The Fullness of Empathy: Reflections and Illustrations

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Seven core values are said to undergird the profession of occupational therapy, with empathy serving as a hallmark of one of those values—personal dignity. This inquiry explores the meaning of empathy within a practice that holds occupation at its center. The literature on empathy in both philosophy and the behavioral sciences yields cogent thoughts about the fullness of empathy and its characteristic actions. The Healing Heart, the biography of a pioneer therapist, Ora Ruggles, shows the manner in which occupational therapists can be empathic in their practice. These reflections and illustrations serve to sharpen the vision of occupational therapists as persons who reach for both the hands and the hearts of others.

The Nature of Empathy

Saint Exupéry (1971/1943) argued in The Little Prince that many persons relinquish their capacity to imagine and to feel, attending instead to grown-up matters:

I showed my masterpiece to the grown-ups, and asked them whether the drawing frighten them. But they answered: "Frighten? Why should anyone be frightened by a hat?" My drawing was not a picture of a hat. It was a picture of a boa constrictor digesting an elephant. But since the grown-ups were not able to understand it, I made another drawing: I drew the inside of the boa constrictor, so that grown-ups could see it clearly. They always need to have things explained;... The grown-ups' response this time was to advise me to lay aside my drawings of boa constrictors, whether from the inside or the outside, and devote myself instead to geography, history, arithmetic and grammar. That is why, at the age of six, I gave up what might have been a magnificent career as a painter. (p. 9)

Similar experiences pull many persons away from their involvement with imagination and feeling. Devoting themselves to other matters, they lose sight of their pow-

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The American Occupational Therapy Association (AOTA, 1993) has identified seven core values that undergird the profession: altruism, equality, freedom, justice, dignity, truth, and prudence. These values "provide a basis for clarifying expectations between the recipient and the provider of services" (p. 1086). The document on core values can also be seen as part of an effort to shape and secure a vision of practice. For therapists who work in a range of settings with distinct frames of reference, a clear vision promises a clear identity, a shared purpose, and a source of inspiration. The title occupational therapist keeps occupation at the center of the vision; the profession's enfranchisement of common values can hone the character of its practice.

According to AOTA's identification of core values, a therapist honors personal dignity through an "attitude of empathy" (AOTA, 1993, p. 1086). The words are familiar, but their meaning must be clear if occupational therapists are to develop this attitude. What does empathy look like? More pointedly, what does it mean to be empathic in a practice that holds occupation at its center?

This discussion explores these questions, moving from thoughts on the full-bodied nature and actions of empathy to illustrations of the empathic practice of a pioneer therapist. The literature on empathy in both philosophy and the behavioral sciences structures this inquiry. Several ideas articulated by artists, caregivers, and philosophers who have been associated with the topic appear verbatim because their power to evoke reflection is remarkable. Time spent with well-spoken ideas and clearly rendered images sharpen one's sense of what it means to be empathic. Because this inquiry occurred simultaneously with the research done on clinical reasoning (Fleming, 1991; Mattingly, 1991), the conclusions that emerge from this work can be said to resonate with and support that effort rather than derive from it.

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er to see beyond the surface of things. But when the 6-year-old in this story grew into an adult, he often used his childhood drawing to predict the quality of understanding that he could expect from others. He explained:

I have lived a great deal among grown-ups. I have seen them intimately, close at hand. And that hasn't much improved my opinion of them. Whenever I met one of them who seemed to me at all close-minded, I tried the experiment of showing him my Drawing Number One, which I have always kept. I would try to find out so, if this was a person of true understanding. But whenever it was he, or she, would always say: "That is a hat." Then I would talk to that person about box constrictions, or primeval forests, or stars. I would bring myself down to his level. I would talk to him about bridge, and golf, and politics, and neckties. And the grown-up would be greatly pleased to have met such a sensible man. (p. 5)

It is not only in fanciful stories like Saint Exupéry's that one finds references to both the innateness and the frequent relinquishment of the capacity to understand. Katz (1963) shared a similar belief:

A simple way to explain the origin of the empathic skill is to postulate that we are born to understand. Part of our biological heritage is the capacity to visualize and to apprehend the feelings of other members of our species. We do not locate this ability in a particular sense organ. It is simply a function of our inner senses, an imaginative or intuitive gift which is part of human nature. (p. 62)

Katz argued that children often surrender to a more detached use of imagination and intuition because in Western culture parents and teachers favor objective and logical responses.

One who would have a voice and place in any health care practice must be sensible, but one who would also be empathic must retain the capacity to apprehend, imagine, and feel. Helpers must convey understanding as they strive to solve health care problems. As Leder (1984) said, "One must look at a human not just as body but as body and mind" (p. 38). Bruner (1986) reminded practitioners that, as with the stereoscope, depth is better achieved by looking from two points at once; the dual perspective to which Bruner refers evokes the nature of empathy. Reed (1984) explained its structure of opposites:

First, there are the active and passive versions of the clinical experience of empathy—the former associated with grasping meaning, understanding, and interpreting; the latter with resonating, sudden illumination, losing the self. Second, there are the rational and mystical sides to the concept of empathy—the first associated with concepts such as perceptual scanning, organization of derivatives, and inference; the second, usually rejected, with telepathic and the uncanny. Third, there is the opposition between science and art, in which the dispassionate observation of data that leads to uncontaminated understanding contrasts with the creative resynthesis of data. (p. 16)

Not surprisingly, Katz named empathy's supposed mystic quality problematic in Western culture because it suggests a somewhat "divinatory art" (p. 11).

The dichotomous aspects of empathy no doubt relate to the dual origins of the word in the psychology of aesthetics and in the psychology of understanding other persons (Olinick, 1984). In 1897, Lipps, as noted by Katz (1963), introduced the term *einfühlung* into his writings on aesthetics to explain how a person "feels into" an art object to appreciate it:

An observer is stimulated by the sight of an object and responds by imitating the object. The process is automatic and swift, and soon the observer feels himself into the object, loses consciousness of himself, and experiences the object as if his own identity had disappeared and he had become the object himself. The observer sees a mountain and apprehends it with his inner imaginative activity: his muscles as well as his eyes. As his gaze moves upward to the peak of the mountain, his own neck muscles tense and for the moment there is the sensation of rising. He is not aware of the sensation, however. He experiences the mountain not as a static object of great height but as an object which extends and rises from the valley to the clouds. (pp. 85-86)

In the scheme proposed by Lipps, one enters into art objects, apprehending them in terms of some personal experience. One sees a container and projects into it the human act of holding. One apprehends a tree swaying or a leaf falling as a person might; one personifies. When persons understand a work or an art in terms of what happens to them in the world, they engage in empathic appreciation.

Interpersonal meanings became associated with the word *empathy* later, when Titchener (1909) described the act of reading the movements of another as a rendering of *einfühlung*. But such a term need not have had two points of origin to lay claim to its complexity. The duality of reasoning and feeling that constitutes empathic understanding reflects the rational-emotional constitution of persons. The problem is that empathy's structure of opposites has made the concept prey to the one-sided regard for reason that prevails in Western culture. The dilemma experienced by patients as depersonalization seems one of an imbalance and disharmony in favor of rationality (Peloquin, 1993). The problem reflects an impoverishment of empathy.

Helpers need a way of knowing persons and their illnesses that transcends the linear approach and prepares them to treat persons. Hayakawa (1969) described the tenuousness of any one way of knowing:

The thermometer, which speaks one kind of limited language, knows nothing of weight. If only temperature matters and weight does not, what the thermometer "says" is adequate. But if weight, or color, or odor, or factors other than temperature matter, then those factors that the thermometer cannot speak about are the teeth of the trap. Every language, like the language of the thermometer, leaves work undone for other languages to do. (p. 8)

The language of health care practitioners has warranted scrutiny because it seems cold and uncaring; it is a knowing that seems inadequate. Practitioners need fluency in the discourse about pain and courage, and that discourse requires the capacity to think and feel at once.

### The Actions of Empathy

Those who remember material learned from courses or textbooks may want to dismiss any discussion of empathy because of those associations, thinking, "Oh, another re-
tush of how to decode body language and paraphrase what the patient says." Any such dismissal would be hasty, because such thinking disregards the essential actions of empathy. Katz articulated the challenge: "Being human," he said, "means more than being a physicochemical unit. To be a man means to be a fellow man. The human personality becomes human through its association with others" (1963, p. 189). Association with others is a function that persons should not relinquish lightly. Instead, asked Perlman (1979), "Might not even a specialist be more 'human'? Might not even a 'skin man' say, he taught to reconnect with the human self he was before he immersed himself in becoming a professional expert, so as to relate to the patient who is a person under the skin?" (p. 7)

How can practitioners relate to their patients as fellows? Thomas (1983b) explained that such a relationship rests first on their willingness to present themselves:

My host was the newly elected president of the society, a general practitioner in his fifties, a successful physician whose career was to be capped that evening after the banquet. In his imagination, to be president of the county medical society was a major honor in that part of the world. During the dinner he was called to the telephone and came back to the head table a few minutes later to apologize; he had an emergency call to make. The dinner progressed, the ceremony of his induction as president was conducted awkwardly in his absence. I made my speech, the evening ended, and just as people were going out the door he reappeared, looking harassed and tired. I asked him what the call had been. It was an old woman, he said, a patient he'd looked after for years, early that evening she had died, that was the telephone call. He knew the family was in distress and needed him, he said, so he had to go. (p. 10)

The disposition to be there that is central to empathy is also fundamental to Buber's (1965) concept of dialogue, in which one person turns toward the other, "of course with the body, but also in requisite measure with the soul" (p. 10). The turning in dialogue is an empathic action, and it demands more than rational procedures; it asks more of who one is than of what one does. Empathy seems to be the heart of what practitioners mean when they profess to attend to their patients. Likening it to love, Hackney (1976) saw empathy as a qualitative response to persons, a potential possessed.

Adler (1931) believed that if practitioners did attend to patients more fully, they would see a kinship: "To understand is to understand as we expect that everybody should understand. It is to connect ourselves in a common meaning with other people, to be controlled by the common sense of all mankind" (p. 254).

Empathy spins connections through which helpers see their own likeness to their patients, in eyes that widen, bowels that furrow, hands that clench. But empathy also quickens a respect for differences. At its deepest level, Egan (1986) explained, empathy is a way of seeing with the eyes of others to appreciate nuances in their visions of the world. To be present for one's patients empathetically is to take a stand from which one partici-

pates in their experiences. Such a supportive stance is aptly named an understanding.

Perhaps the description of empathy that is most cited in the behavioral sciences is that offered by Rogers (1975), who depicted a person enacting this "strong yet subtle and gentle" response:

It means entering the private world of the other and becoming thoroughly at home in it. It involves being sensitive, moment to moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever that becomes an experience. It means temporarily living in his her life, moving about in it delicately without making judgments, as you look with fresh and unfrightened eyes at elements of which the individual is fearful... In some sense, it means that you lay aside your self and this can only be done by a person who is secure enough in himself that he knows he will not get lost in what may turn out to be the strange and bizarre world of the other (p. 5).

In his early writings, Rogers (1957) underscored the as-if cognition that sustains the empathic response: one thinks and feels and moves as if one were in the patient's world. This imaginative presence enables practitioners to clearly differentiate their patients' experiences and feelings as separate from, if like, their own. If practitioners aim to help, Reiser and Schreiber (1980) explained that they must know how to be there for their patients, fiercely caring, while standing as themselves—the hallmark of empathy:

"Having been on both sides, I have developed a strong conviction that doctors who are practicing effectively cannot, and should not, become so wedded to their patients psychologically that they feel no difference between their patients' pain and their own. In order to help people who are sick, we must know what it is like to be in their shoes but, at the same time, also know very well that we are not in their shoes. (p. 46)

Practitioners sometimes seem ambivalent about intimacy. They worry that "they may not be able to extricate themselves from the net of feeling" (Katz, 1963, p. 25). When they stand overwhelmed with feelings, however, it is not empathy that they enact, but sympathy. Olinick found sympathy "an immature, imperfect empathy" (1984, p. 139). Sympathetic helpers never quite get out of themselves; they touch the patient's feelings and duck back into their own worlds, grasping only the certainty that they hurt, too. But the empathizer, said Katz, "tends to abandon his self-consciousness" (p. 9). And even if a helper engages in a profound act of empathy, "the power to recover" remains (Katz, p. 42).

Empathy does not exact a fusion but a connection. It implies an experience not only of the pain of another, but of the integrity and courage that dwell alongside the pain. Empathy, in health care practice, is the enactment of the conviction that, empowered by someone's willingness to understand, the patient will gather the requisite measure of courage.

The empathic way of being asks that practitioners feel and think at once. In embracing their own feelings, practitioners reclaim themselves. The potential for such
reclamation is great; the universality of the capacity was argued by Thomas (1983a) on the occasion of his visit to the Tucson Zoo:

I was transfixed. As I now recall it, there was only one sensation in my head: pure elation mixed with amazement at such perfection. Swept off my feet, I floated from one side to the other—swirling, an internal, staring astonished at the beavers, then at the otters. I burst, I forget to say, for only a few minutes, and then I was back in the late twentieth century, reductionist as ever (p. 8).

Thomas (1983a) took from his experience the conclusion that the unalterable patterns of response, ready to be released in persons by such encounters, is one of affection.

Practitioners who would understand their patients must be similarly disposed. Every person can find a wealth of happenings to awaken or reawaken human affection. For some it may be the sight of frolicking otters, for others the sound of a river rushing or the scent of newly mown grass. For occupational therapists, the story of the empathic practice of a pioneer therapist might occasion such a reawakening.

The Healing Heart: The Story

The story of Ora Ruggles (Carlwa & Ruggles, 1946) chronicles much of the early history and professionalization efforts of occupational therapy from World War I through the 1950s. With a strength of character honed by childhood events, Ruggles responded to the wartime call for crafts experts to "reconstruct" disabled soldiers. Assigned first to Fort McPherson, Georgia, as a reconstruction aide, Ruggles marshalled supporters and supplies despite bureaucratic blocks. She engaged ever larger groups of soldiers in craft work that reduced their restlessness and restored meaning to their lives. She quickly engaged the interest and the emotions of each patient in order to make her efforts therapeutic.

Her accomplishments gained acknowledgement from Army administration and physicians alike. Patients responded to her competence, warmth, and concern with a mixture of awe, loyalty, and thanks. After a romantic involvement with a patient who died, Ruggles left the fort, emotionally devastated.

Eleanor Clarke Slagle, one of the founders of the National Society for the Promotion of Occupational Therapy, pressed her to return to Army work. Ruggles did, establishing occupational therapy departments among patients with tuberculosis in Tucson, Arizona, and in California, at both the Santa Monica Sanatorium and the Sawtelle Soldier’s Home. Her employers saw her success as a type of magic, but her approach assumed a recognizable pattern.

She changed her patients' environments, engaging them in that process to increase their interest and optimism. She researched local techniques and supplies. She earned trust and forged warm bonds while showing patients what occupational therapy could do. She overcame cynicism. She adapted activities and fashioned ways in which even persons with severe disabilities could succeed.

After her discharge from the Army in 1927, Ruggles established a number of occupational therapy departments in California, and one in Kula, Hawaii, on the island of Maui. Her departure from Hawaii coincided with the bombing of Pearl Harbor. While at Olive View, a sanatorium in the San Fernando Valley, Ruggles faced personal exhaustion and emotional impoverishment. Her career had filled her life; she had lost the concept of achieving a balance in work, play, and self-care. Ruggles took a year off for worldwide travel and then trained others to meet the need for wartime therapists while she ran a shop to sell crafts made by patients.

Ruggles, now revitalized, resumed work at Children's Hospital in Los Angeles, starting an occupational therapy department in typical pioneer fashion. After being abruptly hospitalized for appendicitis, Ruggles ended up in a psychiatric ward due to an allergic drug reaction that produced symptoms of restlessness and agitation; her caregivers unwittingly continued to give her the drug that threatened her life. Responding to an uneasy sense that Ruggles might need help, a minister friend called a nurse, and the two went to the hospital to find Ruggles in an isolation room. They saw to it that the wrongful medication was discontinued. This frightful event renewed Ruggles’ zeal for humane hospital work. She continued at Children's Hospital, welcoming the challenge of younger patients, but being deeply affected by their struggles and deaths.

After a number of years, Ruggles retired and faced great difficulty with her new role. An occupational therapist friend reminded her to use the principles of occupational therapy in her own case. Remembering the principle of activity as a healing agent, Ruggles launched into a full life of painting, volunteering in her community, and helping other retirees.

The Healing Heart, though perhaps romanticized, gives a view of early practice within an accurate historical context. Because the story deals openly with the values that Ruggles held and the relationships that she shared, it lends itself well as an object lesson in empathy.

Illustrations of the Fullness of Empathy

Because the manner of being with in occupational therapy is a unique enactment of doing with, portrayals of that enactment are important to the vision of practice. In its fullness, empathy calls for a disposition that is active and grasping but also passively receptive; a presence that is concurrently rational and emotional, an act of analytical observation balanced against one of holistic synthesis. Occupational therapists who would be empathic must reflect the duality of thinking and feeling in
their disposition, presence, and actions.

One affirmation of the fullness of empathy lies in the title Twice because it was so simple, yet so effective. When pressed twice at Fort McPherson unusually quiet. Her trouhle again with the command. She said that she had made a great discovery, one that she could not get over because it was so simple, yet so effective. When pressed to share, Ruggles said: 'Just this. It is not enough to give a patient something to do with his hands. You must reach for the heart as well as the hands. It's the heart that really does the healing' (Carlova & Ruggles, 1946, p. 69). On her retirement from Children's Hospital, when asked by a reporter from the Los Angeles Times what the most important element of her work was, she repeated her discovery. A life's work had affirmed her early vision: A patient held both hands and heart within the grasp of one who would reach for them. The fullness of this vision of the thinking-feeling powers of patients shaped Ruggles' practice of empathy.

Ruggles believed the thinking-feeling capacities of therapists to be as important as those of her patients. When she hired helpers, she chose them “not only for their technical skill as therapists but for their warmth and enthusiasm as human beings” (Carlova & Ruggles, 1946, p. 174). She embodied skill and warmth in her exchanges. She was held in awe by patients like this soldier who saw her as a legless clown, not because he carried a much deeper wound in his "crippled soul" (p. 60). Because of his disability, Hap could only pass needs to the other men in the class, and Ruggles felt his new silence as his incapacity became clear. She spent much time thinking about what Hap could do to gain the benefits of reconstruction. She went to the artificial limb shop where limb-making was still rather crude. She described and sketched what she wanted: a leather device from which metal braces and a clamp would protrude. She later approached Hap, cautioning him against too much hope as she slipped the leather breeching over his stump and secured a slender brush within the clamp. As Hap painted tentative lines of colored dye onto the rim of a basket, he whooped with joy. He practiced secretly for days before showing his skill. The men responded with delight; even Kilgore was impressed. Overwhelmed with feeling, Ruggles began a practice that she kept for years. She slipped away from the group into a closet and let the tears flow. That closet was the first of Ruggles' many "crying corners" (p. 63).

Kilgore worried Ruggles. During one class a soldier jeered that Kilgore did not try basket weaving because he knew he could not succeed. Challenged, Kilgore sat for an hour weaving furiously with his huge hands. When one soldier said that the result was not bad, Kilgore drove his fist down to destroy the basket. Ruggles asked the physician about Kilgore’s behavior. The physician told her that Kilgore had been a cowboy and that wartime revulsion filled him with anger. Ruggles consulted the foreman of the blacksmith shop and then located for Kilgore. When she found him and he told her not to ask him to make more baskets, Ruggles showed him a design for spurs and asked if he would help her start a metalwork class. Within the hour he was in the shop, where he mastered the work readily. His drinking, gambling, and violent outbursts stopped, and after discharge he started an ironwork plant—one that grew to be the largest in the Southwest. Kilgore wrote Ruggles years later:

I've been doing a lot of thinking lately, Ruggie. It started last week when some of the boys around town asked me to run for mayor. It makes me realize, again, Ruggie, how much I owe you. I wonder what the boys who asked me to run for mayor would think if they knew an army doctor once scolded on my medical record. "This man is a menace to society." (p. 91)

Ruggles' treatment of Kilgore depicts a therapist whose doing with patients reflects the best of analysis, rationality, and action alongside the finest synthesis, sensitivity, and receptivity. Ruggles' enactment of occupational therapy, her reaching for the heart as well as the hands of others, reveals the fullness of empathy.

The Actions of Empathy

Stories within The Healing Heart also reveal the many
actions that constitute empathy. The empathic encounter has been said to consist of the following aspects: (a) an expression of *being there*, (b) a turning of the soul, (c) a recognition of both likeness and uniqueness, (d) an entry into the other's experience, (e) a connection with the other's feelings, (f) a power to recover from that connection, and (g) a personal enrichment that derives from these actions. Each of these aspects can be expected to assume a unique character in occupational therapy, in which a therapist brings to the encounter not just the self, but the trappings of occupation: objects, tools, and activities. Although many stories in *The Healing Heart* preclude full consideration of these aspects, select examples illustrate their meaning.

Ruggles was present to her patients in many ways, and one form of her *being there* was the manner in which she helped to reconstruct environments so that her presence and therapy could be extended. One such reconstruction occurred shortly after Ruggles arrived at the Kula Sanatorium. Ruggles was given a stark room with a few tables and chairs. When three patients arrived on her first day, they moved to the windows to be closer. Ruggles thought, to the color and warmth of the world outside. Ruggles quickly got permission to redecorate the workshop. She and her patients made colorful drapes. They painted warm murals of Chinese, Japanese, Hawaiian, and Korean scenes. They made bright cushions for the floor. One elderly woman, much cheered by the room, brought others to chat in the new surroundings, which were much warmer than the wards below. The room had a presence that drew patients to Ruggles and to occupation.

Ruggles' capacity to be there and do with her patients went far beyond creating atmospheres that cheered and supported them. When she worked at Soldier's Home, for example, Ruggles worked with many men who had mental illness, then described as shell shock. One young patient named Mike had driven a truck that overturned, killing six soldiers who had been riding in the back. Mike occasionally ran through the wards in a daze, veering corners as if still driving that truck. Ruggles wondered whether he might benefit from some task that resembled driving. When she consulted the physician, and he asked what that task might be, Ruggles said she needed to think it through. The next day, as she worked with the older patients on a Japanese garden, they struggled to flatten the loose soil with a heavy roller. They jokingly asked if Ruggles knew any heavy men. Minutes later, Mike was moving the roller with deftness and power.

Although Mike continued to have subdued moods, he was much improved. One day as he and Ruggles stood by an army truck, Mike worried aloud about whether he would be ready for discharge. Suddenly he climbed into the truck, set the ignition, and climbed out to crank it. Stunned and frightened, Ruggles raised her voice in protest as Mike clambered back into the cab. Ruggles quickly followed. When he told her to get out because she might not be safe, Ruggles said, "I know I can't stop you, but I'm going along with you" (Carlova & Ruggles, 1946, p. 146). Mike drove well, and when he finished, he slumped against the seat exhausted, musing that nothing lurked in the shadows. He was released a few months later. Clearly, Ruggles demonstrated her commitment to the requisite presence implied in the act of doing with.

Empathy also requires a turning to another that is a *turning of the soul*. One example of Ruggles' turning, not just to solve a problem but to capture and feel its deeper meaning, was her treatment of a child named Ruby at the Children's Hospital. When Ruggles first met Ruby, she saw a most unattractive 12-year-old who retaliated against the taunts of other children by destroying their work. Hoping to explore the child's interests, Ruggles asked Ruby if she might like sewing. The child responded, "Why? So I can grow up and be an old maid and sit at home with my sewing? Is that what you do?" (Carlova & Ruggles, p. 215) Although Ruggles' initial urge was to "whallop" Ruby, she checked her inner heat in remorse and thought, "This girl dislikes people because she can see they dislike her. I must alter my attitude. I must change my hate to love. I must show Ruby that I love her" (Carlova & Ruggles, p. 215). This turn of the soul prompted Ruggles to ask Ruby what she aimed to be when she grew up. In a tiny voice, Ruby said that she hoped to work in a beauty parlor. Ruggles softened as she saw this child in light of her yearning for beauty. She taught Ruby how to shampoo and set her hair, and she arranged for Ruby to spend time in a beauty shop. Over time, Ruggles noticed a change. As Ruby connected with others, her beauty emerged from within. Ruggles' turning of the soul generated a similar turning in her patient.

Another action of empathy is recognition of likeness within another, of connecting with the commonality of problems that persons share. Ruggles' work with an 11-year-old boy named Ramon serves as an example of her capacity to understand the need for belonging and to structure occupations to meet that need. Ramon was thought to be incapacitated: He had little voluntary muscular control, and he twitched and jerked constantly. Painfully shy, he hid himself in dark corners so as not to be noticed. One day, when the rest of Ruggles' charges complained that their clay was so lumpy that they were wasting time pressing it through a screen, Ruggles thought of Ramon. She walked him from a corner into the workroom. As soon as he saw the others making clay figures, he reproached Ruggles for suggesting that he join this group. Ruggles countered by showing him how to press clay through the screen. His uncontrolled shaking worked to his advantage, and the other children patted him on the back and thanked him for producing clay with such a fine texture. Ramon felt useful and appreciated, and after a short period he was no longer shy. The task
gave Ramon a chance to connect with others in a venture that highlighted fellowship rather than differences.

But empathy also requires a recognition of uniqueness in the other, and Ruggles consistently saw differences as challenges to her creativity. Ruggles’ practice in a mental ward at Fort McPherson introduced her to some dramatic examples of schizoaffective, during an era before psychotropic medications were developed. One day during her craft class, a patient announced that he was General Pershing and that Ruggles ought to salute. She did. Another patient whispered as they were working that he was a German spy. He and Ruggles agreed on a set of signals they would use to communicate. Ruggles knew another patient to be a bird lover. He stood for hours by the barred windows. One day while he was hallucinating, he demanded to know what the birds were doing in Ruggles’ hair. Without pausing, Ruggles said, “Oh those. Their nest was blown away and I’m sort of helping them out until I find another one” (Carlova & Ruggles, 1946, p. 100). Calmed, he complimented the quality of her nest. She learned to salutate, to pass secret signals, and to live with the birds as she worked with the men. Her matter-of­-fact acceptance of their delusions and hallucinations permitted their engagement with her and with the work that calmed them.

Central to empathy is the act of entering into the experience of another to understand what it must be like. Ruggles’ interaction with a man named Leo exemplifies her typically sensitive participation in the lives of her patients. Poverty troubled many of the patients at Olive View, especially those with families. Ruggles ran a shop at the sanatorium where patients sold their crafts to allay some of that worry. After Leo arrived he was soon sent to bed with a high fever. He was restless and troubled. He had a wife and four children to support, and his small farm was mortgaged. His family needed $15.25 a month to keep the farm. The physician thought Leo’s temperature was too high and work with Ruggles too risky. Although Ruggles accepted that decision, as Leo’s condition worsened, she reopened the question of his working at a craft. Ruggles thought that Leo’s deterioration was more mental than physical. She proposed to work with him at his bedside but to stop if his temperature rose. The physician agreed. Ruggles told Leo that he could make $20 a month selling leather work. Although his first efforts were crude, before long he was producing fine items. His first earnings amounted to $22.65 and the physician’s pronounce­ment that he was well enough to work outside the ward. Leo became Ruggles’ leather work assistant, helping other patients as soon as he had made enough to secure his $15.25 a month. Ruggles’ work was credited with saving Leo’s farm, his pride, and his life. Her willingness to enter into his situation had engaged him.

Ruggles’ work among persons who felt so much pain offered many occasions to connect with their feelings, another of the actions of empathy. Ruggles helped pa­


tients turn to their courage even when their own feelings were at risk. While Ruggles was on the ward one day, a young soldier who had been shot with shrapnel in 65 places caught her eye as he frantically scanned the room. Kilgore warned her that the young man was about to explode his feelings, and that she’d better go. “They pour it all at once, then they never talk about it again,” Kilgore said (p. 87). Ruggles told Kilgore that she would stay. The soldier spoke of screams in a trench where he sank into a mass of the flesh of his buddies. Suddenly an artillery blast blew him free, and he woke to find parts of bodies, naked, torn, and bloody, scattered all over. “I was the only man alive,” he said, “and I wished I was dead” (p. 88). Ruggles sat near the boy for a long time feeling sick and weak. Kilgore whispered that now she too had been through the war, but that she would know better the next time. “No,” Ruggles said, “if I can help, I’ll stay” (p. 88). As part of their doing with, Ruggles’ patients often needed to speak their anguish and share their pain. Ruggles’ staying power in the face of their feelings confirmed her empathy.

Her many connections with others led Ruggles to crying corners where she faced the depth of her own feelings:

Sometimes she felt an almost overwhelming urge to tear herself free and run to the outside world, the world of the well and the normal. Time after time, she resisted the urge, only to feel a more subtle, more sapping estrangement. The many patients who reached out for her help painted her with the ever increasing pressure of their demands and needs. She stared into the darkness and, amidst the feeling ofutility and helplessness, turned her face to the pillow and wept. (p. 184)

But Ruggles’ power to recover from connection, another of the actions that is a requisite for empathy, stayed strong. She turned to friends who would listen. She changed jobs to work with different populations. She applied to herself the principles of her therapy, seeking purpose in satisfying forms of occupation. And always, Ruggles saw her practice as one from which she derived the personal enrichment that is the promise of empathy. She saw the results of her efforts: through occupational therapy, patients found their own strengths. And Ruggles knew that in “helping others, she helped herself” (p. 191). As the years passed and she felt the growing presence of a supreme spirit, she “felt more than rich” (p. 192).

Summary

Artists, caregivers, and philosophers who reflect on empathy speak to a capacity to understand that builds on the rational-emotional nature of persons. In health care, empathy can be seen as an enactment of the conviction that, empowered by someone’s willingness to understand, the patient will gather a requisite measure of courage. Empathy is characterized by an expression of being there, a soul turning, a recognition of likeness and difference, a
participation in the experience of another, a connection with feeling, a power to recover from that connection, and a personal enrichment. The disposition, the presence, and the actions of empathy reflect a thinking and a feeling that happen at once.

Empathy assumes a unique character in occupational therapy, a practice in which therapists bring the trap­

The picture shows how one can be there while holding participation in the experience of another, a connecticlll C;arl C. & Ruggles, O. (1946). The healing heart. New York: Julian Messner.


References


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