

# Empathy and Narrative: A Discussion of Contemporary Stories from Childcare and Healthcare

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## Abstract

In caring professions, such as childcare and healthcare, empathy and narrative underpin important aspects of the emotional work of early childhood educators and nurses (Rogers, Jefferies & Ng, 2022). Unfortunately, they are not given much attention in scholarly articles, but it is important for practitioners to understand them (Barton & Garvis, 2019). This cross-disciplinary paper discusses the virtue of empathy from a philosophical stance, and its relationship to narrative when building shared understandings. There is a sense in which empathy and narrative are interdependent: storytelling helps to cultivate empathy in others, and empathy can be essential if we are to elicit and understand the stories that others have to tell. In fact, when it comes to eliciting and understanding the kinds of stories that are of particular interest for this paper (i.e., the personal stories to be told by young children participating in a research project, and those of patients in a healthcare setting), empathy tends to be especially important. As we argue, these examples drawn from early childhood education and care and healthcare serve to illustrate certain ways in which empathy, storytelling, and the development of shared understandings can be of deep significance; not only for researchers, educators and healthcare professionals, but also for senior administrative and public policy officials.

## Keywords:

Empathy, Narrative, Philosophy, Nursing, Early Childhood Education, Military Families

## Introduction

Sharing stories with one another is a vital aspect of human life, and especially important in caring professions, such as childcare and healthcare. It is a practice through which we cultivate our moral feelings and emotions, understand one another, and foster bonds of mutual trust and good will. While such facts are widely appreciated, in this paper we draw upon our particular areas of experience and expertise to highlight some stories and insights that may be of genuine importance to a wide range of people. It is a paper that combines philosophical reflection with methodological explanation. The kind of stories that we share will not be familiar to many readers, but they are stories to which any reader can relate. Some are the personal stories of young children; others are those of adults struggling with mental distress. As we seek to show, it is possible to elicit and listen to such stories, and it is important to learn all that we can from them.



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Traditionally, researchers in the field of early childhood education and development often favoured parents and educators as sources of information; they seldom made substantial efforts to elicit information or stories from children themselves. As we explain, however, when researchers are suitably empathic towards the children and see them as a source of knowledge, it is possible for the children to become genuine participants in the research, and for their perspectives to be fully incorporated into the research. To help explain this process we describe a particular research project in which the perspectives of the children were elicited or 'drawn out', partly through words and partly the use of pictures that were, quite literally, drawn out by the children.

In healthcare, researchers have known for some time that empathy improves trust and communication between the healthcare professional and the patient, and that these in turn lead to collaborative decision-making and greater satisfaction with the course of treatment (Charon, 2006; Charon & Sayantani, 2011). This kind of insight, however, remains in some danger of being treated as a merely theoretical point, one that is recognised in some abstract sense, and one to which a fair amount of lip-service is paid, yet not one for which the practical implications have been fully embraced within many healthcare systems. To help bridge this gap between the theoretical and the practical we discuss a recent play, *Mockingbird*, that is concerned with the experience of women struggling with mental distress following childbirth. Like most quality productions, the play is not didactic, and it was not created for pedagogical purposes any more than any other play. Yet in our view, it is the kind of production which, when incorporated into the education and training of healthcare professionals, can be invaluable. To some extent, *Mockingbird* serves as a cautionary tale. It provides a perceptive and moving depiction of how tragic the results can be when a healthcare system fails to take any serious interest in the perspectives of the patients themselves. At the same time, it is the kind of play that is bound to stimulate thought, particularly among students preparing to become healthcare professionals, about why they need to understand the individual experiences of their patients, and the particular habits and virtues that this may require of them.

The impetus for this paper came from a conference titled *Compassion, a Timely Feeling*, held in October 2019 at the University of New England in Australia under the auspices of the Australian Research Council Centre for the History of Emotions. As authors, it was always clear that we had rather different disciplinary backgrounds. Burgess is primarily in philosophy; Rogers primarily in early childhood education, and Jefferies in both literature and nursing. Yet it was also evident that between us there was the potential for constructive

engagement, intellectual synthesis, and practical insights that could be truly worthwhile.

### *Empathy as a virtue*

There is a sense in which empathy and narrative are interdependent: storytelling helps to cultivate empathy in others, and empathy can be essential if we are to elicit and understand the stories that others have to tell. Yet empathy has met with a good deal of discussion in recent years, and some of it is critical. Steven Pinker, for example, certainly appreciates that empathy is in general a good thing, although he also worries that is becoming a sentimental ideal. Coplan and Goldie (2011) argues that empathy is difficult to study because there are many competing concepts. On one hand, Battaly says that empathy is a learned skill, not a virtue. Whereas, Decety and Meltzoff maintains that humans imitate emotions, that are connected to our social nature (Pinker, 2011). Bloom (2016), a distinguished research psychologist, has been concerned by the simplistic assumptions that many of us tend to make about role of empathy, and he has emphasised that ethical judgement and conduct commonly require a great deal more. While neither Pinker nor Bloom discuss the relevant philosophical literature, there are in fact a number of major thinkers in the western philosophical tradition who have taken empathy to have only a marginal or supportive role in our ethical lives.

Some authors argue that empathy can initiate learning or action. Matravers, for example, explains how empathy enables us to imagine our emotional responses to experiences, so we can learn different ways to respond to situations. Spinoza (1677) recognised that through empathy (or, say, through compassion, pity or sympathy) ordinary people often are motivated to help one another. Yet he also maintained that such inclinations are not virtuous. His argument was that such inclinations are not only often 'womanish', but actually useless for those who live under the guidance of reason. Now it should be said that Spinoza's *Ethics* (Spinoza, 1677) is one of the most intriguing works in the entire Western philosophical tradition, and to focus very narrowly and exclusively on this particular argument does risk doing his work an injustice. His position on this issue, however, is difficult to defend. Many of us, whether womanish or otherwise, would readily admit that our emotional inclinations can sometimes get the better of us, and that at such times we are often wise to cool down and to consider things in a suitably calm and reasoned way. But it is doubtful that reason on its own (i.e. considered as something somehow entirely independent of our feelings, emotions, or basic bodily appetites or needs) can offer us much in the way of wise counsel (Damasio, 1994). And in any case, it is hard to see why those supposedly womanish inclinations should not be regarded as

virtuous when the actions to which they lead are entirely consistent with the wise guidance of reason.

Like Spinoza (1677), Kant (1997) also had a deep interest in reason and principles, and he was sceptical about the supposed virtue of certain feelings and emotions. In Kant's view, our actions can have 'moral worth' only when they are motivated by duty, i.e., when they are done purely out of respect for the 'moral law'. Actions that are motivated by feelings of empathy, love or desire, for example, may well be in conformity with duty, but given that they aren't done out of duty, Kant (1997) maintained that they lack moral worth.

Something that Kant never provided, however, was a particularly compelling or straight-forward answer to the question of why actions in conformity with duty must lack moral worth when they are motivated, for example, by feelings of empathy. And pace Kant, many of us may be inclined to say that if actions have moral worth only when done out of duty, then so much the worse for moral worth. After all, even if the duties that we have under the moral law can somehow be understood purely through the insights of cold rationality, it is readily arguable that the moral, motivational, and practical importance of empathy must still be recognised.

Of course, Kant is on strong ground when he assumes it to be vital that we have some understanding of our duties under the moral law. But let's remember that we may need to discuss these duties with a wide variety of people, and it may also be of vital importance that we inspire them to embrace those duties wholeheartedly. Kant (1997) would agree about the importance of such discussions. But a point that he seems to miss is that without empathy it is hard to imagine that such discussions will often be successful. In fact, it is natural to worry that such discussions could often be pitiless or authoritarian. They could be pompous or comical. And in any such case, they are not likely to be either charming or persuasive.

Nietzsche's animadversions against empathy are something else again. In a series of interrelated works, (Nietzsche, 1998, 2003a, 2003b) contended that there is a clear and important contrast to be drawn between the kind of master morality that he wished to promote, and the kind of slave morality that he regarded with contempt.

His notion of a master morality is something that he associates with those of a noble, brave and aristocratic class. In his explanation:

*the noble type of man feels himself to be the determiner of values, he does not need to be approved of... he knows himself to be that which in general first accords honour to things, he creates values (Nietzsche, 2003a, p. 195).*

Moreover, these values are themselves distinctive; they represent "the ascending movement of life, well-constitutedness, power, beauty, self-affirmation on earth..." (Nietzsche, 2003b, pp. 146-147). Yet what is perhaps most striking, at least for our purposes, is Nietzsche's view of empathy. For far from commending it, he instead extolled:

*belief in oneself, pride in oneself... [and] a mild contempt for and caution against sympathy and the 'warm heart'. It is the powerful who understand how to honour, that is their art, their realm of invention (Nietzsche, 2003a, p. 196).*

Nietzsche's notion of a slave morality is one in which compassion and pity are central, and it is epitomised by Christianity (especially that of the New Testament). Much of the problem, as he saw it, is that such forms of morality are weak, unnatural, and enfeebling. He ostensibly maintained that pity is not only the cause of suffering, but something that makes suffering contagious.

*Christianity is called the religion of pity. In fact, pity stands in antithesis to the tonic emotions which enhance the energy of the feeling of life: it has a depressive effect. One loses force when one pities. The loss of force which life has already sustained through suffering is increased and multiplied even further by pity. Suffering itself becomes contagious through pity...(Nietzsche, 2003b, p. 130).*

While Nietzsche appears not to have read the principal works of Darwin (Wilson, 2013), he certainly studied Herbert Spencer (Moore, 2002), and he sometimes related his concerns about pity to evolutionary theory. Expressed in Nietzsche's own somewhat crude terms: "Pity on the whole thwarts the law of evolution, which is the law of selection. It preserves what is ripe for destruction..." (Nietzsche, 2003b, p. 130).

The task of coming to a fair and balanced view about Nietzsche has never been easy. As even his most fervent admirers readily acknowledge, his words are often hyperbolic and intemperate. He was delighted by his own contrariness, enraptured by his own rhetoric, and excited by his own contempt. His bold and contentious challenges are endlessly exhilarating to some, but they are also frequently lacking in nuance, and so we can't always take him literally. In fact, for many readers, Nietzsche's wildness makes it difficult to take him seriously. In any case, our view is that Nietzsche did not seriously undermine the idea that empathy is a genuine and widely valuable virtue. He certainly reminded us that pity and the like can be found in regrettable, soft-headed, self-deceiving, and suffocating forms. But he never showed that we aren't ever in need of it, especially when available in its open-eyed and unsentimental forms.

In Western philosophy, the Aristotelian tradition in ethics is one that places a particular emphasis on the importance of the virtues. Aristotle (1980) maintained

that in order to become virtuous, we need to practice the virtues until they become habitual or 'second nature' to us (Aristotle, 1980). Of course, we don't necessarily enjoy practicing the virtues at first. Over time, however, the practices involved become bearable, perhaps even enjoyable, and when this occurs it is a sign that we have indeed acquired the virtues in question (Aristotle, 1980). Aristotle likened the acquisition of moral virtue to gaining mastery in the arts:

*men become builders by building and lyre-players by playing the lyre; so too we become just by doing just acts, temperate by doing temperate acts, brave by doing brave acts Aristotle (1980, p. 29).*

In Aristotle's view, what we acquire through such learning processes does not necessarily involve a lot of theoretical knowledge. And if he is right about that, we should not expect all builders and lyre-players – even if they have thoroughly mastered their arts – to be especially articulate about the distinctive knowledge that they possess. Similarly, we should not expect all virtuous people to be highly articulate about the nature of virtue. Of course, the acquisition of mastery – whether it be in the arts or in the work of virtue – does involve some appreciation for standards. And while those with mastery do not necessarily become fluent in their ability to describe those standards, presumably they do steadily develop a more perceptive and discerning sense of what is worthy of emulation, and what is not. With regard to the development of virtue, this learning process is one in which our feelings, attitudes and emotions gradually tend to become more discerning, and more 'fitting'.

In some respects, the philosophical position that we bring to this paper owes more to Aristotle than anyone else. It's not that Aristotle particularly emphasized the importance of empathy as a virtue. But like Aristotle, our view is that for even the most rational of human beings, our ethical lives are deeply imbued with feeling and emotion; that the development of ethical maturity is, in no small part, a process of emotional development; and that this process requires practice.

### **The importance of narrative**

As human beings, we immerse ourselves in stories (Hardy, 1968). They provide us with a basic way by which to share our experiences, to learn about the perspectives of others, to illuminate the human condition, and to gesture – however vaguely – towards that which is of genuine value. Parents, educators and community leaders from all traditional cultures commonly draw upon the power of narrative to help instil an understanding of laws and moral codes, to communicate expectations, to reinforce roles, and to promulgate religious beliefs. Stories can be vividly

imaginative and emotionally engaging, and so they are far more memorable than any list of instructions (Gleeson, 2012).

Narratives are a representation of

*'events which is shaped, organized, and coloured, presenting those events, and the people involved in them, from a certain perspective, or perspectives, and thereby giving narrative structure-coherence, meaningfulness, and evaluative and emotional import-to what is related' (Goldie, 2012, p. 2).*

The media through which stories are told are highly varied, and the fact that we continue to find new ways by which to tell them is an indication of their importance to us. For aeons we have told stories to each other orally. They are sometimes discerned in paleolithic rock art. We have long shared them through dramatic re-enactment. They can be found in epic poetry, tapestries, paintings, graffiti, diaries, comics, and novels. Today we often share them via radio, television, online publications, social media, computer games, and virtual reality.

As discussed above, the process by which we come to moral maturity is one in which our feelings, attitudes and emotions gradually become more discerning and 'fitting', and the sharing of stories with one another is something that can play a vital part in this process. It is not surprising that such sharing can help to cultivate the virtue of empathy, for example, given that stories help us to understand the experiences, needs, feelings, and perspectives that other people have. And while some of the more effective techniques for achieving this are reasonably well known (Booth, 1973), perhaps especially important for children is the fact that narratives allow us to safely 'practice' our emotional responses as we react to the situations that characters face. Despite these benefits, the issue of truth is often questioned when discussing narratives. Some narratives are factual accounts, while others may be 'true to life', rather than factually correct. Either way, narratives are useful tools for teaching and research (Gleeson, 2012; Goldie, 2012; Gottschall, 2012).

### **Narrative inquiry methodology**

The sharing of stories can be enjoyable; it can sometimes even be edifying; it can also be a matter of serious and rigorous research. Narrative inquiry is a qualitative research method that enables researchers to explore the individual stories and experiences of people (Polkinghorne, 2007). In so doing, it enables us to understand how individuals make sense of their experiences and how, following particular experiences, they integrate new knowledge into their lives and interpret events (Polkinghorne, 1995). Narrative inquiry achieves this by encouraging individuals to talk about their experiences and other relevant events and to do so in their own words so as to present their

version of the story (Polkinghorne, 1986). Researchers can then analyse the stories individually or collect several stories about the same or similar experiences, and the notable similarities and differences can thereby be uncovered (Frank, 2010). Typically, the purpose behind such forms of research is to develop new knowledge about the ways in which individuals react to events, many aspects of which tend to be lost when researchers rely exclusively upon observation or quantitative survey data (Lea Gaydos, 2005).

When adopting a narrative inquiry methodology, researchers normally compile the stories involved through interviews with people who have experienced an event that is the subject of research. In most cases, the research participants self-select by responding to advertisements in newspapers, websites or, increasingly, social media. After ensuring that each individual meets the inclusion criteria, a mutually convenient time and place can be arranged to conduct the interview. This can be done face-to-face, via electronic means such as teleconferencing software such as Skype™ or ZOOM™, or by individuals writing their stories. Often a researcher uses pre-set questions to which the individual responds. Alternatively, they can be asked to simply narrate their experience. The interview is usually recorded and transcribed verbatim.

Consistent with various forms of research involving human participants, ethical approval needs to be obtained before any interviewing begins, and it often requires that great care be taken with any information that could identify any particular individuals. Such information tends to include not only the names of the individual research participants, but also information relating to their family or friends, along with various other specific details about particular times, locations, and organisations.

Once an interview transcript becomes available it is normally provided to the interviewee to help ensure accuracy. And if any research participants decide to withdraw from the study, the researcher is generally obliged to destroy any data collected from that person, and especially if the researcher committed to such action as part of the ethics approval process (International Council of Nurses, 2012).

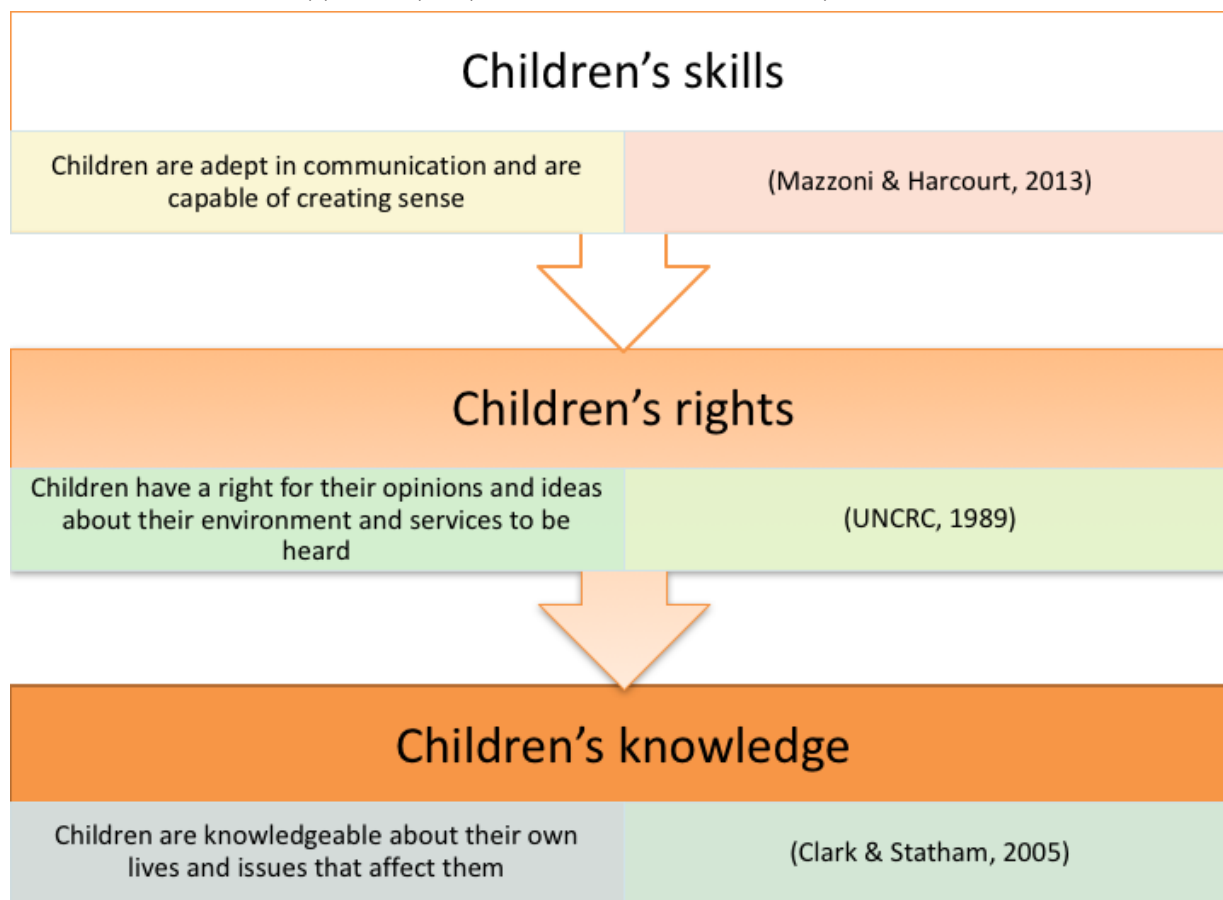
In studies involving small sample sets within small communities, other methods to protect the identities of those involved include that of merging stories (Habibis, 2013). For example, when one set of parents talk about their daughter, some of the details that they provide may be swapped with the details provided by a different set of parents who were actually talking about their experiences with their twin sons. In the published work that is ultimately produced through such methods, the individual research participants are often given pseudonyms.

At times, it can be difficult to get detailed, relevant information about particular individuals. Narrative inquiry, however, along with various other methods commonly used in the study of history or literature, can make a significant contribution to our understanding important forms of human experience, including the experience of disease or trauma.

### *Empathy and agency of marginalised voices*

Traditionally in the field of research, children were regarded as unreliable sources of information, as if their own accounts of their experiences were not worth knowing (Clark & Moss, 2011). While secondary sources of information about a child were often drawn upon – such as that provided by a parent or teacher of the child – children themselves did not have their voices heard. Participatory research, however, aims at empowering marginalised people. It involves people in the research, rather than simply making them the subjects of it (Kellest, 2011). By participating in the research, the subjects of the research come to share some of the power traditionally held exclusively by the researchers (Kesby, 2005); there is sometimes even a sense in which the research participants can be regarded as researchers themselves. Generally, there will still be some differences in power between researchers and research participants. Importantly, however, as Gallagher (2008) argues, such differences should be acknowledged and used only for good. For example, aside from ensuring that participant voices are heard, it is often also possible for the research to be used to support changes that improve the lives of the participants (Gallagher, 2008).

Over the past few decades, a new framework for listening to the voices of children has been emerging. It is a framework that represents a ‘mosaic’ approach in that the researchers collect data through a range of means and then put the various pieces together into one big picture or ‘mosaic’ (Clark & Moss, 2011). As indicated in Figure 1, within this framework children are taken to be capable of making sense (Mazzoni & Harcourt, 2013) and of being knowledgeable about their own lives (Clark & Statham, 2005). Those who use it are apt to remind us that the United Nations’ Convention on the Rights of the Child enshrines a right for children to have their opinions heard in matters that affect them (UNICEF, 2015). Most countries who are members of the United Nations ratified this convention, as Australia did in 1990. The implication of this is not that the voices of children are more important than those of adults. In fact, the Convention stipulates in Article 12 that the views of a child are to be given due weight in accordance with his or her age and level of maturity. But the basic point to be emphasised here is simply that their voices do need to be heard and considered before decisions affecting them are made.

**Figure 1:***Framework for the Mosaic approach (adapted from Clark and Moss, 2011)****Some stories from participatory research with young children in childcare***

Children who have a parent in the military tend to face a difficult and somewhat distinctive situation (Siebler, 2009; Siebler & Goddard, 2014). With a parent commonly deployed thousands of kilometres from home for many months at a time, the children (and the parent) need to deal with long periods of separation (Rogers, 2020, 2021). Moreover, in Australia there is a sense in which the voices of those children have been marginalised; and until this research project their situation had not been studied. Thus, their experiences were not well understood, and their voices unheard. Being aware of this, Rogers (2017) developed a research project designed to understand their experiences within a military family. Additionally, the project sought to find out what the children understood about their parents working away, and it was a project in which the voices of the children themselves were central (Rogers & Boyd, 2020).

The project utilised a strengths-based, interest-based, mosaic approach, and drew upon the thoughts of the children in order to better understand the ways in which they responded, coped, and developed resilience. By contrast, the small amount of earlier

research that had been done in the area had employed deficit-based psychological approaches and largely relied upon secondary data obtained from parents; it had not actively sought to listen to the children or to incorporate their perspectives into an understanding of their situation (Baber, 2016).

In total, there were 19 children involved in the project. Each were 2-5 years old, and all were from families in which at least one parent experienced deployment with the Australian Defence Force. In keeping with participatory research, there is a clear sense in which the children were both participants and researchers (Harcourt & Mazzoni, 2012). They were able to voice their understandings and experiences by contributing in ways that were easy and familiar for them, as described by (Greenfield, 2011). Some of these ways involved informal chats, group discussions, artwork, craftwork, raps, their taking of photographs, asking adults or siblings to take photographs of them, sharing family photographs, puppet play, and role play. The latter two allowed children to create their own narratives during play episodes about what was happening at home (Berk & Winsler, 1995). Rogers (2017) also used a journal in which to reflect upon all that the children had told her.

As is common practice for those who employ participatory research methods, these small and highly varied forms of data were collected and expressed as narratives. Rogers (2017) then analysed these narratives to identify certain themes, and these themes were then verified by the children, parents and educators. These themes were then put together into a kind of mosaic to convey a clear 'picture' of what the children understand and experience, both when a parent is away, and when the parent is at home (Rogers & Boyd, 2020). As is shown in Table 1, the children were able to communicate their understanding of various aspects of their experience as part of a military family.

In keeping with the aims of participatory research (Wallerstein & Duran, 2006), the findings of Rogers (2017) project are being acted upon for the benefit of the research participants and other people like them. To begin with, a recommendations report was created for policy makers, educators, family workers and educational officers within the Australian Defence Force (Rogers, 2020). The findings within the report explained that there were virtually no suitable resources or programs available for these very young children, or for the parents and educators who support them (Rogers & Bird, 2020; Rogers, Bird & Sims, 2019). In partnership with the Defence Community Organisation, however, Rogers et al. (2021a) and her colleagues have been developing and releasing some suitable research-based electronic story books (Rogers et al., 2021b), and have also created an open-access digital app for use by the children, parents and educators (Rogers et al., In press). These resources help to ensure that the narratives of the children are heard by their peers and other members of the community. This in turn can be expected to foster more empathy for the children, along with a clearer understanding of their situation. Such resources also enable the children to see their community represented in children's literature, and serve to enhance their sense of belonging within the community, as emphasised in the Australian Belonging, Being, Becoming: The Early Years Learning Framework (Department of Education Employment and Workplace Relations, 2009). Most recently, Rogers et al. (2021a) and a team of researchers have communicated the children's plight to a philanthropic funding bodies which has now funded the creation of research-based open access programs to assist parents, educators and family workers in their efforts to better support these children in military families (see <https://ecdefenceprograms.com/>).

### ***Some stories from patients in healthcare***

In recent decades, doctors, nurses, and allied healthcare professionals have been gradually coming to better appreciate the need to understand each of

their patients and clients in an individualised kind of way. How a particular patient reacts to the experience of illness is often quite distinct, and so the relationship that a healthcare professional develops with a person is central to their work.

Listening to a patient's story effectively allows a healthcare professional to enter the patient's world and to develop a clearer understanding of the patient's needs and wants. In fact, it is from this kind of understanding that a collaborative partnership between them can develop. Such partnerships tend to promote better health outcomes because they enable patients to become more knowledgeable about their own illnesses and to thereby provide greater clarity and power when asking for what they need. Collaborative relationships like this are very different to relationships in which the patient simply sees the healthcare professional as an expert and accepts, without question, any diagnosis or treatment that the healthcare professional offers (Charon & Sayantani, 2011).

In the relationship between patient and healthcare professional the balance of power can also become severely tilted in favour of the healthcare professional in ways that are related to the kind of technical, reductive, and somewhat alienating kind of language that is commonly used. In saying this, we do not wish to suggest that healthcare professionals should entirely eschew the kind of language in which a patient's experience is summarised as a standardised set of signs and symptoms to be targeted by particular forms of treatment. It may be entirely true, for example, that a particular patient has complained of a poor sleeping pattern, little appetite, and feeling very low for the last two weeks. The same patient may also be said to be having difficulty concentrating and completing tasks that until recent times had been easy to accomplish. Given the diagnostic criteria to be found in the Diagnostic and Statistical Manual of Mental Disorders 5, it may be important to recognise that such symptoms are characteristic of depression (American Psychiatric Association, 2013). Yet there are various considerations that can be easily overlooked in a highly standardised approach, especially when there is not a genuinely collaborative partnership between the patient and the healthcare professional, and when the patient thus becomes somewhat alienated or disengaged from the discussion. The very same person presenting with those symptoms of depression, for example, may also be experiencing financial or relationship difficulties, a recent death of someone close, or the need for help in dealing with past trauma. By taking something of a narrative approach to the assessment of a patient's healthcare needs a more holistic understanding can be gained, both of the person and of the condition to be addressed. Those considerations relating to the patient's financial difficulties, for example, commonly

**Table 1:**

*What the children were able to communicate about living in a military family, their understanding and experiences of their parent deploying*








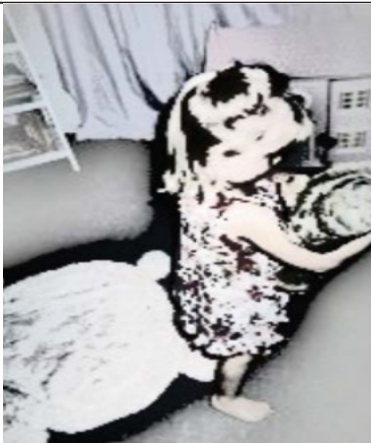
<p>What it was like being part of a military family who relocates frequently</p>	<p>Bethany (4) pointed on the map puzzle to the Sydney dot.</p> <p>Bethany: Ule (brother) and I were born there.</p> <p>Educator: That's in New South Wales. We live here now (pointing to another capital city). Have you lived here long?</p> <p>Bethany (looking thoughtful): I miss my old house (in a sad tone). But someone is looking after our old house in Sydney when we are not living there. It's another army man. A friend of Dad's.</p> <p>Educator: Oh, that is good. How long until your Dad comes home?</p> <p>Bethany (looking down and guarded): I don't know. (pauses) A long time.</p> <p>Andrew (4) (who has been listening in on the conversation): I live here (pointing to a capital city dot).</p> <p>Educator: That's right, Andrew.</p> <p>Bethany: We live in a different house now, we moved.</p> <p>Andrew: We are going to move house soon.</p> <p>Educator: Here, or in another city?</p> <p>Andrew: Oh, no. It is near our house. I have been there, and seen it.</p>
	<p>What it was like waiting for their parent to come home: Bethany (4-years-old) always portrayed herself waiting alone for Daddy, despite having older siblings and a mother at home.</p>
<p>What they understood about where their parent was when they were deployed: Blake (5-years-old) was able to draw a picture of his Dad leaving by car to go to Ayers Rock on deployment.</p>	
	<p>What they experienced when their parent went away: Emma and Bella (both 2 years) were observed acting out a scene where 'Daddy' in the pencil family was going away on a plane on deployment. All the other pencils had to kiss the Daddy goodbye before he went on the plane.</p>



Table 1: *Continue*

<p>What special things happened when they went away: Emily's (2-years-old) mother was able to share that she was given a new puppy to have something to cuddle and look after when her Dad deployed for 5-months</p>	
	<p>What special things they were given when their parent deployed: The children were given a pin medal to wear as a sign they had a parent deployed and that they were being brave letting their parent go away. They receive another one at the end of the deployment.</p>
<p>What they did to cheer up their parent who was at home when they were missing the other parent</p>	 <p>One family was able to show us photos of the child taking toys and tissues to the at-home parent when they were missing the other parent.</p>
	<p>How family narratives were created to help the children understand what was happening: Emily listening to her Dad as he draws on a globe and explains where he will be going on deployment on a plane.</p>
<p>What they did when they were missing their parent: Emily (2-years-old) hugging her care bear (ADF issued teddy bear dressed in military uniform). Her father had a replica bear that would 'receive' Emily's cuddles and then the Dad could cuddle his bear back to return Emily's cuddle.</p>	

need to be considered when treatment and care for a person is being planned. It can often turn out that a simple pharmacological intervention is bound to be insufficient, perhaps unnecessary, and sometimes even counterproductive.

There are quite clear and broad implications here for the education of healthcare professionals. It is important to ensure that they are trained to look beyond the kind of reductive approach in which people are seen simply through a biomedical model that focusses on identifying and treating a highly standardised set of symptoms. They must be taught as well to take a holistic approach in which the person's physical, psychological, emotional and spiritual needs are considered (Peplau, 1997). This requires future healthcare professionals to become skilled in asking patients about their lives, in listening to what those patients have to say, and in understanding the stories that they have to tell (Shapiro, 2011).

#### ***Putting empathy narratives to use in childcare and healthcare***

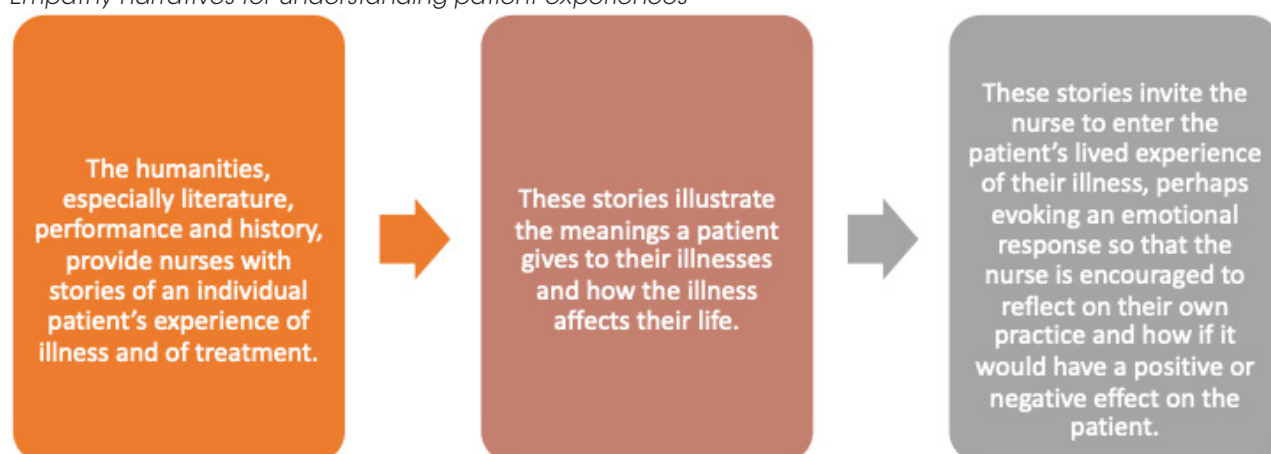
As discussed above, it is possible to understand the perspectives of very young children, to recognise the stories that they have to tell, and to improve the services and resources available to those children, their families, and their educators in response. Similarly, it is possible to draw upon the stories of healthcare patients and to use those stories in the development of improvements to healthcare services and the training that healthcare professionals receive (Patterson, 2018; Sheilds et al., 2015).

Narratives that highlight the experience of a patient can play a central role in the development of empathy amongst healthcare students. The use of 'empathy narratives' in this way draws upon insights and methods that are generally associated with the humanities such as historical or literary research (Marshall & Hooker, 2016). These narratives can reach beyond the page and be used in performing

or visual arts to give a more rounded view of the person experiencing illness. An understanding of this approach can be seen below in Figure 2.

Mockingbird is a one-act play that shines a light on women struggling with mental distress, such as depression, anxiety or psychosis, following childbirth. The play was developed from two different sources. The first of these is the family history of writer and performer Lisa Brickell, a kind of history that was passed down orally through four generations of women who faced mental ill health after childbirth, and which tells of their experiences during admission to mental health facilities. The second kind of source is comprised of historical healthcare records of women with a diagnosis of psychosis or mania after childbirth who were admitted to either of two Sydney mental health facilities from 1885 to 1955 (Jefferies et al. 2015, 2018). Jefferies is intimately acquainted with these records, and Lisa Brickell worked closely with Jefferies in order to draw upon them properly and to help maintain the play's historical accuracy. As Jefferies (2015) analysis of the records had demonstrated, the most common symptom attributed to the women was an inability to express themselves. When the women describe their difficulties in their marriage or at home, their words were often taken to be symptoms of their illness. In short, their version of why they were distressed was often dismissed and the explanation for their illness was described exclusively in terms of biomedical data, i.e., as signs and symptoms. When a narrative approach reconstructed the women's stories in each record, however, it became apparent these were not symptoms of an illness but reports of serious problems that the women faced and which needed to be resolved so that the women could return home and ensure they were safe and secure. By taking the oral family history and the archival health care records and constructing narratives of the women's lives it became possible to demonstrate that through a narrow use of healthcare language, the concerns of the women had been dismissed. When the women's stories were placed 'front and centre' and the overlaying signs and

**Figure 2:**  
*Empathy narratives for understanding patient experiences*



symptoms were removed, however, the audience was able to understand the distress of the women and to empathise with them.

Mockingbird raises awareness of how mental distress can affect a woman and her child, and can serve to decrease the stigma associated with postnatal distress (Megnin-Viggars et al., 2015). It is estimated that 20 per cent of mothers with new babies experience mental ill health (Jomeen et al., 2017). Due to feelings of shame and fear, however, some women are reluctant to disclose symptoms of their illness. They feel ashamed because of their difficulty in coping at a time that is supposed to be very happy, and feel frightened that they might lose custody of their babies (Dolman et al., 2013). Mockingbird is an opportunity for women to see their experience reflected in performance and to share this experience with others in a relatively comfortable environment. An example of how entertainment and education can be delivered in a performance of Mockingbird can be seen in a clip that is freely available online (see <https://www.youtube.com/watch?v=UndpYgzLTa4&feature=youtu.be>).

Mockingbird is normally presented as a one-hour performance followed by a question and answer session with the performers, and also – where possible – with the researchers. In this way, the audience is given an opportunity to talk about how the play affected them, and the performers, researchers and audience are able to bond in a moment of mutual understanding that continues informally in a space outside the theatre. Women are thereby enabled to talk about their experience and be heard, and others can also speak of how the performance spoke to them.

The play has been presented in Auckland, Sydney, Melbourne and throughout regional New Zealand. It attracted a good deal of media coverage including an interview about postnatal psychosis shown on a national television. A survey of audience members demonstrated that Mockingbird could enhance our understanding of maternal distress and lead to more compassionate attitudes about it. One example of the feedback provided is presented here:

*Mockingbird was a wonderfully emotive performance leaving the audience fully aware of the pain endured by sufferers, but at the same time giving hope for healthy outcomes, congratulations.*

Future performances of the play have been planned for fringe festivals and regional venues in New South Wales in Australia. There is also a filmed version of Mockingbird that is now in production, and the producers of the film anticipate that it will be screened at film festivals. It is worth emphasising that Mockingbird is not didactic, instructional or moralising in character, and the critical reception of the play has

not suggested that it is. Yet there is no doubt that the film will serve as a valuable resource when educating future healthcare professionals. We also expect that it will be incorporated into multidisciplinary workshops for existing healthcare professionals given that it is bound to prompt discussion about how services for women can be improved.

### Stories from childcare and healthcare: a comparison

The stories from childcare and healthcare that we have discussed here are of course quite different. Nonetheless, there are some helpful comparisons to be made, especially with regard to the methodologies adopted and the uses to which the research can then be put. Such comparisons are provided below in Table 2.

### Further research

When we elicit stories from other people we are able to come to a clearer and more empathic understanding of the people themselves. And sometimes, such forms of understanding can then help us to develop resources and services that enable us to better support one another. Admittedly, these observations are somewhat platitudinous. It has long been recognised – especially within certain scholarly traditions – that as human beings we typically need empathy in order to understand each other. The word ‘empathy’ was originally introduced to English as a translation of the German *Einfühlung*, a term that the philosopher Theodor (Lipps, 1903) had used in relation to the processes involved when seeking to ‘feel one’s way’ into works of art or, more generally, into the minds of others (Titchener, 1909). Within the hermeneutic tradition this kind of conviction was subsequently developed – particularly by Droysen (1977), Dilthey (1988), and Weber (1949) – into the idea that the human sciences require *Verstehen*, a peculiarly empathic form of understanding.

In this paper we have drawn upon insights and developments in two quite different areas, one in early childhood education and care, and the other in professional healthcare. In both areas we have suggested that it is important to listen to the stories of those involved, notwithstanding their young age or state of mental distress. Of course, there is a vast range of other places to which researchers may go in order to hear stories that need to be heard, but let us outline just one kind of project that we happen to think would be well worthwhile. As various western societies continue to become increasingly polarised with regard to politics and ideology,<sup>1</sup> it may be that some of the most valuable stories to hear right now are those that could be prompted by asking certain people about the interesting and rewarding friendships that they enjoy with people across ideological lines.

<sup>1</sup> See, for example, the research conducted by the Pew Research Centre, much of which can be found at: <https://www.pewresearch.org/topics/political-polarization/>.

**Table 2:**  
Summary of the chosen research contexts, research question, methods, findings and issues

Field of study	Education	Health
Overarching research question	What are young children's understandings and experiences and understandings of parental deployment within an Australian Defence Force (ADF) family?	How a play called Mockingbird about the experiences of women of maternal mental ill health can raise awareness and start conversations to improve treatment and care for women and their families.
Participants	2-5-year-olds from military families, their educators and non-military parent.	Three datasets of archival medical records from two mental health facilities in Sydney of women admitted with a diagnosis of psychosis or mania after childbirth (1885-1895, 1925-1935, and 1945-1955).
Qualitative data collection tools	Mosaic and narrative approach.	Archival research of historical healthcare records and the oral history of one person's family over four generations.
Analysis	Thematic analysis: verification, socio-ecological framework applied.	Content analysis of the healthcare records and a narrative reconstruction of the women's healthcare records leading to a textual analysis of their stories.
Ethics	Ethics was approved by the University of New England.	Ethics was approved by Western Sydney University.
Approach	Unlike previous psychological studies involving military families that used a deficit-based perspective, this study involved a strengths-based, interest-based approach in line with early childhood philosophy that looks at ways to build resilience.	The aim of Mockingbird is to highlight the struggle that many mothers face after the birth of their children. Its aim is to ensure that mothers realise they are not alone and to encourage healthcare professionals to recognise when a mother requires extra support and care.
Findings	Children responded in various way to parental separation, but they found ways to cope and adapt using their strengths and utilising the supports available. There was a lack of age and culturally appropriate resources and programs for young children, their parents and educators.	The archival research supported current studies reporting that women do not disclose symptoms of mental distress after childbirth because they are worried they will be labelled a failure and that they may lose custody of their child.
How it involved empathy	The researcher's empathy for a particular group of marginalised children enabled her to elicit their stories. By then making these stories more widely understood – particularly to those who have influence – others also came to have greater empathy for and understanding of the children, and the interests of those children were thereby promoted.	An accurate understanding of the experiences of the women in mental distress requires empathy for them. The portrayal of their stories through performance then tends to prompt an emotional, empathic response in the audience.
Issues of power	Issues of researcher power were acknowledged and addressed. Power was used for good in order to ensure children's voices were heard.	Reconstructing the archival healthcare records demonstrated how healthcare professionals can impose their own interpretation of a women's behaviour without listening to her account of why she has become ill.
Issues of stigma	Military families do not often seek assistance due to a stigma associated with doing so. They are known for their stoic attitudes and are fearful if they do speak out, it may damage their chances of further deployments and promotions (Siebler, 2009). The parent's found it empowering to have a chance to talk about their children and ways they struggled and coped with parental deployment.	The records demonstrated that the major symptom of the women's illness was that they could not give an account of themselves. The only time the voices of the women were recorded in the notes was when it was used to show evidence of mental illness, despite the fact that the women were complaining about mistreatment in their marriage, poverty or other reasons that cause them to struggle with a newborn baby. If a woman gave birth outside marriage, it was a sign of immorality or irresponsibility.
How the narratives were utilised	Narratives were collected from families and then used as a data collection tool to elicit further narratives from the children. Additionally, some of the narratives have been published in order to address the gap in children's resources in Australia, and to create further community awareness, empathy and build community capacity to support these families by funding program development.	The records were published in two articles in high ranking nursing journals and presented at conferences. This led to a meeting with NZ writer and performer Lisa Brickell whose play told the story of four generations of women in her family who had experienced maternal mental ill health.
How it involved agency and empowerment	Children enjoyed telling their stories and this was important because it was the first-time that researchers had listened to children in military families within Australia. <sup>1</sup> These stories were used to create resources that showed military families, representing the community.	The archive of historical healthcare records gave legitimacy to the stories of Lisa Brickell's family by providing an evidence base and healthcare context for her own experience and the experience of her mother, grandmother and great grandmother.
How the findings were used after the research	A recommendations report was published and used to advise agencies and government who make policies that affect military families. It also targeted educators, and family workers who support the children and families. Practitioner articles for educators and media articles from the findings have also been published.	Mockingbird has been performed in Auckland, Norway, Sydney, Melbourne and regional NZ. The performance of the play is followed by a question and answer session with the performers, and if available, the researchers. It has also been performed at conferences and has prompted discussion. Currently, a film version of Mockingbird is being produced and this will be used in workshops for healthcare professionals to explore treatment and care services for women.

<sup>1</sup> Jefferies (2015).

While the participants involved need not be publicly recognisable figures, the basic idea is perhaps best illustrated by reference to some well-known examples. Cornel West, a self-described 'radical democrat' and professor of African-American studies at Harvard University happens to enjoy a friendship with Robert P. George, a prominent conservative intellectual and Princeton professor of jurisprudence (Flaherty, 2017). Similarly, the left-liberal comedian and television talk-show host Ellen DeGeneres enjoys a friendship with the former Republican US President George W. Bush (The Christian Science Monitor Editorial Board, 2019). There is the potential for a highly worthwhile research project in which each party to such a friendship is asked about the story behind it, what makes it congenial, and the challenges and rewards involved. In many cases, the stories associated with such relationships could well be very interesting on their own. And should a large number of such stories and relationships be compiled and analysed, the insights thereby gained could well be of tremendous value.

### Conclusion

The virtue of empathy has long been the subject of certain concerns and criticisms. We have argued, however, that it is not rendered redundant by reason, and that it need not be either sentimental or enfeebling. As we have sought to illustrate, empathy can be vital if we are to elicit and understand the stories that children in childcare and healthcare patients have to tell. Storytelling, in turn, helps to cultivate empathy in others because 'narrative thinking ... about the lives of others, is bound up with our emotions and values' (Goldie, 2012, p. 173). Our illustrations of this interdependent relationship between empathy and narrative are drawn from two rather different areas. In both areas, certain forms of narrative inquiry can enable researchers to understand important stories that people have to tell. Moreover, this may be so even when the research participants involved are not mentally healthy adults.

As we show with regard to the children in military families, gaining an understanding of their stories can lead to the development of resources and programs tailored specifically for their benefit. There was also great practical significance to be found in the stories of women who suffer with mental distress following the birth of their children. Through the empathic understanding of their stories, healthcare professionals are able to provide a kind of care that is unavailable when a patient's condition is viewed merely in terms of a standardised set of signs and symptoms. Such insights, we contend, are of deep significance; not only for researchers, childcare and healthcare professionals, but also for senior administrative and public policy officials.

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