

1	<ul style="list-style-type: none"><li>• Hi everyone - I'd like to share my gratitude to Jeremy Howick and the organizing committee for this great event.</li><li>• I am coming to you from Australian National University in Canberra. I take a lot of inspiration from this beautiful and historic environment which has been used as a place to meet and share for thousands of years. I'd like to take this opportunity to acknowledge and celebrate the First Australians and traditional custodians of this land, the Nunnawal and Nambri people. I pay my respects to their elders past, present and emerging.</li></ul>
2	<ul style="list-style-type: none"><li>• As we progress, I'd like you to keep this question in mind. Is empathy the same for people from different walks of life?</li><li>• Throughout my presentation I'll attempt to make a case for a more culturally responsive approach to empathy.</li></ul>
4	<ul style="list-style-type: none"><li>• Currently, I am working towards a PhD research project through the inter-disciplinary, Centre for Social Research and Methods, at Australian National University. My thesis is titled "Towards a theory of culture and empathy".</li><li>• This follows a decade of work on various inter-disciplinary empathy related initiatives - primarily in Australia, India, and Japan. Indeed, it has been some of the very experiences 'from the field' that have inspired this focus on culture. I will share one such fundamental experience in this presentation.</li><li>• I'd like to recognize and thank my many community partners in India and Japan, along with students and colleagues who have explored this topic with me over the years. Without their interest and support, I would not be here talking about this subject today.</li></ul>
5	<ul style="list-style-type: none"><li>• Now I'd like to discuss one of these experiences from fieldwork in India.</li></ul>
6	<ul style="list-style-type: none"><li>• I'd like to briefly transport to you the community of Sonoshi. A relatively small village nestled within the Western Ghats mountains in Maharashtra.</li><li>• I've been fortunate to spend many months staying in the community, over the last several years. From my time partnering with various community members, I have learnt a great deal about the cultural identities, centred on a proud revolutionary history, and their collective and holistic ecosystem beliefs of their role within their environments. Although Sonoshi seems relatively remote, it is only 45 minutes from the city of Nashik and about 3 hours from Mumbai. Indeed,</li></ul>

	<p>most people in the community maintain social, commercial, educational, or healthcare links in these cities.</p>
7	<ul style="list-style-type: none"><li>• Through a long-term collaboration with leading Indian sustainable rural development NGO, Drishtee, I have been fortunate to partner with Sonoshi for a number of years with a program involving a student 'immersion'. Drishtee Immersion was a deep experiential program where students become a part of the community. During their three weeks stay, student nurses would spend time getting to know particular community members to understand health-related issues from diverse perspectives. These collaborations meant that over time, community members would initiate initiatives, such a clean drinking water, and the program and students would support them to implement.</li><li>• Empathy was central to this, particularly a relational view of the concept that takes into account both the 'self' and 'others'. In broad terms, this means for the students a focus on internal self-reflexivity to understand and alleviate perceptive bias, privilege, and intentionality. Meanwhile, engaging with their hosts, through everyday life, what (Collins, 2005) calls 'interaction ritual chains' i.e. relationships that are fully embodied and evolve over time.</li></ul>
8	<ul style="list-style-type: none"><li>• In 2018 I was introduced to the empathy measure known as CARE (Mercer, Maxwell, Heaney, &amp; Watt, 2004), and felt drawn to the simplicity of the instrument. I wanted to test it out for myself and thought it could be used to measure empathy outcomes between nurses and community members.</li><li>• Initially I planned a small pilot study to test the instrument. The CARE measure was translated to Marathi by two native speakers also fluent in English. The study included a translated CARE form in hardcopy along with open-ended qualitative questions to share their general thoughts. Additionally, these were explained and administered by a translator from a nearby area (Nashik) who understands local dialect and with post-graduate studies completed in English language.</li><li>• Despite our best intentions, the study didn't turn out as expected. Respondents seemed visibly uncomfortable rating the nurses. A common response was.. <i>When someone cares for me, supports me and my community, how could it be a bad thing?</i> Moreover, there was confusion regarding 'self' orientated questions like 'telling your story', being a 'whole person' and 'helping you take control'.</li><li>• There were other issues relating to ceiling effects i.e. little differentiation between people, their experiences, and to many of the respondents questions seemed to be asking the same thing multiple times.</li></ul>

	<ul style="list-style-type: none"><li>• In this cultural setting, people are not used to thinking about themselves as an entity separate from their family and communities. I saw it as a potential harm to continue with a line of enquiry that was clearly inappropriate. Because of this, I decided to stop the study as it was intended. However, the experience was eye-opening and suggested the need to explore the construct of empathy more deeply.</li><li>• This left me with the somewhat obvious question - Is empathy experienced the same for people from different walks of life? This experience suggested it might be words apart.</li></ul>
9	<ul style="list-style-type: none"><li>• Let's move forward with a foundational definition of empathy</li></ul>
10	<ul style="list-style-type: none"><li>• There are few empathy researchers who would say that empathy is a simple construct. Indeed, it has been a controversial topic over the years, as the concept 'empathy' has evolved through various iterations. However, it has arguably become more holistic as part of the 'relational turn'.</li><li>• A systematic review by (Eklund &amp; Meranius, 2020) demonstrated a convergence in healthcare scholarship towards empathy as a multi-dimensional relational construct. The authors offer "Empathy is to understand, feel, and share what someone else feels, with self-other differentiation".</li><li>• (van Dijke, van Nistelrooij, Bos, &amp; Duyndam, 2020) add to this with a compelling argument for two-directional, embodied experience, that evolves through interpersonal relations. This involves behavioural representation of empathic understanding.</li><li>• In essence, we are talking about affective, cognitive, behavioural relational elements.</li><li>• The CARE measure (Mercer et al., 2004), which I'll discuss more later is broadly based on the same fundamentals. Here, empathy involves an ability to (i) understand the patient's situation, perspective and feelings (ii) to communicate that understanding and check its accuracy; and (iii) to act on that understanding with the patient in a helpful (therapeutic) way.</li><li>• This has since been articulated as therapeutic empathy (Howick, Bizzari, &amp; Dambha-Miller, 2018), summarised as a relational understanding that is shared in a helpful way. These components are crucial to the whole of empathy.</li><li>• (Weisz &amp; Cikara, 2021) support this notion stressing that inter-relations between components of empathy are fundamental to the overall picture.</li><li>• I'd like to suggest that empathy in all cases is a multi-dimensional relational construct. Therapeutic empathy is the same ideals, with the same fundamental relational characteristics i.e. two people inter-relating for connection and understanding, only applied within healthcare settings.</li></ul>

	<ul style="list-style-type: none"><li>• When viewed through an interdisciplinary lens, empathy requires relations of a depth that is relevant to the importance and complexity of the issue, involving the core affective, cognitive, and behavioural elements. Sometimes more, sometimes less but the underlying elements are the same, but engaged to varying degrees.</li></ul>
11	<ul style="list-style-type: none"><li>• Let's briefly look at a few relevant aspects of culture</li></ul>
12	<ul style="list-style-type: none"><li>• It's been fascinating to hear the topic of culture being raised by several speakers in this forum. While there are many dimensions of culture, and in any case, culture is always shifting and evolving, I'd like to focus on a few relevant areas.</li><li>• I'll start with the seminal article by (Markus &amp; Kitayama, 1991) who proposed independence and interdependence cultures. That is, whether a society predominantly values individualistic or collectivistic ways of being. The authors highlight how culture influences a person's self-perspectives, i.e. their selfhood, motivations, and cognition. This seems highly relevant to a relational notion of empathy, as self-perspectives play a key role.</li><li>• In more recent times, researchers have demonstrated that culture is not fixed or static, but is constantly evolving in response to many factors. Indeed, Vignoles and colleagues (Vignoles et al., 2016) studied across 33 countries to uncover multi-dimensional models of selfhood, depending on a range of factors including socio-economic status, religious heritage, and ecocultural contexts. Interestingly, they found as much variance <u>within</u> countries as <u>between</u> countries. I wonder what this might mean in relation to our seemingly Western-cultural-centric approaches to empathy?</li></ul>
13	<ul style="list-style-type: none"><li>• There are limited studies exploring the meaning or experience of empathy in diverse cultural settings. However, anthropologist, Douglas Hollan, has undertaken fascinating studies in a range of locations in Asia, the Pacific and elsewhere. (Hollan, 2017) suggests that while many people around the world identify and label forms of social knowing and assessment that closely resemble 'empathy', very few have concepts that are identical to it.</li><li>• Hollan provides examples, such as in Indonesia that feelings of empathy were translated as "love-compassion-pity" involving empathic actions where "one feels moved to intervene and help, as if one had no other choice" (Hollan, 2014). Essentially, the proof of one's empathy is in their actions, not necessarily through verbalised understanding. Moreover, empathy-like understanding is not automatically viewed in a positive light, with fears that such understanding can be used for tactical purposes or worse, for deception or manipulation. This gets to the heart</li></ul>

	<p>of the challenge we face in capturing, measuring, and promoting empathy in diverse cultural settings.</p>
14	<ul style="list-style-type: none"><li>• This brings me back to measuring empathy - a crucial element in supporting empathy scholarship and establishing an evidence base for empathy within healthcare.</li><li>• Let's explore this through the Consultation and Relational Empathy Measure.</li></ul>
15	<ul style="list-style-type: none"><li>• CARE is used by patients to assess their service provider, as you can see it's based on 10 questions, with ratings from poor to excellent. Since the seminal article by Mercer and colleagues in 2004, CARE has gone on to become widely replicated across healthcare domains (Mercer et al., 2004).</li><li>• And in countries around the world including India, Japan, South Korea, Brazil, Ethiopia, and many more.</li><li>• Proponents of the measure point to the simplicity of the scales and relative ease of administering the survey within time-pressured environments.</li><li>• I believe CARE has been a major catalyst for the increasing adoption of empathy agendas within healthcare and in healthcare education. It works to provide metrics that support convincing arguments and decision making. With this wide replication it is perhaps an opportune time to look at the performance of the instrument as a measure of empathy.</li></ul>
16	<ul style="list-style-type: none"><li>• With limited time in this session, I'd like to focus on construct validity. Essentially, this is an instrument's ability to meaningfully measure the underlying construct (see for a more detailed definition (Sireci, 1998)), in this case it is the construct 'empathy', as we defined earlier.</li></ul>
17	<ul style="list-style-type: none"><li>• For this analysis (see slide) I reviewed 33 studies that sought to measure empathy in patient-provider situations, which reported mean scores, standard deviation, and coefficient alpha. Many of these were validation studies to replicate CARE in new healthcare contexts or cultures.</li><li>• The data here shows mean scores and standard deviation. You can see very high means, with little variation. Even with large sample sizes, over a thousand respondents.</li><li>• Additionally, 15 of these studies reported the number of total maximum scores. This was an average of 30% across those studies. That means a significant proportion of healthcare providers studied are close to or perfectly empathic.</li><li>• You might be thinking, it's a good thing that healthcare professionals score so highly. However, such a distinct ceiling effect limits our potential to meaningfully capture empathy, or any other multi-dimensional construct for that matter.</li></ul>

	<ul style="list-style-type: none"><li>• Several researchers have raised this issue, such as Crosta Ahlforn and colleagues in Sweden (Crosta Ahlforn, Bojner Horwitz, &amp; Osika, 2017).</li><li>• Think of it like examining students, you wouldn't learn much about their individual abilities if 30% of the class receive full marks and the rest score close to 100%. It would not tell you much about their performance.</li><li>• Let's take a closer look at more empirical data.</li></ul>
18	<ul style="list-style-type: none"><li>• The coefficient alpha is a metric used to test an instrument's internal consistency and ability to discern between components of the latent construct of empathy, as defined earlier. Alphas can range from 0 to 1.</li><li>• Several theorists including (Streiner, Norman, &amp; Cairney, 2015) suggest in relation to healthcare measures, that alpha can be considered too high if above 0.9, in which case there may be redundant items in the scale. This suggests that the questions within a survey may be asking the same thing.</li><li>• As you can see from this graph, 29 out of 33 studies are above 0.90. With 70% of studies at or above 0.95.</li><li>• The concern here is that CARE intends to capture the multi-dimensional relational construct of empathy. Meanwhile, this data suggests in most cases there is little differentiation between questions.</li><li>• Could it be that CARE is indeed capturing a one-dimensional construct? Perhaps, something like a good healthcare service? Or whether they like their healthcare provider? I don't know the answer, but these data underscore the importance of considering wider influences when it comes to empathic interpersonal relations.</li></ul>
19	<ul style="list-style-type: none"><li>• I'd like to provide a final thought on this.</li><li>• These data bring into focus an interesting quirk of most empathy measures, including CARE, highlighted by Hall and Schwartz. The surveys themselves avoid mentioning the term empathy, empathic or empathetic (Hall &amp; Schwartz, 2019).</li><li>• This builds on earlier work by Pedersen who found healthcare dominated by quantitative measures that measure peripheral constructs (Pedersen, 2009).</li><li>• Sanders and colleagues added to this when reviewing empathy within oncology by suggesting that measures including CARE do not ask patients which behaviours represent empathy to them and assume an unsubstantiated equivalency between a generally good provider consultation and empathy (Sanders et al., 2021)</li></ul>

	<ul style="list-style-type: none"> <li>• All of this raises the question.. To what extent does the respondent know they are reporting on empathy? Particularly if they're from diverse cultural backgrounds?</li> <li>• Perhaps the simplicity of the measure, that originally appealed to me, is in fact hindering our potential to meaningfully understand empathy.</li> <li>• When considering the ceiling effect and high alpha, is it possible that CARE is simply measuring patient satisfaction or something else?</li> <li>• These challenges are not necessarily limited to CARE, however I used it as an example based on my earlier personal experiences in the field</li> </ul>
21	<ul style="list-style-type: none"> <li>• To conclude..</li> </ul>
22	<ul style="list-style-type: none"> <li>• Through this presentation I've attempted to contribute in a small way by highlighting the need for a culturally-responsive approach to empathy. In summary... I've made a case for thinking of empathy. As a multi-dimensional relational construct, that varies between people from different walks of life.</li> <li>• I've shown empirical data that suggests limitations in our current ability to capture and measure empathy. With an increasing focus on empathy in healthcare, I believe we need to progress this area of scholarship. But how to do so?</li> <li>• Firstly, we need to enhance our ability to capture empathy. To start with, a dynamic, bi-directional means of relational measurement</li> <li>• However, for this to be successful, we need a means to identify conceptions of empathy-like relations in any cultural context. Based on the qualitative perspectives and lived experiences of people at the grassroots. Replicating this across many cultural settings I believe at the very least, it is possible to expand the dominant Western-cultural approach to incorporate diverse perspectives - or with such grounded inputs, our ways of conceiving empathy might be totally disrupted in unforeseen ways.</li> <li>• In the short-term, I feel that empathy measures could be used more in mixed-methodologies.</li> <li>• Although qualitative research takes more time, it would provide more meaningful and representative data.</li> </ul>

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