Empathy and emotional intelligence: What is it really about?

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ABSTRACT: Empathy is the "capacity" to share and understand another's "state of mind" or emotion. It is often characterized as the ability to 'put oneself into another's shoes'; or in some way experience the outlook or emotions of another being within oneself. Empathy is a powerful communication skill that is often misunderstood and underused. Initially, empathy was referred to as "bedside manner"; now, however, authors and educators consider empathetic communication a teachable, learnable skill that has tangible benefits for both clinician and patient: Effective empathetic communication enhances the therapeutic effectiveness of the clinician-patient relationship. Appropriate use of empathy as a communication tool facilitates the clinical interview, increases the efficiency of gathering information, and honours the patient. Additionally, Emotional Intelligence (EI), often measured as an Emotional Intelligence Quotient (EQ), describes a concept that involves the ability, capacity, skill or a self-perceived ability, to identify, assess, and manage the emotions of one's self, of others, and of groups. Because it is a relatively new area of psychological research, the concept is constantly changing. The EQ concept argues that IQ, or conventional intelligence, is too narrow; that there are wider areas of emotional intelligence that dictate and enable how successful we are. Success requires more than IQ (Intelligence Quotient), which has tended to be the traditional measure of intelligence, ignoring essential behavioural and character elements. We've all met people who are academically brilliant and yet are socially and inter-personally inept. And we know that despite possessing a high IQ rating, success does not automatically follow. The aim of this review is to describe the concept of empathy and emotional intelligence, compare it to other similar concepts and clarify their importance as vital parts of effective social functioning. Just how vital they are, is a subject of constant debate.

KEY WORDS: Empathy, emotional intelligence, communication skills

Introduction

Empathy should characterize all health care professions. Despite advancement in technology, the healing relationship between the patient and the health profes-
Empathy

The origin of the word empathy dates back to the 1880s, when German psychologist Theodore Lipps coined the term “einfühlung” (literally, “in-feeling”) to describe the emotional appreciation of another’s feelings. Empathy has further been described as the process of understanding a person’s subjective experience by vicariously sharing that experience while maintaining an observant stance. (Zinn W 1999) It seems that empathy plays an important role in a therapeutic relationship (Wiseman T 1996). Empathy means to recognize others’ feelings, the causes of these feelings, and to be able to participate in the emotional experience of an individual without becoming part of it (Keen S 2007). Gagan (1983) indicates that empathy is the ability to perceive one’s feelings on one hand, while transmitting them on the other.

Empathy should characterise health care professionals and patients communication in order to achieve the desired healing results (Pembroke NF 2007). There seems to be some confusion concerning the precise definition of “empathy”. Therefore, analyzing further this concept is considered necessary to clarify its meaning. Fairbairn (2002) describing the differences between sympathy (sympathy) and empathy (empathy) appointed to the first concept the ability to feel sympathy, and to empathy the ability to put one self into another’s shoes, as a sign of humanity. Sympathy is an emotional reaction, immediate and uncontrolled, which inundates when one person imagines himself in the position someone else is. That is why it can lead to suspension of care or alleviate ethical actions. Empathy on the other hand, is a skill learned or an attitude of life, which can be used to try to come into contact with someone, to communicate and understand others’ experiences or feelings (Halpern J 2003). In addition, a person may be deemed to have more or less developed empathy and to have a tendency to use more this ability-depending on whether he feels responsible towards other persons (Ickes W 1997).

Empathy can be expressed in terms of joy, sorrow, excitement, misery, pain and confusion. In health care, empathy enables health care professionals and patients to work together (Le Compte A 2000). It is often described as “the ability to see the world through someone else’s eyes”, which simply implies developing the ability to imagine what someone else is thinking and feeling in a given situation. This is an attempt to understand one another, to live and feel things in the same way.

When empathy is developed and used, it is unlikely to know exactly what another person feels. However, it is important for health care personnel to try to imagine what another person is experiencing (Reynolds B 1994). Communicating with others becomes more fruitful if some basic conditions are fulfilled, such as:

- **Emotional understanding**: health care professionals understand the problem through the patient’s point of view
- **Respect**: recognition and full acceptance of the patient as a person
- **Authenticity**: honesty, real expression of views without hypocrisy
- **Warmth and unconditional positive recognition
- **Self exposure**: health care professional reports personal experiences from his perspective
- **Resolution**: health care professional’s ability to identify and name patient’s feelings.

At those various stages, many mental skills can be used such as searching and electing patient’s qualifications, careful monitoring and hearing, using additional questions for gathering information to specify dark spots, small encouragements (head nod, simple words, cues, when watching the patient encourage him to continue speaking), directing patient to possible solutions and support his efforts to change.

A recent study published in “Science” magazine revealed that the human beings are not exclusively the only organizations in nature having empathy. Researchers at McGill University in Canada put mice couples to look one another as one of the two animals received pain stimuli. They remarked with surprise, that there was a statistically significant behavioural change in pain even in the mouse-observer (Langford DJ et al 2006). Empathy is not the result of previous experience. It is the moment when «non-verbal» contact between people is occurring (Goldie P 2000). What is important is the degree of empathy assumed and caused (by stimulating us).

**Characteristics of empathy that affect learning**

Empathy and confidence are the basis on which any effective relationship, understanding and communication can be built. They are crucial in developing ideas and solutions, in problem solving, effective communication and avoiding or preventing conflicts. Empathy is an important capability, which all people must develop in order to progress and continue with their life (Pedersen R 2007). The ability to understand, to blench and to disconnect from your personal feelings (sense of objectivity), is particularly important in creating effective and constructive relations (Halpern J 2007).
Establishing confidence and association with other people are essential elements for developing scientific and professional discussions and disagreements. The establishment of confidence is associated with the ability to listen and understand another person, although this does not necessarily mean agreeing with him (Yegdich T 1999). A useful tactic, which people should develop, is carefully listen one another, trying to understand how another person feels and what he wants to achieve (Boeree CG 1998). Teamwork should be focused in encouraging people to understand others’ requirements, to suggest ways of achieving their objectives and to cooperate together to solve problems. In this way, they will develop confidence for their partners.

Emotional hearing

It is undisputed that Hearing is the most important communication capacity. It isn’t a natural characteristic of all human beings and people have to work further in this area in order to control their behaviour, not to intervene in all discussions and not to offer their opinion, when it is not appropriate (Hemmerdinger JMS et all 2007).

Most people aren’t really listening to others, but are just waiting for their turn to speak and communicate their personal views and experiences without listening and really understanding the rest of the respondents (White SJ 1997).

Three different attitudes are recognised by psychologist Carl Rogers. A health care professional should first understand those attitudes and then explain to patients: The first one concerns authenticity, the second concerns unconditional positive regard, and the third concerns empathy.

Rogers (1959) defines empathy as “the ability of health care professionals to accurately understand patients, emotionally and mentally, as though they were in the patient’s shoes, but without losing their status”.

Health care professionals should be able to see the world through the patient’s eyes. They should balance between two different worlds: the patient’s and their own. If they lean towards the patient side, they might fall into the trap of fully identifying with the patient and thus lose their role. If they lean towards the health care professional side, then the patient gets the message that they do not listen to him, they do not care about him, and they do not understand him (Iosifidis P, Iosifidis I 2002). Empathy may seem simple, but it is not just a simple reflection of patient’s sayings at any communication.

It is rather the active understanding of the emotions attached to the words used by the patient. Those emotions are displayed and simultaneously hided, either because they cause anxiety and confusion, or because they have not yet come into conscious level (Rogers C 1951). Empathy requires vigilance so that the hidden meanings in and behind the words will be understood. The objective, as it happens with the other two therapeutic conditions, is via the qualitative presence of health care personnel, to enable the patient to search and process his own reality in order to achieve self-knowledge and finally self control.

Emotional intelligence: a new concept

The concept of emotional intelligence has enjoyed great popularity in recent years. Many studies deal with the development of emotional intelligence in adults and children (Cadman C, Brewer J 2001). Emotional intelligence is someone’s ability: (a) to understand his feelings, (b) to listen to others and to feel them, and (c) to express his emotions in a productive manner (Goleman D 1998). Emotional intelligence is a new concept symbolized by the abbreviation EQ (Emotional Intelligence Quotient). It includes skills such as being able to control the impulse, to curb the impatience, to properly regulate mood and to prevent the frustration, to stifle the ability to think, to have empathy and hope (Petrides KV, Furnham A 2000). EQ may be equally and sometimes more powerful than IQ (I). They are not two conflicting but rather two distinct capabilities. Many people connect spirit with emotional insight. Academic intelligence doesn’t have relation with emotions and feelings. The most intelligent persons among us could be drown into an ocean of un-disciplined impulses and unbridled passions. (Goleman D 1999)

Howard Gardner in his book “Intelligence Reframed: Multiple Intelligences for the 21st Century” (Gardner H 1999) argues that Human intelligence does not have a single format, while recognizing eight forms of human intelligence:

- Linguistic, as the ability to efficiently use words, manipulate languages and express meanings through written words, debate, humour etc
- Logical-Mathematical, as the ability to use numbers and effectively analyze scientific thought, productive and deductive reasoning
- Visual and spatial perception, as the ability to perceive sites and to form mental images as creating maps, plastic arts etc
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Types of emotional intelligence

Emotional intelligence is defined as the ability to control someone’s wishes and to delay their fulfillment, to regulate others’ mood, to isolate feeling from thinking, to place you into another’s shoes and to hope. Also, it includes a range of skills such as self-control, persistence, zeal and ability to motivate others (Davies M et all 1998). According to Goleman D. (1998), emotional intelligence involves the following elements: self-awareness, empathy, handling relationships, managing feelings, motivation. There is no magic number for the multiplicity of human talent, but you can sort these capabilities in five key areas:

- **Knowing our feelings.** Conscience, recognising an emotion the moment it is created, is the cornerstone of emotional intelligence. The ability to understand and appreciate our emotions is the key to psychological insight and self understanding. While the inability to see our real feelings, leaves us at their mercy

- **Controlling our emotions.** To manipulate and control our emotions so as they are appropriate at any time is an ability built on conscience. People lacking this ability are always fighting feelings of depression, while those who are distinguished for it can overcome setbacks and disappointments of life more quickly

- **Exploration of incentives.** Control of emotions so as to serve an objective is essential to focus attention, to find incentives, to self- possession and to creativity. Emotional self control seems to be behind any kind of achievement. People who have this ability tend to be much more productive and effective

- **Recognition of other person’s emotions.** Empathy, an ability that has its basis in emotional awareness, is a fundamental «human skill». Empathetic people are more amenable to silence social signals indicating what other people may want or need (Leiberg S, Anders S 2006). This makes them better in professions related to community outreach, teaching, sales and administration

- **Handling relations.** The art of interpersonal relations is to a large extent, the skill of handling other’s feelings. These are skills leading to popularity, leadership acclaim and interpersonal success (Goleman D et all 2002). People who have largely those skills usually stand out in terms of smooth interaction with others and always distinguish in social scene.

In the early ‘90s, Howard Gardner with his work on “multiple intelligence” gave another dimension. The theory of Reuven Baron on emotional intelligence followed and introduced the term EQ as opposed to IQ. Emotional intelligence, according to Reuven Baron, is related to those abilities of individuals to understand themselves and others, easily adapt to changes and demands of the environment and to manage emotions. They were followed by Mayer, Salovey in 1990, and Daniel Goleman in 1995. It is true that the various psychometric tests to measure emotional intelligence are new in the field of psychometrics, and the measurement of such complex factors is a quite difficult and arduous work, and sometimes leading to undesired results. Researches investigating the relationship between emotional intelligence and school performance suggested a moderate positive correlation between these two factors. School will have to breathe in students the ability to achieve to feel happy, to provide activities full of life. The above concerns everyone without any distinction between moderate or excellent students. It is considered that today’s educational system has focused all its efforts in achieving cognitive goals. Without any attempt to ignore or underestimate the importance of these goals, it should be noted that this unilateral approach is often against, mental health, internal balance and peace for all people involved.

Emotional and Social Education

Emotional intelligence is something that can be learned. This is why it is important for children to exercise those skills. In this process the role of parents and educators is very important (Goleman D, Cherniss C 2001). Modern school and today’s educational system, as a structure, usually do not promote emotional intelligence (Barchard K
2003). Traditional school, with its integrated educational systems, targets primarily the students’ mental development and focuses on providing the necessary knowledge and competencies. This educational approach neglects the development and training of social skills and communication through which an empirical system can be achieved including: recognising and handling emotions, communication and empathy, and social and emotional development of children as parallel educational objectives equal merit with their academic progress (Van der Zee K et al 2002). Emotional training and education refers to all skills that form emotional intelligence as part of all emotional interactions between children—their family and school, namely perception, expression and control of emotions, self control, empathy, quality communication, conflict resolution process, demanding attitude, personal responsibility, conscience and self-acceptance (Goleman 1998). Emotional education within the family in particular, is positively affecting children’s emotional intelligence and mental health. The first area of socialization that promotes children’s emotional intelligence is family and in particular their parents (Currie G 2004). Emotional education requires learning new skills from adults (parents, teachers), so as to be able to ‘educate’ children in social and emotional skills.

Gottman (Gottman J 2000) proposes the following stages of children’s emotional education:

• Awareness of children’s feelings
• Recognition
• Hearing with empathy and confirm children’s feelings.
• Help the child to name his feelings
• Setting limits while helping to explore strategies for problem solving
• Recognition and Setting targets
• Thoughts on possible solutions
• Assessment of proposed solutions on the basis of family values
• Helping the child to choose a solution (Plomaritou V, 2006).

Children should be helped to develop emotional empathy that is, to put themselves in someone else’s shoes and understand other’s feelings into virtual or real-life scenarios (Rudebeck 2002). Role-playing is a teaching technique that serves this goal.

Teaching strategies

Main feature of emotional Intelligence is self knowledge. It is actually, the ability to observe our feelings at all times displayed, to recognize them, to name them and to express them in a productive manner. Educational strategies targeting health care professionals, are proposals for training in emotional intelligence and specifically empathy. The following list should not be considered complete and it is important to remember that all students are unique entities and that strategies that are effective with a student may not be necessarily effective with someone else (Stepien K, Baernstein A 2006).

• Teamwork is an effective method to encourage students to listen to other’s views and to work together to solve problems. However, some people may have difficulty, in terms of teamwork, and thus their participation should not be encouraged if they are experiencing problems
• Students should be actively encouraged to hear the views and experiences of other students, examining the causes of their views and making comments
• Teachers should listen and understand their students’ views. In this way, they create feelings of acceptance to their students, while helping them recognize how they can develop the ability of active listening themselves. It is certainly unlikely that someone who has developed empathy knows exactly what another person feels (Lamm C et al 2007). However, it is important for the health personnel to try to imagine what others are experiencing (Fairbairn GJ 2002). The result of implementing empathy is an emotional satisfaction of both the patient and the health professional (Lesho E 2003, Smith P 1992).

Discussion

Sound management of relations is an element of Emotional Intelligence. It is actually the ability to handle our emotions and our relations in a way that leads to harmonious coexistence. People who have Emotional Intelligence create within their family, friends and work safe, functional, relieving relations. They are fed by contacting others without being subject to merge or be captive of relations. Any relationship is for them a link and not ‘bonds’. They also recognize others’ feelings, allowing their expression, they withstand negotiation and they can protect themselves from any ‘bad’ expressions - behaviour feeling guilty or responsible for the way other would handle it. Empathy is an important element of healthcare professionals and patient communication and is a key feature of emotional intelligence. Health professionals should be trained to effectively implement empathy, in order to achieve the desired therapeutic results.
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Empathy and emotional intelligence: What is it really about? Ioannidou F. Clinical Collaborator, Nursing Department, Alexander Technological Education Institute of Thessaloniki, Thessaloniki, Greece. Most people aren’t really listening to others, but are just waiting for their turn to speak and communicate their personal views and experiences without listening and really understanding the rest of the respondents (White SJ 1997). Three different attitudes are recognised by psychologist Carl Rogers: Empathy and Conscience.

Empathy - Could it be what you are missing? - by Douglas LaBier. Article on Cultivating Empathy in Children & Youth, by Dr. Arundhati Ray. Too Much Empathy? Empathy Deficit. Barack Obama Quote About "Empathy Deficit". Empathy and the Process of Socialization. Self-Empathy. Core Components of EQI.org. Other EQI.org Topics. Our innate emotional intelligence gives us the ability to quickly recall those instances and form associations when we encounter discrimination again. We then can use the "reliving" of those emotions to guide our thinking and actions. This is one of the ways nature slowly evolves towards a higher level of survival.