

Empathy in Working with Adolescents and Their Families

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Dimensions of Empathic Therapy

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I propose that because the tasks of adolescence are to separate from the family and prepare for a life of one's own, many of the issues the adolescent struggles with are family issues; therefore, the therapist cannot work effectively with the adolescent in isolation. The therapist has to bring in the family. This chapter will explore some of the lessons I have learned about the uses and misuses of empathy in my work with adolescents, highlighting my treatment of one adolescent and his parents.

Those of us who work with adolescents know only too well that they can be quite difficult to engage. Frequently anger, hostility, verbal abuse, denial, and a refusal to reveal any information about themselves mark their initial presentation. Robert was such a client.

When his mother called me for an appointment, she recited a litany of complaints about him. He was 14, in the 9th grade and "wreaking havoc on the household . . . He's impossible to live with, he makes everyone miserable . . . I leave home sometimes just so I won't have to deal with him." Not only was Robert verbally abusive, oppositional and defiant with his mother and stepfather, he was also disruptive in the classroom, and he was failing in school despite possessing superior intellectual abilities. Robert had taken up with a group of youngsters whom his mother described as "troubled," He often didn't come home from school until late in the evening and would not explain where he had been. When he arrived home, Robert would go directly to his room where he would lock the door and blast his music. He would neither eat with the family nor participate in any family activities except attending church with them on Sundays and going along on the occasional family visit to his maternal grandmother who lived a few towns away.

I could hear the frustration, fear, and hopelessness in Robert's mothers voice as she told me about her son. I pointed out how difficult it must be to live with Robert, and how worried she was about him. When I asked how long the behaviors had been going on, she stated that Roberts behavior had begun to change about the time she became engaged to his stepfather. She had been divorced from his father, an abusive drug addict, since Robert was 6. She and her son had lived in an apartment in another area of

the city until she remarried. Robert had moved to a new neighborhood, completed his last year of middle school in a new school, and begun high school during the time his difficulties first became apparent.

His mother reported that Robert's relationship with his stepfather was good until they told him that they were going to get married. Robert became hostile toward his stepfather and initially moved out to live with his father. Robert stayed with his father for about 6 weeks. During this time, the father, who lived in a rundown rooming house, was often out using drugs, leaving Robert alone. When his father was evicted for nonpayment of rent, Robert returned home. Robert's mother reported that Robert idealized his father and he would become quite upset when she talked about how "no good" his father was.

As I was gathering this information from Robert's mother, I was already starting to empathize with him. I imagined how it must feel for a boy to grow up in an abusive, drug-involved household, and how torn he must feel between his father and his mother. Further, I imagined what it was like for him to move from his old neighborhood at such a critical period in his development to live with a man whom he possibly perceived as trying to take his father's place. I was also intrigued by the fact that Robert went to church with his family and accompanied them on visits to his grandmother's home. This left me with the impression that family and family rituals were still important to Robert despite his behavior in the home.

When Robert and his parents arrived for the initial appointment, I was struck by how physically small he was. I find this happens quite often; I get caught up in the parents' experience of the adolescent as they are enlisting my help to "make thing normal again." When parents, who often are consumed with frustration, fear, and guilt, are describing the adolescent's troublesome behaviors, they make the child seem very big because the problem is very big to them.

My custom is to have the parents and adolescent together for the initial session. I do this in part because I want to emphasize the point that it is a family problem and we will work on it together. I also see the parents with the adolescent in the first session to get a sense of how they interact, to inform them that I will see the parents and child together for some sessions, and to discuss the issue of confidentiality.

When we got into the substance of the issue, Roberts stepfather became quite angry and blaming toward Robert. Robert, in turn, was alternately sullen and withdrawn, and verbally aggressive toward his stepfather. His mother desperately took turns siding with one or the other to the satisfaction of

neither.

I asked the parents to return to the waiting room while I talked to Robert in order to de-escalate the situation. As they were leaving the room, Roberts stepfather turned to me and said, “Robert is smart; he’ll try to con you.” Robert immediately retreated within himself and would not respond to my comments or look at me.

Picking up on his desire to not deal with family issues at that point, I asked him what kind of music he liked because he had come into the session with his Walkman. Robert became animated as he talked about his favorite group and what he liked about them. We went on from there to talk about sports and his love for animals.

I met with Robert alone for several sessions in order to establish an alliance with him before bringing his parents back. During these sessions I began to see Robert as someone whose tough-guy facade masked a little boy who had wishes, hopes and fears that he was trying to hide.

I find this also happens a lot in my work with adolescents. While their initial presentations may be off-putting, and they can seem older than their years in terms of dress, behavior, and experience, they are little children. When one gets past that superficial bluster, what one finds is a child who wants his/her parents to love him/her—even if the child has never experienced that.

When the therapist/adolescent relationship reaches this state, it frequently happens that the therapist becomes angry with the parents. Someone has to be blamed for the adolescent’s acting out and the therapist’s alliance with the adolescent creates a blind spot to the adolescent’s role in his/her difficulties. In addition, the therapist may tend to minimize some pretty disturbing behaviors on the part of the adolescent including involvement with drugs, self-mutilation, sexual acting out, and thrill-seeking behaviors that are dangerous and criminal activity. This is one area where empathy becomes problematic in that it sets up an “us against them” relationship with the parents that is not helpful to the therapeutic process.

My work with Robert and his family was impeded temporarily because of my empathy for Robert. There were times when I found it difficult to sit through a session with his parents because they were so

“unreasonable” and “intrusive,” and they did not understand Robert the way I did. I was trying to make them empathize with Robert rather than acknowledging that he was being quite provocative.

After I became aware of my negative feelings toward the parents, I had them come in for a parent session where it became quite evident that despite their flaws, they were both genuinely concerned about Robert and were at a loss as to what to do. I began to understand that the mother felt guilty for remaining with her first husband for so long when she could see that it was affecting Robert. She also revealed that Robert reminded her so much of his father, and she feared that Robert might turn out just like him. One of the reasons that she had married her second husband was so that Robert would have a “good” father. She had also remarried because she was a lonely woman who had suffered horrendous abuse at the hands of her first husband. Indeed, she was afraid that she would have to make a choice between her son and her husband.

Robert’s stepfather was an anxious man whose father had abandoned the family when he was quite young. The stepfather had grown up without a father figure and had fantasized about the day when he had sons of his own and the kind of father he would be. Although he had reservations about fathering someone else’s child, he welcomed the challenge. He had become increasingly frustrated and angry with Robert who seemed to rebuff his efforts to establish a relationship. The stepfather feared that his wife would eventually choose her son over him and he resented Robert for forcing her to make that choice.

The therapy changed direction after that session. I was able to help all three empathize with each other. This perspective allowed Robert to begin to see why he was “getting so much grief” at home and to take responsibility for his behavior. I also saw Robert with his mother and with his stepfather separately for a session so they could begin to build relationships with each other that were independent of the husband/wife relationship. In addition, I had some sessions with Robert and his father to address some of the pent-up anger Robert had toward his father that he was directing at his stepfather.

I helped the mother and stepfather understand Robert’s behavior and begin to set appropriate limits with him. I also stressed the importance of them presenting limits and consequences to Robert as a couple so that he would not be able to play one against the other.

Over time Robert got back on track developmentally and successfully completed high school. He went to college, and he did quite well. The quality of his relationships with his mother and stepfather improved to the point that he and his stepfather participated in sports and would go off on camping trips together. There were some predictable upsets but the family never again reached the crisis state they were in when they initially consulted me.

In summary, this case presentation illustrates that work with adolescents provides fertile ground for uses and misuses of empathy. Specifically, empathy worked in my initial contact with Robert's mother. My ability to articulate her concern and frustration conveyed my understanding of her sense of urgency, and enabled her to entrust her son to my care.

My empathy with Robert worked in the first session in that I could feel that he didn't want to talk about himself, so I was able to engage him by asking about his musical preferences. This showed Robert that I wanted to get to know him rather than accept what his parents told me about him.

Empathy did not work when I joined Robert in blaming his parents. In joining with Robert, I created a barrier between his parents and us; I temporarily became ineffective in working with the family. This situation was remedied when I called the parents in and listened to their stories. It was then that I was able to empathize with them and develop a treatment plan that was beneficial to the family.

To work effectively with an adolescent one has to work with the family system. This reality makes it incumbent on the therapist to try to understand each member of the family system and assume that the parents are doing the best they can. From this perspective, the therapist can appropriately use empathy to make systemic changes.