

# **A Doctor's Reflections on Empathy**

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*Dimensions of Empathic Therapy*

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e-Book 2016 International Psychotherapy Institute

From *Dimensions of Empathic Therapy* Peter R. Breggin, MD, Ginger Breggin, Fred Bemak, EdD

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## A Doctors Reflections on Empathy

**Sharon A. Collins**

Empathy. The dictionary defines it as “understanding so intimate that the feelings, thoughts and motives of one person are readily understood by another.” May I change it a little? It is understanding so intimate that the feelings, thoughts, motives and needs of one person are readily understood by another.

Sympathy on the other hand, was defined as “a feeling or expression of pity or sorrow for the distress of another.” What is the difference and why is it even important?

Recently an adolescent patient of mine was brought in by her mother for a recheck after having been diagnosed as having Infectious Mononucleosis. She was seen at one of the Instant Care clinics in our area the previous weekend. This young woman looked quite fatigued and drained of all energy. She was still running low-grade fevers but was going to school and trying to keep up with her usual school assignments. I asked her why she wasn't at home in bed since she felt so bad. Her mother then told me that she had asked the nurse who took care of her at the clinic what her activities for the coming week should be. She was a very busy high school student. The nurse told her there was no reason she shouldn't go to school. Then added, “I have to come to work when I'm sick.” This nurse displayed neither sympathy nor empathy.

One night, I was called to the emergency room to see a 3-year-old girl who was vomiting repeatedly for a week. She didn't look particularly ill, but because of the nature of the vomiting, I ordered a CAT scan of her brain. The huge tumor sitting in her brain brought forth expressions of pity and sorrow from everyone in the department for this child and her mother. Because we knew in some way what this meant for the family if the child survived. We could sympathize with them.

A family's youngest child had just died after a tragic accident. We were horrified and got together to make meals and delegated someone to take the meals over to them. When I visited her weeks later, she admitted that she had tons of food in the freezer—food left from the many meals we made for her. She was grateful for all that we did, but her eyes lit up when she spoke about the woman who came over one

afternoon and, without saying much, washed three loads of laundry, ironed and folded the clothes and washed her dishes. The woman had had a miscarriage 3 years before. She was intimately acquainted with this woman's needs during this difficult time. She showed empathy.

I have always felt sympathy for the plight of others. But I don't know how I became aware of my own lack of empathy for others or if I even recognized it as such. I just know I wanted to care more and feel more.

In church, we are always told to put God first, others second and yourself last. If I was perfectly honest with myself, I would have to admit that it was God first, me second and others third. But the Bible also says, "... And thou shalt love thy neighbor as thyself."

In this context love has to do with the practice or conduct of us as social beings in relationship to one another. I could also rephrase this in the following way, "Thou shalt treat your neighbor as you treat yourself." In fact, we will treat our neighbor just like we treat ourselves.

You cannot love or empathize with another if you have not first loved and been empathic to yourself. You cannot give what you haven't received— what you don't possess. I was living proof.

My parents were immigrants from Central America—very hardworking people who came to America to make a better living for themselves and their children. My grandmother died when my mother was thirteen. Since she was the oldest girl in a family of five children, she became the domestic engineer for the family. All her needs were ignored as the family fought to survive this devastation. My father, on the other hand, was the youngest in a family of eight. His mother was pregnant with him when his father died of a ruptured appendix. His mother became so distraught at the death of her husband, that my father was essentially left to fend for himself a lot as a young child. He tells of a time, when at the age of seven or eight, he was down at the boat dock by himself looking for work.

My parents were very loving and caring people, who, when they married were determined to provide for their family. They were determined that their children would have more than they did, and worked very hard to see to it. But as I look at my young life, I can see some things that were omitted.

I was the oldest child. At the age of 6 I was given the keys to the apartment and was essentially told that I was in charge of myself and my sister while my parents worked. They tried having the landlords baby-sit for us, but when the landlords proved to be less than reliable, I was put in charge. So at the age of 6, I would go to kindergarten, come home at noon, pick up my sister at the landlord's apartment downstairs, go to our apartment, lock the door, call my mother at work, and stay inside and watch my sister until my mother got home at 5:30 PM. When my sister entered kindergarten, we never had another sitter. We were not allowed to go outside and play with friends. This went on for several years.

My parents both had some very important emotional needs that were not met when they were young. They were not allowed to be children. Even though they were not consciously aware of it at the time, they suppressed the pain of that loss in order to do what was required of them by learning to ignore and deny some very basic needs. They had been pretty independent at very young ages, and they made it through, so they expected me to do the same. They were blind to my legitimate needs for dependence—for childhood. They could not empathize with me in that area of my life.

When I decided to go to medical school I had very altruistic motives. I don't think I would have chosen medicine if I understood all that it entailed. I wanted to help people. I had no idea that it would mean that I would be required to crucify some basic physical and emotional needs in order to succeed in the system. The medical school I went to was known for being more humane than many. Yet, even there, few of the people in authority seemed to understand how overwhelmed with work we were. We were essentially told to keep up at any time, or consider that maybe this wasn't the path for us to take. We were even told that these experiences prepared us for what medicine was really like. Only the strong survived. We were shamed into denying our need for a balance of sleep, exercise, good nutrition, and recreation.

The one thing that helped me emotionally was that I kept the Jewish Sabbath, and took 24 hours out of the week to go to church and recreate. I was able to distance myself from this thinking for a few hours every week. But I was punished for taking that time off. The professor that had a small group meeting on Saturday mornings made it difficult for me to get the material they covered. He was hostile to my needs and couldn't understand why I wouldn't comply with his requirements.

In residency, staying awake 24 to 36 hours was routine every third night. It was common for me to fall asleep at the stop light on my way home from the hospital after a night on call.

By the time I became a practicing physician, the only acceptance and applause I received was when I denied my needs in deference to others' and stuffed the pain I experienced as a result.

I was unaware of what was actually happening. All I knew was that I had feelings I couldn't explain, that I couldn't care less about what was happening around me except in my small circle of influence, and I was constantly self-focused. When I tried to explain how I was feeling, I was told that this was the way things were. Everyone had the same problem and they weren't complaining. Why was I? So I stuffed even more and with a stiff upper lip, proceeded to accomplish the goals I set for myself.

I have no idea when I came to the full realization of what had happened. It was a process. Since I am an introspective, spiritual person, this process took many forms—prayer, journaling, and counseling. I do know that having children was one crisis point. The lack of sleep and the need to defer my own needs only compounded my feelings of self-focus. It was then I had to deal with the emotions I had. I loved my children dearly and my husband and I made some serious, radical decisions to see that their needs were being met. But I was aware of the potential for problems in my interaction with them especially when I hadn't slept all night. So I searched for answers.

A good friend of mine recounted with shame how she treated her 5-year-old daughter who came to her sobbing because she had hurt herself. My friend tried to comfort her but the child would not be comforted. Finally, exasperated, she said, "Get over it!" She was unable to recognize the real hurt of her daughter. This little girl was trying to get the much needed attention from her now very tired and frazzled mother who had just given birth to her baby sister. During an especially long and painful labor, her husband got up to leave and get some coffee. She was afraid and begged him to stay. The nurse, who had shamed her several times before this, grabbed her face, forcibly turned it to look at her husband and said, "Look at him. Look how tired he is. You're not the only one in pain." In other words, "Get over it!" Instead of recognizing that comment for what it was, she felt ashamed, stuffed the emotional pain and denied her need. Once she did that, she subconsciously resented the same need in someone else and was unable to empathize.

Frequently, the person who has endured but denied the most pain while ignoring basic needs is the one who is least likely to understand and empathize with similar needs in someone else. This person is not doing this willfully or consciously. He actually cannot see the other person's needs over his own. He is treating his neighbor like he treats himself.

To some extent, we are all caught in this trap, but physicians, teachers, and mothers get a double dose. Society encourages us to deny our humanness. Have you experienced these impositions? No one will actually tell you these things because that would be ludicrous, but the expectations of others speak volumes to us.

- We must always be in control of our behavior at all times and in all circumstances.
- We must suppress all emotions. It is less than noble and probably wrong to feel and express anger, sadness, fear, inadequacy, and so forth.
- We must never make a mistake. Actually, we must already be proficient in all things. If there is something we need to learn to do, we must learn to do them quickly, easily and perfectly, if not, we are not intelligent or good or capable.
- We must never acknowledge that we make a mistake. Instead, blame someone or something else for the problem.

Look at how we treat our children. Have you ever heard yourself say, "You shouldn't feel that way. Come on, perk up!" I have heard teachers tell parents that their child was "too sensitive" and cried or was hurt too easily. Most children suffering from emotional turmoil, behavior problems or feelings of anger, sadness or grief receive very little sympathy or empathy. Sometimes the only time a person feels that he can receive sympathy is when he is ill. I believe this is because many of us have been damaged emotionally more than we have physically and this causes us to not recognize the emotional need in our children.

Some of my most difficult cases are those children whose parents have been emotionally injured. One mother whose child's behavior was unbearable to her told me of times when her needs as a child were repeatedly dismissed or ignored, or when she was shamed into compliance. But as she told me the stories, she denied that those needs were legitimate and she applauded her parents for treating her like



they did. She used these stories to justify her beliefs about her own son's behavior. She sees him as whiney and demanding, and expects him to comply, adjust and conform like she did. The child's maternal grandmother still interferes, shaming her into doing what she thinks is needed. When I told her that her mother was acting in an inappropriate way, she rose up to defend her, totally unable to see her own needs, the needs of her son and the damage her mother's behavior is causing both of them.

When this mother first came to me, she would go on and on for hours about how her son was inconveniencing her, making her life miserable, disrupting the entire family, and making life hard for himself also. The teachers were also complaining about his behaviors. It didn't take me long to figure out the problem here, but there was no way she could see what she was doing to her son, and why he was screaming for her affirmation and attention until she was heard. She had to speak of her own pain first. She couldn't see his needs until hers had been acknowledged and dealt with.

We understand this in the physical realm, but have a much harder time seeing this in the spiritual and emotional realms.

Luckily this family was financially able to afford counseling, and between me and the counselor, she received the empathy she needed. Now she is able to recognize some of her son's needs and is more empathic towards him. The more she meets his needs, the more she is able to recognize her own deep needs and how to get them met. The more she does this, the richer and more satisfied she becomes, and the more she is able to empathize with her son.

When parents bring their misbehaving child to me, they believe they are seeking help for their child—something to fix him. I believe what they are really seeking is empathy. They are seeking for someone to hear them, to acknowledge their need, their loss of a dream, their pain.

If we don't empathize with them, they will go to someone whom they feel will hear them and heal their pain. Drugs given to the child at that time will deaden the pain for a while. But when the child develops tolerance to the drug, the problem will again rear its ugly head.

Sometimes the empathic thing may be to give a drug for a short time until one can be heard, but my experience is that once the offending behavior is removed, no one wants to deal with a "supposed

problem” anymore.

In fact, empathy goes farther than feeling another’s pain, and trying to deaden it. By treating with drugs, we deny both the child and the parent the opportunity to really know who they are, what their unmet needs are and their reaction to them. The empathic thing to do is to help the person through this difficult, sometimes obscure process to get to the other side where there is true healing and a fulfilled, satisfied life. This process is sometimes a very painful one, and my experience is that most people will not commit to this discipline, opting rather to deaden the pain over and over again until the problem looms very large. At that time, they will either seek empathic help or will continue to drug the child and themselves. I have patients who are on three or four medications and whose parents are also on antidepressants—all because they haven’t recognized what it is they really need.

Our medical system diagnoses and prescribes. It is hard for the system to be empathic. People expect quick relief. This is fortunately becoming more possible in the physical realm.

So we are expecting this in the spiritual and emotional realms, as well. Insurance companies understand that the process to spiritual and emotional wholeness and humanness is a long process which requires time, discipline, determination, and money. They don’t feel that they can afford to do this. After all, there are now large numbers of people who need this. So insurance companies have opted to endorse the virtual reality of wholeness—drugs.

Unfortunately, this doesn’t solve the problem, and will actually perpetuate and expand the problem as more and more people live in denial of their needs and become less and less empathic to one another.

When I see the growing numbers of children on drugs who don’t get any kind of emotional help, I sometimes get discouraged. How can I help enough people in my sphere of influence to really make a difference in this world?

But I am reminded of an e-mail my son forwarded me not too long ago. “A friend of ours was walking down a deserted Mexican beach at sunset. As he walked along, he began to see another man in the distance. As he grew nearer, he noticed that the local kept leaning down, picking something up, and

throwing it out into the water. Time and again he kept hurling things out into the ocean. As our friend approached even closer, he noticed that the man was picking up starfish that had been washed up on to the beach, and one at a time, he was throwing them back into the water. Our friend was puzzled. He approached the man and said, "Good evening, friend I was wondering what you are doing."

"I'm throwing these starfish back into the ocean. You see, it's low tide right now and all these starfish have been washed up on to the shore. If I don't throw them back into the sea, they'll die up here from lack of oxygen."

"I understand" my friend replied, "But there must be thousands of starfish on this beach. You can't possibly get to all of them. There are simply too many. And don't you realize that this is probably happening on hundreds of beaches all up and down this coast. Can't you see that you can't possibly make a difference?"

The local native smile, bent down and picked up yet another starfish, and as he threw it back into the sea, he replied, "Made a difference to that one!"

The world is changed one person at a time. But the results will be dramatic one day as those healthier people raise healthy children.

But where do I start?

I started working through my own pain on my Sabbaths away from medical school. Those times helped me to refocus. I became very introspective. God was able to speak to me about me. But what a blessing it was when I also had someone human whom I trusted validate my emotions. This brought healing faster.

In medicine, we abort this process. We take away the pain. Although no one in medicine will tell you that pain is universally bad, our actions speak volumes. We are quick to medicate to relieve a person's pain, because we see it as suffering. Suffering is not the pain we are going through. It is instead the reaction we have to the pain. We can see the pain as hopeless and excruciating. These reactions cause us to suffer with the pain. What we need is to find someone who will validate our feelings, validate that the

pain is real and, without judgment, refrain from labeling, and instead, build us up. But in medicine we are usually labeled, and medicated to keep us from experiencing what we are experiencing. And by doing so, we delay wholeness. Once the pain is gone, so is the motivation to work on a solution. Also the person may not have this pain right now, but life is never without pain. We just choose our pain.

When a child is struggling in school or misbehaving, don't immediately jump to the conclusions that this child has a brain disorder, ADD, ADHD, ODD, LD, or a variety of other disorders. See a child who is in the process of change—of developing and changing as s/he learns. We can either enhance the development of that child, or stunt his growth.

One way to care for the child is to give him confidence that he is loved unconditionally—that he can be who he is was meant to be without fear that he will be abandoned by me because of disapproval. This does not mean that I approve of his behaviors at this time, but it does mean that I can empathize with him and will help him be all that he can be. That means that I don't cut the process short by just drugging the child. I do for him what I would want to have done for me if I were in that situation. He needs to be heard. He needs to be accepted, to be understood, to be free, to be empowered to be all that he can be.

I think of who Helen Keller would have been if Anne Sullivan did not see in Helen not who she was then, but who she had the potential of becoming. Helen began to see herself through her teacher's eyes and in her autobiography described herself as a "mass of possibilities." Anne Sullivan was empathic to Helen. And by the age of 16, Helen had learned to read and write well enough to be admitted to Radcliff College in Boston, a real accomplishment for a child who at the age of seven didn't know how to behave, much less learn.

In summary, I cannot understand or even perceive what it is you need if my needs in this area have not been met. My ability to empathize with others depends on recognizing my own needs, acknowledging the pain of not having those needs met, or those dreams fulfilled, and then empathizing with myself. We cannot abort the process. Pain is a part of life. We can't choose a life without pain. The only real choice we have is choosing what pain we live with. Once we do this successfully, we can also give others the opportunity to grow in their pain, supporting them, and showing and telling them they are able to triumph over their problems.

