultations. Finally, it highlights the need for further research and further studies on the topic of empathy in clinical communication.

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CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

AHN: Conceptualization, Writing – original draft, Methodology. BYU: Data curation, Writing – review & editing. TAM: Data curation, Writing – review & editing.

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