

CANADIAN HOME CARE ASSOCIATION



MODULE 2: Understand Emotions and Empathy

UNDERSTANDING EMOTIONS

Learning Objectives

Welcome to Module 2 of the Canadian Home Care Association's emotional intelligence learning modules. This module is designed to help health care providers learn about understanding emotions. As you complete this module, you will learn about the important competency of empathy, as well as the practice of reframing.

The goal is to increase your skills to help patients and caregiver deal with difficult situations and unexpected challenges.

After completing this module, you should be able to:

- Define the term empathy and explain its role in emotional intelligence;
- Discuss the need for empathy in response to caregivers' experiences through change;
- Recognize the difference between empathy and sympathy;
- Outline the three stages of empathy;
- Explain the basic elements of body language;
- Describe the practice of mindful listening; and
- Describe the practice of reframing.

Terms and Definitions

These are the terms introduced in this module. You can also download a PDF that includes all the terms used in the EI Learning Modules.

EI Domain: Understand Emotions

As you learned in the introductory module, the second domain of emotional intelligence is concerned with *understanding emotions*.

In Module 1 we learned about developing our self-awareness so that we can recognize our emotions and the emotions of others. Emotions are the underlying causes of our physical feelings, thoughts and

behaviours.

In this module, we will explore the domain of understanding emotions. This understanding includes knowing:

- how different emotions relate to one another;
- how emotions can change based on the situations we encounter; and
- how emotions alter throughout the care journey.

Patients' and caregivers' emotions change throughout the care journey and impact their physical and mental well-being.

When you understand emotions, you become aware of what, how and why patients and caregivers experience certain emotions in certain situations.

Understanding the root causes of your own emotions will help you understand who you are and how you interact with others.

What Is Empathy?

Empathy is the capacity to understand emotions and appreciate what, how and why people feel the way they do.

Empathy requires being sensitive to the thoughts and feelings of another person.

Empathy helps us to see the world from another person's perspective in a non-judgmental way, to respond to that person's unique experience.

The psychologist Alfred Adler once said:

"Seeing with the eyes of another, listening with the ears of another and feeling with the heart of another."

Why Is Empathy Important?

Empathy is like "tuning in" to what, how and why people feel and think the way they do.

Empathetic people care about others and show interest in and concern for them.

Empathetic people also have the ability to describe another person's perspective in a non-judgmental way, even if they do not agree with it. This can help shift a difficult relationship to a collaborative relationship.

At its most developed, empathy gives us the insight to improve someone else's mood and to support them through challenging situations.

Practicing empathy when provide home care services will help caregivers feel that you understand their experiences and that they are supported through the care journey.

Empathy will help you to build trust and collaboration with caregivers.

Empathy and Emotional Intelligence

Empathy is a key competency in your emotional intelligence.

Once you have perceived emotions, empathy helps you to understand them in others.

When you understand another person's feelings, thoughts, and perspective—based on their emotions—you will be able to better manage and use emotions in a helpful and productive way.

Empathy and Caregivers' Experiences

Providing care for a loved-one, friend, or family members can be challenging. But each caregiver's experience is unique. These unique experiences are shaped by their head, heart, and hands.

The head represents what caregivers think: their knowledge, familiarity, and understanding.

The heart represents what caregivers feel: their emotions, reactions, and feelings.

The hands represent what caregivers do: their roles, tasks, and responsibilities.

Empathy is a critical emotional intelligence competency for health care providers who must understand and respond to caregivers' needs.

To learn more about health care providers can respond with empathy to what caregivers think, feel, and do, hover over the hotspots on the photo.

Supporting Caregivers through Change

- Caregivers go through a series of changes as they adjust to their new role and circumstance. These changes impact every aspect of their life and influence their caregiving experience—what they think, feel and do.
- It is important that health care providers recognize and understand the emotional cycle of change that patients and caregivers are experiencing.
- When experiencing change—big or small—all patients and their caregivers go through the the cycle in different ways. Some people move through the stages quickly, while others may spend time in each stage, or get stuck and have to move back before they move forward.
- Practicing empathy to support caregivers through the cycle of change is an important emotional intelligence skill for all health care providers.
- To learn more about practicing empathy to support caregivers' experiences through the change cycle, hover over the hotspots on the exhibit.

EMPATHY

Sympathy vs. Empathy

Many people believe that empathy and sympathy are the same thing. The two words are often used interchangeably or as synonyms.

But while they are related concepts, sympathy and empathy are NOT the same thing!

Sympathy is a feeling of concern for someone, and a sense that they could be happier.

Sympathy usually demonstrates feelings of care about other people and is often the most appropriate response.

You can feel sympathy for someone who is crying, even if you do not know anything about their situation.

Examples of sympathy include ending a condolence card when someone dies or feeling concern about tragic event in another country.

In contrast, empathy expresses that you *understand* how the person feels right now.

Empathy also involves asking questions to learn more.

Unlike sympathy, empathy involves a shared perspective or emotions.

Empathy is like walking in another person's shoes. Sympathy may develop into empathy, but doesn't necessarily do so.

Examples of empathy include understanding that a co-worker is overwhelmed and giving them encouraging words or recognizing a caregiver's grief and sharing comforting thoughts

To learn more about sympathy and empathy, take a moment to watch the video.

Is This Sympathy or Empathy?

How can we recognize the difference between expressions of sympathy and expressions of empathy?

Sympathy expresses the situation from the speakers' point of view.

We can identify sympathy statements because they usually include the pronoun "I".

I-statements are used to express the emotions of the speaker. For example, "I was sad to hear about your loss."

A statement of empathy recognizes the situation from the other person's point of view.

Empathy statements acknowledge how the other person is feeling at the moment.

And empathy statements usually include the pronoun "you" statement. For example, "You sound upset" or "It must be difficult for you."

Expressions of empathy also allow the speaker to ask questions to probe, to clarify or to get more information. For example "What did you think about....?"

Review the exhibit to compare statements of sympathy and statements of empathy.

Scenario: Sympathy or Empathy

Let's look at an example of the difference between sympathy and empathy. Consider the following situation:

After a recent fall, Bob had hip surgery to repair this injury. Bob is 83 years old, but his condition is stable and he has been discharged to his home as part of a restorative care program. On your first visit to the home, you meet Bob's 52-year-old daughter Mary, who is the primary caregiver.

Some examples of sympathy statements you might share with Bob and Mary include:

"I am sorry to hear about your dad's recent fall and hip surgery."

and

"I am here to provide you with supports to help you walk again."

These statements focus on *your* feelings during Bob and Mary's time of difficulty.

There is nothing wrong with expressing sympathy, but these types of statements do not invite Bob and Mary to share their concerns or feelings.

You will not learn about their needs when you express sympathy.

In contrast, here are some empathy statements you might share with Bob and Mary:

“Mary, you must be worried about your dad after his recent fall and surgery.”

And

“Bob, you may find it difficult to return to normal life because of the pain. Let’s see what we can do to help.”

These statements express empathy—notice the “you” in both statements. These empathy statements invite Bob, the patient, and Mary, the caregiver, to talk about how they are feeling with a person who wants to understand their experiences.

Three Types of Empathy

There are three different types of empathy: cognitive empathy, emotional empathy, and compassionate empathy.

Each type has a slightly different use, but all three support your understanding of a person’s feelings and your desire to support them.

Cognitive empathy is the ability to understand what another person might be thinking or feeling.

It is a conscious, rational way to recognize and understand another person’s emotional state.

Cognitive empathy is a mostly rational, intellectual, and emotionally neutral ability, which means it may not involve any emotional engagement with the other person.

Cognitive empathy is effective for intellectual discussions as well as workplace or professional situations.

Emotional empathy is the ability to share the feelings of another person, and to understand that person on a deeper level.

Emotional empathy is not just knowing how someone feels, but building genuine rapport with them.

This kind of empathy can be overwhelming: A person with strong empathic tendencies can become so engaged in other people’s feelings that it can interfere with their own emotional well-being.

Compassionate empathy is the most active form of empathy.

You may have heard of the phrase “acts of compassion” or “acts of kindness.” The word compassion refers to the feeling of wanting to alleviate another person’s distress.

Compassionate empathy involves having concern for another person, sharing their emotional pain, and then taking practical steps to reduce that pain, but without feeling emotional strain.

Compassionate empathy is thoughtful and action-oriented.

This type of empathy helps to build a true connection with another person.

Review the table below for a summary of the three types of empathy.

Moving from Pity to Compassion

Developing the capacity for empathy is a process. So far we've learned about the differences between sympathy and empathy, as well as three different types of empathy.

To develop our capacity, we must move beyond the basic feeling of pity, which is the feeling we have when we simply recognize that a person is suffering.

From pity, we move to sympathy or a feeling of care about another person's suffering.

But cognitive empathy is the understanding of that person's suffering.

Engaging our emotional empathy allows us to share in the feelings of that person's suffering.

Finally, compassionate empathy is what gives us the desire to relieve a person's suffering.

Scenario: Practicing Empathy

Here is an example of how a home care provider can practice compassionate empathy:

Felix is upset because he spent several hours last week arranging appointments for his husband, only to have them cancelled today.

It is helpful to acknowledge Felix's frustration.

Showing that you understand Felix feelings yourself is the next step.

Taking time to offer practical support or guidance to help Felix resolve the problem is the most useful expression of empathy.

To learn how to respond to Felix's situation with empathy, hover over hotspot.

CHECK YOUR UNDERSTANDING 2.1

Check Your Understanding

To check your understanding so far, take a moment to answer these questions about understanding emotions and empathy. If you don't get the correct answers, you can go back and review the content again before going to the next section.

DEVELOPING EMPATHY

What Is Body Language?

Much of the way we communicate is non-verbal. When you are communicating, your body is sending a message that is as powerful as your words.

Body language is a very broad term that includes all types of non-verbal communication, or the way in which our bodies communicate. Facial expressions are one of the clearest examples of body language.

Research has shown that in situations dealing with emotions, feelings, and attitudes, body language makes up half of our communication.

Learning to read body language is key to understanding emotions because people may not tell you what they are thinking or feeling, but they will probably show you.

Body language is powerful because

It is honest, conveying truth when words do not;

It reveals feelings and motives such as aggression, submission, deception, and so on; and

It improves your listening skills, by helping you “hear” the message between the words.

You can use body language to help guide your own communication choices. And becoming aware of your own body language will help you improve your communication with others.

The 5 Elements of Body Language

Body language generally consists of five different elements: proximity, positioning, facial expressions, touching, and breathing.

The first element is *proximity*, or the distance between people. We often move away from people who make us uncomfortable and move toward people we like.

The second element is *positioning* of the body. This might include posture—are you sitting up straight or slouching? It may also include crossed arms and legs, feet up on the coffee table, or choosing to stand while others sit.

The third and perhaps the clearest element of body language to see and understand is our *facial expressions*. Smiles and frowns are easy. But the eyes are particularly important—think about eye contact, or what it means when someone “rolls their eyes.”

A fourth element of body language is *touch*, such as touching objects, other people, or oneself. For example, fidgeting with a pen or playing with your hair often conveys nervousness.

The final element of body language is our *breathing*. We all breathe all the time, but the rate of respiration can convey a message. We tend to take shorter, quicker breaths when we are agitated or nervous.

Open vs. Closed Body Language

These five elements of body language come together to send emotional signals to the people around us. In fact, our body language can be like a traffic light.

Open body language can signal a green light for others to approach you and engage in conversation. It conveys a positive attitude and approval.

Closed body language can signal a red light and make people want to keep their distance from you. It also signals defensiveness, disapproval, or evasiveness.

Open body language includes, but is not limited to,

A smiling face

Making eye contact

Uncrossing your arms

Open hands and palms

Feet and shoulders facing forward

Reaching out to greet someone
Closed body language includes, but is not limited to,
A frown or a stern expression
Avoiding eye contact
Crossing your arms
Closed hands (like making fists) or putting your hands in pockets
Turning your body or head away
Fidgeting

What Is Mindful Listening?

Do you put your brain on auto pilot when interacting with others?
Are you checking your email while talking on the phone?
Are you thinking about your to do list or what you're going to eat for dinner when you should be listening to a caregiver?

We all have busy and complicated lives.
But listening is a mind-body skill that engages all the senses and provides information about other people. As we learned in Module 1, mindfulness is the practice of paying attention and being open to the present moment. Engaging in mindful listening means being fully present when interacting with others.

No more auto pilot!

Listening mindfully requires us to truly comprehend what the other person is saying. In this sense, mindful listening is essential for developing and exhibiting empathy. It requires us to really hear what others are observing, feeling, needing, and requesting.

Mindful listening has great benefits for home care providers:

It builds trust between you and the caregiver and patient;

It helps identify the “real” problem that needs to be solved;

It diffuses tensions and avoids conflicts by allowing the expression of feelings; and

It increases your influence with the caregiver or patient when they feel heard.

Practicing Mindful Listening

Mindful listening begins with focusing on what the other person is saying, as well as their facial expression, gestures, and the volume and tone of their voice.

Mindful listening continues as you let the speaker know you are truly listening. You do this by maintaining eye contact, nodding, smiling, and encouraging them to express their thoughts.

When practicing mindful listening:

You should not interrupt the speaker—instead, simply apologize and enter back into listening mode.

You should not finish the speaker's sentences—instead, allow the speaker the space to express their complete idea, without interjection or interruption.

You should not think about what you want to say next when the speaker is still talking—instead, redirect your thoughts back to what the speaker is saying.

When you listen mindfully, you are patient and nonreactive. You can fully observe the speaker and accept what is happening in the moment. You become emotionally involved in the speaker’s message, and it shows.

CHECK YOUR UNDERSTANDING 2.2

Check Your Understanding

To check your understanding so far, take a moment to answer these questions about developing empathy. If you don’t get the correct answers, you can go back and review the content again before going to the next section.

REFRAMING

What Is Reframing?

Reframing is seeing something in a different way. When we look at a situation with new eyes and in a more positive light, we have reframed that situation.

The frame through which we view a situation determines our point-of-view—just like a window.

If we look through a different window, our point-of-view changes. When we change the frame through which we see a situation, our feelings, thinking, and behaviour shifts.

In this way, we can use reframing to see challenges as opportunities with fresh possibilities.

This is what we do when we switch from a “glass half-empty” to “glass half-full” perspective.

When you reframe a caregiver’s situation, you will show them an understanding of their perspective, but you will also offer them a more optimistic approach.

The content of any experience or event in your life is dependent on your point-of-view.

We can reframe the content of an experience by asking ourselves reframing questions:

What else could this mean?

How could this be a positive for me?

Is this an opportunity for me?

How to Reframe

When we experience situations, we often see them through negative frames, focusing on blame, failures, and worst case scenarios.

Three key approaches to reframing include shifting from negative to positive thinking, turning a liability into an asset, and moving from a passive attitude to an active attitude.

The list below outlines some ways to reframe a situation using these approaches.

Shifting from Negative Thinking to Positive Thinking

Often what you perceive as a “weakness” of yours can be a “strength”. A positive reframe is taking a situation and trying to find something good in it. Consider this example of a perceived “negative trait” being reframed as a “positive trait”

When you are meeting with a caregiver, they may seem fearful and avoid things that are uncomfortable to them such as discussing the care plan or planning for future care needs. You can reframe this negative thinking to positive thinking by understanding that the caregiver may be cautious and does not want to take unnecessary risks. You can support the caregiver by providing coaching and helping the caregiver understand both the risks and benefits of the situation.

Shifting from a Liability to an Asset

What you may think of as a “problem” that results in negative emotions, can be reframed to a “challenge” that is energizing. When reframing a liability to an asset consider: why the issue is important, list the facts and validate the results.

Let’s look at an example of reframing a “liability” to an “asset” for a caregiver.

You notice that a caregiver is struggling to accept the physical or mental limitations their loved-one is dealing with a chronic illness.

Try to reframe their view of the situation and illness by having the caregiver and patient think about ... what is important to them; what they can do now; and how much progress they have made in achieving the goals of care. What would be considered a liability is now an asset.

Shifting from Passive to Active

Sometimes a situation that may seem overwhelming and impossible, can be reframed to a potential opportunity for action. To reframe from passive to active, consider the following: know the limits, take small steps and stay motivated. Think about the example below of reframing a caregiver’s experience from passive to active.

A caregiver has shared with you that they are feeling tired, overwhelmed and not certain they can keep going. You can reframe this situation from a passive to active by helping the caregiver consider small actions, think about what they learned by helping their loved one, and celebrate successes. Let the caregiver know that taking the first step is often all someone needs to get started!

Scenario: Reframing Caregiver Situations

Let’s consider how these approaches to reframing can be used to support caregivers. The table below outlines how to reframe caregivers’ experience from:

Negative to positive

Liability to asset

Passive to active

Take some time to review the different scenarios of what caregivers think, feel and do. For each situation, a possible reframing strategy is suggested with an example of how you could respond to the caregiver.

Helping caregiver reframe their experiences helps them manage the different emotional cycles of change.

Reframing is a useful behaviour that you will be able to practice at work and at home.

CHECK YOUR UNDERSTANDING 2.3

Check Your Understanding

To check your understanding so far, take a moment to answer these questions about reframing. If you don't get the correct answers, you can go back and review the content again before going to the next section.

SUMMARY

Module Summary

This module covered the emotional intelligence domain “understanding emotions”, the competency of empathy and the strategy of reframing. The key points to remember are:

Empathy is the capacity to understand emotions and appreciate what, how and why people feel the way they do.

Empathy helps you to build trust with patients and caregivers and help them through the emotional cycles of change.

Empathy is not the same as Sympathy. Empathy expresses that you understand how the person feels *right now* and is expressed with “you” statements. Sympathy is a feeling of concern for someone and is expressed with “I” statements.

There are **3 types of empathy**:

1. **Cognitive empathy** is the ability to understand what another person might be thinking or feeling.
2. **Emotional empathy** is the ability to understand and share the feelings of another person.
3. **Compassionate empathy** is actively showing concern for another person and taking steps to support them.

In situations dealing with emotions, feelings, and attitudes, **body language** makes up half of our communication

Body language is non-verbal communication and includes: (1) proximity, (2) positioning, (3) facial expressions, (4) touching and (5) breathing.

Mindful listening is essential for developing and exhibiting empathy.

Mindful listening requires us to truly comprehend what the other person is saying by focusing on their words, facial expression, gestures, and the volume and tone of their voice.

When we listen mindfully, we avoid interrupting the speaker, finishing their sentences, thinking about what will say next.

Reframing is seeing something in a different way. Looking at a situation with new eyes and in a more positive light. Three approaches to reframing include:

Shifting from negative to positive thinking

Turning a liability into an asset

Moving from a passive attitude to an active attitude

Remember by understanding emotions and practicing empathy, you can reframe caregivers' experiences and support them through the emotional cycles of change.

Reflection

Consider what you have learned in this module and reflect on the following questions.

Think about a difficult situation you've experienced, either personally or in your work.

How would you reframe your view of that situation to shift from negative to positive thinking?

What's Next?

In the next module, we will learn about the domain of managing emotions, the importance of flexibility in emotional intelligence, and how to use adaptation.

The **Canadian Home Care Association (CHCA)** is a national non-profit association dedicated to strengthening integrated community-based care. Launched in 2021, the CHCA Learning Centre offers a range of flexible and well-designed courses for home and community care providers. Using a blended learning model that leverages technology and instructional design our micro-training courses maximize participant choice and engagement.

Partners in Restorative Care (PiRC) is an innovative capacity-building initiative for health care providers (regulated and non-regulated) to enhance their abilities to recognize, understand and address challenges experienced by caregivers when they are supporting a loved-one who is receiving care in their home.

CHCA Emotional Intelligence Learning Program increases health care providers emotional intelligence skills through a 3 step process: (1) self-directed e-learning modules, (2) facilitated group learning and (3) practical field application through a structured mentoring process.

Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

(June 2021)