Teaching Empathy for Patients with Chronic Kidney Disease through Reading, Listening, and an Embodied Visualization: A Pilot Study

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Linton and Wardian

Abstract

Research on teaching empathy in continuing education in social work is minimal. There are three dimensions of empathy: objective, subjective, and interpersonal (Clark, 2004, 2010). This study aimed to assess the impact of a three-part intervention to increase empathy for social workers supporting chronic kidney disease. The lesson was tested with a sample of interdisciplinary undergraduate students ($N = 34$) at a Hispanic Serving Institution. The study found that students' reported empathy significantly increased after each teaching method ($F = 29.53$, $p < 0.001$). It takes time and exposure over time to develop empathy.

Teaching Empathy for Patients with Chronic Kidney Disease through Reading, Listening, and an Embodied Visualization

Empathy, otherwise known as placing oneself in another person's shoes, is critical to pedagogy in social work (Sanders et al., 2021). Clients report listening, understanding, and attention to their emotions as what matters most in their interactions with social workers (del Carmen Pérez -Fuentes et al., 2020). Additionally, social workers' empathy for their clients enhanced their positive mental state, suggesting that empathy has implications for resilience and prevention of burnout (del Carmen Pérez-Fuentes et al., 2020). Early on, Carl Rogers (1959) defined empathy as the perception of "the internal frame of reference of another with accuracy and with emotional components and meanings which pertain thereto as if one were the person, but without ever losing the 'as if' condition" (pp. 210–211). Clark (2004, 2010) expanded Rogers' (1959) concept of a tri-level conceptual framework of empathy including objective, subjective, and interpersonal empathy. Objective empathy is knowledge of a patient through theoretical or scholarly material. Subjective empathy is a health professional's sensitivity to internal responses when they interact with a patient. In Social Empathy: The Art of Understanding Others, Segal (2018) discusses the ability for people to have compassion toward social groups, applying the concept of objective empathy towards a population using a social work lens. Interpersonal empathy, which is the skill social workers aim to obtain, is grasping the lived experience of a client and accurately communicating it to them (Clark, 2004; Clark 2010; Rogers, 1959).

Literature Review

Recent research has shown that people can learn empathy. Studies have shown that neurological changes occur as one experiences empathy (Lamm et al., 2007). Lamm et al. conducted a study assessing neurological changes as study participants were asked to look at pictures of facial expressions of a person in pain after having a medical procedure and imagine the feelings of the patient or imaging oneself as the patient. Researchers assessed differences in neurological responses based on if they were told that the procedure was successful or not. The results showed not only how neurological changes occur during empathy but that responses were based on information, such as the procedures' success, which caused signal changes in the perigenual anterior cingulate cortex responsible for associating actions with emotions. Decety and Jackson (2004) stated that the following components are needed to produce empathy: a) affective sharing between the self and other (i.e. listening and generating similar feelings within us), b) self-other awareness (i.e. no confusion between self and other), and c) mental flexibility (i.e. emotion regulation). This study sheds light on how brain injuries may negatively affect one's ability to empathize with others since it requires observation, memory, knowledge, and reasoning all working together (Decety & Jackson, 2004). This research also acknowledges the complexity of developing empathy.

Scheler (1954/1954) posited that we can experience other minds, which is "expressive unity" (p. 9). Scheler posits that empathic behavior is a psycho-physically undifferentiated concept. Embodiment, the psycho-physical act of placing oneself in another one's situation, occurs

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through visualization, imagination, intention, and senses, such as touch (Ehrenberg & Wood, 2011). This can be done through embodied visualization and has transformed over time from the use of visualization lessons such as the one described in this study to virtual reality scenarios that test the limits of senses. According to neuroscience philosophers, our brains process the embodied scenarios' surroundings and interactions with it the same way our brains do in the "real world" (Bostrom, 2003; Tegmark, 2017). Riva et al. (2019) explain that "the brain creates an embodied simulation of the body in the world used to represent and predict actions, concepts, and emotions" (p. 90). This demonstrates the rich potential for embodied visualizations to develop empathy and skills since our brain believes we are there in that scenario as the client.

Social work researchers Gerdes and Segal (2011) reported "evidence of empathy …remains scarce and sketchy" (p.142). Pedagogical studies on empathy have included assessments of listening to stories and art as a teaching method for one class using pre-post-test design (Raatikainen et al., 2021; Walter & Shenaar- Golan, 2018). Greeno et al. (2017) conducted a quasi -experimental study of 54 undergraduate and graduate students trained using Motivational Interviewing and Live Supervision, which is real-time feedback as these students worked with patients. They compared this group to a Teaching as Usual (TAU) group. The study found that those who received Live Supervision increased empathy more than the TAU group (Greeno et al., 2017). A recent qualitative study assessed the impact of an experiential exercise of a survivor of intimate partner violence (IPV) for students; the study found that students reported increased empathy for survivors of IPV after the exercise (Fisher et al., 2021). Research has also found that the more someone understands and is educated on welfare systems, policies, and practices, the less likely they were to believe the poor were dependent on government assistance, demonstrating the development of social empathy (Wagaman et al., 2018).

The teaching method in this study addressed objective, subjective, and interpersonal empathy (Decety & Jackson, 2004), whereas many previous interventions of empathy in health promotion addressed one part, such as the Wagaman et al. (2018) study where they focused on objective empathy. For example, even the quasi-experimental study of learning empathy while conducting Motivational Intervention by Greeno et al. (2017) focused on two aspects: subjective and interpersonal aspects of empathy. Many previous studies in health promotion focused on empathy in general rather than a specific condition that a patient may experience, such as chronic kidney disease (CKD). The recent study that focused on developing empathy for IPV is an example of focusing on a specific condition that a patient may experience (Fisher et al., 2021). This qualitative study concluded that future research on empathy needs to help social workers improve both interpersonal and social empathy.

Developing the Lesson

The lesson in this study was developed by the 1st author as part of a pedagogy class in her Social Work doctoral program. She was a social work intern with a large dialysis provider during her Master's in Social Work (MSW) program and was deeply impacted by the experience. She wanted to bring this experience to her fellow doctoral students who did not have the same internship. Step 1 of the lesson incorporates the reading given to her as a social work intern to increase cognitive understanding of CKD and to set a foundation for the empathy experience. Step 2 tells a story about a patient, which is a compilation of patients encountered during her internship. In Step 3, the students encounter a more personalized embodied visualization that serves to internalize what it would be like to experience CKD for themselves. The stopping points and questions are designed to help the learner get in touch with how they are feeling and empathize with the patient in the story and how it would personally feel to have CKD. After the completion of each step, the students are asked to complete a simple 5-point Likert scale to determine how the various levels of the empathetic experience change with each step. The optional activity was added to provide an additional opportunity to discuss the concept of empathy and how it might be learned.

Study Purpose

This pilot study aimed to add to the scarce literature on developing and teaching empathy by assessing the impact of a three-hour lesson on developing empathy for people with chronic kidney disease (CKD) that could be used in continuing education. It included academic reading, storytelling, and an embodied visualization lesson with reflections after each part. The lesson aimed to improve objective empathy through a combination of academic reading, subjective empathy through listening to story-telling, and interpersonal empathy through the embodied visualization (Decety & Jackson, 2004). Thus far, a similar teaching method has not been published. The study sample were undergraduate students studying to work in health -related professions, including social work, where empathy is critical to providing care. Empathy is an important skill for all health care students as it is a precursor to compassionate action and enhances the therapeutic relationship and patient outcomes (Trzeciak et al., 2019). In addition, lower empathy is associated with increased burnout (Thomas, 2007); therefore, increasing patient empathy and demonstrating compassion in healthcare may moderate burnout. This study aimed to answer the following research question: How does a three-part pedagogical intervention addressing the three dimensions of empathy impact empathy among undergraduate students? The authors hypothesized that the use of a CKD pedagogical intervention using multiple activities to address the three dimensions of empathy (objective, subjective, and interpersonal; Clark, 2004, 2010; Rogers, 1959) will increase overall empathy of undergraduate interdisciplinary students.

Methods

Sample

This study was conducted with interdisciplinary undergraduate students entering medical, social work, and social science professions in healthcare. Students were primarily Junior and Senior undergraduate students, mostly female, and about one third were Hispanic. All students majored in an interdisciplinary degree program called Health Science. Due to the small university where they attended school, there was no social work program yet developed.

Table 1.

Sample description

	#(%)
Gender	
Male	5(14.7)
Female	29(85.3)
Ethnicity	
Hispanic	13(38.2)
Non-Hispanic	21(61.8)

Intervention

The study was reviewed and considered to be exempt by the California State University Institutional Review Board. In fall 2019 three lesson hours were used in a disability services elective course at a Hispanic Serving Institution in the western United States to teach empathy for people with CKD. The class was taught by the 2nd author. The full assignment instructions developed by the 1st, including all three teaching parts, are in Appendix A.

To develop objective empathy (Clark, 2004, 2010; Rogers, 1959), prior to the lesson, students were asked to read about the characteristics, symptoms, and potential treatments for CKD. In the first hour of the lesson, the instructor facilitated a brief discussion about CKD and read aloud basic facts about CKD. The instructor asked the students to complete the response statements on a piece of paper and collected their responses.

In the second hour of the lesson, to develop subjective empathy (Clark, 2004, 2010; Rogers, 1959), a story about a person who was on dialysis was shared with the class. After listening to the story, students were asked to reflect and record their responses to the same three statements.

To develop interpersonal empathy in the third hour of the lesson, an embodied visualization lesson was conducted (Clark, 2004, 2010; Rogers, 1959;). The instructor/2nd author prepared students for the embodied visualization lesson developed by the 1st author as her final project in a social work pedagogy course in her PhD in Social Work program. The 1st author practiced the embodied visualization lesson in the pedagogy course with other social work PhD students where the 2nd author was present. The

1st author provided each PhD student in the class with detailed instructions on the pedagogical intervention. The 2nd author kept the exercise instructions in her files and tested it for this study. The instructor asked volunteers to help tape down one of each students' arms to their desk as if they were receiving dialysis treatment. After students' arms were secured, she suggested that, if students were comfortable, they could close their eyes. She slowly and deliberately read the visualization story (see Appendix A), pausing at certain intervals to elicit feedback on what students were thinking and feeling. After completion, she gave students a minute and then asked them to answer the response statements again.

Measures

Students responded to the following three statements on a piece of paper after each teaching method: a) I can imagine what it would be like to have CKD, b) I understand how it feels for someone else to have CKD, and c) I understand how it feels to have CKD. Response options ranged from 1 = not at all to 5 = totally. The three statements were an empathy scale developed by the second author ($\alpha = 0.88$; Table 1). The papers were collected by the instructor after students provided their responses immediately after each of the three parts of the intervention: objective, subjective, and interpersonal. Data were entered into an Excel file and then uploaded into SPSS for analysis. The mean of students' responses to each statement after each teaching method was calculated. This mean score was used as the final empathy score for each teaching method.

Analyses

Descriptive statistics of the sample of 34 students are presented in Table 2. An ANOVA with repeated measures was used to assess if there were significant differences between reported empathy after each teaching method.

Results

The ANOVA with repeated measures with posthoc Bonferroni analyses found that students' reported empathy significantly increased after each teaching method was conducted ($F = 29.53$, $p < 0.001$; Table 3).

Table 2. Response Statements for Each Part of the Lesson

I can imagine what it would be like to have CKD
I understand how it feels for someone else to have CKD.
I understand how it feels to have CKD.

* Note. Responses range from 1= not at all to 5= totally

Table 3.

ANOVA with Repeated Measures Comparison of Empathy After Each Teaching Method

	M(*SD*)	*F*	*P value*
Reading	2.39(0.87)	29.53	<0.001
Listening	3.04(0.98)		
Embodied Visualization	3.61(1.17)		

Note. Bonferroni analyses found statistically significant differences between reported empathy in each teaching method (p <0.001).

Discussion

This study demonstrated the effectiveness of Clark's (2004, 2010) and Rogers' (1959) three-part model of empathy as a guide for teaching empathy to social workers. It also demonstrated how empathy is a skill developed through multiple exposures, including exposure to each part of empathy at least once: objective, subjective, and interpersonal. This lesson can be used to develop empathy for people with CKD in future or existing social work professionals. It can also be used to foster a meaningful discussion about the value of empathy in social work classes and continuing education. Empathy is a skill developed through continued exposure to facts, internal response to experience, and lived experience; this study found that as students read about CKD, then listened about CKD, and then embodied someone with CKD, they collectively developed their empathy for clients with CKD. Each experience or exposure to facts and/or feelings of clients with CKD increased their empathy.

Embodied visualization is a practical step for new social workers to develop empathy prior to working directly with clients. This pedagogical intervention provides a safe space for students to grapple with their thoughts, emotions, and experiences placing themselves in their clients' shoes without yet working with a client. Additionally, unlike many previous embodied visualizations, this scenario included all three of the part of empathy: objective, subjective, and interpersonal (Clark, 2004, 2010; Rogers, 1959).

CKD and other chronic conditions can not only be difficult to understand but also can bring up emotions for new social workers who may for the first time reflect on how they would feel if they had that type of health condition or bring up personal memories of a loved one that has a similar condition. Including an opportunity for reflection and discussion in this intervention is critical. The benefit in focusing on a specific type of patient or conditions is that it mimics real-life empathy building. Health professionals develop empathy as they work with patients. Day in and day out, they read about their clients' condition, listen to their clients and people in their clients' lives, and feel emotions as they interact with their clients. It may take time and exposure on the same subject or condition (i.e. CKD) over time to develop empathy.

Limitations in this study include small sample size, limited generalizability, lack of pre-test, and lack of a control subsample. Future research should replicate the study design with larger samples to increase the generalizability of the study results. Additionally, a pretest of the measures would help to see the impact of the first hour of the lesson. Lastly, a randomized control trial would assess the efficacy of this lesson in improving empathy for CKD.

In conclusion, this pilot study found that a three-part lesson on CKD improved objective, subjective, and interpersonal empathy among a small group of undergraduate students and could be used for new social workers in continuing education. The students increased their empathy after each part of the intervention including a reading, story, and embodied visualization lesson, suggesting that each part contributed to developing empathy. Future research should conduct efficacy research on this lesson using a randomized control trial with larger samples.

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Appendix A.

The CKD Empathy Lesson Developed by Author

The CKD Empathy Lesson

Objectives

At the end of this lesson, students will be able to 1) list five symptoms of chronic kidney disease (CKD); 2) increase scores on 5-point scale of understanding/empathy related to CKD; and 3) articulate how using some of the techniques shared in the lesson could be useful in teaching empathy in other areas of social work practice.

Preparation

Write the three statements from the following table on a white board or prepare a Power Point slide. In addition, bring several rolls of masking tape and ask several students to assist with the taping. Ask students to take out a sheet of blank paper.

Response Statements for each Segment of the Lesson

I can imagine what it would be like to have CKD
I understand how it feels for someone else to have CKD.
I understand how it feels to have CKD.

* Note. Responses range from 1= not at all to 5= totally

Step 1: Assigned Reading Prior to the Activity

Students are provided links to online sites that have information about kidney disease. For example, students can access the American Kidney at Learn about your kidneys | Kidney disease - American Kidney Fund (AKF), the National Kidney Foundation at Kidney Basics | National Kidney Foundation, and Rubin (2009).

Step 2: Discussion of Factual Information

In class, the instructor facilitates a discussion about kidney disease. It is important to allow sufficient time for students to share some facts. These might include 1) how many people are diagnosed with kidney disease; 2) the causes of CKD; and 3) treatment for CKD among others.

Students are asked to write responses to statements in the table.

Step 3: Listening to Another Person's CKD Experience

In the next part of the lesson, a story about a person who is on dialysis is shared with the class. The following story is a compilation of many patient experiences.

Laura was diagnosed with Type 1 diabetes when she was 8 years old; she can hardly remember a time when she wasn't pricking her fingers regularly to test her blood sugar and giving herself injections of insulin. She married a wonderful man who accepted her diabetes as a part of the package and has been supportive through more than 10 years of marriage. They have 2 little boys – Evan is 7 and Travis is 3. When she had Travis, her kidneys just weren't able to control her blood pressure or do a good job of filtering toxins anymore.

She started dialysis at 30 years old with a 6-month-old baby and a 4-year-old. She had to quit teaching school because taking care of the boys and going to dialysis 3 times a week for 4 hours was just too much. That cut their income in half. She is so tired on the days she has dialysis that her mother has to come over to help her with the boys. Her husband has been doing the majority of the housework for the past 3 years. He is also trying to support the family on about $30,000 a year. He can't get a second job because the kids and Laura need him to be home every night and on the weekends.

Laura doesn't even feel pretty anymore – the fistula on her arm is so repulsive. Her face is always a little puffy and her skin is always a bit yellow. The fluid she retains in her belly makes her look pregnant all of the time. All of her family members have been tested as potential donors and no one is a match. She's on the transplant registry, but she knows it could be 5 years or more before she would be able to get a kidney. Even then, who knows? Her body may reject the kidney and she will be right back where she started…

Laura feels so guilty for having a second child - maybe she should have been content with one child. She also wonders if she could have managed her diabetes better when she was younger. Would she be in this position if she had only been more careful with her diet? Even now, she struggles with the kidney diet and cheats way too much. How can she ever follow the salt

restrictions when there is salt in EVERYTHING? The fluid allowance is only 32 oz. + whatever she pees out – yuck –Who knows how much fluid that is? Every day is so hard. Maybe her family would be better off without her…

Students are asked to record their responses to statements from the table.

Step 4: Embodied Visualization as a Dialysis Patient

Volunteers assist in taping down the non-dominant arm of each student with the palm facing upward and as straight as possible to the table or desk as a reminder not to move their arm. Create a quiet, calm space and begin with the visualization lesson. Ask the students to close their eyes. The following visualization is facilitated with bolded questions at points of reflection.

Visualization Lesson with Students

You've been really tired lately. You are just absolutely exhausted and have been coming home from school and climbing right into bed, sleeping through until morning. When you wake up, you feel like you have to go to the bathroom, but hardly any urine is coming out and there appears to be a reddish tinge to it. As you are putting on your shoes, you notice how tight they are and how swollen your hands seem. Maybe you just ate too much salt yesterday or something. That's probably all. I've got to watch the salt today and drink plenty of water. You look in the mirror as you are brushing your teeth and notice your face is broken out and it sure does itch! Maybe it's that new face wash you bought. Even though it says hypoallergenic, who can really be sure?

You head off for school and realize you can hardly catch your breath while walking up to your class. And wow is it ever cold today! You are just shivering…

You reach the classroom and realize that you are feeling a little nauseous. Oh! Forgot to eat, that's all. You are sure it will be better once you eat. Nothing has really tasted very good lately. Everything tastes like…metal…yuck. No wonder you haven't been eating very much lately.

What might you be <u>feeling</u> after a few weeks of having these experiences? What might you decide to <u>do</u>?

You decide to go to your doctor for a checkup. After all, it has been about a month that you haven't been feeling very good and you are starting to gain weight even though you have no appetite. By now, you are often dizzy and having a lot of trouble keeping up with your schoolwork. Reading is nearly impossible – everything gets so blurry and it's so hard to concentrate. Your brain just feels…well…. fuzzy.

You are in the waiting room feeling more and more nauseous. You have been popping antacids trying to get rid of the sick stomach, but it hasn't helped. Finally, the nurse calls your name. You stumble back to the exam room, stopping for a quick weigh in. WOW! You really have gained weight- 20 pounds! Had no idea it was that much.

The nurse checks your blood pressure and her eyes are wide. She asks if you are anxious. "No, not really…why?" She shrugs and pastes on a smile. No reason! The doctor will be right with you. You start to doze off waiting for the doctor. Your eyes are so heavy and why do they keep it so cold in here? (long pause)

(Knock on table) A knock on the door startles you awake. The doctor bursts into the room with, "What brought you to see me today?" You explain that you have been really tired, short of breath, having trouble going pee, kind of swollen sometimes. She interrupts "Any pain in your back? How's your appetite?" She decides to do some blood work and will call you with the results. It could take a couple of days.

How are you feeling? What do you do over the next couple of days? Do you tell anyone?

The doctor calls and wants you to come in to talk about your test results.

Now how do you feel? Do you go alone or bring someone with you?

You are waiting in the doctor's office to speak with her about the blood work. She finally comes in and sits down next to you. Not at her seat behind the desk. This must be bad! You brace yourself for what is to come.

The doctor tells you that you have End-stage renal disease and you need to go on dialysis. She

has made arrangements for you to get your first treatment tomorrow. She tells you that your blood work was sent to a specialist – a nephrologist- and he will decide what you need and communicate that to the dialysis clinic.

What are you thinking? What are you feeling? Do you tell anyone?

You arrive at the dialysis clinic an hour before your scheduled dialysis just like they told you. The waiting room is so cold and everyone looks miserable. Finally, a social worker calls you back. You peek around the corner and see a large room with about 20 chairs. It's pretty quiet except for the beeps and hums from the machines. Medical people talk in hushed whispers and you wonder what they are talking about. The social worker leads you to a conference room where she invites you to take a seat. She pulls out a folder with a lot of papers and proceeds to explain each one to you, asking you to sign several papers acknowledging you have received information. You nod and sign, nod and sign. You are so tired and it's so cold…

Next, a nurse takes you to the scale to weigh in. She explains that you will do this every time you come and write down your weight on a slip of paper. When you are finished, you will weigh again to see how much fluid was taken off. Next, she shows you to a chair and she begins to pull out some long needles and tubing. You notice the room smells like antiseptic and…so…sterile. Why is it so cold!?

Everyone in the room has a machine of their own and they are just sitting there while their blood circulates through the machine. A loud alarm goes off and several people run to the patient and put up a screen so you can't see what is going on behind the screen. Your nurse continues to insert the needle without pausing, like this is normal or something! She tells you that you need to be on the dialyzer for 3 hours and she firmly instructs you, "Don't move your arm."

What are you <u>thinking</u>? What are you <u>feeling</u>? What questions do you have? How would you occupy your time, given that you don't have the use of your non-dominant arm? Many patients bring a bag with them. What might be in your bag?

You return to your physician the following week, she informs you that your kidneys have miraculously regained function and you no longer require dialysis. You are free to live your life as you please and eat whatever you would like. There is no increased risk of your kidneys failing. You breathe a sigh of relief and are more thankful than ever to be healthy.

Ask students to record responses to the three statements from the table.

Step 5: Assessment

Optional Activity: On the same piece of paper, ask students to list as many symptoms of chronic kidney disease (CKD) as they can remember. **Who remembered at least 5? How did you remember those symptoms?**

Discuss with students that cognitive processing components of empathy (self–other awareness, perspective taking, and emotion regulation) are not automatic.

- **Can these things be learned?**
- **What were some of the elements used during class to teach empathy?**
- **How could you use some of the elements shared to increase empathy in other areas of social wor**k?