

Empathy as the *Medicine of Life*

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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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Genuine feelings of empathy successfully communicated from one human being to another can heal emotional wounds, stimulate growth, and support life. For instance, a parents empathic connection to his or her child during the first years of life creates a oneness that is the kernel from which that child's full potential can blossom. The only way a child can develop the strength and resilience for life is from an empathic parenting relationship.

Parents who instinctively resonate positive feelings to their infants create the first experiences of love. This empathic emotional experience is the basis of the capacity to love and the wish to live for the rest of the child's life. Children who are denied this primary experience tend to feel alone and disconnected—feelings that perhaps extend throughout their lives.

Likewise, when a child is abruptly cut off from his or her parent's love and empathic bond, that child may very well wither away. The importance of empathic love and understanding became clear to me more than 20 years ago when, with much trepidation, I entered the field of mental health.

LISA AND BETTY

In 1977, I was hired as a milieu therapist in the psychosomatic unit at Children's Hospital in Boston. I was scared. I was new to the field of mental health and felt professionally vulnerable. After all, Children's is a world-famous Harvard teaching hospital, and I felt that I would be surrounded by clinical geniuses—among whom I was certainly not one. Despite my anxiety, the head of the unit told me that she thought I had a therapeutic personality (whatever that meant) and she had a hunch that I would be able to help the children.

I always loved children. I was, however, terrified when I saw the twelve children who were residents of the psychosomatic unit on the second floor of the Judge Baker Guidance Center, which was part of Children's Hospital at the time. Four of the children were so thin they looked like death-camp

survivors. Others were obese, and some had severe asthma. Then there were the failure-to-thrive infants. At the time I wondered, What do I know about infants? After all, women are the ones who are the natural mothers. So, needless to say, I was shocked and amazed when I was told that my first patients would be Betty, a single mother, and her 5-month-old daughter, Lisa.

Despite her chronological age, Lisa was the size—in both height and weight—of a 2-month-old. Lisa's delayed development was the reason the hospital had referred mother and child to our specialized inpatient unit for evaluation. Betty worked during the day as a secretary and spent the nights at the hospital with Lisa.

At the time, my only experience with babies had been with my sister's child who was by then 5 years old. Before that, I had never even held an infant! I was told just to observe the communication between mother and daughter while becoming attuned to my own inner responses as I tried to understand what was going on (or not going on) between Lisa and her mom. So I observed the two of them. (My instructors and supervisors further assured me that, in issues of life and death, intuitive knowledge can be more valuable than academic credentials.)

Lisa had big, brown eyes, which stared back at me vacantly, and a wide- open face. She looked as if she could take in the whole world, if she only knew how. I noticed that Betty made no eye contact with Lisa while she was eating, even when Lisa was having difficulty taking her bottle. In addition, Betty seemed very tense while she was holding Lisa. When speaking to me, Betty rarely looked at me and communicated with little emotion. Her demeanor reminded me of little Lisa's disconnection. I had the feeling that she too had never been held lovingly, either emotionally or physically.

If Betty herself had been denied that basic warm, empathic bond, how could she possibly establish such a tie with her daughter? As it turned out, not only was Betty a single mother, but Betty's mother had been a single parent as well and had raised Betty alone under tremendous emotional and financial stress.

I decided, after discussing the situation with my supervisors, that I would attempt to establish an empathic relationship with Betty and, in doing so, I'd be letting her know that she wasn't alone and that she wasn't an inadequate mother if only her nurturing instincts could be awakened. By forming a bond

with both Lisa and Betty, I would hopefully be passing on and filling her with positive emotions that would hopefully ignite the life energy in her, which she could then pass on to Lisa. So together we chatted and played with Lisa. I held Lisa in a very relaxed and loving way and laughed when Lisa smiled or seemed to be enjoying herself, reflecting and reinforcing Lisa's experiences. I also held Lisa close to my heart when she took her bottle so that she might feel my heart beating while she ate.

I held her close to me and simultaneously tried to hold Betty emotionally close to me as well. I talked to her about how wonderful her baby was and used humor to help Betty overcome her feelings of inadequacy as a mother. I told her that clearly I could never be the mother she was. Betty would laugh. I said, in fact, sitting next to a real mother inspired me to be nurturing, and I thanked her for helping me.

As the weeks went on, Betty began making eye contact with me, while Lisa began making eye contact with her mother, who now held her child close to her heart and had become very relaxed and cheerful when feeding her. Soon Betty began to point out to me better mothering responses to Lisa that I could never have instinctually been in touch with. The more emotionally connected Betty and I became, the more emotional connections she made with Lisa. In response, Lisa grew and gained weight dramatically, going from a pallid, sickly looking child to a rosy-cheeked, healthy baby. Whether Betty unconsciously saw me as a father, husband, or mother figure (or maybe all three) didn't matter. I believed she felt that I regarded her with respect, empathy, and love, despite her own feelings of low self-esteem.

My intuitive responses worked therapeutically, and I felt that if she knew how inadequate and vulnerable I was feeling, it might help her feel even more empowered. But then again, how can I be so sure that she wasn't already aware of my feelings? That may have also, in fact, been a major curative factor for both Betty and Lisa. Mother and child ended up leaving the psychosomatic unit after 3 months and were followed up for 1 year. Both have continued to thrive.

JACK

Jack was the second patient I was assigned to work with on the psychosomatic unit. I had seen this boy, who looked like he was 9 or 10 years old, walking onto the unit. He was carrying two suitcases, as if he were planning to move in permanently. He had a very sensitive-looking face, and I had the feeling

that he wasn't admitted for behavioral difficulties. I wondered, however, why a 9- or 10-year old had been admitted to an adolescent and infant-toddler unit.

At the unit meeting, I learned that Jack was not 9 years old but almost 13. Remarkably, both parents had died of stomach cancer within a year of each other. His dad had died first, then his mother. When she died, he stopped growing. When she stopped breathing, he stopped developing. I was astounded. Impossible! Such a thing couldn't happen. Although he had been regularly given milkshakes, he was unable to digest them and was even experiencing gastric distress himself. He had been given medical checkups, but no physical basis could be found for his stunted development. He was therefore diagnosed with psychosocial dwarfism—the stunting or stopping of physical growth as a result of emotional trauma.

When I introduced myself to Jack, he, like Betty, made no direct eye contact with me. For that matter, I thought that he was looking at someone behind me, and I actually turned around to see who he was looking at. Not surprisingly, Jack had sad eyes. As I looked at him, I thought to myself, “How can I help this boy who's been to hell and back?” The loss of a parent is a child's greatest loss and can cause the greatest emotional damage. And in a horrendous twist of fate, Jack had lost both parents!

Like most adolescents, Jack didn't talk much at first, but he did like playing Ping-Pong. And he did seem willing to develop a relationship while playing the game. He also liked basketball. Ping-Pong I could handle; basketball was another story. I had been an awkward athlete during my childhood and adolescence. No one ever wanted me to play on his team, and I was often the brunt of insensitive jokes. So here I was trying to help a kid who loved sports. But despite my feelings of inadequacy, I played. I played all the basketball he wanted to play and was beaten over and over again. My efforts paid off; eventually, Jack began to talk about his life. I believe that my being able to show him my vulnerabilities created the safe and trusting environment he needed so that he could open up and be vulnerable himself. He talked about the almost unbearable pain of watching first one then his other parent waste away before his eyes. He spoke of how he fantasized about discovering a cure that would save them in time. Jack thought that if he were older—much older—he could have become a scientist and been able to find a way to make his parents well.

After his father died and his mother became ill, he thought that he might as well die too. He didn't

actually want to kill himself; he just wanted to fade away with his mom, and that's just what he was doing. He believed that he should have been born earlier so that he'd be older by now, and he imagined that his parents died because they really didn't like him. My heart went out to this kid. I was so moved, I could barely contain my emotions. I tried to remind myself of my training and that I should maintain an attitude of concerned but detached objectivity. Instead, I decided to use my intuitive wisdom and to try to form an empathic relationship with Jack— that is, to be who I am and to allow the patient to know me emotionally, which, in this case, was indicated therapeutically.

So I said to Jack that no parent could ever wish for a more wonderful son and that I would be very happy to have a son just like him one day. Jack's eyes welled with tears, and he said that he wished that I were his dad. Then he hugged me. I felt as if I wanted to adopt him then and there. But I was also feeling guilty. I was experiencing all the wrong emotions, and I feared I was becoming inappropriately over involved with this patient. But intuitively, I also believed that Jack needed to be aware of my feelings so that he could get better.

But things got worse for Jack before they got better. Before being admitted as an inpatient, Jack had been living with his brother and sister-in-law. And one day during the course of Jack's hospital stay, his brother and sister-in-law told the staff that Jack could no longer live with them. They had their own children to raise, and having Jack was too much of a burden. When Jack found this out, he became hysterical and out of control. He destroyed his room and sobbed for 2 hours. I held him, sobbing too and telling him that I would personally make sure that he would be taken care of.

Following that event, I told a colleague that I thought I wasn't suited for this work because I was getting too emotionally involved with my patients. This colleague told me that I was too well suited for the job and that even though I might get sick from the job, my patients would probably get better. Well, my colleague was partly right: Jack did get better, but I didn't get sick. Jack left the psychosomatic unit after 5 months, having gained 20 pounds and grown 2 inches. Jack's brother and sister-in-law decided to keep him after all.

Before he left, I asked Jack what it was about our relationship that he thought helped the most. He then told me that when I held him and genuinely cried with him that made him grow. He realized that

he wasn't alone in his pain because I was there sharing it with him.

Jack wasn't the only one who grew from an empathic relationship. My experience with him contributed profoundly to my emotional growth— both personally and professionally.