

By Douglas Flemons

From Pity to Compassion

When the therapist's emotions get in the way

A. If I were your client and I sensed you were overwhelmed, I'd be afraid: How messed up must I be if you, a professional helper, couldn't cope with what I am telling you? And if I thought you pitied me, I'd become infuriated. So I think it's great that you're looking for a way to respond differently. I'd suggest, though, that rather than trying to stop your emotional reactions, you explore other ways of changing. As long as you're preoccupied with "self control," your focus will be shifted away from your clients. And such experience-negating efforts never work anyway. The more we try to stop unpleasant or undesirable thoughts or feelings, the more they hang around and make nuisances of themselves.

My son, Eric, is 7. Recently, as I was putting him and his younger sister, Jenna, to bed, he complained about a melody he couldn't get out of his head: "I've tried and tried, Daddy," he said, "but it won't go away!" I suggested that instead of trying to rid himself of the tune, he replace it with something he liked. We turned out the lights, lay down on his bed and the three of us sang, at the top of our lungs, a couple of his favorite songs. Awhile after the last notes had disappeared into laughter, Eric turned to me and reported, with happy relief, "Daddy, it's gone!"

An analogous approach can be

taken when you find yourself responding to clients in an unhelpful way. If you try to not think and feel the way you do, you'll become as frustrated

as my son was wrestling with his unwanted melody. Rather than trying to take emotion away from your response, you might try *adding something to it.*

I once supervised a case involving a family who had been terrorized by the children's father. The effects of the man's beatings and threats continued to send shock waves through the lives of the mother and the children, even after a divorce and the man's incarceration. Fights, distrust and paralyzing fear were woven through all their interactions, including their conversations with their therapist, Marlene, one of my graduate students. As her clients related their history and current challenges, Marlene struggled under the weight of their despair. Watching her expressions and body language and listening to the tone of

her voice, I half expected her to say, "Oh, you poor dears!" She didn't, at least not directly, but her pity was palpable.

After the session was over, I told her I sensed that she was feeling sorry for her clients and asked how she saw this affecting her therapeutic work. She said she considered compassion an essential piece of good therapy. I

agreed, but said I thought it was important to distinguish between compassion and pity.

Compassion plunges us inside our clients' experiences, providing the means for full-bodied, empathic entry into their pain. It allows us to imaginatively feel ourselves as them. Pity, by contrast, is a toe-dipping enterprise. We feel *for* our clients, while we stay safe and distant, "professionally" removed. Pity reassures us that we are different from our clients.

I sensed that Marlene was keeping herself separate from the "unfortunate" people who sought her services and that this was hindering her ability to be helpful. I asked what would happen if she could see her clients as resourceful. How would her emotional response shift if she saw their wounds as signs of strength, if she appreciated their experiences as contributing to, rather than detracting from, their potential?

Marlene's sensitivity to her clients' pain provided her with half of what was necessary to work effectively. "You need to be able to recognize enough of your clients' misery to hold on to how horrible their plight is," I said. "But if this is all you do, your despair will hold you back and you'll only feel sorry for them." Gregory Bateson wrote about the "bonus of understanding" made possible by double description. Recognizing that depth perception results from combining information from two different perspectives, Bateson proposed that "an extra dimension" of understanding results from bringing together two or more sources of information. With this idea in mind, I thought Marlene might benefit from practicing a kind of double *vision* or double *feeling*.

I suggested that each time someone in the family told Marlene some-

Q: *When I work with clients who have experienced intense trauma and pain in their lives, I often feel so sorry for them that I find it interferes with my therapy. I know I need to stop responding this way, but I'm not sure how.*

thing horrible about the past or present, she intone a transformative, two-word mantra to herself. The mantra would complement the pity she was already feeling, and the combination of the two points of view would make possible a new dimension to her felt-understanding. I stressed that the mantra was something to be intoned silently, privately—something to reconfigure her response to what she was hearing.

My use of the word “mantra” no doubt led Marlene to expect that the two words I was about to suggest would have serious spiritual overtones, evoking something formal or solemn. In fact, I had in mind more the playful, bright-eyed-wonder side of spirituality, but she didn’t know that, so I think she was surprised by what I proposed.

“Okay, so here’s the mantra: ‘Oh, cool!’”

“Oh, cool?” she asked, incredulously.

“Yup. If you can respond to each of their stories of tragedy with a silent ‘Oh, cool!’ you will have transported yourself into understanding that symptoms and horrible histories can be resources for change instead of reasons for pity. Rather than be afraid of their problems, you can become curious about them, curious about how you and they can use them to create change.”

Marlene may have thought I was cracked, but she agreed to take the mantra with her into her session. The pained expression disappeared from her face and, with it, her distance. She engaged, compassionately.

So what would it take for you to start whispering “Oh, cool!” to yourself? We all agree that no one should have to go through the horrible things our clients have endured. But I’m always curious about what they’ve managed to learn as a result. What do they now

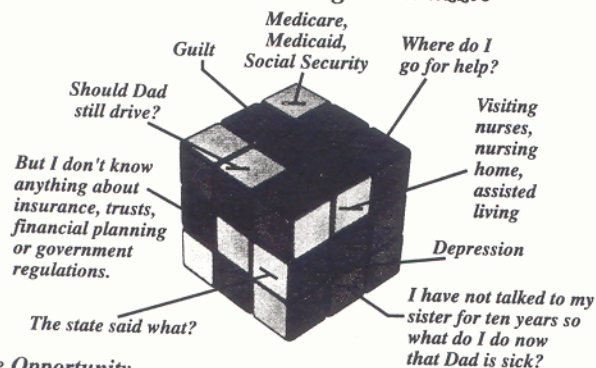
know about themselves that they wouldn’t otherwise? What aspect of their experience can they now trust? What do they now understand about their ability to survive? To care? To protect? To persevere? To thrive? To change?

Perhaps a mantra such as “Oh, cool!” can open new avenues for transforming your feelings of hopelessness. By searching for and respecting your clients’ strengths, you allow your pity to turn into compassion and create the necessary conditions for therapeutic change. ■

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