So let me tell you the stories of two children:

Genie was discovered in Los Angeles at the age of 13, after having spent nearly her entire life locked alone in a room, tied to a chair. She was small, and frail, and completely mute, after apparently having been beaten for trying to speak when she was young. (Garmon, 1994).

Julian was born into a loving family, but his life was ravaged by a regressive form of autism. When he was three years old, his mother (an English professor) wrote about the pain of watching him slip away. "[He] once said, 'I love you,' before losing the words..." (Leal, 2012). Julian now cannot speak, and most likely never again will.

When my students encounter these stories in my class, they have the same initial reaction that I - and probably you - have: raw emotional shock and pain. Their first impulse, our first impulse, is to help! to act! Every fiber of our moral being vibrates with the alert, "A child is suffering! We must act!"

I want my students to have that reaction, to feel it deeply. I make them watch these children and parents on film, read their stories, because I don't want my students to think of Child Psychology as a purely abstract subject, an intellectual exercise, or (worst of all) just a class.

But... after that initial shock, I then actually call my students back from the brink. I tell them "feel," and then "stop, think." Because as ethicist Alisa Carse (2005) explains, that intense emotional reaction is not itself what she terms "morally contoured empathy," and it can in fact interfere with our development of true empathy, in that our own emotional distress can disable us. We can end up acting to alleviate our own pain, in a way that may not actually help the original victim.

In the field of child psychology, this is a serious concern. I have to continually remind students that wanting to help is not enough. Trying to help is not enough. If the road to hell is paved with good intentions, it is also littered with failed attempts that further damaged - rather than helping - the most vulnerable children.

In Genie's case, no one knew how to help such a child. These cases of extreme isolation are fortunately rare (though they do still occur, DeGregory, 2008). So, since no one had experience, no one knew what to do. Everyone tried. A team of scientists and therapists gathered to study Genie and attempt to rehabilitate her. However, the project devolved into intense conflict among the "helpers," even to the point of a lawsuit. And Genie, who never learned to speak fluently, was moved from location to location, and into a series of foster homes where she was again abused; she now lives in a residential facility for adults (Garmon, 1994).

Meanwhile, Julian's mother is seeking the best possible treatment for her son, and has seen some progress, but we also don't know how to fix autism. She at least has the fortune of living in a time when we have a few therapeutic techniques that help. Another mother whose story we encounter in my course received this diagnosis 15 years ago, and was told by her physician that there was no treatment. When she tried to read up on autism, she encountered a sad chapter in the history of our field, where an early theorist speculated that autism was caused by "refrigerator mothers," who didn't love or want their children...
(Kanner, 1949). This mother still cried, years later, retelling this. Even though she knew it wasn't true, she explains, it still broke her heart (Pascal, 1998).

So, even for professionals, trying to help is not enough. In the worst case scenario, it is actively harmful. Countless children have been seriously harmed, physically and emotionally, have even died, as a result of misguided efforts at intervention (Perry, 2006). I am reminded of a keystone quotation from the founding of an academy I attended. John Phillips (1781) wrote that, "though goodness without knowledge is weak and feeble, yet knowledge without goodness is dangerous." From what I have seen, I would amend that. Goodness without knowledge is dangerous, too.

So in my class, we work on knowledge, and goodness. We walk a fine line between facing the pain and dispassionately examining the evidence, so that we can help effectively. We study and debate theory; we spend a lot of time (way more time than my students want) on research methods: learning how to design good studies, how to tell good research from bad, how to appreciate the limits of any study, and thereby how to responsibly draw inferences from data. And yet, as we walk the fine line, we never stray so far into research and theory that we forget the humanity. We keep encountering these stories of individual children, so we never allow ourselves to get caught up in the hubris of the ivory tower, but instead always focus our scholarly efforts on truly understanding children, so we can faithfully serve them.

In addition to these extreme (and distant) cases, we also encounter the children right here, right now, with us. Every student is required to complete service learning: throughout the entire semester, they practice observing and interacting, applying the concepts we have discussed, with real, living, breathing children: children who giggle and play, who squabble and misbehave, who try our patience and touch our hearts. To my great joy, asking students to engage with these children does not detract from their learning of research and theory; on the contrary, it motivates and enables that learning at a much deeper level.

In this world, there are children -- like Genie, like Julian -- who have no voice. In my class, we strive for true empathy, "morally contoured empathy," to speak for them. We strive so that when we step in to intervene, we may do so carefully, humbly: willing to question our assumptions, willing to learn from a child, informed but not emboldened by the best available evidence, and always embracing the utmost respect for every child.

References