PATRICK TOMLINSON ASSOCIATES

EMPATHY

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IS THE CAPACITY FOR EMPATHY THE KEY QUALITY IN OUR WORK WITH TRAUMATIZED CHILDREN? – PATRICK TOMLINSON (2014)

One of the first things I learned in working with traumatized children, is that the Capacity to Empathize marks a critical stage in a child's development. The children and young people, who were placed with us often had no or little capacity for empathy. However, this didn't mean they didn't have the potential to develop it. The development of empathy was one of the central aims of our therapeutic work, as it is for many of us that work with and look after children.

We carried out a needs assessment on each child to determine his stage of development, how it had been disrupted by trauma, and how his developmental needs could be met. Dockar-Drysdale's (1970, p.98) Need Assessment, described empathy,

> …as being the capacity to imagine what it must feel like to be in someone else's shoes, while remaining in one's own.

From infancy onwards, the consequence of not being able to recognize another person, as a separate being with their own emotions, thoughts, and needs, causes havoc in daily living. It can also be dangerous as the child has no conscious sense of hurting others and has little if any remorse.

More recently, Cameron and Maginn (2008, p.1158) claimed,

> Increasingly, too, it is the development of empathy which is now being viewed as the antidote to both childhood and adult violence—an argument which is well evidenced in the 'Worldwide Alternatives to Violence' report (2005). Children who do not experience attunement with a caregiver may fail to develop empathy altogether. Secure attachment is therefore fundamental to children's socialisation and wellbeing.

To develop empathy a child needs to experience empathy. That sounds straightforward on paper. However, it can be extremely difficult to achieve, when working with children and young people who have long passed the age at which empathy would normally develop. For example, it is not easy to 'empathize' with a 10-year old's ruthless lack of concern towards others, especially when this is lived with 24 hours a day. On top of this, a traumatized child often actively rejects any attempts to show empathy toward him. This is partly because empathy might connect him with his traumatic experiences, which he is desperate to keep out of mind. It might also cause him to feel vulnerable as empathy normally connects people, and mistrustful children are resistant to being connected.

As well as showing empathy, another key factor in helping a child develop empathy is creating a safe, reliable, and nurturing relationship where the child may begin to feel attached. Attachment usually leads a young child to develop the capacity for feeling concern towards the

attachment figure. This makes sense from an evolutionary survival point of view - the vulnerable dependent infant, benefits from being able to understand the protective carer. When the infant is completely dependent on the carer, she must develop a level of understanding that helps reciprocate and grow the attachment relationship, which is critical for survival.

Young infants can be observed making efforts of contributing something positive towards their attachment figure. For example, beginning with facial expressions, such as smiling. For this to work well the infant needs to understand something about how the other feels. Normally by the end of the first year, an infant has some ability for understanding what thoughts and feelings are in another's mind. When empathy begins to develop it may be rudimentary, but it is very important. It may be a gesture like an infant, wanting to feed the parent a spoon of her food. Though she hasn't quite worked out that the parent might not like baby food, she is moving in the direction of wanting to give something good to the other. By 18 months an infant might be able to show sympathy to another distressed infant. A securely attached infant, who has had more attuned experiences with his caregivers, is more likely than an insecurely attached infant to develop empathy.

Graham Music (2010, p.50), in his excellent book 'Nurturing Natures: Attachment and Children's Emotional, Sociocultural and Brain Development' states,

> Children who suffer neglect and receive little attuned attention can be less able to make sense of another's mental states. Others who experience more abusive rather than neglectful parenting can develop a skewed understanding of others.

Empathy is different from sympathy, which can be shown without necessarily understanding much about how the other feels. It is also different from projection, where one's feelings are projected onto the other. Various clinicians have emphasized how empathic understanding is helpful in the process of therapy. According to Nelson et al. (2014, p.140),

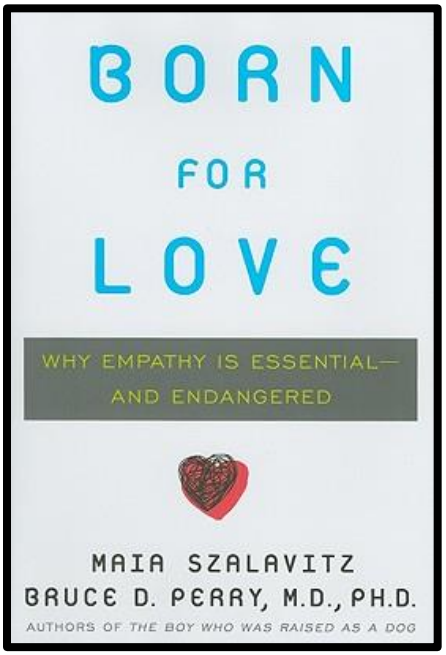
> Research has shown that therapists trained in mindfulness have better patient outcomes, and even a patient's visit to a physician for a common cold can be made more effective when the clinician is open and empathic.

Shame is often a theme involved with trauma, and especially that caused by abuse. Dr Brené Brown (2007) talks about Empathy and Shame being on a spectrum with both being at the opposite ends.

If children need to experience being empathically understood to develop empathy, those working with and caring for them will also benefit from receiving empathic support. This can help make what feels intolerable, tolerable. The capacity to feel empathy towards another isn't static, it changes according to circumstances. For example, if someone is feeling anxious, it isn't so easy to feel empathy.

If care workers are expected to show qualities such as empathy, reliability, and dependability in their work then these qualities also need to be reflected in all aspects of the organization's culture and the way it operates. In the case of parenting, the same could be said of the support provided by the extended family and community.

Not long into my career and after a period of relentless testing out by the young people I worked with, I felt exhausted and demoralized. There were many times when I felt like I'd had enough. One day I was telling our consultant Barbara Dockar-Drysdale how I felt. She told me that sometimes the most important thing you can do is just survive and be there the next morning. This seemed manageable to me and by saying this she was empathizing with exactly how difficult it was for me. I found this immensely helpful, and I did survive!



I try to share a few useful links in my articles.

This book by Maia Szalavitz and Bruce Perry is a fascinating and very accessible read about empathy – exploring it from many different perspectives.

Below are a couple of good blogs on empathy from the Daily Good.

"If you think you're hearing the word "empathy" everywhere, you're right. It's now on the lips of scientists and business leaders, education experts and political activists. But there is a vital question that few people ask: *How can I expand my own empathic potential*? Empathy is not just a way to extend the boundaries of your moral universe. According to new research, it's a habit we can cultivate to improve the quality of our own lives." (Krznaric, 2013)

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Comments made in response to this article.

Such a great article Patrick. When infants are "held" by their mother's arms and psyche for the really important first year and beyond, they develop the neurological functioning that is biologically mapped out. Deficits in this magical process, impact on young person's view of the world and capacity to interact with others, among many other aspects of their well-being. Empathy is such an important aspect of this, and this article has summarised its importance. Also, if the organizational culture is non-congruent to the overall task of the therapeutic work, the environment can become chaotic for all, and this, in turn, can be detrimental rather than healing.

Joanne Prendergast - **Social Care Worker at St Bernard Group Homes, Ireland**

Many thanks for sharing this enhancing article indeed. All true to me and I think empathy is the key quality of a social worker, actually it is a quality which makes us humans of high consciousness. Bravo!

Gulchekhra Nigmadjanova - **Advocacy Advisor at SOS Children's Villages, Uzbekistan**

Just survive and be there the next morning. Sounds like our organization at every start of a new school term. Never know where you are going to be placed or what your hours will be. Whew, I will remember that comment.

Janet Eades - Teacher at Capitol area community action agency, USA

Empathy is teachable and core to humans' mandatory curriculum of communing with others. Imagine how every avenue of human interaction will improve when we embrace proactive education for emotional literacy as passionately as we do for academics, sports, and music. Much appreciate your advocacy, Patrick!

Marlaine Cover - Transforming the Life Skills educational process for the benefit of humanity present and future, USA

Thank you, Marlaine - I tend to think of empathy as something that can be facilitated and developed through experience. **Patrick Tomlinson**

I remember feeling worthless, angry, and emotional and then finally understanding that they were not my feelings at all, but the feelings of a child I am working with. It takes time and understanding to be able to recognize this and lots of good supervision, which is extremely important in childcare organizations.
Lynda Noble - Senior Recovery Practitioner FDA at SACCS, England

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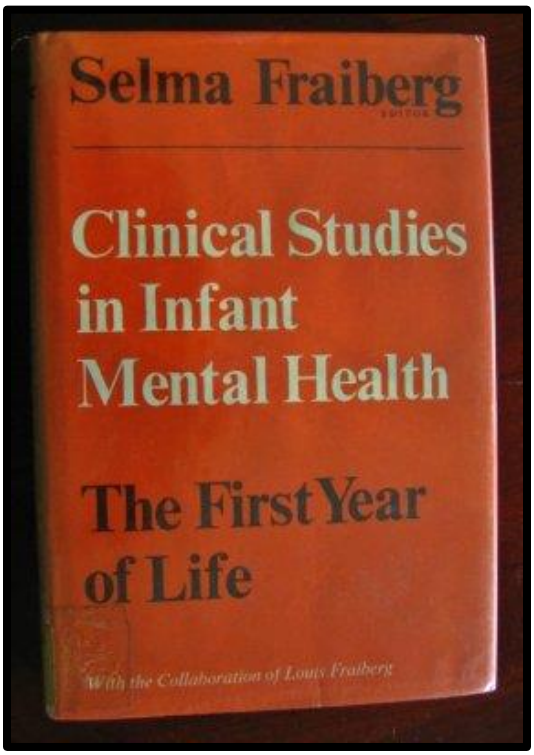
'GHOSTS IN THE NURSERY' – A POWERFUL EXAMPLE OF EMPATHY IN THE WORK WITH A MOTHER AND BABY – PATRICK TOMLINSON (2014)



Since writing my last article on empathy I found a book, which included a paper that had a big impact on my learning in the 1990s. I had lost the book, and after a while, it turned up on Amazon 'used and new'. The paper was by Selma Fraiberg et al. (1980), 'Ghosts in the Nursery: A Psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships'.

The paper is about working with mothers and their babies (sometimes fathers too). The babies were in major peril, almost needing to be removed for their safety. The main thrust of the paper is that unresolved issues from the mothers' conflicted pasts were preventing them from parenting their babies. The way forward was to work with the mother's unconscious pain, through empathic understanding – to enable her to be in touch with her feelings. This would then reduce the risk of the mother's history being re-enacted with her infant. It is a great example of why early intervention is so important. Here are a few excerpts that beautifully illustrate the quality of work, with my comments in-between,

> In every nursery there are ghosts. They are the visitors from the unremembered past of the parents, the uninvited guests at the christening. Under all favorable circumstances the unfriendly and unbidden spirits are banished from the nursery and return to their subterranean dwelling place. The baby makes his own imperative claim upon parental love and, in strict analogy with the fairy tales, the bonds of love protect the child and his parents against the intruders, the malevolent ghosts. (p.164)

Interestingly the use of fairy tales as a way of dealing with potential threats to the parent-child relationship is mentioned. Angus Burnett commented on a previous article, where I also referred to fairy tales - that sometimes it takes a long time for something that is read to permeate and be understood. I think he is right!

> The methods of treatment which we developed brought together psychoanalysis, developmental psychology, and social work in ways that will be illustrated. The rewards for the babies, for the families, and for us have been very large. (p.167)

I think the integration of different disciplines can be extremely helpful. The paper goes on to discuss one of their cases. At the initial assessment meeting with a four-month-old baby (Mary) and her mother (Mrs. March), Mary became very distressed,

> What do you do to comfort Mary when she cries like this?" Mrs. March murmurs something inaudible. Mrs. Adelson (psychologist) and Mrs. Atreya (assessor) are struggling with their own feelings. They are restraining their own wishes to pick up the baby and hold her, to murmur comforting things to her. If they should yield to their own wish, they would do the one thing they feel must not be done. For Mrs. March would then see that another woman could comfort the baby, and she would be confirmed in her own conviction that she was a bad mother. (p.168)

The intuitive thing for the 'professionals' might have been to pick up the baby, but as they point out interventions like that can be counter-productive. I think this can be what happens when we think that parents need training. The training might help, but it is less likely to if there isn't an understanding of why parenting is difficult for the parent. However, if there aren't major underlying issues an educational focus may be effective.

> **The Mother's Story (Mrs. March)**
> It was a story of bleak rural poverty, sinister family secrets, psychosis, crime, a tradition of promiscuity in the women, of filth and disorder in the home, and of police and protective agencies in the background making futile uplifting gestures. Mrs. March was the cast-out child of a cast-out family. (p.169)

> This led us to our first clinical hypothesis: When this mother's own cries are heard, she will hear her child's cries. (p.172)

I find the hypothesis poignant. Rather than showing or teaching the mother how to parent, the emphasis was on showing her empathy. The first few weeks of work were focused on the aim of hearing Mrs. March's unresolved distress.

> But now, as Mrs. March began to take the permission to remember her feelings, to cry, and to feel the comfort and sympathy of Mrs. Adelson, we saw her make approaches to her baby in the midst of her own outpourings. She would pick up Mary and hold her, at first distant and self-absorbed, but holding her. And then, one day, still within the first

> month of treatment, Mrs. March in the midst of an outpouring of grief, picked up Mary, held her very close, and crooned to her in a heart-broken voice. And then it happened again, and several times in the next sessions. An outpouring of old griefs and a gathering of the baby into her arms. The ghosts in the baby's nursery were beginning to leave. (p.173)

That sounds like an amazing moment, when an intervention that has been so challenging, begins to show a sign of working.

> Within four months Mary became a healthy, more responsive, often joyful baby. At our 10-month testing, objective assessment showed her to be age-appropriate in her focused attachment to her mother, in her preferential smiling and vocalization to mother and father, in her seeking of her mother for comfort and safety. She was at age level on the Bayley mental scale. She was still slow in motor performance, but within the normal range. Mrs. March had become a responsive and a proud mother. (p.174)

When having to emotionally contain so much anxiety, there can be little more rewarding than seeing outcomes like this. And being able to intervene so early, is valuable beyond words.

> For us the story must end here. The family has moved on. Mr. March begins a new career with very good prospects in a new community that provides comfortable housing and a warm welcome. The external circumstances look promising. More important, the family has grown closer; abandonment is not a central concern. One of the most hopeful signs was Mrs. March's steady ability to handle the stress of the uncertainty that preceded the job choice. And, as termination approached, she could openly acknowledge her sadness. Looking ahead, she expressed her wish for Mary: ‘I hope that she'll grow up to be happier than me. I hope that she will have a better marriage and children who she'll love’. For herself, she asked that we remember her as ‘someone who had changed’. (p.178)

The paper, which also includes other case studies, concludes with this sentence,

> In each case, when our therapy has brought the parent to remember and re-experience his childhood anxiety and suffering, the ghosts depart, and the afflicted parents become the protectors of their children against the repetition of their own conflicted past. (p.196)

Also using the metaphor of ghosts, Bessel van der Kolk et al. (2007, p.429) emphasize the importance of integrating a personal narrative of the trauma,

> Many traumatized people continue to be haunted by "them" (unintegrated traumatic memories), without an "I" to put these feelings and perceptions in perspective. Treatment at this stage consists of translating the nonverbal dissociated realm of traumatic memory into secondary mental processes in which words can provide meaning and form, thereby facilitating the transformation of traumatic memory into narrative memory. In other

words, what is currently implicit memory needs to be made explicit, autobiographical memory.

In many ways, the same principle applies to working with traumatized children. They need to integrate their experiences, including the feelings involved, as part of their history. As well as enabling the child to move on from the past and live positively in the present, it also greatly improves the possibility that the cycle of trauma will be not passed on to future generations.

Having read 'Ghosts from the Nursery' again after so long, I am reassured to discover that it is just as impactful as it was the first time. It is a very moving and excellent example of the use of empathy.

Sadly, Selma Fraiberg died just a year after this book was published. A few comments about her by Constance Brown, https://jwa.org/encyclopedia/article/fraiberg-selma

"Selma Fraiberg was a psychoanalyst, author, and pioneer in the field of infant psychiatry. A woman and a social worker in a profession dominated by male physicians, Fraiberg rose to prominence because of her brilliance, originality, and dedication. She devoted her life to understanding the developmental needs of infants, to creating programs that promote infant mental health, and to reaching parents and policymakers through clear, persuasive prose…. Fraiberg accomplished enough in her life to fill three careers…. During this last phase of her career, Fraiberg started the Child Development Project at the University of Michigan, which served troubled families, trained clinicians, and developed a treatment model that has been widely replicated…. Selma was feisty, shy, and intellectual…. She was known to colleagues and students as brilliant, demanding, fiercely principled, difficult, and inspiring. Those close to her knew that she was shy and self-conscious, and that public exposure caused her strain... In 1981, she received the Dolley Madison Award in recognition of her critical role in the field of infant mental health."

This comment in response to Constance Brown, who wrote about Selma Fraiberg, says a lot!

Dear Descendants of Selma Fraiberg,
I want to let you know what a critical impact Selma Freiberg's book The Magic Years made for me as a mother, as a student of Early Child Development, and as a human being. I had a very difficult childhood with very little genuine love and desperately wanted to create my own family. I intentionally studied all I could at UC Berkeley on Child Development and Education

because I discovered I adored working with children but did not dare have my own precious children unless I understood thoroughly the needs of children, the critical early stages especially. Her work, The Magic Years distilled all I learned about in my undergraduate years in a very touching way, showing me that given a little understanding and love and guidance, children will develop just fine and in fact will develop to be kind, loving beings on their own. I saved my copy all these years and am just so sorry I never wrote her myself to tell her the impact she made, not just on giving me the courage to be a mother, way different from my own mother, but in understanding that I was just as precious as all those children quoted in example after example in her wonderful book.

We all have our Magic Years, no matter what stage we are in. Your mother's book gave me self-love and self-acceptance of a kind and loving person dedicated to children despite all odds. So, thank you, Selma Fraiberg, and thank you to her descendants. Please, please, make her book available again today. And a word of advice; if you can find anyone to write an adaption in simpler, more practical terms as a manual for the everyday parent, it would go a long, long way in teaching today's young parent about everyday kindness, acceptance, and understanding in raising their children they themselves chose to bring into this world. Really, it would make an incredible difference. I just know that as wonderful as The Magic Years is, many young parents just need a distilled version in some form. Please consider this for today's world to become a little kinder.

Thank you so much. Would you do me the kindness of responding to my comments with an email letting me know you have sent this on to the appropriate person? Thank you so much!

Sincerely, Janette Schulte

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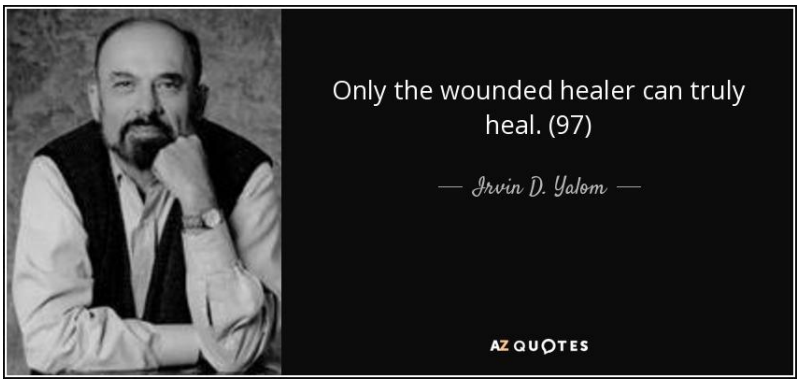
3

EMPATHY AND THE WOUNDED HEALER
PATRICK TOMLINSON (2014)



The concept of the Wounded Healer was first explained to me by Olya Khaleelee. Olya is a corporate psychologist and organizational consultant. I had the privilege of working with her on assessing people's suitability for working with traumatized children. The links between a person's history and personality, and how this might interact with the work were the key part of the assessment. Her reference to the wounded healer was an acknowledgement that emotional wounds might be a part of what enables a person to become a healer. Our assessments enabled us to make a judgement as to whether this was likely to be the case or not.

The term wounded healer goes back to Greek mythology. The Greek god Chiron was wounded by a poisonous arrow. He could not die due to his divine ancestry. In agony, he roamed the earth healing the injured and sickly. Similar stories and fables can be found in Christian, Jewish, African and Moslem cultures. In the relational sciences, Carl Jung is attributed to be the first to use the term wounded healer. In 1951 Jung suggested that sometimes a disease was the best training for a physician. Therefore, only a wounded physician could treat disease effectively. For a summary of the meaning and history of 'Wounded Healer', see Benziman, et al., 2012.

In the case of healing traumatized children, it is one's childhood wounds that are likely to be most relevant. I had a striking experience a few years ago that captures the essence of the link between an adult's childhood and the work with traumatized children. I was providing training for a group of care workers who were about to start work with traumatized children in a residential setting. The training aimed to encourage psychodynamic thinking. To think about the meaning beneath a child's behaviour and from that insight consider appropriate responses.

I presented the following scenario to the group. One of the children, Luke, had disappeared from his home and a care worker was looking for him. After a while, the carer saw him from a distance by a pond. It looked like there was a cat in the pond, attached to a long piece of string that Luke was holding. The group was asked what they thought was going on and what the carer should do immediately and in the longer term? They did some work in small groups and

then gave feedback. The consensus was that the first thing that should be done was to make the situation safe, ensuring Luke was safe and the cat was rescued.

Possible reasons given by the group for Luke's behaviour were along the lines of,

- maybe Luke was angry and was taking it out on the cat
- he might be treating the cat in a cruel and abusive way which was a re-enactment of how he had been treated. Traumatized children tend to re-enact their own experiences of being powerless, towards others who are less powerful than themselves.

In terms of what to do, the responses were,

- explore Luke's thoughts on what he might be doing
- make it clear to him that his behaviour was inappropriate and help him to understand why
- help him to put his feelings into words
- use the situation as an opportunity to talk with Luke about his abuse in an empathic way

These were all thoughtful and plausible suggestions. As the discussion went on, one of the carers Tim, who seemed affected by the discussion, hesitantly suggested that Luke might have been trying to save the cat. The group reacted by laughing a little. I was surprised by Tim's comment as I had taken the scenario from a child's case history and that was exactly what he was trying to do! The child had a traumatic and tragic experience when he was younger. He was outside playing unsupervised with his younger brother who fell into a pond and drowned. The child felt responsible for his brother's death and was blamed by his parents.

From then on, the child had a history of re-enacting this trauma in different ways as a desperate attempt to resolve it. He put the cat in the pond, so he could save it, which he hadn't been able to do for his brother. I explained this to the group who were surprised by my explanation and how Tim had made such a surprising and insightful comment.

When the group took a break, I approached Tim who had seemed very preoccupied and asked if he was ok. He said that he commented because as a child he had been with his younger brother who fell into a canal and drowned. I empathized with the distress this training scenario may have caused Tim but also commented on how his own experience had given him the capacity for empathic insight. Tim then told me he was physically abused by his mother as a child and asked me if I thought he would be able to do the work given his own experiences. I suggested that it is difficult to predict how our own experiences will either help or hinder us in the work.

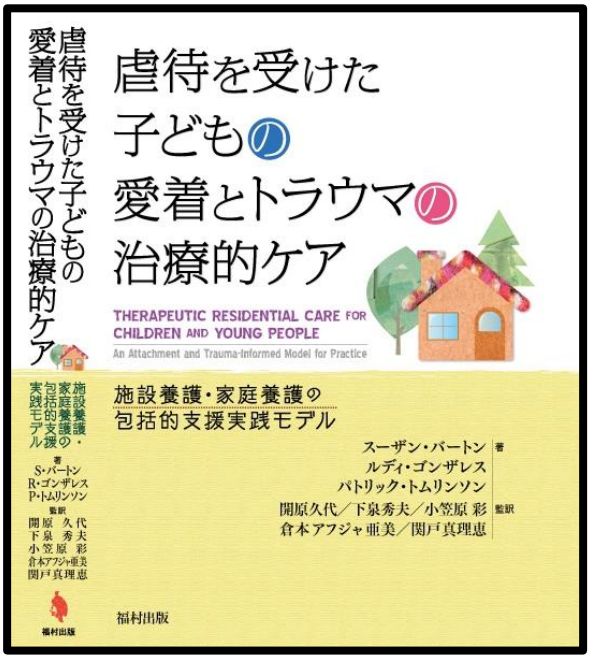
If we have integrated our experiences into our life history, difficult experiences can help us provide empathy and understanding. On the other hand, the work may raise very painful feelings, some of which we may have repressed and not integrated, and things can feel overwhelming. Research has shown that it is not the facts of our history that are necessarily the

problem, but whether we have been able to integrate these facts into a coherent narrative of who we are (Van der Kolk et al., 2007).

I explained to Tim that the important thing would be to talk about his feelings about the work in supervision and other relevant forums, especially if something was troubling him. Tim turned out to be an excellent carer, showing great levels of patience and understanding with the children he worked with over many years.

The key points of learning from this were that,

- A person's own traumatic experiences can be useful in developing empathy and insight if those experiences have been integrated into their history and identity.
- Luke had not been able, so far, to integrate the trauma of his brother's death and was compelled to re-enact it.
- Whenever we are working with trauma, talking, or thinking about it, our own experiences will be brought closer to the surface. As with this example, what we might learn is unpredictable.



I had not anticipated such an emotive exercise and was moved by its poignancy, which had an emotional impact on me. Working with trauma evokes powerful emotions and often when we least expect it. Tim showed how something constructive can come out of such awful experiences. How the capacity for healing can develop out of our emotional wounds.

This has been adapted from, Barton, S., Gonzalez, R. and Tomlinson, P. (2012) *Therapeutic Residential Care for Children and Young People: An Attachment and Trauma-informed Model for Practice*, London and Philadelphia: Jessica Kingsley Publishers, Also translated into Japanese.

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4

IS EMPATHY ON THE DECLINE?
ARIEL NATHANSON (2016)

em-pa-thy

The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner
(Miriam Webster, 2015)

Introduction

I am delighted to introduce this guest article by Ariel Nathanson on this critically important subject. Ariel is a Consultant Child and Adolescent Psychotherapist. His work specialises in the assessment and treatment of children, adolescents and young adults who display perverse, delinquent, and violent behaviours (for a brief biography, see refs).

This article fits well within my series of articles on Empathy. Ariel brings to attention the complex factors interrelated with empathy and how it influences our actions. His views build upon the work of the famous social psychologist Stanley Milgram in the 1960s. It is possible to be capable of empathy and also carry out harmful acts. This is a challenge to all of us because we might all struggle to act in an empathic way under certain conditions. A key question for me, which is also highlighted by Ariel is this – Is the capacity for empathy on the decline or is it just more difficult to show it?

As Ariel will show, we also need to be careful in our assessments and judgements regarding the actions of a child or young person. In this respect, Ariel's article shows a great deal of empathy for the complex situations that influence the actions of the young people he works with. It also raises some important questions about our contemporary cultures and issues such as the use of social media. Thank you, Ariel.

Patrick Tomlinson

Recently I came across a study conducted at the University of Michigan State (2014) comparing college students' current capacity for empathy with past generations. Their findings appear shocking: following the year 2000, they measured a marked decline in empathy. Contemporary students show about 40% less empathy as a trait compared to students 30 years ago.

The capacity for empathy, as we know, is highly relational, a product of early life experiences

and attachments. Even a dictionary definition of empathy is relational and surprisingly psychodynamic:

"1. The imaginative projection of a subjective state into an object so that the object appears to be infused with it.
2. The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner." *(Miriam Webster dictionary, 2015)*

Developmentally, the capacity to be empathic depends, like many other relational traits, on the experience of being empathized with in infancy and childhood. It is strongly correlated with secure attachment and other measures. If the Michigan study measured a real reduction in empathy, then the students in the study should have also been different across other measures of attachment. Mainly, it is their parents who should have shown a reduction in empathy for their children to be unable to show empathy.

I had a look at the questions presented to the students and tried to answer them. In doing so I empathically speculated on the students attempting to answer these questions. I wondered whether this represented their actual capacity for empathy or their perception of empathy as a social construct. In other words, are they incapable of empathy or rather, do they think that empathy is irrelevant or a hindrance to the path they follow? Are they saying something only about themselves or about the culture around them?

I work as a psychotherapist, mostly with adolescents and young adults. Some of my patients have experienced callous states of mind in which they harmed themselves and others. I chose the word callous here because it is not part of a psychological concept but denotes an unemotional state of mind, a state without feelings or interest in the suffering of others. When I tried to imagine how my patients would score on this test, I realized that I could not speculate with any clarity. Most of them come across as empathic and understanding, suffering because of their experiences, even if those experiences include hurting others. On the other hand, when they experience callous states of mind, they no longer feel the pain of being a victim or the guilt associated with hurting others. They are not anxious or scared, just action-oriented, and usually risk-taking. Through this behaviour, they find refuge from the experience of being empathic to others and themselves.

Many of my patients are different from most of the students in the study. Many had very adverse life experiences. They have crossed boundaries that most students would never cross. Understanding them has allowed me a greater insight into empathy, callousness and how the two can sometimes coexist. Although the oscillations patients describe are radical and pathological, I think that their experience is not totally different from something the Michigan students seemed to express too. My patients devalue empathy as a psychological defence against intolerable feelings. The Michigan students, on the other hand, might need to devalue their empathy to fit into the culture they live in; to compete, to be 'successful', a winner. They

might feel a dissonance between being empathic, to the tasks they are required to perform so to belong to this culture.

Although students and patients might be very different, I think that some of the psychological mechanisms involved are quite similar. The extreme measures taken in the clinical population might provide the clarity needed to understand how reducing empathy is at all possible, how one state of mind can replace another.

My patients describe a common experience of transition from empathy to callousness. They sometimes talk about a sense of great pressure of either emotional pain or some immense excitement that cannot be put aside. Whatever they experience, staying within an empathic state, can no longer be emotionally tolerated (either the pain of awareness and/or the capacity to stay away from an addictive state). They feel trapped in this state; empathy becomes a hindrance, a claustrophobic state of vulnerability, passive, even victim state. The only way out of this situation is radical and action related. They describe something akin to 'pressing a button' (they call it "the fuck-it button") that flips them from passivity to action. Empathy, which was available within a state tolerant of emotional pain, is replaced with a more callous state of mind, unemotional and action inducing.

The next question to be asked here is which part of the personality presses the button? Is it the empathic part or rather, the callous, radical, thrill-seeker, manoeuvring itself to the front of the queue? Shockingly for some, it is always the conflicted, suffering, anxious empathic part that presses the button, yearning to be relieved of duty. In doing so this part delegates the responsibility to what happens next to the callous part and assumes only an observing capacity. The role is either collusive or as a 'hostage', unwilling observer. This is a way of getting out of the discomfort of this position, but it carries a high price tag.

The removal of the capacity for empathy presents itself as the only solution. The suffering part of the personality gives in and invites a new state of mind. This arrives like a kind of a messiah, a callous cult leader, providing total redemption in exchange for complete delegation of power. Pressing this button provides the personality with instant radicalisation. There is a change from an empathic, thinking, conflicted, suffering entity, to a clear one-track – one solution - radical idea that requires immediate action to participate and become part of the internal cult. I use the term *internal cult* here to describe an internal organization of the personality, which is like the familiar social structure of a cult. Seeing the personality as an internal organization has a long history in psychoanalysis. Herbert Rosenfeld (1971) first introduced the concept of an 'internal gang', in which destructive aspects of the personality gang up to inflict harm, usually on the 'captive', fragile self. My idea of the internal cult is like the gang but carries with it an extra motivation – a wish for some salvation, which I think is particular to perverse patients rather than those who are 'only' destructive.

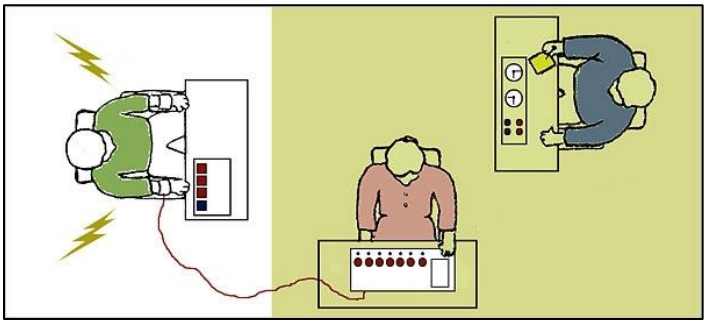
I do not think that most of the experience of the Michigan students is so radical. However, I do think that they too have 'a button' at their disposal. Like my patients, they too press it to boost

their sense of potency and capacity to compete and do well in what they perceive as a harsh social world.

I was also wondering whether a subjective experience of oppression is another common denominator my patients share with many others. My patients feel oppressed from within, living inside a totalitarian psychological organization. The students, and maybe many of us too, might feel oppressed by the organizations we work in. We might experience a growing tension between our professional integrity and dedication and the way we are supported and valued. Or maybe, a growing tension between our understanding of empathy, human development, and the cultures we live in.

I wonder if one solution to these growing tensions might feel a bit like 'pressing a button', flipping to a different state in which we no longer care, where we let go. Can this be a defence against the depressive symptoms of 'carer fatigue'? Is this the button being pressed when a thinking group can no longer cope and must turn into just a dismissive, non-caring group or gang? Pressing this button can be the only way to feel less of a victim, not oppressed, move from passivity to taking action.

The investigation of callous states of mind is not new. Many people remember the Milgram (1963) study in social psychology, attempting to understand how obedience can produce callousness in anyone. Milgram specifically wanted to understand how atrocities such as the holocaust could have been perpetrated by so many. In the study, (BigHistoryNL, 2013) Milgram told people that they participated as a 'teacher' in a learning experiment. They were to administer an electric shock to a 'subject' in another room as a punitive response to them making an incorrect answer to a word test question. Most 'teachers' agreed and then proceeded to obey the experimenter, the 'scientist in the white coat', and even administer apparent lethal levels of shock to subjects. The participants seemed to suspend and over-ride their own moral judgment, empathy and understanding. Most shockingly, a few participants continued to administer shocks after the subject had stopped screaming and appeared to be lifeless.



I think that the experiment, conducted in the 60s, artificially created 'the button' I described above, in the lab. Participants were told to follow the instructions of the experimenter – to obey his authority. To perform, they needed to psychologically suspend or over-ride their empathy and moral standards. Under the experimental conditions, empathy and moral standards conflicted with external authority and a potential sense of failure to complete the task.

Milgram's participants were probably not different from the general population on any measure (i.e., mostly capable of empathy). However, pressing the button that suspends or over-rides an empathic state in the service of adopting a callous one, became the preferred course of action within Milgram's artificially created scenario. Some participants did feel empathy while at the same time continuing to hurt the subject. They abdicate from the responsibility for the pain caused. (Busscher, 2012)

With all this in mind, I would now like to revisit the findings of the Michigan study. I believe that the reduction in empathy is directly related to the culture the students live in. It is, if you like, a natural occurring, very mild, 'Milgram-like' environment. The students function within a highly competitive environment that rewards selfish rather than altruistic behaviour. Within this cultural climate, it pays off to feel less empathic. To put it in a slightly more radical form: it is an environment that increases the likelihood of the button being pressed. There is a pressure to be in a callous state of mind to better respond to tasks and/or survive an organizational culture that devalues empathy.

According to the Michigan study, students at the time Milgram conducted his experiment were capable of high degrees of empathy. Indeed, it was the 1960s in America, a time of radical social change in which benevolence, care and selflessness were rated very high culturally. However, as Milgram showed, radically changing the social environment in the lab radicalised the participants. It showed how ready they were to push the button, shifting to a callous state of mind and hurting others.

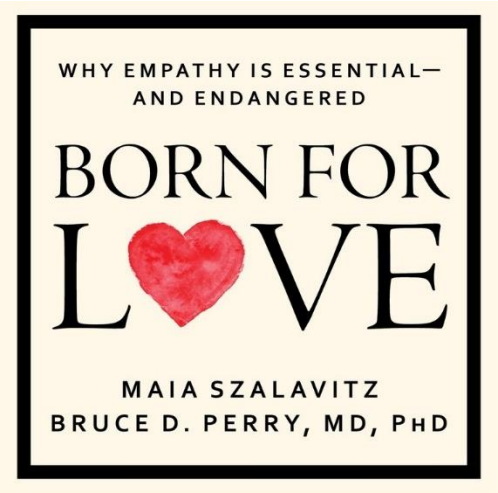
It is also important to remember that there is no consistent evidence for an increase in anxious attachment in the general population. Therefore, it appears that today's babies are empathised with and understood, like those decades ago. The difference is in the environment they (and we) function in - one that requires an ability to flick between states to compete or tolerate various levels of oppression.

For example, many young people today engage in what they call 'sexting' – sending explicit sexual messages and pictures to each other. This is now becoming quite common. However, it is easy to imagine that there are very few boys who would come up to a girl they hardly know and ask her to remove her clothes and very few girls who would agree. Under the cover of

screens and buttons, a lot is made possible. As with Milgram's experiment, it dilutes social norms and reduces shame and guilt. Although people might feel alone in front of their screens they are, in fact, in the grip of something much bigger. As if in a gang, un-empathic to themselves or others, pressing the buttons, suspend their thinking emotional selves, and act triumphantly, conquer a dare, act against their normal held values and ideas.

I do not think that these young people, like the students in the study, grow up less empathic, at least at the moment. I do think, however, that they value empathy less and live in a culture that reinforces these ideas. Empathy is available for them but can, and at times should be avoided.

We live and work in this culture. This is concretely felt in the working lives of many in the 'caring professions', at the forefront of the conflict between empathy and callousness. The less organizational support there is for making empathic responses and plans, the more risk professionals who make these responses feel in making them. They become those who refuse to participate, who reject the organizational culture and the authority that champions it. 'Carer fatigue' is what people feel when their thinking is no longer supported. They find themselves acting on a limb, doing something that is no longer supported by the organization they work for. Many of us working with self-destructive and/or harmful young people might recognise this change – from containing risk to becoming risk-averse, from thinking to following procedures, from being supported to being left alone.



It is the beginning of the New Year, and I would like to end on a hopeful note. Empathy is at the heart of human development. Infantile anxiety is uncontainable without it. Secure attachment depends on the ability to experience it. Now in some environments, empathy seems to be economically nonviable, not cost-effective as it was once thought to be. However, this runs directly against the essence of human nature. This culture must, at some point, run itself into a brick wall in the same way that any addict arrives at a turning point. Not a flicking of a button.

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The University of Michigan State – Empathy Questionnaire, https://umich.qualtrics.com/jfe/form/SV_bCvraMmZBCcov52?SV=&Q_JFE=qdg

A short YouTube video giving a brief overview of Milgram's experiment, including footage of Milgram talking, https://www.youtube.com/watch?v=xOYLCy5PVgM

Another short YouTube video, which shows a participant demonstrating empathy but continuing to administer shocks, as he abdicates responsibility by conceding to authority, https://www.youtube.com/watch?v=yr5cjyokVUs

An informative power-point overview of Milgram's experiment, www.thepsychfiles.com/docs/**MilgramS**tudy.ppt

This ppt also makes many hypotheses as to exactly what were the conditions that led to the results of the experiment. It also refers to a replicated (but ethically modified) version of the experiment conducted in 2009, by Jerry M. Burger, which showed similar results to Milgram.

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Ariel Nathanson Brief Biography

Ariel Nathanson is a Consultant Child and Adolescent Psychotherapist. He has been working at the Portman Clinic in London, for the past 8 years, where he specialises in the assessment and treatment of children, adolescents and young adults who display perverse, delinquent, and violent behaviours. He works with adolescents and adults in private practice and regularly consults to a therapeutic community for adolescents. He is a visiting lecturer at the Tavistock Centre. He has special interest and experience in the areas of child sexual abuse and children,

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5

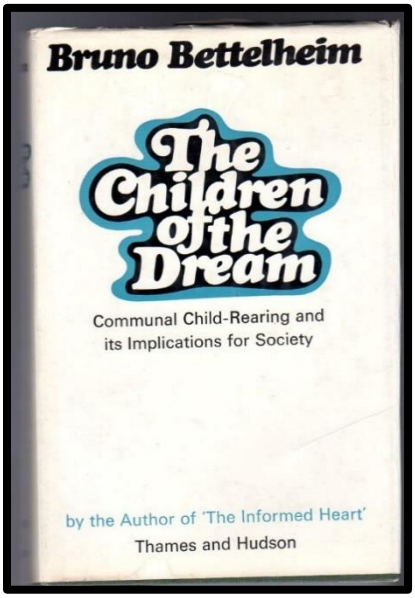
IS EMPATHY ALWAYS A GOOD THING?
PATRICK TOMLINSON (2016)

In thinking about the four previous articles on empathy, it seemed to me that there is an important question that I haven't discussed. This is whether empathy is always useful and when might it not be? Ariel has also discussed this in the previous article.

Empathy has had such positive press in recent times, that it may even seem foolish to question its value. However, some do, and a balanced perspective is helpful. Paul Bloom, psychologist and Yale Professor is one such person. He claims that empathy can blind people to the long-term implications of their actions. His book on the subject is titled, Against Empathy: The Case for Rational Compassion. As I have discussed, I was introduced to the concept of empathy by the child psychotherapist Barbara Dockar-Drysdale. She included a question on empathy in a needs assessment for children whose development had been disrupted by neglect and trauma.

She referred (1970, p.98) to empathy as, "a capacity to imagine what it must be like to be in someone else's shoes, while remaining in one's own". The 'remaining in one's own' is a vital part of the definition. This means that there is a sense of separation. The person empathising recognizes that the other person's experience and feelings are not the same as one's own. Identifying with the other does not mean taking on his feelings as if they are one's own. This requires a level of maturity and personal integration. However, identification can be a precursor to empathy. I can remember being with a group of toddlers, one starts crying and within a few seconds they are all crying! Neuroscience tells us that this is mirror neurons, responding in kind to what is perceived. This is not the same as empathy as one has taken on the feeling of the other, rather than remaining in 'one's own' shoes. It is, however, on the developmental pathway towards empathy.

The same can happen with older children, who are emotionally unintegrated, due to developmental trauma. One becomes angry and quickly there can be a group feeling of anger. So, the capacity to empathize rather than merge is a developmental achievement. But as Ariel Nathanson, has shown in his article in this series (Is Empathy on the Decline?), the capacity may be there, but it might not be helpful to show it. For example, if it goes against a group norm. Within different cultures, different qualities might be more supportive of development and progress. Showing empathy may be more or less valued and useful in different cultures.



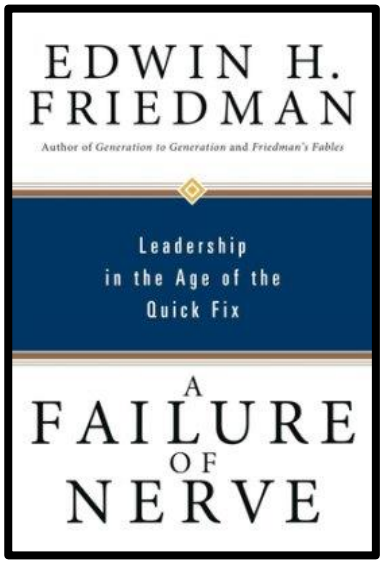
Bruno Bettleheim (1970) wrote about this in his book 'Children of the Dream'. He compared children brought up in the communal environment of the Israeli Kibbutz and those brought up in small nuclear families in the USA. He found that empathy was more predominant in the individualistic USA family rather than in group Kibbutz culture. Initially, he found it disturbing to observe children in a Kibbutz. For example, on the way to lunch, a two-year-old fell over, hurt his knee, and started crying. To Bettleheim's surprise, the adult in charge very briefly picked the child up and then put him down and continued to lunch with the others. But also, to his surprise, what followed was that the child appeared to recover quickly and join the others for lunch. Bettleheim said that he didn't feel that the adult had been insensitive,

> She was merely convinced that the baby had to learn to get along in his group, and not rely on the intercession of someone outside of it; that her comforting would only retard a piece of learning that was more important than temporary discomfort. (p.106)

Being part of the group was more highly valued in the Kibbutz system then, rather than paying attention to the individual. This does not mean that empathy does not exist, but the emphasis is in a different direction. It is a matter of degrees. Attention in one direction inevitably influences what else can be attended to. Edwin H. Friedman (1999) argues, in his book, A Failure of Nerve: Leadership in the Age of the Quick Fix, that empathy does not encourage responsibility and that there is a pay-off between the two.

> What increases self-differentiation and emotional maturity, is not empathy, but challenge. A focus on empathy is an adaptation towards weakness. Focusing on responsibility is emphasizing strength. (In Cox, 2006, p.10)

In the Kibbutz example, it can also be argued that the child is expected to be responsible towards the group and to manage himself accordingly. Friedman argues that this is critical in healthy families, organizations, and societies. The individual adapts to the group expectation more than the group adapts to him. Again, that doesn't mean that individual needs are not recognized or met, but the group must maintain itself and have clear expectations.



Friedman claimed that the emphasis on the individual and empathy has contributed to a society regression. It is difficult for parents and leaders to 'hold one's nerve', in a culture, where the individual demands so much attention. To put expectations on him or her, can feel punitive and harsh! This is also objectively difficult in societies where there is a litigious culture. Where the rights of the individual and employee predominate.

"Ultimately," Friedman states, "societies, families, and organizations can evolve out of a state of regression not because their leaders 'feel' for or 'understand' their followers, but because their leaders are able, by their well-defined presence, to regulate the systemic anxiety in the relationship system they are leading and to inhibit the invasiveness of those factions which would preempt its agenda. After that, they can afford to be empathic."

To put it succinctly as Friedman (1994, p.29) said,

> It is totally impossible for either leaders or healers to be a transforming presence in an atmosphere that values empathy over responsibility.

In environments where leadership is so challenged, becoming a victim can be easier than being a leader. It can be argued that the prevalence in some cultures of empathy and victim are both parts of the same thing. The British sociologist Frank Furedi has written much on this subject. His book titles such as Paranoid parenting, Culture of Fear and Therapy Culture, are strong indicators of his views. He has highlighted how societies such as the UK and USA have shifted hugely towards the image of a human, who is weak and vulnerable rather than one who is resilient. As a reflection of cultural change, Furedi (2004) shows how the use of victim-related language in British newspapers has escalated exponentially in the last 50 years. It is not possible to be recognized as a victim unless someone has empathy towards him or her. Therefore, the victim culture depends upon empathy as its partner. Again, it is a matter of degrees. So, in response to the question of this article, one answer might be that empathy is not a good thing, when a healthy balance is lost. For example, when the movement is too far towards the individual other rather than on self-differentiation.

As well as urging parents, leaders in the workplace and other settings, and presidents to be clear about their expectations, Friedman adds another key factor. This is that parents and leaders, etc. must be clear about what they need for themselves. So, if I am a parent what might I need to keep going on and to be a 'good-enough parent'? If I am a leader, what might I need to put in place for myself? Thinking in this way can seem selfish. It is in the sense of putting oneself first, but it is in service of the task. The parent and leader must remain healthy, and able to operate most of the time clearly and steadily. Donald Winnicott, the child Psychiatrist, pointed out that the most important thing a mother of an infant must do, is to survive and he added 'that is not as easy as it sounds'. Of course, he did not just mean

physically survive, but also psychically. And especially to survive the infant's aggression and hostile 'attacks' on her, without retaliation. The parent must be a healthy individual with her own life and integrity. As he also said, the mother may be everything to the baby, but the baby must not be everything to the mother. From a developmental view, this means being a separate but connected person. Friedman calls it self-differentiation - being clear about one's goals, principles, expectations, and needs.

He claimed (1999, p.138) that this goes further than survival,

> This is not merely a matter of putting one's own oxygen mask on first. It has to do with leaders, (or parents or healers) putting their primary emphasis on their own continual growth and maturity……the focus on empathy, because it encourages primary emphasis on others, subverts the nature of that self-differentiating process.

He also argued (1999, p.143) that trying to be empathic can undermine this,

> Once parents are reoriented towards their own welfare, their stamina begins to increase in the most natural way. And it is no different with teachers, therapists, professional people and CEOs.

Self-differentiation in others is not likely to develop unless there is a focus on one's self-differentiation. Friedman believed that the number one issue in leadership 'today' is a 'failure of nerve' to define oneself more clearly. The leader's self-differentiation and not empathy, encourage self-differentiation and development in others. Such a leader can be present amid emotional turmoil, actively relating to key people while calmly maintaining a sense of her direction. With this capacity, he or she can affect the whole system of relationships and reduce the level of anxiety in the organization network. The today that Friedman was talking about was 1996 and it can be argued that the concerning trends he identified have grown further.

In working with traumatized children and young people having a good capacity for empathy is important. Arguably, the same can apply to other contexts, such as the family and the workplace. However, this must be balanced by other qualities. For example, to be self-protective, have clear and consistent boundaries, and maintain appropriate expectations. It could be argued that it doesn't have to be one without the other. It is possible to be firm, whilst still having empathy. In reality, I think it is not so easy.

At times, a person may consciously draw an empathetic response as a way of avoiding something more difficult, such as taking responsibility. This is one of the tussles that can pull on us when we both empathize with a person's difficulties, but also recognize the need for responsibility. For example, as with an adult sex offender who was also abused as a child.

Recently, I observed a policeman in a street having to deal with a volatile teenage boy probably about 14 years old. There were two teenage boys together and they had been separated. This one was outside on the street with the policeman and the other was inside a building with a

policewoman. The policeman asked the boy outside to stand still and calm down. The boy shouted a stream of abuse at the policeman, accusing him of various things and making demands. The policeman reasoned but to no avail. The boy's behaviour escalated. As the scene was on a busy road there were also safety risks. After a few minutes, the policeman shouted at the boy to stop it and told him to put his hands out. The policeman made his physical intention clear, without doing anything inappropriate. He handcuffed the boy and sternly told him "enough" and to get in the car. The boy did as he was told, got in the car, sat quietly, and began to cry.

The person I was with felt empathy towards the boy. She wondered what must have happened to him to end up in such a situation and to be so out of control. Having been on the end of many similar altercations, with an angry and aggressive, emotionally unregulated teenager, I also felt empathy for the policeman. Maybe our feelings were somewhere between empathy, sympathy and identification? When the policeman acted, I don't think he was feeling empathy, but it did calm the boy down. This reminds me of the concept of ''tough love''. I can think of many examples from my work, where what is being pushed for and needed is containment. The need is to be emotionally and physically safe. I think that what is required at those times, is not necessarily empathy but a clear and firm, non-judgmental approach – taking control. The non-judgmental part helps guard against becoming punitive.

Another challenge with empathy is that it might be felt as intrusive. The nature of empathy is to know what another is feeling. This also feels like knowing what another is thinking. For traumatized people, thoughts and feelings might feel unsafe and even dangerous. Feelings and thoughts are often a link back to the terror of trauma, so they are blocked out. The person may also have strong emotions about their trauma, such as guilt and shame. Empathy may trigger such emotions. It is difficult to have real empathy without exploration. Any kind of exploration might feel threatening. This means there are times when it is necessary to tread very carefully. Maybe the person just wants to be not hurt and to feel safe. Empathy can wait until these basic needs are achieved. Maybe they just need someone to be beside them as a safe, reliable and compassionate other. During grief, for example, the compassionate presence of another may be what is needed, rather than someone who is feeling the same pain. The feeling of pain through empathy may be most useful when a person has never felt understood in their suffering. For example, when a person has suffered adversity, trauma coupled with a complete lack of empathy from others.

It is often not a question of whether empathy is helpful or not, but what we do with it. We need to distinguish between empathy and identification. Where we are primarily identified with another, we are more likely to act in a way that is to do with our own needs rather than theirs. For example, we might do what we wish someone had done for us. Working out what we should do with our 'empathy' can be a preoccupying task. There are times when this kind of preoccupation is helpful and others when it is not. Times where it is needed and others where it distracts and gets in the way of a more urgent need. One way of working out our approach is to observe what happens after we try something. What are the outcomes? Do we find ourselves offering more and more empathy, but nothing seems to progress? Some researchers such as

Barbara Oakley, have studied the troubling relationship between narcissists and their partners who appear to have an abundance of empathy. The role of empathy can become part of the problem in a pathological co-dependent relationship.

An important question is not just what we offer, but what is made of our offerings? Some people may be more able to make use of one kind of approach, such as empathy. It may also depend upon timing. Sometimes empathy may be just the right response, at other times guidance or direction may be needed. Like when a leader, needs to grasp hold of a situation and go in a specific direction. The clarity of purpose and decisiveness may contain people's emotions that the leader isn't even thinking of.

The definition of empathy that makes the most sense to me is by Dockar-Drysdale (1970, p.98),

> …as being the capacity to imagine what it must feel like to be in someone else's shoes, while remaining in one's own.

The remaining in one's own shoes is the vital part. Without this, there is the risk of unhelpful over-identification. There is also the risk of a loss of boundaries and the two people becoming merged with a loss of personal identity. Dockar-Drysdale's point is like Friedman's when he says that a person must have a well-defined sense of self before empathy can be offered helpfully. Friedman (1999, p.119) clearly explains how too much emphasis on empathy can be unhelpful and even destructive,

> But the concept of empathy has wound up encouraging everyone to lose their own boundaries, so it works against the very self-regulation that is necessary for it to be employed objectively. That is how empathy plays into the hands of those who are least willing to take responsibility for their own emotional being or destiny. Put more simply, most therapists are too sensitive to be effective. In therapy, emotional fusion with another is far more destructive than a lack of concern or understanding.

Finally, and relevant to everything I have said so far is the matter of compassion fatigue. This could also be termed empathy fatigue. Someone told me recently that he listened to an interview with the Dalai Lama. The Dalai Lama was asked how he can bear all the suffering in the world. The response was 'in glimpses'. I'm not certain the Dalai Lama said this, but it is an important point. It fits with Friedman's idea of self-differentiation, knowing one's limits and what one needs for oneself. It is relevant to the contexts we are in, as Bettleheim pointed out. It also fits with Winnicott's emphasis on the need for survival.

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Patrick Tomlinson Brief Bio

The primary goal of Patrick's work is the development of people and organizations. Throughout his career, he has identified development to be the driving force related to positive outcomes - for everyone, service users, professionals, and organizations.

His experience spans from 1985 in the field of trauma and attachment informed services. He began as a residential care worker and has since been a team leader, senior manager, Director, CEO, consultant, and mentor. He is the author/co-author/editor of numerous papers and books. He is a qualified clinician, strategic leader, and manager.

Working in many countries, he has helped develop therapeutic models that have gained national and international recognition. In 2008 he created Patrick Tomlinson Associates to provide services focused on development for people and organizations. The following services are provided,

- Therapeutic Model Development
- Developmental Mentoring, Consultancy, & Clinical Supervision
- Character Assessment & Selection Tool (CAST): for Personal & Professional Development, & Staff Selection

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