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Responding to Emotions (BATHE)

Being able to handle emotional situations is an important interviewing skill. It is safe to assume that every patient has some form of emotional response to significant illness. There is also growing evidence that an individual's emotional state can effect or even cause physical disease. The patient will often give you several clues that should be followed up. You will find the following techniques useful as you interact with patients:

- **Listen to what the patient says.** The patient speaks of their illness using emotional terms. Follow-up on those emotions!
- **Look at the patient.** Emotions are frequently communicated non-verbally. If the patient appears sad to you, you should respond as if the patient said "I am sad."
- **Name the emotion.** If you believe an emotion is present, say so. By doing this, you give the patient a chance to clarify the emotions they are experiencing (for themselves as well as you). Keep in mind that people are often not fully aware of their own emotions.
- Take the opportunity to **express empathy**. Remember that your goal is to achieve an "interchangeable" level of response. [1]
- Remember that "**feelings are facts** to the person experiencing them." [2] By acknowledging these facts you **legitimize** the emotions and give the patient **permission** to feel the way they do. Avoid trivializing the situation.

The BATHE Technique

Psychosocial concerns are a significant factor in a large percentage of primary care office visits. Many of these respond well to counseling by primary care physicians. However, working through these issues can be very time-consuming and frustrating unless you have a systematic

plan. The following technique, known by the acronym BATHE, works well because it is simple, easy to remember, and time-efficient. [3]

Background—Ask the patient to describe the situation in a few sentences. **Do not ask for more detail at this point.** The details are not important! [4]

Affect—How does the situation make the patient feel? If necessary, help them **name an emotion** (sad, angry, anxious, etc.).

Troubles—What troubles the patient the **most** about the situation? This is the **real reason** behind the emotion. It is often **not** what you expect—that’s why you have to ask!

Handling—How is the patient handling it? How has the patient handled similar (or equally bad) circumstances in the past? Are there **options** that the patient has not yet considered? Help the patient identify **at least one positive step** they can take to respond to the situation.

Empathy—**Instill hope** by expressing your **understanding** of what the patient is going through. **Reinforce** the patient’s plan to deal with the problem.

Keep in mind that this process often takes place over several visits. It is especially important to **see the patient back** to assess their progress.

Notes

1. A response is interchangeable when it correctly identifies the issue and matches the intensity of the patient’s feelings (see Page 29 in [The Medical Interview](#), 3rd Edition, Coulehan and Block).
2. “Feelings are facts.” quote attributed to Tom Rusk.
3. BATHE is described in [The Fifteen Minute Hour](#) by Marian R. Stuart, PhD and Joseph A. Lieberman III, MD and [Psychotherapy in Primary Care](#) by Janet McCulloch, M.D., Simon Ramesar and Heather Peterson.
4. Getting too much detail can be a real time waster. Neither you nor the patient is in a position to change what has already happened. What you *can* do is help the patient respond to the situation in a positive way.
5. I created this handout for students in the mid-1990s and refer to it often. So often in fact that I decided it was time to spruce it up and republish it here.