Growing up on a farm in Iowa, I raised hogs and sheep for 4-H projects and did chores before and after school- in all seasons. I learned to care for living things. They were my responsibility -- to feed them, to clean their pens, to groom them, and to show them at the County Fair.

While I don't pretend to think I had an empathetic relationship with my 4-H projects, it was an opportunity to care about something that needed my attention, and it was my decision, with the support of my parents, to do so.

The Colombian philosopher and educator, Bernardo Toro, in his book *Caring and Empathy are Essential for the New Economy*, emphasizes the role of family in fostering empathy. He states that taking care of children, being with them, and teaching them that all their actions have consequences for others is fundamental to the development of caring and empathy. The premise of his book is that empathy doesn't have sex appeal because it requires a deep change from a warrior's way of thinking to an altruistic perspective -- it requires cooperation.

Empathy is defined as the ability to care about and share the emotional experiences of others; to put ourselves in someone else's position and try to feel what they feel; to mutually experience the thoughts, emotions, and direct experience of others. Because we have direct or similar experience or can truly imagine it, we can put ourselves in another's shoes. Sympathy, on the other hand, involves acknowledging a person's emotional hardships and providing comfort and assurance -- taking a friend a balloon or visiting a friend with an illness or who just experienced the loss of a loved one, or giving money to a charity because it is the right thing to do. However, just because we spend time volunteering, for instance, at the Banquet or providing educational support at an after school or mentoring program does not mean necessarily that we are exhibiting empathy.

The pre- requisites for developing attitudes and skills for empathy include belongingness and the ability to express emotion. A sense of belonging and the ability to express emotion contribute to a sense of self-awareness and self regulation. As self-awareness develops, we become aware of our emotions, our strengths, our weaknesses, our drives, our values, and our goals, recognizing their impact on others while using our empathy intelligently to guide decisions. Knowing that we belong and being able to express emotions allows us to connect with others. As self- regulation develops, we learn to control or redirect our disruptive emotions and impulses and adapt to changing circumstances. Hopefully, we learn to consider other people's feelings when making decisions. These attributes develop through childhood, adolescence, young adulthood, and into mature adulthood, if we are fortunate.
A foundational skill for developing empathy is active listening. Active listening is a communication technique that requires listeners to feed back what they hear to speakers, by way of re-stating or paraphrasing what they have heard in their own words, to confirm what they have heard and moreover, to assure common understanding of both parties. Active listening means focusing solely on what the person is saying. It is OK then to acknowledge the emotion expressed by the person such as “Wow—That must hurt” or “Gosh that stinks.” Active listening is not sitting with a friend who is describing a recent disappointment while you think about how to console her or think about the test in your next class or glance at your phone. It is not a simple pleasant exchange of greeting when in class, in chapel, or other places on campus. Active listening does not mean hearing or listening to friends share their disappointment at the outcome of a football game or a NASCAR race.

The assignment for this paper is to reflect on how empathy can be further developed in the students we teach. My academic area is nursing. Nursing is both an art and a science. Without the required science courses of anatomy, physiology, microbiology, inorganic, organic and biochemistry, and math, one cannot be admitted to the nursing program. These subjects are foundational to understanding and developing nursing skills and practices.

However, the art of nursing -- caring, expressing empathy, the capacity to think critically and prioritize decisions is developed at a higher level as students progress through the nursing major. Students in the nursing major develop skills in self-awareness, self-regulation, and active listening throughout the major. While a student may have an experience similar to that of someone being cared for, empathy is not a given. Students learn from faculty members and from nursing coursework how to develop and express empathy.

In the first nursing course taken prior to entering the major, students learn what it means to be patient-centered, to be in the shoes of their patients without judging their reactions. They learn the importance of culture generally, how patients background and prior experiences influence their illness experience. In the introductory nursing course, students learn how to communicate therapeutically by listening for verbal cues and observing non-verbal cues. Furthermore, by the time students enter the nursing major in their junior year, they have taken many liberal arts courses which inform their ability to learn about the perspective of others.

The development of intelligent empathy is also honed in the campus labs where students learn to provide care in a safe, low risk environment. They learn about the importance of patient satisfaction with interactions with health professionals and the action taken to manage the health crisis. Students learn how to express compassion, to truly care about the patient’s situation. Role playing is use to understand how to react when a patient receives bad news, how to communicate and how to exhibit empathy. They learn that a patient’s show of anger is normal and should not be discouraged. Sharing stories in class or lab helps students learn about compassion, caring and empathy, such as “Tell us a time when you experienced a situation similar to this. What did it feel like? What did it look like?”
In the nursing courses, students continue to learn how to *be* with patients, how to *know* what the patient is feeling, to understand what it feels like to have an incision if they’ve never experienced one, and also the importance of a sense of humor. They learn, too, the importance of stepping out of the situation at appropriate times so as not to lose objectivity related to their professional responsibilities. In the community health nursing course, students learn how to approach families; they learn the difference between empathy and sympathy and how to empower families and family members without enabling them. Nursing students experience a range of patient conditions during their two years of clinical experience: infants and children with chronic and life threatening diseases; adults with chronic, complex conditions; and those with acute episodes of heart disease, kidney failure, knee and hip replacements, or mental illness.

Furthermore, students practice self-awareness, self-regulation and active listening during the transcultural experiences in Ecuador, Norway, the Pine Ridge Reservation, and here in Sioux Falls. Active listening is tested not only when words but also when body language and knowledge about culture are used to understand and approach a level of empathy. Rarely is empathy developed in one or two short term transcultural experiences. Early in my career I worked for six months in a hospital on the Navajo reservation in northern Arizona. There outsiders may earn the trust of the Native Americans if they live and work on the reservation for at least 20-30 years. We cannot understand another’s situation unless we have “walked in their shoes/moccasins” for an extended period of time.

Professionals work together in teams, whether in the health and medical field, education, athletics, or others. Students in the nursing major work with other health professionals in the hospital setting, the homes of patients, in clinics and schools. Work can only be accomplished if communication among professional team members is open and reciprocal. If active listening is absent, patient outcomes are likely to be less than optimal.

Another skill learned by nursing students is non-anxious presence, not allowing their anxiety about a situation to erode the relationship being developed. When anxiety gets in the way of being able to act in a professional or helpful manner, empathy cannot be developed.

In summary, it can be argued that the groundwork for the development of intelligent empathy is found in childhood, based on family modeling and the understanding that our actions have consequences for others. As we develop a sense of belonging and the ability to express and control emotions, we cultivate attributes of caring and active listening, and we remain open to learn and embrace the situations of others.

Finally, while not addressed in this paper, one might ask “What are the consequences of not exploring the intelligence of empathy, and who do we become or not become because of that? How do we deepen our ability or desire to empathize with other?”

In the profession of nursing, not developing the skill of therapeutic communication which leads to empathy is not an option. It is *sine qua non*, an indispensable and essential skill.