Sensitivity of One Person to Another

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WHY DO PARENTS of handicapped children feel that professional people are frequently insensitive to their needs? This question will be discussed first and then suggestions will be made on how we might improve the relationship between professional people and these parents.

Only one frequently occurring case of unsatisfactory interaction of professional people and clients will be discussed here. Much of what will be pointed out, however, will be applicable to a number of other situations.

The case to be considered is the conduct of a professional person toward a client—a parent of a young, extremely handicapped child. The professional might be, for example, a physician, social worker, or psychologist. It frequently happens that, on the first visit of the family to the hospital, the professional person suggests institutionalization of the child. He gives as reasons the inability of the child to improve under any circumstances and the fact that the institutionalization will be best for the whole family. Such behavior by a professional person, during a first visit by the client, is much criticized by parents.

In the following, for brevity's sake, professional people will be referred to simply as professionals.

Social sensitivity or lack of it is frequently considered a characteristic of the personality. It seems to me, however, that the so-called insensitivity of the professional, as it is perceived by the client, is strongly influenced by a number of psychological determinants and by a discrepancy existing between the professional and the client in regard to these determinants. One such determinant is the *position* occupied by the professional in regard to the handicapped child. As we shall see, it is quite different from the position of the client. Another determinant is the *purpose of the visit,* differently thought of by the professional and the client. A third is the difference in evaluation of expectations concerning the *likelihood of improvement* of the handicap.

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As a consequence of all these differences, the client and the professional arrive at different requirements concerning the proper behavior of a professional. If, then, the professional does not behave in accordance with the client's requirements, the parent will feel that the professional is insensitive to the client's needs, wishes, and values.

Starting with discussion of the difference in *position* occupied by the client and that of the professional, we shall first describe the position of the professional. The professional himself does not experience the problems brought about by the handicap, that is, the professional is not the sufferer. It is one thing to know that *another person* has a handicapped child and quite another thing to be a *parent* of a handicapped child. Characteristically, the professional is in the position of an outsider, and as an outsider he looks at the relationship of the parent to the handicapped child from a distance. The parent is in quite a different position—he is inside the area or situation directly affected by the impact of the handicap.

The two positions of the outsider and of the insider carry with them two different roles. The role of the outsider is that of an observer, and the role of the insider is that of a participant. Carriers of a role usually carry a notion of an ideal role. The ideal of an observer is to be an objective observer, and he is supported in carrying this ideal by being taught to be objective.

To be an objective observer means to not get personally involved in what is observed. The observer feels that to be a *good* objective observer he should not be swayed or influenced by the feelings of the insider. It is, then, understandable that the outsider may actually avoid finding out how it feels to be an insider. Applying the above to our case, not only is the professional by virtue of his position an objective observer but his values concerning the ideal role make him resist paying attention to the parent's feelings toward the child.

Further, because the observer is an outsider, the impact of the situation in its immediacy affects him little. He is freer to concern himself with more general aspects of the situation and more remote problems than is the parent. In actuality, this is what he does, but he does it in a somewhat abstract way. Not experiencing, as does the parent, the strong ties to the handicapped child in the

immediate present, the professional is able to disregard them and emphasize the interests of the whole family. However, being an outsider to the family in question, he does not take the individuality of this particular family into account, and he thinks in abstract terms about what he regards as good for families in general.

For the insider the "here and now" is of great concern, and he has a particular, individual relationship to each member of the family. The parent feels, therefore, that the child who needs more thought, attention, and care than others should get it and that other members of the family can be asked to offer their help. We notice that the values of the insider and outsider are considerably different.

The difference in the positions of the insider and of the outsider, that is, of the sufferer and the observer, influences their judgment as to the *purpose* of the visit. Specifically, the professional sees the purpose of the visit as an objective, realistic evaluation of the situation, as a determination of *facts,* that is, as a determination of the severity of the handicap and of the most probable outcome in the future. If he knew how to alleviate the handicap he would concern himself with the treatment of the child and discuss with the parents how to handle and help the child. In a case that the professional considers "hopeless," he feels he does not have any useful suggestions to make concerning the actual treatment of the child and does not need to pay attention to the problem of dealing with the child day by day. Characteristically, when the parent says that the child has shown some improvement in the past, the professional tends to disregard the remarks, judging the improvements to be either figments of the parent's imagination or so insignificant as not to be worthy of attention.

Turning again to the parent, we find that he agrees with the professional that it is important to have an objective, realistic evaluation of the situation, that is, to know how severe the handicap is and to know what to expect in the future. However, the factual determination is only one of two purposes leading him to go to the professional. The second—and it seems to be the major purpose—is to achieve satisfaction of his wishes. The parent's wishes are to find out that the handicap is not as severe as it looks, that the future entails promise, that there are ways of alleviating the handicap, and that the professional will show him such ways or direct him to somebody who will be able to show them to him. These wishes of the parent are much stronger than his need to know the realistic facts, especially so if the statement of the facts would bring nothing but disappointment. The major purpose of the visit for the parent is to acquire support in his belief in the possibility of improvement rather than to arrive at the knowledge of the certainty of a negative outcome.

These subjective demands of the parent are evaluated by the professional as hindrances to the management of the case. Faced with a "hopeless" case, the professional feels that it is his duty to tell the parent what the actual objective "truth" of the matter is. He feels he helps the parent when he tries to make him become realistic and accept the objective state of affairs. The professional, in what he believes to be attempts to help, might go so far as to pound into the parent that the wishes the parent has are useless and plainly harmful for planning. It is here that the professional and the client part, and it is here that clashes occur.

A client will feel that a professional is "insensitive" if he does not respect his wishes and does not even *try* to find a way to satisy them. The professional will, at the same time, call the client "completely unrealistic" and offer the following argument: If a negative outcome is expected with as high a probability, say, as in 99.9 percent of cases, this is the outcome one has to expect will actually occur. Thus, it is most realistic, says the professional, to count on no improvement and be guided in one's actions by the belief that no improvement will take place. The professional further asserts that such a realistic conclusion not only is valid for him but has universal validity and thus has to be accepted by the parent as a guide in his actions.

The parent disagrees. His paramount desire is to be able to hope for the improvement of *his* child, and this leads him to interpret facts differently. He asserts that the professional should not consider the most highly probable outcome as the one that *will* occur. The existence of a fraction of a percent of probability of the positive outcome (disregarded by the professional) is of major importance to the client. To him this indicates that one out of a thousand cases, or even one out of a million, must improve and that this one child can be *his* child. When the professional says that there is "not even one chance in a million," the parent struggles for hope by asserting that errors in judgment, even by an expert, occur, that there are always exceptions to the rule, and that the professional might have been at fault in placing his child within the hopeless group. Further, there are chances that future discoveries will help the child. The parent demands, therefore, that the professional mention these possibilities to the parent and that he support the parent in his belief that no prediction of a negative outcome can be made with absolute certainty.

The struggle for hope just described is not limited to parents of severely handicapped children. Whenever a person suffers from a threatening loss of greatest importance to him, he struggles for hope. In a situation of despair a person, to succeed in gaining hope, tries and usually is able to make a step that he would usually reject; he exchanges the dictum of probability, which guides us in everyday life, for the dictum of possibility.

The probability dictum prescribes: Be guided by the expectation of the most probable outcome since it is most reasonable to believe that the most probable outcome *will* take place. It is paradoxical that a high probability of an outcome leads us to the belief that this outcome actually will occur. This belief might be supported by the requirement of unilateral guidance needed for orderly planning in life.

The dictum of possibility, which in hopeless situations the person actively attempts to accept as a guide, says: Be guided in your actions and planning by the wished for possible occurrence. One can arrive at this dictum by thinking in the following way. There is always a possibility that the negative evaluation of a situation is wrong; the future is never completely known; therefore, the positive outcome is actually possible: It *does* occur. Since it *must* sometimes occur, it might occur here and now, and it might occur to me; thus the hopeless situation is actually not a completely hopeless one.

In an everyday life situation, when we think about matters of relatively little importance to us, we are supposed to think "rationally." Actually, however, we ascribe to the most probable outcome an irrational certainty of outcome. When we face a loss of value highly important to us emotionally, we seem to become more accurate in our judgment or, if you wish, actually more "rational" in that we do not disregard an outcome of a minute probability of occurrence. The irrationality appears in the greater weight we have to give to the highly improbable, just possible, rather than to the most probable in order to acquire hope.

This ascription of great weight to the merely possible is brought about by emotional means, namely, by the impact of the paramount, all-inclusive desire. How this desire overcomes the weight of the impact of the most probable outcome upon our thinking is not yet well known. Doing away with the weight of the high frequency of the most probable occurrence and the acceptance of the dictum of possibility as a guide in thinking and planning is what is experienced by us as *having gained hope* in a desperately hopeless situation.

The parent, struggling for hope, demands that the professional accept the legitimacy of this struggle. The need for acceptance and understanding on the part of the professional is of paramount importance to the parent.

Here, if only in passing, let us mention that the client needs hope, not only to diminish his suffering, but also to be able to take care of his handicapped child and to engage, without undue strain, in other everyday activities. It is hope that saves him from paralyzing despair and depression. The content of this hope is that the child will improve; the parent does not demand support of the hope of complete recovery.

When professionals who strongly believe in an objective, realistic approach are faced with the statement that many clients object to being robbed of hope, they may give you one of two answers. Some professionals will deny that they rob the parents of hope and say that they only point out to the parents that no improvement can be expected. This, of course, means that, although they see the case as a "hopeless" one, they say they do not touch on the problem of hope as such. There are other professionals who are more extreme in their assertion of the value of a realistic approach; they insist that hope *should* be taken away from the parents because they believe that, if hope is left, the parents will only unduly postpone the most important decision they have to make, namely, whether to institutionalize the child. These professionals insist that the parents should give up hope because this would save the parents from unnecessary trouble such as undue expenses and running from one expert to another.

The latter reasons presented to the parent are judged by the parent to be inappropriate and to show complete lack of understanding by the professional of the parent's needs. The parent made the appointment with the professional to get help with the child. The parent did not come to the professional to ask for advice on how to spend his money or for advice on how to manage his life in general.

From the parent's point of view, it is the professional who lacks in understanding the needs and feelings of the parent and who lacks in sensitivity in regard to social relationships. The parent feels this most strongly when, *unasked,* the professional raises the question of institutionalization. Such behavior on the part of the professional, the parent states, is both painful and shocking to him. Such behavior further implies to the parent lack of respect for his judgment as a parent and an undue attempt on the part of the professional to dominate him. Furthermore, the remarks of the professional that indicate a devaluative attitude toward the handicapped child cause further pain for the client. This is implied when the professional calls the child a hopeless case, not worthy of any effort, just a "vegetable," not a child. The parent feels not only that the lack of respect is expressed to the loved child, for whom the client suffers, but also that disrespect is shown toward him, the parent, who so strongly relates himself to a devalued being.

All of us might agree by now with the parent that the professional, at least the one who goes to the extreme in his realistic and objective evaluations, shows lack of sensitivity in regard to the most *complex* relationship of the parent to his handicapped child, full of meaning to the parent, full of negative but also positive feeling toward the child. This relationship requires slow working through and disentanglement before suggestions, if any at all, concerning the institutionalization of the child can profitably be made to the parent by a professional.

In the beginning of this presentation the question was asked: Why do parents frequently feel that professional people are insensitive to their needs? A brief, inclusive answer can now be given: The professionals frequently appear to be insensitive to the parents because the professionals' position and values as outsiders stand in opposition to the position and values of the parents as insiders.

And now as to the second question: How can the relationship between professional people and clients be improved? To answer this question we have to take a stand toward the views of the professional and the parent. This is necessary because the parent's and the professional's dissatisfaction with each other does not stem primarily from the way in which the two parties communicate with each other, but rather from a basic disagreement in their evaluation of each other's values. The main difficulty lies not in the form of the communication between the professional and the parent but in the content of the communication.

In order to make suggestions that would promise to alleviate the severity of the disagreement between the two parties, a third party will have to take a stand as to the viewpoints of the two parties. There are several ways of taking a stand: One can take sides with one or the other party, or in part with both of them, or one can take no sides.

When we act as researchers investigating the relationship of the professional and client and try to suggest an improvement in this relationship, we are the third party. As investigators we have to take the stand that science permits us to take, namely, the one that can be shown scientifically to be valid. However, actual knowledge concerning the effect of the "realistic" or the "hopeful" approach upon the child, parents, and siblings—knowledge that would permit comparisons—does not exist. Nor is knowledge available as to the effect institutionalization or home care has on a severely handicapped child and on the members of the family. Thus, let us admit and state bravely that we do not know whether, when, and under what circumstances the viewpoint of the professional or of the parent is to be recommended. It is a fact that as scientists or researchers, as experts in knowledge, we have at present no scientific basis for stating to the parent what approach to take.

Does this mean that we are doomed to passivity? In no way. We can make suggestions as to what we believe will lead to better relationships between professionals and parents.

Here are three sets of suggestions for consideration. One set concerns the parent, the second professionals presently in practice, and the third students training to become professionals.

Let us consider the suggestions concerning the parents first. The discord between the parents and the professionals would be diminished if the parents were prepared to expect professionals to make recommendations and to express opinions contrary to their own. Also, the parents could be informed in advance that the professionals frequently do not support hope as to a positive outcome in the future, nor do they pay attention to parents' remarks as to the recent improvements of the child. The parents could be shown how the position of the outsider leads the professional to a particular viewpoint as to the purpose of the visit and makes him evaluate most highly the most probable outcome. The parents could be informed that the question of whether their or the professionals' approach is better for all involved has not yet been adequately studied and that knowledge in this area is lacking. The attention of the parents could be drawn to the fact that the suggestions of the professionals in this respect sometimes may not be better than those of any other person.

If the parents are brought to the realization of all of this, one should expect that they would, as the saying goes, understand better "the position of the professional" and be less disturbed by the unwelcomed recommendations of the professionals. The parents' first visit to the professional is a particularly appropriate occasion for the communication of the above information.

To the professional in practice it is suggested that he himself take into account the following points when talking to parents: First, knowledge sufficient to decide whether a so-called realistic or hopeful approach is better is not available. Second, his own views on the matter are determined by his position, his expectations, and his personal values, just as those of the parents are due to their position and their values and expectations. Third, parents come to him for comfort and support of hope and he can alleviate, at least momentarily, the suffering of the parents by supporting hope. Fourth, even before starting to examine the child, he might inform the parents about the suggestions for the parents that were presented above. The professional might then, if he wishes, state his personal opinions by designating them as his *personal* leanings toward a realistic or hopeful approach.

In offering a set of suggestions for students in professional training, we can go further than those we give to an established professional person. At present the development of viewpoints, opinions, and selection of values to be used by students in contacts with clients is left to the natural course of events, that is, it is left to the pressure of the position that the students will occupy as professionals and to their personal preferences. Therefore, when students become professionals, they frequently act without realizing the one-sidedness of their viewpoints.

A one-sided viewpoint is characterized by a lack of realization that there are possible advantages to be gained from taking the point of view of another person. When a

student adheres to his own outsider's viewpoint, he, of course, realizes the existence of the parent's hopeful one. However, he sees this other viewpoint from his own position, that of an outsider, and therefore as having only disadvantages and as leading to difficulties. He actually does not understand what makes the other person believe in the advantages of his own viewpoint. He can, however, be taught to see with the eyes of the other and to see the advantages of the viewpoint to which the other adheres. This can be done by showing him how to take the position of the other, by teaching him about the conditions leading to the other's viewpoint, and by making him accept tentatively some values of the other as premises.

Through such teaching, the viewpoint of the other would appear to be quite meaningful and have some value. The understanding of both viewpoints, one would expect, would lead to a respect for both viewpoints. Briefly stated, the actual understanding of the other, which involves a tentative acceptance of premises and values of the other, should make the student "emotionally tolerant."

Let us add that, if the professional and the parent had the occasion, at least temporarily, to take the viewpoint of each other, neither would feel prompted to accuse the other in an emotional way; the professional would not find the parent quite so "unreasonable" and the parent might not find the professional so "insensitive."

The temporary taking of the position of the other might not only lead to emotional tolerance but also might bring about an even more far-reaching change. It might lead to the reconsideration of one's own viewpoint and to a change in one's beliefs and actions. Whether the outsider or the insider could change more easily is a question for research on value problems. It is, however, only one of the many topics in the area of value research that are in need of investigation if one intends to achieve better understanding between professional people and their clients.

The above discussion has dealt with one serious difficulty between the professional and the parent. Of course, it is not the only one. To mention some others, let us point to the cases in which parents come with a request for a "valuable treatment" that the professional might consider inappropriate. For example, they might virtually insist on the necessity of early bracing of a child, having heard from someone that this is a promising treatment. If the professional feels bracing inadvisable, he legitimately will have to act against these "hopes" of the parent. In this article we have not asserted a necessity for the professional to support all the hopes of the parent but asserted only the necessity of supporting a general psychologically hopeful atmosphere, that is, a hopeful view of the future, a belief in the possibility of improvement that offers to the parents a way of coping with the immediate demands of living with the handicapped child and the gradual acceptance of the particular situation.

It may have seemed that in this article we have sided too much with the parents and that the problems facing the professionals have been slighted. The unwarranted demands of the parents, the professionals' feeling of helplessness in hopeless cases, the necessity of conveying disappointing news to the parents, robbing them of exaggerated hopes, and, last but not least, the difficulties in guiding the parents who resist warranted advice are, of course, important concerns of professionals and they are problems requiring thorough consideration within professional-client relationships. Taking the point of view of the other, on the part of both professionals and parents, necessitates thorough knowledge of both viewpoints.

In conclusion, the problem of how to arrive at the most fruitful relationship between professionals and clients is not limited to the professional and the parent of the physically handicapped child but exists in all professional-client relationships. In fact, the problem of insensitivity of one person to another is present whenever an outsider and insider meet.

Next Month

The Article of the Month for the August issue will be "Notable Progress in the Understanding and Treatment of Epilepsy," by J. E. Wallace Wallin, Ph.D., LL.D., of Wilmington, Del., retired professor of clinical psychology and special education.

E. B. D. Hamilton, M.R.C.P., D.Phys.Med., consultant physician to the department of medicine, King's College Hospital, London, in the Review of the Month section, will discuss the book *Activities of Daily Living for Physical Rehabilitation.* The author is Edith Buchwald Lawton, R.P.T., director of postgraduate education for paramedical personnel at the Institute of Physical Medicine and Rehabilitation, New York University Medical Center.