

RESPONSE TO ROBERT HEMSTREET

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I am approaching this subject from my own perspective - that of a physician trained in a State Hospital, a pediatrician trained and having worked in New York City hospitals, and a psychiatrist having worked in major City and State hospitals, where about 70-80% of my patients were on welfare. Therefore, my comments and ideas will not be from a broad political sphere but from a personally human sphere, focusing on ideas related to human needs and motivations.

I hope to accomplish two things: first, to look at one important aspect of the welfare system that in Rev. Hemstreet's paper needs to be balanced, and secondly, to look at ourselves, how we, as Humanists, address this issue of welfare and the state. In the course of this, I will look at the concepts of sympathy and empathy that are important in understanding the subjective aspects of our own approach to this issue.

As a physician, I am used to viewing a problem as a clinical exercise, since life is indeed an experiment, and we usually use case illustrations. I would like to present three situations to keep in mind as I comment on Rev. Hemstreet's paper.

1. A housewife in her mid-30's, middle class, college educated, in a rural or urban setting, ex-school teacher who has three young kids, whose husband leaves her and is unemployed, drinks heavily, and provides no child support. When she tries to work, but child care becomes impossible with a 2 year old child with asthma. She ends up on welfare to pull her life together and prevent a downward spiral. She later tries to work again, but actually loses dollar for dollar from welfare benefits, so it's easier to remain on welfare.

2. At 12 midnight, a single mother comes to the Emergency Room with three kids to see a pediatrician. "What's wrong?" he asks. "They have a sniffle and I wanted them checked out." "All of them?" "No, mainly one, and then maybe she is getting it too, but I thought you could check out the other one too." The doctor asks "Did you check their temperature?" "No!" "Have you tried any medicines?" "No!"

When found to have a cold, the physician was curious and asked why she would bring the kids here and wait for two hours rather than go to a pharmacy for cough medicines. Her answer: "If I go to a pharmacy, I have to pay for the medicines," The cost of this would have been about \$8., but the cost to Medicaid of her visit, at about \$75 per child, was \$225, plus reinforcing the idea of not taking care of these problems herself.

3. An 8-year-old boy with behavior problems lives with his depressed mother, and her live-in boyfriend (not getting married because benefits would be taken away). She lives on welfare. In therapy, he comes in one day and talks about some new fashionable sunglasses in a store. I wonder why he mentions this. When he is asked, he replies "I can get them with

Medicaid. I'll wear them next time." It was not clear whether he could actually get them or not, but it was clear then he felt entitled to whatever plastic credit Medicaid could get.

How do we look at these vignettes from a Humanist perspective? I would like to commend Rev. Hemstreet for his broad approach from a theoretical standpoint. In particular, his raising of the overarching issue of "economic justice." The paper from which he quotes Rawls elaborated the concept further. Although I did not fully understand it, it was presented on a thoughtful basis. Also there were ideas adapted to the Unitarian-Universalist movement, and to liberal religion in general. I would highly recommend this paper for its presentation of many facets of a Humanist's look at American capitalism. I will not comment further on this, other than to raise the question about one aspect of "equitable distribution," as you shall hear later.

Following this, Rev. Hemstreet presented Guidelines for a Humanist Approach to Social Issues. I firmly agree that it is important for us to continue to state our rejection of totalitarianism, of any kind; but also, for us to state what we do believe in: 1) democracy - seeing humans as rational beings capable of self rule, but not neglecting the other side of human nature, irrationality that may lead to antisocial actions, 2) individual freedom - to the degree that it does not interfere with anyone else's freedom and 3) secularism - or separation of Church and State. I will not comment on this last item, but would like to focus on what appears, within a Humanist framework, to be a constant struggle between these other two forces - democracy and individual freedom, with the battleground being that of altruism. Rev. Hemstreet mentions altruism under democracy, but I think it can just as easily be mentioned as an important part of individual freedom when considering the effect of our actions or possible interference with someone else's freedom.

This struggle between democracy and individual freedom is clearly an example of an interactional relationship - picture the circle of interaction between an act of the individual with his/her effect on and with the group, and the group's effect, in turn on the individual. It is crucial that we cultivate this type of interactional thinking, the concept of praxis, or "reciprocal relations of being influenced and taught by those one aims to teach or influence." as mentioned in his paper.

Allow me to make a slight digression from this idea of interaction into comments on the manner in which we address ourselves to an issue, be it welfare or other. For instance, in a dialog with other viewpoints, we may fall prey to discussing our ideas in a self-righteous, biased, and angry manner, as we try to persuade from what we feel is a position of logical and philosophical strengths. However, it is more fruitful to address both sides of an issue and learn from interacting with the other so we can show them a better way, maybe not the best, but a better way with our goals in mind. We can, as they, look for simple explanations and present dogmatic designs, but the power of Humanism is to be in touch with universal parts of human nature, not just in tune with one class/race/religion, etc.

This, then, leads me to a distinction I would like to make that often clouds our thinking: the difference between empathy and sympathy. It is my thesis that we must foster an empathic understanding - a caring coming from a balanced understanding and not just an emotional sympathy for the helpless, or misfortunate, or disadvantaged.

The distinction that I make stems from an understanding that sympathy is present when feelings of a person in a situation resonate on some level with our personal/subjective experience, e.g. our own sense of helplessness, misfortune, or being in a disadvantaged situation. If one is able to recognize this resonance and realize that their situation may not be fully similar to ours, and even if it were, we did not prefer to remain in that situation, we can move onto an empathetic understanding. The difference is that with empathy we have acknowledged where they are, but can take an observing stance to assist and provide a direction to grow! Sympathy only keeps a person where they are, whereas, empathy allows for and fosters growth, but is a successor only to a recognition of our subjective connection to the situation.

To clarify this: as a therapist and healer, I see it in supervising other therapists and in treating patients. If a patient has feelings or is in a situation that connects emotionally with me personally, it arouses similar feelings in me. I identify with the patient, and that identification leads me to feel responsible for their feelings and situation. I then am led to commiserating with them and share their suffering. This may feel good as I feel in contact with them, and may be the basis of many liberal relations to the poor, but this does not help them. Merely holding hands does not fully heal. However, if I have empathy and my subjective connection is not caught up with the person, I can provide the direction to remove the suffering. The major difference between the two positions is a recognition of responsibility - that I am not responsible for the way they feel, or their emotional situation and that they must accept their own responsibility for growth and, with my assistance, it becomes truly a joint effort.

It is this issue of responsibility and its relation to a person's capacity to grow, and the connection with empathy, which is a universal concept of human nature that I feel we, as Humanists, must recognize and develop.

What does all this have to do with welfare? I believe that we can all agree, as Rev. Hemstreet says, that people deserve a basic minimum - though there is still room to argue this, I will not focus on it. I now raise a question - is there a confusion of issues as we discuss welfare, and hear objections? Look at the three examples.

The first case dealing with a woman who had to rely on welfare to prevent a downward spiral and possible disaster for her family, the second case with the mother who took the easiest path to accomplish her goal, and the third with the child as a product of the system. What is it about each that disturbs us? It is not just the providing of a minimum standard, but once that is acknowledged or achieved for many of the poor, the next level includes responsibility within the present distribution!

The welfare system was an experiment, maybe as Rev. Hemstreet suggests, to keep socialism from our doors, but now it is in a new stage that needs redirection. I don't believe the question is "Should we help the poor," but "How should we help them?" It is this point that raises the question of "equitable distribution"; and though there are many aspects of "equitable", part of equality/equitableness relates to responsibility in an interaction between two people or groups of people. With every privilege (or right) there is a responsibility that connects welfare with the ideas of empathy and sympathy - with sympathy, the responsibility feels as if it is placed on our shoulders, with empathy the responsibility for growth is on the other person, but with our guidance.

This modifies the issue, again as stated by Rev. Hemstreet, to how to change the present system and rehumanize it. The woman in the emergency room can be seen not as greedy and trying to rip off people, but as being smart and taking advantage of a dumb system that neglects the ideas of responsibility and incentive, as we have "sympathetically" become engaged in the plight of the poor in the 1960's.

I would agree with Rev. Hemstreet that the middle class has no rights to such amenities as swimming pools, or private schools for their children at the expense of the poor, but in his confusion of sympathy with empathy, he has neglected the other part of the interaction - the poor have no right to amenities and excesses at the unrewarded expense and burden to the rich! Because it then becomes a struggle between two classes, and we have sympathetically become engaged in this struggle and polarization, and when we note polarization in a discussion we must recognize our subjective sympathetic connection to enable us to get beyond it, by the other. The solution, related to our concept of Humanism, is held in the idea of praxis - it is *not* a polarization of a nation of haves *versus* have-nots, it truly is, or can be, a nation of fortunate people helping those less fortunate and the less fortunate helping themselves and others to grow in return. We do not want a country of people who expect things to be given to them, but we are breeding it, badly, as in the third example. But, again, the answer is not cutbacks economically, or cutting back sympathy or feelings of connection with them, but empathy - acknowledge and provide for what the basic needs are, and assist them in a direction consonant with growth and responsibility, for this is truly the basis for human happiness.

Finally, not to only be abstract, let me use the three examples to suggest some improvements that are possible that are not novel and are even being considered presently, but may act as a catalyst for developing other suggestions. In the first example, the benefit structure could be changed to allow those on welfare to earn more and enjoy a higher standard of living by not giving a dollar for dollar cutback in welfare for money earned, provide some incentive for work and personal satisfaction. Secondly, one can expect the patient to pay a small fee for health care, to accept some responsibility and not give it all to the doctors and hospitals, or provide economic incentives for participation in well-child care or in return for passing courses in parenting - invest in the children to break the cycle. Thirdly, carefully regulate the goods that are available and who has access to them

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to prevent the abuse by some from ruining it for others, as the excesses and abuse by doctors has been curbed.

In concluding, I hope to have used Rev. Hemstreet's paper and comments to stimulate further interest in modifying the present welfare system, as well as presented an approach to modifying ourselves as we look at an issue.

Finally, I would like to say that the manner of internal workings of an individual psychologically are often reflected in how we envision the external workings of the state, and by being aware of the more mature and growth enhancing aspects of our personalities and interactions, we can construct a state more in harmony with our constructive universal human nature.